Family, Domestic and Sexual Violence

Understanding FDSV

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

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

What is FDSV?

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

In the AIHW's FDSV reporting:

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

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

Definitions used in the AIHW's FDSV reporting

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

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

Broad definitions of FDSV

In the AIHW's FDSV reporting:

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

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

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

Box 1: Broad definitions across FDSV

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

Family and domestic violence

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

Intimate partner violence

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

Coercive control

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

Technology-facilitated abuse

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

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

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

Sexual violence

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

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

Specific definitions of FDSV

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

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

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

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

Box 2: Specific definitions of FDSV

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

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

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

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

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

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

Why are definitions important?

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

Why are clear definitions important?

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

Heshani

WEAVERs Expert by Experience

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

Lily

WEAVERs Expert by Experience

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

Why do definitions vary?

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

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

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

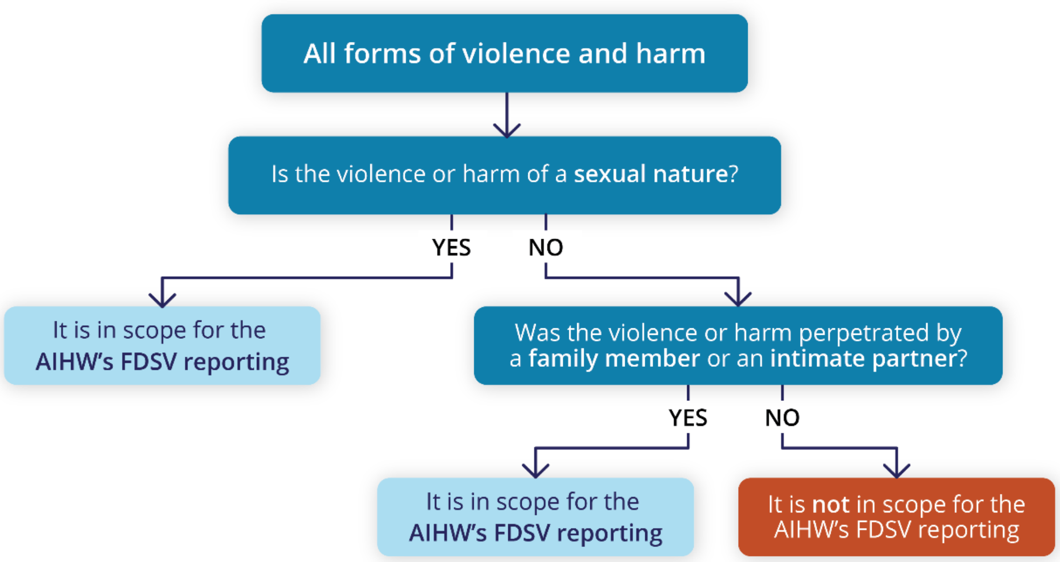
Defining the scope

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

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

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

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



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

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

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

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

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

How do we write about people?

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

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

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

Lily

WEAVERs Expert by Experience

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

Maggie

WEAVERs Expert by Experience

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

Box 3: Victim-survivors and people who use violence

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

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

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

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

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

Box 4: Sex and gender

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

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

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

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

Guidelines for reporting on violence against women

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

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

Additional information can be found at Media Making Change – Our Watch.

Guidelines for reporting on child sexual abuse

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

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

Related material

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

References

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

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

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

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

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

How are national data used to answer questions about FDSV?

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

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

How are data on FDSV collected?

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

Quantitative data

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

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

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

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

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

Box 1: Measuring violence using quantitative data

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

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

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

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

Limitations of measuring violence in quantitative data

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

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

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

Data linkage

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

For more information about data linkage, see Family, domestic and sexual violence: National data landscape 2022.

Qualitative data

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

Lived experience expertise

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

Box 2: The WEAVERs project

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

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

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

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

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

More information about the WEAVERs can be found on the Safer Families website.

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

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

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

What does sharing your story mean to you?

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

Martina

WEAVERs Expert by Experience

Understanding the challenges

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

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

Source: adapted from ABS 2013.

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

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

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

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

Monitoring changes

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

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

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

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

Work is currently underway to develop the Performance Measurement Plan linking outcomes and sub-outcomes to indicators, measures and data sources. The performance measurement plan will also identify data gaps that will inform the evaluation methodology and data development plan.

For more information, see the Department of Social Services website.

How is the AIHW's FDSV reporting structured?

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

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

Table 1: The AIHW's FDSV reporting structure

Section	Example questions
Understanding family, domestic and sexual violence	• What are the community attitudes to FDSV? • What do people know about FDSV? • How do community attitudes towards gender equality relate to FDSV?
Types of violence	• Who experiences FDSV? • What types of FDSV are most common? • What are some of the common characteristics of incidents of FDSV?
Responses to family, domestic and sexual violence	• How many FDSV incidents are recorded by police? • How many people come into contact with specialist homelessness services because of FDSV? • How many people are hospitalised for FDSV assault injuries?
Outcomes of family, domestic and sexual violence	• What are the long-term health consequences of FDSV? • How many people are killed through FDSV? • What are the financial costs of FDSV for the individual and broader society?
Population groups	• How is FDSV different for older people? • How many children and young people experience FDSV?

Related material

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

More information

Family, domestic and sexual violence: National data landscape 2022

References

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

Policy and international context

Key findings

- Australian, state and territory governments have a range of initiatives to prevent and respond to family, domestic and sexual violence (FDSV).
- The National Plan to End Violence against Women and Children 2022–2032 is the key national policy in relation to FDSV. State and territory governments also have jurisdiction-specific initiatives that align with the National Plan.
- Australia also has a range of international commitments and engagements to promote gender equality and the human rights of women and girls, which includes the elimination of sexual and gender-based violence.

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

Policy context in Australia

National Plan to End Violence Against Women and Children

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

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

- While still focused on violence against women, children are recognised as experiencing violence in their own right (including exposure to violence), and gender-based violence against LGBTIQA+ people is also included.

- 'Gender-based violence' encompasses a broader range of violence than the term 'family, domestic and sexual violence' – it includes all violence, abuse and harassment in all settings (at home, work, school, in the community and online). Coercive control is also acknowledged as a significant part of the experience of violence.

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

To address the high rates of violence Aboriginal and Torres Strait Islander (First Nations) women and children experience, a dedicated *Aboriginal and Torres Strait Islander Action Plan 2023–2025* has been developed which aligns with the *National Agreement on Closing the Gap*. In the longer-term, a standalone First Nations National Plan will be developed.

Other national plans, agreements, strategies and frameworks

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

- Target 13 of the *National Agreement on Closing the Gap* aims to reduce all forms of family violence and abuse against First Nations women and children by at least 50 per cent by 2031, as progress towards zero.
- The *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* seeks to reduce the risk, extent and impact of child sexual abuse and related harms. It focuses on child sexual abuse in all settings, including in organisations, online, within families, and by other people known and unknown to the child.
- *Safe and Supported: the National Framework for Protecting Australia's Children 2021–2031* aims to reduce child abuse and neglect, and its intergenerational impacts. It supports the National Agreement on Closing the Gap, in particular, Target 12 which aims to reduce over-representation of First Nations children in out-of-home care by 45% by 2031.
- The *National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019–2023* provides a framework for action to respond to abuse of older people. Its first priority area for action is to 'build our understanding of abuse of older people, so we can better target our responses.'
- *Australia's Disability Strategy 2021–2031* is Australia's national disability policy framework and sets out a plan for continuing to improve the lives of people with disability in Australia. It includes a Safety Targeted Action Plan, and its Outcomes Framework includes measures to decrease violence, abuse and neglect of women and children with disability.
- The *National Women's Health Strategy 2020–2030* outlines Australia's national approach to improving the health of women and girls. 'Health impacts of violence against women and girls' is one of the five priority areas for action.

- The *National Action Plan to Combat Modern Slavery 2020–25* provides the strategic framework for Australia's response to modern slavery. Forms of modern slavery, such as forced marriage or servitude, may involve family or sexual violence.
- The national *Work Plan to Strengthen Criminal Justice Responses to Sexual Assault 2022–27* aims to improve the experiences of victim-survivors of sexual assault in the criminal justice system.
- A key aim of the national *eSafety Strategy 2022–25* is to reduce online harm, including technology-assisted abuse.
- The *Defence Strategy for Preventing and Responding to Family and Domestic Violence 2023–2028* and *Department of Veterans' Affairs Family and Domestic Violence Strategy 2020–25* aim to improve awareness and support for veterans and their families affected by family and domestic violence.
- A key goal of the *National Aboriginal and Torres Strait Islander Early Childhood Strategy* is to support children to grow up in safe homes. This strategy supports a range of outcomes under the National Agreement on Closing the Gap.
- The *National Action Plan for the Health of Children and Young People 2020–2030* identifies children and young people who experience violence and/or abuse as a priority group.
- The *National Children's Mental Health and Wellbeing Strategy* acknowledges the impact of family, domestic and sexual violence on mental health.
- The *National Preventive Health Strategy 2021–2030* and the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* acknowledge violence and abuse as a social determinant of health outcomes.
- The *National Drug Strategy 2017-2026* and the *National Alcohol Strategy 2019–2028* acknowledge that drug and alcohol use contributes to domestic and family violence.

Additional national strategies on gender equality and injury prevention (including injury from violence) are in development.

State and territory government initiatives

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

New South Wales	*NSW Domestic and Family Violence Plan 2022–2027* *NSW Sexual Violence Plan 2022–2027*
Victoria	*Ending Family Violence: Victoria's Plan for Change*
Queensland	*Domestic and Family Violence Prevention Strategy 2016–2026* *Prevent. Support. Believe. Queensland's framework to address sexual violence*

Western Australia	*Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020–2030*
South Australia	*Committed to Safety: A framework for addressing domestic, family and sexual violence in South Australia* (ended June 2022). A new strategy is in development.
Tasmania	*Tasmania's Third Family and Sexual Violence Action Plan 2022–2027: Survivors at the Centre*
Australian Capital Territory	*ACT Domestic and Family Violence Risk Assessment Framework*
Northern Territory	*Domestic, Family and Sexual Violence Reduction Framework 2018–2028* *Northern Territory Sexual Violence Prevention and Response Framework 2020–2028*

International context

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

- Australia is a party to 7 core international human rights treaties, including the Convention on the Elimination of All Forms of Discrimination against Women, and the Convention on the Rights of the Child.
- The elimination of violence against women and girls is part of Australia's commitment to the global 2030 Agenda for Sustainable Development.
- Australia engages in a range of international forums through the United Nations:
  - UN Women
  - Commission on the Status of Women
  - Group of Friends on the Elimination of Violence Against Women
  - Gender-Based Violence Action Coalition established by the Generation Equity Forum.
- Australia also supports the United Nations Security Council's Women, Peace and Security agenda. The *Second Australian National Action Plan on Women, Peace and Security 2021–2031* sets out Australia's strategy to support gender equality and human rights of women and girls in fragile and conflict-affected contexts. 'Reduce sexual and gender-based violence' is one of the four key outcomes for action.
- The *International Engagement Strategy on Human Trafficking and Modern Slavery: Delivering in Partnership (2022)* provides a framework for Australia's international efforts, with a focus on the Indo-Pacific region. Key priorities include ending forced marriage and ending forced labour (including sexual exploitation).

- Australia is a founding member of the Global Partnership for Action on Gender-based Online Harassment and Abuse.
- The Ambassador for Gender Equality engages in international advocacy, public diplomacy, and outreach in support of Australian Government policies and programs on gender equality and the human rights of women and girls.

Related material

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

Factors associated with family, domestic and sexual violence

Key findings

- In 2021–22, almost half (47%) of the women who had experienced male perpetrated sexual assault in the past 10 years believed alcohol or another substance contributed to the most recent incident.
- In 2021, almost half (48%) of respondents who had experienced child maltreatment met the criteria for a mental health disorder.
- The rate of FDV hospitalisations in 2021–22 was highest for people aged 15 and over living in *Very remote* areas.

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

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

What do we know?

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

What are the gendered drivers of FDSV?

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

- condoning of violence against women

- men’s control of decision-making and limits to women’s independence in public and private life
- rigid gender stereotyping and dominant forms of masculinity
- male peer relations and cultures of masculinity that emphasise aggression, dominance and control (Our Watch 2022).

Addressing the gendered drivers of violence and understanding how they intersect with other forms of disadvantage and discrimination is central to reducing the prevalence of, and preventing, violence against women (Our Watch 2022).

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

What other factors contribute to the risk of FDSV?

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

Risk factors associated with a higher likelihood of violence reoccurring or resulting in serious injury or death, include history of FDV, intimate partner sexual violence, non-lethal strangulation (choking), stalking, threats to kill, perpetrator’s access to weapons, escalation in terms of frequency and/or severity and coercive control. Specific times of heightened risk can include during periods of separation (actual or pending), parenting proceedings and pregnancy and new birth (AIJA 2022; Backhouse and Toivonen 2018).

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

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

Intersecting risk factors and other forms of disadvantage

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

These intersections can increase the likelihood, frequency or severity of violence, the experience of distinct types of violence, and/or barriers to seeking support for specific groups of people in Australia. These include:

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

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

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

What protective factors can moderate the risk of FDSV?

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

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

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

National data for reporting on factors associated with FDSV

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

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

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

Associations between alcohol and other drug use and FDSV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Alcohol/Drug Involved Family Violence in Australia (ADIVA) project was funded for 2 years in 2014, with findings released in 2016. The aim of the project was to examine family violence in Australia, with a focus on alcohol and other drug related violence. The project included an Australia-wide survey, focussing on AOD use (by the respondent and/or other person) and retrospective studies of police offence data.

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

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

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

Source: Miller et al. 2016

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

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

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

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

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

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

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

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

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

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

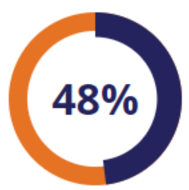
Victim and offender alcohol and drug use has not been reported more recently due to the high proportion of cases that did not have toxicology reports available or for which police reports did not state whether the victim and/or offender used alcohol or drugs (Miles and Bricknell 2024).

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

Associations between mental health and FDSV

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

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



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

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

The 2021 Australian Child Maltreatment Study (ACMS) found associations between child maltreatment and 4 mental health disorders – lifetime major depressive disorder (MDD), current generalised anxiety disorder (GAD), current severe alcohol use disorder (SAUD) and current post-traumatic stress disorder (PTSD). Almost half (48%) of respondents who had experienced child maltreatment met the criteria for 1 of the 4 mental health disorders. This compares with 22% for people who had not experienced maltreatment (Haslam et al. 2023). For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes**,

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

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

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

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

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

Limited data are available for reporting on the association between mental health and police-recorded FDV events (see Box 2).

Box 2: Identification of mental health issues in family violence incidents recorded by police

Police data from Victoria indicates that in family violence incidents recorded by police in 2021–22:

- perpetrator (other party) mental health issues or depression was a risk factor in almost 2 in 5 (38%)
- victim (affected family member) mental health issues or depression was identified as a risk factor in 1 in 4 (25%) (Crime Statistics Agency 2022).

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

- 16% of DV events mentioned a mental illness for either the perpetrator (person of interest) or the victim. More than 3 in 4 (76%) of these events mentioned mental illness for the perpetrator only, 17% for the victim only and 7% for both the victim and the perpetrator.
- Depression was the most common condition mentioned for both victims (22%) and perpetrators (19%) (Karystianis et al. 2020).

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

The overlap of AOD use, mental health issues and FDV

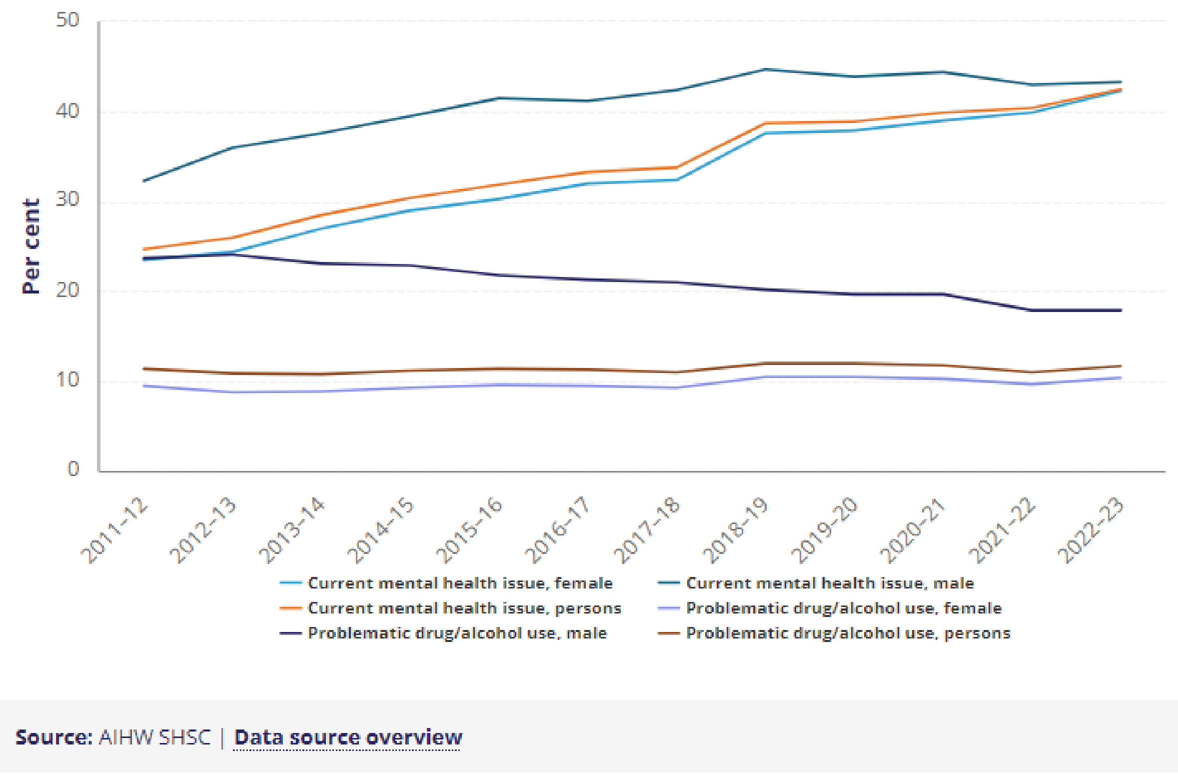
Many clients of specialist homelessness services who have experienced FDV have a mental health issue or problematic drug and/or alcohol use

In 2022–23, of the around 80,400 specialist homelessness services clients aged 10 and over who have experienced family and domestic violence:

- about 4 in 10 (42%) also had a current mental health issue
- about 1 in 10 (12%) had problematic drug and/or alcohol use
- around 7,600 (9.4%) had both of the additional selected vulnerabilities (AIHW 2023c).

Between 2011–12 and 2022–23, the proportion of specialist homelessness services clients who have experienced family and domestic violence and had a current **mental health issue** increased for both females and males. Over the same period, the proportion of specialist homelessness services clients who have experienced family and domestic violence and **problematic drug/alcohol use** decreased for both males and females, however there was greater fluctuation for females (Figure 1).

Figure 1: Specialist homelessness services clients aged 10 and over who have experienced family and domestic violence, by select vulnerabilities, 2011–12 to 2022–23



Source: AIHW SHSC | **Data source overview**

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

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

Data from the National Ambulance Surveillance System (see Box 3 and **Data sources and technical notes**) demonstrate that violence-related ambulance attendances across Victoria and Tasmania often involve alcohol and other drug (AOD) use, most commonly alcohol. Mental health symptoms and self-harm are also factors that may be involved in these attendances (Scott et al. 2020).

Box 3: FDV-related ambulance attendances in Victoria in 2016–17

The National Ambulance Surveillance System developed by Turning Point and Monash University in collaboration with jurisdictional ambulance services, collects data on attendances related to mental health, alcohol and other drugs and self-harm (see **Data sources and technical notes**). A pilot project using NASS data captured violence-related attendances in Victoria and Tasmania in 2016–17, including those classified as intimate partner violence (IPV) and other family violence (OFV, violence against other family

members). Data presented here are for Victoria only due to the small number of intimate partner and family violence-related attendances in Tasmania. The patterns for the ambulance attendances related to AOD, mental health or self-harm in Tasmania were similar to those for Victoria (Scott et al. 2020).

AOD involvement

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

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

Mental health symptoms

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

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

Self-harm

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

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

Co-occurring issues

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

perpetrator, most commonly mental health involvement only (no AOD involvement or self-harm).

Source: Scott et al. 2020.

Financial and economic hardship

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

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

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

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

People living in regional and remote areas

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

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

People living in regional and remote areas may experience geographical and social isolation from support and have limited access to services, particularly specialist services and crisis and long-term accommodation. They may also have fewer employment opportunities and limited access to cash or assets due to financial dependency on their

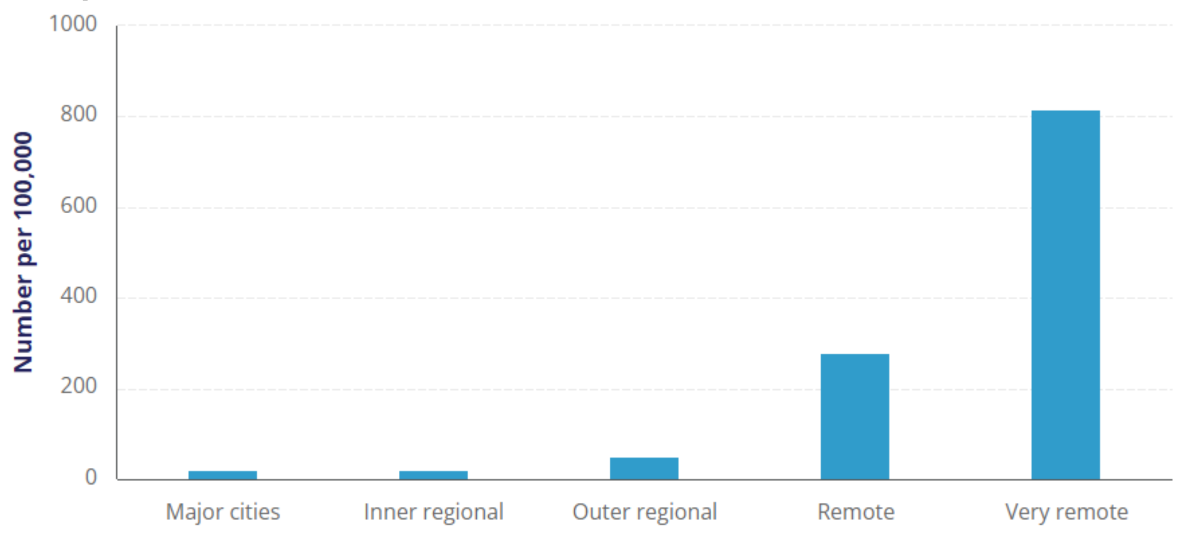
partner or their extended family (Backhouse and Toivonen 2018; Wendt et al. 2015). These factors restrict a victim-survivor's ability to receive support, and this may be heightened for specific population groups who also live in regional and remote areas. For example, First Nations women living in remote communities may have increased concerns about confidentiality within tight family and community networks and they may need to travel long distances to seek support or rely on phone support (Backhouse and Toivonen 2018).

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

The rate of FDV hospitalisations in 2021–22 was highest for people aged 15 and over living in *Very remote* areas.

In 2021–22, the rate of FDV hospitalisations for people aged 15 and over for people living in *Very remote* areas (814 per 100,000 hospitalisations) was 48 times higher than the rate for people living in *Major cities* (17 per 100,000) (Figure 2) (AIHW 2023b).

Figure 2: FDV hospitalisations for people aged 15 and over by remoteness of usual place of residence, 2021–22



Source: AIHW NHMD | **Data source overview**

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

Related material

- Aboriginal and Torres Strait Islander people
- Children and young people

- People with disability
- People from culturally and linguistically diverse backgrounds
- LGBTIQA+ people
- FDSV and COVID-19

More information

- Alcohol, tobacco & other drugs in Australia
- Specialist Homelessness Services
- Injury

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Community understanding of FDSV

Key findings

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

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

What is community understanding?

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

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

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

Is the way we talk about FDSV changing?

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

Maggie

WEAVERs Expert by Experience

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

Despite increased awareness of a wider range of problematic behaviours (particularly non-physical behaviours), there remain a range of behaviours and practices that continue to exist outside common understanding of violence (PoA 2021). Ongoing efforts are required to enhance understanding of behaviours that are not commonly recognised by the community as violence, including forced marriage, trafficking of women and children for sexual exploitation, female genital mutilation/cutting, incest, dowry abuse and dowry-related violence (PoA 2021). See also **Modern slavery** and **People from culturally and linguistically diverse backgrounds**.

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

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

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

The NCAS is a national survey that measures community knowledge of, and attitudes towards, violence against women. In 2021 a representative sample of 19,100 people

aged 16 and over in Australia responded to the survey. The 2021 NCAS includes questions which provide insight into community knowledge and understanding of:

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

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

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

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

Data sources for measuring community understanding of FDSV

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

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

What do the data tell us?

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

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

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

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

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

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

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

Some problematic behaviours are not well recognised as always being violence

Results from the 2021 NCAS indicate that while most people in Australia have a good understanding of what constitutes violence, some problematic behaviours were more readily recognised as always being a form of violence compared to others. Different types of harassment were often not recognised as violence against women:

- almost 1 in 3 (32%) respondents did not recognise that a man sending an unwanted picture of his genitals to a woman is always a form of violence

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

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

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

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

2 in 5 respondents

in 2021 did not know where to access help for a domestic violence issue

It is important that victim-survivors and other people who might be aware of violence occurring know where and how to access support services. The 2021 NCAS found that 2 in 5 (41%) respondents indicated they wouldn't know where to access help for someone experiencing domestic violence (Coumarelos et al. 2023b). Knowledge of available services for victim-survivors of violence can influence help-seeking behaviours. The 2016 Personal Safety Survey (PSS) found that 7.1% of women and 3.5% of men who did not seek advice or support about violence by a previous partner did so because they did not know of any services (ABS 2017).

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

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

Has it changed over time?

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

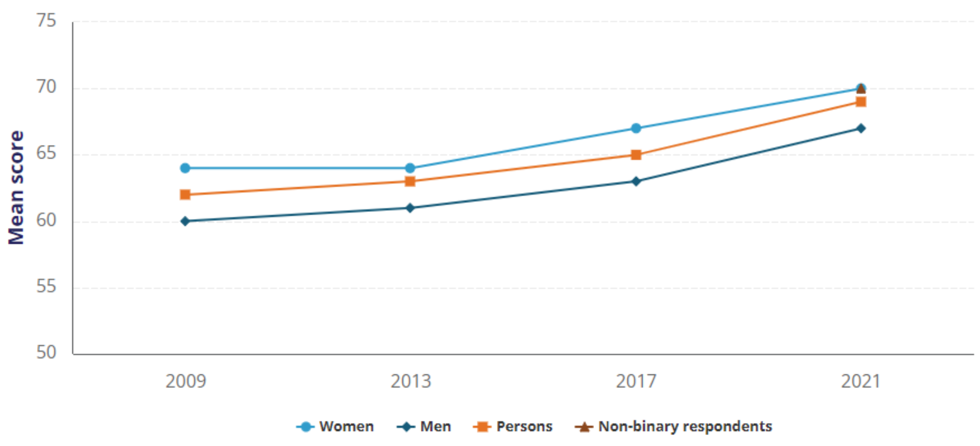
Between 2009 and 2021, there was an improvement in **community understanding** of violence against women

Community understanding has improved over time

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

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

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



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

Source: NCAS 2021 | Data source overview

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

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

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

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

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

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

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

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

Is it the same for everyone?

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

- higher for women and non-binary respondents (both 50%) than men (38%) (Coumarelos et al. 2023b)

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

Understanding other types of abuse

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

Elder abuse

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

Many people don't understand how common elder abuse is

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

Physical abuse is the most recognised form of elder abuse

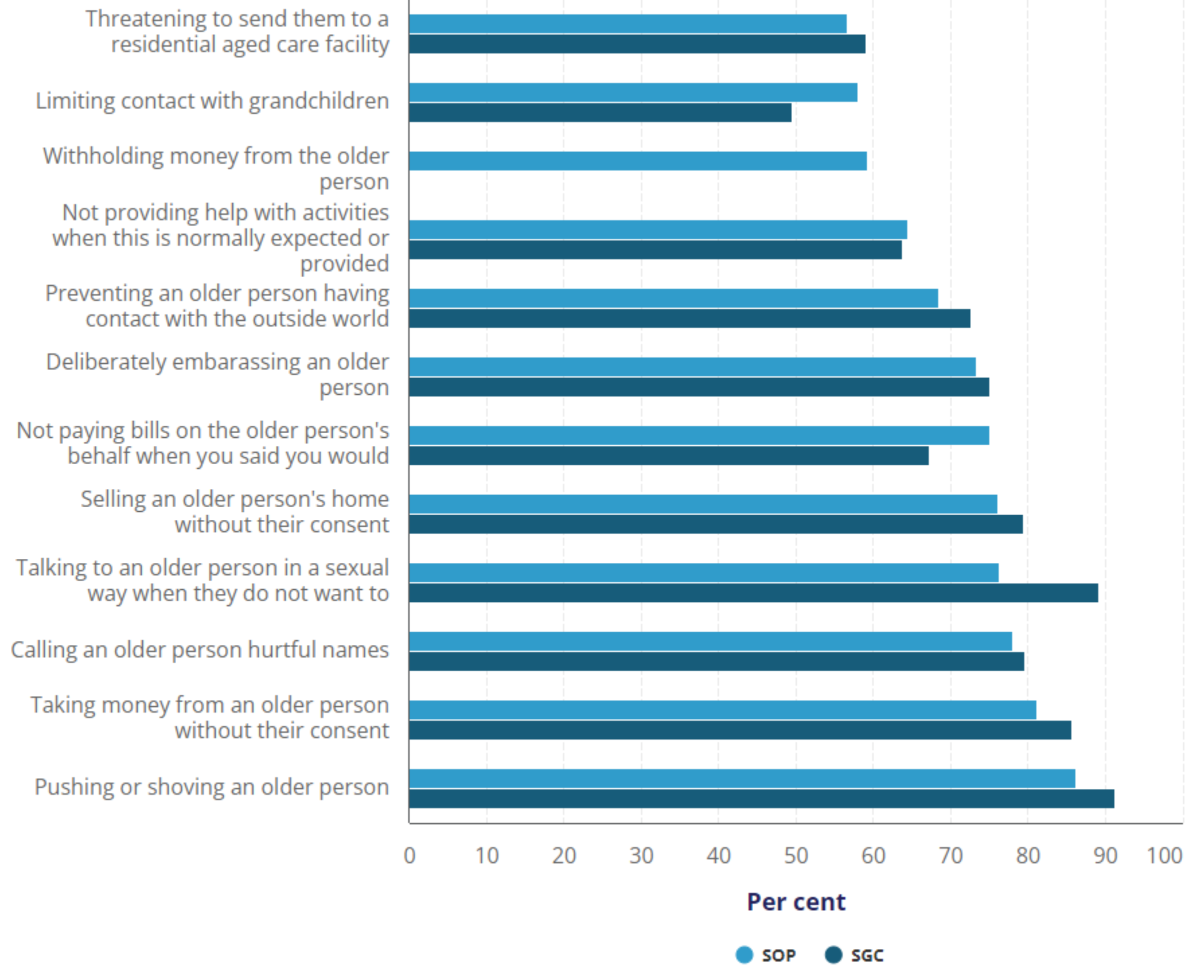
In both the SOP and the SGC, the physically abusive behaviours of 'pushing or shoving' were the most commonly recognised form of elder abuse (86% and 91% respectively) (Figure 2; Qu et al. 2021).

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

Indicators of psychological abuse were consistently recognised as elder abuse in both groups. The highest recognition was for name calling, deliberately embarrassing an older person and preventing an older person from having contact with the outside

world. Lower recognition was evident for limiting contact with grandchildren and threatening to send them to a residential aged care facility (Qu et al. 2021).

Figure 2: Recognition of abusive actions as elder abuse



n.a.: Not available

Source: AIFS National Elder Abuse Prevalence Study | **Data source overview**

Child abuse

Community understanding of the physical and non-physical behaviours that constitute child abuse and neglect is integral for protecting children at risk of harm. The 2021 Community Knowledge and Attitudes about Child Abuse and Child Protection in Australia survey was conducted to examine community engagement with the issue of child abuse, including understanding and knowledge of child abuse (see Box 2).

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

Box 2: Understanding child abuse

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

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

The findings also suggest that while there is some consensus on behaviours that constitute abuse or neglect, there was a lack of understanding of some behaviours as child abuse and neglect:

- 1 in 10 (12%) respondents were uncertain or did not believe that a 14 year old having sex with a 25 year old adult is sexual abuse.
- 2 in 7 (28%) respondents were uncertain or did not believe that a 15 year old having sex with an 18 year old adult is sexual abuse.
- 1 in 10 (10%) respondents were uncertain or did not believe that a child or teenager who is manipulated into sending a naked or semi-naked photo of themselves to an adult is being subject to grooming or sexual abuse/exploitation.
- 1 in 10 (12%) respondents were uncertain or did not believe that a parent who downloads photos and videos of children being sexually abused is a form of child abuse or exploitation.
- 1 in 10 (11%) respondents were uncertain or did not believe a public transport employee who secretly records or photographs up children and teenagers' dresses was a form of sexual abuse.
- 1 in 5 (19%) respondents were uncertain or did not believe a four year old child wandering the streets unsupervised is a form of neglect (Tucci and Mitchell 2021).

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

Related material

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

More information

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

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Community attitudes

Key findings

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

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

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

What are community attitudes?

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

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

What do we know?

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

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

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

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

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

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

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

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

Data sources for measuring community attitudes towards FDSV

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

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

What do the data tell us?

Attitudes towards gender inequality

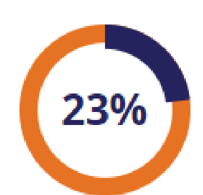
Gender inequality creates a social context in which violence against women occurs (Our Watch 2021) and has been associated with attitudes that condone violence against women (Coumarelos et al. 2023b).

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

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

Attitudes towards violence against women

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



of respondents in 2021 agreed that much of what is called domestic violence is a normal reaction to day-to-day stress and frustration

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

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

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

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

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

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

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

Box 2: Attitudes towards technology-facilitated abuse

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

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

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

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

Has it changed over time?

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

Changes in attitudes towards gendered violence and inequality

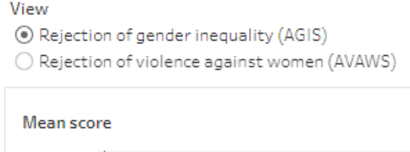
Between 2009 and 2021, there was a positive shift in the community's rejection of gendered violence and inequality

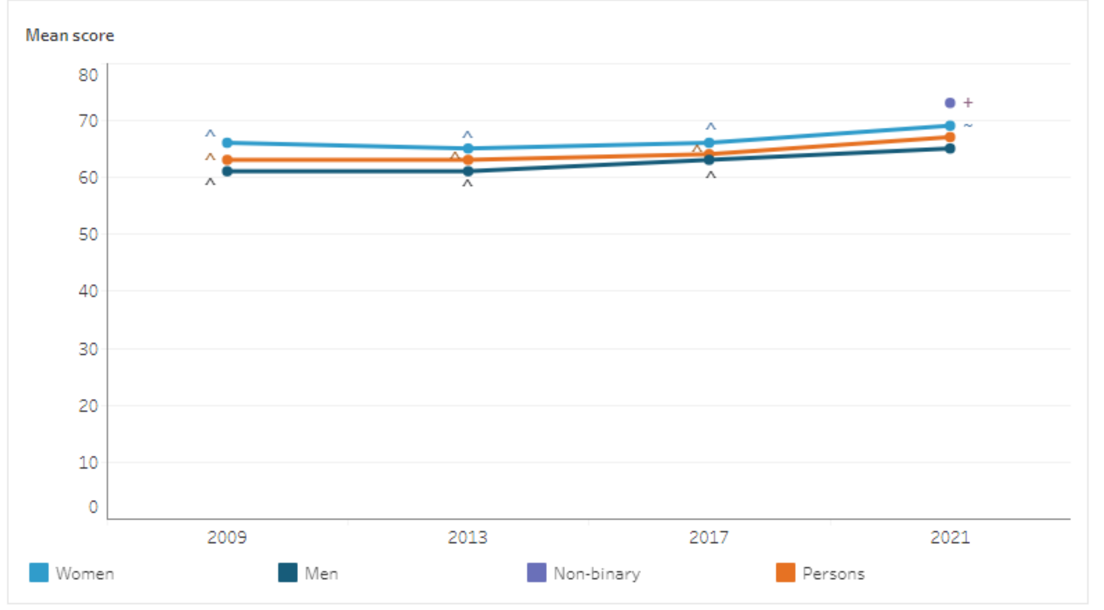
As shown in Figure 1, in Australia, between 2009 and 2021 there was a positive shift in attitudes that reject gender inequality and in attitudes that reject violence against women.

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

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

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





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

Improved community attitudes towards violence against women as measured by scores on the AGIS, AVAWS, and the Sexual Violence Scale of the NCAS, are identified as targets in the **Outcomes Framework 2023-2032**. For related data, see the **Data dashboard**.

Is it the same for everyone?

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

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

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

Victim-blaming attitudes differ across population groups

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

more common among men, older people, those with lower levels of education, and minority groups.

Attitudes towards other types of abuse

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

Elder abuse

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

Most people do not accept elder abuse

1 in 2

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

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

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

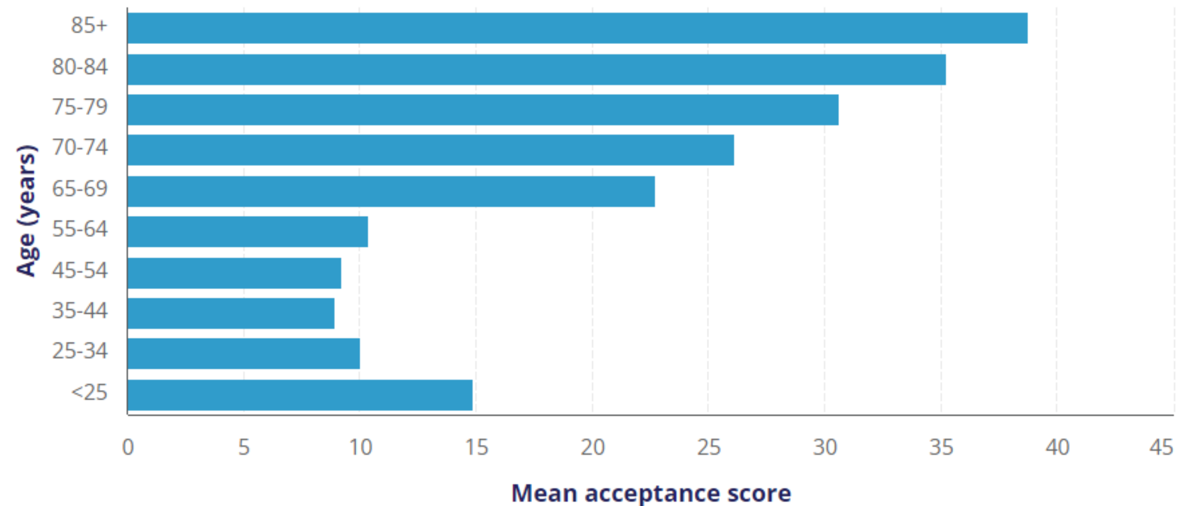
For more information, see **Older people**.

Older people are more accepting of elder abuse than younger people.

Older people were generally more accepting of elder abuse than younger people. However, in the SGC, the youngest people (aged 24 years or less) held more accepting views toward elder abuse than those aged 25–64 years. In the SOP sample, there was a clear age-related pattern whereby people aged 65 years and older had higher levels of accepting or condoning attitudes towards elder abuse as their age increased. This

pattern may be due to differences in other socio-demographic characteristics which were associated with acceptance of elder abuse such as gender, country of birth, marital status, identification with religion, education, income and social isolation (Qu et al. 2021).

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



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

Source: AIFS National Elder Abuse Prevalence Study | **Data source overview**

Child abuse

Community attitudes towards child abuse can influence social norms around how children are treated and the likelihood of maltreatment being reported. The 2021 Community Knowledge and Attitudes about Child Abuse and Child Protection in Australia survey was conducted to examine community engagement with the issue of child abuse, including attitudes towards children who disclose abuse and adults who perpetrate abuse (see Box 3).

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

Box 3: Attitudes towards child abuse

The Community Knowledge and Attitudes about Child Abuse and Child Protection in Australia survey was first conducted in 2003 and has since been repeated in 2006, 2010 and 2021 (Tucci and Mitchell 2021). In 2021, a nationally representative sample of 1,009 adults aged 18 years and over in Australia was surveyed on levels of engagement with the issue of child abuse. The survey measures the knowledge, perceptions and biases of respondents in relation to child abuse.

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

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

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

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

Related material

- Community understanding of FDSV
- Intimate partner violence
- Who uses violence?
- Older people
- Stalking and surveillance
- Children and young people

More information

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

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Consent

Key findings

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

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

What is consent?

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

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

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

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

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

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

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

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

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

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

Box 1: Legal age of consent in Australia

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

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

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

Source*:* AIFS 2021.

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

What do we know about attitudes relating to consent?

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

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

- sexual violence can't happen within an intimate relationship
- the victim of sexual violence is fully or partly responsible for 'inviting' or not preventing violence
- the damage that can be caused by sexual violence is not as serious as it really is (DSS 2022; Coumarelos et al. 2023b).

Many people desire clarity and leadership on providing education around consent to the broader community (Kantar Public 2022). Over 1 in 5 (22%) university students

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

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

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

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

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

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

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

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

What do the data show?

Negative attitudes about consent

1 in 4

respondents in 2021 agreed with the false statement 'when a man is very sexually aroused, he may not realise that the woman doesn't want to have sex'

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

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

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

Attitudes about coerced sex in marriage

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

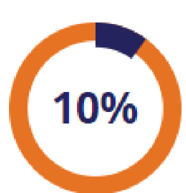
About 1 in 5 (20%) people in 2021 did not know that it is a criminal offence for a man to have sex with his wife without her consent, reporting that they were either unsure (9%) or thought it was not a criminal offence (11%). Historically, sexual assault in marriage was not explicitly criminalised in many countries. In Australia, from 1976 into the 1980s,

legislation was enacted to make it clear that sexual assault in marriage is against the law (Coumarelos et al. 2023b; Larcombe and Heath 2012).

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

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

Attitudes about alcohol use and consent



of respondents in 2021 had the false belief that 'If a woman is raped while she is drunk or affected by drugs she is at least partly responsible

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

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

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

Consent education in Australia

1 in 4 secondary school students

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

The 2021 7th National Survey of Secondary Students and Sexual Health asked students aged 14 to 18 years about sexuality/relationship education (SRE) and found that 93% reported receiving SRE at school, most commonly in Years 8 and 9. A smaller proportion

of those who were homeschooled (80%) or from Catholic schools (89%) reported receiving SRE than those from independent (93%) or government schools (95%) (Power et al. 2022).

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

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

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

Based on student comments on SRE:

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

See The 7th National survey of Australian secondary students and sexual health 2021 for further information.

Has it changed over time?

Negative attitudes about consent over time

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

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

- **Attitudes that objectify women** – more people disagreed that 'since some women are so sexual in public, it's not surprising that some men think they can touch women without permission' in 2021 (89%) than in 2017 (76%).
- **Attitudes that promote disregard for consent** – more people disagreed that 'Women often say 'no' when they mean 'yes' ' in 2021 (86%) than in earlier years (78% in 2009 and 74% in 2013)

- **Attitudes that excuse violence if alcohol is involved** – more people disagreed that 'If a woman is raped while she is drunk or affected by drugs she is at least partly responsible' in 2021 (88%) than in earlier years (80% in 2009, 78% in 2013) (Coumarelos et al. 2023b).

Consent education over time

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

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

Related material

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

More information

- Family, domestic and sexual violence: National data landscape 2022
- National sexual violence responses
- Sexual assault in Australia

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Coercive control

Key findings

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

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

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

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

What is coercive control?

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

What does coercive control mean to you?

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

Sanda

WEAVERs Expert by Experience

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

What did coercive control look like for you?

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

Sanda

WEAVERs Expert by Experience

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

Martina

WEAVERs Expert by Experience

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

Maggie

WEAVERs Expert by Experience

Coercive control is not defined by specific incidents

Coercive control is not measured by specific incidents. Perpetrators can use many different types of abusive behaviour to exert power and dominance, and can integrate coercive controlling behaviours into everyday life as a means to manipulate others.

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

What do people get wrong about coercive control?

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

Lily

WEAVERs Expert by Experience

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

What do we know?

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

Box 1: Measuring coercive control – international examples

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

National Violence Against Women Survey (United States)

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

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

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

Crime Survey for England and Wales

The Crime Survey for England and Wales (CSEW) is an annual, representative victimisation survey of people aged 16 years and over in England and Wales. The survey interviews 46,000 people in a rolling annual program, and asks about crime victimisation in the 12 months prior to the interview. A study conducted in 2015 re-analysed the CSEW data to provide a measure of severity and typology of coercive controlling violence by intimate partners.

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

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

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

What national data are available to report on coercive control?

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

Data sources for measuring coercive control

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

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

What do the data show?

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

Emotional abuse, economic abuse and coercive control

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

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

Data from the 2021–22 PSS show that:

- 23% (2.3 million) of women and 14% (1.3 million) of men have experienced emotional abuse by a current or previous partner

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

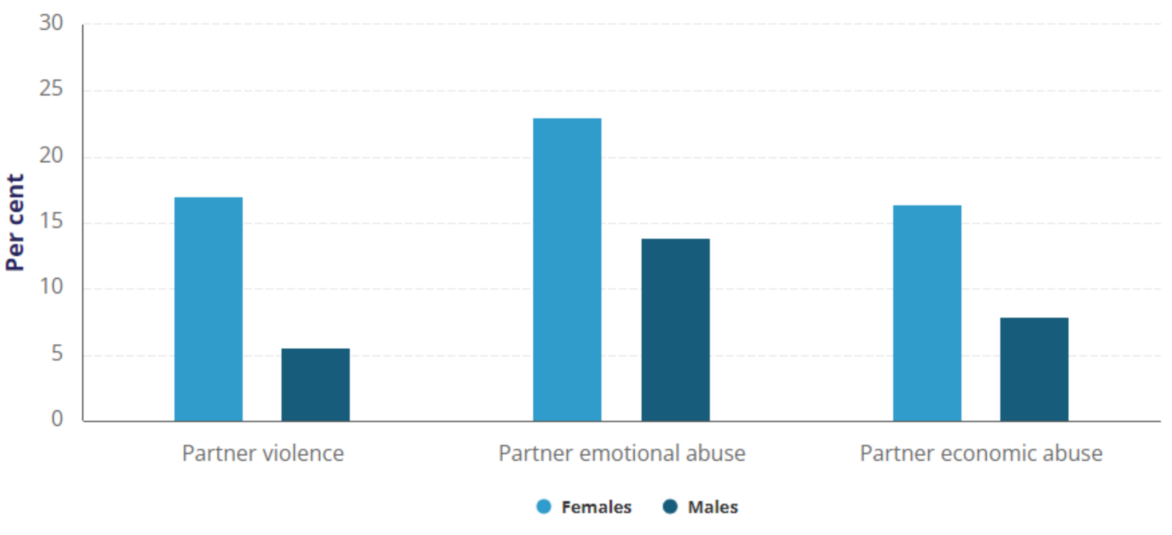
Emotional or economic abuse are characterised in nature by their intent to manipulate, control, isolate or intimidate the person they are aimed at, and are generally repeated (ABS 2023). They are also commonly used to control another person's behaviour and cause them emotional harm or fear. These data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

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

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

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

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



Source: ABS PSS 2021–22 | **Data source overview**

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

Box 2: Coercive control during the COVID-19 pandemic

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

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

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

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

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

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

Data from the 2021 AIC survey summarised in Box 2 show that:

- 2 in 5 (42%) surveyed women who experienced any non-physical violence in the 12 months prior to the survey only experienced one category of abuse. The most common form of abuse experienced by women in this group was financial abuse (35%) followed by verbally abusive and threatening behaviours (27%).
- 3 in 5 respondents experienced more than one category of non-physical abuse (22% experienced two categories of abuse, 16% experienced three; 14% experienced four; and 6.1% experienced five (Boxall and Morgan 2021).

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

What are the responses to coercive control?

Existing survey data indicate that non-physical forms of abuse are commonly and repeatedly used in abusive relationships, and often multiple forms are combined to inflict harm. It is not clear whether strategies designed to respond to physical and/or

sexual forms of FDSV, can identify the presence of controlling behaviours or intervene to prevent these behaviours from recurring (Morgan et al. 2020).

Support services

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

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

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

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

Criminalising coercive control

All states and territories have laws that respond to family and domestic violence. Recent discussion about ways to respond to coercive control has centred on the introduction of a specific criminal offence of coercive and controlling behaviour (Standing Committee for Social Policy and Legal Affairs 2021). There are wide ranging views about criminalising coercive control and a lack of consensus within the sector and broader community. Evidence on the success of criminal justice approaches to tackling coercive control is limited, both in Australia and internationally (Box 3) (ANROWS 2021).

Box 3: Criminalising coercive control

In most Australian states and territories family and domestic violence is not a direct offence. Rather, FDV is recorded using existing criminal offences, such as assault, indecent assault, rape, sexual assault, attempted murder, stalking or intent to do grievous bodily harm.

Criminalising coercive control would involve moving from an incident-based approach to an approach that criminalises ongoing abusive behaviour (ANROWS 2021).

Law reforms across Australia

- In New South Wales, the Joint Select Committee on Coercive Control was established in 2020 to inquire into and report on coercive control in domestic relationships. In November 2022, the NSW Parliament passed the *Crimes Legislation Amendment (Coercive Control) Act 2022*. From July 2024, coercive control will be a criminal offence in NSW when a person uses abusive behaviours towards a current or former intimate partner with the intention to coerce or control them. For more information, see Coercive control and the law.
- In Queensland, the Women's Safety and Justice Taskforce was established in March 2021 to examine coercive control, and review both the need for a specific offence of 'domestic violence' and the experience of women across the criminal justice system. In March 2024, the Queensland Parliament passed the *Criminal Law (Coercive Control and Affirmative Consent) and Other Legislation Amendment Bill 2023.* Once commenced, coercive control towards a current or former intimate partner will be a criminal offence in Queensland.
- In Western Australia, the Government has announced they will be taking a phased approach to the criminalisation of coercive control, commencing with legislative and systemic reform, and education and training, before a standalone offence for coercive control is introduced. Immediate reforms being introduced include amending the *Restraining Orders Act 1997* to better reflect the patterned nature of coercive control and improving the application process for family violence restraining orders.
- In South Australia, the Government has drafted and consulted on the *Criminal Law Consolidation (Coercive Control) Amendment Bill 2023*, which creates a new criminal offence of coercive control. For more information see Coercive control in South Australia.
- In Tasmania, the *Family Violence Act 2004* was passed in 2004 by the Tasmanian parliament and commenced in 2005 introducing 2 criminal offences for some coercive controlling behaviours – economic abuse (s 8) and emotional abuse (s 9). For more information, see Non-physical Violence.

International examples

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

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

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

National Principles to Address Coercive Control

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

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

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

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

For more information, see National Principles to Address Coercive Control in Family and Domestic Violence.

What is the impact of coercive control?

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

What does coercive control look like over time?

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

Maggie

WEAVERs Expert by Experience

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

Many female homicide victims had experienced a history of abuse

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

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

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

Non-physical forms of violence were common in these relationships

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

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

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

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

Is coercive control the same for everyone?

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

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

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

Related material

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

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Who uses violence?

Key findings

- Based on the 2021–22 PSS, women were more likely to have experienced physical and/or sexual violence since the age of 15 by a known person (35% or 3.5 million) than a stranger (11% or 1.1 million)
- Based on the 2021–22 PSS, men were more likely to experience violence from a stranger (30% or 2.9 million) than from a known person (25% or 2.4 million)
- Based on the 2021–22 PSS, 20% (2 million) of women have experienced sexual violence by a male they know since the age of 15, while 6.1% have experienced it from a male stranger
- Around 1 in 4 (25%) offenders in 2022-23 were proceeded against by police for at least one family and domestic violence related offence.

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

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

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

What do we know?

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

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

How do we write about people who use violence?

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

Box 1: Defining terms for people who use violence

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

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

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

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

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

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

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

Data sources for reporting on people who use violence

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

- AIC National Homicide Monitoring Program
- AIHW National Hospital Morbidity Database

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

Reframing the narrative around violence perpetration

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

Shifting the focus onto perpetrators

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

Lula

WEAVERs Expert by Experience

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

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

What do the data tell us?

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

Box 2: Reporting on perpetrators using the ABS PSS

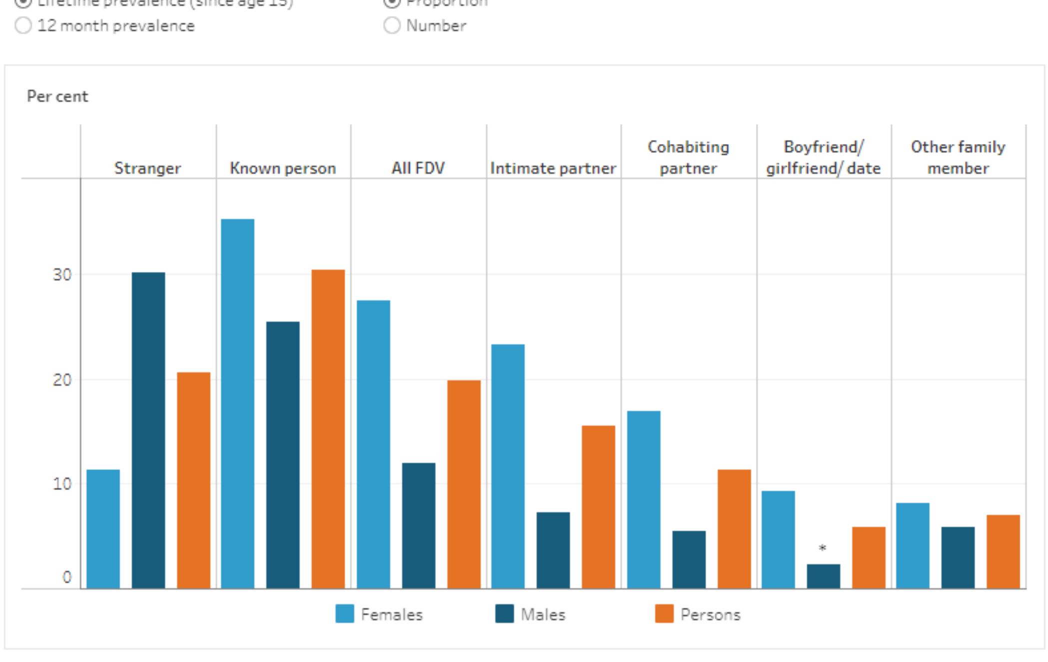
The PSS defines a perpetrator as a person responsible for any acts of violence or abuse, as identified by the person who the acts were directed against. Relationship to perpetrator

refers to the relationship of the perpetrator to the person at the time of the interview, as perceived by the person who the violence or abuse was directed against (ABS 2023b).

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

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

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

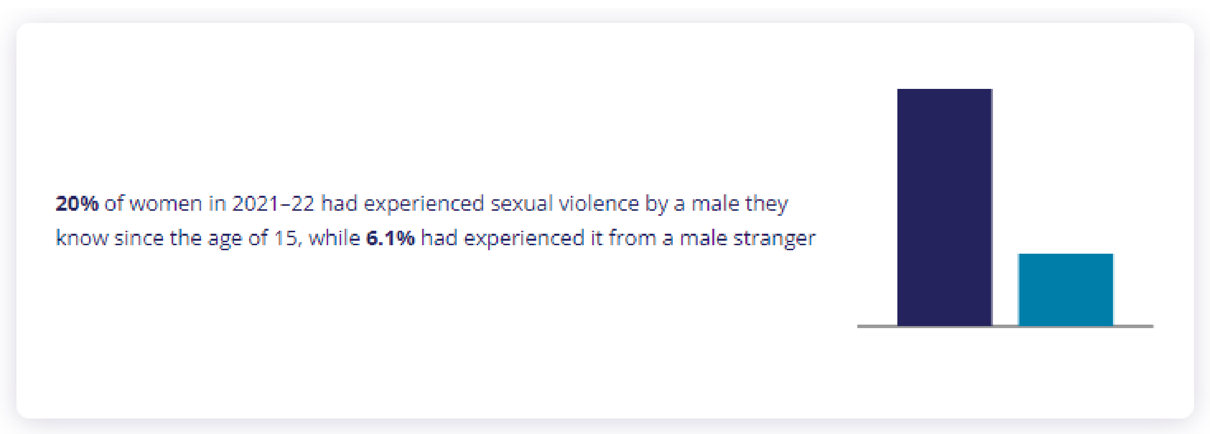


n.p.: not published due to reliability and/or confidentiality reasons. CI: confidence interval. *: estimate should be used with caution because Relative Standard Error (RSE) is between 25% and 50%.
Source: ABS PSS 2021–22. https://www.aihw.gov.au

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

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

Sexual violence against women is often perpetrated by someone they know

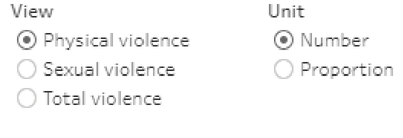


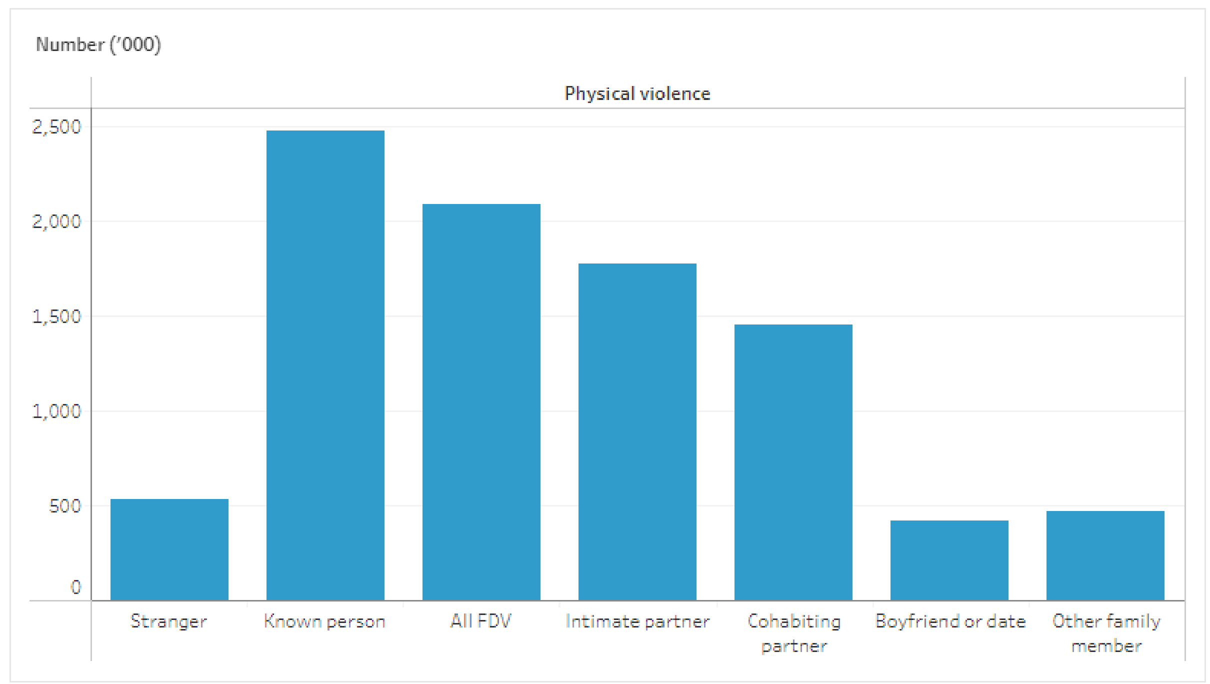
The 2021–22 PSS includes data about perpetrators of sexual violence among women, where the perpetrator was male. For women, the male perpetrators of sexual violence were more commonly a known person than a stranger:

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

Around 1 in 9 (11% or 1.1 million) women have experienced sexual violence by a male intimate partner. See **Sexual violence** for more information about the types of sexual violence experienced.

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





CI: confidence interval.
Source: ABS PSS 2021–22.
https://www.aihw.gov.au

What are the risk factors for using violence?

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

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

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

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

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

Attitudes supportive of violence against women

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

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

Alcohol and drug use

Problematic alcohol use is consistently and strongly associated with FDV (Foran & O'Leary 2008). IPV that occurs when either one or both partners consumes alcohol is particularly harmful due to more severe levels of violence perpetration and a greater likelihood of physical injury (Curtis et al. 2019; Graham et al. 2011; Laslett et al. 2010).

The link between alcohol and drug use, and violence perpetration can be examined using data from surveys or police records (Box 3).

Box 3: Alcohol/Drug-Involved Family Violence in Australia (ADIVA) project

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

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

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

- FDV can include physical, psychological, sexual, and/or emotional abuse; range from mild threats to severe abusive acts; and occur on a one-time only individual basis or can be insidious abuse that occurs over an extended period of time
- IPV incidents include any instance of violence where the relationship between the parties is of a romantic or spousal nature (for example, husband, wife, ex-spouse, de facto partner)
- Family violence (FV) incidents include any incident of violence involving other family members (for example, mother, father, sibling etc)

- Heavy episodic drinking/heavy drinking refers to the consumption of 6 or more drinks on one occasion at least once in the past 12 months.

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

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

Further research undertaken in 2018 using data from the Alcohol/Drug-Involved Family Violence in Australia (ADIVA) project described in Box 2 shows:

- almost 2 in 5 (38%) respondents who experienced IPV and 28% of those who experienced family violence reported engaging in heavy episodic drinking within the past 12 months
- heavy drinking was found to be associated with increased level of coercive controlling behaviour – perpetrators of coercive control were more likely to be current drinkers
- while drug use was only involved in a small minority of cases, it appeared to be associated with increased likelihood of experiencing FDV. Overall, 1 in 9 (11%) incidents were illicit drug-related (Mayshak et al 2018).

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

Drug Use Monitoring

The AIC Drug Use Monitoring in Australia (DUMA) program is the nation's longest running ongoing survey of police detainees across the country (Box 4).

Box 4: AIC DUMA

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

DUMA comprises 2 core components:

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

More information can be found at Drug Use on the AIC website.

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

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

The results from the study show only associations, not causal links. More information about the project can be found on the AIC website, at Drug Use Monitoring in Australia.

Violence perpetration can also be associated with other health-related risk factors such as acquired brain injury. A study conducted by Brain Injury Australia looked at the prevalence of brain injury among victim-survivors and perpetrators of family violence (Box 5).

Box 5: The prevalence of acquired brain injury among victim-survivors and perpetrators of family violence

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

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

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

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

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

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

Adverse childhood experiences

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

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

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

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

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

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

Pathways to perpetration of domestic homicide

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

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

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

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

What are the responses to those who use violence?

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

Recorded crime

1 in 4 offenders

in 2022-23 were proceeded against by police for at least one family and domestic violence related offence

Perpetrators proceeded against by police are recorded in the ABS Recorded Crime – Offenders collection. This collection includes experimental FDV data, (see **Data sources and technical notes**).

In 2022–23, 1 in 4 (25% or 88,400) recorded offenders for any offence were proceeded against by police for at least one FDV related offence. The proportion was higher for male offenders (27%) than for female offenders (21%) (ABS 2024).

Data are also available to report on sexual assault offenders. In 2022-23, around 6,400 people had a principal offence of sexual assault recorded. This represents a rate of 28 offenders per 100,000 people (ABS 2024).

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

Legal responses and criminal courts

Family and domestic violence protection orders are a commonly used legal response for perpetrators of violence. There are currently no national data available on the number of family and domestic violence orders in effect, however, the Report on Government Services presents national data on finalised originating applications for DVOs in the

Magistrates' Courts that were not appealed. Almost half (47% or 133,000) of civil cases finalised in the Magistrates' Courts in 2022-23 involved finalised originating applications for DVOs (Productivity Commission 2024).

People who use violence may also have their matters appear before the criminal courts. Data are available from the ABS Criminal Courts collection to report on the number of defendants finalised for FDV offences in Australia. In 2021–22, about 83,800 defendants were 'finalised' for FDV offences in Australia in 2021–22 (ABS 2023b).

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

Perpetrator interventions

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

Other responses that engage directly with those who use violence are sometimes referred to as 'perpetrator interventions', and include a wider range of services, such as helplines and behaviour change programs, designed to address the use of violence. Currently, data on perpetrator interventions are limited. These interventions are discussed in more detail in **Specialist perpetrator interventions**.

How does it vary among different groups?

Adolescent family violence

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

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

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

- 1 in 5 (20% or about 1,000) self-reported that they had used violence against a family member, with 23% (or about 760) of those assigned female at birth and 14% (or about 235) of those assigned male
- The most common forms of adolescent family violence (AFV) used were verbal abuse (15% or about 730), physical violence (10% or 490) and emotional/psychological

abuse (5% or 245), noting that multiple forms could be recorded per person (Fitz-Gibbon et al. 2022).

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

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

Harmful sexual behaviour

Currently, information about how sexually violent behaviour emerges and evolves in young people is limited. Child maltreatment and FDV have been identified as contributing factors towards criminal and violent behaviour. In 2022, ANROWS published a study looking at harmful sexual behaviour among male youth in Queensland, drawing on data related to adverse childhood experiences (Box 6).

Box 6: Harmful sexual behaviours displayed by male youth

A study conducted by Ogilvie et al. (2022) examined the occurrence, nature and extent of ACEs of male youth, comparing those with convictions for sexual offences to those with convictions for non-sexual offences. ACEs are typically described as potentially traumatic events that can have negative lasting effects on multiple domains of functioning (e.g. health and wellbeing). In the study, adverse childhood experiences included emotional abuse, physical abuse, sexual abuse, neglect, parental separation, exposure to domestic and family violence, family member substance abuse, family member mental health problems, and family incarceration.

Two existing and distinct datasets were used:

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

The study found:

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

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

Women who use force

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

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

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

More information about this work can be found at Women who use force – Evaluation of Positive Shift.

Data gaps and development activities

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

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

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

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

Related material

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

More information

- Monitoring perpetrator interventions in Australia

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Types of violence

These topic pages provide information to enhance understanding about the people who experience and/or use violence and the types of violence experienced.

- Family and domestic violence
- Intimate partner violence
- Sexual violence
- Child sexual abuse
- Stalking and surveillance
- Modern slavery

Family and domestic violence

Based on the 2021–22 Personal Safety Survey:

- over 1 in 4 (27% or 2.7 million) women have experienced FDV since the age of 15
- around 1 in 16 (6.2% or 611,000) women have experienced violence since the age of 15 from a father, son, brother or other male relative or in-law
- 12% (2.2 million) of people witnessed partner violence against their mothers when they were children.

Family and domestic violence (FDV) is a major national health and welfare issue that can have lifelong impacts for victim-survivors and perpetrators. It occurs across all ages and backgrounds, but mainly affects women and children.

This page presents data related to FDV as a whole, which comprises intimate partner violence and violence by other family members. Information specific to intimate partner violence (IPV) can be found in **Intimate partner violence**.

What is family and domestic violence?

'Violence' refers to behaviours that cause, or intend to cause, fear or harm. Violence can occur in the form of threat, assault, abuse, neglect or harassment and is often used by a person or people, to intimidate, harm or control others. Not all forms of violence are physical.

The term FDV describes violence that occurs in 2 types of relationships – intimate partner relationships and family relationships. In some contexts, it is appropriate to look at FDV combined – this provides a better sense of the violence that occurs overall within personal relationships. However, the risk factors, types of violence experienced and impacts can differ between IPV and family violence (Box 1).

Box 1: How does IPV and family violence overlap?

Both IPV and family violence are forms of FDV that occur in the form of assault, threat, abuse, neglect or harassment. IPV and family violence can occur repeatedly, or as single incidents.

IPV describes violence that occurs between:

- partners who live together (or have lived together previously in a married or de facto relationship)
- boyfriends, girlfriends or dates (both current or previous).

IPV covers different levels of commitment and involvement. For example, boyfriends, girlfriends or dates can refer to those who have had one date only, regular dating with no sexual involvement, or a serious sexual or emotional relationship.

The term family violence describes violence that occurs within a domestic or familial context. Family members can be:

- partners who live together (or have lived together in a married or de facto relationship)
- parents (including step-parents)
- siblings (including step-siblings)
- other family members (including in-laws and extended family)
- kinship relationships.

Family members can also be carers, foster carers and co-residents (for example in group homes or boarding residences). Family violence is the preferred term for describing violence that occurs among Aboriginal and Torres Strait Islander (First Nations) people, noting the way that violence can occur across kinship relationships (for more information, see **Aboriginal and Torres Strait Islander people**).

FDV can also occur in the context of coercive control, where a person uses patterns of abusive behaviour over time to exert power and dominance in everyday life, to create fear, control or manipulate others, and deny liberty and autonomy. For more information on this, see **Coercive control**.

How is FDV used in AIHW reporting?

In the AIHW's reporting of Australian Bureau of Statistics' Personal Safety Survey (PSS) data, the term family and domestic violence is used for simplicity when referring to violence between all family members and intimate partners. Referring to the 2021–22 PSS categories 'family member' and 'intimate partner' as the combined 'family and domestic' allows the AIHW's reporting of violence to draw on the ABS' definitions of relationships (Box 1), while using a term that is recognisable to the public.

Family members who are not partners are referred to as 'other family members'. In the PSS, 'other family members' are parents/step-parents, children/step-children, siblings/step-siblings, and other relatives or in-laws.

A more detailed look at violence in intimate relationships can be found in **Intimate partner violence**.

What do we know?

Many factors can contribute to, and influence, the likelihood of a person experiencing family and domestic violence. These factors can be:

- individual level factors (personal history such as childhood abuse; alcohol or drug use; adherence to traditional gender roles; educational level)
- relationship level factors (interpersonal relationships with peers, intimate partners or family members such as social support networks; family conflict; or having violent peers)

- community level factors (experiences in schools, workplaces and neighbourhoods such as workplace polices on sexual harassment or accessibility of support services)
- societal level (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).

These factors, and their intersection with other forms of disadvantage and discrimination, are discussed in **Factors associated with FDSV**.

What data are available to report on family and domestic violence?

Data from national surveys can be used to show the prevalence of family and domestic violence in Australia.

Data sources for measuring family and domestic violence

- ABS Criminal Courts
- ABS Personal Safety Survey (PSS)
- ABS Recorded Crime – Victims
- ABS Recorded Crime – Offenders
- AIFS National Elder Abuse Prevalence Study

What do the data tell us?

Data from the 2021–22 PSS are available to report on FDV since the age of 15. In the PSS, violence refers to physical and/or sexual violence.

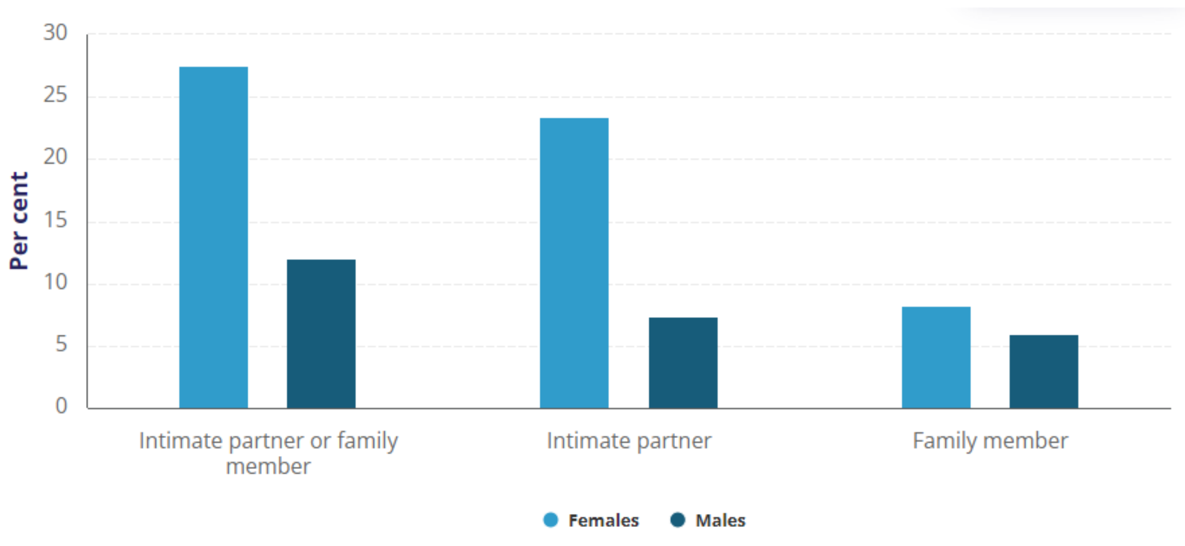
How common is family and domestic violence?

Based on the 2021–22 PSS, 1 in 5 (20%) adults have experienced FDV since the age of 15. FDV was more common among women than men:

- over 1 in 4 (27% or 2.7 million) women have experienced FDV since the age of 15
- over 1 in 8 (12% or 1.1 million) men have experienced FDV since the age of 15 (Figure 1) (ABS 2023).

In the PSS, some information about the FDV experienced by children is collected by asking men and women about experiences of abuse before the age of 15. These data are one part of the picture and do not fully capture the prevalence of FDV among children. Data from other sources can be brought together to look at experiences of FDV among children and young people, these are discussed further in **Children and young people**.

Figure 1: Proportion of people aged 18 years and over who have experienced FDV since the age of 15, by sex and relationship to perpetrator, 2021–22



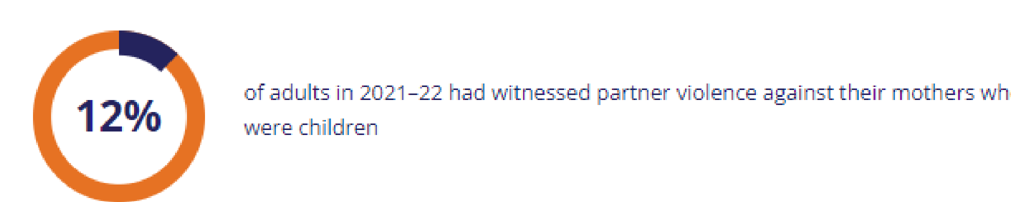
Source: ABS PSS 2021-22 | **Data source overview**

Both women and men were more likely to have experienced FDV by an intimate partner than other family members:

- 23% (2.3 million) of women had experienced FDV by an intimate partner compared with 8.1% (806,000) who experienced FDV by other family members
- 7.3% (693,000) of men had experienced FDV by an intimate partner compared with 5.9% (561,000) who experienced FDV by other family members.

More detailed reporting on IPV, including data from the 2021–22 PSS about the types of violence experienced, is reported in **Intimate partner violence**.

How many children witness FDV?



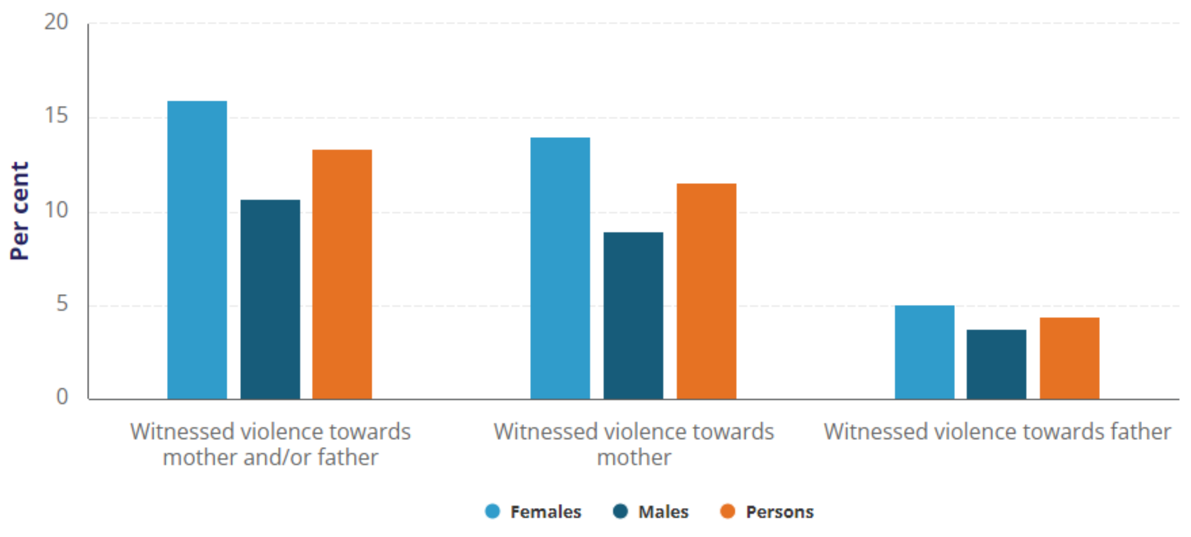
Exposing children to violence can be considered a form of FDV. There are many ways that children can be exposed to FDV, for example through seeing or hearing acts of violence or its effects, or by witnessing patterns of non-physical controlling behaviours. These experiences among children and young people are discussed in **Children and young people**.

The PSS asks respondents about whether they had witnessed violence towards their own parents when they were children. These data are collected from adults 18 years and over about the violence they witnessed before the age of 15.

According to the 2021–22 PSS, an estimated 2.6 million (13%) people aged 18 years and over witnessed partner violence towards a parent. More women than men had witnessed partner violence towards one of their parents – 16% of women compared with 11% of men (ABS 2023).

A higher proportion of people had witnessed partner violence against their mothers than their fathers – 12% (2.2 million) of people witnessed violence against their mothers, 4.3% (837,000) witnessed violence against their fathers (Figure 2) (ABS 2023).

Figure 2: Proportion of people who witnessed partner violence against their parents, women and men aged 18 years and over, 2021–22



Source: ABS PSS 2021-22 | **Data source overview**

Who uses FDV?

Data on the people who use FDV against others are limited, as most national reporting to date has focussed on victim-survivors and people who experience violence (Flood et al. 2023). For women, the 2021–22 PSS captured some detailed information about violence in family relationships, however these data are limited to:

- physical and/or sexual violence by male FDV perpetrators
- physical violence by female FDV perpetrators.

Table 1 shows the different types of FDV experienced by women by relationship to perpetrator, where the perpetrator was male.

Table 1: Proportion of women who have experienced FDV by a male perpetrator, by type of perpetrator, 2021–22

Types of male FDV perpetrators	Total (%)
Cohabiting partner (a)	17
Boyfriend or date (b)	9.1
Father	3.3
Son	0.5
Brother	1.3
Other relative or in-law	1.8

Notes

(a) Includes previous cohabiting partners.

(b) Includes previous boyfriends or dates.

Source: ABS 2023.

These data show that since the age of 15:

- 6.2% (611,000) of women have experienced violence from a male family member who was not a partner (such as fathers, brothers and other relatives)
- 3.3% (326,000) of women have experienced violence from a father
- 1.3% (126,000) of women have experienced violence from a brother (ABS 2023).

Data from the 2021–22 PSS also show that 1.9% (192,000) of women have experienced physical violence by a mother since the age of 15.

More information about perpetrators is discussed in **Who uses violence?**.

Children and young people who use FDSV

Adolescent family violence (AFV) refers to the use of violence by children and young people against family members, including physical, emotional, financial, and sexual abuse. It includes a range of behaviours used to control, coerce and threaten family members.

Although there are no nationally-representative data on the prevalence of adolescent family violence, existing research and administrative data suggest that adolescent males are more likely to use any AFV and more severe forms and that mothers are most frequently the victims (Box 2) (Fitz-Gibbon et al. 2018, 2022a; RCFV 2016). Existing research shows that young people who use AFV are more likely to have also experienced abuse and maltreatment themselves. AFV is generally more reactive and retaliatory and less frequently controlling and manipulative than intimate partner violence (Fitz-Gibbon et al. 2022a).

Box 2: Key findings from one study on AFV

In 2022, Australia's National Research Organisation for Women's Safety (ANROWS) published findings from a national study of AFV. The aim of the study was to look at the nature of AFV, including the patterns in AFV use, and the support needs among young people (Fitz-Gibbon et al. 2022a).

The study involved an online survey of 5,000 people aged 16–20, completed during September and October 2021. The sample was not recruited to reflect the spread of young people in Australia. Due to the non-representative nature of the sample, findings cannot be generalised to the wider Australian population.

How many respondents reported using AFV?

Among the young people aged 16–20 who participated in the study, 1 in 5 (20%) reported that they had used a form of violence against a family member. Violence includes physical, emotional, psychological, verbal, financial and/or sexual abuse.

Among all surveyed young people:

- about 1 in 7 (15%) used verbal abuse
- 1 in 10 (10%) physical violence
- 1 in 20 (5%) emotional/psychological abuse.

Note that multiple forms could be recorded per person.

Patterns in AFV use

Among surveyed young people who were able to say when they started using AFV (600 people) the average age of onset was 11 years old, with 42% saying they started at 10 years old or younger.

Among surveyed young people who used AFV (1,006 people):

- about half (51%) used only non-physical forms of abuse
- under half (45%) used violence on at least a monthly basis, with verbal forms generally more frequent than physical forms
- about 2 in 3 (68%) used violence against siblings, half against their mother (51%) and over 1 in 3 (37%) against their father. Violence against step-parents and foster carers was less common (8%).

Most young people who used AFV reported using retaliatory violence after they experienced violence from siblings (93% or 280), their mothers (68% or 300) and their fathers (54% or 230). These differences in AFV may reflect differences in opportunity (as some family members are less present) or who is perceived as easier targets of aggression.

Effects of witnessing and experiencing violence

Young people who both witnessed violence between family members and experienced targeted abuse were 9.2 times as likely to use AFV than those who had not experienced child abuse (Fitz-Gibbon et al. 2022a).

Services and support needs for young people who use AFV

It was not common for young people to disclose their AFV, with at most 1 in 3 (34%) disclosing to a family member, 18% to a friend, 7% to a formal service and 1% to someone else in their community. Some young people reported that:

- they needed more support from family, school and formal services, a safe place and more education on abuse
- their disclosures of AFV were ignored and of not knowing what would or could have helped them (Fitz-Gibbon et al. 2022b).

For further insights about AFV, including information about how AFV differs across groups of young people, such as gender-diverse young people, young people with disability and First Nations young people, see the full report on the ANROWS website.

What are the responses to family and domestic violence?

People respond to family and domestic violence in many ways. Many people do not disclose their experiences, or when they do, they choose to disclose them to informal sources of support such as friends and family. There are number of reasons why people may choose not to or seek help from formal services. Some of the barriers are discussed in more detail in **How do people respond to FDSV?**.

What are some barriers to seeking help?

'Asking for help is hard enough but the constant re-telling of your story, and not being able to give a clear timeline due to trauma and post-traumatic stress is particularly challenging.'

Kelly

WEAVERs Expert by Experience

People who do seek help from formal services may access a range of different supports. These supports span across multiple sectors and have varying levels of involvement with victim-survivors and people who use violence. The support can also vary depending on the type of FDV experienced. For example, some services may provide support specifically for those who have experienced intimate partner violence or sexual violence.

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. Data are available to report on the number of people receiving child protection services who have had a substantiated case of abuse. These data can be used to show:

- the primary abuse types (physical abuse, sexual abuse, emotional abuse or neglect)
- characteristics of children with substantiated abuse or neglect
- changes over time.

Further information can be found in **Child protection**.

Health services

People who experience FDV may seek assistance from health services. Health services that respond to FDSV include:

- primary care, including general practitioners (GPs) and community health services
- mental health services
- ambulance or emergency services

- alcohol and other drug treatment services
- hospitals (admitted patient care; emergency care; and outpatient care).

While each health service response has an important and different role to play, national service-level data on responses to FDV are limited. Hospital records related to episodes of admitted care (hospitalisations) are the main nationally comparable data available, although some data related to FDSV responses in other health services are available in some states and territories.

Data from the AIHW National Hospital Morbidity Database are available to report on the number of people admitted to hospital for FDV-related assault injuries. These data are reported in **Health services**.

Police and legal responses

For an incident of FDV, victim-survivors, witnesses or other people may contact police. Incidents that are considered a criminal offence are recorded by police as crimes. Data from police are available to report on victims of FDV-related offences. These are discussed in more detail in **FDV reported to police**.

Legal responses to FDV can also involve civil and criminal proceedings in state and territory courts. Civil proceedings can result in domestic violence orders (DVOs) that aim to protect victim-survivors of FDV from future violence. Criminal proceedings can punish offenders for criminal conduct related FDV and sexual violence. There are also national legal responses to FDV. Australia's federal family law courts have the power to make civil personal protection injunctions for the protection of a child or party to family law proceedings. FDV is considered as a priority in child-related proceedings and in financial proceedings. Further information about criminal and civil proceedings are discussed in more detail in **Legal systems**.

Specialist perpetrator interventions

Some responses to FDV are designed to work with perpetrators to hold them to account and support them to change their behaviour. The majority of perpetrator interventions fall into 2 categories: police and legal interventions, and behaviour change interventions.

National data on behaviour change interventions are limited. However, some data are available from the Men's Referral Service, and a growing body of research is available to discuss what currently works to reduce and respond to violence. These are discussed in more detail in **Specialist perpetrator interventions**.

Specialist homelessness services

When FDV occurs within the home, it can create an unsafe and unstable environment, leading some individuals and families to leave for their safety. Specialist homelessness services (SHS) provide services to people who are homeless or at risk of homelessness.

Data from SHS are available to look at the number of clients of SHS who had experienced FDV, including data about client characteristics, service use patterns, and housing situations and outcomes. These are discussed in further detail in **Housing**.

Other responses

There are a range of other responses to FDV where some data or information are available:

- **Financial support and workplace responses** (these include crisis payments; workplace responses such as internal workplace investigations, or access to leave entitlements)
- **Helplines and related support services** (including information, referral, counselling and advocacy).

What are the impacts of family and domestic violence?

FDV can have long-lasting impacts on an individual's physical and mental health as well as their economic and social wellbeing. In some cases, FDV can be fatal. Data are available across a number of areas to look at the longer-term impacts and outcomes of FDV on individuals and the community.

Economic and financial impacts

There are a number of direct and indirect economic and financial impacts of FDV. For example, people who experience FDV may incur the costs associated with separation such as moving and legal costs or healthcare costs for treatment and/or recovery from harm. The costs of FDV can also be indirect, or be seen longer-term, particularly when they limit a person's education, and employment outcomes.

Some of the impacts of FDV can also be economy-wide, and these can be seen through impacts to the health system, community services, as well as through lost wages, lower productivity. Estimating the cost of violence to the economy can provide an overview of the scale of the problem and how wide-ranging it is. These are discussed in more detail in **Economic and financial impacts**.

Health impacts

The health outcomes of FDV can be serious and long-lasting. Some data are available to report on:

- the burden of disease due to IPV (refers to the quantified impact of living with and dying prematurely from a disease or injury)
- the relationship between violence and poor mental health outcomes
- the long-term impact of injuries related to FDV

- sexual and reproductive health outcomes
- FDV-related suicides.

These are discussed in more detail in **Health outcomes**.

Homicide

Some family and domestic violence incidents are fatal. Domestic homicide is the term used to refer to the unlawful killing of a person in an incident involving the death of a family member or other person in a domestic relationship, including people who have a current or former intimate relationship.

Data from a number of sources are available to report on the number of domestic homicides. These are reported in **Domestic homicide**.

Intergenerational impacts

Children who experience or are exposed to FDV can experience adverse developmental outcomes, which are associated with an increased likelihood of violence perpetration. This process is sometimes referred to as intergenerational transmission of violence (Eriksson and Mazerolle 2015; Fitz-Gibbon et al. 2022a; Meyer et al 2021; Tzoumakis et al. 2019; Webster 2016).

Box 3: Disrupting intergenerational violence and trauma

Research suggests that addressing intergenerational violence and trauma requires early interventions to disrupt transmission and ongoing support for people impacted by violence and trauma (DSS 2022; Fitz-Gibbon et al. 2022a). Early detection and targeted interventions and responses that are tailored to the child or young person can also help to reduce the likelihood of AFV and harmful sexual behaviours continuing or escalating (DPMC 2021; El-Murr 2017; Fitz-Gibbon et al. 2022b; Paton and Bromfield 2022; RCIRCSA 2017).

Recent key findings from research on intergenerational transmission of violence among non-representative cohorts in Australia include:

- children had higher odds of emotional/behavioural difficulties at age four associated with maternal violence exposures (maternal childhood abuse or intimate partner violence) and poor maternal physical or mental health (Gartland et al. 2019)
- about 9 in 10 (89%) young people aged 16 to 20 who had used violence against a family member in their lifetime had witnessed FDV or been targeted by child abuse (Fitz-Gibbon et al. 2022a)
- children that were exposed to intimate partner violence directed at their mothers developed violent behaviours towards others and their mothers, with sons more likely to become violent, based on narrative interviews with mothers (Meyer et al. 2015).

A related process, intergenerational trauma, occurs when people who have experienced trauma (which can include violence and abuse) pass their trauma to further generations. This can be related to a lack of opportunity to heal and a lack of support for those who

have experienced trauma. In Australia, intergenerational trauma particularly affects First Nations people (see **Aboriginal and Torres Strait Islander people**), especially the children, grandchildren and future generations of the Stolen Generations (AIHW 2018; DSS 2022; Healing Foundation 2022).

Has it changed over time?

Typically, data on the 12-month prevalence of FDV can be used to see whether violence has changed over time. However, comparable national 12-month prevalence data about FDV combined are not available prior to 2021–22. Data on the 12-month prevalence of IPV are available, and changes over time are reported in **Intimate partner violence**.

According to the 2021–22 PSS:

- 1.9% of women aged 18 years and over experienced FDV in the 12 months prior to the survey
- 0.7% of men aged 18 years and over experienced FDV in the 12 months prior to the survey (this estimate has a relative standard error of 25–50% and should be used with caution) (ABS 2023).

Some data are available from other sources to look at changes in FDV-related service use over time. Changes in service use over time can be for a number of reasons, such as greater awareness, increased reporting, increase in actual prevalence, or a combination of these reasons.

Some time series data are available on:

- FDV-related offences recorded by police (see **FDV reported to police**)
- rates of domestic homicide (see **Domestic homicide**)
- rates of FDV-related assault injury hospitalisations (see **Health services**)
- rates of people seeking assistance from SHS due to FDV (see **Housing**).

Is it the same for everyone?

While some data are available to show how the experiences of FDV can differ across population groups, comparable data on the prevalence of violence are limited.

Aboriginal and Torres Strait Islander people

'Family violence' is the preferred term for violence within Aboriginal and Torres Strait Islander (First Nations) communities, as it covers the extended families, kinship networks and community relationships in which violence can occur (Cripps and Davis 2012).

The factors contributing to family violence, the actions taken when violence occurs and the longer-term impacts can be different for First Nations people compared with non-Indigenous people. Further, family violence among First Nations people should be

understood in the context of intergenerational trauma and the ongoing impacts of colonisation.

The latest National Aboriginal and Torres Strait Islander Health Survey (NATSIHS, 2018–19) showed that 2 in 3 (67% or 20,800) First Nations people aged 15 and over who had experienced physical harm in the 12 months before the survey reported the perpetrator was a family member (a former or current intimate partner or other family member) (ABS 2019).

More information about family violence, including data from police, criminal courts and hospitals can be found in **Aboriginal and Torres Strait Islander people**.

Children and young people

Children are victims of FDV in their own right, both when they experience violence directly, and when they are exposed to, or witness violence or abuse between others. It is difficult to obtain robust data on children's experiences of FDV. Due to the sensitive nature of this subject, most large-scale population surveys focus on adults. However, estimates of adults from surveys are likely to underestimate the true extent of FDSV due to some people's reluctance to disclose information and reliance on participant's recollections of events, which may have changed over time.

The 2021 Australian Child Maltreatment Study (ACMS) was a cross-sectional survey of people aged 16 and over that estimated the experiences of child sexual abuse and child maltreatment from a parent or caregiver. It also assessed some other childhood adversities and associations with aspects of health and wellbeing later in life (Mathews et al 2023).

Findings from the ACMS, including data on physical abuse, sexual abuse, emotional abuse, neglect and exposure to domestic violence are discussed in more detail at **Children and young people**.

Older people

In Australia, 'older people' are generally defined as those aged 65 and over. However, First Nations people are often included among 'older people' from the age of 50 (Kaspiew et al. 2015).

Elder abuse is another term often used to describe violence experienced by older Australians when there is a relationship of trust between the older person and the perpetrator. Some forms of elder abuse can be perpetrated by family members, such as partners, children or other relatives.

The 2021 AIFS National Elder Abuse Prevalence Study collected information about elder abuse experienced by older people who live in the community. These data can be used to report on the prevalence of abuse, the type of abuse experience, and the relationship to the perpetrator of abuse. Findings from this study are discussed in more detail in **Older people**.

Other population groups

Comparable national data are not available to compare the prevalence of FDV among different population groups. However, data from other sources, can be used to illustrate some of the unique experiences of violence for:

- **people with disability**
- **pregnant people**
- **mothers and their children**
- **young women**
- **people from culturally and linguistically diverse backgrounds**
- **LGBTIQA+ people**
- **veteran families**.

Related material

- What is FDSV?
- Intimate partner violence
- Sexual violence
- Children and young people

More information

- Specialist Homelessness Services, annual report.
- Child protection.

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Intimate partner violence

Key findings

- 1 in 4 (23% or 2.3 million) women and 1 in 14 (7.3% or 693,000) men have experienced physical and/or sexual violence from an intimate partner since the age of 15.
- 23% (2.3 million) of women and 14% (1.3 million) of men have experienced emotional abuse by a current or previous partner.
- 16% (1.6 million) of women and 7.8% (745,000) of men have experienced economic abuse from a current or previous partner.

Intimate partner violence (IPV) is a major health and welfare issue in Australia and around the world. It occurs in all socioeconomic, religious and cultural groups and can have wide-ranging consequences for physical and psychological health, economic security and social wellbeing (WHO 2012). IPV takes many forms and is a subset of family and domestic violence.

In 2018, the World Health Organisation (WHO) estimated that globally, 26–28% (641 to 753 million) of ever-partnered women (those who had been in an intimate relationship) aged 15 years and older had experienced physical and/or sexual IPV in their lifetime (WHO 2021). Rates of IPV vary by global region and by development, with the highest rates occurring in the least developed countries (37%) and the lowest rates occurring in the subregions of Europe (16–23%), Central, Eastern and South-Eastern Asia (18–21%) and in Australia and New Zealand (23%) (WHO 2021).

This page presents the available data (at the time of writing) on IPV in Australia, including data on emotional abuse, economic abuse, and trends over time.

What is intimate partner violence?

IPV can be defined in different ways. Broadly, IPV refers to any behaviour within an intimate relationship (current or previous) that causes physical, sexual or psychological harm (DSS 2022). Intimate relationships involve varying levels of commitment, and include marriages, couples who live together, and dating relationships. Some relationships such as boy/girlfriend and dating relationships are particularly relevant to younger people who are less likely to be in formal living arrangements with their intimate partners.

In the AIHW's reporting, definitions are mostly drawn from the Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS). These definitions look at specific behaviours and harms – physical violence, sexual violence, emotional abuse and economic abuse – across a range of intimate relationships (Box 1).

Box 1: Measuring intimate partner violence in the PSS

The 2021–22 ABS Personal Safety Survey surveyed people in Australia from March 2021 to May 2022 about the nature and extent of violence experienced since the age of 15. Information is collected about the relationship between the respondent and the perpetrator of violence.

An **intimate partner** is a current partner (a person the respondent is living with), a previous partner (a person the respondent has lived with previously) or a boyfriend, girlfriend or date (a person the respondent has never lived with).

A **partner**, sometimes referred to as a **cohabiting partner,** is someone the respondent lives with, or has lived with at some point in a married or de facto relationship. The PSS collects information about economic abuse and emotional abuse between partners, but these are reported separately and are not included in the totals for 'violence'.

A **boyfriend, girlfriend or date** describes a person with whom the respondent has, or previously had, a relationship, if that relationship did not involve living together. This term covers varying levels of commitment and involvement. For example, this will include persons who have had one date only, regular dating with no sexual involvement, or a serious sexual or emotional relationship**.** In the PSS, this can refer to a current relationship or a previous relationship. Data about emotional abuse or economic abuse are not collected for people who did not live with their partners at any stage during the relationship.

In the PSS, **physical violence** is the occurrence, attempt or threat of physical assault. Physical assault is any incident that involves the use of physical force, with the intent to harm or frighten a person.

Sexual violence is the occurrence, attempt or threat of sexual assault. Sexual assault is an act of a sexual nature carried out against a person's will through the use of physical force, intimidation or coercion, including any attempts to do this.

Incidents that occurred before the age of 15, are not counted within the totals for 'violence', but are counted separately as **physical abuse** or **sexual abuse** (ABS 2023a).

The term 'violence' in the PSS refers to physical and/or sexual violence.

Other data sources may draw on different definitions of IPV. While these may not be comparable to the PSS, they can be used to complement key findings.

A more detailed discussion about how different definitions are used in the AIHW's reporting can be found in **What is FDSV?**.

How does IPV relate to coercive control?

Coercive control is almost always an underlying dynamic of FDV and IPV. Coercive control is often defined as a pattern of behaviour, used by a perpetrator to establish and maintain control over another person and deprive them of autonomy. While some of the behaviours that contribute to coercive control are acts of violence themselves – and may be recognisable as physical assault, sexual assault, emotional abuse, harassment,

financial abuse, stalking or technology-facilitated abuse – some behaviours are subtle and targeted, and may appear innocuous in isolation.

In IPV, it is important to consider the overall pattern of abusive behaviours used by a perpetrator, the ongoing and repetitive nature of these behaviours, and their cumulative negative effects (ANROWS 2021). However, it can be difficult to measure and report on these overall patterns of behaviour beyond specific incidents of violence and abuse. On this topic page, data are reported about specific incidents to identify patterns and build a national understanding of the prevalence of IPV. For more information about coercive control as a contextual part of FDV and IPV, see **Coercive control**.

What is emotional abuse?

Emotional abuse can occur in intimate relationships when a person is subjected to certain behaviours or actions that are aimed at preventing or controlling their behaviour, or causing them emotional harm or fear (ABS 2023a). Emotional abuse may be measured in different ways depending on the data source. The main data source used to report on the prevalence of emotional abuse is the 2021–22 PSS (Box 2).

Box 2: Measuring emotional abuse in the PSS

The 2021–22 PSS collected data on emotional abuse by current or previous partners. Respondents were asked if their current or previous partners had done any of the following, with the intention to prevent or control their behaviour, or cause them emotional harm or fear:

- controlled or tried to control them from contacting family, friends or community
- controlled or tried to control them from using the telephone, internet or family car
- controlled or tried to control where they went or who they saw
- kept track of where they were and who they were with (e.g. constant phone calls, GPS tracking, monitoring through social media)
- controlled or tried to control them from knowing, accessing or deciding about household money
- controlled or tried to control them from working or earning money
- controlled or tried to control their income or assets
- controlled or tried to control them from studying
- deprived them of basic needs such as food, shelter, sleep or assistive aids
- damaged, destroyed or stole any of their property
- constantly insulted them to make them feel ashamed, belittled or humiliated (e.g. put-downs)
- shouted, yelled or verbally abused them to intimidate them
- lied to their child/ren with the intent of turning their children against them
- lied to other family members or friends with the intent of turning them against them

- threatened to take their child/ren away from them
- threatened to harm their child/ren
- threatened to harm their other family members or friends
- threatened to harm any of their pets
- harmed any of their pets
- threatened or attempted suicide.

If the respondent answered 'yes' to any of the behaviours, then they were considered to have experienced emotional abuse.

The PSS definition of emotional abuse excluded cases of nagging (e.g. about spending too much money, or going out with friends) unless this nagging caused emotional harm or fear; and cases where a partner had restricted the person's access to money, the car, or the internet as a result of the person's substance abuse, gambling, or compulsive shopping issues, unless the person perceived that these restrictions cause them emotional harm or fear (ABS 2023a).

What is economic abuse?

Economic abuse, sometimes referred to as financial abuse, involves a pattern of control, exploitation or sabotage of money and finances and economic resources, which affects a person's ability to obtain, use or maintain economic resources, threatening their economic security and potential for self-sufficiency and independence (DSS 2022).

Some behaviours that are considered economic abuse can also be counted as examples of emotional abuse. The main data source used to report on the prevalence of economic abuse by partners is the 2021–22 PSS (Box 3).

Box 3: Measuring economic abuse in the PSS

The 2021–22 PSS collected data on economic abuse by asking respondents if their current or previous partners had done any of the following:

- controlled or tried to control them from knowing about, having access to, or making decisions about household money
- controlled or tried to control them from working or earning money
- controlled or tried to control their income or assets
- controlled or tried to control them from studying
- deprived them of basic needs (e.g. food, shelter, sleep, assistive aids)
- damaged, destroyed or stole any of their property
- forced them to deposit income into their partner's bank account
- prevented them from opening or having their own bank account
- manipulated or forced them to cash in, sell or sign over any financial assets they own

- pressured or forced them to sign financial documents
- accrued significant debt on shared accounts, joint credit cards, or in their name
- refused to contribute financially to them or the family, or would not provide enough money to cover living expenses
- refused to pay child support payments when required to (previous partner only)
- deliberately delayed property settlement after the relationship ended (previous partner only) (ABS 2023a).

If the respondent answered 'yes' to any of the behaviours, then they were considered to have experienced economic abuse.

Data from the PSS were only available to report on economic abuse that occurs between current or previous partners. Economic abuse can occur within a relationship, or after a relationship has ended. However, economic abuse can also occur in the context of family and domestic violence, coercive control and elder abuse.

What is technology-facilitated abuse?

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

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

Data on some forms of TFA can be found in **Sexual violence** and **Stalking and surveillance**.

What do the data tell us?

Prevalence data on IPV, including emotional abuse and economic abuse are drawn from 2 national surveys: the ABS Personal Safety Survey and the AIFS National Elder Abuse Prevalence Study. For information about these data sources, please see **Data sources and technical notes**.

How common is IPV?

1 in 4 women | **1 in 14 men** in 2021–22 had experienced violence from an **intimate partner** since the age of 15

According to the 2021–22 PSS:

- 1 in 4 (23% or 2.3 million) women have experienced violence from an intimate partner since the age of 15
- 1 in 14 (7.3% or 693,000) men have experienced violence from an intimate partner since the age of 15 (ABS 2023a).

Intimate partners can be current or previous partners, boyfriends, girlfriends or dates. Violence can be of a physical or sexual nature. Across types of intimate partner, a higher proportion of people (11%) had experienced violence from a partner compared with a boyfriend, girlfriend or date (5.9%) (ABS 2023a).

Partner violence

Partner violence is a subset of IPV and covers violence that occurs between people who either live together or have previously lived together (sometimes referred to as a cohabiting partner). Data about violence in these relationships can help build an understanding of the nature of IPV in a domestic context. They can also be used to understand how people's living circumstances relate to their experiences of violence.

The 2021–22 PSS provides national estimates of partner violence. Some estimates for the experiences of men are not sufficiently statistically reliable for reporting.

According to the 2021–22 PSS, almost 1 in 5 (17% or 1.7 million) women and about 1 in 18 (5.5% or 527,000) men have experienced physical and/or sexual violence from a current or previous partner since the age of 15 (ABS 2023b).

The characteristics of partner violence are somewhat different for women reporting partner violence from a current versus previous partner:

- 2 in 5 (40%) women who experienced violence by a previous partner and 1 in 4 (24%) women who experienced violence by a current partner experienced their first incident within 2 years of the relationship.
- Most of the 1.5 million women estimated to have experienced violence by a previous partner experienced more than one incident (67%), with violence occurring: all the time for 3.8%, most of the time for 17%, some of the time for 28%, and a little of the time for 18%.
- Among the estimated 173,000 women who experienced violence by a current partner, 2 in 5 (41%) experienced more than one incident (ABS 2023a, 2023b).

- Among the estimated 425,000 men who experienced violence by a previous partner, most (52%) experienced more than one incident and most (71%) experienced their first incident during the first 10 years of their relationship (ABS 2023a).

Characteristics of partner violence

Many women stay in violent relationships.

About 70% of women in 2021–22 who experienced violence by their current partner while living together had never separated (an estimated 122,000 women). About 1 in 2 (46%) of these women did not want to leave their current partner (ABS 2023a).

When women temporarily separate from a violent partner, violence often begins, continues or increases.

About 2 in 5 (43% or 584,000) women had, at least once, temporarily separated from a violent previous partner. Temporary separation includes breaking up and starting the relationship again at a later time. Of the estimated 369,000 women who moved away during a temporary separation:

- 1 in 13 (7.9%) experienced violence for the first time
- 1 in 4 (25%) continued to experience violence
- 1 in 7 (14%) experienced increased violence (ABS 2023a).

Women temporarily separating from violent partners are likely to stay with a friend or relative.

Almost 2 in 3 (63%, or 369,000) women who temporarily separated from a violent previous partner moved out of home, and of those women, about 4 in 5 (78%, or 286,000) stayed at a friend or relative's house (ABS 2023a).

The main reason women returned to violent partners was that they 'wanted to try and work things out'.

Of women who temporarily separated from a violent current or previous partner, the most common reasons for returning were similar. These reasons included:

- they wanted to try and work things out or they had resolved the problems with their partner (91% who separated from a current partner and 57% from a previous partner)
- they still loved the partner (55% who separated from a current partner and 45% from a previous partner)
- their partner promised to stop assaults and/or threats (26%* who separated from a current partner and 51% who separated from a previous partner) (ABS 2023a).

Note that more than one reason could be provided and that estimates marked with an asterisk (*) should be used with caution as they have a relative standard error between 25% and 50%.

Many women move away from home when their relationship with a violent partner ends, leaving behind property or assets.

About 2 in 3 (64% or 867,000) women moved away from home when their relationship with a violent previous partner that they lived with, ended. Of those that moved away, 7 in 10 (69% or 597,000) left property or assets behind (ABS 2023a).

Estimates for 2021–22 for men are not sufficiently statistically reliable for reporting. Findings from the 2016 PSS were previously reported in *Family, domestic and sexual violence in Australia, 2019: continuing the national story*.

Emotional abuse

23% of women | **14% of men** in 2021–22 had experienced **emotional abuse** by a partner since the age of 15

The 2021–22 PSS also collected information about emotional abuse between partners and estimates that almost 1 in 5 (23% or 2.3 million) women and 1 in 7 (14% or 1.3 million) men have experienced emotional abuse by a current or previous partner.

Among those who had experienced emotional abuse:

- threatening or degrading behaviours were the most common (85% of women who experienced abuse by their current partner, and 90% of women and 87% of men who experienced abuse by a previous partner)
- the majority experienced more than one incident (90% of women who experienced abuse by their current partner, and 94% of women and 96% of men who experienced abuse by a previous partner)
- at least 1 in 4 also experienced violence (24% of women who experienced abuse by their current partner, and 47% of women and 25% of men who experienced abuse by a previous partner) (ABS 2023a, 2023b).

Economic abuse

16% of women and 7.8% of men in 2021–22 had experienced **economic abuse** from a partner since the age of 15

Based on the 2021–22 PSS, 16% (1.6 million) of women and 7.8% (745,000) of men have experienced economic abuse from a current or previous partner since the age of 15. The most common economic abuse behaviours varied by whether the violence was by a current or previous partner:

- Women who experienced current partner economic abuse most commonly experienced economic restriction behaviours, for example, by controlling or trying to control their knowledge of, access to, or decisions about household money (62%).

- Women and men who experienced previous partner economic abuse most commonly experienced economic sabotage behaviours, for example, damaging, destroying or stealing any of their property (44% and 50%, respectively) (ABS 2023a, 2023b).

Data were not sufficiently statistically reliable to report on men's experiences of violent current partners.

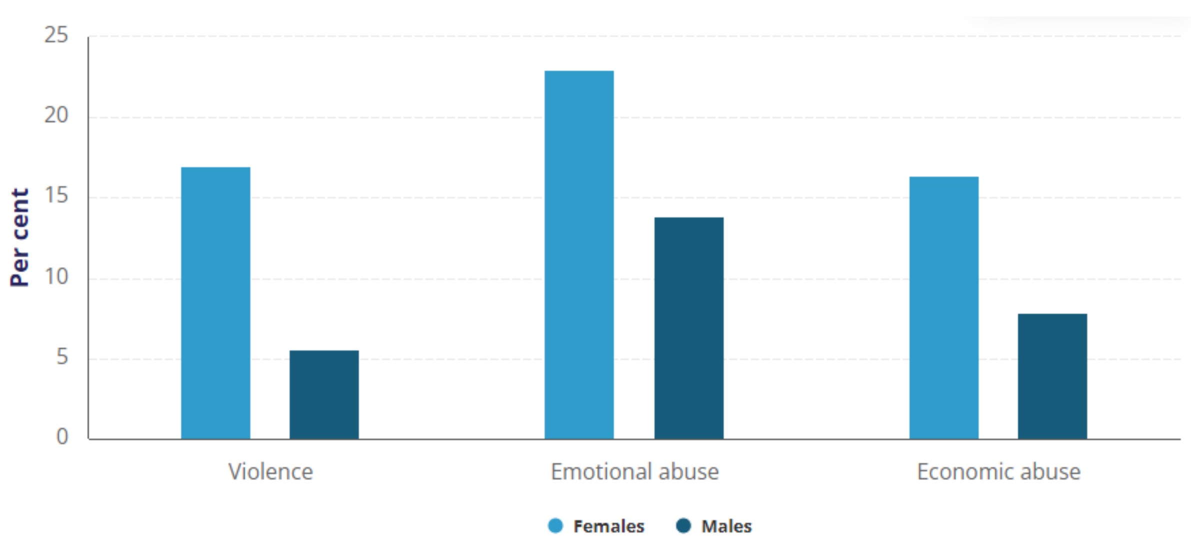
How do physical and sexual violence overlap with other forms of abuse?

Based on the 2021–22 PSS, 1 in 5 (21% or 4.2 million) people aged 18 years and over have experienced violence, emotional abuse or economic abuse by a partner since the age of 15.

The prevalence of violence and abuse by partners was higher for women than men:

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

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



Source: ABS PSS 2021–22 | Data source overview

Further information about economic abuse in Australia, such as the perceptions and experience, are available from a study conducted by the Centre for Women's Economic Safety (CWES) in 2021 (Box 4).

Box 4: Perceptions and experience of economic abuse in Australia

The CWES conducted a national survey of adults in Australia to better understand the experiences of economic abuse in intimate partner relationships. The aim was to better understand how to improve people's understanding of economic abuse and the responses to it. CWES investigated:

- perceptions of behaviours known to be indicators of economic abuse
- confidence in explaining economic abuse and other forms of intimate partner violence
- the experience of behaviours known to be indicators of economic abuse
- where people would seek support for economic abuse and other forms of intimate partner violence (Glenn and Kutin 2021).

The survey comprised 2 subscales of economic abuse – economic restriction and economic exploitation. There were 14 indicators of economic abuse, including 2 items that measured coerced debt. The survey was conducted using an online panel that was likely to under-represent people experiencing digital exclusion, and potentially over-represent people experiencing financial hardship (as panel members receive payments or benefits for completing surveys). The final sample was around 960 people. Due to the small sample size, estimates should be regarded with caution.

Based on data collected by the CWES:

- 14% of respondents said they didn't think any of the indicators were ever considered economic abuse
- 31% of respondents said they couldn't explain economic abuse very well, compared with 11% who said they couldn't explain physical abuse very well
- 29% of respondents said they wouldn't know where to turn for support (Glenn and Kutin 2021).

More findings from this study can be found on the CWES website.

How does technology-facilitated abuse occur in the context of IPV?

With the integration of technology in modern living and the move to hybrid working models, the risk of TFA has heightened and become more widespread. TFA often takes the form of stalking, surveillance, tracking, threats, harassment and the non-consensual sharing of intimate images. Perpetrators may misuse devices, accounts, software or platforms to control, abuse and track victim-survivors. *The National Plan to End Violence against Women and Children 2022–2032* has called for increased attention and support on the disproportionate impact of TFA on women and their children (DSS 2022).

TFA is not a separate form of violence from IPV, but a set of tools that can be used to control and intimidate a person, and enable violence to occur and continue.

Data from the PSS show that technology plays a role in facilitating forms of economic and emotional abuse between intimate partners, however, these data do not necessarily provide an overall estimate of TFA prevalence. In 2022, ANROWS published findings from a national study which focused on examining the extent and nature of, and responses to TFA within the Australian community. The findings from this research provide additional context about how IPV and TFA overlap (Box 5).

Box 5: National survey of adults' experiences of TFA in Australia

A study undertaken by Powell et al. (2022) used a nationally representative survey of people aged 18 years and over in Australia with a final sample of 4,500 people (2,500 women and 2,000 men).

The study found that TFA victimisation is very common among adults, with 1 in 2 adults surveyed having experienced at least one TFA behaviour at some point in their life. The study also found:

- Women were more likely to experience TFA perpetrated by a current or former intimate partner than men. In their most recent incidence of TFA, 2 in 5 (40%) female respondents reported the perpetrator was an intimate partner at the time or former intimate partner, compared with almost 1 in 3 (32%) for male respondents (Powell et al. 2022).
- Men were more likely to experience TFA perpetrated by a stranger than women. In their most recent incidence of TFA, 1 in 4 (25%) male respondents reported the perpetrator was a stranger, compared with almost 1 in 6 (16%) female respondents (Powell et al. 2022).

The study also highlighted that many victims and survivors are likely to experience multiple forms of abuse and ongoing or escalating abuse alongside their TFA experiences, particularly in the context of intimate partner relationships (Powell et al. 2022).

What are the risk factors for perpetrators of IPV?

While any individual can perpetrate IPV, there are a range of risk and protective factors that may contribute to it. These may be individual, family, community and broader social-level factors. For an overview of these factors and how they overlap, see **Factors associated with FDSV**.

Children who experience family and domestic violence, and/or those who are exposed to IPV directed at their parents, can also experience adverse developmental outcomes, which can then be associated with an increased likelihood of violence perpetration. This process is sometimes referred to as intergenerational transmission of violence and is discussed in more detail in the context of **Family and domestic violence**. More information about violence and children can be found in **Children and young people** and **Child sexual abuse**.

What are the responses to IPV?

People respond to IPV in many ways. Many people do not disclose their experiences, or when they do, they choose to disclose them to informal sources of support such as friends and family. There are a number of factors that influence whether people seek help from formal services. Some of the barriers are discussed in more detail in **How do people respond to FDSV?**.

People who do seek help from formal services may access a range of different supports. There are multiple entry points for victim-survivors to access formal support services, both at a point of crisis and afterwards. These supports span across multiple sectors and have varying levels of involvement with victim-survivors and perpetrators. The support can also vary depending on the type of violence experienced. Many supports are intended to respond to broader family and domestic violence, which can cover violence in a wide range of relationships.

A comprehensive and person-centred response system is essential for holding perpetrators to account and keeping people safe. The National Plan identifies multiple objectives to improve responses, and these were used to inform some of the actions under the *First Action Plan 2023–2027*.

Health services

People who experience IPV may seek assistance from health services. Health services that respond to IPV include:

- primary care, including general practitioners (GPs) and community health services
- mental health services
- ambulance or emergency services
- alcohol and other drug treatment services
- hospitals (admitted patient care; emergency care; and outpatient care).

While each health service response has an important and different role to play, national service-level data on responses to IPV are limited. Hospital records related to episodes of admitted care (hospitalisations) are the main nationally comparable data available, although some data related to IPV responses in other health services are available in some states and territories.

Data from the AIHW National Hospital Morbidity Database are available to report on the number of people admitted to hospital for assault injuries, where the perpetrator has been identified as a spouse or domestic partner. These data are reported in **Health services**.

Police and legal responses

Following an incident of IPV, victim-survivors, witnesses or other people may contact police. Incidents that are considered a criminal offence are recorded by police as crimes.

Data from police are available to report on victims of FDV-related offences. These are discussed in more detail in **FDV reported to police**.

Legal responses to FDV can also involve civil and criminal proceedings in state and territory courts. Civil proceedings can result in domestic violence orders (DVOs) that aim to protect victim-survivors of FDV from future violence. Criminal proceedings can punish offenders for criminal conduct related FDV and sexual violence. These are discussed in more detail in **Legal systems**.

Specialist homelessness services

When IPV occurs within the home, it can create an unsafe and unstable environment, leading some individuals and families to leave for their safety. Specialist homelessness services (SHS) provide services to people who are homeless or at risk of homelessness.

Data from SHS are available to look at the number of clients of SHS who had experienced FDV, including data about client characteristics, service use patterns and housing situations and outcomes. These are discussed in further detail in **Housing**.

Specialist perpetrator interventions

Some responses to IPV are designed to work with perpetrators to hold them to account and support them to change their behaviour. The majority of perpetrator interventions fall into 2 categories: police and legal responses, and behaviour change interventions.

National data on behaviour change interventions are limited. However, some data are available from the Men's Referral Service, and a growing body of research is available to discuss what currently works to reduce and respond to violence. These are discussed in more detail in **Specialist perpetrator interventions**.

Other responses

There are a range of other responses to FDV where some data or information are available:

- **Financial and workplace responses** (these include crisis payments; workplace responses such as internal workplace investigations, or access to leave entitlements)
- **Helplines and related support services** (including information, referral, counselling and advocacy).

What are the impacts of IPV?

IPV can have long-lasting impacts on an individual's physical and mental health as well as their economic and social wellbeing. In some cases, IPV can be fatal. Data are available across a number of areas to look at the longer-term impacts and outcomes of FDV on individuals and the community.

Economic and financial impacts

There are a number of direct and indirect economic and financial impacts of IPV. For example, people who experience IPV may incur the costs associated with separation such as moving and legal costs or healthcare costs for treatment and/or recovery from harm. The costs of IPV can also be indirect, or be seen longer-term, particular when they limit a person's education, and employment outcomes.

Some of the impacts of IPV can also be economy-wide, and these can be seen through impacts to the health system, community services, as well as through lost wages, lower productivity. Estimating the cost of violence to the economy can provide an overview of the scale of the problem and how wide-ranging it is. These are discussed in more detail in **Economic and financial impacts**.

Health impacts

The health outcomes of IPV can be serious and long-lasting. Some data are available to report on:

- the burden of disease due to IPV (refers to the quantified impact of living with and dying prematurely from a disease or injury)
- the relationship between violence and poor mental health outcomes
- injuries related to FDV
- sexual and reproductive health outcomes
- FDV-related suicides.

These are discussed in more detail in **Health outcomes**.

Homicide

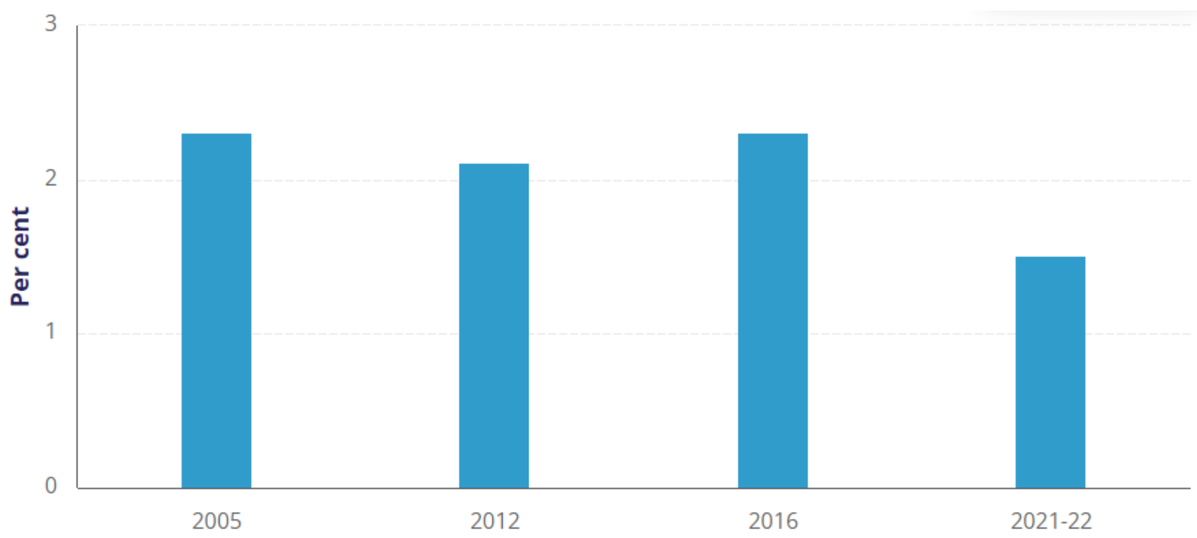
Some family and domestic violence incidents are fatal. Domestic homicide is the term used to refer to the unlawful killing of a person in an incident involving the death of a family member or other person in a domestic relationship, including people who have a current or former intimate relationship.

Data from a number of sources are available to report on the number of domestic homicides. These are reported in **Domestic homicide**.

Has it changed over time?

Data from the 2021–22 PSS are available to show changes over time for some forms of violence. For women, the 12-month prevalence rate of intimate partner violence decreased from 2.3% in 2016 to 1.5% in 2021–22 (Figure 2) (ABS 2023a).

Figure 2: Proportion of women who experienced IPV in the last 12 months, 2005 to 2021–22

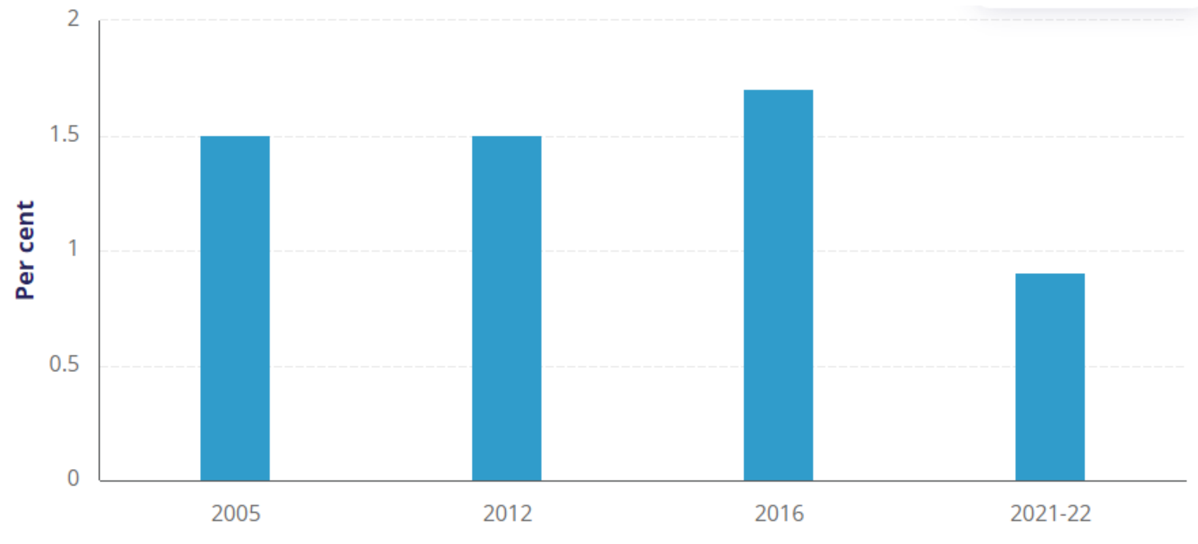


^: statistically significant difference to the 2021–22 rate.

Source: ABS PSS | **Data source overview**

Data from the 2021–22 PSS are also available to show changes over time for partner violence. A partner is someone who the respondent lives with, or lived with, in a married or de facto relationship. For women, the prevalence of partner violence has fallen from 1.7% in 2016 to 0.9% in 2021–22 (Figure 3) (ABS 2023a).

Figure 3: Proportion of women who experienced partner violence in the last 12 months, 2005 to 2021–22

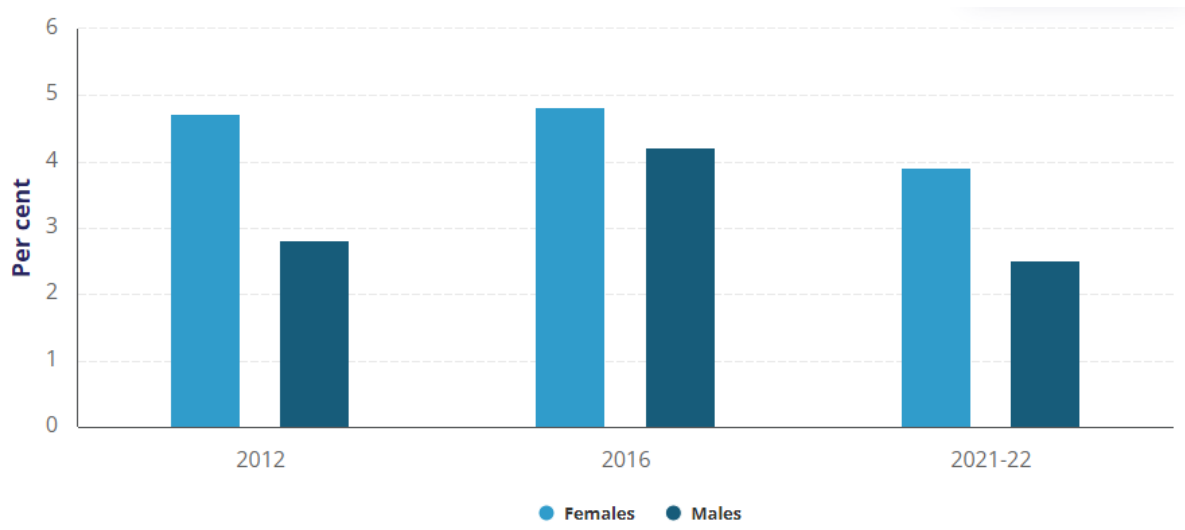


^: statistically significant difference to the 2021–22 rate.

Source: ABS PSS | **Data source overview**

Data from the 2021–22 PSS also show that the prevalence of emotional abuse by a partner decreased between 2016 and 2021–22 for both women and men. For women, this went from 4.8% in 2016 to 3.9% in 2021–22. For men, the 12-month prevalence rate of partner emotional abuse decreased from 4.2% in 2016 to 2.5% in 2021–22 (Figure 4) (ABS 2023a).

Figure 4: Proportion of people aged 18 years and over who experienced emotional abuse from a partner in the last 12 months, by sex, 2012 to 2021–22



^: statistically significant difference to the 2021–22 rate.

Source: ABS PSS | **Data source overview**

These changes over time may be due to a number of reasons. The most recent PSS was conducted between March 2021 and May 2022, during the COVID-19 pandemic. We are continuing to learn about the effects of the COVID-19 pandemic on FDSV, which first occurred in Australia between March to April 2020. The 2-year period following the onset of the pandemic involved many changes to people's living circumstances. These changes, and the potential flow-on effects to a person's likelihood of experiencing violence, are discussed in more detail in **FDSV and COVID-19**.

Is it the same for everyone?

Some population groups are at increased risk of intimate partner violence, or may experience this violence differently. For more information about some of these groups, see **Population groups**.

Related material

- Stalking and surveillance

- Coercive control

More information

- Specialist Homelessness Services, annual report.
- Child Protection, Australia.

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Sexual violence

Key findings

- 14% (2.8 million) of people aged 18 years and over have experienced sexual violence since the age of 15.
- 1 in 9 women (11% or 1.1 million) have experienced sexual violence by a male intimate partner since the age of 15.
- 1 in 20 (4.9% or 489,000) women have experienced sexual violence by a male friend or housemate.

Sexual violence can take many forms, including assault, abuse and harassment. Experiences vary across population groups and in different settings, and there can be long-term physical, psychological, financial, legal, and spiritual consequences for individuals and communities.

One way to understand sexual violence is as an abuse of power, most often perpetrated by men against women, children, young people and other men. The impact of sexual violence can be compounded by negative attitudes pertaining to sex, race, age, culture and religion, as well as by inequalities stemming from class, geographic location, language or ability. Attitudes, beliefs, laws and social structures that allow or support inequalities contribute to the ongoing problem of sexual violence in society (NASASV 2021).

This page discusses what is currently known about sexual violence in Australia, the contexts in which it occurs and how it varies across population groups.

What is sexual violence?

Sexual violence is a broad term, often used to encompass a wide range of behaviours. The *National Plan to End Violence against Women and Children 2022–2032* defines sexual violence as sexual activity that happens where consent is not freely given or obtained, is withdrawn or the person is unable to consent due to their age or other factors. Sexual violence occurs any time a person is forced, coerced or manipulated into any sexual activity. Such activity can be sexualised touching, sexual abuse, sexual assault, rape, sexual harassment and intimidation, and forced or coerced watching or engaging in pornography. Sexual violence can be non-physical and include unwanted sexualised comments, intrusive sexualised questions or harassment of a sexual nature. Forms of modern slavery, such as forced marriage, servitude or trafficking in persons may involve sexual violence (DSS 2022).

Definitions of sexual violence vary according to different legislation and practices. Operational definitions used in a service context may differ from those used for research or data collection.

The AIHW's reporting uses several terms based on known definitions and available data with key definitions drawn from the Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS) (Box 1).

Box 1: Definitions and types of sexual violence in the ABS PSS

According to the ABS PSS, **sexual violence** refers to any occurrence, attempt or threat of **sexual assault** experienced by a person since the age of 15 (ABS 2023b).

Sexual assault refers to an act of a sexual nature carried out against a person's will through the use of physical force, intimidation or coercion, and including any attempts to do this. 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. Such incidents are an offence under state and territory criminal law (ABS 2023b).

Sexual threat refers to the threat of acts of a sexual nature that were made face to face, and where the person believed the threat could be – and was likely to be – carried out.

In the PSS, sexual assault excludes incidents of violence that occurred before the age of 15. These are defined as **sexual abuse**, which constitutes any act by an adult involving a child (under the age of 15) in sexual activity beyond their understanding or contrary to accepted community standards.

The PSS definition of sexual assault also excludes unwanted sexual touching. Unwanted sexual touching is defined as **sexual harassment** instead. Sexual harassment is considered to have occurred when a person has experienced or was subjected to behaviours that made them feel uncomfortable and/or were offensive due to their sexual nature (ABS 2023b).

The definitions above are used wherever PSS data are reported.

Sexual violence can occur in a family and domestic violence context, when it is perpetrated by a current or previous partner, boyfriend, girlfriend or other dating relationships, a parent, sibling or other family member. Sexual violence can occur as part of coercive control, where perpetrators exert power and dominance over others using patterns of abusive behaviours over time, to create fear and deny liberty and autonomy. Sexual violence can also be perpetrated by strangers, acquaintances, neighbours, friends or housemates, and it can occur in isolation or repeatedly.

Consent

How we define consent affects how we define sexual violence. Consent can be broadly defined as a person freely and voluntarily agreeing to participate in an interaction. Consent must be 'informed', this refers to the need for a person to understand what they are consenting to, with nothing preventing them from providing their consent or

changing their mind. See **Consent** for more information about current attitudes towards consent and the work underway to provide education about consent in Australia.

What do we know?

Sexual violence can occur within intimate partner relationships and outside of these relationships. The consequences of sexual violence are wide ranging. Victim-survivors can experience immediate or long-term physical and mental health problems, which can negatively impact employment, economic wellbeing, ability to return to school, coping, personal relationships and sense of normalcy (CDC 2022). For more information about the long-term impacts, see **Health outcomes** and **Domestic homicide**.

While any individual can perpetrate sexual violence, there are some factors associated with a greater likelihood of perpetration. These include individual factors (such as alcohol and drug use), relationship factors (such as family history of violence), community factors (such as socioeconomic disadvantage) and society factors (such as attitudes that support or minimise sexual violence) (CDC 2022). Factors associated with violence perpetration do not necessarily cause violence. These are discussed further in **Factors associated with FDSV**.

What data are available to report on sexual violence?

Data about the prevalence of sexual violence come primarily from national surveys. Some administrative data are available to report on the responses to sexual violence, however, these data are likely to underrepresent the problem as the majority of victim-survivors do not report their experiences of sexual violence to services providers.

Data sources for understanding the prevalence of sexual violence

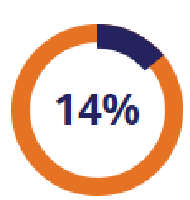
- ABS Criminal Courts
- ABS Personal Safety Survey
- ABS Recorded Crime, Victims
- ABS Recorded Crime, Offenders
- Australian Human Rights Commission (AHRC) National Survey on Workplace Sexual Harassment
- eSafety Commission’s Image-based Abuse National Survey
- Longitudinal Study of Australian Children
- National Student Safety Survey

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

What do the data tell us?

Data from the 2021–22 PSS can be used to report on the number of people who have experienced sexual violence since the age of 15. Sexual violence in the PSS includes sexual assault or threat.

How many people have experienced sexual violence?



of people aged 18 years and over in 2021–22 had experienced **sexual violence** since the age of 15

Based on the 2021–22 PSS, 14% (2.8 million) of people aged 18 years and over have experienced sexual violence since the age of 15. A higher proportion of women have experienced sexual violence compared with men:

- over 1 in 5 (22% or 2.2 million) women have experienced sexual violence since the age of 15
- 1 in 16 (6.1% or 582,400) men have experienced sexual violence since the age of 15 (ABS 2023a).

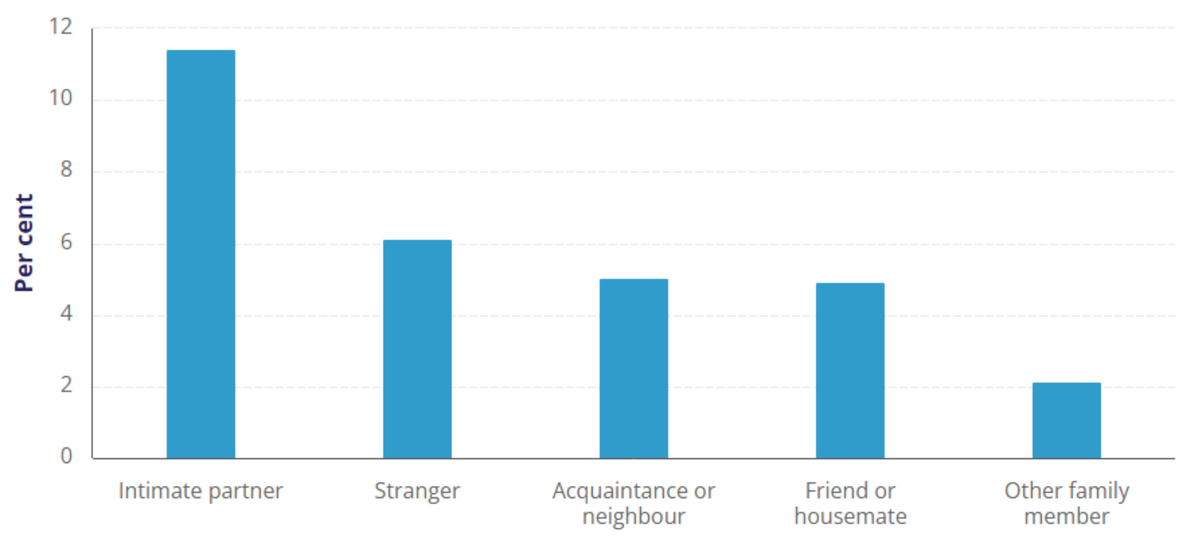
Who are the perpetrators of sexual violence?

For people who had experienced sexual violence since the age of 15, the perpetrator was more commonly male than female – 13% (2.5 million) of people had experienced violence by a male perpetrator, 1.8% (353,000) by a female perpetrator.

Women were 31 times as likely to experience sexual violence by a male than a female (22% of women experienced sexual violence by a male perpetrator compared with 0.7% by a female perpetrator) (ABS 2023a).

For women, the male perpetrators were more likely to be known persons than strangers – 20% (2.0 million) of women aged 18 years and over have experienced sexual violence by a male perpetrator who was a known person, compared with 6.1% (605,000) who experienced sexual violence by a stranger (Figure 1).

Figure 1: Proportion of women who have experienced sexual violence by relationship to male perpetrator, 2021–22



Source: ABS PSS 2021-22 | **Data source overview**

Known persons cover a range of relationships:

- 11% (1.1 million) of women have experienced sexual violence by a male intimate partner (6.1% from a cohabiting partner, 6.3% from a boyfriend or date)
- 5.0% (497,000) of women have experienced sexual violence by a male acquaintance or neighbour
- 4.9% (489,000) of women have experienced sexual violence by a male friend or housemate (ABS 2023a).

Around 203,000 (2.1%) women have experienced sexual violence by a male family member who was either a father, a son, a brother, other relative or in-law (ABS 2023a). For more information about family violence, see **Family and domestic violence**.

Data for men about the relationship to perpetrators of sexual violence are not available.

Child sexual abuse

Child sexual abuse can occur anywhere, including within families, by other people the child or young person knows or does not know, in organisations and online. The risk factors, responses and long-term impacts can be different to those commonly reported for sexual violence. Information about child sexual abuse is reported separately in **Child sexual abuse**.

Concerning and harmful sexual behaviours displayed by children and young people

Some children and young people display concerning sexual behaviours (CSBs) or harmful sexual behaviours (HSBs). CSBs and HSBs involve sexual behaviours displayed by children and young people that fall outside what may be considered developmentally expected or socially appropriate. CSBs and HSBs can occur in any setting, including in person and online.

There are some differences between CSBs and HSBs and how they are identified, and work is currently underway to define these terms and develop a consistent understanding. Enhancing national approaches to HSBs is a key theme under the First National Action Plan of the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*.

As with Adolescent Family Violence (see **Family and domestic violence**), adverse experiences in childhood have been identified in cohorts of children and young people who have displayed HSBs, with associations between displays of HSBs and trauma, prior experiences of abuse, and exposure to FDV and pornography. More information is reported separately in **Child sexual abuse**.

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 2023b). It includes a range of behaviours aimed at demeaning an individual and exercising power and control over them. 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).

Data on sexual harassment are available from the 2016 PSS, the Australian Human Rights Commission's (AHRC) National Workplace Sexual Harassment Survey, and the 2021 National Student Safety Survey (Box 3).

Box 3: What is sexual harassment?

The definitions for sexual harassment vary slightly between different survey data sources.

ABS 2016 and 2021–22 Personal Safety Survey

In the PSS, 'sexual harassment' involves 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 (ABS 2023b).

Data from the 2021–22 PSS are available to look at the 12 month prevalence of sexual harassment, and how this has changed over time.

Data about lifetime prevalence of sexual harassment (since the age of 15) are only available in the 2016 PSS.

AHRC 2022 National Survey on Sexual Harassment in Australian Workplaces

In the 2022 AHRC survey, sexual harassment was measured by:

- providing a simplified legal definition of sexual harassment and asking respondents whether they have ever been sexually harassed
- providing a list of behaviours likely to constitute sexual harassment and asking respondents whether they had experienced any of the behaviours.

The simplified legal definition of sexual harassment describes it as an unwelcome sexual advance, unwelcome request for sexual favours or other unwelcome conduct of a sexual nature which, in the circumstances, a reasonable person, aware of those circumstances, would anticipate the possibility that the person would feel offended, humiliated or intimidated. The list of behaviours likely to constitute sexual harassment, which was provided in the survey, ranged from inappropriate staring and leering to actual or attempted rape or sexual assault (AHRC 2022).

2021 National Student Safety Survey (NSS)

The NSSS gathers prevalence data on university students' lifetime experience of any sexual harassment and/or sexual assault, as well as their lifetime and 12-month experiences in an Australian university context.

In the NSSS, sexual harassment is defined as an unwelcome sexual advance, unwelcome request for sexual favours or other unwelcome conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated. The definition includes behaviours such as unwelcome touching, staring, following, sexually explicit communications (whether in-person or via technologies), as well as nude or sexual images taken or shared with others without permission (Heywood et al 2022).

How many people have experienced sexual harassment?

Based on the 2016 PSS, 1 in 2 (53% or 5 million) women and 1 in 4 (25% or 2.2 million) men have experienced sexual harassment since the age of 15.

Of those who have 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).

Data on sexual harassment since the age of 15 is from the 2016 PSS. The 2021–22 PSS only collected data for experiences of sexual harassment in the last 12 months.

Sexual harassment in the workplace

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).

Data from the AHRC National Survey on Sexual Harassment in Australian Workplaces are available to report on the prevalence of workplace sexual harassment. The survey has a sample size of 10,200 people aged 15 and over and is representative of the Australian population in terms of age, sex and where they lived.

The survey found that:

- 1 in 5 (19%) people were sexually harassed at work in the 12 months prior to the survey
- 1 in 3 (33%) people had experienced sexual harassment at work in the 5 years prior to the survey (41% of women and 26% of men) (AHRC 2022).

The majority (77%) of workplace sexual harassment was perpetrated by men. Of those who experienced workplace sexual harassment in the last 5 years:

- 91% of women and 55% of men were harassed by men
- 9% of women and 44% of men were harassed by women (AHRC 2022).

For both women and men, the perpetrator was most likely to be a co-worker at the same level (23% and 27% respectively). Sexually suggestive comments or jokes were the most common form of sexual harassment – 2 in 5 (40%) women and more than 1 in 10 (14%) men experienced these behaviours in the 5 years preceding the survey.

Overall, 50% of people harassed said that the most recent incident of workplace sexual harassment was a one-off experience. However, the other 50% said the same form of sexual harassment had occurred on more than one occasion. Fewer than 1 in 5 (18%) people made a formal report or complaint about sexual harassment at work (AHRC 2022).

More information about specific incidents, including the actions taken by victim-survivors or workplaces following the harassment can be found in *Time for respect: Fifth national survey on sexual harassment in Australian workplaces*.

Sexual violence in Australian universities

Data about sexual harassment and sexual assault at Australian Universities are available from the National Student Safety Survey. The NSSS was undertaken online from 6 September 2021 to 3 October 2021 with students from 38 Universities Australia member institutions. The in-scope population for the survey was students studying at Australian universities aged 18 years and over. A total of 43,800 students participated voluntarily in the survey for a completion rate of 12%. Due to the low response rate, estimates from the survey should be interpreted with caution.

The survey asked students about sexual assault and harassment that occurred in a university context. The survey found that:

- 1 in 6 (16%) students had been sexually harassed since starting university
- 1 in 20 (4.5%) students had been sexually assaulted since starting university
- 1 in 12 (8.1%) students had been sexually harassed in the 12 months prior to the survey
- 1 in 90 (1.1%) had been sexually assaulted in the 12 months prior to the survey (Heywood et al. 2022).

The majority of students (84%) who had been sexually harassed in a university context reported that that their most impactful incident involved a man or male(s). Most people who had been sexually harassed or assaulted knew the perpetrators of the most impactful incident – 51% of students knew some or all of the perpetrators involved in the sexual harassment, and 66% knew some or all the perpetrators involved in the assault (Heywood et al. 2022).

More information about the characteristics of sexual harassment and assault in the university context, such as the actions taken, can be found at National Student Safety Survey. More information about the experiences of young people can also be found in **Children and young people**.

Image-based abuse

Sexual violence can take the form of image-based abuse. Image-based abuse happens when someone shares, or threatens to share, an intimate image or video without the consent of the person pictured (Office of the eSafety Commissioner 2022). Data about the extent of image-based abuse are available from a 2017 Image-based Abuse National Survey. Just over 4,100 people participated in the survey – about 2,400 women aged 15–45, 1,500 women aged 46 and over and men, together with a boost sample of 200 women aged 15–45 who had experienced image-based abuse. Respondents were surveyed using an online self-completion questionnaire via 2 sample frames – the Social Research Centre's Life in Australia probability-based online panel and a non-probability online panel (Office of the eSafety Commissioner 2017).

According to the 2017 Image-based Abuse National Survey, 1 in 10 (11%) respondents have had a nude or sexual photo or video of them posted online or sent on without their consent. The study also found that:

- women and younger adults were more likely to have experienced image-based abuse. Of all respondents aged 18 and over, 15% of women and 7% of men had experienced image-based abuse. The largest difference in prevalence between women and men was among young adults aged 18–24 (24% of women and 16% of men).
- perpetrators of image-based abuse are typically someone whom the victim knew – 29% said it was a friend they knew face-to-face and 13% said it was an ex-partner (Office of the eSafety Commissioner 2017).

The study found that certain population groups – younger adults, women, Aboriginal and Torres Strait Islander (First Nations) people and those who identify as LGBTI were more likely to be targets of image-based abuse.

Dating app facilitated sexual violence

The use of dating apps and websites have increased substantially in the past decade. While they improve opportunities for seeking social, romantic and/or sexual relationships, they can also be used to perpetrate sexual violence and harassment online and offline. This is known as dating app facilitated sexual violence (DAFSV), which includes any form of sexual violence and harassment facilitated by mobile dating apps and websites (Wolbers et al. 2022).

The Australian Institute of Criminology conducted a nationally representative study on almost 10,000 dating app or website users in Australia to examine the prevalence and nature of DAFSV. The study found that sexual harassment was the most common form of DAFSV victimisation reported (69%), including being contacted again by someone after the respondent said they were not interested (47%) and being sent unwanted sexually explicit messages (47%) (Wolbers et al. 2022).

More than 1 in 4 (28%) respondents reported being stalked online by someone they met through dating apps or websites, with 25% reporting being pressured to give the perpetrator information about their location or schedule. One in 7 (14%) respondents reported experiencing in-person stalking by someone they met through dating apps or websites, which involves the perpetrator loitering around, following the respondent or showing up inappropriately at their home, school or workplace (Wolbers et al. 2022).

Other forms of sexual violence

There are other forms of sexual violence that may not be captured in existing measures of sexual assault, harassment or abuse. Limited data are available for these forms of violence, however, they remain a key focus in a growing body of research and are considered in scope for the *National Plan to End Violence against Women and Children 2022–2032*:

- sexual coercion, including reproductive coercion (see **Pregnant people**)
- indecent exposure (flashing) either in person, online or via other electronic means
- female genital mutilation/cutting, which refers to all procedures involving partial or total removal of the external female genitalia, or other injury to female genital organs for non-medical reasons (WHO 2022a)
- persistent sexual abuse of a family member. There have been reports of such cases in Australia, however, there is a lack of more detailed data. Literature sources note that it is difficult to detect, substantiate and prosecute these forms of sexual abuse, and they are often under-represented in forensic samples and studies (Goodman-Delahunty 2014; Middleton 2012; Salter 2013).
- forms of modern slavery such as sexual exploitation and servitude (see **Modern slavery**)

- forced sterilisation
- forms of sexual assault experienced by sex workers.

A more general discussion about data gaps can be found in **Key information gaps and development activities**.

What are the responses to sexual violence?

Sexual violence responses comprise a mix of informal responses (such as contact with friends and family) and formal responses (such as assistance from police, legal services, specialist crisis services, child protection services or health professionals). Responses can be initiated by victim-survivors, by another person, or sometimes by the perpetrator. Sexual violence is under-reported and most sexual violence does not come to the attention of services.

Where do people seek help?

The 2021–22 PSS collected detailed data from women about the most recent incident of sexual assault by a male that occurred in the last 10 years. This included data on support-seeking and police contact. Of the estimated 737,200 women who had experienced sexual assault by a male in the last 10 years:

- 57% (417,000) sought advice or support after the most recent incident.
- 27% (198,000) sought formal support (for example, from health professionals, police, legal services, counsellors, support workers, helplines or other service providers)
- 46% (337,000) sought informal support (including from friends, family members, colleagues, bosses or a priest/minister/rabbi or other spiritual advisor) (ABS 2023d).

People may seek advice or support from more than once source following the most recent incident of sexual assault. The most common source of support was a friend or family member – 45% (331,000) of women (ABS 2023d).

More information about the actions taken can be found in **How do people respond?**.

Police and justice responses

Police and justice responses are a key part of the formal response to sexual violence, and can be used to keep perpetrators of violence accountable for their actions. Data from the ABS Recorded Crime collections are available to report on:

- the number of sexual assault victims recorded by police, including information about age, sex and changes over time
- the number of offenders proceeded against by police for sexual assault and related offences, including information about age, sex and changes over time.

These data about police responses are reported in **Sexual assault reported to police**.

Data from the ABS Criminal Courts, Australia collection are available to report on the number of defendants finalised in the criminal courts for sexual assault and related

offences. More detailed information about criminal court proceedings can be found in **Legal systems**.

Health services

Data from the AIHW National Hospital Morbidity Database are available to report on the number of people admitted to hospital for sexual assault related injuries, including data on:

- sex of victim-survivor
- relationship to perpetrator
- changes over time.

These data are reported in **Health services**.

Other responses

Other responses to sexual violence come from different parts of the health and community service systems. Some data are available to report on:

- the number of children receiving child protection services who have had a substantiated case of sexual abuse (see **Child protection**)
- the number of children and young people seeking assistance from helplines due to sexual violence (see **Helplines and related support services**)
- responses to sexual assault in specific settings (such as in the Australian Defence Force) (see **Financial support and workplace responses**).

No single data source can describe the range of formal responses to sexual violence across Australia. Data improvements are underway in several areas to build the evidence base and enhance our understanding of sexual violence responses.

A summary of some data improvement work currently underway can be found in **Key information gaps and development activities**.

What are the impacts of sexual violence?

The impacts of sexual violence can be serious and long-lasting, affecting an individual's, wellbeing, education, relationships, and housing outcomes. Longitudinal data, such as the data collected by the Australian Longitudinal Study on Women's Health (ALSWH), can provide useful insights into these impacts (Box 4).

Box 4: The Australian Longitudinal Study on Women's Health

The ALSWH is a national longitudinal study of more than 57,000 women which began in 1996. It involves 3 cohorts of women born in 1973–1978, 1946–1951 and 1921–1926. In 2012 a fourth cohort of women born in 1989–1995 was added.

Participants are randomly selected from the Medicare database, with oversampling of women from rural and remote areas to ensure sufficient sample sizes for analysis. Surveys

are generally conducted every three years, but more frequently for the eldest cohort from November 2011, and for the 1989–1995 cohort from 2013–2018.

The survey explores factors which influence health over the life course among women who are broadly representative of the Australian population. Data collected in the ALSWH can be used to look at education, employment, and health among women who have experienced sexual violence.

Further information about the ALSWH can be found at the ALSWH website.

Long-term health impacts for women

Data from the ALSWH are available to look at the relationship between lifetime experiences of sexual violence and health. Data are available about three cohorts of women, those born 1989–1995, 1973–1978 and 1946–1951.

Compared with those who had not experienced sexual violence, women who had experienced sexual violence were:

- 23–67% more likely to report high levels of bodily pain
- 42–84% more likely to report a recent sexually transmitted infection
- 39–62% more likely to report a recent diagnosis of and/or treatment for depression
- around 50% more likely to report a recent diagnosis of and/or treatment for anxiety (Townsend et al. 2022).

The ALSWH also collects data about health behaviours, for example, on smoking, alcohol consumption and health screening. The relationship between sexual violence and certain health behaviours varied across cohorts.

Compared with women who had not experienced sexual violence, women who had experienced sexual violence were:

- more likely to be current smokers (60% more for women aged 24–30 in 2019, 26% more likely for women aged 40–45)
- more likely to have recently used illicit drugs (around 30% for women aged 24–30 or 40–45) (Townsend et al. 2022).

Data from the ALSWH show that across all cohorts, women who had experienced sexual violence had higher average annual costs for non-referred health services than women who had not experienced sexual violence. Non-referred services include those such as consultation with a general practitioner or registered doctor (Townsend et al. 2022).

This difference in annual cost also increased over time. There was higher uptake of at least one mental health consultation for women who had experienced sexual violence compared with those who had not experienced sexual violence. However, for women who had at least one mental health consultation, the total number of consultations and government-subsidised costs for mental health services were similar between women who had and had not experienced sexual violence (Townsend et al. 2022).

Research using data from the ALSWH also show that sexual violence in childhood is a risk factor for other violence. More information about this relationship is reported in **Child sexual abuse**.

Economic and financial impacts

Sexual violence can have long-term impacts on a person's education, employment and financial security. A study conducted by Townsend et al. (2022) adopted a life course approach to determining the prevalence and impact of sexual violence among women.

The data show that women aged 24–30 in 2019 who had experienced sexual violence were:

- 34% less likely to have obtained a qualification beyond year 12 than those who had not experienced violence
- 7% less likely to be in full-time employment compared with those who had not experienced violence (Townsend et al. 2022).

This pattern was not the same across all cohorts. Women who were aged 68–73 in 2019, who had experienced violence, were 33% more likely to have obtained a qualification beyond year 12 compared with those who had not experienced violence (Townsend et al. 2022).

Financial stress

Financial stress was measured in the ALSWH by asking respondents whether they had felt stressed about money in the 12 months prior to the survey. If a respondent answered that they were 'very stressed' or 'extremely stressed', they were identified as experiencing financial stress.

Women who had experienced sexual violence were more likely to experience high financial stress compared with women in the same cohort who had not experienced violence – 43% higher for women aged 24–30 in 2019, 30% higher for those aged 40–45 and 45% higher for those aged 68–73 (Townsend et al. 2022).

More information about the economic and financial impacts of family and domestic violence, see **Economic and financial impacts**.

How many homicides involve sexual assault?

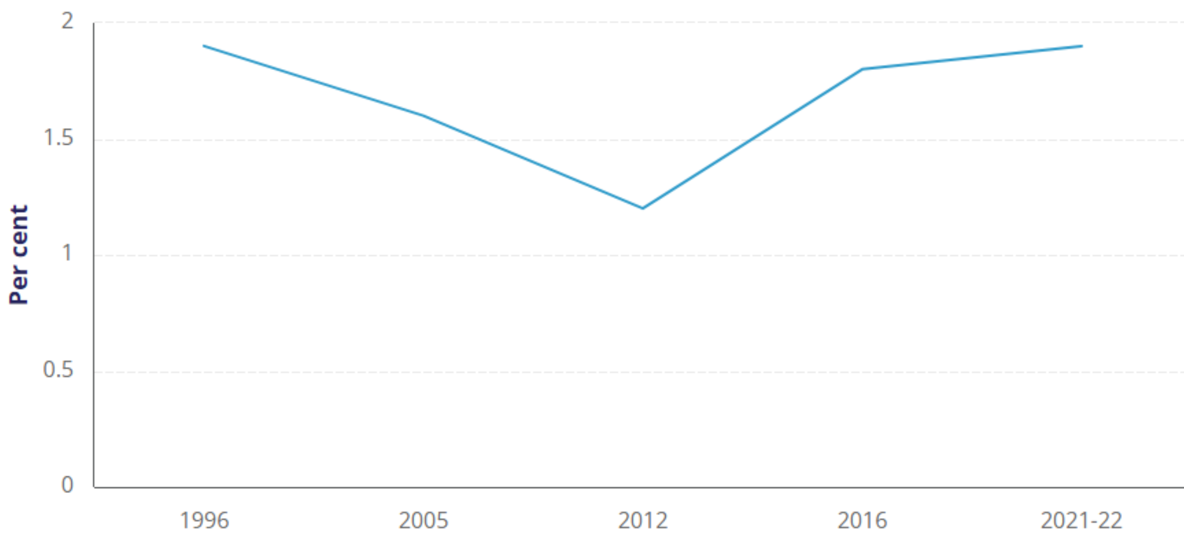
According to the Australian Institute of Criminology's (AIC's) National Homicide Monitoring Program, in the 6 years to 30 June 2018, 17 (1.2%) of 1,370 homicide incidents were preceded by a sexual assault (Bricknell 2019a, 2019b, 2020a, 2020b; Bryant and Bricknell 2017). These data cannot distinguish whether death occurred as a direct result of physical injuries sustained during the sexual assault or additional injuries sustained directly after the sexual assault.

More information can be found in **Domestic homicide**.

Has sexual violence changed over time?

Data on the 12-month prevalence rate of sexual violence and harassment are available in the 2021–22 PSS to report on changes over time. For women, the 12-month prevalence rate of sexual violence remained stable between 2016 (1.8%) and 2021–22 (1.9%). Sexual violence statistics for men have a high relative standard error and are considered too unreliable to measure changes over time (Figure 2) (ABS 2023a).

Figure 2: Proportion of women who experienced sexual violence in the 12 months before the survey, 1996 to 2021–22



^: statistically significant difference to the 2021-22 rate.

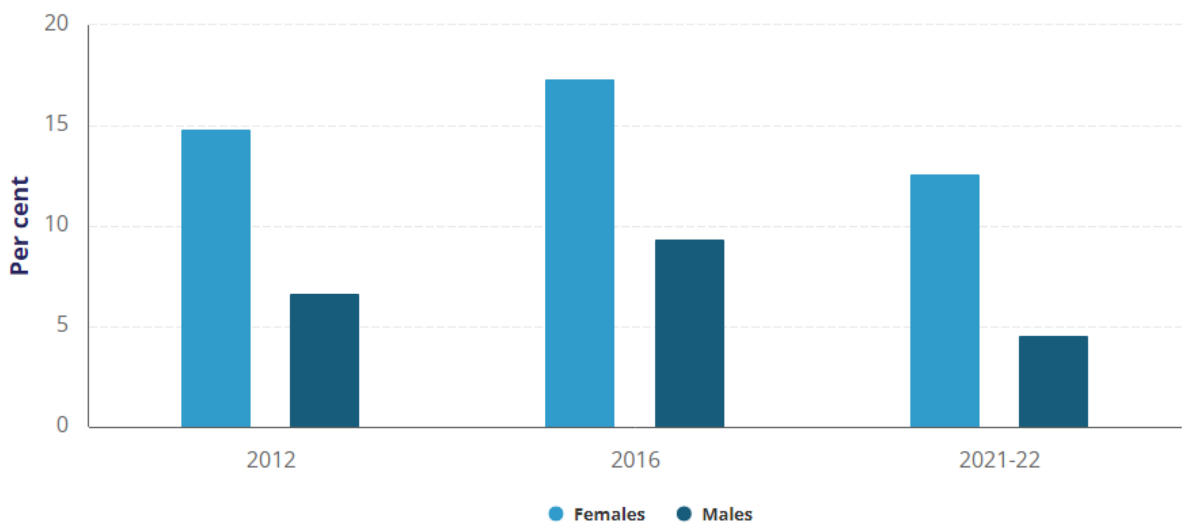
Source: ABS PSS | **Data source overview**

Data from ABS Recorded Crime – Victims show a different pattern. In 2022, police recorded 32,100 victims of sexual assault in Australia. This was an increase of 3% (1,072 victims) from 2021 (ABS 2023b). Police recorded sexual assaults have increased over time since 2010. This may reflect changes in reporting behaviour or variances in the police detection that have occurred over the same time period. There are a number of reasons why the patterns over time can differ across data sources. For example, more information on sexual violence during the COVID-19 pandemic can be found in **FDSV and COVID-19**.

Data are available from the PSS to report on the proportion of people who experienced sexual harassment in the 12 months prior to the survey between 2005 and 2021–22. The data show that:

- for women, the 12-month prevalence rate of sexual harassment fell from 17% in 2016 to 13% in 2021–22
- for men, the 12-month prevalence rate of sexual harassment decreased from 9.3% in 2016 to 4.5% in 2021–22 (Figure 3) (ABS 2023a).

Figure 3: Proportion of people aged 18 years and over who experienced sexual harassment, by sex, 2012 to 2021–22



^: statistically significant difference to the 2021-22 rate.

Source: ABS PSS | **Data source overview**

Is it the same for everyone?

Sexual violence occurs across all ages and demographics, however, some groups of people may be more at risk or more affected. Data about how different groups across the population experience sexual violence can be used to inform more targeted programs and services for victim-survivors and perpetrators of sexual violence.

The National Plan to End Violence against Women and Children 2022–2023 identified some groups of people who may be more affected by gender-based violence (which includes sexual violence) than others:

- First Nations women and children
- women with disability
- women and children from culturally diverse, migrant and refugee backgrounds
- LGBTIQA+ people
- sex workers.

Data are not always available to report on the experiences of violence for these groups, and many of these areas are currently **Key information gaps and development activities**.

Children and young people

The risk factors, responses and impacts of sexual violence (or abuse) committed against children and young people can differ to those associated with sexual violence against

adults. Some data are available to report on child sexual abuse and the specific responses, including data from police, hospitals and child protection services. More information can be found in **Children and young people**, **Child sexual abuse** and **Young women**.

Aboriginal and Torres Strait Islander people

For Aboriginal and Torres Strait Islander (First Nations) women, family violence, sexual assault and abuse is a major cause of personal harm, family and community breakdown, and social fragmentation (AHRC 2020; DSS 2022). This violence is compounded by the ongoing effects of colonisation and racism. Some data are available to report on sexual violence against First Nations people, including data from police and hospitals. For more information, see **Aboriginal and Torres Strait Islander people**.

Older people

Sexual violence experienced by older people is often referred to as sexual abuse, and is a form of elder abuse. Some data are available to report on sexual abuse among older people, including data from the Australian Institute of Family Studies' National Elder Abuse Prevalence Study. Data are also available from the Department of Health and Aged Care's Operation of the Aged Care Act report to report on sexual assault in residential aged care. For more information, see **Older people**.

LGBTIQA+

LGBTIQA+ people may have different risk factors and experiences of sexual violence and these can be compounded by the effects of discrimination. National reporting on the health and wellbeing of LGBTIQA+ people is often limited by a lack of data on gender, sexual orientation and innate variations of sex characteristics in data collections. However, some data are available to report on the experiences of sexual violence among LGBTIQA+ people, including data on sexual assault, dating app facilitated sexual violence and identity-based abuse. For more information, see **LGBTIQA+**.

Mothers and pregnant people

Mothers with children and pregnant people may experience different risk factors and consequences related to sexual violence. For example, there are associations between unintended pregnancy, intimate partner and sexual violence, reproductive control and abuse, and forced termination of pregnancy (Campo 2015; Grace and Anderson 2018; Tarzia and Hegarty 2021).

For more information, see **Mothers and their children** and **Pregnant people**.

People with disability

People with disability may be at higher risk for some forms of sexual violence, particularly in institutional settings due to the nature of their disability. People with

disability also experience discrimination to their disability which can increase risk or compound the effects of violence and abuse. Some data are available to report on the experiences of sexual violence among people with disability, including data about sexual violence, sexual harassment and technology facilitated abuse. For information, see **People with disability**.

Related material

- What is FDSV?
- Family and domestic violence
- Modern slavery
- Stalking and surveillance
- Coercive control

More information

- Family, Domestic and Sexual Violence
- Child Protection, Australia.

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Child sexual abuse

Key findings

- In 2021–22, 11% of women and 3.6% of men had experienced sexual abuse perpetrated by an adult before the age of 15.
- Most recorded sexual assault victims (59%, or about 18,900 victims) in 2022 had an age at incident of under 18 years.
- Child sexual abuse is associated with diagnoses of lifetime major depressive disorder, alcohol use disorder, generalised anxiety disorder and post-traumatic stress disorder.

Most children and young people in Australia grow up in an environment where they feel safe and do not experience sexual abuse, however, this is not the case for all children. Experiences of childhood sexual abuse can cause immediate, short- and long-term harm to a child's health and wellbeing. These harms can lead to developmental, mental, physical and social problems and potentially impact other aspects of life such as education and employment (Cashmore and Shackel 2013; RCIRCSA 2017c).

This topic page covers the extent, nature and impacts of child sexual abuse. For broader information about the experiences of, and responses to, family, domestic and sexual violence for children and young people, see **Children and young people**.

What is child sexual abuse?

The *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* (The National Strategy) defines child sexual abuse as any act that exposes a person aged under 18 to, or involves them in, sexual activities that:

- they do not understand
- they do not or cannot consent to
- are not accepted by the community
- are unlawful (NOCS n.d.).

The National Strategy's definition includes child sexual abuse in all settings, including within families, by other people the child or young person knows or does not know, in organisations and online, see Box 1 (NOCS n.d.).

The definition of child sexual abuse can vary between data sources, legal frameworks, policy responses and organisations (Mathews and Collin-Vézina 2019). Unless otherwise stated, this page uses the terms children and young people for people aged under 18 years.

Box 1: The National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030

The *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* (the National Strategy) is a nationally agreed policy approach that seeks to reduce the risk, extent and impact of child sexual abuse and related harms (NOCS n.d.).

The National Strategy focuses on 5 themes:

- awareness raising, education and building child safe cultures
- supporting and empowering victims and survivors
- enhancing national approaches to children and young people who have displayed harmful sexual behaviours
- offender prevention and intervention
- improving the evidence base (NOCS n.d.).

Under the National Strategy's First National Action Plan there are a range of data initiatives underway to improve the evidence base. The agreed measures are:

- develop and deliver a Strategic Child Safety Research Agenda
- complete a baseline analysis of specialist and community support services for victims and survivors of child sexual abuse. This will be led by the National Office for Child Safety and the AIHW, along with the University of South Australia Australian Centre for Child Protection. This work includes a stocktake of existing services and an assessment of the feasibility of developing a nationally consistent minimum data collection for in-scope services (AIHW 2022).
- set up a monitoring and evaluation framework under the National Strategy
- complete a monitoring and evaluation data feasibility assessment study
- develop an evaluation framework on the implementation and effectiveness of the National Principles for Child Safe Organisations
- conduct a second wave of the Australian Child Maltreatment Study
- develop a scoping study for, and establish, an Australian Child Wellbeing Data Asset (NOCS n.d.).

What do we know about child sexual abuse?

While child sexual abuse can be perpetrated by anyone, most child sexual abuse is perpetrated by someone known to the child or young person, including other children and young people and family members (NOCS n.d.). With the increased availability and ease of access to the internet, online forms of child sexual abuse are an increasing risk for children (ACCE 2022; NOCS n.d.).

Child sexual abuse can occur anywhere, however, children can be at greater risk in institutional settings, such as those attended for educational, recreational, sporting, religious or cultural activities (RCIRCSA 2017e).

The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) investigated institutional child sexual abuse in Australia, see Box 2. While the findings and recommendations of the Royal Commission focussed on the extent, nature and impacts of institutional child sexual abuse, many also related to and could help responses to child sexual abuse more broadly (RCIRCSA 2017e).

Box 2: The Royal Commission into Institutional Responses to Child Sexual Abuse

The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) was established in 2013 following increasing awareness in Australia of the problem of child sexual abuse in institutional contexts (RCIRCSA 2017e).

Over 16,000 individuals contacted the Royal Commission, over 8,000 personal stories were told in private sessions and over 1,000 survivors provided a written account of their experiences (RCIRCSA 2017f). Consultations included governments, advocacy groups, support organisations and institutions. The findings from these consultations and additional research were presented in the Royal Commission's reports.

The final report, released in 2017, provides insights into the nature and impacts of child sexual abuse in institutional settings as well as recommendations to address institutional child sexual abuse and support victims and survivors. While this inquiry did not include child sexual abuse outside institutional contexts, specifically excluding child sexual abuse within families, the Royal Commission suggests that the recommendations are likely to improve the response to all forms of child sexual abuse in all contexts (RCIRCSA 2017e).

The *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* (NOCS n.d.) and the National Redress Scheme (NRS), were made in response to the Royal Commission. The NRS provides support to people who have experienced institutional child sexual abuse to gain access to counselling, a direct personal response from institutions and Redress payments (NRS 2022).

Risk and protective factors

Factors that may be associated with an increased likelihood of a child or young person experiencing sexual abuse (risk factors) include:

- gender, with girls generally more likely
- sexuality, with an increased risk for children with diverse sexual orientations
- age and developmental stage, with the risk for sexual abuse increasing with age
- past experience of maltreatment
- family characteristics, such as unstable living arrangements, and a history of FDV

- parental characteristics, such as lower levels of parent education and employment, drug use, mental health
- experiences of disability (Esposito and Field 2016; Haslam et al. 2023; Quadara et al. 2015; RCIRCSA 2017d).

Factors that may be associated with a decreased likelihood (protective factors) include:

- supportive and trustworthy adults
- supportive peers
- an adequate understanding of appropriate and inappropriate sexual behaviour
- the ability to assert themselves verbally or physically to reject the abuse
- strong community or cultural connections (Esposito and Field 2016; RCIRCSA 2017d).

For risk factors for experiences of FDSV that relate to the general population, see **Factors associated with FDSV**.

Disclosure of child sexual abuse

Many people do not disclose child sexual abuse until adulthood and some choose to never disclose to anyone. The Royal Commission into Institutional Responses to Child Sexual Abuse (2017) found that of the people who provided information about disclosure, 57% first disclosed as adults with 43% disclosing during childhood. On average, it took victims and survivors of child sexual abuse 23.9 years to disclose the abuse to anyone (RCIRCSA 2017b).

Younger children may be more likely to disclose sexual abuse to parents, particularly their mothers, while young people may be more likely to disclose to their friends than to adults (Esposito 2014). Some of the challenges to disclosure for children are similar to those for other victims and survivors of family domestic and sexual violence. For example, feelings of fear, shame, embarrassment, concerns about not being believed and not recognising the behaviours as abusive (see also **How do people respond to FDSV?**).

However, there are some specific challenges for children and young people when disclosing abuse. This includes not having the language skills to communicate the abuse, fear of upsetting their parents, lack of parental support and lack of confidence in adults and their ability to help (Alaggia et al. 2019; Esposito 2014). Findings from the Royal Commission indicated that victims and survivors were more likely to disclose to someone they had a trusting relationship with and that children might not disclose sexual abuse if they feel there is no one they can tell (RCIRCSA 2017b).

Additional barriers to disclosing sexual abuse have been identified for First Nations (Aboriginal and Torres Strait Islander) children and children from culturally and linguistically diverse (CALD) backgrounds. For First Nations children these barriers include fears related to authorities and the potential removal of children from their family and previous negative experiences with justice systems and service providers. For children from CALD backgrounds, different views about what constitutes child abuse

and neglect, fears related to visa status and patriarchal cultures that value men's views over women and children can affect disclosure and responses to child sexual abuse (DCYJMA 2022).

Impacts

The experiences and impacts of child sexual abuse are affected by many factors including the type, duration and frequency of the abuse, individual child characteristics (such as age and gender) and the relationship of the child to the perpetrator. As such, the impacts of child sexual abuse are different for each victim and survivor (RCIRCSA 2017c).

Of victims and survivors who reported the impacts of child sexual abuse to the Royal Commission, 95% reported mental health-related issues, including depression, anxiety and post-traumatic stress disorder (PTSD). Other impacts reported were related to relationships, physical health, sexual identity, gender identity and sexual behaviour, connection to culture and education, employment and economic security (RCIRCSA 2017c).

The Royal Commission noted that the impacts of institutional child sexual abuse are similar to those of child sexual abuse in other settings. However, some specific effects were identified for children sexually abused in an institution including distrust and fear of institutions and authority and impacts on spirituality and religious involvement (for children sexually abused in a religious institution setting) (RCIRCSA 2017c).

The impacts of child sexual abuse can also extend to secondary victims, such as family, carers and friends. Intergenerational impacts can also be experienced by the children of some victims and survivors (RCIRCSA 2017c).

The lack of services designed specifically for children and young people who experience family and sexual violence has been identified as a key issue in Australia (ANROWS 2016, FVRIM 2022, Royal Commission 2017).

Measuring the extent of child sexual abuse

It is difficult to obtain robust data on experiences of child sexual abuse. Due to the sensitive nature of this subject, most large-scale population surveys focus on adults. However, estimates of adults from surveys are likely to underestimate the true extent of child sexual abuse due to some people's reluctance to disclose information and reliance on participant's recollections of events, which may have changed over time.

Data sources for measuring child sexual abuse

- ABS Personal Safety Survey
- ABS Recorded Crime – Offenders
- ABS Recorded Crime – Victims
- Australian Child Maltreatment Study
- Australian Longitudinal Study on Women's Health

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

How many people have experienced child sexual abuse?

There are 2 sources that can be used to examine the extent of child sexual abuse in Australia – the ABS Personal Safety Survey (see Box 3) and the Australian Child Maltreatment Study (see Box 4). Due to differences in the methods used, findings from these sources are not comparable.

11% of women | **3.6% of men** in 2021–22 had experienced sexual abuse perpetrated by an adult before the age of 15

The 2021–22 PSS estimated that about 1.1 million women (11%) and 343,500 men (3.6%) had experienced sexual abuse perpetrated by an adult before the age of 15. Of people who had experienced childhood sexual abuse, many women (69%) and men (52%) had experienced more than one incident (ABS 2023a).

Box 3: Personal Safety Survey measurement of child sexual abuse

In the ABS Personal Safety Survey (PSS), the experience of sexual abuse before the age of 15 involves any sexual activity beyond the understanding of the child or contrary to accepted community standards. For example, forcing a child to watch or hear sexual acts, taking sexualised photos of a child, and sexually explicit talk, are all forms of sexual abuse.

The PSS only collects data on abuse perpetrated by an adult – 'child-on-child' abuse is outside the scope of the survey.

Source: ABS (2023a).

Due to differences in the methods used, findings from the PSS are not comparable to those from the ACMS.

The 2021–22 PSS collected information about the first incident of childhood sexual abuse that occurred before the age of 15. Some data, such as detailed data about the experiences of men, are not sufficiently statistically reliable for reporting.

Most commonly, the first incident of childhood sexual abuse experienced by women:

- occurred when they were aged between 5 to 9 years old (49% or 547,000)
- involved one perpetrator (85% or 953,000)
- was never reported to police (84% or 935,000) (ABS 2023a).

For women, the perpetrator was most likely to be known to them (88% or 986,000), and was commonly a family member (47%) including non-immediate adult male relatives (25%), their father or step-father (16%) or their brother or step-brother (5.6%) (ABS 2023a).

Most commonly, the first incident of childhood sexual abuse experienced by men:

- occurred when they were aged between 10 to 14 years old (51% or 175,000)
- involved one perpetrator (94% or 324,000)
- was never reported to the police (99% or 340,000) (ABS 2023a).

For men, the perpetrator was most likely to be known to them (82%, or 281,000), and was commonly a family member (32%) or known through an institutional setting (33%*). Note that estimates marked with an asterisk (*) should be used with caution as they have a relative standard error between 25% and 50% (ABS 2023a).

The first Australian Child Maltreatment Study (ACMS, see Box 3) indicated for surveyed people aged 16 years and over in 2021:

- 3 in 10 (29%) had experienced child sexual abuse
- females (37%) were twice as likely as males (19%) to have experienced child sexual abuse
- of those who had experienced child sexual abuse, most (78%) had experienced it more than once; the median number of incidents of child sexual abuse was 3.5 (Haslam et al. 2023).

For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes.**

Box 4: The Australian Child Maltreatment Study

The Australian Child Maltreatment Study (ACMS) was a cross-sectional survey of just over 8,500 participants aged 16 years or more between 9 April and 11 October 2021. People were considered to be eligible for participation if they were aged 16 years or more, in an age group for which participants were required when contacted and had sufficient English language proficiency for participation. The final response rate was 4.0% when based on the estimated number of eligible participants (about 210,370 people) and 14% when based on eligible participants contacted (about 60,800 people) (Haslam et al. 2023).

Mobile telephone interviews using computer-generated random digit dialling were conducted to obtain retrospective self-report data using the Juvenile Victimisation Questionnaire-R2 Adapted Version.

Sexual abuse includes any sexual act inflicted on a child by any adult or other person, including contact and non-contact acts, for the purpose of sexual gratification, where true consent by the child is not present. True consent will not be present where the child either lacks capacity to give consent, or has capacity but does not give full, free, and voluntary

consent. The ACMS asked four questions about different sexual abuse experiences; three related to contact sexual abuse, and one related to non-contact sexual abuse.

Contact sexual abuse includes forced intercourse, attempted forced intercourse, other acts of contact sexual abuse (for example, touching, fondling).

Non-contact sexual abuse includes voyeurism, exhibitionism.

Sexual harassment was excluded from estimates of sexual abuse.

Source: Haslam et al. (2023); Mathews et al. (2023).

Due to differences in the methods used, findings from the ACMS are not comparable to those from the ABS PSS. For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes.**

Figures presented from the ACMS have been rounded. For exact figures, please see the cited primary source.

Contact sexual abuse (24%) by any person was more commonly reported than non-contact sexual abuse (18%). Sexual touching (19%) was the most common type of contact sexual abuse by any person, followed by attempted forced intercourse (14%) and forced intercourse (rape) (8.7%) (Mathews et al. 2023).

An ACMS analysis examined child sexual abuse by relational classes and types of perpetrators. It found that almost 1 in 5 (19%) participants had experienced child sexual abuse by an adult perpetrator and 1 in 7 (14%) by an adolescent perpetrator. However, among participants aged 16-24, offending by adolescents (18%) was more common than by adults (12%) (Mathews et al. 2024).

There was no single perpetrator class that contained the majority of cases. The most common classes of perpetrator were:

- other known adolescents in non-romantic relationships (10%)
- parents or caregivers in the home (7.8%)
- other known adults (7.5%) (Mathews et al. 2024).

Among participants aged 16-24, the most common perpetrators were other known adolescents in non-romantic relationships (13%) and adolescents in current or former romantic relationships (5.7%) (Mathews et al. 2024).

For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes.**

Institutional child sexual abuse

Institutional child sexual abuse is where child sexual abuse occurs:

- on the premises of an institution, such as a school, church, club, orphanage or children's home

- where activities of an institution take place, such as a camp or sporting facility
- by an official of an institution, such as a teacher, religious figure, coach or camp leader (National Redress Scheme n.d.).

Box 5: Institutional child sexual abuse

The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) showed that child sexual abuse has been occurring for generations in many institutions in Australia (RCIRCSA 2017f).

As at May 2017, 6,875 victim–survivors of child sexual abuse in institutional contexts told their stories to the Royal Commission in private sessions. These private sessions revealed broad patterns in the institutional sexual abuse that had occurred among this group:

- most victims and survivors who told their stories in private sessions were men (64%)
- about 1 in 7 (14%) were Aboriginal and Torres Strait Islander people
- 4.3% shared that they had a disability at the time of abuse, noting that many people with disability face extra barriers to telling people about abuse, which would affect their representation among people who attended private sessions
- more than half were between 10 and 14 years when they were first abused, with females generally reporting being younger when first abused than males
- the average duration of child sexual abuse experienced in the institutions was 2.2 years
- almost all were abused by men (94%)
- 84% were sexually abused by an adult
- the most common roles of adult perpetrators in institutions were teachers and people in religious ministries (RCIRCSA 2017f).

It is likely that many people who have experienced institutional child sexual abuse did not or were unable to attend a private session (RCIRCSA 2017f).

The Royal Commission found that institutions can have cultural, procedural and structural flaws that enable child sexual abuse to happen and for it to not be detected and/or be responded to, such as:

- a culture of secrecy, power and control
- a lack of sufficient organisation governance, education and screening of employees (RCIRCSA 2017f).

A key recommendation of the Royal Commission was the establishment of a National Redress Scheme, which was established in 2019. The scheme acknowledges that many children were sexually abused in Australian institutions, including orphanages, children's homes, schools, churches and other religious organisations, sports clubs, hospitals, foster care and other institutions. The scheme provides support to people who have experienced institutional child sexual abuse through access to counselling, direct personal responses from institutions and Redress payments (NRS 2022). See also **Financial support and workplace responses** and **Helplines and other support services**.

Child sexual abuse reported to police

Most police-recorded sexual assault victims in 2022 had an age at incident of under 18 years

The ABS Recorded Crime – Victims data allows for reporting of sexual assault by age at incident. Based on national data on crimes reported to police, most recorded sexual assault victims (59%, or about 18,900 victims) in 2022 had an age at incident of under 18 years. Of these victims:

- 71% (or about 13,400) were aged 10–17 years
- about 5 in 6 were female (79%, or about 15,000) (ABS 2023b).

For each year between 2014 and 2022, the most common age at incident for victims of sexual assault was 10–17 years (ABS 2023b).

See **Children and young people** for more information.

Online child sexual exploitation

Online child sexual exploitation is the use of technology or the internet to facilitate the sexual abuse of a child. This includes the production and sharing of child abuse material online, grooming and blackmailing children for sexual purposes. Children sharing self-generated sexual content and 'sexting' (requesting, capturing and sharing of explicit material) is an increasing concern (ACCE 2023a, b). See Box 6 for common terminology and definitions of online child sexual exploitation.

Box 6: Terminology and definitions of online child sexual exploitation

Child sexual abuse material: Material that depicts or describes:

- a person who is, appears to be or is implied to be, a child as a victim of sexual abuse
- a person who is, appears to be or is implied to be, a child engaged in or apparently engaged in a sexual pose or sexual activity (whether or not in the presence of other persons)
- a person who is, appears to be or is implied to be, a child in the presence of another person who is engaged or apparently engaged in a sexual pose or sexual activity
- the private parts of a person who is, appears to be or is implied to be, a child.

Online grooming: When an adult makes online contact with someone under the age of 16 with the intention of developing a relationship to enable their sexual abuse.

Image based abuse: When intimate, nude, or sexual images/videos are shared without consent.

Self-generated child sexual exploitation material: Content created knowingly by someone under the age of 16 that is nude, semi-nude, or sexual in nature.

Live online child sexual abuse: The use of the internet by a person to view, pay to view, or to provide instructions and view in real time, online child sexual exploitation material.

Sexual extortion: A form of online blackmail where an offender threatens to reveal a person's personal sexual images, unless they give into their demands.

Source: ACCCE 2023.

The Australian Institute of Criminology published a report on the occurrence of viewing online child sexual abuse material (CSAM) among Australian adults. Using a non-random sample selected through online panel membership, the study found that of 13,300 respondents, 0.8% reported intentionally viewing CSAM in the year before the survey. There were statistically significant differences in the intentional viewing of CSAM between:

- respondents aged 18-34 (1.3%) and those aged 35 and over (0.6%)
- respondents who most often spoke a language other than English at home (1.9%) and those who most often spoke English at home (0.7%)
- respondents with disability (1.7%) and those with no disability (0.7%)
- respondents who were currently serving, or had previously served, in the military (2.8%) and those who had never served in the military (0.6%) (Brown 2023).

With increases in the global availability of the internet, the possession, production and distribution of pictures and video that capture CSAM has continued to grow as a global issue. The study found that 4.7% of respondents encountered CSAM, but almost 4 in 5 (78%) reported encountering it by mistake (Brown 2023). However, there is limited information on its effects on children and young people in Australia (see Box 7).

Box 7: Child sexual abuse material

The possession, distribution and production of CSAM is a criminal offence in Australia, and is likely to occur in the context of other forms of child abuse and maltreatment (CDPP 2022). The availability of the internet worldwide has facilitated connections between children and abusers, the grooming of children and the distribution and live streaming of CSAM. Trafficking children to create CSAM is a growing form of global modern slavery (for information on trafficking in general, see **Modern slavery**) (IJM 2020).

In 2021–22, the Australian Centre to Counter Child Exploitation received more than 36,000 reports of online child sexual abuse, each of which can include many images and videos and may also relate to the same child. The Australian Federal Police charged a total of 221 people with 1,746 child abuse-related offences in 2021–22 (ACCCE 2022).

Existing research shows some CSAM cases involve parents and parental figures producing and distributing CSAM. An analysis of 82 CSAM cases involving parental figures in Australia

between 2009 and 2019 found that perpetrators most often included male parental figures (90% of cases) and that victims were predominantly girls (84%). In 28% of cases the victim's biological mother was involved (Salter et al. 2021).

Mobile dating apps and/or dating websites may also facilitate the production and distribution of CSAM, however, there is limited research exploring this issue. In 2022, a survey of 9,987 people who used mobile dating apps and/or dating websites in the previous five years, found about 1 in 8 (12%) had received requests to facilitate the sexual abuse of their own children or children they had access to (facilitation requests) (Teunissen et al 2022).

Children and young people who have displayed concerning and harmful sexual behaviours

Some children and young people display concerning sexual behaviours (CSBs) or harmful sexual behaviours (HSBs). CSBs and HSBs involve sexual behaviours displayed by children and young people that fall outside what may be considered developmentally expected or socially appropriate.

There are some differences between CSBs and HSBs and how they are identified, and work is currently underway to define these terms and develop a consistent understanding. Enhancing national approaches to HSBs is a key theme under the First National Action Plan of the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*.

Adverse experiences in childhood have been identified in cohorts of children and young people who have displayed HSBs, with associations between displays of HSB and trauma, prior experiences of abuse, and exposure to FDV and pornography. Some groups are also more at risk of developing HSBs such as: children with learning disabilities, impulsivity and social difficulties; male children; and children living in out of home care (El-Murr 2017; Fitz-Gibbon et al. 2022a; Paton and Bromfield 2022; RCIRCSA 2017a).

It is worth noting that children and young people without adverse experiences or risk factors for developing HSBs can also go on to use FDSV. Conversely, many people with risk factors for developing these behaviours do not go on to develop HSBs (El-Murr 2017; Fitz-Gibbon et al. 2022a; Paton and Bromfield 2022; RCIRCSA 2017a).

Children and young people who experience HSBs displayed by other children and young people, can be affected by diverse and complex immediate and long-term negative outcomes as with other forms of abuse and maltreatment. Children and young people who have displayed HSBs may experience negative effects from their behaviour, including experiences of marginalisation, isolation or stigmatisation, which without help, can result in or exacerbate mental health and social difficulties, and further prevent them receiving intervention support (El-Murr 2017; Paton and Bromfield 2022; RCIRCSA 2017a). Early detection and targeted interventions and responses that are tailored to the child or young person can help to reduce the likelihood of HSBs continuing or escalating

(El-Murr 2017; Fitz-Gibbon et al. 2022b; NOCS n.d.; Paton and Bromfield 2022; RCIRCSA 2017a).

There are no national data related to the prevalence of HSBs among Australian children and young people and knowledge and education among the broader community is limited. This is in part due to varying definitions of HSBs, difficulties in data collection and socio-cultural factors, including people disregarding children's capacity for such behaviours (El-Murr 2017; Paton and Bromfield 2022).

A recent review of available Australian research found that between 30–60% of all experiences of childhood sexual abuse are carried out by children and young people who have displayed HSBs (El-Murr 2017).

Box 8 provides data about offenders of sexual assault and related offences who were aged 10–17 and accounts of child sexual abuse perpetrated by another child/ren in institutions, as told to the Royal Commission.

Box 8: Child and youth offenders

ABS Recorded Crime – Offenders

In 2022–23, 15% (or about 1,400 of 9,500) of recorded offenders of sexual assault and related offences were aged 10–17. Among these offenders:

- there were about 700 sexual assault offences and 700 non-assaultive sexual offences
- about 4 in 5 (76%, or 1,100) offenders were male
- 3 in 5 (60%, or 640) offenders were aged 15–17 (ABS 2024).

From 2008–09 to 2022–23, the rate of offenders of sexual assault and related offences aged 10–17 varied for:

- male offenders – between 77 per 100,000 in 2011–12 and 112 per 100,000 in 2014–15, with 80 per 100,000 in 2022–23
- female offenders – between 9.2 per 100,000 in 2010–11 and 40 per 100,000 in 2015–16, with 26 per 100,000 in 2022-23 (ABS 2024).

Recorded crime offender data underestimate the true extent of sexual offences by children in Australia as the data only relate to cases reported to police and are limited to children aged 10 to 17 years. Sexual assault and related offences only represent a small proportion of the behaviours considered HSBs (Paton and Bromfield 2022).

Royal Commission into Institutional Responses to Child Sexual Abuse

Among the 6,875 private sessions in which victims and survivors of institutional child sexual abuse told their stories to the Royal Commission about 1 in 6 (16%) involved experiences of sexual abuse perpetrated by another child/ren in institutions. Among victims and survivors of child sexual abuse by children who attended private sessions:

- about 62% were males and 38% were females
- 86% said they were abused by a boy (RCIRCSA 2017a).

The Royal Commission heard accounts of adults in institutions insufficiently responding to instances of HSBs by children and aspects of institutional cultures that likely contributed to the occurrence of such behaviours, including: normalised violence, encouragement of sexual behaviours, hierarchical structures among children, and a lack of supervision and education (RCIRCSA 2017a).

What are the impacts of child maltreatment, including child sexual abuse?

Mental health

The ACMS examined the associations between experiences of child maltreatment and diagnoses of lifetime major depressive disorder, current alcohol use disorder, current generalised anxiety disorder and current post-traumatic stress disorder. For more information about the ACMS, including the types of maltreatment, see Box 3 in Children and young people.

All forms of child maltreatment were associated with a significant increase in the likelihood of experiencing these disorders when compared with people who had no experience of maltreatment. However, the association was strongest for people who had experienced childhood sexual abuse, emotional abuse or multiple types of maltreatment. Child sexual abuse was the only form of maltreatment associated with all severity levels of alcohol use disorders (Scott et al. 2023).

Child sexual abuse

is associated with diagnoses of lifetime major depressive disorder, alcohol use disorder, generalised anxiety disorder and post-traumatic stress disorder

When compared with people who had no experience of maltreatment, and adjusting for other forms of maltreatment experienced, those who had experienced childhood sexual abuse were:

- twice as likely to have severe alcohol use disorder
- almost twice as likely to have post-traumatic stress disorder
- around 1.6 times as likely to have generalised anxiety disorder, major depressive disorder or moderate alcohol use disorder.
- around 1.3 times as likely to have mild alcohol use disorder (Scott et al. 2023).

For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes.**

Health risk behaviours

The ACMS included measures for 6 health risk factors: smoking, binge drinking, cannabis dependence, obesity, self-harm, and suicide attempts (see Box 9). All of the 6 health risk factors were more common in people who had experienced child maltreatment when compared with those who had not experience of maltreatment (Lawrence et al. 2023).

Box 9: Assessing health risk factors in the Australian Child Maltreatment Study

The following health risk behaviours and conditions were assessed in the Australian Child Maltreatment Study:

- current smoker: cigarette smoking in the past 12 months
- binge drinking: having six or more drinks for men or five or more drinks for women in a single session at least weekly over the past 12 months
- cannabis dependence: Cannabis Severity of Dependence Scale score of 3 or more
- obesity: body mass index > 30 kg/m2 based on self-reported height and weight
- non-suicidal self-injury: answering yes to the question "during the past 12 months have you deliberately harmed or injured yourself, without intending to end your own life?"
- suicide attempt: answering yes to the question "during the past 12 months, have you attempted suicide?".

Source: Lawrence et al. (2023).

Sexual abuse was independently associated with an increased likelihood of all six health risks, even after adjusting for other forms of maltreatment experienced. When compared with people who had no experience of maltreatment, those who had experienced childhood sexual abuse were:

- almost 3 times as likely to report self-harming behaviour
- more than twice as likely to report suicide attempts
- twice as likely to have cannabis dependence
- 1.6 times as likely to be a current smoker
- almost 1.4 times as likely to binge drink
- almost 1.2 times as likely to be obese (Lawrence et al. 2023).

For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes.**

Long-term impacts for women

The Australian Longitudinal Study of Women's Health surveyed 7,700 women born in 1973-78 when aged 28-33 years in 2006. Relative to those with no abuse, these data demonstrated that, at age 28-33 years women who had experienced childhood sexual abuse were:

- 1.4 times more likely to experience bodily pain
- 1.3 times more likely to have poorer general health
- 1.4 times more likely to have experienced depression in the 3 years prior to the survey (Coles et al 2015).

In addition, those who had experienced both childhood sexual abuse and adult violence were, at age 28-33:

- 2.4 times more likely to experience poor general heath
- 2.8 times more likely to suffer from depression
- 3.1 times more likely to suffer from anxiety

compared with women with no abuse (Coles et al 2015).

Further information on health impacts is presented in **Health outcomes**.

Women who had experienced childhood sexual violence were more likely than those who had not, to have experienced any sexual or physical violence or domestic violence in the last 12 months:

- 23% compared with 15% among women aged 24 to 30 in 2019
- 19% compared with 13% among women aged 40 to 45 in 2018 (Townsend et al. 2022).

Related material

- Children and young people
- Sexual violence
- Stalking and surveillance

More information

- Child protection

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Stalking and surveillance

Key findings

- 1 in 5 women and over 1 in 15 men have experienced stalking since the age of 15.
- Half (51%) of the adult population has experienced technology-facilitated abuse.

Violence encompasses a wide range of behaviours and harms, including stalking, surveillance, and other harassing and abusive behaviours. These behaviours can occur in both family and non-family settings.

The widespread availability of technology and the ease of maintaining anonymity online has increased the opportunity for stalking and surveillance in recent years. Perpetrators may misuse devices, accounts, software or platforms to control, abuse and track victim-survivors (DSS 2022). Irrespective of whether these behaviours are experienced in-person or online, they can have significant implications for personal safety, productivity and mental wellbeing.

This topic page discusses the prevalence and characteristics of stalking and surveillance, particularly with the FDV context. It also explores how technology has been misused to support the perpetration of these behaviours.

What is stalking and surveillance?

Stalking is a pattern of unwanted behaviours aimed at causing fear or distress and reducing the victim's autonomy and sense of security, which is often considered a form of emotional abuse (NSW Police Force 2023; SPARC 2023; ABS 2023). It can involve a range of different behaviours and is a crime in all states and territories of Australia (see Box 1). Stalking often includes surveillance behaviours that provide information on the victim's movements and activities to perpetrators (Maher et al. 2017).

Box 1: Stalking is a criminal offence

In Australia, State and Territory governments are responsible for making and enforcing criminal laws related to stalking. As such the definition of stalking can vary slightly across states and territories. However, in most states, a person has perpetrated stalking if, on at least 2 occasions, they conduct one or more of the following actions with the intent to cause harm or apprehension:

- follow or approach the other person
- loiter near, watch, approach or enter a place where the other person resides, works or visits
- keep the other person under surveillance
- interfere with property in the possession of the other person

- give or send offensive material to the other person or leaves offensive material where it is likely to be found by, given to or brought to the attention of the other person
- telephone or otherwise contact the other person
- act covertly in a manner that could reasonably be expected to arouse apprehension or fear in the other person
- engage in conduct amounting to intimidation, harassment or molestation of the other person.

For information on legal and police responses to family, domestic and sexual violence, please refer to the **Legal systems**, **FDV reported to police** and **Sexual assault reported to police** topic pages.

Source: AustLII 2023a, 2023b, 2023c, 2023d, 2023e, 2023f, 2023g; Department of Justice 2017

Increasingly, mobile and digital technologies are utilised to conduct stalking and associated surveillance behaviours. When stalking and surveillance are conducted via technology, they are considered technology-facilitated abuse (TFA) (see Box 2).

Box 2: What is technology-facilitated abuse?

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

- Monitoring and stalking the whereabouts and movements of the victim in real time.
- Monitoring the victim's internet use.
- Remotely accessing and controlling contents on the victim's digital device.
- Repeatedly sending abusive or threatening messages to the victim or the victim's friends and family.
- Image-based abuse (non-consensual sharing of intimate images of the victim).
- Publishing private and identifying information of the victim.

Source: Powell et al. 2022; AIJA 2022; Woodlock 2015

Stalking can occur as part of family and domestic violence (FDV), with current and previous intimate partners often identified as some of the most common perpetrators (ABS 2017; Smith et al. 2022; Victoria State Government 2023). Stalking is also a risk factor for other forms of FDV, such as physical violence and intimate partner homicide (Mechanic et al. 2000; Spencer and Stith 2018).

Some perpetrators conduct stalking and surveillance repeatedly over time to establish and maintain control over the other person. These behaviours may be used as part of coercive control. Please refer to the **Coercive control** topic page for more information.

Some stalking and surveillance behaviours are forms of sexual harassment, such as repeatedly sending messages with sexual content. Please refer to the **Sexual violence** topic page for more information on sexual harassment.

What do we know?

As with other forms of gender-based violence, the majority of victims of stalking and surveillance, are women. This can partially be attributed to gender-based power inequalities, rigid gender norms and gender-based discrimination.

The National Community Attitudes towards Violence against Women Survey (NCAS) is a nationally representative survey that measures community understanding and attitudes towards violence against women and gender inequality. The 2021 NCAS found that most respondents (89%) recognised in-person stalking as always or usually violence against women, but less respondents (83%) recognised electronic stalking as always or usually a form of violence. Almost 9 in 10 (89%) respondents were aware it is a criminal offence to share an intimate picture of an ex-partner on social media without their consent (Coumarelos et al. 2023).

A study on community attitudes towards stalking in Victoria found that men were more likely to strongly endorse beliefs and attitudes that minimise the severity of stalking, normalise the behaviour as romantic and assign blame to the victim (McKeon and McEwan 2014).

Risk factors for stalking and surveillance

There is limited research on the risk factors for stalking and surveillance victimisation and perpetration. However, studies suggest common risk factors associated with stalking victimisation include having an ex-intimate relationship with the perpetrator, receiving explicit threats and property damage by the perpetrator (Thompson et al. 2013; McEwan et al. 2016). In cases of co-parenting, interactions relating to the child (such as handover) may provide opportunities for stalking and surveillance perpetration. This can involve installing or checking tracking and surveillance devices, or manipulating the child to facilitate abuse (such as sharing the victim's password) (Dragiewicz et al. 2022).

A study on 700 stalkers from Queensland identified sociocultural predispositions (such as violent family members and friends), psychological traits (such as need for control and narcissism), history of violence, revenge motives, triggering events, and illicit drug and alcohol use as risk factors for perpetrating severe stalking violence (Thompson et al. 2013).

Co-occurrence of stalking and surveillance with intimate partner violence

Stalking often co-occurs with intimate partner violence and can be used to exert power and control during and/or after an abusive relationship. Studies suggest that abusive

partners who stalk are more likely to physically injure, threaten, verbally abuse and sexually assault the victim, compared with abusive partners who do not stalk (SPARC 2018).

Intimate partner stalkers are more likely to use the widest range of stalking behaviours, contact and approach victims more frequently, escalate the frequency and severity of pursuit, and follow through on threats of violence, compared with stalkers who are not intimate partners (SPARC 2018).

Co-occurrence of stalking and surveillance with sexual violence

Sexual violence can be part of a stalker's pattern of behaviour. Sexually violent stalking behaviours commonly fall under four categories:

- Surveillance (e.g. following and monitoring a victim while planning or after committing sexual assault).
- Life invasion (e.g. repeated unwanted communication of a sexual nature, spreading sexual rumours or publicly humiliating with information about sexual activity).
- Intimidation (e.g. threatening sexual violence, blackmailing the victim in exchange for sexual activity, images or videos).
- Interference through sabotage or attack (e.g. sexual assault, in-person or image-based indecent exposure) (SPARC 2022).

What data are available to report on stalking and surveillance?

Data on the extent and nature of stalking come from national surveys, some of which focus specifically on TFA behaviours. The surveys used throughout this section include:

- **ABS Personal Safety Survey 2016 and 2021-22** – collected information on experiences of stalking since the age of 15 among 21,200 and 11,900 people aged 18 years and over in Australia, respectively (ABS 2023).
- **ANROWS Technology-facilitated abuse reports** – examined TFA victimisation and perpetration among 4,600 respondents aged 18 years and over in Australia, which included online harassing, monitoring and/or controlling behaviours. The survey used random probability-based sampling methods and weighting to allow results to be generalisable to the adult population in Australia (Powell et al. 2022).
- **eSafety Commissioner Negative online experiences 2022 findings** – examined adults' online experiences, including monitoring and harassment behaviours, among 4,800 respondents aged 18-65 in Australia. The survey used quota sampling and was weighted to ABS population data to allow results to be generalisable to the adult population in Australia (eSafety Commissioner 2023a).

Some administrative data from the ABS Recorded Crime – Offenders collection are available to report on the perpetrators of stalking and surveillance, which include statistics about offenders proceeded against by police (ABS 2024b).

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

What do the data tell us?

How many people have experienced stalking and surveillance?

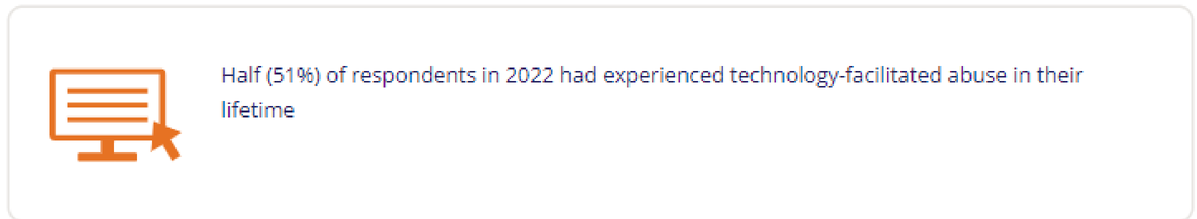
Women are more likely to experience stalking than men

1 in 5 women | **over 1 in 15 men** | in 2021–22 had experienced **stalking** since the age of 15

The 2021-22 PSS found that 2.7 million people aged 18 and over have experienced stalking since the age of 15. One in 5 (20% or 2.0 million) women and over 1 in 15 (6.8% or 653,000) men have experienced stalking since the age of 15 (ABS 2023).

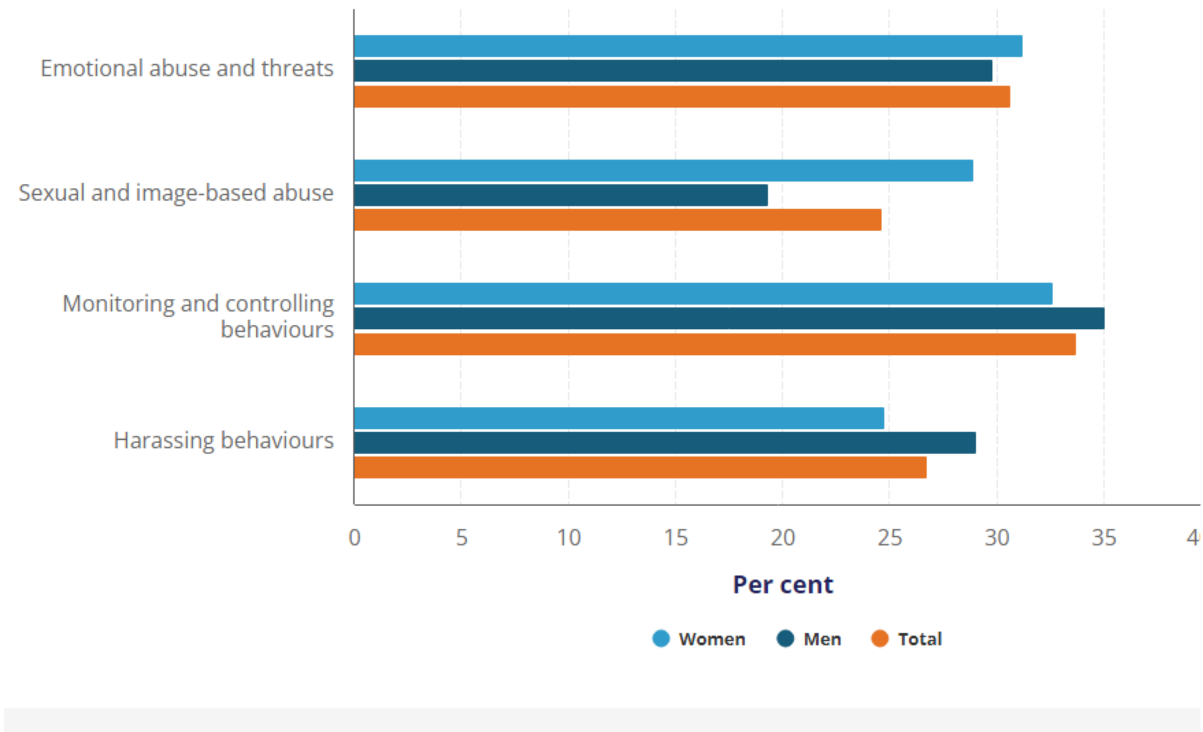
In the 12 months before the survey, 3.4% (or 338,000) of women and 0.6% (or 60,600) of men had experienced stalking. However, the 12-month data for men has a relative standard error between 25% and 50% and should be interpreted with caution (ABS 2023).

Monitoring and controlling behaviour is the most common type of TFA



The ANROWS 2022 study on TFA found that half (51%) of the respondents had experienced at least one TFA behaviour in their lifetime (see **Data sources and technical notes** for behaviours included in the study). The most common type of TFA experienced was monitoring and controlling behaviours, with around 1 in 3 (34%) respondents having experienced this type of TFA. This was true for both women and men (Figure 1).

Figure 1: Types of TFA ever experienced, by gender



Source: ANROWS Technology-Facilitated Abuse Survey | **Data source overview**

Preliminary findings from the Australian eSafety Commissioner's 2022 survey on negative online experiences also highlight the use of technology in the perpetration of stalking and surveillance. Among the 4,800 respondents:

- 18% reported having their location tracked electronically without consent
- 16% reported receiving online threats of in-person harm or abuse (eSafety Commissioner 2023a).

Perpetrators of stalking and surveillance

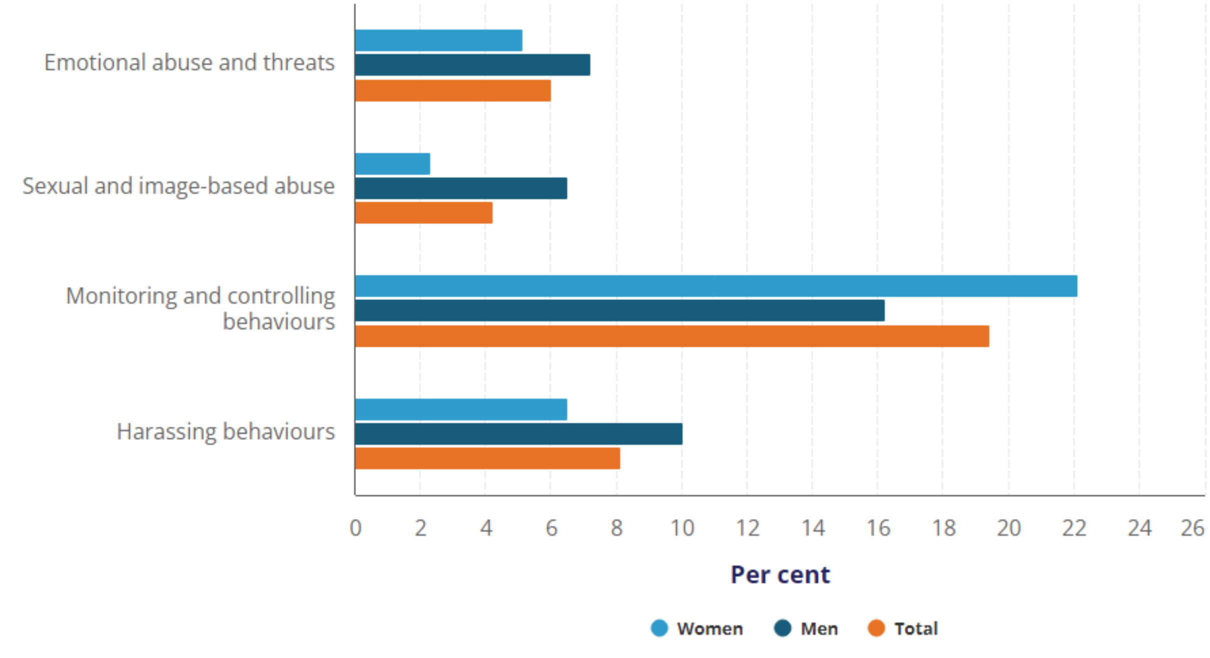
Women are more likely to be stalked by a man than a woman

The 2021-22 PSS showed that among adults that have experienced stalking since the age of 15:

- more than 9 in 10 (94% or 1.9 million) women were stalked by a male
- men were equally likely to be stalked by a male or by a female (ABS 2023).

The ANROWS study on TFA found that the most common type of TFA perpetrated was monitoring and controlling behaviours, with around 1 in 5 (19%) respondents having perpetrated this type of TFA. While more than 3 in 5 (62% or 1,400) victim-survivors of all TFA reported the most recent perpetrator was a man, more women (22%) than men (16%) overall reported that they were perpetrators of monitoring and controlling behaviours. For all other types of TFA, more men reported being perpetrators than women (Powell et al. 2022) (Figure 2).

Figure 2: Types of TFA ever perpetrated, by gender



Source: ANROWS Technology-Facilitated Abuse Survey | **Data source overview**

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

The latest available data for reporting on relationship to the perpetrator is from the 2016 PSS. The 2016 PSS found that, 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 1.1 million) women, with 3 in 10 (30% or 448,000) of these women stalked by a current or previous partner
- a stranger for 1 in 4 (25% or 365,000) women (ABS 2017).

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. The perpetrator was a current or previous partner for 2 in 5 (41% or 124,000) of these men; however the proportion should be interpreted with caution due to sampling errors (ABS 2017).

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

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
- 3 in 5 (61% or 404,000) had experienced unwanted contact by phone, postal mail, email, text messages or social media
- 2 in 5 (44% or 290,000) were followed or watched, either in person or electronically (AIHW 2019; ABS 2018).

For men whose current or previous female partner had recently stalked them, about half (52% or 112,000) had experienced loitering and 4 in 10 (40% or 84,100) were followed or watched in person or electronically (AIHW 2019; ABS 2018).

What are the responses to stalking and surveillance?

Responses to abuse generally comprise a mix of formal responses and informal responses. Examples of formal responses include police, legal services, and other support services such as 1800RESPECT, eSafety Commissioner and Lifeline; while informal responses can include support from family and friends (see **How do people respond to FDSV?**).

Although it is important to understand the usage and effectiveness of these services, there is currently limited national data on the responses to stalking and surveillance in Australia.

Police and justice system

Personal safety intervention order (PSIO) is a court order to protect a person, their children and their property from another person's behaviour. PSIOs are also known as restraining or apprehended violence orders in some states and territories.

Police and the justice system are a major part of the formal response to stalking and surveillance. The police can assist a stalking victim with applying for a personal safety intervention order, file criminal charges where appropriate and refer victims to support services (Victorian Law Reform Commission 2021).

Men are more likely to be offenders of FDV-related stalking than women

The ABS Recorded Crime – Offenders data collection recorded 6,800 offenders of family and domestic violence-related stalking in 2022–23. Among people aged 10 and over, males had a higher offending rate for FDV-related stalking (49 per 100,000 males, or 5,600), compared with 9.9 per 100,000 females (or 1,200) (ABS 2024a).

Numbers and rates for stalking may be overstated as New South Wales legislation does not contain discrete offences for stalking, intimidation and harassment – these offences

are all coded and reported as ‘stalking’. See **Data sources and technical notes** for more information.

Reoffending among stalking offenders

The Sentencing Advisory Council of Victoria found that more than half (56%) of people sentenced for stalking offences in 2015 or 2016 had been sentenced again (for any offence) within four years. One in 4 (25%) were sentenced for breach of a family violence safety notice (FVSN) or intervention order (FVIO), and almost 1 in 5 (18%) had been sentenced for a violent offence (Chalton et al. 2022) (see the **Glossary** for definitions). The Council also found that:

- Family violence-related stalking offenders were more likely to reoffend within four years than non-family violence-related offenders, except in the case of reoffences involving breach of a personal safety intervention order (PSIO)
- Male stalking offenders were more likely to reoffend within four years than female stalking offenders, except in the case of reoffences involving breach of a PSIO (Chalton et al. 2022) (Figure 3).

Multiple behaviours can occur within one stalking episode and over an extended time period. It is unknown whether the subsequent offences occurred as part of a stalking episode for the same victim or if they were perpetrated against the same or different victim. Please see the **Glossary** for definitions of FVSN, FVIO and PSIO.

Figure 3: Proportion of stalking offenders sentenced at least once within four years of an initial stalking sentence, by offence type and offender characteristics, Victoria

Online safety grants program

The Office of the eSafety Commissioner is an independent government agency committed to safeguarding people at risk of online harms and promoting safe and positive online experiences. The agency leads various online safety grant programs in response to TFA, such as the Preventing Tech-based Abuse of Women Grants Program (2023-2028) that funds initiatives with the goal of preventing gender-based TFA (eSafety Commissioner 2023b).

What are the impacts of stalking?

There is a lack of national data on the impacts of stalking, but existing research suggests that stalking behaviours contribute to negative outcomes in physical health, mental health, social life, economic and financial circumstances, and even death. Please refer to the **Health outcomes**, **Economic and financial impacts** and **Domestic homicide** topic

pages for more information on impacts and outcomes of family, domestic and sexual violence.

Health impacts

Stalking is associated with harmful effects on the victim-survivor's physical health, such as escalating to physical and sexual violence, excessive fatigue, chronic sleep disturbance and disturbances to appetite (McEwan et al. 2007; Pathé and Mullen 1997; Dreßing et al. 2020).

Stalking can also contribute to a deterioration in the victim-survivor's mental health, and these impacts are often complex and long-lasting (Korkodeilou 2016). They can include increased levels of anxiety, overwhelming sense of powerlessness, depressive disorders, post-traumatic stress disorder, and suicidal ideation or attempted suicide (Pathé and Mullen 1997; Dreßing et al. 2020).

Disruptions to social life

Stalking can also lead to disruptions to the victim-survivor's social life. Victim-survivors may restrict social outings, avoid certain places or people, change contact details, change or cease employment, or even relocate to a new home, which commonly contribute to isolation from social circles (Pathé and Mullen 1997; McEwan et al. 2007; Korkodeilou 2016). Strains on interpersonal relationships can also occur when victim-survivors develop trust issues as a result of stalking or feel they are not taken seriously or supported by people around them (Korkodeilou 2016).

Economic and financial burden

Other than the cost of relocating and changing or ceasing employment, stalking can contribute to economic and financial burden through reducing the productivity of the victim-survivor and people known to the victim-survivor, legal costs, health treatment costs, and costs of security devices like CCTV cameras and panic alarms (Dreßing et al. 2020; Pathé and Mullen 1997; Korkodeilou 2016).

Homicide

A report on intimate partner violence homicides published by ANROWS found that 2 in 5 (42%) female victims in intimate partner homicide had been stalked by the male perpetrator (ADFVDRN and ANROWS 2022).

Has it changed over time?

The PSS shows that the 12-month prevalence rate of stalking for women was similar between 2021–22 (3.4% or 338,000) and 2016 (3.1% or 228,000) (ABS 2023; ABS 2017). Data on changes over time for men is excluded here due to sampling errors impacting data reliability (ABS 2017).

Offender rate for FDV-related stalking has increased for men and women

Meanwhile, the ABS Recorded Crime – Offenders data collection recorded an increase in the offender rate for FDV-related stalking:

- For men, the offender rate increased from 38 per 100,000 males in 2019–20 to 49 per 100,000 males in 2022–23.
- For women, the offender rate increased from 6.1 per 100,000 females in 2019–20 to 9.9 per 100,000 females in 2022–23 (ABS 2024a).

Impacts of COVID-19

There is limited national data on the impacts of COVID-19 on the extent and nature of stalking and surveillance; however, some data for Victoria are available. In Victoria, the number of police-recorded stalking offences increased by 17% from 2019 to 2020, with a noticeable shift from in-person to online stalking behaviours during COVID-19. The number of stalking offences sentenced in this period decreased, while the imprisonment rate for stalking charges almost doubled. This is largely due to courts prioritising cases where a defendant was either on remand or likely to receive imprisonment during the pandemic (Chalton et al. 2022).

Is it the same for everyone?

Some population groups may be more affected by stalking and surveillance due to unique, and in some cases, multiple forms of disadvantage and discrimination. There is currently a lack of data on how different population groups experience stalking and surveillance; however, these data are important for understanding how the extent and nature of abuse can vary, and strengthening responses for groups at higher risk.

For information on the experiences of FDSV among specific population groups more broadly, see **Population groups**.

Related material

- Coercive control
- Domestic homicide
- Intimate partner violence
- Sexual violence
- Who uses violence?

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Modern slavery

Key findings

- In 2022–23, the Australian Federal Police (AFP) received more reports of modern slavery (about 340) than in any other reporting period.
- For each recorded victim-survivor of modern slavery in Australia there are estimated to be 4 undetected victim-survivors.
- Forced marriage has been the most reported form of modern slavery to the AFP in every year since 2015–16, with 90 reports in 2022–23.

Family, domestic and sexual violence include many forms of violence that cause lasting harm to people, including some that are considered forms of modern slavery. Modern slavery can involve violence, abuse and/or exploitation in family and domestic settings, for example, in cases of forced marriage and domestic servitude. This topic page presents the available data on forms of modern slavery that may be considered in this context.

What is modern slavery?

Modern slavery involves serious exploitation of people for personal or commercial gain (ASA 2022a). Modern slavery is an umbrella term used to collectively refer to human trafficking, slavery and slavery-like practices (AGD 2020).

Modern slavery can include:

- slavery
- human trafficking
- forced labour
- servitude
- sexual exploitation
- debt bondage
- forced marriage
- deceptive recruitment
- the worst forms of child labour (see Box 1 for full definitions) (AGD n.d.b).

Each of these practices is distinct but similar in that they involve a person's personal freedom and autonomy being taken away and threatened through coercion, deception and/or force and are criminal offences in Australia. Many of these practices are also defined individually in international law (JSCFADT 2017).

Box 1: Definitions of modern slavery practices

Slavery – Situations where individuals are owned by another person. This includes when ownership arises because of a debt or a contract made by a person. Slavery may include circumstances where someone buys or sells another person, uses a person or their labour in a substantially unrestricted manner, controls a person's movements, or makes a person work with little or no pay (AGD 2020).

Human trafficking – The physical movement of people across and within borders through coercion, deception and/or force for the purpose of exploiting them. In Australian law, any physical movement of a child for the purpose of exploitation is considered trafficking (AGD n.d.b).

Forced labour – Situations where a person is not free to stop working or not free to leave their place of work (AGD n.d.b).

Servitude – Forced labour in which a person's personal freedom related to other aspects of their life are also significantly restricted (AGD 2020).

Sexual exploitation and servitude – A form of forced labour where a person is coerced, deceived or forced to engage in sex work and/or are being held in captivity and subject to physical and sexual violence (Fergus 2005). The creation of child sexual abuse material can also be considered sexual exploitation (see **Child sexual abuse**).

Debt bondage – Situations where a person is working to repay a real or perceived debt that is excessive or impossible to repay. Debt bondage can lead to other modern slavery practices (AGD 2020).

Forced marriage – Where a person is married without freely and fully consenting. This may involve a person being forced to marry through threats, deception and/or coercion including psychological and emotional pressure and/or abuse, such as being made to feel they would bring shame on their family if they do not get married. A marriage is also considered forced when a person is incapable of understanding the implications of marriage or a marriage ceremony for reasons including age or mental capacity. Arranged marriages, where both parties provide ongoing consent to their marriage being organised by a third party or family members, are not considered forced marriage (AGD n.d.a).

Deceptive recruitment – Situations where a person is deceived about the type of work they will be doing, the length of their employment, and/or their living or working conditions including how much they will earn (AGD 2020).

The worst forms of child labour – Situations where children work in dangerous or unhealthy conditions that could result in the child becoming sick or injured or dying (AGD n.d.b).

Harmful practices such as sub-standard working conditions or underpayment of workers are not included in the definition of modern slavery. However, they may also be present in situations that involve modern slavery (AGD n.d.b).

Some forms of modern slavery can occur in domestic and family settings and involve family members and/or intimate partners.

What do we know about modern slavery?

Modern slavery is not restricted by borders as it can involve the movement of people between countries or exploitation of people online. Combatting modern slavery requires international collaboration between Australia and other countries (AGD 2020). For this reason and due to limited national data, global statistics and trends are discussed in this section (see Box 2).

It is difficult to estimate the prevalence of all forms of modern slavery. Estimates rely on recorded cases from support services, law enforcement agencies and/or surveys. Recorded cases are thought to be reduced due to both the difficulty in escaping modern slavery and barriers to reporting, such as mistrust in authorities and fear of persecution or deportation (Lyneham et al. 2019).

Box 2: Global estimates of modern slavery

Global estimates of modern slavery and discussions of global trends presented on this page are sourced from the *Global estimates of modern slavery – Forced labour and forced marriage* report developed by the International Labour Organization, Walk Free and the International Organization for Migration. These estimates and the report's findings are based on calculations and results derived from multiple sources. The principal sources included:

- nationally representative household surveys – 68 forced labour surveys and 75 forced marriage surveys
- Counter Trafficking Data Collaborative anonymised data on victims of trafficking.

Source: ILO et al. 2022.

In 2021, global estimates suggest there were about 49.6 million people in modern slavery on any given day, with:

- about 27.6 million in **forced labour** (including commercial sexual exploitation)
- about 22.0 million in **forced marriage** (ILO et al. 2022).

Compared with 2016, there has been a global increase in estimates for both forced labour (of 2.7 million) and forced marriage (of 6.6 million). This increase is thought to be, in part, due to the widespread socio-economic instability caused by the COVID-19 pandemic including greater unemployment, debts and poverty (ILO et al. 2022).

It is possible for people to experience multiple overlapping forms of modern slavery. For example, someone may be trafficked, be forced to marry and be subjected to forced labour (ILO et al. 2022).

All forms of modern slavery involve the exploitation of people who are at risk of being disadvantaged for a range of reasons including:

- discrimination and marginalisation, including gender inequality
- poverty, underemployment and unemployment
- displacement, including through natural disasters or conflict

- migration status
- insufficient legal protections
- lack of education, opportunities and access to resources (AGD 2020).

Forced labour and sexual exploitation

Of the estimated 27.6 million people in forced labour worldwide in 2021, there were about 11.8 million females and 15.8 million males:

- Over 1 in 5 (about 6.3 million) victim-survivors of forced labour were in forced commercial sexual exploitation.
- About 3.3 million children were victim-survivors of forced labour, of whom over half (52% or 1.7 million) were in commercial sexual exploitation.
- Most victim-survivors of forced commercial sexual exploitation were girls or women (78% or 4.9 million) (ILO et al. 2022).

People in forced labour, who were not involved in commercial sexual exploitation, were in sectors such as manufacturing, construction, agriculture and domestic work (ILO et al. 2022). Victim-survivors in these sectors, particularly in domestic work, may also experience physical and sexual violence (Moore 2019).

In Australia, cases of forced labour occur in similar sectors to those identified worldwide, including domestic work, the sex industry, agriculture and construction. Many of these industries rely on migrant workers who enter Australia on temporary visas and are particularly at risk of exploitation in forced labour. Some known cases of sexual exploitation in Australia have involved women that migrated to Australia, mainly from Asia, and to a lesser extent Eastern Europe and Africa, that were forced into commercial sex, and may have been deceived about working arrangements and/or manipulated through illegal drugs and inflated or unexpected debts. Known cases of domestic servitude in Australia mainly involve women. These cases have involved false promises of legitimate work or marriage and coercion through used or threatened violence, stolen identity documents, and/or restricted access to information and communication (US Department of State 2021; Walk Free 2023).

Forced marriage

Of the estimated 22.0 million people in forced marriages worldwide in 2021, there were about 14.9 million females and 7.1 million males, with over half (52%) of the women and about 1 in 6 (17%) of the men forced into marriage before the age of 18. Globally, among people who reported on the circumstances of their forced marriage:

- parents (73%) and other relatives (16%) were responsible for the majority of forced marriages
- more than half (53%) experienced emotional threats or verbal abuse and around 1 in 5 (19%) experienced physical or sexual violence and threats of violence to force them into marriage (ILO et al. 2022).

Among all forms of modern slavery, forced marriage is the most commonly investigated form in Australia (Lyneham and Bricknell 2018).

Forced marriage in Australia has been associated with socially conservative communities that value traditional and strict gender and behavioural norms. In such communities, any perceived 'difference' such as aspirations for independent living, disability, suspected promiscuity, or homosexuality has been found to increase risk of forced marriage. However, the practice is not restricted to any one community and is not limited to any particular cultural group, religion or ethnicity. Anyone can be a victim regardless of age, gender or sexual orientation (Lyneham and Bricknell 2018; AGD n.d.a).

Forced marriage can involve expectations for dowry (transfer of assets such as money typically from a bride's family to the bridegroom or their family) or other kinds of asset exchange that can be arranged in or outside Australia (SLCARC 2019). For a discussion of dowry and dowry abuse, see **People from culturally and linguistically diverse backgrounds**.

People in forced marriages are particularly at risk of family, domestic and sexual violence including, but not limited to, physical, sexual, psychological and financial abuse; forced pregnancies and/or termination of pregnancies; domestic servitude; restricted autonomy and freedom of movement; and loss of access to education and employment (Lyneham and Bricknell 2018; ILO et al. 2022).

As with other forms of modern slavery, data are limited in Australia. Barriers to reporting that are specific to forced marriage can include:

- reluctance to incriminate family members or themselves
- fear of retribution, shame and ostracism from family and community when reporting a forced marriage
- a lack of awareness or understanding of the seriousness of the crime and what the legal system and support services can do to help (for example, due to a disability)
- language barriers (FECCA 2019; Lyneham and Bricknell 2018).

Human trafficking

The United Nations Office on Drugs and Crime analysed official global statistics on human trafficking cases between 2016–2018 to understand patterns in human trafficking. This research found that the majority of human trafficking victim-survivors were trafficked for sexual exploitation (50%) or other forms of forced labour (38%) (such as domestic work, construction, and agriculture):

- Most detected victim-survivors were women (46%) or girls (19%). About 1 in 5 (20%) victim-survivors were men and about 1 in 6 (15%) were boys.
- Most women (77%) and girls (72%) were trafficked for sexual exploitation and most men (67%) and boys (66%) for other forms of forced labour (UNODC 2021).

In Australia, recorded cases of human trafficking have involved both trafficking of people to Australia from overseas for exploitation in forced labour, including sexual exploitation, and trafficking within Australia between locations (IDC 2021; US

Department of State 2021). Sex trafficking of migrant women account for the majority of prosecutions in Australia (CDPP n.d.; The Salvation Army 2017).

Support services for victim-survivors of modern slavery in Australia

Since 2004, the Support for Trafficked People Program (Support Program) has provided tailored support in Australia to victim-survivors and people at risk of modern slavery. The Support Program is delivered by the Australian Red Cross and meets victim–survivors' basic needs, including food, safe accommodation, and support for mental and physical health and well-being. Additional support specific to people who are in, or at risk of, a forced marriage is available. People are referred to the Support Program by the Australian Federal Police (AFP) (DSS 2020).

Victim-survivors of modern slavery may also be supported by other non-government organisations, through a range of services, for example family violence services, emergency relief services and/or services specialising in support for modern slavery. Specialist services can provide various types of support for people experiencing or at risk of modern slavery including:

- free and confidential legal, migration and referral services and advice, for example, from Anti-Slavery Australia for modern slavery in general and from My Blue Sky for forced marriage specifically (ASA 2022a, 2022b)
- accommodation, outreach support, case management and assistance to client families in countries of origin, which can be provided by The Salvation Army Safe House (The Salvation Army 2014).

What do the data tell us?

The AFP responds to and investigates reports of modern slavery in Australia. In 2022–23, there were 340 reports of modern slavery in Australia (AFP 2023). The five most reported crime types were:

- forced marriage (90 reports)
- sexual servitude (73)
- forced labour (43)
- trafficking in persons (38)
- exit trafficking (a person coercing, forcing or threatening another to leave Australia against their will) (30) (AFP 2023).

In 2020–21, of the 79 reports of forced marriage, about half (51%) involved people under the age of 18 and 70% related to marriage overseas. In response to almost 50% of the reports, disruption or intervention strategies were used that stopped the offence from occurring (AFP 2021a). There has not been a conviction for forced marriage since it became a criminal offence in 2013 (Lyneham and Bricknell 2018; Hildebrandt 2022).

For each recorded victim-survivor of **modern slavery** in Australia there are estimated to be 4 undetected victim-survivors

Recorded cases of modern slavery are likely to be an underestimate of the true prevalence of modern slavery in Australia (Lyneham et al. 2019).

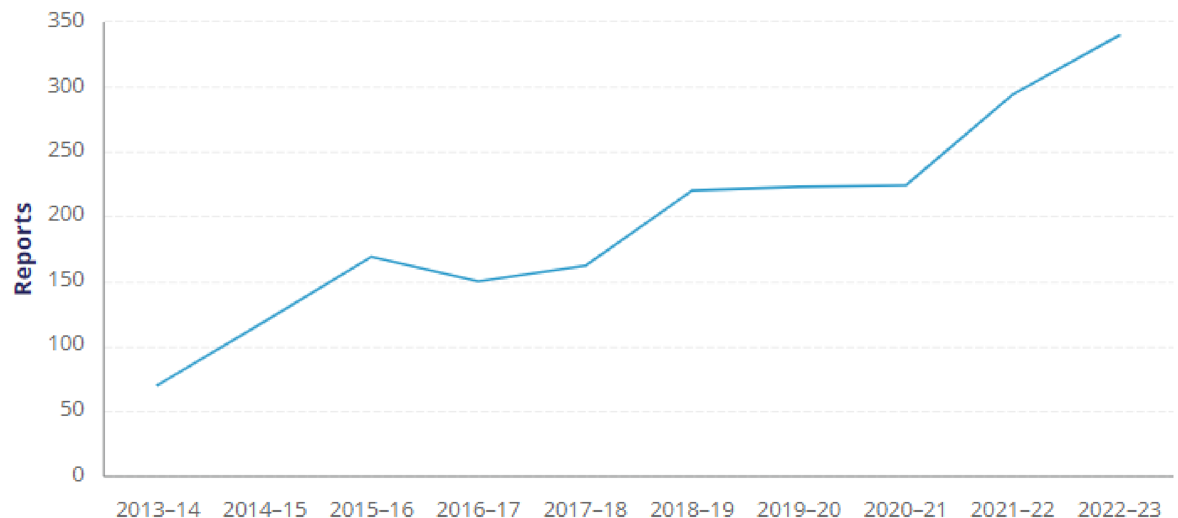
The Australian Institute of Criminology (AIC) and Walk Free used a statistical technique based on existing data to estimate how many cases might be going undetected. This estimate suggests that between July 2015 and June 2017 there were between 1,300 and 1,900 victim-survivors of modern slavery in Australia (on average, about 3.3 victim-survivors per 100,000 people per year). This suggests that for each recorded victim-survivor of modern slavery there are about 4 undetected victim-survivors (Lyneham et al. 2019).

Has modern slavery in Australia changed over time?

In 2022–23, the Australian Federal Police (AFP) received more reports of **modern slavery** (about 340) than in any other financial year

The number of reports of modern slavery that the AFP has received each year has generally increased over time, ranging from 70 in 2013–14 to 340 in 2022–23 (Figure 1). Increases in reports may be related to an increase in awareness and/or ease of reporting rather than changes in the true number of modern slavery cases in Australia.

Figure 1: Reports of possible modern slavery made to the AFP, 2013–14 to 2022–23



Source: AFP reports of human trafficking and slavery data | **Data source overview**

Forced marriage

has been the most reported form of **modern slavery** to the AFP in every year since 2015–16, with **90 reports** in 2022–23

Since forced marriage became a criminal offence in March 2013, reports to the AFP have generally increased, from 11 in 2013–14 to a high of 95 in 2018–19, with 90 in 2022–23. Since 2015–16, forced marriage has consistently been the most reported form of modern slavery in Australia (AFP 2021b, 2022b, 2023; IDC 2020, 2021).

Reports of other forms of modern slavery have varied year to year with the most reported types generally including sexual exploitation, labour exploitation and human trafficking (AFP 2021b, 2022b, 2023; IDC 2020, 2021).

What do data on support for victim–survivors of modern slavery show?

The majority of people who accessed the Support for Trafficked People Program between 2009 and 2019 identified as female (83% or 355)

Between 2009 and 2019, about 425 people were referred to the Support for Trafficked People Program (the Support Program) as victim-survivors of modern slavery and were provided with support, often over multiple calendar years. Among these people:

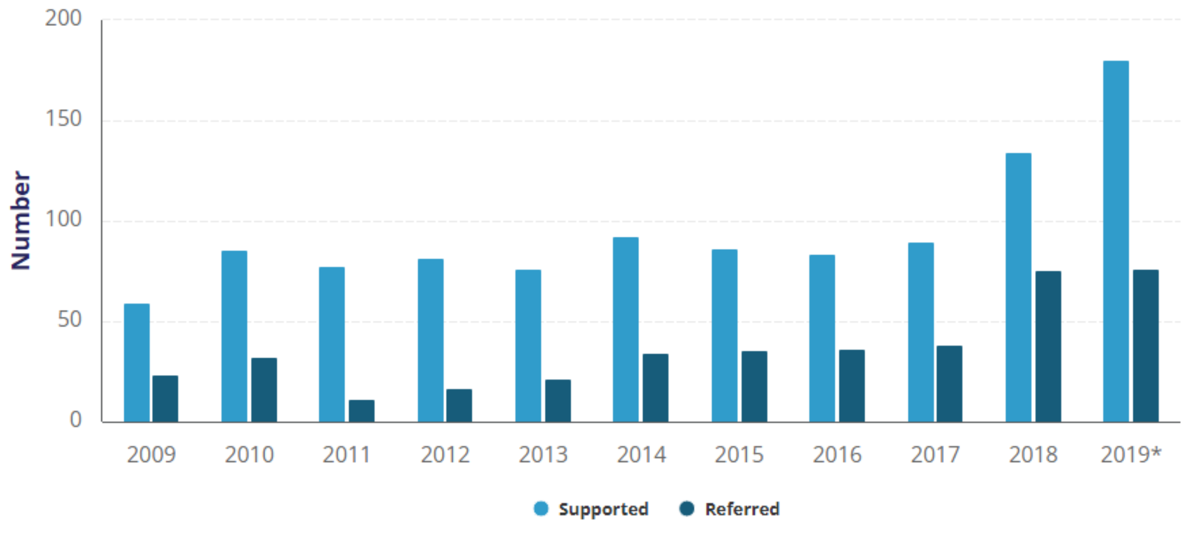
- about 4 in 5 (83% or 355) identified as female and about 1 in 5 (17% or 71) identified as male
- about 1 in 7 (14%) were under the age of 18
- there were individuals from 48 different countries, with the highest proportions identifying as Australian (14%), Thai (13%) or Malaysian (8.2%)
- the most common reasons for referral were sexual exploitation in commercial settings (30% or about 130), labour exploitation in commercial settings (27% or about 115) and forced marriage (25% or about 110) (Australian Red Cross 2019).

A higher proportion of people supported for forced marriage (about 110 people) compared with those supported for modern slavery (about 425) were:

- female (98% compared with 83%)
- from Australia (45% compared with 14%)
- under the age of 18 (44% compared with 14%) (Australian Red Cross 2019).

The number of people referred to, and supported by, the Support Program has generally increased over time, noting that a person is counted once in the calendar year they were referred and once in each year that they were supported. Since 2017, there has been a substantial increase in both people referred (from 38 people in 2017 to 75 in 2018 and 76 in 2019) and people supported (from 89 people in 2017 to about 135 in 2018 and 180 in 2019) (Figure 2).

Figure 2: People referred to and supported by the Support for Trafficked People Program, 2009–2019



*:Does not represent full calendar year

Source: Australian Red Cross Support for Trafficked People Program data | **Data source overview**

It is important to note that Support Program data only relate to people who have been able and willing to engage with the AFP, were referred to the Support Program by the AFP and consented to accessing support. It does not represent all individuals affected by modern slavery in Australia.

Help is available for any person experiencing, or at risk of, modern slavery, see **Find support**.

Related material

- Children and young people
- People from culturally and linguistically diverse backgrounds
- Sexual violence

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Responses

Actions taken after 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). These topic pages focus mainly on formal support due to data availability. The need for some of these supports could be viewed as an outcome of FDSV (e.g. hospitalisation) however are positioned as a response as the data relate to the events in which the service responds to the impact/outcome.

- Services responding to FDSV
- How do people respond to FDSV?
- Health services
- Helplines and related support services
- FDV reported to police
- Sexual assault reported to police
- Child protection
- Housing
- Legal systems
- Financial support and workplace responses
- Specialist perpetrator interventions
- FDSV workforce

Services responding to FDSV

A wide range of services work with victim-survivors, perpetrators and families when violence occurs. Timely and high quality information about these services helps us better understand the actions individuals and services take in the lead-up to violence, after violence has occurred and in the recovery process. Better data can also shed light on the outcomes achieved by those actions.

This page provides an overview of key concepts relating to services responding to FDSV, and discusses how they are used in the AIHW FSDV reporting. Some contributions from people with lived experience are also included on this page to deepen our understanding of how people interact with the service system.

Where do services fit?

Services responding to FDSV can be seen as part of a broader system of policies and initiatives that work to end violence, by engaging in activities from primary prevention through to recovery and healing (Figure 1).

Figure 1: Understanding the service system using a holistic approach

Note: Adapted from the *National Plan to End Violence against Women and Children 2022-2032*.

Source: DSS 2022.

The four focus areas in Figure 1 recognise that violence exists on a continuum, and ending violence requires a holistic and multi-sectoral approach:

- **Prevention** means stopping violence from occurring, by addressing its underlying drivers. This requires changing the social conditions that give rise to this violence, and reforming the institutions and systems that excuse, justify or even promote such violence.
- **Early intervention**, also known as 'secondary prevention', aims to identify and support individuals and families experiencing, or at risk of, violence to stop the violence from escalating, protect victim-survivors from harm and prevent violence from reoccurring.
- **Response** refers to efforts and programs used to address existing violence, for example services such as crisis risk assessment and safety planning, accommodation, counselling, financial, legal or medical assistance as well as police and justice responses, family law services and perpetrator interventions. Also known as 'tertiary prevention', these efforts aim to prevent the reoccurrence of violence by supporting victim-survivors and holding perpetrators of violence to account.
- **Recovery** refers to the ongoing process that aims to assist victim-survivors. Recovery services support victim-survivors to be safe, healthy and resilient, to have economic security, and to have post-traumatic growth. This support helps victim-survivors to recover from the financial, social, psychological and physical impacts of violence. Recovery helps to break the cycle of violence and reduce the risk of re-traumatisation. Recovery also relates to the broader rebuilding of a victim-survivor's life and ability to return to the workplace and community, obtain financial independence, and economic security.

What services are included in AIHW reporting?

For the AIHW FDSV reporting, the services in focus are those that engage directly with victim-survivors, perpetrators and families when FDSV has occurred. These services fall primarily under 'responses' in Figure 1, but may include activities that support victim-survivors in their recovery, or prevent violence from reoccurring (early intervention). Community-wide initiatives – that focus on prevention and early intervention – are not in scope for the AIHW FDSV reporting. Narrowing the scope of initiatives to those that engage individuals directly, enables us to adopt a person-centred approach to reporting on the FDSV service system. It also enables us to better understand the experiences of people engaging with services, so that we can build the evidence base around service use, which can improve service planning and delivery.

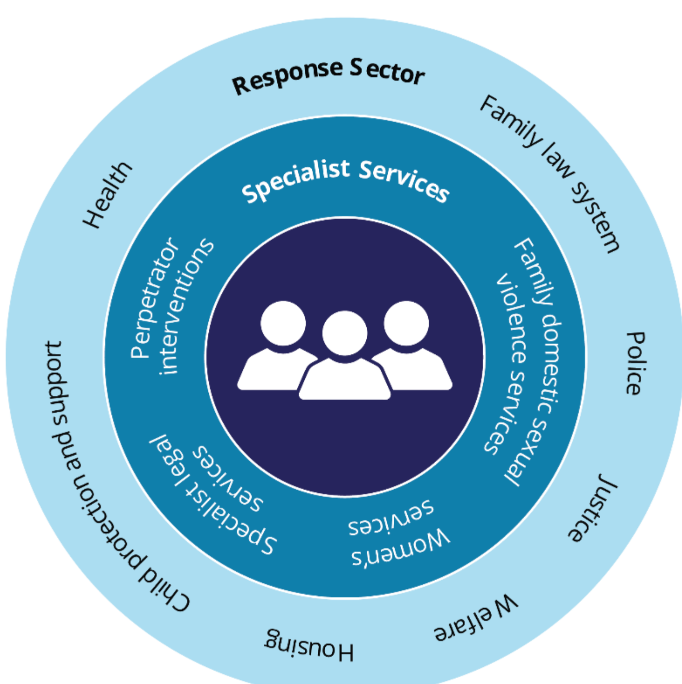
In Australia, primary prevention initiatives are currently being led by Our Watch, who work to embed gender equality and prevent violence where people in Australia live, learn, work and socialise. Our Watch also work to build the evidence base around primary prevention, by developing frameworks, academic papers and research and undertaking evaluations. This work complements the AIHW FDSV reporting, and more information can be found on the Our Watch website.

What are the different types of services responding to FDSV?

Services responding to FDSV are broad and span multiple sectors. In general, these services can be broken up into 'specialist' and 'mainstream' services (Figure 2):

- **Specialist FDSV services** are those that are specifically designed to assist people who experience or use FDSV. The services provided can vary, but in general, they assist and support victim-survivors, perpetrators, and others affected by FDSV, by providing short- and longer-term responses.
- **Mainstream services** refer to services available in the community that may be accessed by someone experiencing FDSV. These services may have a broader scope than FDSV, and can include health and welfare, and justice services.

Figure 2: Services responding to FDSV



Note: Adapted from the *National Plan to End Violence against Women and Children 2022-2032*.

Source: DSS 2022.

Every individual's pathway through the service system is unique. At different stages, a person may access both mainstream and/or specialist services depending on their needs.

Which services have you found most helpful?

'The referral service was incredibly helpful with information about creating a safety plan and giving me information on things I would need to do before I left, to ensure the safety of me and my son. They also recommended a good removalist who was sensitive to my needs and understood the danger we might be in. My GP was also essential in looking after my mental health during that really stressful period and beyond.'

Martina

WEAVERs Expert by Experience

'I undertook some creative art therapy with other victim-survivors, which was incredibly powerful and healing. With a friend of mine, who is also a victim-survivor, I developed a group for women who have experienced trauma, to create and write music. I have also been doing work for WEAVERS and have now been appointed to a government victim-survivor advisory council. I guess I have channelled my healing into practical ways to help others and hopefully raise awareness and increase prevention.'

Martina

WEAVERs Expert by Experience

Specialist FDSV services

Specialist FDSV services are specifically designed to assist people experiencing FDSV. In some cases, a single organisation may provide specialist FDSV services only, or specialist FDSV services along with other services (for example, alcohol and other drug treatment services).

Some examples are:

- specialist FDV crisis and/or longer-term support services (including perpetrator services and services dedicated to specific groups, such as Aboriginal and Torres Strait Islander people)
- specialist sexual violence crisis and/or longer-term support services
- specialist helplines/online services
- specialist family and domestic violence legal and/or court services.

Mainstream services

Mainstream services include a broad range of services available in the community to those who have experienced violence. Mainstream services can sometimes be separated into health and welfare services, and justice and legal services. This distinction can be useful for understanding the different pathways that an individual might take through the service system. It also recognises that justice and legal processes may be different from processes used in health and welfare services, as they operate within legislative frameworks.

Table 1: Mainstream services

Health and welfare services	Justice and legal services
• Housing services, specialist homelessness services • Child protection services • Child and family health services, family and relationship services • Government crisis payments • Hospitals (admitted patient care, emergency care, outpatient care) ambulance services, primary health care • Perinatal/antenatal health • Mental health services, alcohol and other drug treatment services • Disability services • Financial counselling services • Immigration/settlement services	• Courts, including court advocacy • Correctional services • Legal assistance services

What does it mean to feel supported by services?

'I think services should be more flexible in how we can engage, letting us set the pace of our work and letting us choose what we want to work on. We know our situations best and are the wisest in finding out own solutions to move forward.'

Anonymous

WEAVERs Expert by Experience

What data are available?

National data are available to report on the FDSV service system across these key areas:

- child protection
- specialist homelessness services
- health services
- police
- legal responses
- helplines.

While these data provide valuable insight into patterns in service use, it is important to acknowledge that a large proportion of people who experience FDSV may not disclose

violence to anyone, and may not come into contact with services. According to the 2021-22 Australian Bureau of Statistics (ABS) Personal Safety Survey, many people did not seek advice or support following an incident of partner violence. Of those who had experienced physical and/or sexual violence from a previous cohabiting partner, almost 2 in 5 women (37% or 574,000) and 2 in 5 men (39% or 166,000) did not seek advice or support from anyone. Further, support and advice was more likely to be sought from a family member or a friend than from any formal services – almost 1 in 2 women (45%, or 682,000) and 1 in 2 men (51% or 218,000*) who had experienced violence from a previous partner sought advice or support from a friend or other family member (ABS 2023).

The data available on FDSV services are only part of the picture, and should be brought together with other sources (such as prevalence surveys) to build a more comprehensive understanding of FDSV. For more information, see **How are national data used to answer questions about FDSV?**.

Data sources for measuring services responding to FDSV

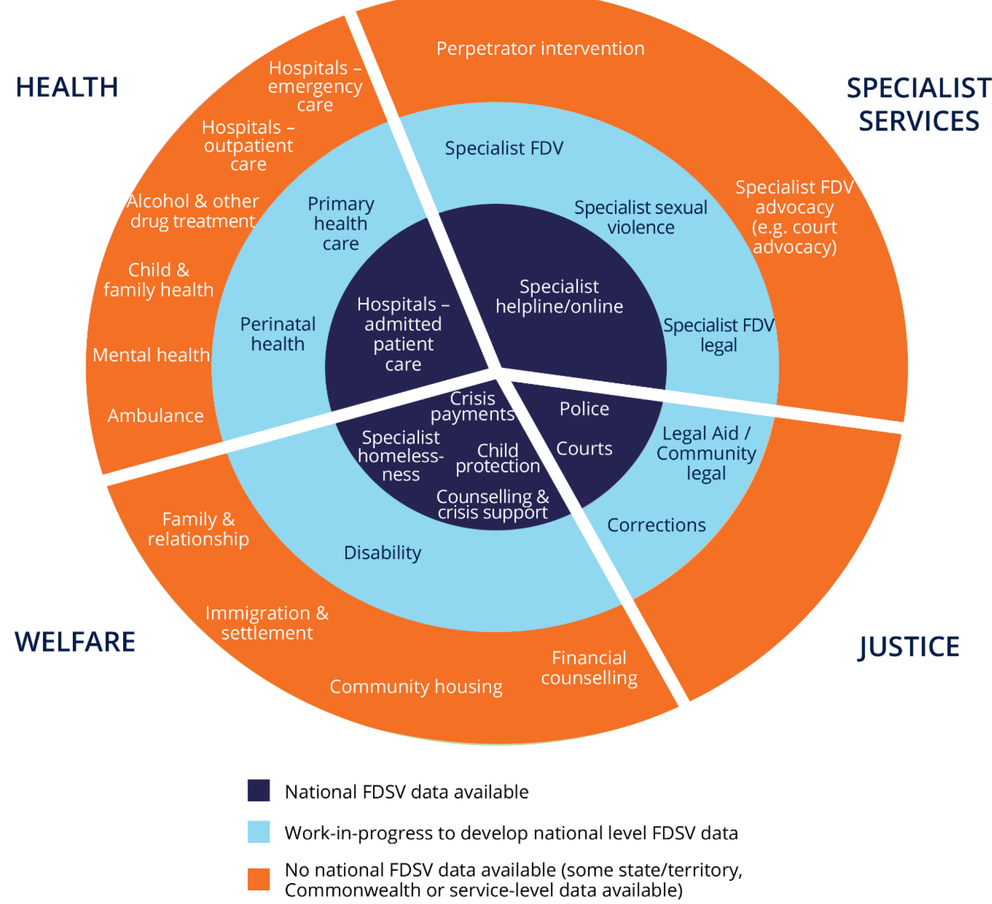
- ABS Criminal Courts
- ABS Recorded Crime, Victims
- ABS Recorded Crime, Offenders
- AIHW Child Protection
- AIHW National Hospital Morbidity Database
- AIHW Specialist Homelessness Services Collection
- Department of Social Services – 1800RESPECT
- Services Australia customer data – Crisis payments

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

Data gaps and development opportunities

There are many areas within the FDSV service system where data gaps remain. Figure 3 shows where national data are currently available, where the gaps are, and where some work is underway to develop national FDSV data.

Figure 3: FDSV data availability across services



Further, there is currently limited national data about:

- service quality and client experiences
- service outcomes
- service integration.

Improved service data can be used to improve response strategies. However, service data can only relate to those people using the services and cannot answer questions about the level of unmet demand or barriers to access. While data on specialist FDSV services are limited, however work is currently underway to develop a prototype specialist crisis FDV services data collection. For more information about this work, and about data gaps and development across FDSV more broadly, see **Key information gaps and development activities**.

Related material

- How are national data used to answer questions about FDSV?
- Policy context and international context

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How do people respond to FDSV?

Key findings

- Based on 2021–22 PSS data, 2 in 5 women and 2 in 5 men did not seek advice or support for violence from a previous partner
- Friends or family are the most common source of support for those who have experienced partner violence or sexual assault
- Fewer than 1 in 5 (18%) people in 2022 who were sexually harassed at work lodged a formal report or complaint

Actions taken in response to family, domestic and sexual violence (FDSV) 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 topic page provides a broad overview of help-seeking behaviour in response to FDSV. While the reporting focuses on national quantitative data, some contributions from people with lived experience are included on this page to deepen our understanding of how people respond.

Information about specific formal support provision is provided in related topics, see **Responses**.

What do we know?

There are many formal and informal supports that may be used by people who experience FDSV, including family and friends, health professionals and helplines. Support may be in the form of crisis or post-crisis responses and there are multiple entry points for victim-survivors to access support. Entry points may vary depending on victim-survivors' personal help-seeking needs or goals at different times, and awareness and availability of support services in their area.

However, FDSV frequently occurs behind closed doors and is often concealed by, and denied by, their perpetrators and sometimes by their victims (AIHW 2019). Intimate partner sexual violence, in particular, is under-reported and often not disclosed (Backhouse and Toivonen 2018). For victim-survivors of sexual or psychological forms of abuse, it may be more difficult for them to identify the behaviour as abuse and seek support (Hegarty et al. 2022).

The burden of responsibility to disclose violence often falls on the victim-survivor and this can be a key barrier to seeking support.

Disclosure

When deciding whether to disclose violence, victim-survivors make judgements about whether it is safe to do so. Spangaro et al. (2011) identified three dimensions of safety

that may be considered by women deciding whether to disclose intimate partner violence: safety from the perpetrator, safety from shame and safety from institutional control (for example, having no control regarding involvement with statutory child protection services).

The reasons victim-survivors don't disclose violence include:

- fear of making the violence worse or other consequences (including involvement of child protection and other social services)
- concerns they won't be believed or will be judged or criticised
- believing that they are to blame for the abuse or feeling shame and embarrassment
- concerns about confidentiality
- not recognising the behaviours as abusive
- dependency on the perpetrator, for example, for daily care
- perpetrator tactics of isolation and control (Backhouse and Toivonen 2018).

In a mixed-model study involving online surveys and qualitative interviews with over 1,100 victim-survivors of intimate partner and/or sexual violence, the three most common barriers to help-seeking that were identified were shame (63%), lack of awareness of services (62%) and concerns about confidentiality (50%) (Hegarty et al. 2022).

Disclosure of child abuse

Some of the challenges to disclosure for children are similar to those mentioned above (for example, feelings of fear, shame, embarrassment, concerns about not being believed, not recognising the behaviours as abusive). However, there are some specific challenges for children and young people when disclosing abuse. This includes not having the language skills to communicate the abuse, fear of upsetting their parents, lack of parental support and lack of confidence in adults and their ability to help (Alaggia et al. 2019, DCYJMA 2022, Esposito 2014).

See also **Children and young people** and **Child sexual abuse**.

With increasing awareness and understanding of FDSV in Australia, people may be more likely to identify and report violence and/or seek services (AIHW 2022).

Barriers to seeking formal support

In addition to the challenges of disclosing violence, barriers to seeking support include dependencies in the relationship for daily care or income, limited access to services, negative experiences with the police and legal systems and concerns about giving evidence against family members (Backhouse and Toivonen 2018; DSS 2022).

What are some of the challenges in getting help that people don't talk about?

'People don't talk enough about the enormous burden reaching out for help from services involves. It is so time consuming. Managing post separation abuse becomes a full-time job that you don't get paid for.'

Lily

WEAVERs Expert by Experience

In the mixed-model Hegarty et al. 2022 study described above, almost half (48%) of the participants said they could not get help when they needed it for relationship issues or sexual assault. Service-level barriers to receiving help included not being able to understand the terms used by the service workers, availability of appointments and the cost of services (Hegarty et al. 2022).

What was the main barrier for you in accessing support?

'The main barrier was finances and access to services. Violence doesn't occur only at convenient times, yet a lot of services were designed so that you could only access them at limited times in business hours. The services often assumed you weren't working, had access to unlimited childcare, and hours to come along and wait for assistance.'

Jasmine

WEAVERs Expert by Experience

The lack of services designed specifically for children and young people who experience family and sexual violence has been identified as a key issue in Australia (ANROWS 2016, FVRIM 2022, Royal Commission 2017). Disconnects between services that respond to family violence, including child protection and justice systems, has also been highlighted as a barrier to effective service provision (ANROWS 2016).

These barriers can be heightened for specific groups of people such as people living in regional and remote areas, women on temporary visas and women with disability. These are discussed further in **Is it the same for everyone?**.

To leave a violent relationship, victim-survivors also need safe and affordable housing, economic security and social support. The economic and financial impacts of violence can be substantial, and people may be faced with the choice between staying in a violent relationship and economic insecurity.

Strategies that can help to reduce some of the systemic barriers faced by victim-survivors include the provision of safe and affordable housing, social security supports such as crisis payments, social security payments and rent assistance, paid domestic and family violence leave and affordable childcare (DSS 2022). Some of these supports are discussed in further detail in **financial support and workplace responses**.

People who use violence

There is limited research on help-seeking behaviours of people who use intimate partner and/or sexual violence in Australia (Hegarty et al. 2022). The Hegarty et al. (2022) study included an online survey of around 560 people (mostly males) who used intimate partner and/or sexual violence against women. Of these participants, 74% had sought support about their behaviour, most often from a friend (45%).

Findings from the study indicate that people who use violence may also experience barriers to seeking support, including feelings of shame (41%) and issues with accessing services (35%). More than one-quarter (26%) of participants indicated the belief that violence is a normal part of a relationship and they didn't believe they needed to seek support (Hegarty et al. 2022).

What data are available to report on how people respond to FDSV?

Information on how people seek help can assist understanding and improvement of response strategies and provide information on the extent of under-reporting of family and domestic violence incidents in data collected as a by-product of service delivery.

Data from national surveys are available to show some of the actions taken when FDSV occurs, whether people sought support, the sources of support and the reasons for not seeking support.

Data sources for reporting on how people respond to FDSV

- ABS Personal Safety Survey
- AHRC national survey on sexual harassment in Australian workplaces
- National Student Safety Survey

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

What do the data tell us?

Data on advice or support (help) sought and received after incidents of FDSV are available from the ABS Personal Safety Survey (PSS). Data for experiences among men are only included where data are sufficiently statistically reliable.

People often do not seek advice or support for FDSV

2 in 5 women

2 in 5 men

in 2021–22 who had experienced **previous partner violence** since the age of 15 did not seek advice or support

The 2021–22 PSS showed that around:

- 1 in 2 (45%, or 78,100) women who had experienced physical and/or sexual violence from a **current partner** did not seek advice or support about the violence.
- 2 in 5 women (37% or 574,000) and 2 in 5 men (39% or 166,000) who had experienced physical and/or sexual violence from a **previous partner** did not seek advice or support about the violence (ABS 2023a).

The 2021–22 PSS collected detailed data from women about the most recent incident of sexual assault by a male that occurred in the last 10 years. Of the estimated 737,000 women who had experienced sexual assault by a male in the last 10 years, more than 2 in 5 (44%, or 324,000) did not seek advice or support after the most recent incident (ABS 2023b).

Friends or family are the most common source of support

Friends or family

are the most common source of support for those who have experienced partner violence

For women and men who did seek support following violence, the most common source of support was a friend or family member. The 2021–22 PSS showed that advice or support from a friend or family member was sought by around:

- 1 in 3 women (32%, or 56,100) who had experienced violence from a **current partner**
- 1 in 2 women (45%, or 682,000) and 1 in 2 men (51% or 218,000*) who had experienced violence from a **previous partner** (ABS 2023a).

Note that estimates marked with an asterisk (*) should be used with caution as they have a relative standard error between 25% and 50%.

In the 2021–22 PSS, 45% (331,000) of women who had experienced sexual assault by a male in the last 10 years had sought advice or support from a friend or family member after the most recent incident (ABS 2023b).

Police were not contacted for most incidents of partner violence or sexual violence

The 2021–22 PSS showed that people were unlikely to contact the police after physical and/or sexual violence from a partner.

The police were never contacted for violence that occurred among about:

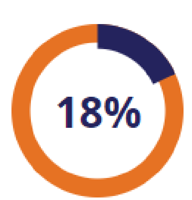
- 8 in 10 women (79% or 136,000) who experienced violence from a current partner
- 7 in 10 men (73% or 312,000) who experienced violence from a previous partner
- 7 in 10 women (68% or 1.0 million) who experienced violence from a previous partner (ABS 2023a).

In the 2021–22 PSS, 92% (or 680,000) of women who had experienced sexual assault by a male in the last 10 years said the police were not contacted about the most recent incident (ABS 2023b).

Patterns in police reporting – including time between incident and report – are discussed in more detail in **Sexual assault reported to police** and **FDV reported to 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).

Sexual harassment in the workplace often goes unreported



of respondents in 2022 who had been sexually harassed at work lodged a formal report or complaint

Data from the 2022 Survey on Sexual Harassment in Australian Workplaces show that over 1 in 3 (36%) people who experienced workplace sexual harassment sought support or advice in relation to the most recent incident. The majority of people did not seek support or advice. More than a quarter of people (27%) who did not seek support or advice did not do so because they thought it wasn't serious enough.

Fewer than 1 in 5 (18%) people who were sexually harassed lodged a formal report or complaint.

The most common reasons given for not reporting were that:

- 'it wasn't serious' (42%)
- 'it was easier to keep quiet' (38%)
- 'people would think they were over-reacting' (31%) (AHRC 2022).

Sexual assault and harassment at university often goes unreported

Data are available from the 2021 National Student Safety Survey (NSSS) to report on the experiences of sexual harassment at Australian universities. The NSSS was undertaken online from 6 September 2021 to 3 October 2021 with students from 38 Universities Australia member institutions. The in-scope population for the survey was students studying at Australian universities aged 18 years and over. Around 43,800 students participated in the survey for a completion rate of 11.6%. Due to the low response rate,

estimates from the survey may not be representative and should be interpreted with caution (Heywood et al. 2022).

According to the 2021 NSSS, sexual harassment is any unwelcome sexual advance, request for sexual favours or conduct of a sexual nature, in circumstances where a reasonable person would have anticipated the possibility that the person harassed would be offended, humiliated or intimidated.

Sexual assault is any unwanted sexual acts or sexual contact that happened in circumstances where a person was either forced, threatened, pressured, tricked, or no effort was made to check whether there was agreement to the act, including in circumstances where a person was asleep or affected by drugs or alcohol.

The data show that many students who had experienced sexual harassment or assault at university did not seek support or assistance:

- only 1 in 6 (17%) reported seeking support from within their university for sexual harassment and 1 in 4 (26%) for sexual assault
- less than two-thirds (62%) reported seeking support from outside the university for sexual harassment and 66% for sexual assault (Heywood et al. 2022).

A large proportion of sexual harassment and assault at university went unreported:

- 97% of respondents who were sexually harassed did not make a formal report or complaint to their university.
- 94% of respondents who were sexually assaulted did not make a report or complaint for the incident having most impact (Heywood et al. 2022).

When asked about reasons for non-report, the 3 most common reasons given by both those who were sexually assaulted and those who were sexually harassed were the same: they did not think they needed help, they did not think others would think it was serious enough, or they thought the incident would be too hard to prove. Many students also indicated systemic reasons for their non-report, such as thinking the issue would not be kept confidential, not knowing who to report or complain to, or being worried about the effect of reporting on their studies or career opportunities (Heywood et al. 2022).

People who seek support may not disclose the identity of perpetrators

Data from services can be used to report on people who seek formal support. Data are available from services operating across a range of sectors – such as health services, helplines, housing, police – to report on FDSV, either when the violence is disclosed or detected. However, even when people interact with services, they may be reluctant to disclose information about perpetrators.

Admitted patient care data can be used to show the number of people admitted to hospitals with injuries from assault. While these data show that a high proportion of

assault hospitalisations are FDV-related (see **Health services** for more information), a proportion of perpetrators are not specified.

Analysis of linked data, using the National Integrated Health Services Information Analysis Asset (NIHSI AA) can be used to show patterns in hospital stays among those who had an FDV-related hospital stay, and this information can indicate how identification of perpetrators has changed over time (Box 1).

Box 1: AIHW analysis of NIHSI data

An AIHW analysis used linked data to examine FDV hospital stays from 2010–11 to 2017–18. These data can be used to show patterns and outcomes for a 'FDV group'. The FDV group is anyone who had a FDV stay from 2010–11 to 2017–18 (but analysis includes stays that occurred in 2018–19) (AIHW 2021). FDV includes sexual assault where the perpetrator is spouse/domestic partner/parent or other family member. It does not include sexual assault committed by other perpetrators, such as strangers.

Over this period, there were around 34,400 hospital stays due to FDV. The number of people who had their 'first' FDV hospital stay steadily increased each year and was 32% higher in 2017–18 compared with 2010–11. However, some people may have had their first stay prior to this period. The increase in 'first' FDV hospital stays, and the increase in FDV hospital stays overall may be due to:

- increased disclosure of FDV in hospitals (as a result of increased awareness and/or changes in attitudes), and/or
- increased identification of FDV by health professionals (for example, through screening tools and/or increased training and awareness) and/or
- increased prevalence in FDV assault requiring hospitalisation (AIHW 2021).

This is supported by the data which showed a proportional decrease in 'other' assaults (i.e. assaults where no perpetrator was specified) over the analysis period. This suggests that 'other' assaults may have proportionally decreased due to increased identification of FDV assault (i.e. an increase in identification of an FDV defined perpetrator). It is also possible that some of the increase in FDV hospital stays overall is due to increased FDV events requiring hospitalisation.

See **Health services** for more information on how people use health services when violence occurs.

What services are most helpful?

While there are currently no national data to report on service experiences, findings from qualitative research conducted by Australia's National Research Organisation for Women's Safety (ANROWS) are available to look at the expectations of services for people who experience intimate partner and/or sexual violence (Box 2) and 'what works' for victim-survivors of sexual violence (Box 3).

Box 2: Expectations of services for people who experience intimate partner and/or sexual violence

Qualitative information sourced from the Hegarty et al. (2022) study indicated the practical and emotional support victim-survivors and perpetrators of intimate partner and/or sexual violence said they needed from services.

Responses from victim-survivors were grouped into five themes:

- To be taken seriously – to be heard and believed
- For services to have adequate resources to provide the support needed when it is needed
- For services to provide ongoing support and case management
- For services to recognise the person as an individual, with differing experiences of violence and support needs
- For services to address the perpetrator's behaviour (including legal and police action and therapeutic responses).

People who used intimate partner and/or sexual violence most valued services that helped them learn new ways to deal with relationship problems (92%) and made them feel listened to (92%).

The authors provided a range of recommendations for improvements across service responses including the need to: recognise the impact on children and offer accessible support for them; provide ongoing, flexible and tailored support; balance empathy with accountability and provide ongoing support for people who use intimate partner and/or sexual violence (Hegarty et al. 2022).

Box 3: What works for victim-survivors

In 2022, ANROWS published findings from a systematic review of crisis responses to sexual violence. The aim of the review was to provide an overview of the state of the evidence from high-income countries of existing systematic reviews in relation to the effectiveness of crisis and post-crisis interventions for victim-survivors of sexual violence (Coates et al 2022).

The most commonly evaluated interventions were:

- sexual assault response teams (SARTs) – multidisciplinary interventions that bring together professionals who respond to sexual assault across legal, medical, counselling and advocacy sectors to increase collaboration and improve responses for victim-survivors
- sexual assault nurse examiner (SANE) programs – nurses with specialist training who provide specialised healthcare and forensic examination to victim-survivors of sexual assault. SANEs also provide medical testimony and consultation to legal authorities in sexual assault cases (Coates et al 2022).

Reviews commonly assessed crisis responses for improvements in collaboration, criminal justice outcomes, increased referrals and victim-survivors' experiences of care. While there is emerging evidence that these interventions are effective across all of these outcomes, the evidence base is limited and the quality of the evidence overall poor (Coates et al 2022).

Key factors associated with effectiveness or acceptability of crisis responses were:

- the degree of participation and quality of relationships between medical and legal representatives within SARTs
- appropriate resourcing of SARTs
- the relationship between health workers, including counsellors, and victim-survivors.

Factors associated with effectiveness for post-crisis responses were:

- the individual and tailored delivery of interventions
- the informal support available to victim-survivors
- treatment duration and timing, the availability of specialist training in sexual violence for frontline providers
- the victim-survivors' relationship with the counsellor delivering the intervention.

The research highlighted that a key area for future research is the improved collection of data from victim-survivors to enhance evidence about service use (Coates et al 2022).

For more information, see What Works to reduce and respond to violence against women.

People with lived experience also report a wide range of services and therapies that have been most helpful for them.

Which types of services have been most helpful?

'Refuge was the most helpful for me. Being able to physically escape to a safe place really helped my journey. Even though I did go back a few times before finally completely leaving, the initial refuge planted seeds which formed the foundation and grew into confidence to leave. Through refuge, I saw what stability was like, discovered my independence and built on my relationship with my child – all things I couldn't do while living with a perpetrator of violence.'

Kelly

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'The legal service I contacted through a telephone line was amazing and really helped me with practical information around the law and my rights in relation to intervention orders and finding a good lawyer.'

Martina

WEAVERs Expert by Experience

Other stories from people with lived experience are reported in **Services responding to FDSV**.

Activities that support healing and recovery

Healing and recovery can be lifelong, and can involve a range of activities outside formal support systems. Healing and recovery is also unique for each person, and people with lived experience report a range of different approaches.

What has been most helpful in your healing and recovery?

'The most helpful thing for me has been working as an expert with lived experience. Being able to share my story and experience in a professional setting while having the hope of making a difference to other people has been the most rewarding and healing thing I've done. It's built up a confidence I've never had before and helped shape my career and life for the better. We are empowered, guided, and encouraged as professionals, which I feel really works on that inner confidence that is often destroyed by perpetrators of family violence.'

Kelly

WEAVERs Expert by Experience

Is it the same for everyone?

Additional barriers to help-seeking for population groups

There are limited national data to understand how actions taken after FDSV vary across population groups. However, research shows that there can be additional barriers to help seeking, which can intersect in different ways for individuals. For example:

- Children are particularly at risk from adult perpetrators on whom they are dependent, have an emotional attachment to or view as an authority figure. Perpetrators of child sexual abuse can use grooming and other tactics to establish an emotional connection and build trust with the child or young person. Such attachments can make it more difficult for children to disclose violence (Royal Commission 2017).

  For children who are physically dependent on others for intimate personal care, it can be particularly challenging to determine the difference between intimate personal care and sexual abuse (Royal Commission 2017). As noted previously, children may experience specific challenges when disclosing violence or seeking support.

- People with disability may be more reliant on partners, family members or other carers for assistance and support. Fear that disclosure of abuse will put these relationships at risk and result in the loss of support and assistance can prevent people with disability seeking support (FVRIM 2022).

  Women with physical disabilities may not be able to physically access support services and women with communication difficulties may not be able to convey their story to workers (Breckenridge et al. 2015).

- People living in regional and remote areas may experience geographical and social isolation from support networks and limited access to services, particularly specialist services and crisis and long-term accommodation (Backhouse and Toivonen 2018). Victim-survivors in small communities may be reluctant to disclose family violence to a person known to them and/or the perpetrator (FVRIM 2022).
- Aboriginal and Torres Strait Islander (First Nations) women, children and communities may be less likely to disclose violence due to experiences of racism and a fear of losing children through the involvement of the child protection system (FVRIM 2022). For First Nations women in remote communities, concerns about confidentiality within tight family and community networks are heightened and they may need to travel long distances to seek support or rely on phone support (Backhouse and Toivonen 2018). Further discussion about specific barriers to First Nations women seeking support are reported in **Aboriginal and Torres Strait Islander people**.
- Women on a temporary visa may be dependent on a violent partner for residency and may not disclose violence due to the fear they may be deported. Conditions of temporary visas can result in social isolation due to, for example, restrictions to accessing employment, social security, housing and health care. These women, particularly those who speak languages other than English, may also experience challenges with communication and accessing information about their rights in complex matters relating to family violence, family law and immigration (Vaughan et al 2016).

Related material

- Health services
- Helplines and related support services
- FDV reported to police
- Sexual assault reported to police
- Housing
- Legal systems

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Health services

Key findings

In 2021–22:

- 9 in 10 hospitalisations for FDV-related injury by a partner were for females.
- Men were most likely to be hospitalised for a FDV-related injury by a family member other than their partner or parents
- With the exception of hospital admitted care, national data on other FDSV health service responses are very limited, although some data improvement work is underway.

Health services play an important role in responding to family, domestic and sexual violence (FDSV) (Garcia-Moreno et al. 2015). The 2021–22 ABS Personal Safety Survey (PSS) estimated that 1 in 5 women who experienced violence from a current partner sought advice or support from a general practitioner or other health professional (ABS 2023) (see **How do people respond to FDSV?**). It is also estimated that a full-time GP sees around five women per week who have experienced intimate partner violence in the last 12 months, representing an opportunity for early intervention and ongoing support (Roberts et al. 2006, as cited in RACGP 2022).

There are also financial costs, at both the health system and individual level. The health system cost associated with treating the effects of any violence against women was estimated to be at least $1.4 billion in 2015–16 (KPMG 2016). In addition, an analysis of the Australian Longitudinal Study on Women's Health found that:

- women with a history of intimate partner violence (IPV) have $48,413 higher lifetime health costs per person than women who do not experience IPV (William et al. 2022)
- the predicted average annual Medicare costs for women born in 1989–1995 who had experienced sexual violence were between $200 and $268 higher than for those who had not experienced sexual violence (Townsend et al. 2022)
- women born in 1989–1995 who had experienced sexual violence (22%) were more likely to have used at least one mental health consultation in 2018-19 when compared with women who had not experienced sexual violence (14%) (Townsend et al. 2022).

Examination of data on health service responses related to FDSV can provide insight on the use of different services, the extent and nature of violence experienced, and opportunities for intervention.

What do we know?

Australia's health services include a complex mix of service providers and health professionals that collectively work to meet the health care needs of people in Australia.

These services can assist victim-survivors and/or perpetrators of violence in a range of ways (Box 1).

Box 1: Health services responding to FDSV

Health services that respond to FDSV may include:

- primary care, including general practitioners (GPs) and community health services
- mental health services
- ambulance or emergency services
- alcohol and other drug treatment services
- hospitals (admitted patient care; emergency care; and outpatient care).

The type of interaction that victim-survivors and/or perpetrators have with these services will vary depending on the scope and aims of the service. Health services can assist in a range of ways including routine screening for domestic violence, risk assessment and safety planning, counselling, care and treatment for injuries due to FDSV, and first line responses, such as providing information and support.

To provide more holistic care for a person experiencing FDSV, some health services partner with other services to provide additional support in one physical location, for example health justice partnerships where health professionals and legal professionals work together at a hospital or health centre (AGD 2022).

Measuring health service use for FDSV

While each health service response has an important and different role to play, national service-level data on responses to FDSV are limited. Hospital records related to episodes of admitted care (hospitalisations) are the main nationally comparable data available, although some data related to FDSV responses in other health services are available in some states and territories. For this reason, national hospitalisation data from the AIHW National Hospital Morbidity Database are a focus of this topic page (for more information about this data source, please see **Data sources and technical notes**). However, information about other health services, such as primary care, including antenatal care, and ambulance services, are also discussed in the context of data development opportunities.

Even where service-level data related to FDSV are available, it is important to note that these data will not represent the complete picture as people may not always seek assistance, or when they do, they can be reluctant to disclose information related to violence involving a family member, or intimate partner. Additionally, personal accounts from service workers indicate a lack of resources and education may prevent adequate identification, treatment and documentation of victim-survivors engaging with health services (Cullen et al. 2022).

What do the data tell us?

Hospitals

Some people who experience family and domestic violence are admitted to hospital for treatment and care. The AIHW National Hospital Morbidity Database captures the number of cases admitted to hospital with an injury related to FDSV. Examining the number of hospitalisations for injuries related to FDV provides an indication of the demand for these services. However, these data do not include presentations to emergency departments and will relate to more severe (and mostly physical) experiences of family and domestic violence (FDV) (AIHW 2019; AIHW 2022a).

Box 2: How are FDV hospitalisations identified?

The 10th Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) is an international standard for coding of diseases and related health conditions developed by the World Health Organization (WHO). The Australian modification of the ICD-10 (ICD-10-AM) is used to classify episodes of hospital care including those where family, domestic and sexual violence is documented in the hospital record.

Coding captures a broad scope of injuries which could include physical, sexual and psychological abuse. FDV data are recorded using the following coding rules:

- a perpetrator coded as Spouse or domestic partner, Parent, or Other family member and,
- an injury principal diagnosis in the ICD-10-AM code range S00–T75, T79,
- a first recorded External causes of morbidity and mortality ICD-10-AM code in the range X85–Y09 (Assault).

Using this method there were 6,478 hospitalisations in 2021–22. If the method is expanded to include hospitalisations with FDV assault recorded as any external cause regardless of the principal diagnoses, then the number of hospitalisations increases by 25% (to 8,086). Of these 8,086 hospitalisations, 83% have a principal diagnosis related to injury and poisoning, and 5% have a principal diagnosis related to mental and behavioural disorders. Regardless of the method used, around 3 in 4 hospitalisations where FDV assault was documented were for females (AIHW 2023a).

Improvements in recording of perpetrator

Specific information about a perpetrator may not be available in assault hospitalisations 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.

Additionally, the perpetrator of assault was less likely to be specified for:

- male victims when compared with female victims; young or middle-aged adults when compared with children and older victims (AIHW 2021).

However, the proportion of assault hospitalisations with a specified perpetrator recorded has improved by almost 25 percentage points from 42% in 2002–03 when perpetrator coding was introduced, to 67% in 2021–22 (AIHW 2023a).

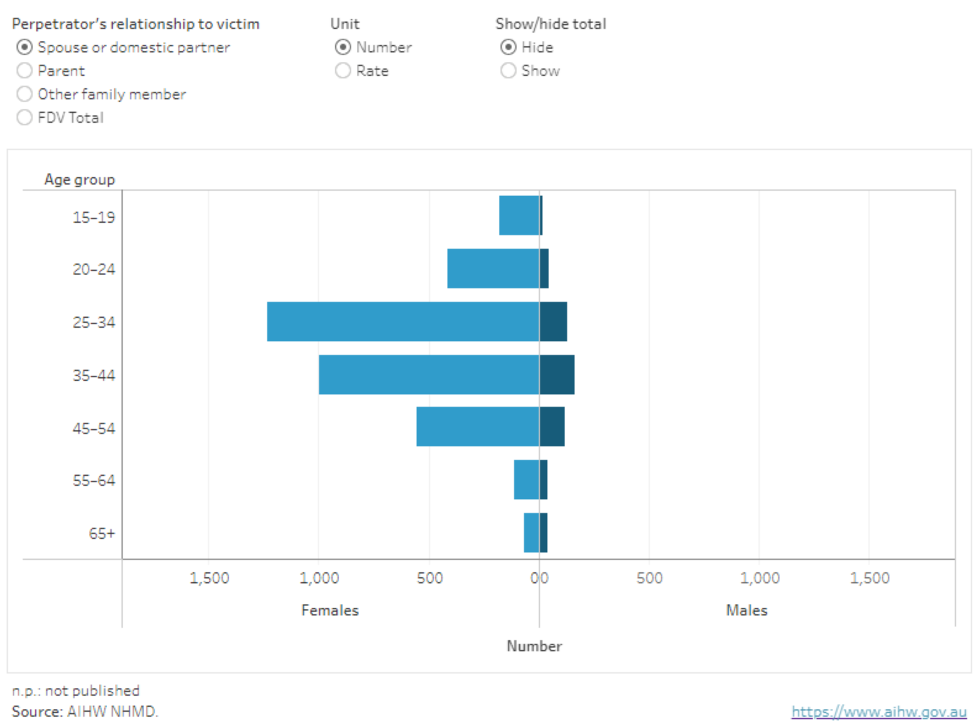
In 2021–22, **9 in 10 hospitalisations** for assault injury by a partner were for females

In 2021–22, 3 in 10 (32% or 6,500) assault hospitalisations were due to FDV. The overall rate of FDV hospitalisations was almost 3 times as high for females compared with males (Figure 1). Across all age groups, the number and rate of FDV hospitalisation were greater for females than males aged 15 and older.

Almost 9 in 10 (87%) hospitalisations due to injury from a spouse or domestic partner involved a female. Rates of hospitalisation where the perpetrator was a spouse or domestic partner were 6 times as high for females (33 per 100,000) than males (5.3 per 100,000) aged 15 and over.

These rates increased with age for younger females, peaking at age 25–34 (66 per 100,000), and then decreased with age to 2.8 per 100,000 for females aged 65 and over. Similarly, the rate of hospitalisations for assault by a spouse or partner increased with age for males, and was highest in 35–44 year olds (9.3 per 100,000), decreasing to 1.8 per 100,000 for males aged 65 or older (AIHW 2022a). See also **Young women**.

Figure 1: Family and domestic violence hospitalisations by relationship to perpetrator and age, 2019–20 to 2021–2022



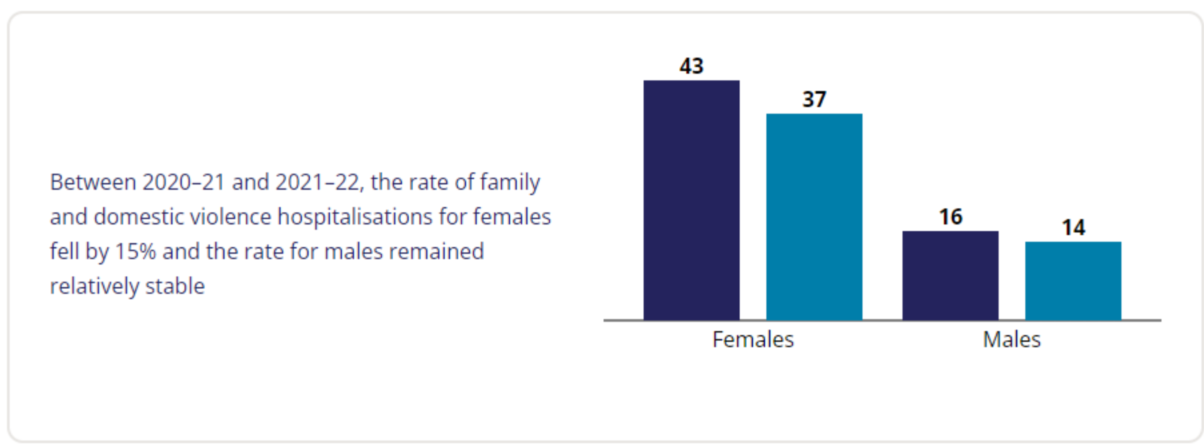
n.p.: not published
Source: AIHW NHMD.
https://www.aihw.gov.au

In 2021–22, men were more likely to be hospitalised for a family and domestic violence related assault injury by someone other than a partner or parent

In 2021–22, the majority (59%, or 930) of FDV hospitalisations for males aged 15 and over were for injuries from a family member other than their spouse or domestic partner or parent.

The rate of hospitalisations for males for assault by a family member (other than a partner or parent) was highest for 20–24 year olds (13 per 100,000), and decreased with age to 4.9 per 100,000 for males aged 65 years or older. The rate of females hospitalised for assault by other family members was highest for women aged 20–24 and 25–34 (each 12 per 100,000) and decreased with age to 4.1 per 100,000 for females aged 65 years or older (Figure 1).

Hospitalisations over time

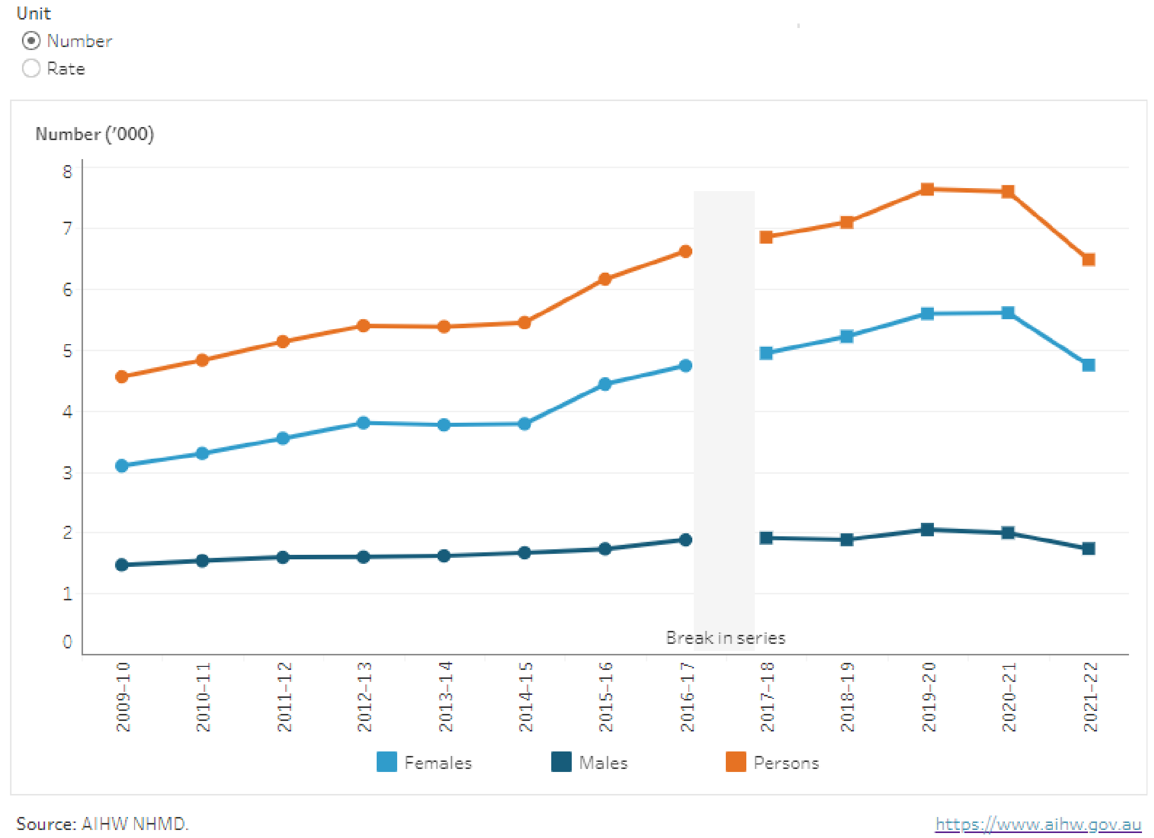


While examining hospitalisations over time can help to understand patterns of hospitalisations for FDV related cases, it does not represent the broader prevalence of FDSV across the population in Australia. Changes in hospitalisation rates may be due to changes in disclosure rates, changes in identification or recording of family and domestic violence by health professionals, and/or changes in family and domestic violence events requiring hospitalisation (AIHW 2022a).

Between 2020–21 and 2021–22 the rate of family and domestic violence hospitalisations for females decreased by 15% and the rate for males remained relatively stable. This is consistent with the data for all injury hospitalisations in 2021–22 – for information about the impact of COVID-19 restrictions on injury hospitalisations, see Injury in Australia. Characteristics of FDV-related injury hospitalisation in 2021–22 were relatively consistent when compared with 2020–21 (for example, the vast majority of hospitalisations were for females and most injuries were to the head) (AIHW 2023a).

For data relating to FDV-related injury hospitalisations during the COVID-19 pandemic, see **FDSV and COVID-19**.

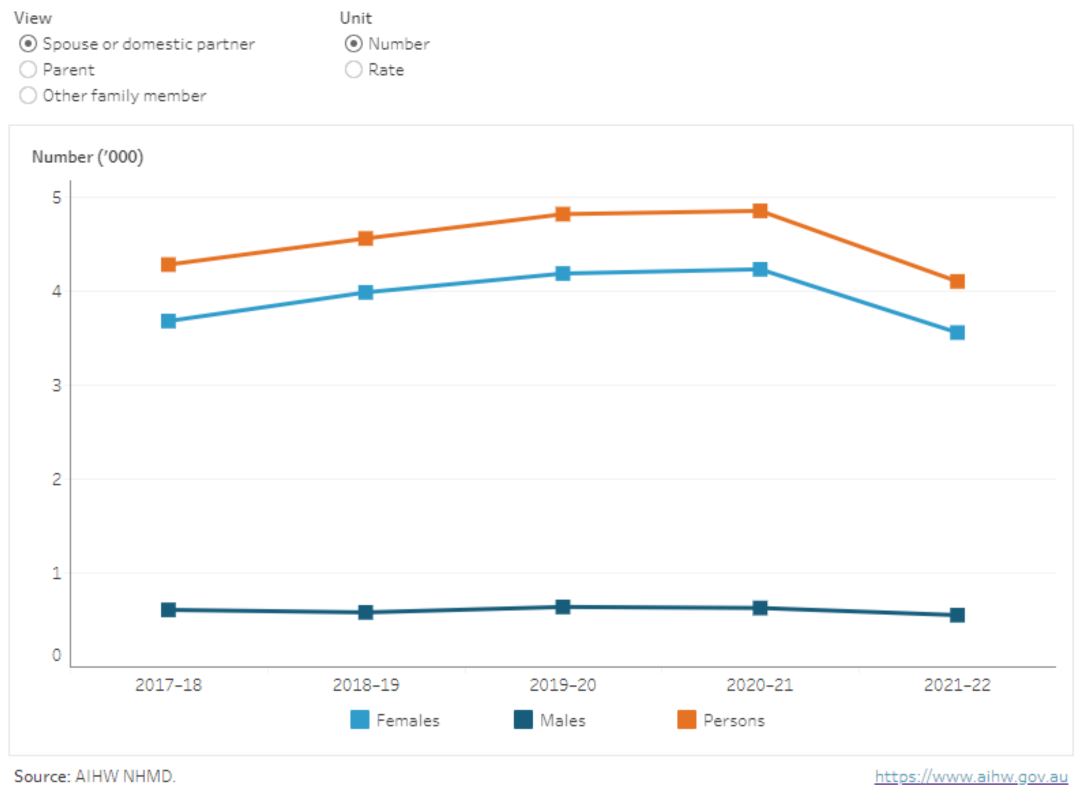
Figure 2: Family and domestic violence hospitalisations, by sex, 2009–10 to 2021–22



Source: AIHW NHMD. https://www.aihw.gov.au

The visualisation below allows users to explore the rate of family and domestic violence hospitalisations by relationship to perpetrator and sex, over time. Rates of hospitalisation where the perpetrator was a spouse or domestic partner were consistently around 6 times higher for females aged 15 years and over than for males (AIHW 2023a).

Figure 3: Family and domestic violence hospitalisations, by relationship to perpetrator, 2017–18 to 2021–22



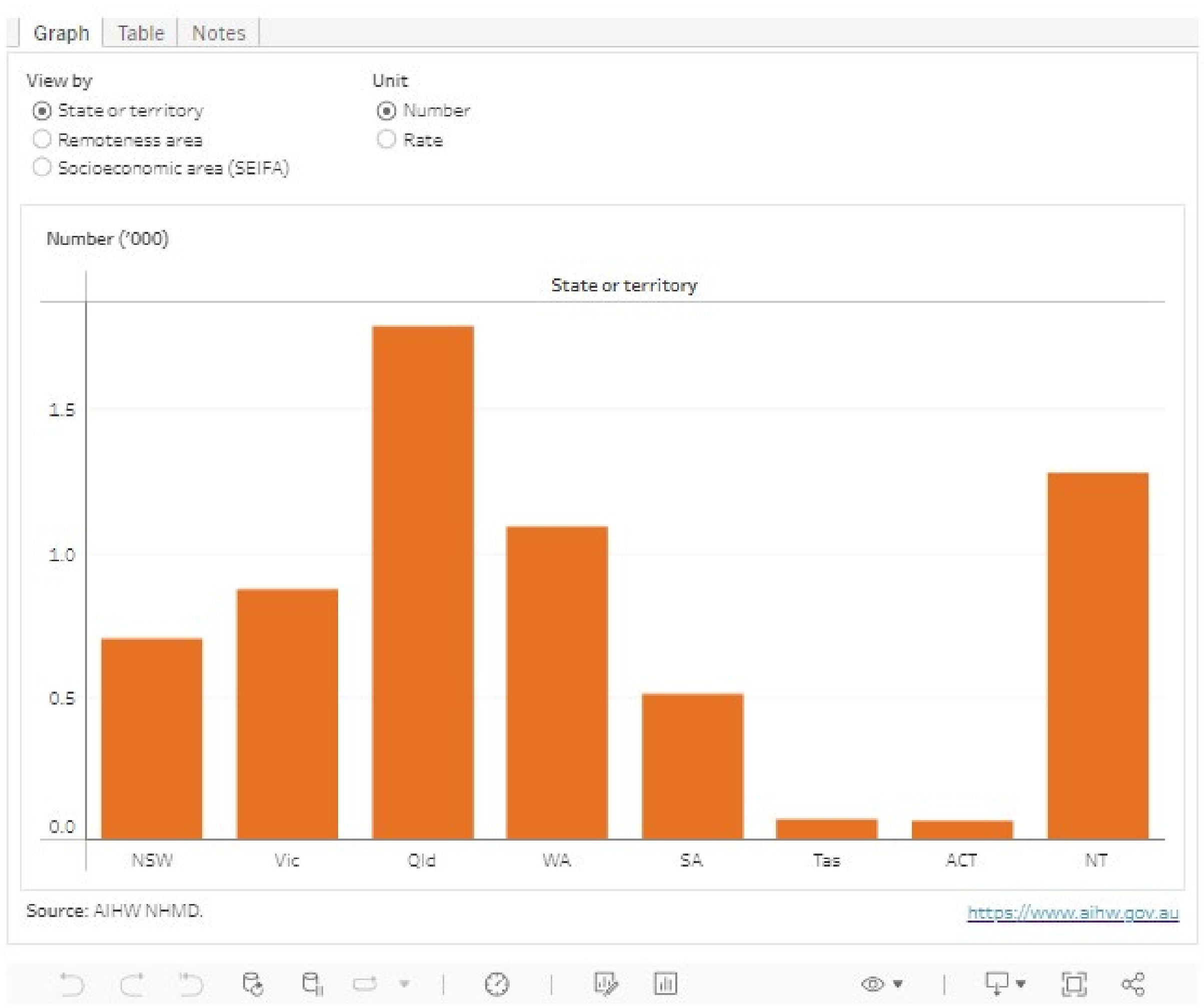
Is it the same for everyone?

Select population groups may be exposed to intersecting and unique challenges that impact rates of hospitalisation for FDV related injury. Investigating the prevalence of FDV in specific groups can be used to inform the development of more targeted and needs-based programs and services.

The visualisation below (Figure 4) allows users to explore the rate of family and domestic violence hospitalisations, by various population groups for which national data were available. In 2021–22, rates of family and domestic violence hospitalisations:

- were highest for those living in the Northern Territory
- increased with remoteness
- were highest for those in the most disadvantaged socioeconomic area compared with all other socioeconomic areas (AIHW 2023a).

Figure 4: Family and domestic violence hospitalisations, for select population groups, 2021–22



Rates of family and domestic violence hospitalisations were also higher for First Nations people than non-Indigenous people. See **Aboriginal and Torres Strait Islander people**.

For more information on specific groups see **Population groups**.

What else do we know about hospitalisations?

Hospitalisations for sexual assault

In 2021–22, there were 280 hospitalisations due to sexual assault (any perpetrator type). The vast majority of people hospitalised for sexual assault were female (93% or 260). Almost 3 in 10 (29%) people hospitalised for sexual assault were aged 25–34, followed by around 1 in 6 people aged 15–19 (17%), 20–24 (16%) and 35–44 (16%) (AIHW 2023a).

Of the 280 sexual assault hospitalisations, the most common perpetrator was an "Unspecified person" (27% or 76). Almost 1 in 4 (23%) females reported a "Spouse or

domestic partner" as the perpetrator while no males reported this category of perpetrator (AIHW 2023a).

The number of sexual assault hospitalisations was relatively stable between 2017–18 and 2021–22, with between 220 and 280 hospitalisations recorded each year. Each year from 2017–18 to 2021–22:

- females made up between 89–93% of sexual assault hospitalisations
- 25–34 year olds were the largest age group, ranging from 25–32% of sexual assault hospitalisation cases.

These data do not include any hospital activity in the emergency department or hospital outpatient units.

Analysis using linked data

The AIHW report, *Examination of hospital stays due to family and domestic violence 2010–11 to 2018–19* used linked data in the National Integrated Health Service Information Analysis Asset (NIHSI AA) to provide novel analysis of person-level, rather than episode-level data. In addition to providing hospital stay information at the person- level, through the use of linked records, the report also provided insight into emergency department presentations and subsequent deaths among the FDV cohort.

For the linkage report, an FDV hospital stay was defined as any hospital stay where FDV was identified anywhere within the record – that is, including information within *additional diagnoses*, and not limited to *principal diagnosis* information. A hospital stay within the report also refers to a continuous episode of care, which can include several hospitalisations.

The number of people who had an FDV hospital stay increased over time

The number of people who had their 'first' (first identified in the data) FDV hospital stay between 2010–11 and 2017–18 steadily increased each year, and was 32% higher in 2017–18 compared with 2010–11. However, some people may have had their first stay prior to this period. The total number of FDV hospital stays that occurred each year also increased over the same time period (up 50% by 2017–18) (AIHW 2021).

The increase in 'first' FDV hospital stays, and the increase in FDV hospital stays overall may be due to:

- increased disclosure of FDV in hospitals (as a result of increased awareness and/or changes in attitudes), and/or
- increased identification and recording of FDV by health professionals (for example, through screening tools and/or increased training and awareness), and/or
- increased FDV-related events requiring hospitalisation (AIHW 2021).

Hospital data shows a proportional decrease in 'other' assaults (i.e. assaults where no perpetrator was specified) over the analysis period. This suggests that 'other' assaults

may have proportionally decreased due to increased identification of FDV assault (i.e. an increase in identification of an FDV defined perpetrator) (AIHW 2019; AIHW 2021).

More than 1 in 10 people with an FDV hospital stay had been admitted 2 or more times

Of the people who had at least one FDV hospital stay from 2010–11 to 2017–18:

- 88% had one FDV hospital stay
- 9% had 2 FDV hospital stays
- 3% experienced 3 or more hospital stays for FDV in the time to 2018–19 (AIHW 2021).

These results remain consistent when looking at a 3-year follow-up period; 89% had one FDV hospital stay, 8% had 2, and 2% experienced 3 or more. The most common timeframe between FDV hospital stays for those that had multiple FDV hospital stays, was less than 1 year (62%), followed by 1–2 years (16%). People with 3 or more FDV stays were the most likely to have had 10 or more ED presentations (53%). From the national data, it cannot be determined whether these presentations were FDV-related (AIHW 2021).

For more information on long-term impacts of FDSV see **Health outcomes**.

Other health services and national development opportunities

National data from health services are essential for understanding the extent, nature and impact of family, domestic and sexual violence. The importance of building a nationally consistent and robust data framework was emphasised in the *National Plan to Reduce Violence against Women and their Children, 2022–2032* and the House of Representatives Standing Committee on Social Policy and Legal Affairs inquiry into family, domestic and sexual violence (the Inquiry). The Australian Government supported in-principle, the Inquiry's recommendation that a 'data collection on service-system contacts with victim-survivors and perpetrators, including data from primary care, ambulance, emergency department, police, justice and legal services' be developed, in recognition of the important role of the health system response. A strong evidence base is essential to support and inform policy makers, service providers and government programs that address FDSV (AIHW 2022b, DSS 2023). The AIHW is developing a FDSV integrated data system, which can form the basis for further expansion and development. However, the true value of this system will only be realised when consistent data on FDSV specialist services are available nationally. For more see *Family, domestic and sexual violence: National data landscape 2022*.

Primary health care

Primary health care, that can include general practitioners, nurses, Aboriginal Health Workers and allied health professionals, may provide a formal point of contact and care

for people experiencing FDSV. As general practitioners are often a person's first point of contact for health care, they are particularly well-placed to identify, support and refer people experiencing intimate partner violence (RACGP 2022).

The primary health care sector is rich in clinical data and information to support the management of individuals' health care, however, the availability of data for national population research is limited. Specifically, there is no consistent collection of national data to understand how people use primary care, the conditions managed, health and wellbeing outcomes, and links between other services, such as hospitals or community services. Data are collected through a range of different mechanisms across jurisdictions, primary health networks (PHNs) and services, but not in a uniform and consistent way (AIHW 2022b).

Currently, if information is recorded on FDSV, it is usually recorded in free text fields, in a non-standardised way. Therefore, analysis of free text, using complex computing techniques, provides the most likely opportunity to identify FDSV in primary care. Similar strategies could possibly be applied to other service data, such as emergency departments, to help identify the prevalence of FDSV among service users.

Administrative by-product data collected by the Australian Government in relation to Medicare Benefits Schedule claims is used to report on some primary care activity related to specific areas, such as mental health. However, there are currently no specific claims items under the MBS which could be used to identify activity related to FDSV (House of Representatives Standing Committee on Social Policy and Legal Affairs 2021).

There are some national programs focused on primary health care providers under development. For example, the Australian Government has provided funding for an expansion and extension of the Recognise, Respond and Refer pilot program. This trial aims to improve system responses to FDSV, by recognising the key role primary health care plays within the broader system response to FDSV. The program is being trialled in select Primary Health Networks and provides opportunities to consider the scope and nature of data collected in primary care (TCA 2022).

Additionally, the AIHW is leading the establishment of a National Primary Health Care Data Collection. The work program to achieve this encompasses the development of processes for governance, standards, infrastructure, collection, analysis and reporting of primary health care data within Australia. In the longer term, this work may provide an opportunity to capture FDSV in a standardised way to inform national reporting and monitoring related to FDSV (AIHW 2020b).

Perinatal care

Pregnancy can represent a time of increased risk of exposure to violence for both mothers and babies. Many pregnant people have regular contact with health-care professionals during pregnancy, which presents an opportunity to identify and respond to violence (see **Pregnant people**).

Screening for FDV during pregnancy occurs in most states and territories, however, a variety of FDV screening approaches are used (AIHW 2015). In 2020, a voluntary family

violence screening question (which is defined as including "Violence between family members as well as between current or former intimate partners") was introduced into the National Perinatal Data Collection (NPDC) to identify whether screening for FDV was conducted. Due to the time lag between development, implementation and collection of data by the state and territory perinatal data collections and their inclusion in the NPDC, data are not yet available for reporting (AIHW 2023b).

The AIHW is working with the Commonwealth Department of Health and Aged Care and states and territories to develop the Perinatal Mental Health pilot data collection. This novel data collection will contain data from antenatal and postnatal perinatal mental health screening conducted in participating public maternity hospitals and maternal and child family health clinics; and some of the screening tools included in the pilot cover data on FDSV risk. Analysis of the pilot data will inform decisions about the appropriateness and feasibility of capturing this information on an ongoing basis (AIHW 2022b).

See also **Pregnant people**.

Emergency departments

Emergency departments (ED) are a critical point of contact for people who require urgent medical attention. In addition to providing immediate medical treatment, EDs also provide resources and additional services to people experiencing FDSV. Understanding how victim-survivors interact with EDs helps inform policy, resourcing and adequate training to staff effectively manage FDSV-related presentations.

The national emergency department (ED) data collection does not currently capture information on presentations related to family or domestic violence related injuries. Unlike for patients admitted to hospitals, the national ED data contains very little information about the context in which injuries occur (that is the ‘external cause’). While the nature of the injury (e.g. a fracture) is captured, information about the cause of the injury (e.g. assault), the place of occurrence (e.g. home) and the activity underway when the injury occurred is not (AIHW 2022b).

Currently, this gap inhibits understanding of the extent and impact of this issues on both the health system and the population. For example, it is difficult to answer questions about how FDV impacts EDs, or how many times the same person may be interacting with emergency departments because of violence (AIHW 2022b).

Some relevant information on emergency department presentations related to FDV is collected in some jurisdictions, for example Victoria (see Box 3).

In 2018–19, the AIHW, in conjunction with state and territory stakeholders, developed options for enhancing the capture of FDSV in national ED data, and national discussions continue about the options for capturing external cause data more broadly in national ED data (AIHW 2020b).

As more Urgent Care Clinics are established across Australia (Department of Health and Aged Care 2023), it is expected that some patients experiencing FDSV will present at these services instead of emergency departments. Development of the national Urgent

Care Clinic data collection may provide an opportunity to capture and report data related to FDSV in the future.

Box 3: Victorian emergency department FDV admissions

The Crime Statistics Agency (CSA) Victoria captures state data on emergency department responses to family, domestic and sexual violence. The CSA captures incidents where a clinician has indicated one of the following categories has contributed to injury:

- Sexual assault by current or former intimate partner
- Sexual assault by other family member (excluding intimate partner)
- Neglect, maltreatment, assault by current or former intimate partner or
- Neglect, maltreatment, assault by other family member (excluding intimate partner).

From 1 July 2017 to 30 June 2022, 6,900 people presented to a Victorian public hospital emergency department for family violence-related injury:

- Around 2 in 3 (64%) were female
- Around 1 in 4 (27%) were females aged 20–34
- The proportion of females (19%) who experienced injury to multiple body regions was twice as high as males (8.9%)
- Both males (39%) and females (34%) most commonly presented to ED for an injury to the head or face.

The ability to use these data to represent the extent of family violence-related presentations may be limited by the level of detail recorded, victim-survivor unwillingness or inability to seek assistance, or when they do, reluctance to disclose information related to violence involving a family member, or intimate partner.

Source: CSA 2022.

Ambulance services

Ambulance services can respond to health emergencies related to FDSV. Ambulance clinical records have the potential to capture characteristics of FDSV including the type of violence, relationships between victims and perpetrators, and other associated health factors (such as substance use or mental health concerns). Recording accurate data on attendance for FDSV may also help identify repeat incidents, or individuals who may require additional support or intervention (Scott et al. 2020a).

As noted previously, surveillance data on FDSV at a public health level are limited. Ambulance data has the potential to overcome some of the limitations with other data sources. However, ambulance services are run by states and territories – while many states and territories recognise the importance of identifying FDSV incidents, developments to capture national service-level data are required (AIHW 2022b). Box 4 outlines the data available for reporting from the National Ambulance Surveillance System.

Box 4: National Ambulance Surveillance System

The National Ambulance Surveillance System (NASS) is a world-first public health monitoring system providing timely and comprehensive data on ambulance attendances in Australia. The NASS is a partnership between Turning Point, Monash University and state or territory ambulance services across Australia. The NASS collates and codes monthly ambulance attendances data for participating states and territories for self-harm behaviours (suicidal ideation, suicide attempt, death by suicide and intentional self-injury), mental health and alcohol and other drug-related attendances. These coded data are routinely managed by AIHW; and there is potential to expand the system to capture data on FDSV-related attendances (AIHW 2022b).

Pilot use of the Turning Point data, captured FDV-related attendances in Victoria and Tasmania. These attendances are those in which paramedics recorded the third parties involved in the violent incident as an intimate partner (partner, de facto, married, estranged, previous relationship, other romantic relationships) or other family member (other family, extended family, step, foster and adopted family members). For more information about the NASS, please see **Data sources and technical notes**.

In 2016–17, there were almost 6,300 violence-related ambulance attendances, the majority (61%) of which were identified as community violence, occurring between individuals who are unrelated and may be unknown to each other. This may include violence against professionals such as paramedics or police. One-quarter (25%) were identified as other family violence (OFV) and 19% as intimate partner violence (IPV) (Scott et al. 2020b).

This pilot project demonstrated that routine coding and reporting of a violence module for these data could complement existing health, police, coronial and survey data (Scott et al. 2020a).

Intimate partner violence

- About 4 in 5 (84%) victims of IPV-related ambulance attendances were females.
- The highest proportion of victims were aged 18–29 and 30–39 (30% each).
- The highest proportion of perpetrators for IPV-related attendances were aged over 60 years (26%), followed by 18–29 year olds (24%).
- About 2 in 5 (42%) IPV-related ambulance attendances for victims were primarily for violence only, and 37% involved alcohol and other drugs.
- About 3 in 10 (28%) IPV-related ambulance attendances for perpetrators involved violence and mental health symptoms, with less than 1 in 5 (16%) involving violence only (Scott et al. 2020a).

Other family violence

- For ambulance attendances for victims of OFV, similar proportions were reported for females (51%) and males (49%).
- The highest proportion of perpetrators for OFV-related attendances were aged under 18 years (31%) (Scott et al. 2020a).

Box 5: A closer look at Victoria

Data from Ambulance Victoria captures indicative rates of events involving FDSV attended to by Ambulance Victoria between July 2017 and June 2022. These events have been flagged by attending paramedics as part of the administrative data collected. During this period, events of alleged FDSV were most likely to involve physical violence (84% of events for which the violence type was recorded, compared with less than 10% each for sexual violence, psychological or emotional violence or other violence). For around 3 in 5 (59%) events a partner/spouse was the alleged perpetrator (where the relationship to the perpetrator was recorded) (CSA 2022).

Other selected health services

Mental health

Given the complex interactions between FDSV and mental illness, services that are dedicated to mental health care can play an important role in responding to people who are at risk of or are experiencing violence. Examples of these services include community-mental health care services, residential mental health care services, specialised psychiatric hospital, or ward services; provided by psychologists, psychiatrists and other allied health professionals.

Nationally consistent data on FDSV is not currently available across any of these services. While some information on FDSV is available for people admitted to hospital, it is limited to hospitalisations where an FDV assault has been identified or disclosed (see Box 2).

Some relevant data are available in some jurisdictions. For example, in New South Wales screening for domestic violence is required for women aged 16 years and over who attend publicly-funded mental health services and data are available on screening uptake and the outcome (NSW Health 2023).

Alcohol and other drug treatment services

People who are at risk of or experiencing violence may use services dedicated to treatment for alcohol and/or other drug use. Examples of these services include alcohol and other drug (AOD) treatment services, and services provided in alcohol and other drug hospital treatment units.

The Alcohol and Other Drug Treatment Services National Minimum Data Set collects information on the majority of publicly-funded AOD treatment services. This data set does not collect specific information on FDSV, however some relevant data are collected in some states and territories. For example:

- In Queensland, three flags can be recorded in the AOD sector: experiencing family or domestic violence; experiencing family or domestic violence (Domestic Violence

Order); and experiencing domestic or family violence (police protection needed) (AIHW 2020a).

- As per mental health services, New South Wales domestic violence screening is required for women aged 16 years and over who attend publicly-funded alcohol and other drug services, and data are available on screening uptake and the outcome (NSW Health 2023).

Specialist sexual violence services

Health-related specialist sexual violence services are usually provided by specialist sexual assault service providers or designated wards/units within hospitals. These services respond to sexual assault by any perpetrator, including domestic and family members, and include medical and forensic sexual assault care, counselling and support, information and referrals. Services and/or interventions may target particular populations, for example, adults, children, victims and survivors of child sexual abuse.

Nationally consistent data on these services is not currently available, although some data are collected at the state/territory level. Under the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*, a baseline analysis of specialist and community support services for victims and survivors of child sexual abuse is underway. Several activities will be undertaken as part of this work including an assessment by the Australian Institute of Health and welfare (AIHW) on the feasibility of developing a nationally consistent minimum data collection for the relevant support services. This project has the potential to build the foundations for improved availability of national specialist sexual violence services data in the longer term (AIHW 2022b).

The Australian Government launched the National Redress Scheme in October 2020 for people who have experienced institutional child sexual abuse. As of 31 March 2021, the majority of applications (60%) from the scheme resulted in people accepting an offer of counselling and psychological care (DSS 2021). Some of this counselling and psychological care may have been provided by specialist sexual violence services.

For information on data development work being undertaken in relation to specialist FDSV services collections, please see **Key information gaps and development activities**.

Related material

- How do people respond to FDSV?
- Health outcomes
- Aboriginal and Torres Strait Islander people
- Children and young people
- Young women
- Pregnant people

More information

Injury in Australia

Family, domestic and sexual violence: National data landscape 2022

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Helplines and related support services

Help is available. If you or someone close to you is in immediate danger, please call 000. For information, support and counselling, see **Find support**.

Key findings

- There were almost 269,000 contacts (telephone and web chats) to 1800RESPECT in 2022–23.
- In 2021–22, the Blue Knot Helpline provided more than 25,000 occasions of service to callers, via phone, email and webchat.
- Men's Referral Service received over 7,600 helpline calls and almost 60,000 referrals from police in 2021–22.

The term 'helplines' is used broadly in this topic page to refer to services that include a telephone helpline as part of their range of supports.

For people experiencing family, domestic and sexual violence, helplines can provide an important source of advice, information and support.

The 2021–22 Personal Safety Survey estimated that 63% of women who experienced violence from a previous partner had sought advice or support (around 962,000). Of these women, around 10% had contacted a telephone helpline (around 100,000) (ABS 2023). See also **How do people respond to FDSV?**.

In the early years of the COVID-19 pandemic, helpline data, which can be more timely than other service data, was used to consider the impact of COVID-19 on violence and mental health; see also **FDSV and COVID-19** and Mental health services activity monitoring quarterly data.

This topic page provides an overview of available data on national helpline activity in Australia.

What are helplines?

Helpline providers offer a range of support services, across a range of contact methods

Helplines are an important entry point into the family, domestic and sexual violence service system for those in need of assistance. They provide a range of services and supports, including information, referral, counselling and advocacy.

Why are helplines important for those who have experienced violence?

'Helplines are vital for victims of violence. Helplines are often the first point of contact and sometimes the only contact, especially for those victims who are being kept isolated, or who live in remote locations.'

Lily

WEAVERs Expert by Experience

Some helplines are specifically designed to respond to family, domestic and sexual violence – for example, those connected to rape crisis centres, or specialist family violence services. Others may provide more general support in areas such as family relationships, mental health, or legal assistance, but will often respond to family, domestic and sexual violence as part of this work. Redress support for adult survivors of child sexual abuse is a growing area of service provision (Box 1).

Box 1: Redress support services

A growing area of service provision is supporting adult survivors of child sexual abuse as they explore or engage with a redress scheme, recognising that the client will need to revisit trauma through this process.

In acknowledgement of the harm caused by childhood abuse, redress schemes may provide a monetary payment, access to healing and counselling services, and a personal response or apology. There are number of redress schemes:

- The **National Redress Scheme,** established in 2018 by the Australian Government in response to one of the key recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse. The scheme acknowledges that many children were sexually abused in Australian institutions, including orphanages, Children's Homes, schools, churches and other religious organisations, sports clubs, hospitals, foster care and other institutions.
- State and territory **redress schemes for Stolen Generation survivors** are currently available in New South Wales, Victoria, the Australian Capital Territory and the Northern Territory. These schemes recognise the harm and intergenerational trauma caused by the forcible removal of Aboriginal and Torres Strait Islander (First Nations) children from their families as a result of government policies. Many children from the Stolen Generations experienced physical, sexual and emotional abuse while living under state care or with non-Indigenous families.
- **Institutional redress schemes**, which may be available from some institutions where there has been physical, emotional or sexual abuse committed by their staff.

Sources: DSS 2022; knowmore 2022a; New South Wales Government 2022; NIAA 2022; Victoria Government 2022.

A variety of people may use helplines, including victim-survivors, friends, family, perpetrators of violence, and other service providers. People may contact helplines

about current or previous experiences of violence, as well as concerns about risk of violence.

Helplines are traditionally contacted via telephone, but technology-assisted methods of contact have become more widespread (Box 2).

Box 2: Technology-assisted services

The way people seek and engage with services has been changing in response to increasingly widespread use of communications technology (via smartphones, tablets, laptops and other personal computers). This has been accelerated by the COVID-19 pandemic which affected daily life through restrictions on people's movements, while also affecting how businesses and services could operate. For example, in Australia, COVID-19 prompted a rapid rise in 'telehealth' service delivery, which enables people to have healthcare consultations and mental health counselling by phone or video call – services that were traditionally delivered face-to-face.

Across a range of sectors, many services now provide multiple methods of contact and delivery, including telephone calls, online (webchat, text messages, email, videoconferencing) and face-to-face. An individual may engage with a service using multiple methods.

There are many reasons a person may opt to access support via technology-assisted methods. For some it is a convenience, for some it may be a necessity. In particular, for those experiencing family, domestic or sexual violence, technology-assisted services may provide greater access to options for seeking support – for example, for people living in remote geographic areas, those with mobility and/or transport limitations, and those whose autonomy may be restricted due to coercive control.

One example of a technology-assisted service is Ask Izzy, a website optimised for mobile use that connects people who are in crisis with the services they need, now and nearby. Users select the type of assistance they require, such as housing, food and health. In 2021–22, there were over 61,000 searches for family and domestic violence help on Ask Izzy, representing 3.8% of all searches. The most common related searches were for housing (54% of those also searching for FDV help), and mental health support (18%) (Infoxchange unpublished).

What do we know?

There are many helplines in Australia which respond to family, domestic and sexual violence. They vary in the type of supports provided, their target populations, the available methods of contact, and the degree to which they are available nationally and at the state/territory level. Table 1 provides some examples of national helpline services.

Table 1: Examples of national helpline services, including overview of target population and methods of contact

Service	Overview of target population	Telephone	Web chat	Email	Video conference	In person	Other online[(a)]
1800RESPECT	People affected by family, domestic or sexual violence	•	•				•
Blue Knot Foundation	People affected by complex trauma due to violence	•	•	•	•		
Kids Helpline	Children and young people aged 5–25	•	•	•			•
Bravehearts	People affected by child sexual abuse	•		•		•	
Men's Referral Service	Men who use or have used violence	•	•				
Full Stop Australia	People affected by family, domestic or sexual violence	•	•	•		•	
knowmore	Survivors of child sexual abuse	•					
1800 ELDERHelp	People affected by elder abuse	•					

(a) Includes mobile phone app, or social networking platform.

Note: See **Find support** for contact details.

There is currently no national data collection, so data need to be sourced from individual helplines. This topic page includes data for a modest number of national providers – while this offers some insights, it is acknowledged that the available data are fragmented and only provide a partial picture of the level of activity of helplines and related support services in Australia.

Data sources for reporting on helplines

- 1800RESPECT
- Kids Helpline

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

Data from published annual reports for various service providers have also been included.

What do the data tell us?

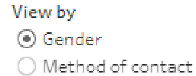
1800RESPECT

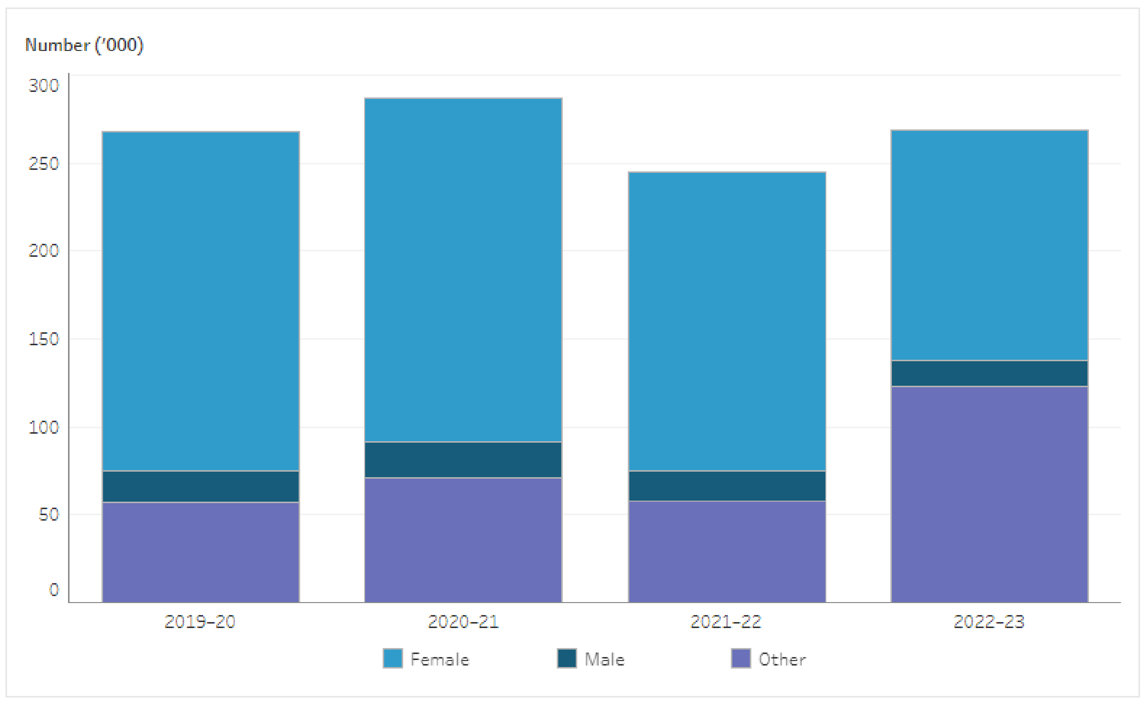
1800RESPECT is Australia's national telephone and online counselling and support service for people affected or at risk of family, domestic and sexual violence, their family and friends and frontline workers. In addition, the Daisy app can be used to connect people experiencing violence to services in their local area.

Of the almost 269,000 contacts answered by 1800RESPECT in 2022–23:

- The majority of contacts were by telephone (over 226,000), and the rest were web chats (almost 42,500).
- Most people identified as female (almost 131,000) (Figure 1).

Figure 1: 1800RESPECT answered contacts by gender and type of contact, 2019-20 and 2022-23





Source: Australian Government Department of Social Services (unpublished data) https://www.aihw.gov.au

Blue Knot Foundation

In 2021–22, the Blue Knot Helpline provided more than **25,000** occasions of service to callers, via phone, email and webchat

The Blue Knot Foundation provides support for people affected by complex trauma due to violence.

The Helpline and the Redress Support Service provide counselling, information, support and referrals for adult survivors of childhood trauma and abuse. In 2021–22, more than 25,000 occasions of service were provided to helpline callers, via phone, email and webchat. Over 5,500 occasions of service were provided to people enquiring about the National Redress Scheme, or being supported through the redress process (Blue Knot Foundation 2022).

The National Counselling and Referral Service provides counselling, information, support and referrals to services for people living with disability and experiences of violence, abuse, neglect and exploitation. In 2021–22, the service provided over 9,000 occasions of service to helpline callers, via the phone, email, webchat and videoconference. In

addition, 760 counselling sessions were provided over the phone to inmates in correctional centres (Blue Knot Foundation 2022).

Kids Helpline

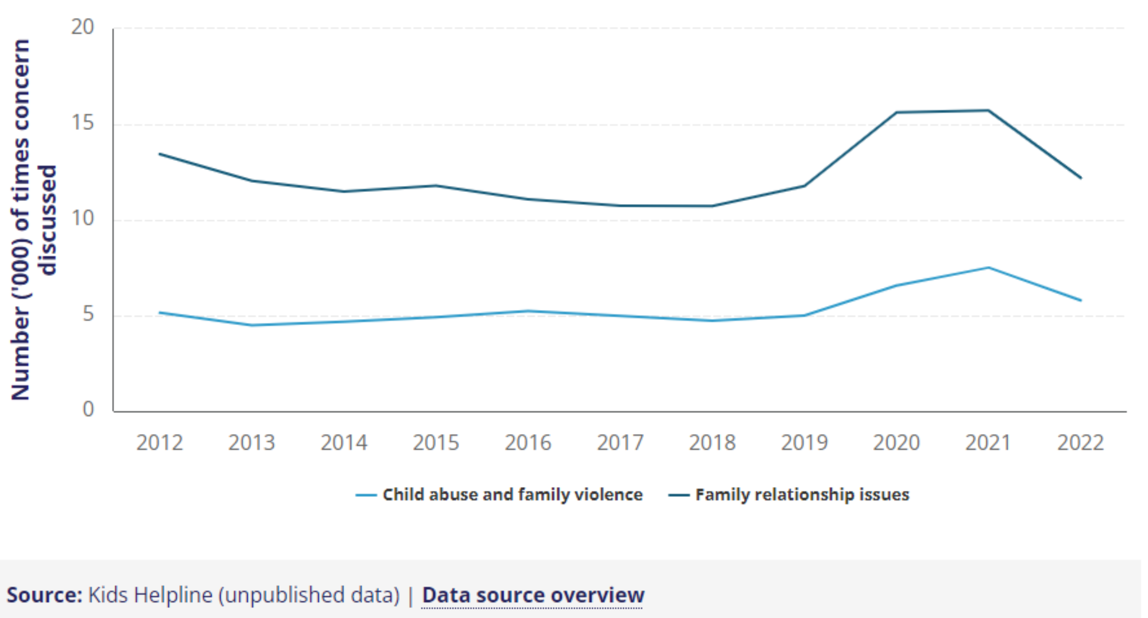
Kids Helpline is a free national helpline that provides support for children and young people aged 5 to 25. It offers counselling via phone, email, and web chat. In addition, counsellor moderated peer-to-peer support has been introduced via the social networking platform My Circle.

Children and young people contact Kids Helpline about diverse issues, including mental health, suicide, relationships (with family, peers and partners), child abuse and family violence, and bullying.

During counselling contacts in 2022, almost 5,800 child abuse and family violence concerns were discussed, and around 12,200 concerns about family relationship issues. The number of family violence and relationship concerns discussed during counselling contacts increased in the initial years of the COVID pandemic (2020 and 2021), then declined in 2022 (Figure 2). See also **FDSV and COVID-19**.

Emergency care actions are where Kids Helpline counsellors contact police, child safety or ambulances when a child or young person is deemed to be at imminent risk. In 2022, there were over 1,500 emergency care actions for child abuse (representing 31% of all emergency care actions).

Figure 2: Number of family violence and relationship concerns discussed during Kids Helpline counselling contacts, 2012 to 2022



Source: Kids Helpline (unpublished data) | **Data source overview**

Bravehearts

Bravehearts provides support for people affected by child sexual abuse.

The Information & Support Line ('the Line') provides advice and assistance, including what to do if someone has disclosed child sexual abuse. In 2021–22, over 4,500 enquiries were made to the Line, including via phone, email, website and other channels such as walk-ins. The Line lodged over 20 notifications to police and child safety authorities due to concerns a child was at risk of harm or that harm had already occurred (Bravehearts 2022).

Bravehearts' therapeutic services delivered over 2,800 counselling sessions in 2021–22 to children and families affected by child sexual assault and exploitation. The Turning Corners program, an early intervention initiative for young people aged 12–17 who are engaging in harmful sexual behaviours, delivered around 450 counselling sessions (Bravehearts 2022).

As a National Redress Scheme service provider, in 2021–22 Bravehearts helped over 700 clients, including redress assistance, support and advocacy (Bravehearts 2022).

Men's Referral Service

Men's Referral Service received over **7,600 helpline calls** in 2021–22

The Men's Referral Service provides support for men who have used or continue to use violence and who are seeking support to change their abusive behaviours.

In 2021–22, the Men's Referral Service responded to over 7,600 helpline calls nationally. Referrals are received from police in selected states and territories – almost 60,000 referrals were received from police in New South Wales, Victoria and Tasmania in 2021–22 (No To Violence 2022).

Further details are provided in **Specialist perpetrator interventions**.

Full Stop Australia

Full Stop Australia (formerly Rape & Domestic Violence Services Australia) supports people affected by sexual, domestic and family violence. From November 2021, 1800 FULL STOP is a national, free call number which directs callers to a suitable helpline operated by Full Stop Australia, including the National Violence and Abuse Trauma Counselling and Recovery Service, the National Sexual Abuse and Redress Support Service, the Rainbow Sexual, Domestic and Family Violence Helpline, and the NSW Sexual Violence Helpline.

In 2021–22, almost 22,500 calls were made to 1800 FULL STOP. More than 15,800 occasions of trauma counselling and recovery services were provided to almost 4,000 individual clients, via phone, online and face-to-face (Full Stop Australia 2022).

The Domestic Violence Cash Transfer Project supported nearly 500 victim-survivors with monetary assistance to escape violence. This included distribution of funding to family and domestic violence services to enable them to provide their clients with emergency

relief, and victim-survivors also had access to a lump sum cash payment (Full Stop Australia 2022).

knowmore

knowmore assists survivors of child sexual abuse by providing free legal advice and support regarding justice and redress options (including the National Redress Scheme).

Over the 4-year period 2018–19 to 2021–22, almost 68,900 calls were made to the telephone helpline, and around 11,900 people became clients. Among clients, 59% identified as male, 34% identified as First Nations people, and 19% had been allocated priority due to advanced age or immediate and serious health concerns (for example, diagnosis of terminal cancer) (knowmore 2022b).

1800 ELDERHelp

1800 ELDERHelp assists victim-survivors of elder abuse or other people who are concerned about an older person. It is a national, free call number which directs callers to a state and territory telephone helpline for elder abuse.

See **Older people** for available state/territory data.

Related material

- What is FDSV?
- How do people respond to FDSV?
- Services responding to FDSV

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Family and domestic violence reported to police

Key findings

- More than 1 in 2 (53% or 76,900) police-recorded assaults were related to FDV nationally (excluding Victoria and Queensland) in 2022.
- FDV-related sexual assault victimisation rates increased by 51% between 2014 and 2022.
- Police-recorded FDV data are an underestimate of FDV-related offences.

Police may be contacted following an incident of family and domestic violence (FDV). This can be done by a victim-survivor, witness or other person and, if considered a criminal offence, may be recorded as a crime by police. The ABS collects data on selected FDV crimes recorded by police in the Recorded crime – Victims and Recorded crime – Offenders collections (see Box 1). However, not all FDV crimes are reported to police and Recorded Crime data are an underestimate of FDV crimes and identified offenders. Further, not all FDV behaviours are considered criminal offences, and FDV offences will vary according to state and territory. This section discusses select FDV offences that are included in ABS Recorded Crime collections.

What do we know about reporting family and domestic violence to police?

The *National Plan to End Violence against Women and Children 2022–2032* (The Plan) highlights that, despite increasing awareness and readiness to talk about FDV, work is needed to remove barriers to reporting to police for victim-survivors (DSS 2022).

A 2022 review of research on police responses found that short-term police responses, such as attendance at a FDV incident, can increase reporting of future FDV and reduce FDV re-offending, and that protection orders and arrests improve victims' and survivors' perceptions of safety. It is unclear from the currently available research how arrests affect perpetrator re-offending and what factors influence the effectiveness of arrests in reducing re-offending (Bell and Coates 2022; Dowling et al. 2018).

Rates of reporting FDV to police have historically been negatively impacted by a range of factors including: fear of repercussions; misconceptions about what constitutes a crime; mistrust of police; concerns relating to the misidentification of the perpetrator; concerns relating to being believed and having to relive the experience; past negative experiences with police; institutional violence at the hands of police for some population groups; and barriers to accessing police, such as knowledge and understanding, geographical location and specific population group characteristics (ABS 2017; Douglas 2019; DSS 2022; Voce and Boxall 2018).

Reports into women and girls' experiences with the police and broader criminal justice system, such as the Queensland Hear her voice reports and the *National Plan Victim-Survivor Advocates Consultation Final Report*, acknowledge that work has been undertaken to improve police understanding of family, domestic and sexual violence (FDSV) and police responses to reports of gendered violence in recent years. However, they also highlight responses are still inadequate and lacking in consistency (Fitz-Gibbon et al 2022; Queensland Government 2022). Reports such as these also highlight the need to improve police response for those victim-survivors who experience intersecting forms of inequality and discrimination, for example, Aboriginal and Torres Strait Islander (First Nations) people, culturally and linguistically diverse people, people with disability, and LGBTIQA+ people, see **Population groups** (Fitz-Gibbon et al 2022; Queensland Government 2022). The Plan indicates that enhanced education and training of police in terms of responses to reporting of gendered crime and improved access to safe and/or alternative reporting options should be implemented to improve reporting experiences (DSS 2022).

To understand the current extent of police involvement in FDV crimes in Australia, data on level of reporting to police, available from the ABS Personal Safety Survey (PSS) should be examined alongside recorded crime data (ABS Recorded Crime – Victims and ABS Recorded Crime – Offenders). For more information about these data sources, please see **Data sources and technical notes**.

Police-recorded FDV data are an underestimate of FDV-related offences

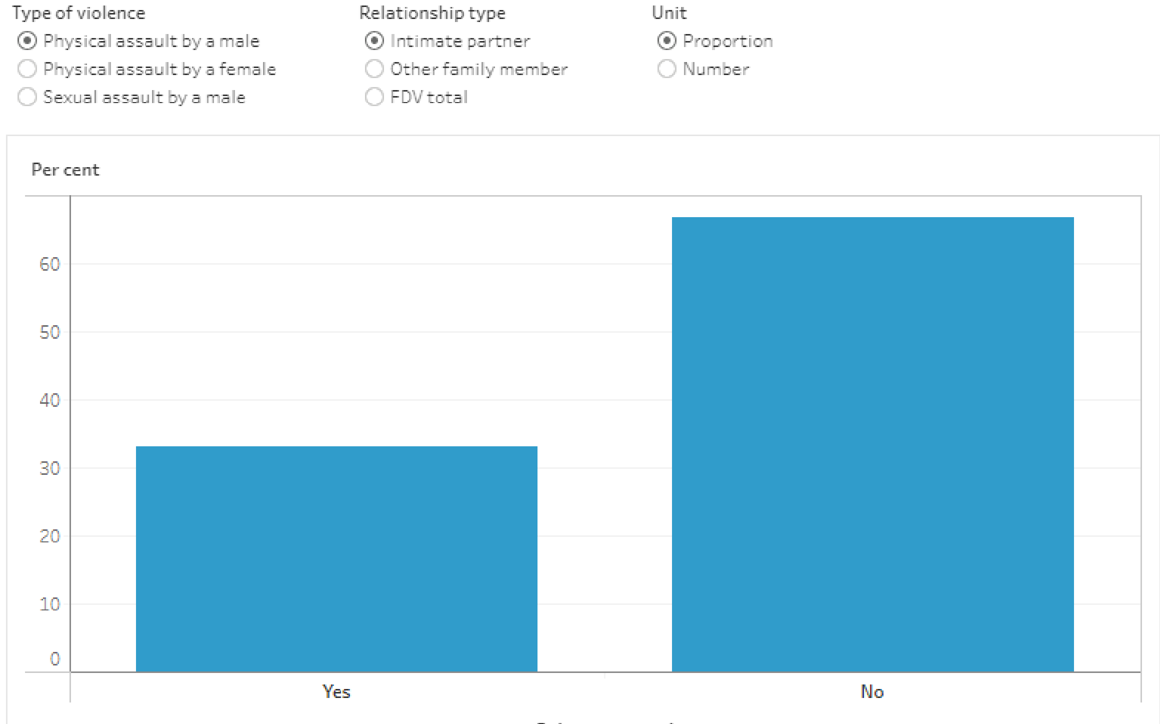
Examining whether or not police are contacted following family and domestic assault can provide an indication of reporting levels and utilisation of police services. Data on whether police were contacted (by the victim-survivor or another person) after an experience of family and domestic assault, as well as reasons for not contacting, are available from the ABS PSS. In the PSS, victim-survivors are referred to as people who have experienced violence, see **What is family, domestic and sexual violence** for more details.

The 2016 PSS includes data on most recent incidents of physical and/or sexual assault by a family member or intimate partner in the last 10 years. AIHW analysis of these data for female victim-survivor found that police were contacted in relation to around:

- 1 in 3 (32% or 278,000) FDV-related physical assaults by a male
- 1 in 6 (17% or 18,100) FDV-related physical assaults by a female
- 1 in 7 (14% or 50,100) FDV-related sexual assaults by a male (ABS 2017).

Figure 1 allows users to further explore police contact by relationship types. Data for females who experienced sexual assault by a female and males who experienced any type of FDV assault and are not available due to data quality issues, see **Data sources and technical notes**.

Figure 1: Police contacted after most recent incident of family and domestic assault, females, 2016



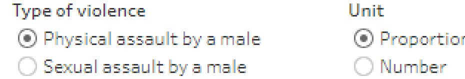
*: estimate has a relative standard error (RSE) between 25% and 50% and should be used with caution.
#: proportion has a margin of error >10 percentage points. n.p.: not published.
Source: ABS PSS 2016. https://www.aihw.gov.au

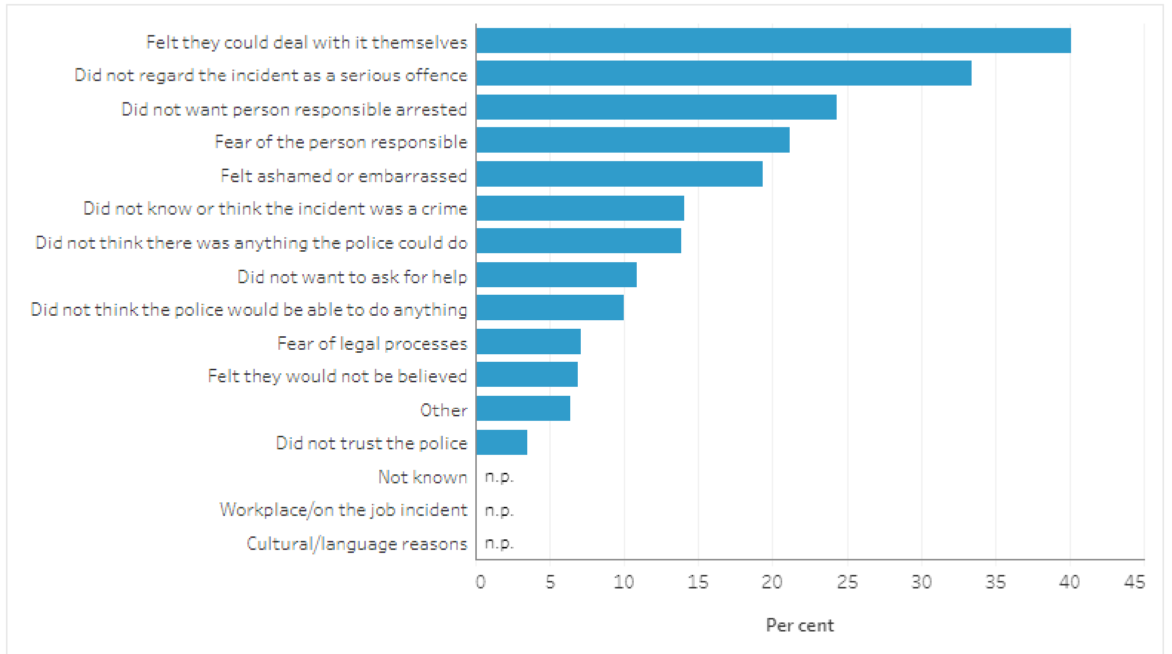
Examining reasons why people did not contact police after family and domestic assault can provide insight into how victim-survivors can be better supported and encouraged to seek help. There are a range of reasons why female victim-survivors may not contact police following their most recent incident of FDV assault by a male perpetrator in the last 10 years. AIHW analysis of the 2016 PSS found that the 2 most common reasons female victim-survivors did not contact police were:

- they felt like they could deal with it themselves (40% of those who experienced physical assault and 33% who experienced sexual assault)
- they did not regard the incident as a serious offence (33% of those who experienced physical assault and 35% who experienced sexual assault) (Figure 2) (ABS 2017).

Data for males and some violence types are not available due to data quality issues, see **Data sources and technical notes**.

Figure 2: Reasons police not contacted after most recent incident of family and domestic assault, females, 2016





*: estimate has a relative standard error (RSE) between 25% and 50% and should be used with caution.
n.p.: not published.
Source: ABS PSS 2016. https://www.aihw.gov.au

What do recorded crime data tell us?

More than **1 in 2** (53% or 76,900) police-recorded assaults in 2022 were related to FDV nationally (excluding Victoria and Queensland)

The ABS collects data on a select range of offences recorded by police, including FDV incidents, and publishes these in the Recorded crime – Victims and Recorded crime – Offenders collections (see Box 1). These collections provide insight into police involvement in a subset of FDV incidents in the Australian community and the magnitude of FDV crimes relative to select crimes overall.

Box 1: FDV in ABS recorded crime collections

ABS Recorded Crime collections are based on crimes recorded by police in each state and territory and published according to the Australian and New Zealand Standard Offence Classification (ANZSOC) (ABS 2011). Only a select set of crimes are considered for inclusion in the ABS FDV data in the Recorded Crime collections, with individual incidents only included in FDV collections when:

- the relationship of offender to victim falls within a specified family or domestic relationship (spouse or domestic partner, parent, child, sibling, boyfriend/girlfriend or other family member to the offender) and/or
- a FDV flag has been recorded, following a police investigation and does not contradict any recorded detailed relationship of offender to victim information.
- FDV specific data are available in both the Victims and Offenders collections, however, data in the Offenders collection are experimental only and assessment is ongoing to ensure comparability and quality of the data. Victims data include each incident of FDV crime that police record (not all crimes are recorded) rather than reflecting a count of unique people. Victims data are not restricted by age and includes incidents of child sexual abuse (see **Children and young people**). Conversely, Offenders data reflect a count of unique alleged offenders aged 10 and over, irrespective of how many offences they may have committed within the same incident, or how many times police dealt with them during the reference period. Alleged offences recorded in offenders' statistics may be later withdrawn or not be substantiated. Offenders data include both court or non-court actions (for example warnings, conferencing, diversion). An individual offender may have more than one police proceeding recorded in the same reference period
- It is important to note that the number of police-recorded victims does not align with the number of recorded offenders nor the proceeding counts due to different counting rules, different reference periods, and variation in the time between when a crime is recorded and when police identify an offender. In some cases, police may never identify offenders.
- Due to differences in methodology, homicide numbers reported in ABS recorded crime collections may differ to those reported by the AIC National Homicide Monitoring Program. For more details, see **Domestic homicide**.
- The terms 'victim' and 'offender' are used here to align with the ABS recorded crime collections.

For more details, see **Data sources and technical notes**.

Based on data from Recorded Crime – Victims, in Australia in 2022:

- more than 1 in 2 (53% or 76,900) recorded assaults were related to FDV violence (excluding Victoria and Queensland as data were unavailable), a 6.1% increase from 72,500 in 2021
- more than 1 in 3 (36% or 135) recorded homicides and related offences were related to FDV
- more than 1 in 3 (36% or 11,700) recorded sexual assaults were related to FDV
- around 3 in 10 (30% or 154) recorded kidnapping/abduction were related to FDV (ABS 2023).

Has it changed over time?

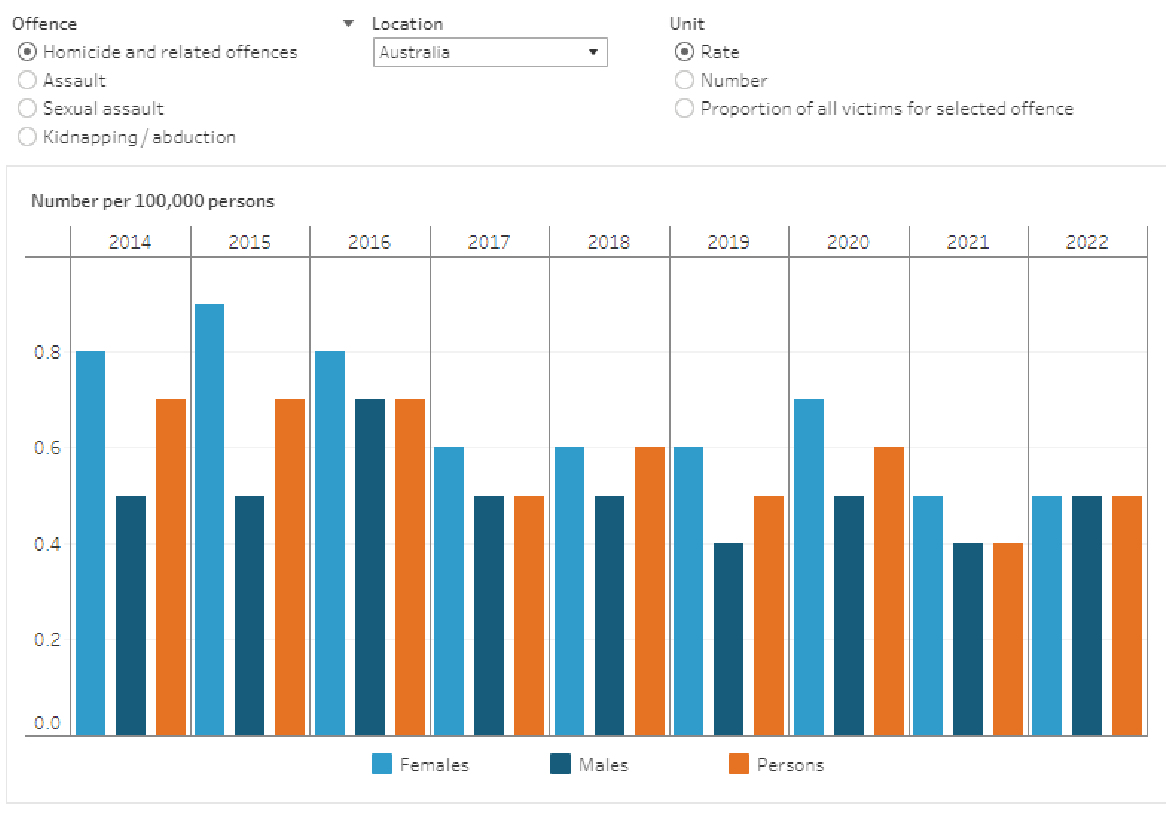
There was a 51% increase in the victimisation rate of police-recorded FDV-related sexual assault between 2014 and 2022

Recorded Crime – Victims data show that in Australia, between 2014 and 2022, patterns of FDV victimisation rates varied between offence types:

- Rates for FDV-related homicide and related offences fluctuated over time, with the number of offences ranging between 106 and 173 each year.
- The rate of FDV-related sexual assaults increased 51% (from 30 to 45 per 100,000 people), with rates consistently higher for females compared to males. It is unclear whether this increase is due to changes in reporting behaviour, increased awareness about forms of violence, changes to police practices, an increase in incidents and/or a combination of these factors.
- Rates for FDV-related kidnapping/abduction fluctuated over time, with the number of offences ranging between 113 and 159 each year.

Figure 3 allows users to further explore victimisation rates over time for selected FDV offences recorded by police per 100,000 people, by sex and location. These rates are based on all recorded incidents of a specific crime irrespective of age. To better understand the relationship between victimisation rates and sex, see Figure 4 and Figure 5. See **Data sources and technical notes** for more information on rates and definitions of specific offences.

Figure 3: Victims of family and domestic violence crimes, by sex, 2014 to 2022



n.a.: not available or calculation is not applicable due to denominator being equal to 0.
Source: ABS Recorded Crime – Victims. https://www.aihw.gov.au

Is it the same for everyone?

Police recorded FDV offences can be explored in terms of a range of different victim and crime characteristics. Depending on the offence, these can include: sex of victim, state and territory in which the incident was reported, victim age at report, victim age at incident, time to report, setting where the crime occurred and relationship of offender to victim.

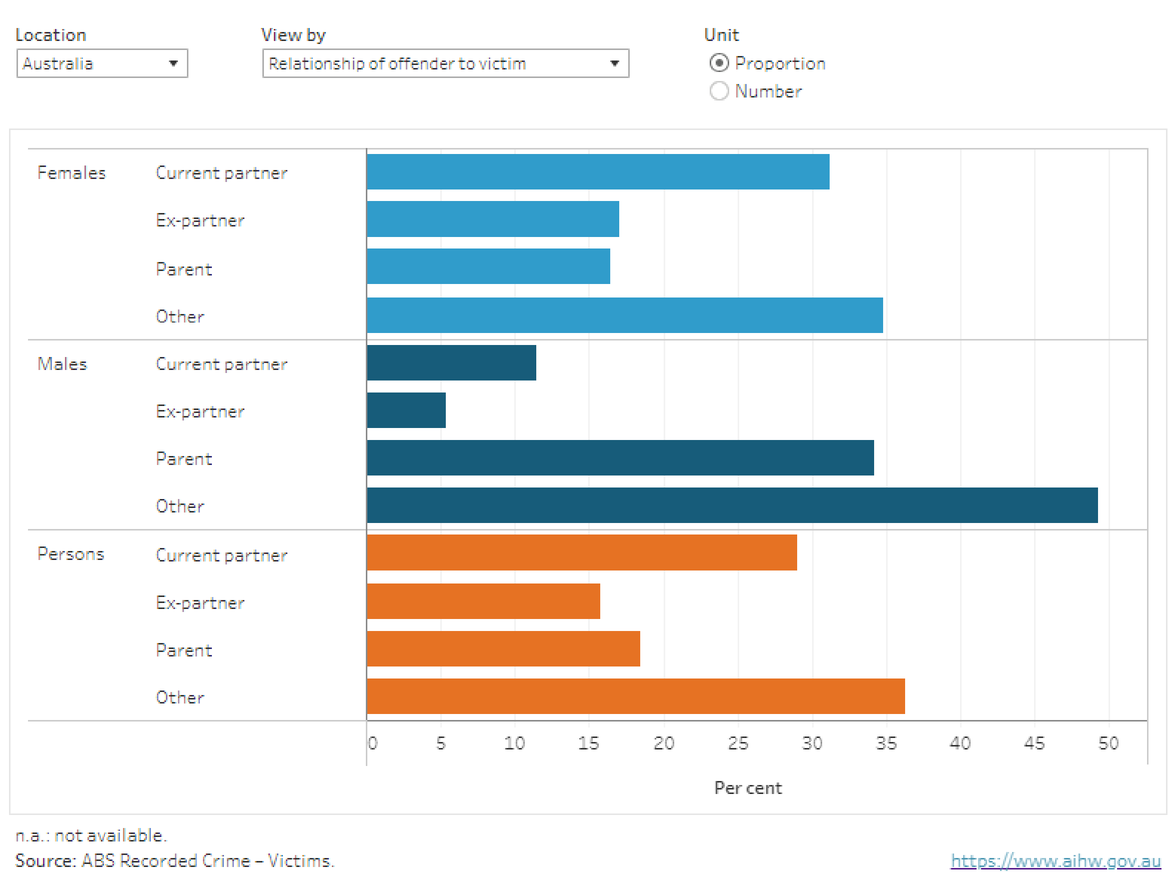
Of all police recorded FDV-related sexual assaults in Australia (excluding Western Australia for data relating to relationship to perpetrator) in 2022:

- 2 in 7 (29% or 3,100) were perpetrated by a current partner and around 1 in 6 (18% or 2,000) were perpetrated by a parent. Relationship data are not restricted to specific age groups and FDV-related sexual assaults involving a parent perpetrator can be broader than incidents of child sexual abuse, see Children and young people. Similarly, other relationship categories may include incidents of child sexual abuse.
- The proportion of female FDV-related sexual assaults perpetrated by a current partner (31%) is 2.7 times higher than for males (12%).
- Around 3 in 5 (62% or 7,200) involved victims aged less than 18 at the time of the incident, with 59% of female and 84% of male victims within this age group.

- Over half (57% or 6,700) were reported within the first year and around a quarter (24% or 2,800) were not reported for five or more years after the incident occurred (ABS 2023).

Figure 4 allows users to further explore the number and proportion of FDV-related sexual assaults recorded by police, by sex of victim, state and territory in which the incident was reported, age at incident, time to report and relationship of offender to victim for 2020 and 2022. For more information on these disaggregations, see **Data sources and technical notes**.

Figure 4: Characteristics of family and domestic violence-related sexual assaults, 2022



n.a.: not available.
Source: ABS Recorded Crime – Victims. https://www.aihw.gov.au

In 2022, for states and territories where police-recorded FDV-related assault data were available:

- For females, current partners were the most common perpetrators for all states and territories. For males, current partners were only the most common perpetrator in Tasmania and the Northern Territory.
- Victims who were aged 25-34 at the time of report accounted for the highest proportion of all FDV-related assaults.
- The majority of FDV-related assaults occurred in a residential setting (ABS 2023).

Figure 5 allows users to further explore the number and proportion of police-recorded FDV-related assaults by several characteristics (sex of victim, state and territory in which the incident was reported, age at report, setting where crime occurred and relationship of offender to victim). For more information on these disaggregations, see **Data sources and technical notes**.

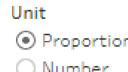
Figure 5: Characteristics of family and domestic assaults, 2022

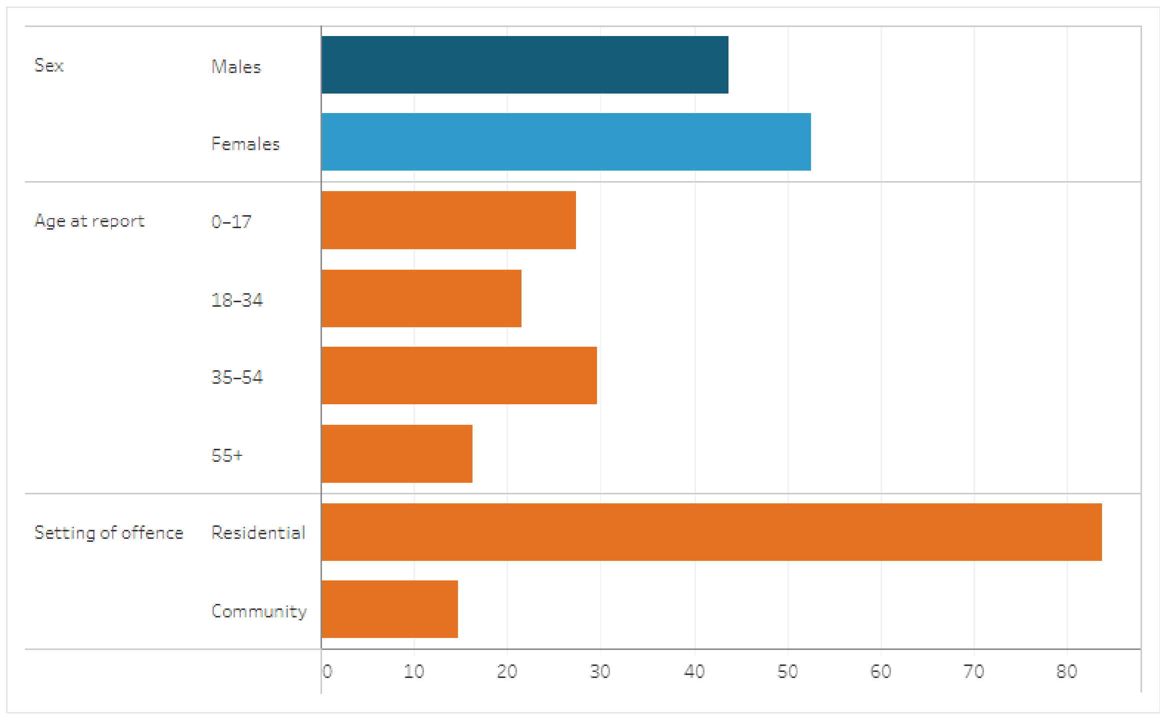
Figure 6 allows users to explore the number and proportion of family and domestic homicides recorded by police, by several characteristics (sex of victim, state and territory in which the incident was reported, age at report, setting where crime occurred and relationship of offender to victim). It shows that of the 135 homicides recorded by police in 2022:

- over half (53% or 71) were female
- over a quarter (27% or 37) of victims were under 18 years of age
- 5 in 6 (84% or 113) occurred in a residential setting (ABS 2023).

For more information on disaggregations, see **Data sources and technical notes**.

Figure 6: Characteristics of family and domestic homicide, 2022





Source: ABS Recorded Crime – Victims. https://www.aihw.gov.au

Offenders of FDV

The ABS Recorded crime – Offenders, 2022-23 collection includes experimental FDV data. These FDV experimental data show that in 2022–23:

- One in 4 (25% or 88,400) recorded offenders for any offence were proceeded against by police for at least one FDV related offence. The proportion was higher for male offenders (27%) than for female offenders (21%).
- The offender rate was 382 FDV offenders per 100,000 people, an increase of 5.5% from 2021 –22.
- The male offender rate (610 per 100,000) was higher than the female offender rate (158 per 100,000).

- Offender rates varied between age groups, with males aged 30 –34 having the highest rate (1,158 per 100,000).
- The most common principal offence amongst FDV offenders was assault (51% or 44,700 of all FDV offenders). Breach of domestic violence and non-violence orders was also common (28% or 24,800 of all FDV offenders) (ABS 2024).

Following police charges, individuals may become a defendant in 1 or more criminal court case. For more information on defendants in FDV cases, see **Legal systems**. FDV offenders may also take part in specialist perpetrator interventions, which work to hold perpetrators to account and change their violent, coercive and abusive behaviours. behaviours. More information can be found in **Specialist perpetrator interventions**.

Related material

- Sexual assault reported to police
- Who uses violence?
- Legal systems

More information

- National sexual violence responses
- Sexual assault in Australia

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Sexual assault reported to police

Key findings

- Female sexual assault victimisation rates increased by 43% between 2010 and 2022.
- 7.7% of women who experienced sexual assault by a male in the 10 years before 2021–22 contacted police about the most recent incident.
- 3 in 4 (76%) sexual assaults recorded by police in 2022 were perpetrated by someone known to the victim.

Victim-survivors of sexual violence may come in contact with police. This may be as a result of the victim-survivor, a witness or another person reporting the incident to the police. Incidents of sexual assault (a criminal offence) recorded by police are included in ABS Recorded Crime data (see Box 1). However, not all sexual assaults are reported to police, and as a result Recorded Crime data are an underestimate of sexual assaults in Australia.

What do we know about reporting sexual assault to police?

In recent years, there has been a growing awareness and willingness to address sexual violence, as seen through the #MeToo movement. Educational programs about consent have been introduced in schools and workplaces, alongside awareness campaigns, to further promote understanding and reduce barriers to addressing sexual violence (DSS 2022). Further, increased protections for some population groups in recent years, such as the expansion of laws on mandatory reporting of child sexual abuse, may have increased the propensity to report sexual assault by third parties. The *National Plan to End Violence against Women and Children 2022–2032* (the National plan) highlights that more work is needed to remove barriers to reporting of sexual assault to police by victim-survivors (DSS 2022).

Rates of reporting sexual violence, such as sexual assault, to police have historically been impacted by a range of factors including: misconceptions about what constitutes sexual assault; mistrust of police; concerns relating to being believed and having to relive the experience; past negative experiences with police; institutional violence at the hands of police for some population groups; and barriers to accessing police, such as knowledge and understanding, geographical location and specific population group characteristics (ABS 2023c; Douglas 2019; DSS 2022; Voce and Boxall 2018). Intersecting personal, situational, social, cultural, economic and political factors associated with inequality and discrimination may also impact victim-survivor ability to access police following an incident of sexual violence and/or likelihood of reporting sexual assault to police (Commission of Inquiry into Queensland Police Service responses to domestic and family violence 2022; DSS 2022). These factors may also influence the time a victim-

survivor takes to report incidents of sexual assault to police. Recent data from the ABS suggest that close to 1 in 3 (31%) sexual assault reported to police in 2022 had occurred more than a year earlier, and 8.4% of all sexual assaults reported in 2022 occurred 20 or more years ago (ABS 2023a).

Reports into women and girls' experiences with the police and broader criminal justice system, such as the Queensland Hear her voice reports and the *National Plan Victim-Survivor Advocates Consultation Final Report*, acknowledge that work has been undertaken to improve police understanding of family, domestic and sexual violence (FDSV) and police responses to reports of gendered violence in recent years. However they also highlight responses are still inadequate and lacking in consistency (Fitz-Gibbon et al 2022; Queensland Government 2022). Reports such as these also highlight the need to improve police response for those victim-survivors who experience intersecting forms of inequality and discrimination, for example Aboriginal and Torres Strait Islander (First Nations) people, culturally and linguistically diverse people, people with disability, and LGBTIQA+ people, see **Population groups** (Fitz-Gibbon et al 2022; Queensland Government 2022). The National plan indicates that enhanced education and training of police in terms of responses to reporting of gendered crime and improved access to safe and/or alternative reporting options should be implemented to improve reporting experiences for all people in Australia (DSS 2022).

To understand the current extent of police involvement in sexual assaults in Australia, data on level of reporting to police, available from the ABS Personal Safety Survey (PSS), should be examined alongside recorded crime data (ABS Recorded Crime – Victims and ABS Recorded Crime – Offenders). For more information about these data sources, please see **Data sources and technical notes**.

Police-recorded sexual assault data are an underestimate of sexual assaults

7.7% of women who experienced sexual assault by a male in the 10 years before 2021–22 contacted police about the most recent incident.

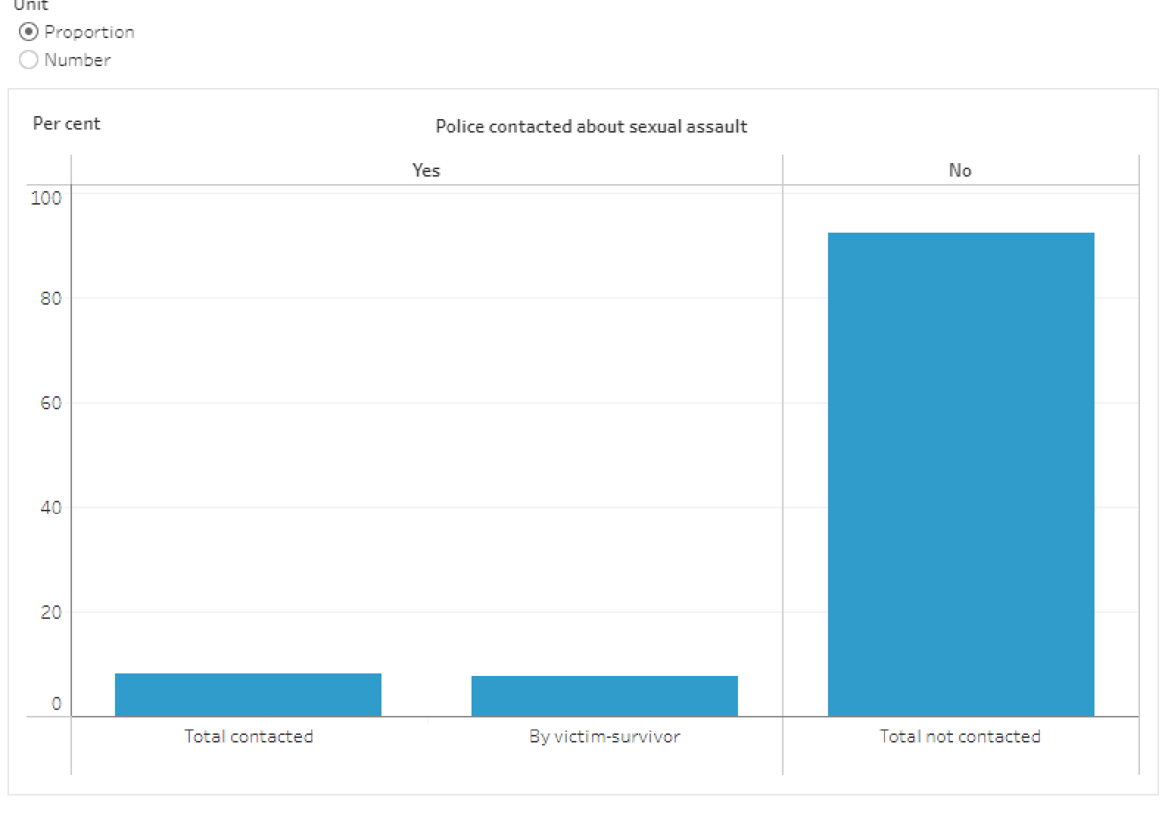
Examining whether police are contacted following sexual assault can provide an indication of reporting levels and utilisation of police services. Data on whether police were contacted (by the victim-survivor and/or another person) after sexual assault, as well as reasons for not contacting, are available from the ABS PSS. In the PSS, victim-survivors are referred to as people who have experienced violence, see **What is FDSV?** for more details.

The 2021–22 PSS includes data on female victim-survivors' most recent incident of sexual assault by a male in the last 10 years. According to these data:

- the police were contacted in relation to 8.3% of sexual assaults
- 7.7% of victim-survivors contacted police themselves (Figure 1) (ABS 2023c).

Data for males who experienced sexual assault are not available here due to data quality issues, see **Data sources and technical notes**.

Figure 1: Police contacted after most recent incident of sexual assault, females, 2021–22



Source: ABS PSS 2021–22. https://www.aihw.gov.au

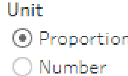
Family, domestic and sexual violence data in Australia includes data on the proportion of sexual assaults in the 12 months prior to the PSS that were reported to police between 2005 and 2016. Comparable data are not available for the 2021–22 PSS.

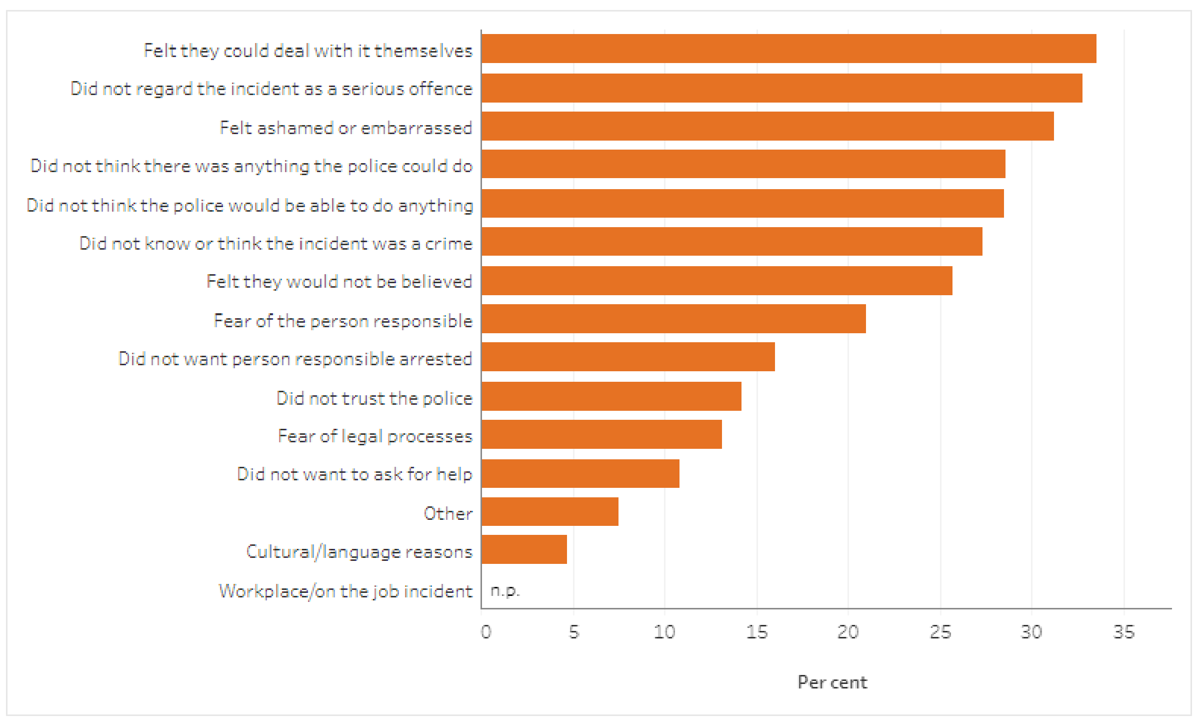
Examining reasons why people did not contact police after a sexual assault can provide insight into how victim-survivors can be better supported and encouraged to seek help. Figure 2 shows that there were a range of reasons why female victim-survivors did not contact police following their most recent incident of sexual assault by a male perpetrator in the last 10 years. According to the 2021–22 PSS, the 2 most common reasons were female victim-survivors did not contact police were they:

- felt like they could deal with it themselves
- did not regard the incident as a serious offence (ABS 2023c).

Data for males who experienced sexual assault are not available here due to data quality issues, see **Data sources and technical notes**.

Figure 2: Reasons police not contacted after most recent incident of sexual assault by a male perpetrator, females, 2021–22





n.p.: not published.
Source: ABS PSS 2021–22.
https://www.aihw.gov.au

What do Recorded Crime data tell us?

The ABS collects data on sexual assaults recorded by police in the Recorded Crime – Victims and Recorded Crime – Offenders collections (see Box 1). These collections provide insights into police involvement in responses to sexual assaults in the Australian community over time and across different population groups (see Figure 4 and 5), as well as the different characteristics (see Figure 6) of those sexual assaults recorded by police.

Box 1: Sexual assault in ABS Recorded Crime collections

- ABS Recorded Crime collections are based on crimes recorded by police in each state and territory and published according to the Australian and New Zealand Standard Offence Classification (ANZSOC) (ABS 2011). While there may be some jurisdictional differences in police reporting due to legislative differences, as a general rule, for recorded crime data, sexual assault refers to any physical contact, or intent of contact, of a sexual nature directed toward another person where that person does not give consent, gives consent as a result of intimidation or deception, or consent is unable to be given because of youth, temporary/permanent (mental) incapacity or familial relationship. Differences in consent laws between states and territories may also impact

sexual assaults captured in recorded crime data, see **Consent** for more information. Sexual assault includes aggravated sexual assault and non-aggravated sexual assault (see **Data sources and technical notes** for details).

- Information on sexual assaults recorded by police are available on victims (Recorded Crime – Victims) and offenders (Recorded Crime – Offenders). Victims data include each incident of sexual assault that police record (not all sexual assaults are recorded) rather than reflecting a count of unique people. Victims data are not restricted by age and includes incidents of child sexual abuse (see **Children and young people**). Conversely, Offenders data include a count of unique alleged offenders aged 10 and over, irrespective of how many offences they may have committed within the same incident, or how many times police dealt with them during the reference period. Alleged offences recorded in offenders' statistics may be later withdrawn or not be substantiated. Offenders data also include a count of police proceedings which are categorised as court or non-court actions (for example, warnings, conferencing, diversion). An individual offender may have more than one police proceeding recorded in the same reference period.
- It is important to note that the number of police-recorded victims does not align with the number of recorded offenders nor the proceeding counts due to different counting rules, different reference periods, and variation in the time between when a crime is recorded and when police identify an offender. In some cases, police may never identify offenders.
- The terms 'victim' and 'offender' are used here to align with the ABS recorded crime collections.

For more details, see **Data sources and technical notes**.

According to ABS Recorded Crime – Victims data, in Australia in 2022:

- 32,100 sexual assaults were recorded, with 5 in 6 (84% or 27,000) perpetrated against females
- the rate of sexual assault was higher for females (206 per 100,000), than males (39 per 100,000)
- there was significant variation in sexual assault rates between states and territories. ACT had the lowest rate of sexual assaults (71 per 100,000 persons) while NSW had the highest rate (152 per 100,000) (ABS 2023a).

Has it changed over time?

There was a 43% increase in the rates of police-recorded sexual assault for women between 2010 and 2022

Recorded Crime – Victims data show that in Australia, between 2010 and 2022, sexual

assault victimisation rates were consistently higher for females compared to males. During this time:

- the victimisation rate for females increased by 43% (from 144 to 206 per 100,000 females), with a 15% increase evident between 2020 and 2021
- the victimisation rate for males increased by 51% (from 26 to 39 per 100,000 males), with a 16% increase evident between 2021 and 2022
- the increase was generally consistent across jurisdictions, although the rate and pattern of increase varied (ABS 2023a).

Victimisation rates are based on all recorded sexual assaults irrespective of age and include incidents of child sexual abuse. See **Data sources and technical notes** for more information on rates and definitions related to sexual assault.

Changes in crime rates may be due to changes in reporting behaviour, increased awareness about forms of violence, changes to police practices, and/or an increase in sexual assault incidents. Between 2014 and 2022 there was a smaller increase in the number of sexual assaults that were reported to police less than a year after the incident (39%) than for those reported 12 or more months after (108%) (ABS 2023a).

Figure 3 allows users to further explore the number and rate of sexual assaults recorded by police per 100,000 people since 2010, by sex of victim and the state and territory the sexual assault was recorded, over time.

Figure 3: Victims of sexual assault, by sex and location, 2010 to 2022

Source: ABS Recorded Crime – Victims. https://www.aihw.gov.au

Is it the same for everyone?

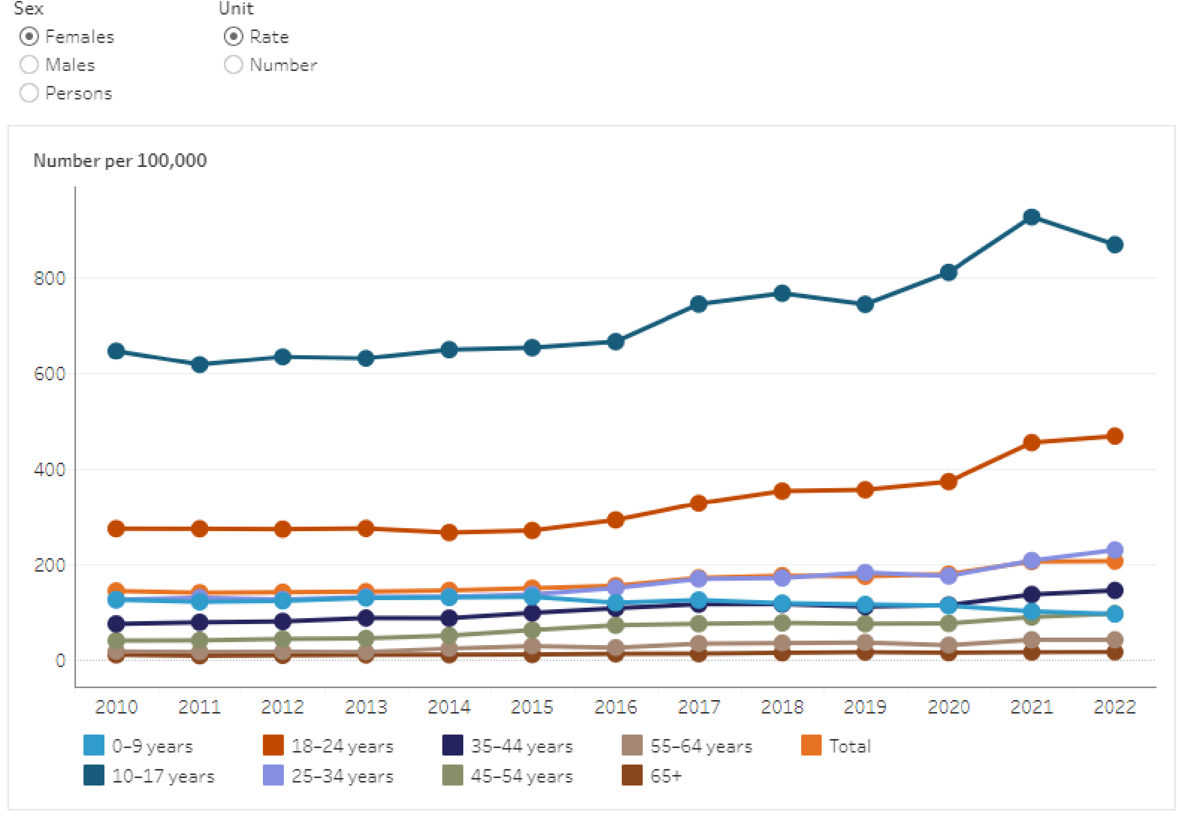
Police-recorded sexual assaults can be explored in terms of a range of victim and crime characteristics, including: sex of victim, age at report, time to report, setting where the crime occurred, whether a weapon was used and relationship of offender to victim. Examining data by victim characteristics provides insight into which groups are most affected by sexual assault.

Sexual assault perpetrated against children is considered a form of child sexual abuse (see **Children and young people**). Incidents of child sexual abuse recorded by police are captured in ABS sexual assault victims data and can be examined when data are reported by age at report. According to Recorded Crime – Victims data, in 2022:

- The sexual assault victimisation rate was highest amongst people aged 10-17 years (489 per 100,000) and lowest for those aged 65 and over (11 per 100,000) at the time of reporting to police. This is true for both females and males.
- Between 2010–2022, the sexual assault victimisation rate increased across all age groups, except 0–9 years (ABS 2023a).

Figure 4 allows users to further explore the number and rate of sexual assaults recorded by police per 100,000 people since 2010, by sex of victim and age group, over time.

Figure 4: Victims of sexual assault, by age at report, 2010 to 2022



Source: ABS Recorded Crime – Victims. https://www.aihw.gov.au

Consistently over time, most sexual assaults were classified as aggravated, and most did not involve the use of weapon. Sexual assaults in a residential setting were consistently more common than in the community. In 2022, 80% of all sexual assaults were classified as aggravated and 65% occurred in a residential setting (ABS 2023a, ABS 2023b). See **Data sources and technical notes** for information on terminology used here.

Of all sexual assaults recorded in 2022, over 2 in 3 (69% or 22,200) were reported to police within the first year following the incident. A lower proportion was reported when only looking at sexual assaults categorised as family and domestic violence (FDV) (57%). Police investigations were still ongoing 30 days after an offence was recorded in around 2 in 3 (66% or 21,300) sexual assaults recorded in 2022.

Figure 5 allows users to further explore the number and proportion of sexual assault victims, by type of assault, time to report, setting where crime occurred, use of weapon, and outcome of investigation.

Figure 5: Characteristics of sexual assault, 2010 to 2022

Unit
Number
Proportion

Year
2022

Characteristic	Disaggregation
Aggravated sexual assault	Yes
	No
Time to report	Less than 1 year
	1y to less than 2y
	2y to less than 5y
	5y to less than 10y
	10y to less than 20y
	20 years or more
Setting of offence	Residential
	Community
	Other
Weapon used	Yes
	No
Finalised investigation	Yes
	No

0 5 10 15 20 25 30

Number ('000)

Source: ABS Recorded Crime – Victims (published and unpublished).

https://www.aihw.gov.au

Perpetrators of sexual assault are often known to the victim

3 in 4 (76%) sexual assaults recorded by police in 2022 were perpetrated by someone known to the victim.

Recorded Crime – Victims data, for the 7 states and territories (excludes Western Australia) where relationship data were available, show that of all sexual assaults in 2022:

- 76% were perpetrated by someone who knew the victim
- 19% were perpetrated by strangers, with similar proportions for females (19%) and males (18%)
- 5.7% of cases a perpetrator wasn't able to be identified or a relationship was not specified (ABS 2023b).

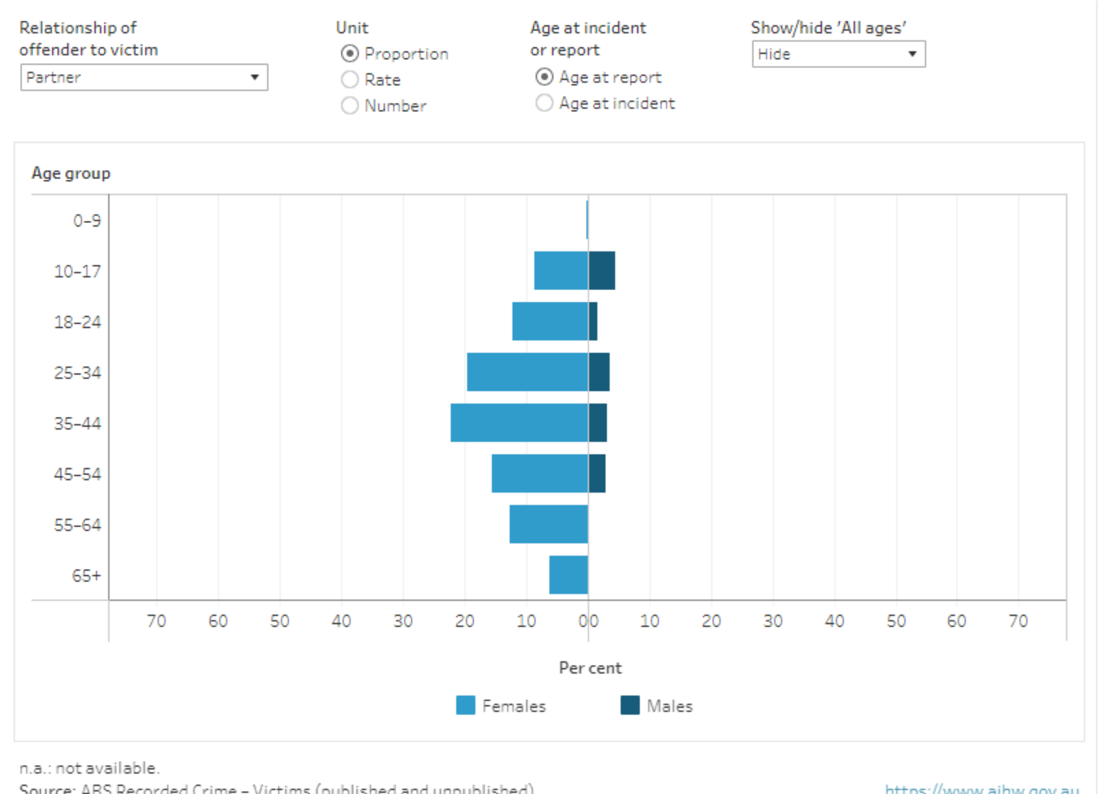
When looking at victims by age at incident in 2022:

- For females and males aged 0–9, the sexual assault offender were most commonly a family member (61% and 46% respectively). Around 1 in 10 were perpetrated by siblings (12% for females and 8.6% for males) (ABS 2023b).

- For each male age group from 10 years onwards, offenders were most commonly a known person who was not a family member (ABS 2023b).
- For females in the middle age groups (25–34 to 45–54) the offender was most commonly a family member, while a known person who was not a family member was most commonly the perpetrator for the remaining age groups (10–24 and 55 and over).
- For females, more than 1 in 10 (12%) sexual assaults were pepetrated by a current partner, with females aged 35-44 having the highest proportion of any age group (1 in 4 or 26% perpetrated by current partner).

Figure 6 allows for further examination of sexual assaults, by sex of victim, relationship to offender and across age at incident and age at report. Presented proportions are based on all sexual assaults for a specific age group.

Figure 6: Sexual assaults by relationship of offender to victim, 2022



n.a.: not available.

Source: ABS Recorded Crime – Victims (published and unpublished).

https://www.aihw.gov.au

How many people are recorded as sexual assault offenders?

According to ABS Recorded Crime - Offenders data, around 6,400 people had a principal offence of sexual assault recorded during 2022–23. This represents a rate of 28 offenders per 100,000 people (ABS 2024). These data do not reflect the total number of sexual assaults that recorded offenders were involved in or proceeded against by police

during the period and do not include offenders of sexual assault whom police were unable to identify. There are currently no data available to establish the number offenders police were unable to identify. Future development work may provide some insight (Box 2).

Following police charges, individuals may become a defendant in 1 or more criminal court case. For more information on defendants in sexual assault cases, see **Legal systems**. Sexual assault offenders may also take part in specialist perpetrator interventions, which work to hold perpetrators to account and change their violent, coercive and abusive behaviours. More information can be found in **Specialist perpetrator interventions**.

Box 2: Improving data on recorded sexual assault offenders

There are several national data projects underway which will help improve understanding of sexual offender interactions with police and the broader criminal justice system in the future. The Australian Institute of Criminology piloted the Australian Sexual Offences Statistical (ASOS) collection in 2022–23. The ASOS is a comprehensive statistical collection of sexual offences proceeded against by the police in Australia each year. It includes information on the offence, the offender's characteristics and the victim's characteristics. A report based on the pilot data will be published in 2023–24. More broadly, the National Crime and Justice Data Linkage Project aims to link administrative datasets from across the criminal justice sector, including police, criminal courts and corrective services, forming the ABS Criminal Justice Data Asset. Once fully established, this data asset could provide insight on how perpetrators of FDSV, including sexual assault, move through the criminal justice sector.

Related material

- FDV reported to police
- Sexual violence
- Who uses violence?
- Legal systems

More information

- National sexual violence responses
- Sexual assault in Australia

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Child protection

Key findings

- 1 in 32 (or almost 178,000) children in Australia came into contact with the child protection system in 2021–22
- 57% of children who were the subject of a substantiation of maltreatment in 2021–22 had emotional abuse recorded as the primary type of abuse
- Over 1 in 2 (53%, or 5,000) young people under youth justice supervision in 2020–21 had contact with the child protection system between 1 July 2016 and 30 June 2021

Child maltreatment is a broad term covering any abuse and neglect of children aged under 18 years by parents, caregivers, or other adults considered to be in a position of responsibility, trust or power. It includes intentional and non-intentional behaviours that result in a child being harmed, or placed at risk of harm, physically or emotionally (AIFS 2018; WHO 2022).

When a child is exposed to violence within their family this is considered family violence. A child can experience violence directly (where behaviours are directed against or towards the child) and/or indirectly, by living in a family where there is violence directed at, or between, parents, caregivers or other family members and the child sees, hears or is otherwise affected by the violence (AIFS 2018; Richards 2011).

The Australian Government, in partnership with all state and territory governments, have developed national strategies for preventing and responding to child abuse and neglect, including child sexual abuse (DPMC 2021; DSS 2021). See **Policy and international context** for more information about *Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031* and the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*.

Child protection services aim to protect children from maltreatment in family settings. In Australia, states and territories are responsible for statutory child protection – the provision of 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. In some jurisdictions, support for young people in out-of-home care is extended up to the age of 21 years (AIHW 2023a).

Child protection system in Australia

Australia's child protection system includes: the provision of support services to help families create a safe home environment for their children, avoid the need for out-of-home care, and to help reunite families after a child has been removed; investigation and case management for reports of maltreatment; legal interventions such as care and protection orders; and, when children are unable to live safely at home, they may be placed in out-of-home care. The services provided depend on the individual

circumstances and level of intervention required to ensure the safety of the child (AIHW 2023a, 2022b).

Box 1: National child protection reporting

The Child Protection National Minimum Data Set (CP NMDS) contains information on children and young people who came into contact with the child protection system. Children may receive a mix of child protection services – when reporting a unique count of children who came into contact with the child protection system, each child is counted once if they were the subject of an investigation, of a notification, on a care and protection order and/or were in out-of-home care (see the Child protection Glossary).

Substantiations of child maltreatment are also recorded in the CP NMDS (that is, where an investigation concludes that there was reasonable cause to believe that a child had been, was being, or was likely to be, abused, neglected or otherwise harmed) (AIHW 2023a). Four main types of substantiated child maltreatment are reported:

- Physical abuse – any non-accidental physical act inflicted upon a child by a person having the care of a child.
- Sexual abuse – any act by a person, having the care of a child that exposes the child to, or involves the child in, sexual processes beyond his or her understanding or contrary to accepted community standards.
- Emotional abuse – any act by a person having the care of a child that results in the child suffering any significant emotional deprivation or trauma. Children affected by violence directed at, or between, parents, caregivers or other family members are also included in this category.
- Neglect – any serious acts or omissions by a person having the care of a child that, within the bounds of cultural tradition, constitute a failure to provide conditions that are essential for the healthy physical and emotional development of a child (AIHW 2023c).

If a child was the subject of more than one type of maltreatment as part of the same report, the type of abuse or neglect reported is the one considered by the child protection workers to cause the most harm to the child (AIHW 2023a).

Source: AIHW 2023a, 2023c.

Neglect of children has been included in the data reported for child protection services because children are often neglected when family, domestic or sexual violence occurs in the home. For example, perpetrators may prevent their partner from caring for or seeking medical treatment for children (QCDFVR 2020).

What do we know about child maltreatment?

Many cases of child maltreatment are not disclosed to authorities (AIFS 2020). The CP NMDS only includes cases reported to state and territory departments responsible for child protection and reflects the incidence of substantiations of harm, or risk of harm. It does not provide the prevalence of child maltreatment in Australia (AIHW 2023a, 2022b).

The experience and impacts of child maltreatment and exposure to family violence were explored in 2021 as part of the first national child maltreatment study in Australia (Haslam et al. 2023). Findings from the Australian Child Maltreatment Study are presented in the **Children and young people** and **Child sexual abuse** topics.

Family and domestic violence, parental alcohol and other drug use, and parental mental health issues have been identified as key behavioural risk factors in reports of child maltreatment and placement in out-of-home care (Luu et al. 2024). Family and domestic violence, including child maltreatment, can have a wide range of significant adverse impacts on a child's development and later outcomes. This includes, but is not limited to, adverse effects on the person's mental and physical health, housing situation and general wellbeing. Research also indicates there is a link between adverse childhood experiences, including child maltreatment, and the future use of violence by victim-survivors (Ogilvie et al. 2022).

See also **Factors associated with FDSV** and **Children and young people**.

Several Australian linkage projects have brought together data from different data collections to better understand some of the outcomes for children in contact with the child protection system. These projects found that children who had contact with the child protection system were more likely:

- than other children to be under youth justice supervision and to seek assistance from specialist homelessness services (AIHW 2016, 2022c)
- to have lower levels of literacy and numeracy than all students (AIHW 2015, see also Box 2)
- to receive income support payments at ages 16–30 when compared with the Australian population of the same age (AIHW 2022a, see also **Economic and financial impacts**).

Box 2: New South Wales and South Australian data linkage projects – educational outcomes for children who had contact with child protection services

- The New South Wales Child Development Study included linked data for 56,860 Australian children and their parents across a range of data collections including those related to child protection services and educational outcomes. The data showed that children who had contact with child protection services had lower 3rd- and 5th-grade literacy and numeracy levels when compared with children who did not have contact with child protection services. Children with substantiated risk of significant harm reports who were not placed in out-of-home care had the lowest levels for literacy and numeracy when compared with all other children, including children who were placed in out-of-home care. This suggests that placement in out-of-home care may have a potential beneficial effect (Laurens et al. 2020).
- The South Australian Early Childhood Data Project includes data from a range of sources for around 450,000 South Australian children born from 1991 onwards, and their parents

and carers. Australian Early Development Census (AEDC) data were used to examine childhood development at age 5 (the year children enter formal schooling) according to contact with child protection services. The analysis found that children who had contact with child protection services were more likely to be classified as vulnerable on 1 or more domains compared with children who did not have contact. Vulnerability increased for children who had a greater level of contact with the child protection system – children who had experienced out-of-home care were almost 1.5 times as likely to have developmental vulnerabilities at age 5 compared with those who had a notification to a child protection department only (Pilkington et al. 2019).

What do the data tell us about the child protection system?

Child protection data are recorded in the Child Protection National Minimum Data Set (see Box 1 and **Data sources and technical notes**).

1 in 32 children

in Australia came into contact with the **child protection** system in 2021–22

During 2021–22, 1 in 32 (or almost 178,000) children in Australia came into contact with the child protection system:

- 119,000 (21 per 1,000) were the subject of an investigation
- 72,300 (13 per 1,000) were on a care and protection order
- 55,800 (9.8 per 1,000) were in out-of-home care.

About two-thirds (70%) of the children were repeat clients, that is, they had been in contact with the system before (AIHW 2023a).

Emotional abuse is the main type of substantiated maltreatment

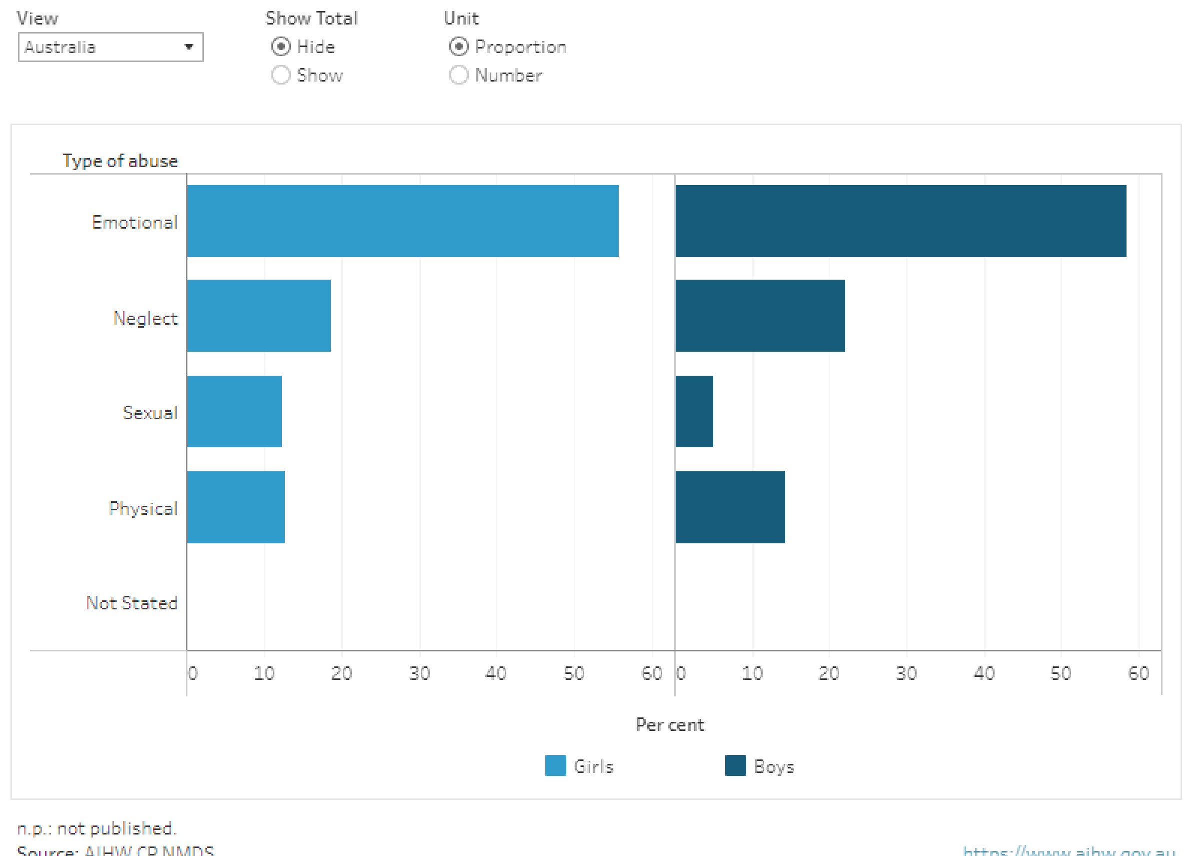
57% of children who were the subject of a substantiation of maltreatment in 2021–22 had emotional abuse recorded as the primary type of abuse

In 2021–22, nearly 45,500 children (8 per 1,000 children) were the subjects of substantiated maltreatment following an investigation (that is, an investigation concluded that there was reasonable cause to believe that a child had been, was being, or was likely to be, abused, neglected or otherwise harmed). For more than half (57%, or 25,900) of these children, emotional abuse was the primary type of substantiated maltreatment. This category includes children who experienced violence directly and those affected by exposure to family and domestic violence. However, it is not possible to separately report the number of children affected by exposure to family and

domestic violence from those who experienced other forms of emotional abuse (AIHW 2023a).

Neglect was the next most common substantiated type of maltreatment (21%), followed by physical abuse (13%) and sexual abuse (9%) (AIHW 2023a). The pattern of substantiated abuse types was similar for girls and boys, however, girls (12%) were more likely to be the subjects of substantiations for sexual abuse than boys (5%) (Figure 1, AIHW 2023a).

Figure 1: Children who were the subjects of substantiations, by primary type of maltreatment and sex, 2021–22



n.p.: not published.
Source: AIHW CP NMDS.
https://www.aihw.gov.au

Intensive family support services

Almost **36,200** children commenced intensive family support services in 2021–22

National data for reporting on family support services in the child protection context is currently limited to intensive family support services. These are services that explicitly work to prevent imminent separation of children from their primary caregivers because of child protection concerns, and to reunify families where separation has already occurred (AIHW 2023a).

In 2021–22, almost 36,200 children commenced intensive family support services and of these 23% (or about 8,200) were aged under 5 (AIHW 2023a).

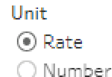
Has the rate of children who had contact with the child protection system changed over time?

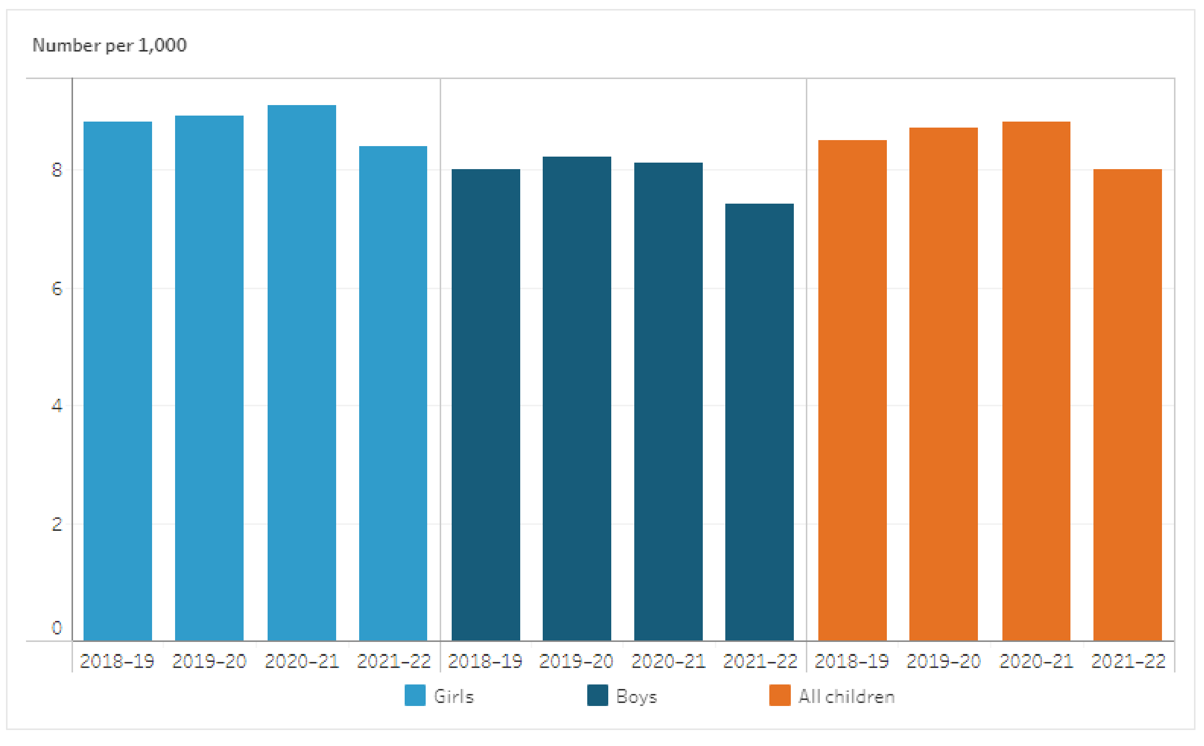
The rate of children who had contact with the child protection system was relatively stable between 2018–19 and 2021–22, at around 31 per 1,000 children (AIHW 2023a).

Figure 2 shows that the rate of children who were the subjects of substantiations was relatively stable between 2018–19 and 2020–21 (at around 9 per 1,000 children), with a slight decrease to 8 per 1,000 children in 2021–22. This pattern was similar for boys and girls, however, the rate of substantiations was slightly higher for girls over the period (ranging from 8.4 to 9.1 per 1,000 for girls, compared with a range of 7.4 to 8.2 per 1,000 for boys).

Data for 2017–18 have not been included in this analysis as data on substantiations were unavailable for New South Wales for that period.

Figure 2: Children who were the subjects of substantiations, by sex, 2018–19 to 2021–22





Source: AIHW CP NMDS.

https://www.aihw.gov.au

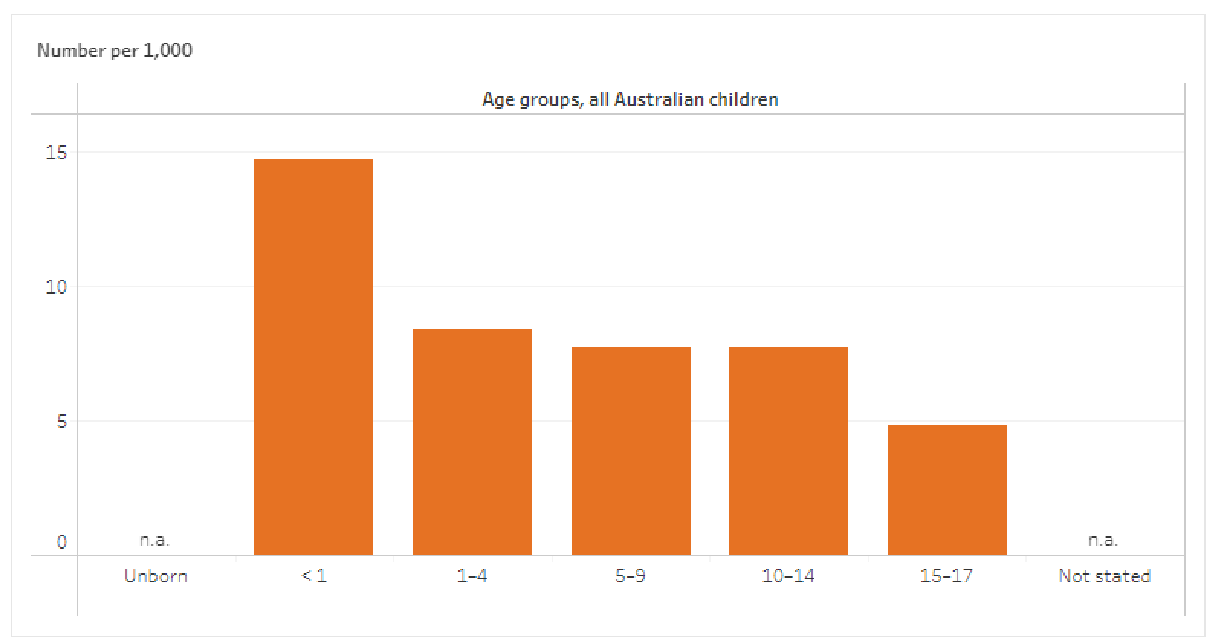
Emotional abuse was the most common substantiated primary type of maltreatment between 2018-19 and 2021-22. It was recorded as the primary type of maltreatment for more than half of the children who were the subjects of substantiated maltreatment, ranging from 54% in 2018–19 and 2019–20 to 57% in 2021–22 (AIHW 2023a).

Are the rates of substantiations of child maltreatment the same for all children?

Figure 3 shows the number and rate (number per 1,000 children) of children who were the subjects of substantiations in 2021–22 for select population groups. The rates of substantiations of child maltreatment are higher for:

- infants (children aged under one) – 15 per 1,000 children compared with 5 per 1,000 for children aged 15–17
- First Nations (Aboriginal and Torres Strait Islander) children, a rate of 40 per 1,000
- children from *Very remote areas* (25 per 1,000 children), compared with *Major cities* (6.6 per 1,000)
- children from the lowest socioeconomic areas (33% of substantiations were for children in the lowest socioeconomic areas, compared with 7.2% in the highest) (Figure 3; AIHW 2023a).

Figure 3: Children who were the subjects of substantiations, for select population groups, 2021–22



n.a.: not available.
Source: AIHW CP NMDS.
https://www.aihw.gov.au

What else do we know?

There is substantial overlap between the child protection system and youth justice supervision

Over 1 in 2 (53%) young people under youth justice supervision in 2020–21 had contact with the child protection system between 1 July 2016 and 30 June 2021

Of the nearly 9,300 young people aged 10 and over under youth justice supervision (community-based supervision and/or detention) in 2020–21:

- over 1 in 2 (53%, or nearly 5,000) had contact with the child protection system between 1 July 2016 and 30 June 2021
- over 1 in 4 (28%, or nearly 2,600) had contact with the child protection system in 2020–21 (AIHW 2022c).

The proportion of children and young people who had contact with the child protection system between 1 July 2016 and 30 June 2021 was higher for those in youth detention in 2020–21 (60%) than those under community-based supervision (54%) (AIHW 2022c).

Some children in out-of-home care may be the subject of further abuse

Box 2: Reporting on the safety of children in care

The national collection on safety in care provides information about substantiations of abuse for children in care by their carer or another person in the household or care facility. Children in care are those children who were placed in out-of-home care, on third-party parental responsibility orders, or on other orders that transfer full or partial parental responsibility for the child to an authority of the state or territory.

Notifications of suspected abuse in care are investigated, and will be substantiated where 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 includes cases of physical abuse, sexual abuse (including sexual exploitation), emotional abuse (including exposure to family and domestic violence), and neglect (including inadequate supervision and failing to provide appropriate food, clothing, shelter and medical care).

Source: AIHW 2021

In 2021–22, about 1,200 children were the subject of a substantiation of abuse in care. The most common primary type of abuse in care was physical abuse (32%). This was followed by emotional abuse (29%), neglect (18%) and sexual abuse (15%) (AIHW 2023b).

Physical abuse (36%) was the most common type of abuse in care for boys, followed by emotional abuse (28%). For girls, emotional abuse (31%) was the most common,

followed by physical abuse (27%). Girls (19%) were more likely to be the subjects of substantiations for sexual abuse in care than boys (12%) (AIHW 2023b).

Related material

- Factors associated with FDSV
- Children and young people
- Economic and financial impacts
- Family and domestic violence
- Policy and international context

More information

- Child protection Australia 2021-22
- National framework for protecting Australia's children indicators
- Income support receipt for young people transitioning from out–of–home care 2022
- Young people under youth justice supervision and their interaction with the child protection system 2020-21

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Housing

Key findings

- Of those assisted by specialist homelessness services in 2022–23 around 104,000 people, or 38% of all clients, have experienced FDV.
- The rate of specialist homelessness services clients who have experienced FDV increased by 13% between 2011–12 and 2022–23.
- Among specialist homelessness services clients who have experienced FDV, 9 in 10 were women (aged 15 or older) and children (0-14 years old).

Family and domestic violence (FDV) is the main reason women and children leave their homes in Australia (AHURI 2021). Many women and children leaving their homes may experience housing insecurity, and in some cases, homelessness (Fitz-Gibbon et al. 2022). For this reason, women and children affected by FDV are a national homelessness priority group in the *National Housing and Homelessness Agreement* (NHHA), which came into effect on 1 July 2018 (CFFR 2019). Additionally, the *National Plan to End Violence against Women and Children 2022-2032* identified housing as a priority response area (DSS 2022). Safety at home can also be a concern for people who have experienced sexual violence outside of the family, for example if the perpetrator lives nearby, or knows where they live.

Housing assistance provided by governments and community organisations is available to eligible people in Australia who may have difficulty securing stable and affordable housing. There are also specialist homelessness services (SHS) that can provide a specialised response service for people experiencing homelessness or at risk of homelessness, including those who may need to leave their home due to family, domestic and/or sexual violence (FDSV) (DSS 2022).

This page focuses primarily on SHS data, as this is the only national housing-related collection which currently includes information on clients who have experienced family, domestic and sexual violence.

Understanding housing and FDSV

When violence occurs within the home, it can create an unsafe and unstable environment, leading some individuals and families to leave for their safety (AIHW 2023b). For many, leaving the home (either temporarily or permanently) can result in housing insecurity and/or homelessness due to a lack of housing options or barriers in accessing resources and support.

The 2021–22 Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS) estimated that almost 2 in 3 (64%, or about 867,000) women who experienced partner violence while living with a previous partner, moved away from home when the relationship finally ended (ABS 2023). Equivalent estimates for men from the 2021–22 PSS were not

sufficiently reliable for reporting. However, estimates from the 2016 PSS indicate that around 3 in 5 (61%, or about 223,000) men who experienced partner violence while living with a previous partner, moved away from home when the relationship finally ended (ABS 2017).

Following final separation from a violent partner, many people experienced homelessness at some point (e.g. slept rough, stayed temporarily with a friend or relative, or in accommodation without a permanent address). For example, 2 in 3 women (67% or 577,000) relied on friends or relatives for accommodation (ABS 2023).

For some victim-survivors, lack of suitable housing options may lead them to stay in or return to a violent relationship (Flanagan et al. 2019). There is research suggesting that returning to a previously violent partner can increase the level of violence experienced by victim-survivors who return (Anderson 2003). Providing suitable options for secure long-term housing accommodation is essential to support victim-survivors leaving a violent relationship (ANROWS 2019; Flanagan et al. 2019).

The *Safe Places Emergency Accommodation (Safe Places) Program* was established under the Fourth Action Plan of the *National Plan to Reduce Violence against Women and their Children 2010-2022*. Safe Places is a capital works program for emergency accommodation for women and children leaving FDV. Additional funding to continue the Safe Places Program was announced as part of the Australian Government investment in women's safety and the *National Plan to End Violence against Women and Children 2022-2032* (DSS 2023).

Housing assistance provided by the Australian and state and territory governments includes the provision of social housing (public housing, state owned and managed Indigenous housing, community housing and Indigenous community housing) and financial assistance:

- Social housing is generally allocated according to priority needs – people identified as having the greatest need (such as those at risk of homelessness, including people whose life or safety was threatened within their existing accommodation), and those with special needs for housing assistance (such as people with disability).
- Financial assistance includes Commonwealth Rent Assistance (CRA) and Private Rent Assistance (PRA) to help with private rental market costs and Home Purchase Assistance (HPA) (AIHW 2023a).

For information about the financial supports available to those who have experienced violence, see **Financial support and workplace responses**.

For those experiencing FDSV, SHS can provide an immediate response and crisis support. However, the pathway into stable, secure and long-term housing can be challenging (Flanagan et al. 2019). Systemic barriers, such as limited supply of affordable housing, make it difficult for women and children affected by FDV to move from crisis or transitional accommodation into permanent, independent housing (Flanagan et al. 2019; ANROWS 2019).

Why is housing important for those leaving violent situations?

'A key aspect to being stable and free from violence was having housing. I was luckily placed into government housing which offers people stability and affordability while learning life skills. Things you wouldn't have time for if you were in the private rental market.'

Kelly

WEAVERs Expert by Experience

People and families who are homeless or at risk of homelessness may be at risk of additional forms of violence and exploitation, including sexual violence, as well as other challenges such as poverty and poor health (Fitz-Gibbon et al. 2022). The co-occurrence of homelessness and FDV can also have a significant impact on the mental health and well-being of individuals and families. Experiencing violence and homelessness can lead to trauma, significant stress and other mental health issues, further compounding the difficulties faced when leaving situations involving FDV (Fitz-Gibbon et al. 2022; AIHW 2021). For more information see **Health outcomes**.

How do specialist homelessness services respond to FDSV?

Specialist homelessness services (SHS) deliver accommodation-related and personal services to people who seek support who are homeless or at risk of homelessness.

SHS agencies vary in size and in the types of assistance they provide. Across Australia, agencies provide services aimed at prevention and early intervention, as well as crisis and post crisis assistance to support people experiencing, or at risk of, homelessness. For example, some agencies focus specifically on assisting people experiencing homelessness, while others deliver a broader range of services, including youth services, FDV services, and housing support services to those at risk of becoming homeless. The service types an agency provides range from basic, short-term interventions such as advice and information, meals and shower or laundry facilities through to more specialised, time-intensive services such as financial advice and counselling and professional legal services. Some people receive support from SHS agencies on multiple occasions and the reason for seeking support may differ (AIHW 2023b).

National data sources for measuring specialist homelessness services

SHS agencies that receive government funding are required to provide data to the Specialist Homelessness Services Collection (SHSC). The SHSC includes data on clients, the services that were provided to them and the outcomes achieved for those clients. For more information about the SHSC, please see **Data sources and technical notes**.

Box 1 provides information about the National Housing and Homeless Agreement (NHHA) Performance Indicators.

Box 1: National Housing and Homelessness Agreement (NHHA) Performance Indicators

Under the National Housing and Homelessness Agreement (NHHA), there are 2 key indicators to measure national homelessness performance:

- the number of people who experience repeat homelessness; and
- the proportion of people who are at risk of homelessness that receive assistance to avoid homelessness (AIHW 2023b).

Data on women and children affected by FDV are collected against these indicators. However, these data are primarily used to report progress against the objectives and outcomes of the NHHA and may not reflect progress for addressing FDV specifically.

In 2022–23, for SHS clients affected by FDV:

- there were 15,500 women and children experiencing persistent homelessness (homeless for more than 7 months over a 24-month period); an increase of 2,400 since 2018–19.
- there were 7,900 women and children affected by family violence that returned to homelessness (that is, used homelessness services with periods of permanent housing in between, only to return to SHS since July 2011) (430 client decrease since 2018-19).
- 78% of women and children at risk of homelessness avoided homelessness (no change from 2018-19).

For more information see National Housing and Homelessness Agreement Performance Indicators.

What do the data tell us about homelessness in the context of FDV?

SHS clients who experience FDV

Examination of the number of SHS clients experiencing FDV provides an indication of the level of service response for this group. Data on people seeking support from SHS agencies are drawn from the AIHW Specialist Homelessness Services Collection (SHSC) (see Box 2). The AIHW Specialist homelessness services annual report includes additional details on Clients who have experienced family and domestic violence.

Box 2: Reporting clients experiencing FDV in the SHSC

In the SHSC, a client is reported as experiencing FDV if they identified FDV as a reason for seeking assistance and/or one of the services they needed was FDV assistance. In this context, family and domestic violence is defined as physical or emotional abuse inflicted on the client by a family member.

The SHSC reports on clients experiencing FDV of any age, including both victim and perpetrator services provided.

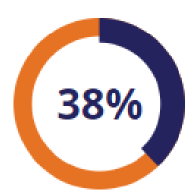
Clients of SHS agencies are considered to be either experiencing homelessness or at risk of homelessness:

- Clients are considered to be experiencing homelessness if they are 'sleeping rough' in non-conventional accommodation, such as on the street or in a park, staying in short-term or emergency accommodation or staying in a dwelling without tenure (couch surfing).
- Clients are considered to be at risk of homelessness if they are living in public or community housing, private or other housing or in institutional settings.

Agencies funded to provided SHS vary widely in terms of the services they provide and the service delivery frameworks they use. Each state and territory manage their own system for the assessment, intake, referral and ongoing case management of SHS clients. Changes implemented by states and territories in the delivery of services and their associated responses have the potential to impact SHSC annual data.

In the SHSC, there is also data available on clients who identified sexual abuse by a family member or non-related individual as a reason for seeking assistance, and clients who needed and/or were provided with assistance for incest/sexual assault. In 2022–23, there were around 4,800 clients who reported sexual abuse as a reason for seeking assistance. Due to the relatively small number of clients, further analysis on this client group was not undertaken for this page.

Source: AIHW 2023b.



of all clients assisted by specialist homelessness services in 2022–23 had experienced FDV

In 2022–23, around 104,000 clients assisted by SHS agencies had experienced FDV, representing 38% of all SHS clients, and a population rate of 40 per 10,000. Of these, around 3 in 5 (62%) had previously been assisted by a SHS agency at least once since the collection started in July 2011.

SHS clients may be provided with multiple forms of assistance. Among the 104,000 clients who had experienced FDV in 2022-23:

- 67% (70,000) needed specific assistance for FDV, with 61,900 receiving this service
- 46% (48,100) needed short-term or emergency accommodation, with 33,500 receiving this service
- 44% (45,400) needed money for accommodation (for example, bond or rent) and transport, and/or other non-monetary assistance, such as clothing, food vouchers and tickets for public transport. Of those, 40,100 received this service (AIHW 2023b).

SHS clients may seek victim and/or perpetrator support. Among SHS clients aged 10 and over who had experienced FDV in 2022–23:

- 65% (52,000) needed victim support, with 45,600 receiving this service
- 4.6% (3,700) needed perpetrator support, with 2,300 receiving this service
- 3.0% (2,400) needed victim and perpetrator support, with 1,400 receiving this service (AIHW 2023b).

Note, these groups are not mutually exclusive and clients can be counted in more than one group.

For information on health-related services for SHS clients, see also **Health services**.

Fewer were experiencing homelessness at the end of support

Information on where clients were residing before and after they were supported by a SHS agency provides some insights on housing outcomes for those who have experienced FDV. Among clients who have experienced FDV whose support ended in 2022–23:

- More than 2 in 5 (42% or 9,400 clients) who were experiencing homelessness at the start of support were housed at the end of support.
- Almost 9 in 10 (88% or 30,000 clients) who were at risk of homelessness at the start of support were housed at the end of support (primarily in private rental accommodation (20,600 clients or 60%)).

It is important to note that some clients may seek assistance from SHS agencies again in the future.

Has SHS clients experiencing FDV changed over time?

The rate of specialist homelessness services clients across Australia who have experienced FDV **increased by 13%** between 2011–12 and 2022–23.

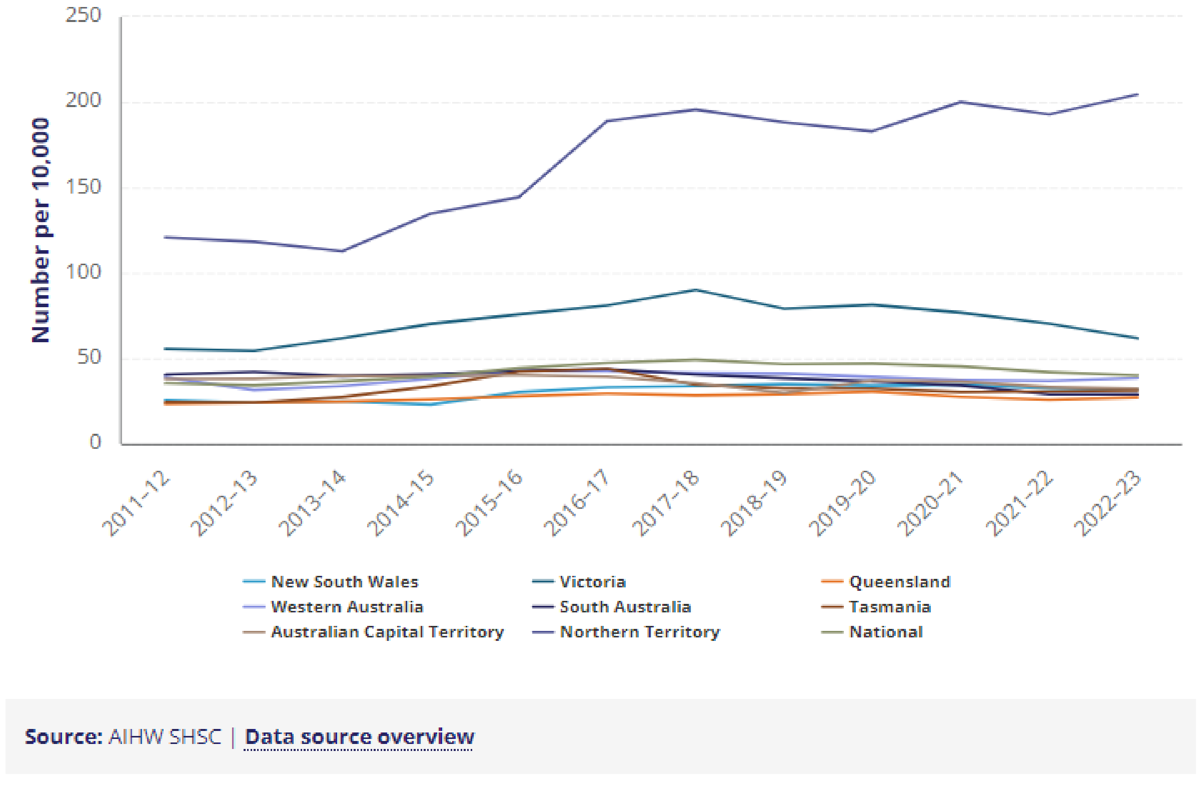
Among SHS clients who experienced FDV, the rate of clients between 2011–12 to 2022–23:

- increased by 13% from 36 per 10,000 population to 40 per 10,000
- increased on average by a rate of 1.1% per year
- increased for all jurisdictions except Western Australia, South Australia and the Australian Capital Territory (Figure 1, AIHW 2023b).

Changes over time for Victoria should be interpreted with caution due to changes in practice which may result in a decrease in FDV client numbers since 2017–18 (AIHW 2023b).

See also **FDSV and COVID-19**.

Figure 1: Specialist homelessness services clients who have experienced FDV, by state/territory, 2011-12 to 2022-23



Is it the same for everyone?

Among specialist homelessness services clients who have experienced FDV, **9 in 10** were women and children.

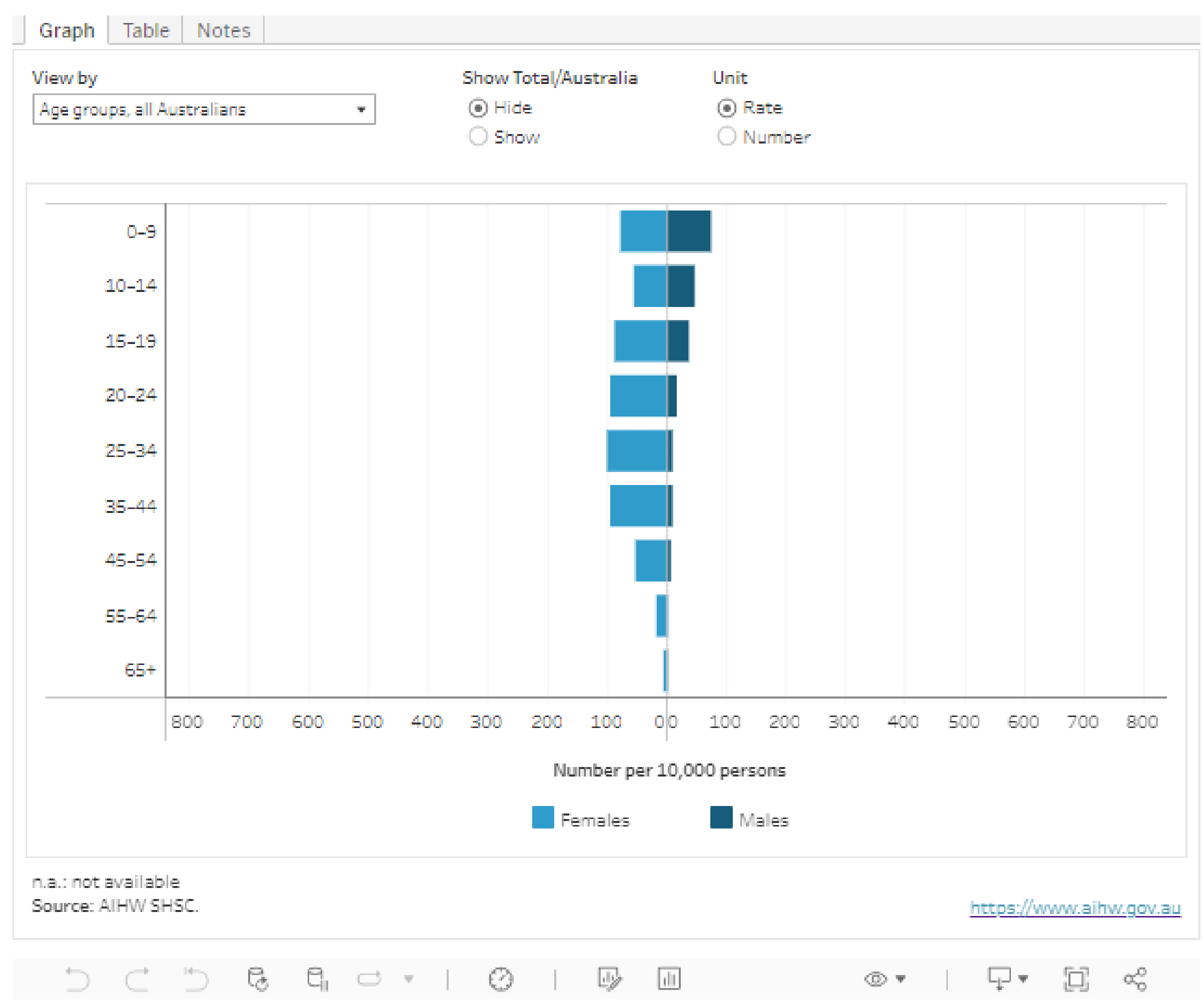
Some population groups may be at higher risk of homelessness due to FDV. Understanding which groups are at higher risk, can be used to inform the development of more targeted programs and services for these clients.

Figure 2 shows that of the 104,000 clients in 2022–23 who have experienced FDV:

- 9 in 10 clients were women and children. Around 6 in 10 (60% or around 62,300 clients) were females aged 15 and older, and a further 3 in 10 (31% or 32,100 clients) were children aged 0-14 years. See also **Mothers and their children**, **Young women**, and **Children and young people**.
- Just over 1 in 4 (29% or around 29,400 clients) were First Nations (Aboriginal and Torres Strait Islander) people. See also **Aboriginal and Torres Strait Islander people**.

- 1 in 6 (18%, or around 18,600 clients) spoke a main language other than English at home.
- Around 3 in 5 (61%, or around 63,100 clients) were in *Major cities*
- Almost 1 in 10 (7.7% or 8,100 clients) were living with disability. See also **People with disability**.

Figure 2: Specialist homelessness services clients who have experienced FDV, for select population groups, 2022-23



SHS clients who experience FDV may also experience other vulnerabilities, such as mental health issues and problematic drug or alcohol use. Of the 80,400 clients aged over 10 who have experienced FDV, many had additional vulnerabilities – 12% reported experiencing problematic drug or alcohol use, and 42% had a current mental health issue. See also **Factors associated with FDSV**.

The co-occurrence of FDSV and homelessness is especially heightened for children and young people, who face increased risks of violence, interruptions to education, and repeat homelessness. Experiencing homelessness can limit access to medicine, treatment and basic hygiene and expose young people to sexual exploitation, violence and social isolation. Young people can also experience high levels of mental health

problems, including anxiety, depression, behavioural problems and alcohol and drug misuse. Due to a combination of these factors, homeless young people face a high mortality rate when compared with the general population and represent a priority group under the Commonwealth Government National Housing and Homelessness Agreement (NHHA) to address the national housing crisis (see Box 1) (Aldridge et al. 2017; Heerde & Patton 2020; AIHW 2021).

What else do we know?

Many female SHS clients who have experienced FDV were long term clients

Analysis of the SHS longitudinal data set, provided insight into the patterns of support for female clients experiencing FDV over time. The study focussed on a cohort of nearly 55,500 females aged 18 and over, who during 2015–16 were SHS clients that have experienced FDV. Of these, nearly half (47%) had used specialist homelessness services in the past 4 years (2011–12 to 2014–15) and 45% continued to use services in the 4 years after 2015-16. Almost 1 in 3 (29%) were long-term clients, who needed SHS support over a 10-year period (AIHW 2022).

This cohort were also 8 times more likely to need assistance for incest or sexual assault, and almost 6 times more likely to require court support, compared to women clients without a FDV experience in 2015–16 (AIHW 2022). For further details, see Specialist homelessness services: Female clients with family and domestic violence experience in 2015–16.

Victim-survivors of violence often bear the costs for leaving the family home

More than 1 in 2 (55%) women who permanently left a violent partner moved out of their home, while their partner remained in the home.

According to the 2021 –22 ABS PSS, an estimated 755,000 women (55%) who permanently left a violent previous partner reported that only they, not their partner, had moved out of their home (ABS 2023). While equivalent 2021–22 data for men are not sufficiently reliable for reporting, 2016 data showed that an estimated 180,000 men (49%) who permanently left a violent previous partner reported that only they, not their partner, had moved out of their home (ABS 2017).

In March 2021, the Parliamentary *Inquiry into family, domestic and sexual violence* found that victim-survivors of violence often bear the costs for leaving the relationship, the family home and their community. Relocation expenses can include deposits or rental bonds for new dwellings, travel costs, furnishing costs and safety upgrades. These costs, in addition to other costs such as legal and medical costs and the costs of providing for

any dependents, may result in economic instability and the accumulation of debt (HRSCSPLA 2021).

The inquiry recommended federal and state and territory governments consider funding for emergency accommodation for people who use violence (perpetrators) in order to prevent victim-survivors being forced to flee their homes or continue residing in a violent home (see Box 3). This would reduce the burden on victim-survivors and hold perpetrators accountable for their behaviour (HRSCSPLA 2021).

Box 3: Housing options for perpetrators

The National Plan Victim-Survivor Advocates Consultation Final Report provided by Monash University's Gender and Family Violence Prevention Centre noted some victim-survivors advocated for further investment in perpetrator housing pathways. Increasing housing for perpetrators would support primary victim-survivors to remain in the home.

Some state and Federal level initiatives have been developed, for example, the Victorian Government committed additional funding in August 2020 to increase short- and long-term accommodation options for perpetrators of family violence and people at risk of using family violence. The strategy was positioned as part of an increased government commitment to ensuring perpetrator visibility at all points of the system response to family violence. At the federal level, the Commonwealth Government funds the Keeping Women Safe in their Homes program, in which they have invested $34.6 million since 2015−16. See more at **Who uses violence?**

Source: Fitz-Gibbon et al. 2022.

Related material

- Factors associated with FDSV
- Mothers and their children
- Young women
- Children and young people
- Aboriginal and Torres Strait Islander people
- FDSV and COVID-19

More information

- Specialist homelessness services annual report – Clients who have experienced family and domestic violence
- Specialist homelessness services client pathways – Female clients with family and domestic violence experience in 2015–16
- National Housing and Homelessness Agreement performance indicators (see 'women and children affected by FDV' cohort)
- Specialist Homelessness Services: monthly data

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Legal systems

Key findings

- The principal offence for the majority of defendants finalised for family and domestic violence criminal court cases in 2021–22 were either *Acts intended to cause injury* (48% or 40,400) or *Breach of violence order* (40% or 33,600).
- About 4 in 5 (81% or 67,600) defendants finalised for family and domestic violence offences in 2021–22 were found guilty.
- About half (51% or 135,000) of civil cases in the Magistrates' Courts in 2021–22 involved a domestic violence order.
- The number of defendants finalised with a principal offence of *Sexual assault and related offences* has generally increased each year between 2010–11 to 2021–22.

Family, domestic and sexual violence (FDSV) causes immediate and long-lasting harm. The legal systems in Australia provide formal responses for people who experience FDSV (victim-survivors) that can prevent or reduce violence and punish those who have used violence. In this section, we highlight the available data on legal responses to FDSV.

How do victim-survivors interact with legal systems?

This page outlines aspects of legal systems that are specific to FDSV, such as the definitions of family and domestic violence (FDV) and sexual violence used in legislation across Australia, the legal responses available to prevent or respond to FDSV, and the legal assistance services available to help people engage with legal systems, see Table 1. Police are a key entry point to formal FDSV responses for many victim-survivors and people who use violence including those offered by legal systems. However, many victim-survivors of FDSV do not contact police, and not all cases reported to police are pursued further in legal systems (ABS 2009). For more information on FDSV and the police, see **Family and domestic violence reported to police** and **Sexual assault reported to police**.

Legal definitions of FDV and sexual violence

There is currently no uniform legal definition for FDV or sexual violence across federal and state and territory legislation, which includes family law, criminal law and other types of legislation (Table 1). Due to this, the legal responses to FDSV and to specific offences vary across states and territories. In cases where legal definitions of FDV are related to eligibility to receive a specialist FDV (or FV) service, differences in the definition of FDV can restrict access to support for victim-survivors in some jurisdictions (ALRC and NSW LRC 2010; SCSPLA 2021).

Table 1: Legal systems and FDSV

Legislation related to FDSV	Legal responses to FDSV	Legal assistance services
FDSV is defined in these federal, state and territory legislation. **Federal** • Family legislation • Criminal legislation • Human rights legislation • Migration legislation **State/Territory** • Child protection legislation • Family violence legislation • Family legislation (Western Australia only) • Criminal legislation • Human rights legislation • Victims' compensation and support legislation	Legal responses to FDSV describe the use of legal systems to enforce laws that can punish or prevent violence. **Police** enforce criminal law, can intervene in certain situations and can charge a person with a crime. This may result in a person going to court. **Courts** assess evidence and make judgements about how laws apply to situations, whether laws have been broken and what happens in response. They can include mainstream or specialist family and domestic violence courts. **Specific responses related to FDSV:** • Domestic Violence Orders (DVOs) • Proceedings for criminal FDV offences and sexual assault and related offences • Parenting orders and financial orders	Legal assistance services help people who have experienced FDSV to engage with legal systems. **Legal assistance services include:** • Legal aid commissions • Family Advocacy and Support Service • Specialist family and domestic violence services • Health justice partnerships • Aboriginal and Torres Strait Islander Legal Services • Family Violence Prevention Legal Services • Community Legal Centres • Family Relationship Centres For more information, visit the Attorney-General's Department website.

Note: The terms used to identify DVOs vary between states and territories, see Box 1.

Sources: AGD n.d.a; ALRC and NSW LRC 2010; SCSPLA 2017, 2021.

The types of abusive behaviours covered in each jurisdiction's legislation not only differ but also can change over time to incorporate other forms of FDV such as economic abuse, technology-facilitated abuse, and coercive and controlling behaviours (refer to **Coercive control**, **Intimate partner violence** and **Stalking and surveillance**). Similarly, legal definitions of consent and sexual violence continue to evolve to better

protect people from different forms of sexual violence (refer to **Sexual violence** and **Consent**).

The laws around child protection also vary across states and territories. The jurisdictions have responsibility for investigating and responding to child protection issues, including exposure to or experiences of domestic and family violence (National Legal Aid 2019b). For a discussion of data related to child protection, see **Child protection**.

Legal responses to FDSV

Legal responses to FDSV can involve civil and criminal proceedings of state and territory courts. On this page, proceeding refers to all the processes required to formally complete a case by a court:

- Civil proceedings can result in domestic violence orders (DVOs) that aim to protect victim-survivors of FDV from future violence.
- Criminal proceedings can punish people for criminal conduct related to FDV and sexual violence.

The terms used to refer to DVOs vary across jurisdictions (see Box 1). This report uses the term DVO to collectively refer to all terms used for DVOs nationally. In some states and territories temporary DVOs can be issued by police. If a DVO is breached, the matter can become a criminal offence. FDV that forms the basis for a DVO may also be the grounds for criminal proceedings (for example, physical and/or sexual assault). FDV that is not considered criminal under FDV legislation may still be used as the basis for DVOs (ALRC and NSW LRC 2010).

Box 1: Domestic violence orders

A Domestic Violence Order (DVO) is a civil order issued by a court that sets out specific conditions that must be obeyed and can include preventing a person from threatening, contacting, tracking or attempting to locate the protected person, and preventing a person from being within a certain distance of the protected person. The terms used to identify DVOs differ across jurisdictions:

- New South Wales – apprehended domestic violence order
- Victoria – family violence intervention order
- Queensland – domestic violence order
- Western Australia – family violence restraining order
- South Australia – intervention order
- Tasmania – family violence order
- Australian Capital Territory – family violence order
- Northern Territory – domestic violence order (Douglas and Ehler 2022).

Due to the National Domestic Violence Order Scheme all DVOs issued in states or territories from 25 November 2017 are automatically recognised and enforceable across Australia

(AGD n.d.b). DVOs issued before 25 November 2017 can become nationally recognised by being 'declared' as a DVO recognised under the scheme at any local court (AGD n.d.b).

Most criminal and civil proceedings related to FDV are formally completed in the Magistrates' Courts of each state and territory jurisdiction (see Box 2 for an explanation of court level groups). Criminal proceedings related to sexual violence are also often formally completed in Higher Courts (ABS 2023b; Productivity Commission 2024).

Box 2: State and territory court levels

There is a hierarchy of courts within each state and territory with some variation in the levels of courts and names used in each jurisdiction (Productivity Commission 2024). Cases related to family, domestic and sexual violence (FDSV) can be heard in all levels of court. The Australian Bureau of Statistics (ABS) Criminal Courts, Australia data collection groups the court levels used in each state and territory into three categories:

- Higher Courts – including Supreme Courts, District Courts and County Courts, which hear the most serious matters (including murder and the most serious sexual offences)
- The Magistrates' Courts – including Magistrates Courts, Local Courts, Court of Summary Jurisdiction, and Court of Petty Sessions, which hear less serious offences, or conduct preliminary hearings
- Children's Courts – Each state and territory has a Children's Court, which hears offences alleged to have been committed by a child or juvenile (ABS 2023b).

Throughout this topic page these court level groups are used to simplify discussions of both state and territory civil and criminal courts.

The Federal Circuit and Family Court of Australia, the Family Court of Western Australia and any specialist FDV courts are not included in the above court level groups and are discussed separately (ABS 2023b).

Restorative justice is an alternative response to FDSV whereby parties involved with a specific offence collectively resolve how to deal with an offence and its implications for the future (see Box 3).

Box 3: Restorative justice in Australia

There is still some debate around which practices can be considered restorative justice. Generally, restorative justice includes practices that involve the parties with a stake in a particular offence meeting to discuss and resolve the offence. In some cases, key participants do not meet face-to-face and instead exchange information by other means. The three most common practices are:

- victim–offender mediation, which can involve victims and offenders being given the opportunity to discuss their views with each other either face-to-face or indirectly, with active management and supervision by a mediation officer

- conferencing, which can involve people related to an offence including victims, offenders, victim or offender supporters, police officers and conference conveners coming together to discuss an offence and its impact
- circle and forum sentencing, which involves judges, lawyers, police officers, offenders, victims and community members coming together to determine an appropriate sentence for the offender (ALRC and NSW LRC 2010; Larsen 2014).

Restorative justice practices can be used at any stage in the criminal justice process, including at the time a person is charged, sentenced, and after they have served their sentence. Restorative justice practices are used throughout Australia with conferencing for young offenders used in all states and territories and some states and territories using restorative practices for adults (ALRC and NSW LRC 2010; Larsen 2014).

The evidence on the impact restorative justice has on reoffending suggests it is as good as traditional court sanctions. There is increasing evidence for other key benefits it may have, such as victim satisfaction, offender responsibility for actions and increased compliance with orders (Larsen 2014).

There are some limitations and challenges to the application of restorative justice in cases of FDSV as these offences often relate to power and control. For example, such cases can involve: perpetrators being unwilling to take personal responsibility and using the informal nature of restorative justice sessions to gain information about victims or assert ongoing forms of subtle control; victims with histories of trauma, ongoing fear and attachment to the perpetrator, which may result in greater difficulty advocating for themselves or increased pressure to reconcile with perpetrators; community members who are participating in the restorative justice process condoning violence due to societal tolerance of offences and negative gender norms (Jeffries et al. 2021).

FDSV can affect decisions related to family law. This includes cases where there are issues around the division of finances and/or property after separation, and/or issues with parenting orders (a set of orders about the parenting arrangements for a child). Some matters related to family law can be considered in the Magistrates' courts. The most complex family law disputes, including those involving FDV, are considered in the Federal Circuit and Family Court of Australia, and the Family Court of Western Australia. The Federal Circuit and Family Court of Australia was formed by combining the previous Family Court of Australia with the Federal Circuit Court of Australia as of 1 September 2021 (FCFCOA 2022e; SCSPLA 2017).

There are specialist FDV courts in locations around Australia (ALRC and NSW LRC 2010). These courts specialise in the handling of civil and/or criminal FDV matters. While the model for each court varies between jurisdictions, they generally use specialised case coordination mechanisms, integration with support and referral services, and special arrangements for victim-survivor safety (McGowan 2016). Evaluations of these specialist courts generally show advantages compared with mainstream courts, such as simpler navigation through legal systems, faster processing of cases and improved access to services for victim-survivors (McGowan 2016; ARTD consultants 2021).

Legal assistance services related to FDSV

General and tailored legal assistance services are available to advise and help people who have experienced or perpetrated family, domestic and sexual violence engage with legal systems (AGD n.d.a):

- Each state and territory has a Legal Aid Commission that provides services, including legal advice and representation in courts and tribunals for victim-survivors and perpetrators of FDSV (AGD n.d.a). Services are free of charge to people who meet means and merits tests set by each commission.
- Each Legal Aid commission has a Family Advocacy and Support Service that combines free legal advice and support at court for people affected by FDV (National Legal Aid 2019a).
- Specialist domestic violence units help women affected by FDV, who may otherwise be unable to access the support they need, with tailored legal assistance and other holistic support (AGD n.d.c).
- Through health justice partnerships, lawyers provide women affected by FDV with legal assistance in healthcare settings (AGD 2022).
- Aboriginal and Torres Strait Islander Legal Services (ATSILS) provide culturally appropriate and safe legal assistance services to First Nations (Aboriginal and Torres Strait Islander) victim-survivors and perpetrators of FDSV. The National ATSILS website provides links to State and Territory specific services (NATSILS 2022).
- The National Family Violence Prevention Legal Services program include First Nations community-controlled organisations throughout Australia who provide culturally safe legal services for First Nations people who experience FDV (NFVPLS 2022).
- Community legal centres are independent, community-managed, non-profit organisations offering free and accessible legal help to everyday people (CLCA 2019).
- Family Relationship Centres provide information about healthy family relationships, family dispute resolution mediation, advice around separation and referral to other specialist services (Family Relationships Online 2022).

Related formal responses and services

Apart from legal systems, there are a wide range of other services that work with victim–survivors, perpetrators and families in preventing and responding to FDSV. For more information, see **Services responding to FDSV**.

For example, perpetrator intervention programs aim to help people who use violence to stop using it. Court judgements can mandate individuals to attend perpetrator interventions as a part of legal proceedings (ANROWS 2021; Mackay et al. 2015).

For information related to specific services, see **Specialist perpetrator interventions**, **Health services**, **Housing** and **Helplines and related support services**.

What do we know?

DVOs are the most broadly used legal response to FDV (Taylor et al. 2015). Research suggests that DVOs can help as a deterrent through risk of punishment, through setting boundaries and reducing access to the victim-survivor, and by clearly defining the violence and its criminality (Dowling et al. 2018). There are, however, relatively few studies that assess the effectiveness of DVOs. Reviews of the available research found that DVOs:

- result in a small but significant reduction of re-victimisation
- are more effective for victim-survivors who are employed and/or in a higher socioeconomic group
- are less effective where perpetrators have histories of FDV and criminal offending, mental health issues, and they share children with the victim-survivor
- can improve victim's and survivors' perceptions of safety (Bell and Coates 2022; Dowling et al. 2018).

Research into how Australian legal systems respond to FDSV have identified some key issues, including:

- **Misidentification of the victim–survivor as the perpetrator** – this can occur when legal systems do not consider the wider context of violence and misinterprets the victim–survivor's behaviour. For example, a victim–survivor may use violence in response to violence perpetrated against them and may appear agitated or 'uncooperative'. These are normal responses to trauma and can be misinterpreted (Nancarrow et al. 2020).
- **Adversarial environments** – legal proceedings can expose victim–survivors to victim-blaming, unfair treatment and re-traumatisation. Historically, unsafe practices have also been used, such as shared waiting rooms and inappropriate lines of questioning (Deck et al. 2022; DSS 2022).
- **Barriers to accessing legal services** – access to legal systems can be limited due to many factors including: negative experiences with police and the judiciary; costs; the complexity of legal processes; concerns about giving evidence against family members due to shame, stigma, a fear of retaliation, or other reasons; and limitations in available legal services, culturally and linguistically appropriate services and coordination between legal and other services (DSS 2022).
- **Legal system abuse** – Legal systems can be misused by perpetrators of FDSV to further victimise people (see Box 3).

Box 3: Legal systems abuse

Research has shown that it is possible for legal systems to be manipulated by perpetrators of FDSV to threaten, harass and assert power and control over people (systems abuse). A perpetrator of FDSV may abuse legal systems through:

- misusing applications for DVOs to intimidate a person into withdrawing their DVO application (cross applications), or by misleading a victim-survivor into breaching a DVO
- using proceedings as an opportunity to continue harassment of someone and deny or minimise abuse
- interrupting, delaying or prolonging formal processes to increase a victim–survivor's costs and disrupt their life
- engaging multiple lawyers in the same area to prevent someone from accessing legal representation on the basis of conflict of interest. This is a particular concern in regional, rural and remote communities (Douglas 2018; Douglas and Ehler 2022).

Systems abuse can adversely affect a victim–survivor's health, wellbeing, finances and social connections. It can result in a victim-survivor being unprotected or falsely charged as a perpetrator and undermines legal systems. For more general information about systems abuse and how it relates to coercive control, see **Coercive control**.

Issues within legal systems have contributed to mistrust of the systems and are worsened by historical and ongoing discrimination and stereotyping experienced by parts of Australian society including First Nations people, culturally and linguistically diverse communities, LGBTIQA+ people, older people and people with disability (DSS 2022).

There are ongoing efforts to respond to these issues and combat systems abuse, such as the development of specialist courts that deal with FDV offences and sexual offences, tailored legal assistance services and legal system reforms. Future efforts towards improving legal systems are highlighted in the *National plan to end violence against women and children 2022–2032* and *The Meeting of Attorneys-General* *work plan to strengthen criminal justice responses to sexual assault 2022–2027* (DSS 2022; AGD 2022).

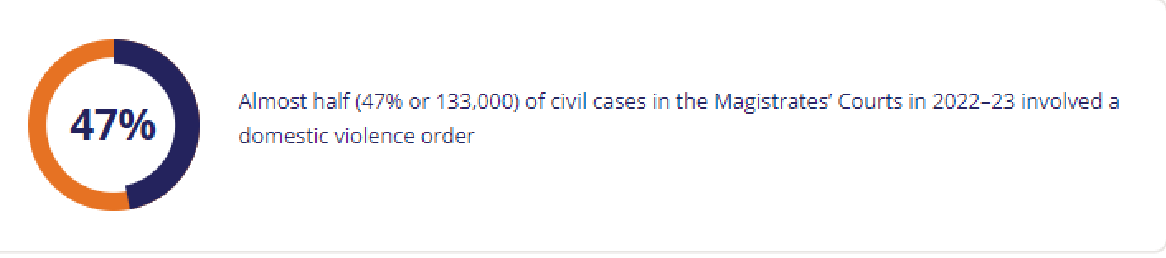
The 2 main national data sources used in this topic page are ABS Criminal Courts and the Report on Government Services – Courts. For more information about these data sources, please see **Data sources and technical notes**.

What do the data tell us about legal systems?

Civil courts – Domestic violence orders

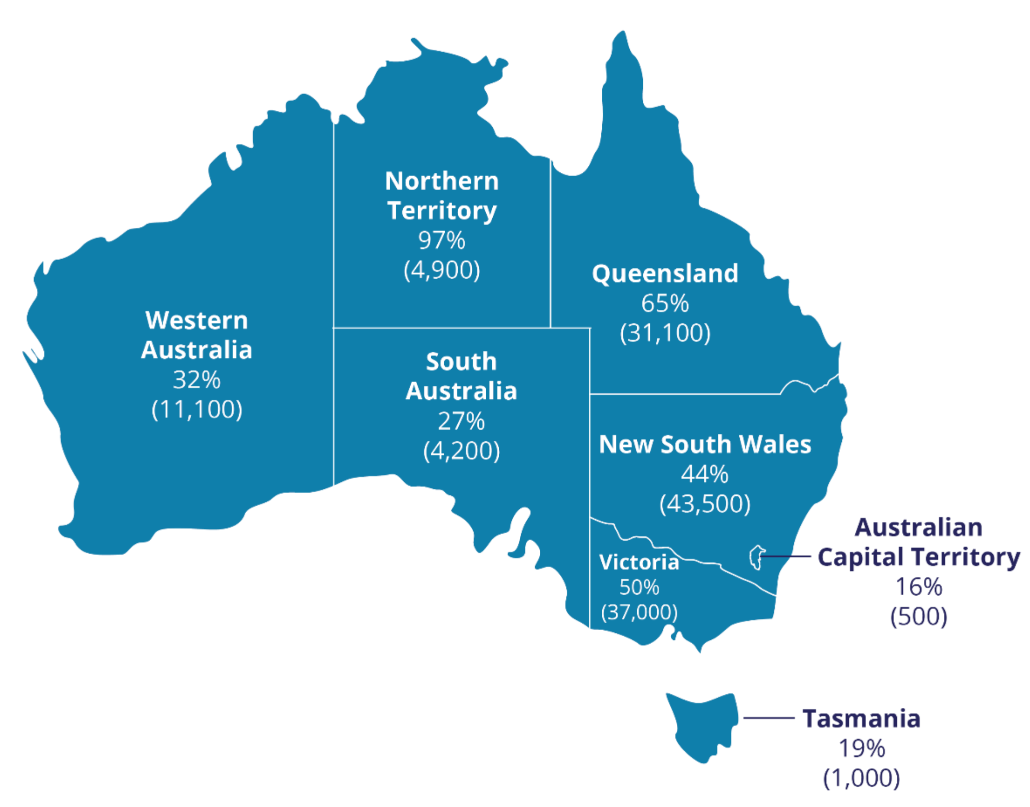
Box 4: National data on domestic violence orders

National data are available on applications for domestic violence orders (DVOs) through the Magistrates' Courts. The data relate to finalised originating applications, which are new applications and exclude interim orders, applications for extension, revocations or variations. Civil non-appeal lodgements that have had no court action in the past 12 months are counted as finalised. While DVOs are generally dealt with at the Magistrates' Court level, they can also be made at other court levels. National data are not currently available on the number of DVOs in effect (Productivity Commission 2024).



Almost half (47% or 133,000) of civil cases finalised in the Magistrates' Courts in 2022–23 involved finalised originating applications for DVOs. The Northern Territory (97%) had the highest proportion of civil cases involving applications for DVOs and the Australian Capital Territory had the lowest (16%) (Productivity Commission 2024; Figure 1). Offences such as breaches of DVOs are dealt with by state and territory criminal courts (see **Criminal courts**).

Figure 1: Proportion of civil cases finalised in the Magistrates' Courts that involved finalised originating applications for DVOs, by state or territory, 2022–23



Notes
1. Finalised originating applications for DVOs include new applications and exclude interim orders, applications for extension, revocations or variations. Civil non-appeal lodgements that have had no court action in the past 12 months are counted as finalised.
2. In Tasmania, police can issue Police Family Violence Orders (PFVOs) which are more numerous than court-issued orders. PFVOs are excluded from this table.
Source*:* Productivity Commission 2024.

Criminal courts

Box 5: ABS Criminal Courts, Australia data collection

Data from the ABS Criminal Courts data collection (ABS criminal courts data) includes information on the characteristics of defendants dealt with by state and territory criminal courts, including case outcomes and sentences associated with those defendants. A defendant refers to a person against whom one or more criminal charges have been laid which are heard together as one unit of work by the court. ABS criminal courts data only relate to defendants and cases taken to court and do not include defendants from specialist FDV courts. There is a delay between when someone is charged and when their case reaches court (ABS 2023b).

On this topic page, we discuss defendants whose cases have been '**finalised**', which means all charges relating to the one case have been formally completed (within the reference period). Unless otherwise stated, a 'finalised' defendant refers to a person whose charges have been finalised by methods other than 'transfer to other court levels'. This is to reduce double-counting of defendants that are transferred then finalised again at a different court level. A defendant that is **acquitted** indicates that charges were not proven (see **Data sources and technical notes**) (ABS 2023a, 2023b).

ABS criminal courts data on family and domestic violence (FDV) defendants are considered experimental with further assessment required to ensure comparability and quality. Data on FDV defendants are limited to certain offence categories defined by the Australian and New Zealand Standard Offence Classification (ANZSOC) including:

- *Acts intended to cause injury (02)* – Acts, excluding attempted murder and those resulting in death, which are intended to cause non-fatal injury or harm to another person and where there is no sexual or acquisitive element.
- *Breach of violence order (1531)* – An act or omission breaching the conditions of a violence order (referred to as a DVO in this topic page)
- *Sexual assault and related offences (03)* – Acts, or intent of acts, of a sexual nature against another person, which are non-consensual or where consent is proscribed (as in, the person is legally deemed incapable of giving consent because of youth, temporary/permanent (mental) incapacity or there is a familial relationship) (see **Data sources and technical notes** for a full list of offences) (ABS 2011; 2023a).

To address state and territory variation in the legislation and coding of harassment and stalking offences, the ABS combined these data for output in 2021–22 in the category *Stalking, harassment and threatening behaviour*. This combined category includes some ANZSOC offence codes that are also included in the categories *Acts intended to cause injury* and *Abduction/harassment* (ABS 2023b).

Predominantly this topic page discusses data related to the principal (most serious) offence category (see **Data sources and technical notes**). Data are also presented on all defendants with an FDV-related *breach of violence order*, regardless of whether it was the principal offence.

Some defendants finalised for *Sexual assault and related offences* may also be counted in the number of FDV defendants (ABS 2023a).

Family and domestic violence offences

4 in 5 defendants

finalised for family and domestic violence offences in 2021–22 were found guilty

About 83,800 defendants were 'finalised' for FDV offences in Australia in 2021–22 (FDV defendants). Of these:

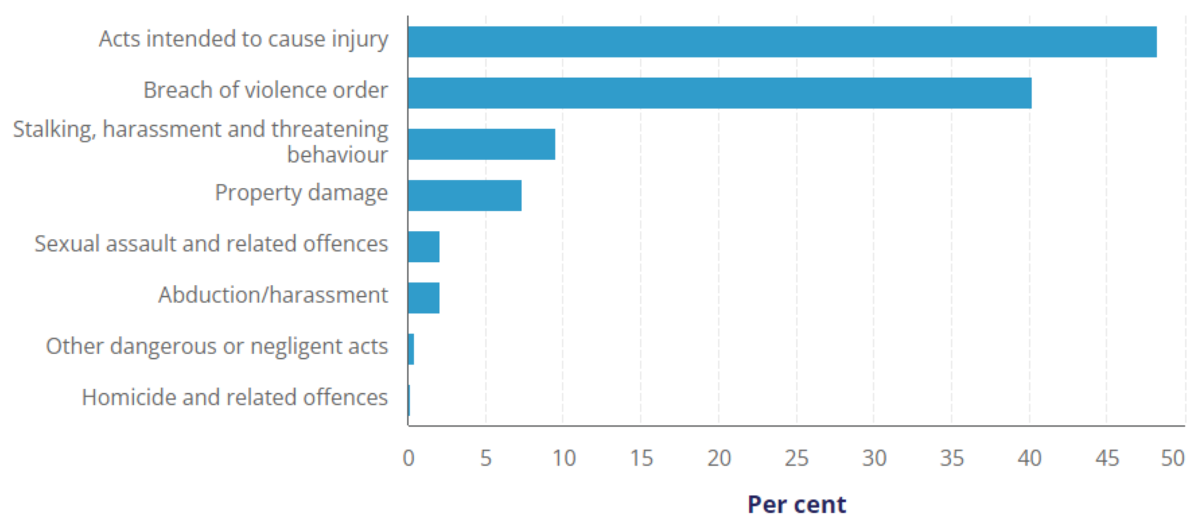
- about 4 in 5 (81%, or about 67,600) were found guilty
- about 1 in 20 were acquitted (4.9%, or about 4,100)
- about 1 in 7 (14%, or about 11,900) were withdrawn by the prosecution (ABS 2023a).

The proportion of defendants finalised for FDV offences that were found guilty varied by state and territory, with the proportion about 70% or greater for all except South Australia (40%). The majority of defendants were finalised in the Magistrates' Courts (91%, or about 78,300) (ABS 2023a).

The most serious offence for the majority of family and domestic violence court cases in 2021–22 was either *Acts intended to cause injury* (48% or 40,400) or *Breach of violence order* (40% or 33,600)

The most common principal offences among defendants finalised for FDV in 2021–22 were *Acts intended to cause injury* (48%, or about 40,400), including around 33,900 with a principal offence of *Assault*, and *Breach of violence order* (40%, or around 33,600) (Figure 2).

Figure 2: The most common principal offence categories among FDV defendants, 2021–22 (%)



Source: ABS Criminal Courts | **Data source overview**

The offence *Breach of violence order* is often heard in cases involving 'more serious' FDV-related offences (for example assault), which usually become the principal FDV offence for the defendant (ABS 2023b). The total number of FDV defendants finalised for *Breach of violence order*, regardless of whether this was their principal FDV offence, was about 47,600 in 2021–22 (ABS 2023a).

The proportion of finalised FDV defendants found guilty in 2021–22 varied by principal FDV offence category with the highest proportion for *Breach of violence order* (92%) compared with *Property damage* (88%), *Stalking, harassment and threatening behaviour* (79%), *Acts intended to cause injury* (72%) and *Sexual assault and related offences* (57%) (ABS 2023a).

The majority of orders given to defendants that were found guilty for FDV offences in 2021–22 were non-custodial orders (73%, or 49,300 of 67,600). This pattern was similar for most principal FDV offences but not for *Homicide and related offences* (98% custodial orders) and *Sexual assault and related offences* (66% custodial orders) (ABS 2023a).

The most common non-custodial order varied by principal FDV offence, with the most common for:

- *Acts intended to cause injury* – other non-custodial orders (including good behaviour bond/recognisance orders, nominal penalty) (32%, or 9,200 of 28,900)
- *Breach of violence order* – monetary orders (39%, or 12,000 of 30,800) (ABS 2023a).

About 4 in 5 (81%) finalised family and domestic violence defendants in 2021–22 were male.

About 4 in 5 (81%, or 68,000) finalised FDV defendants in 2021–22 were male and less than 1 in 5 (19%, or 15,800) were female (ABS 2023a).

The pattern for the most common principal FDV offence among all finalised FDV defendants (including transfers to other court levels) was similar for males and females:

- *Acts intended to cause injury* was the most common offence for both (47% or 32,200 and 51% or 8,100, respectively)
- followed by *Breach of violence order* (41%, or 27,800 and 37%, or 5,800, respectively), and all other FDV offences (ABS 2023a).

Most finalised FDV defendants were aged 25–29 (15% or 12,700), 30–34 (16% or 13,300) or 35–39 (15% or 12,900) with decreasing numbers for younger (5.9% for people aged 10–19) and older age groups (6.5% for people aged 55 years and over) (ABS 2023a).

Sexual assault and related offences

About 3 in 5 (58%) defendants finalised for *Sexual assault and related offences* in 2021–22 were found guilty.

About 7,300 defendants were 'finalised' for *Sexual assault and related offences* in 2021–22. Of these:

- About 3 in 5 finalised defendants were found guilty (58%, or about 4,300).
- About 1 in 8 finalised defendants were acquitted (13%, or about 990).
- About 1 in 4 were withdrawn by the prosecution (27%, or about 2,000) (ABS 2023a).

As noted previously, on this topic page 'finalised' indicates that charges have been finalised by methods other than 'transfer to other court levels' (see **Data sources and technical notes**). The number of defendants finalised for *Sexual assault and related offences* by transfer to other court levels in 2021–22 was about 3,500 compared with about 7,300 finalised by other methods (ABS 2023a).

Almost all (96%) finalised defendants for *Sexual assault and related offences* in 2021–22 were male.

Almost all finalised defendants with a principal offence of *Sexual assault and related offences* in 2021–22 were male (96%, or about 7,100) with only 3.8% (280) female (ABS 2023a). The proportion of defendants across 5-year age groups were similar for those aged 20–24, 25–29, 30–34, 35–39 and 40–44 years with each contributing to between about 10% and 12% of all defendants (ABS 2023a).

Family courts

Experiences of family violence were alleged in 4 in 5 (80%) applications for parenting or parenting and property orders in 2021–22.

Box 6: Notice of Child Abuse, Family Violence or Risk of Family Violence

A Notice of Child Abuse, Family Violence or Risk of Family Violence (Notice) is a form that is used during proceedings related to parenting orders to notify the court whether a child or person involved in proceedings is at risk of or has experienced abuse and/or family violence. This includes exposure to family violence, as well as other circumstances related to the experiences and/or risks of harm to the child (risk factors) (FCFCOA 2022c).

Other risk factors include allegations that:

- drug, alcohol or substance misuse by a party or mental health issues of a party had caused harm to a child or posed a risk of harm to a child
- a child was at risk of being abducted
- there had been recent threats made to harm a child or other person relevant to the proceedings (FCFCOA 2022a).

From 31 October 2020 it became compulsory in the Federal Circuit and Family Court of Australia to file a Notice with applications for parenting orders including when filing an Initiating Application, Response to initiating Application, or Application for Consent Orders or when making new allegations of child abuse or family violence after filing or when the case is transferred to the Federal Circuit and Family Court of Australia (FCFCOA 2022c).

Data from the Notices of Child Abuse, Family Violence or Risk filed with applications for final orders seeking parenting or parenting and property orders with the Federal Circuit and Family Court of Australia in 2021–22 indicated that:

- in 7 in 10 (70%) matters, one or more parties alleged that a child had been abused or was at risk of child abuse
- in 4 in 5 (80%) matters, one or more parties alleged they have experienced family violence
- in 2 in 3 (66%) matters, there were four or more risk factors alleged by either party (FCFCOA 2022a).

The Federal Circuit and Family Court of Australia have recently launched a new case management model that aims to better prioritise and address cases in which there is increased risk of harm from FDV (see Box 7).

Box 7: The Lighthouse model and the Evatt list

The Lighthouse model is part of the Federal Circuit and Family Court of Australia response to ensure that family safety risks are identified at the earliest point in proceedings and that case management decisions are risk-informed. After a successful pilot in Adelaide, Brisbane and Parramatta Federal Circuit Court registries (launched in December 2020), the model was adopted by all 15 family law registries on 28 November 2022 (FCFCOA 2022d).

The Lighthouse model involves:

- early risk screening through a secure online platform
- early identification and management of family safety risks
- assessment and triage of cases by a specialised team who will provide support and refer the party to appropriate services
- safe, and suitable case management, including referring high risk cases to a dedicated court list, known as the Evatt List (FCFCOA 2022d).

As a part of the pilot, about 4,200 eligible matters had been filed by 30 June 2022. A risk screen was completed by at least one party for most of these matters (69%). Three in 5 (60%) risk screens completed by individuals were classified as high risk (with 17% medium risk and 23% low risk) (FCFCOA 2022a).

High risk cases are reviewed by a Family Counsellor and can involve a telephone conference with litigants for further risk assessment (a Triage Interview). This can provide more tailored service referrals and support. The most common risk factors identified in these reviews and interviews as at 30 June 2022 include:

- family violence (76%)
- concerns for children's emotional and psychological wellbeing (64%)
- mental health concerns (63%)
- child abuse and neglect (59%) (FCFCOA 2022a).

After a review by a Family Counsellor some high-risk matters may be referred to the Evatt list. Matters on the Evatt list receive intensive case management and resources during family law proceedings and are allocated dedicated Judges, Senior Judicial Registrars, Evatt List Judicial Registrars, Court Child Experts and court staff (FCFCOA 2022b).

There were 890 matters included in the Evatt List by 30 June 2022, with about 550 added to the list in 2021–22. Among these matters:

- Over half (55%) had a current DVO in place
- The majority (88%) had an Independent Children's Lawyer appointed to assess the best interests of the child (FCFCOA 2022a).

In 2021–22, about 105 Family Court cases were started that involve serious allegations of child physical abuse and/or sexual abuse.

In 2021–22, about 105 cases involving serious allegations of physical abuse and/or sexual abuse of a child were started in the Federal Circuit and Family Court of Australia, and about 130 cases were finalised (FCFCOA 2022a). 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 Federal Circuit and Family Court of Australia where one (or both) parties have raised serious allegations of sexual abuse or physical abuse of children in a parenting dispute (FCFCOA 2022a).

Has it changed over time?

Since the COVID-19 pandemic began there has been an increase in deferrals and delays across all court proceedings. This has been due, in part, to complications related to conducting proceedings electronically and the effect of public health measures such as stay-at-home orders. Hence, changes over time and differences between states and territories may reflect these effects rather than, for example, crime rates or sentencing changes (ABS 2023a; FCOA 2021).

Civil courts– Domestic violence orders

The proportion of finalised applications in the Magistrates' court involving DVOs decreased from 51% in 2021–22 to 47% in 2022–23 (Productivity Commission 2024; Table 2).

Table 2: Finalised originating applications involving DVOs in Magistrates' courts, 2018–19 to 2022–23

Year	Finalised applications involving DVOs ('000)	Proportion of all civil cases
2018–19	120.9	35%
2019–20	110.6	33%
2020–21	125.2	41%
2021–22	135.4	51%
2022–23	133.3	47%

Notes:
1. In Tasmania, police can issue Police Family Violence Orders (PFVOs) which are more numerous than court-issued orders. PFVOs are excluded from this table.
2. Finalised applications involving DVOs only includes originating applications and non-appeal cases.
3. Finalised applications includes transfers to other court levels.

Source: Productivity Commission 2024.

Criminal courts

Family and domestic violence offences over time

From 2019–20 to 2021–22, there was a 30% increase in the total number of finalised defendants for FDV offences in Australia (from about 64,500 to 83,800) (ABS 2023a). The number increased for all states and territories over this period (Table 3). Changes over time may reflect an improved methodology for identifying FDV-related offences that was introduced in South Australia and Western Australia in 2021–22 (ABS 2023b).

Table 3: Defendants finalised for FDV offences, by state and territory, 2019–20 to 2021–22 and the percentage change between 2019–20 and 2021–22

State or Territory	2019–20	2020–21	2021–22	% change 2019–20 to 2021–22
NSW	25,083	32,995	30,396	21% increase
Vic	14,126	12,293	17,944	27% increase
Qld	12,754	18,436	19,486	53% increase
WA	5,352	5,282	6,935	n.p.
SA	2,403	2,731	3,679	n.p.
Tas	1,493	1,821	1,715	15% increase
ACT	529	616	587	11% increase
NT	2,790	3,371	3,107	11% increase
Australia	64,530	77,545	83,849	30% increase

n.p.: Data not published.

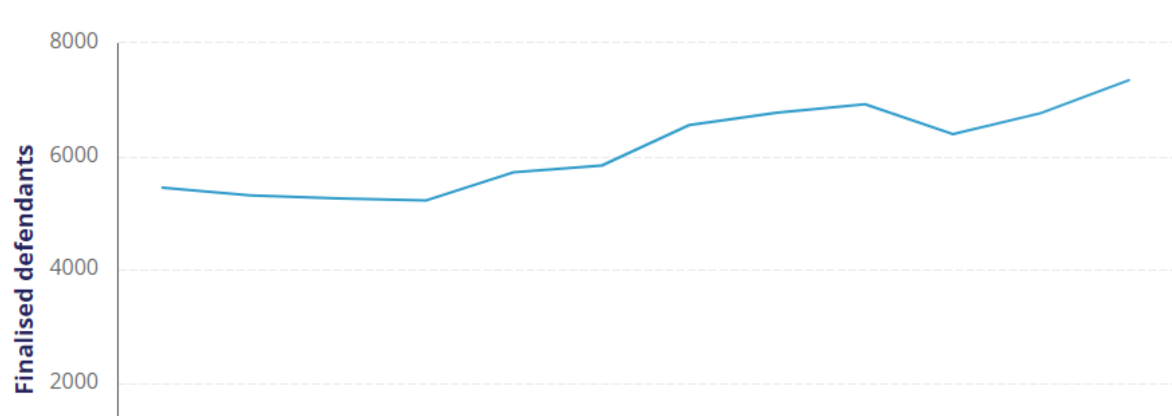
Notes:
1. Defendants finalised excludes those finalised through transfer to other court levels, see **Data sources and technical notes**.
2. Court operations in all three financial years were impacted by the COVID-19 pandemic and changes may reflect these impacts rather than, for example, crime rates or sentencing changes.
3. Changes over time may reflect an improved methodology for identifying FDV-related offences that was introduced in South Australia and Western Australia in 2021–22.
4. Due to perturbation, component cells may not add to total.
Source: ABS 2023a.

Sexual assault and related offences over time

The number of defendants finalised for *Sexual assault and related offences* has generally increased from 2010–11 to 2021–22

From 2010–11 to 2021–22, the number of defendants finalised (including transfers to other court levels) for *Sexual assault and related offences* has generally increased, with the lowest number in 2013–14, about 5,200, and highest in 2021–22, about 7,300 (Figure 3).

Figure 3: Defendants finalised for *Sexual assault and related offences*, 2010–11 to 2021–22



Source: ABS Criminal Courts | **Data source overview**

Family Courts

Notices of Child Abuse, Family Violence or Risk of Family Violence were increasing over time before they became compulsory.

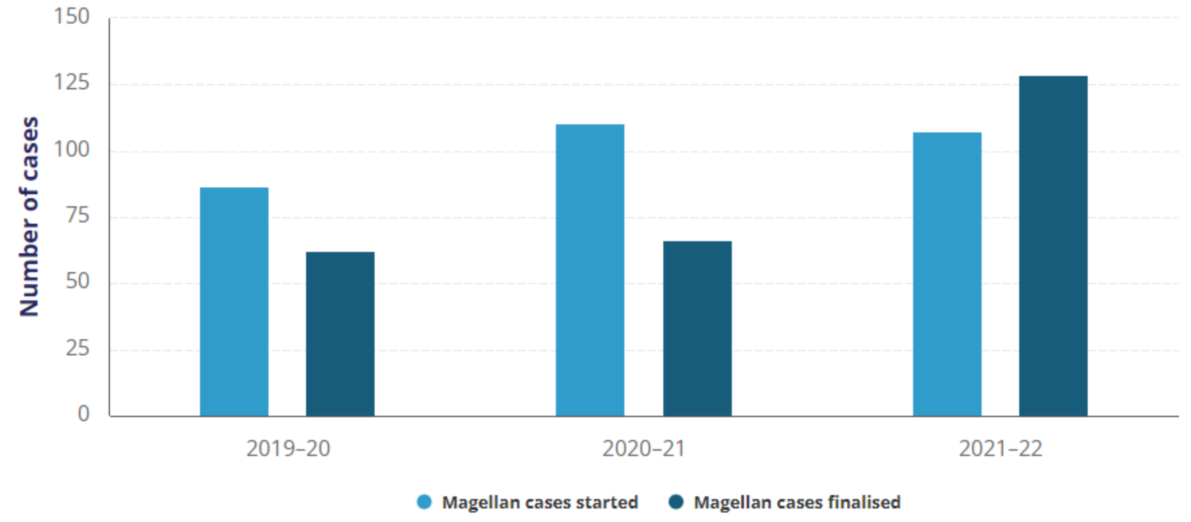
From 2014–15 to 2019–20, the number of cases in which a Notice was filed increased (from about 470 cases in 2014–15 to about 740 in 2019–20) (FCOA 2019, 2020).

This may have reflected an increase in the extent to which violence plays a role in Family Court cases and/or growing awareness of family violence in the community. Note that these cases do not include those dealt with in the Family Court of Western Australia (FCOA 2020).

As it became compulsory to file a Notice with every initiating application seeking parenting orders from 31 October 2020, changes in notices over time no longer relate to changes in allegations of abuse.

The number of Magellan cases (cases involving serious allegations of physical abuse and/or sexual abuse of a child) that were started and finalised each year has varied between 2019–20 and 2021–22 (Figure 4).

Figure 4: Magellan cases, 2019–20 to 2021–22



Source: Federal Circuit and Family Court of Australia | **Data source overview**

Related material

- How do people respond to FDSV?
- FDV reported to police
- Sexual assault reported to police
- Child protection
- Specialist perpetrator interventions

More information

National sexual violence responses

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Financial support and workplace responses

Key findings

- Since 1 July 2018, 17,100 people have applied to the National Redress Scheme and 8,700 have accepted an offer of redress
- Between 2015–16 and 2022–23, the number of claims granted for family and domestic violence Crisis Payments increased by about 60% (17,400 to 27,700).

Support may be provided to both victim-survivors and perpetrators of family, domestic and sexual violence (FDSV), through financial support and/or through supports for employees in the workplace. Financial support can include financial assistance (such as one-off payments to help a person leave a violent relationship) and financial advice and planning (to help a person establish independence). In general, these responses are intended to provide assistance in the short- or long-term, to reduce the economic and financial impacts of violence.

Workplaces can also respond to FDSV by providing support to employees. These supports may be accessed in the form of leave entitlements or through employee assistance programs. Some workplaces may also have organisation-specific policies or mechanisms to respond to violence that occurs in the workplace.

This topic page looks at the financial supports available for those who have experienced violence and a range of workplace responses.

What do we know?

Family and domestic violence (FDV) is the main reason women and children leave their homes in Australia. Victim-survivors of FDV who are leaving violent situations, are often faced with the substantial cost of leaving the home. These costs can include deposits, rental bonds and items for a new home; legal and medical costs; travel or moving costs; and for mothers, providing for their children (AHURI 2021; HRSCSPLA 2021). These costs may prevent women from leaving an abusive relationship and may be a reason women return to a previous violent partner (HRSCSPLA 2022). Financial implications have been reported by single mothers as a reason for returning to a previous violent partner following a temporary separation. This is a choice many women face when they experience violence – the choice between staying in a violent situation or poverty (see **Economic and financial impacts** for more detail).

A range of services are designed to provide immediate support to people who have to leave their home due to violence, including crisis payments and accommodation (see also **Services responding to FDSV**). Some services are designed to provide longer-term

financial support, in the form of training courses, financial planning and advice, so that victim-survivors can become more independent and economically secure.

Some victim-survivors of violence may also receive financial support in the form of payments or loans from services not specific to FDSV, such as emergency relief services, however these broader services are not in scope for this topic.

Workplaces can also respond to FDSV by providing access to supports, and by working directly with victim-survivors and/or perpetrators, to provide counselling or advice, or by implementing initiatives that improve workplace safety and/or support employees experiencing violence.

What data are available to report on financial and workplace support?

Data are available from Services Australia about Crisis payments designed to support those who have experienced violence. Data are also available from a number of sources about workplace specific initiatives that respond to violence (such as the Workplace Agreements Database and Workplace Gender Equality Agency data). For more information about these data sources, please see **Data sources and technical notes**.

What do the data tell us?

Financial support

Crisis Payment for extreme circumstances family and domestic violence

Between 2015–16 and 2022–23, the number of claims granted for family and domestic violence **Crisis Payments** increased by about 60%

People who are in severe financial hardship and have experienced changes in their living arrangements due to family and/or domestic violence, and are receiving, or are eligible to receive, an income support payment or ABSTUDY Living Allowance (see Box 1), may receive a one-off Crisis Payment. This payment is paid in addition to a person's income support payment (Services Australia 2023).

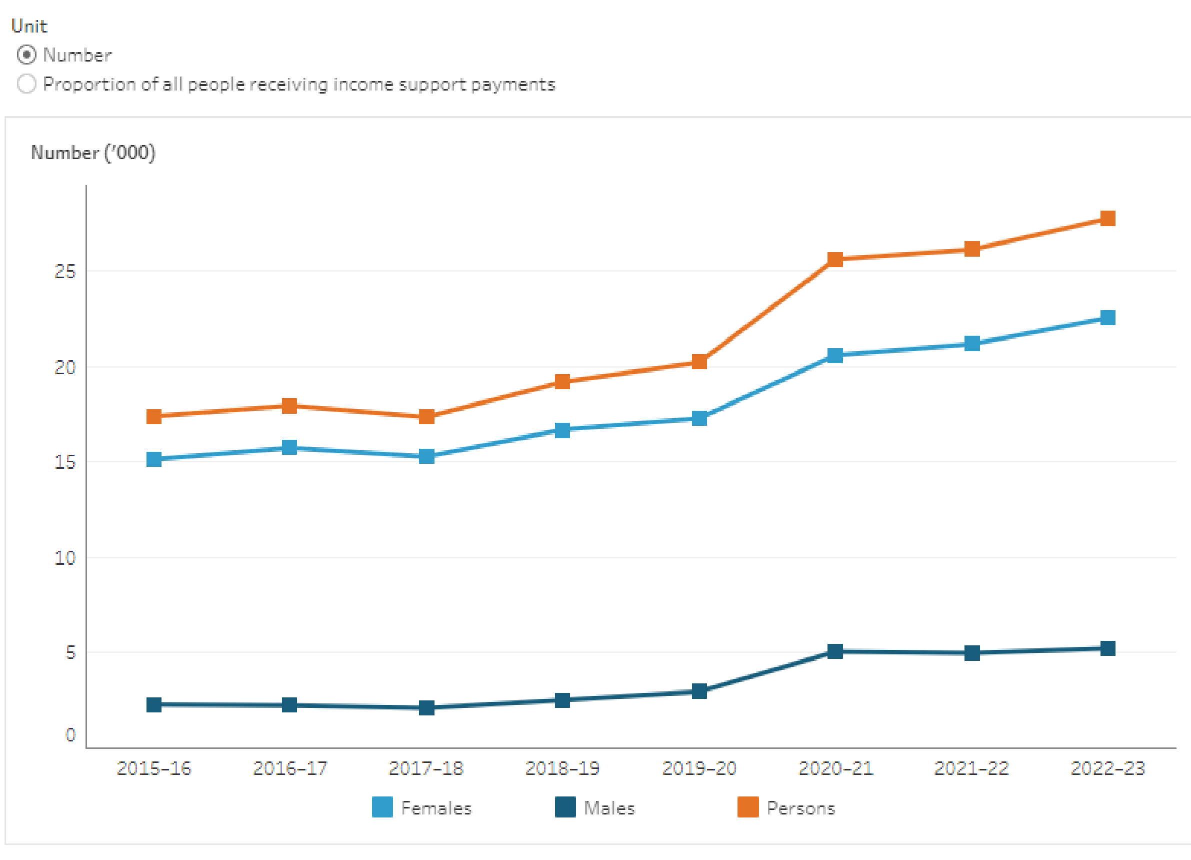
Box 1: Financial support definitions

Income support payment: A sub-category of benefits paid by the Australian Government which are regular payments that assist with the day-to-day costs of living.

ABSTUDY Living Allowance: A fortnightly payment by the Australian Government to help Aboriginal and Torres Strait Islander Australians with living costs while studying or training.

Between 2015–16 and 2022–23, the number of claims granted increased by about 60% (17,400 to 27,700). The proportion of income support recipients who received at least one family and domestic violence Crisis Payment each year increased slightly from 0.34% to 0.56% (Figure 1).

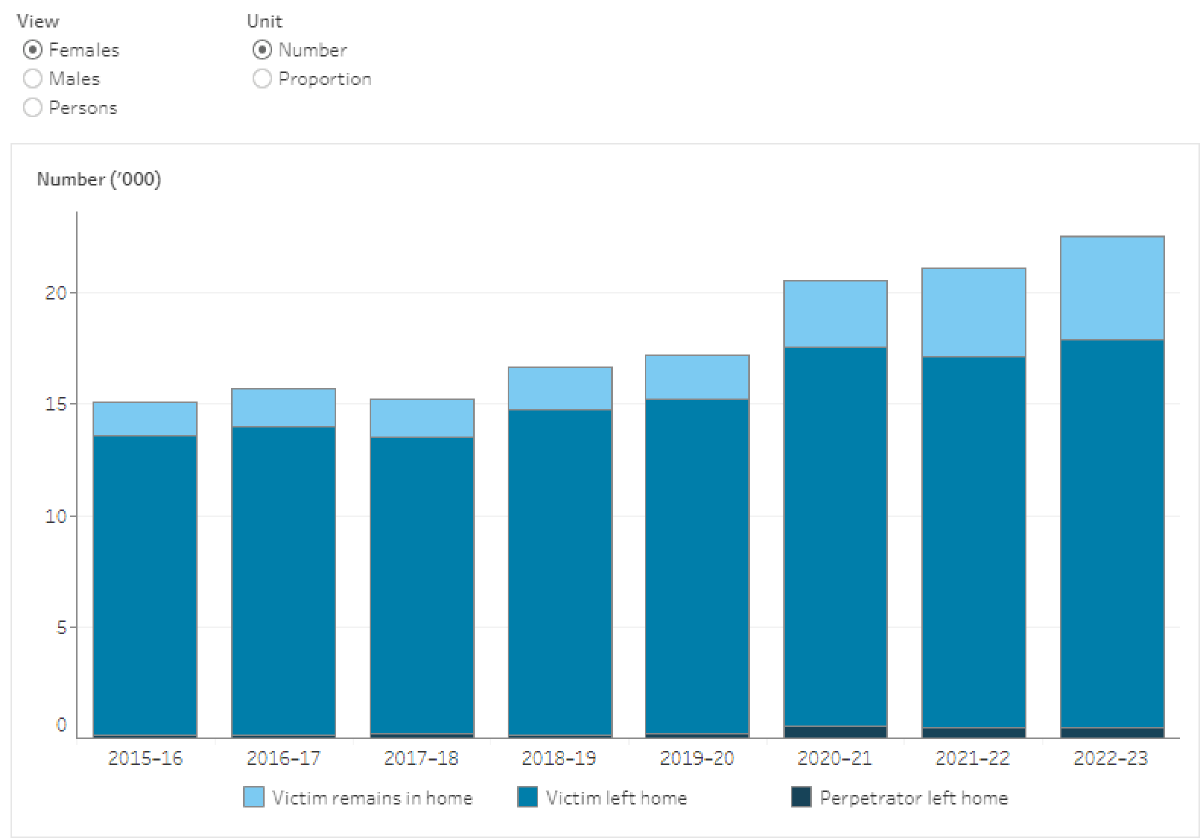
Figure 1: Claims granted for family and domestic violence Crisis Payments by gender, 2015–16 to 2022–23



Source: Services Australia (unpublished) https://www.aihw.gov.au

Data are also available for the number of family and domestic violence Crisis Payment claims granted per year by gender and sub-category of Crisis Payment. Between 2015–16 and 2022–23, the most common sub-category of family and domestic violence Crisis Payment each year was *Victim left home*, regardless of gender (Figure 2).

Figure 2: Claims granted for family and domestic violence Crisis Payments by gender and sub-category, 2015–16 to 2022–23



Source: Services Australia customer data (unpublished). https://www.aihw.gov.au

Redress payments

For people who have experienced institutional child abuse, payments are also available through the National Redress Scheme. The National Redress Scheme is designed to acknowledge that many children were sexually abused in Australian institutions; recognise the suffering they endured because of this abuse; hold institutions accountable for this abuse; and help people who have experienced institutional child sexual abuse gain access to counselling, a direct personal response, and a redress payment (Box 2).

Box 2: National Redress Scheme

The National Redress Scheme was created in response to the recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse. A person can apply under the scheme if they experienced institutional child sexual abuse before 1 July 2018, are aged over 18 or will turn 18 before 30 June 2028 and are an Australian citizen or permanent resident.

Under the scheme, an offer of redress consists of 3 components:

- counselling and psychological care

- a redress payment
- a direct personal response from participating institution/s responsible for the abuse.

People can apply for redress at any time until 1 July 2027.

For more information about the scheme, see National Redress Scheme.

In 2021–22:

- 6,000 people applied to the Scheme for redress
- 3,100 determinations were made and of these, 3,000 people were determined as eligible for redress, 90 applications were deemed ineligible.
- 2,700 people accepted an offer of redress
- 36 people declined an offer of redress (DSS 2022a).

More than 1,300 institutions were found to have been responsible for abuse, and almost 2,700 redress payments were made ranging from less than $10,000 to $150,000, with an average payment of around $90,800. The total value of redress monetary payments was $242.9 million, and just over 2,200 people accepted the offer of counselling and psychological care services as part of their redress outcome (DSS 2022a).

Since 1 July 2018, 17,100 people have applied to the scheme and 8,700 have accepted an offer of redress (Figure 3) (DSS 2019; DSS 2020; DSS 2021; DSS 2022).

Figure 3: Number of people who accepted an offer of redress, 2018–19 to 2021–22

Source: Australian Government Department of Social Services National Redress Scheme data | **Data source overview**

A person who accepts an offer of redress in a given time period, may have applied to the redress scheme in previous years of operation. There are a number of reasons why

applications for redress are not finalised, for example, where relevant institutions have not joined the scheme, or where more information is being sought from an applicant. Since 2018–19, the number of institutions participating in the scheme has increased.

Financial and banking services

People who experience FDV may also receive support from banks and financial institutions. Banks can play a role in identifying FDV, particularly when financial or economic abuse has occurred in the context of intimate partner violence or coercive control. Data from banks are currently limited. For more information on economic abuse, see **intimate partner violence**.

Workplace responses for employees

Workplaces can respond to violence FDV in many ways, for example, by making resources and supports available for people to access if it occurs. Workplaces can also respond to specific instances of sexual violence, and take formal actions to provide support to victim-survivors or hold perpetrators to account.

Leave entitlements

People who experience FDV may need to take time off work to make arrangements for their safety, access police and specialist services, or attend appointments with medical, financial, legal or health professionals.

One way workplaces can support individuals is by granting time off work. Under the National Employment Standards (NES), all employees in Australia are entitled to unpaid FDV leave. In October 2022, these entitlements were replaced with an entitlement to paid FDV leave (Box 3).

Box 3: Who can access unpaid family and domestic violence leave?

In Australia, all employees (including part-time and casual employees) are entitled to 5 days unpaid leave in a 12-month period if they have experienced FDV. FDV means violent, threatening or other abusive behaviour by an employee’s close relative that seeks to coerce or control the employee, and/or causes them harm or fear.

A close relative is:

- an employee's spouse or former spouse, de facto partner or former de facto partner, child, parent, grandparent, grandchild, sibling
- an employee's current or former spouse or de facto partner's child, parent, grandparent, grandchild or sibling, or
- a person related to the employee according to Aboriginal or Torres Strait Islander kinship rules.

More information about FDV leave is available on the Fair Work Ombudsman website, at Family & domestic violence leave.

Entitlement to paid FDV leave

In October 2022, the Fair Work Amendment (Paid Family and Domestic Violence Leave) Bill was passed. The Bill amended the Fair Work Act 2009 and replaced the current entitlement in the NES (to 5 days of unpaid FDV leave in a 12-month period) with an entitlement to 10 days of paid FDV leave for full-time, part-time and casual employees. The Bill also: extends the definition of FDV to include conduct of a current or former intimate partner of an employee, or a member of an employee's household.

The leave will be available from:

- 1 February 2023, for employees of non-small business employers (employers with 15 or more employees on 1 February 2023)
- 1 August 2023, for employees of small business employers (employers with less than 15 employees on 1 February 2023).

More information about the new paid FDV leave entitlements can be found on the Fair Work Ombudsman website at New paid family and domestic violence leave.

While the NES sets out the minimum entitlements for all employees covered by the national workplace relations system, some people are covered by registered agreements, enterprise awards or state reference public sector awards, and have access to further entitlements.

Data from the Workplace Agreements Database are available to report on the number of agreements approved that contain an entitlement to paid FDV leave, and the number of people covered by these agreements. Note that these data are only available from 2016 and cannot be used to show the uptake of leave entitlements.

In 2021, there were 1,900 agreements approved which included paid FDV leave entitlements. These agreements covered 354,000 employees, and made up 44% of new approved agreements that year. The proportion of approved agreements with paid FDV leave entitlements has generally risen over time – from 21% in 2016 to 44% in 2021. (Attorney-General's Department unpublished).

Employees will continue to be entitled to 5 days of unpaid family and domestic violence leave until they can access the new paid entitlement.

How can workplaces best support people who are experiencing FDV?

'Workplaces could provide confidential supervision, or better promotion of employee assistance programs, more information on vicarious trauma in the workplace, and a discrete way to apply for FV leave. While I know it's available, many co-workers don't apply for fear of judgement and repercussions.'

Kelly

WEAVERs Expert by Experience

Keeping workplaces safe

Another way that workplaces respond to FDSV, is through implementing initiatives or adopting strategies to make the workplace a safe space for employees, or having policies in place to provide support when FDV or SV occurs.

Data from the Workplace Gender Equality Agency (WGEA) show that in 2021–22, 98% of the almost 4,800 organisations surveyed had policies and strategies in place targeting sexual harassment. Many of the organisations (73% or almost 3,500) surveyed also had formal policies or strategies in place to support employees experiencing family and domestic violence. This has doubled over the last 8 years (WGEA 2022).

These data highlight that responding to sexual violence in the workplace remains a key priority (Box 4).

Box 4: Respect@Work: Sexual Harassment National Inquiry

The National Inquiry into Sexual Harassment in Australian Workplaces was announced in June 2018. It was conducted by the Australian Human Rights Commission (AHRC) and builds on the data collected in the National Survey on Sexual Harassment in Australian workplaces. The purpose of the Respect@Work inquiry was to improve how Australian workplaces prevent and respond to sexual harassment. The AHRC received 460 submissions from government agencies, business groups, community bodies and victims. From September 2018 to February 2019, it conducted 60 consultations. These consultations informed the inquiry report, which outlines:

- the current context in which workplace sexual harassment occurs
- what is understood about workplace sexual harassment
- how primary prevention initiatives outside the workplace can be used to address workplace sexual harassment
- the current legal and regulatory systems for responding to workplace sexual harassment and how these can be improved
- a proposed new framework for workplaces to address sexual harassment
- the support, advice and advocacy services that are available, and how access to these services, can be improved (AHRC 2020).

The inquiry made 55 recommendations across a range of areas. The Australian Government's response to these is outlined in the Roadmap to Respect report. Five reform priorities were identified:

1. establishing the Respect@Work Council
2. conducting data collection and research on workplace sexual harassment
3. initiating targeted education and training initiatives and the development of resources
4. adopting a joined-up approach across agencies, support services, legal assistance providers and other bodies to ensure better advice and support on workplace sexual harassment issues

5. supporting disclosure of historical workplace sexual harassment (AHRC 2020).

For more information, see Respect@Work: Sexual Harassment National Inquiry Report.

Data on workplace sexual harassment, are reported in **sexual violence**.

In recent years, several initiatives have included introducing law reforms or developing resources as a response to sexual violence that occurs in workplaces and in institutions:

- The Australian Human Rights Commission (AHRC) developed the *National Principles for Child Safe Organisations* which were endorsed by the Council of Australian Governments on 19 Feb 2019. A suite of 11 Child Safe Organisation e-learning modules were also designed to help organisations increase their knowledge and understanding of the National Principles and identify the steps they need to take as they work towards implementing them.
- Safe Work Australia has published a *Model Code of Practice: Sexual and gender-based harassment* and the guide *Preventing workplace violence and aggression*. These documents provide practical guidance to minimise the risk of sexual and gender-based harassment and gendered violence in the workplace.
- In 2021, *The Sex Discrimination and Fair Work (Respect at Work) Amendment Act 2021* (Respect at Work Amendment Act) took effect. This Act aims to make sure more workers are protected and empowered to address unlawful sexual harassment in the workplace by amending the *Fair Work Act 2009* and *Sex Discrimination Act 1984*.

Responses from specific organisations

Some workplace responses to FDSV are specific to the forms of violence, employers or industries. Experiences of sexual violence in universities, and some of the actions taken, are discussed in **sexual violence**. In some instances, workplace responses address violence that has occurred within the workplace, or in a work-related environment.

Sexual assault in the Australian Defence Force

Data are available from the Australian Defence Force on the reported number of sexual assault incidents per year. These assaults include matters of a historical nature, such as those that occurred more than one year before reporting. Reporting sexual misconduct triggers a further inquiry or investigation by the Joint Military Police Unit (JMPU) or state/territory police.

In 2021–22, there were 148 incidents of sexual assault reported. Of these:

- 88 were aggravated sexual assaults (penetrative acts committed without consent, threat of penetrative acts committed with aggravating circumstances, or instances where consent is unable to be given)
- 60 were non-aggravated sexual assaults (for example, touching of a sexual nature without consent where penetration does not occur) (Department of Defence 2022).

About 48% of allegations of sexual assault made to the JMPU were made by members who did not wish to make a statement of complaint, did not want the matter

investigated by the JMPU or state/territory police or withdrew their complaint. The number of reported sexual assault incidents was lower in 2021–22 than in previous years – 187 in 2020–21, 160 in 2019–20, 166 in 2018–19 and 170 in 2017–18. Due to differences in reporting frameworks, these numbers cannot be compared with those before 2017–18 (Department of Defence 2022).

Support for Defence personnel regarding matters of sexual violence is also provided through the Department of Defence's Sexual Misconduct Prevention and Response Office (SeMPRO) (Box 5).

Box 5: SeMPRO

The overarching intent of SeMPRO is to help people who impacted by sexual misconduct and prevent sexual misconduct in Defence workplaces. SeMPRO works to do this by:

- providing education and training about sexual misconduct to Defence personnel
- providing client support to people affected by sexual misconduct
- shaping Defence policy to provide accessible resources that aid those impacted by sexual misconduct, their supporters, and managers.

SeMPRO also offers support to those around people directly affected by sexual misconduct – such as commanders, managers, colleagues, friends, and family members – to help them provide support to a friend or colleague, or manage an incident.

For more information, see Sexual Misconduct Prevention and Response Office.

In 2021–22, SeMPRO assisted 440 clients. Of these clients, 213 were directly affected by sexual misconduct (sexual offences, sexual harassment, sex-based discrimination, or adjacent incidents such as stalking and intimate image abuse. SeMPRO clients were majority women (88%).

For the third consecutive year, the 1800 SeMPRO Service saw an increase in client demand from those directly impacted by sexual misconduct. (Department of Defence 2022).

The Office of the Commonwealth Ombudsman, within its Defence Force Ombudsman jurisdiction, receives reports of contemporary and historic serious abuse within the Australian Defence Force.

Box 6: The Defence Force Ombudsman

The Defence Force Ombudsman provides a confidential mechanism to report serious abuse for those who feel unable, for whatever reason, to access Defence's internal mechanisms.

Serious abuse means sexual abuse, serious physical abuse or serious bullying or harassment that occurred between 2 (or more) people who were members of Defence at the time. Reports received by the Ombudsman are assessed against several thresholds to determine if they can be accepted as a report of serious abuse in Defence.

Between December 2016 to December 2022:

- almost 4,100 reports of abuse were received, of which nearly 210 reports were withdrawn, leaving almost 3,900 reports
- almost 2,700 assessment decisions were made with nearly 2,400 reports considered wholly or partially within the jurisdiction of the Defence Ombudsman. Of the reports that contained incident data, more than 1,200 involved sexual abuse (Office of the Commonwealth Ombudsman 2022).

Related material

- Economic and financial impacts
- Services responding to FDSV
- Legal systems

More information

- Family, domestic and sexual violence data in Australia

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Specialist perpetrator interventions

Key findings

- In 2021–22 the Men's Referral Service responded to 7,600 inbound calls from people seeking support related to men's family violence
- Police referrals to the Men's Referral Service increased by 2.8% between 2020–21 and 2021–22

A broad range of services and service providers may respond to FDSV when it occurs. A subset of these services work directly with perpetrators with the goal to hold perpetrators to account for their violence, and stop violence from recurring in the future. These services are often referred to as 'perpetrator interventions'.

The majority of perpetrator interventions fall into 2 categories: police and legal responses, and behaviour change interventions. Understanding how many people access the services, and the different pathways that people take through these services can help inform the development and evaluation of policies, programs and services to prevent and better respond to FDSV.

This topic page builds on **FDV reported to police**, **Sexual assault reported to police** and **Legal systems** to look specifically at behaviour change interventions, and discuss where they fit into the broader perpetrator interventions system.

What are perpetrator interventions?

Perpetrator interventions are part of the system of services responding to FDSV – an overlapping system of services and service providers that respond to violence. While many service providers may come into contact with people who use violence, a subset of these service providers have a specialised role in stopping violence once it has occurred and holding perpetrators to account for their behaviour. These service providers work with perpetrators and people who use violence (Box 1).

Box 1: Who are perpetrators?

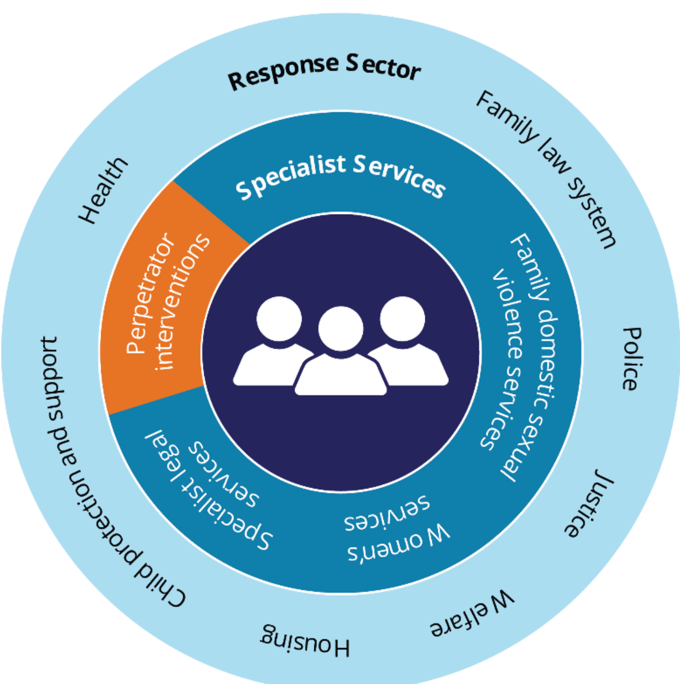
The term perpetrator is used to describe adults (aged 18 years and over) who use violence, while 'people who use violence' is a broader, more inclusive term that extends to children and young people who use violence.

On this page, the term 'perpetrator interventions' is used, as the focus is on interventions for adult perpetrators, who have used violence against other adults. Other specialist interventions – such as those for young people who use violence, or those that intervene to stop offenders of child sexual abuse – require more consideration and are not discussed in detail here. A more detailed discussion about the language used to describe people who use violence can be found in **Who uses violence?**

‘Perpetrator interventions’ captures a broad range of services and service providers that work with people who use violence. The term ‘perpetrator interventions’ is used for simplicity, as it is the most commonly used term to describe this category of services.

Perpetrator interventions are diverse, and span multiple sectors. Perpetrator interventions work alongside other services responding to FDSV, to end violence and keep people and communities safe (Figure 1).

Figure 1: Perpetrator interventions



In general, there are 2 types of interventions for perpetrators: behaviour change interventions (often referred to as men’s behaviour change programs), and police and legal responses. The term ‘responses’ is used to refer to the services and service providers that play a role in assisting people when violence has occurred.

On this topic page, behaviour change interventions are referred to as ‘specialist perpetrator interventions’ to distinguish them from police and legal responses. These interventions work within the broader service system – as well as with the community – to hold perpetrators to account.

What does perpetrator accountability mean to you?

'Perpetrator accountability describes the process of perpetrators, as individuals and as a collective, being visible and taking responsibility for their use of family, domestic and sexual violence (FDSV). Perpetrator accountability includes service systems holding perpetrators accountable and ensuring that the impact of their responses is not complicit in, nor perpetuates, FDSV.'

Leanne

WEAVERs Expert by Experience

'Perpetrator accountability means framing the issues of family, domestic, and sexual violence as fundamentally a problem of perpetration. It is the perpetrator's behaviour that should be scrutinised and questioned – not just by systems and institutions, but by friends, family, peers, employers, and community members. It is the perpetrator's behaviour and use of abuse that needs to change.'

Lula

WEAVERs Expert by Experience

Perpetrators may also interact with health services, alcohol and other drug treatment services, specialist homelessness services (see **Housing**) and other human services that deal with issues that may be related to the use of FDSV. These services comprise the broader service system, but are not included on this topic page as they may not necessarily be purpose-built to intervene with violence. A discussion about how services work together to respond to FDSV can be found in **Services responding to FDSV**.

Not all responses to FDSV occur within the service system. Some responses are informal, and involve seeking support from families and friends. Those are discussed in more detail in **How do people respond to FDSV?**

Men's Behaviour Change Programs

Men's Behaviour Change Programs (MBCPs) are the most common interventions for people who use violence (AIHW 2021). MBCPs vary substantially in how they operate, how they are accessed, and the legislative frameworks that they operate under. Some MBCPs are available to those who self-refer or are concerned about their own behaviours. Perpetrators can also be required to attend programs, either informally by their partners or communities, or formally through courts or corrective services (AIHW 2021).

Across MBCPs in Australia, there is a large variation in the approach adopted and the mode used to administer the program. Bell and Coates' (2022) systematic review found that behaviour change programs can be informed by:

- the Duluth model, which uses a psychoeducational and feminist approach
- psychological models such as cognitive behaviour therapy or motivational approaches

- anger management or substance use treatment.

Further, the mode of delivery can also vary. Some programs last as long as a year, while others are much shorter. Some programs also offer individual case management, while others are limited to group work only (Bell and Coates 2022).

Legal and police responses

In addition to behaviour change interventions, legal and police services intervene directly with perpetrators who use violence. Some common legal and police responses to FDSV include: protection orders; arrests and criminal charges; and prosecution and sentencing in criminal courts. These responses are discussed in **Legal systems**, **FDV reported to police** and **Sexual assault reported to police**.

What do the data show?

No single data source is available to report on specialist perpetrator interventions in Australia. However, some data are available from specific organisations to look at service use. For example, the No to Violence Annual Report (see **Data sources and technical notes**).

Men's Referral Service

The Men's Referral Service provides support for men who have used or continue to use violence and who are seeking support to change their abusive behaviours.

In 2021–22 the Men's Referral Services responded to 7,600 inbound calls from people seeking support related to men's family violence. There was an increase of 61% in people seeking men's family violence support via the webchat.

Men's Referral Services also receive referrals from police in selected states and territories. Almost 60,000 referrals were received from police in New South Wales, Victoria and Tasmania. Police referrals increased by 2.8% from 2020–21, with the biggest increase coming from New South Wales (up from 34,500 in 2020–21 to 38,000 in 2021–22) (No To Violence 2022).

Men's Referral Service counsellors also facilitate the Brief Intervention Service (BIS), a flexible, multi-session service designed to provide counselling support and referral options to men as they begin the behaviour change journey. BIS focuses on short term multi-session counselling and support for men who have not yet accessed a behaviour change program.

Just over 500 men engaged with the Brief Intervention Service during 2021–22, for an average of 6 sessions (No To Violence 2022).

To see information about other helplines responding to FDSV, see **Helplines and related support services**.

What else do we know?

There has been valuable work to build the evidence base on perpetrator interventions through research into what currently works to stop violence.

‘What Works’ to reduce and respond to violence against women

Australia’s National Research Organisation for Women’s Safety’s (ANROWS) ‘What Works’ project provided a framework to support the assessment of the overall value and effectiveness of FDSV interventions, programs and strategies. The aim was to develop:

- an evidence portal/What Works framework that allows comparison of practices and that provides a summary of the evidence base of what works to reduce or respond to violence against women
- accessible and practical information about the applicability of interventions, as well as information about the implementation
- directions for future research, including suggestions in terms of research design and recommendations around the measurement of outcomes.

As part of the ‘What Works’ framework, ANROWS developed 3 overviews:

- *Reducing relationship and sexual violence,* which provides an overview of the evidence from systematic reviews of respectful relationships programs and bystander programs in education settings.
- *The effectiveness of interventions for perpetrators of domestic and family violence,* which provides an overview of the evidence in relation to 2 key types of interventions for perpetrators: behaviour change interventions, and legal and policing interventions.
- *The effectiveness of crisis and post-crisis responses for victims and survivors of sexual violence,* which assesses the evidence from existing systemic reviews into the effectiveness of crisis and post-crisis interventions for victim-survivors of sexual violence.

This work demonstrates the value of consolidating information on perpetrator interventions and services to understand the extent to which evidence-based practices are implemented (Box 2).

Box 2: The effectiveness of interventions for perpetrators of domestic and family violence

Bell and Coates (2022) conducted a systematic review of 2 key intervention types for perpetrators of FDV and IPV: behaviour change interventions, and legal and policing interventions. Reviews across the international literature were included if they concerned high-income countries. Reviews limited to only low- or middle-income countries were excluded.

The aim of the review study was to provide an overview of the evidence on effectiveness as reported by reviews of interventions for perpetrators of FDV. The study found:

- Of 29 reviews that assessed the effectiveness of behaviour change interventions for a reduction in FDV/IPV, only one concluded that the intervention works.
- A total of 24 reviews reported on the impact of behaviour change interventions on perpetrator-specific outcomes. While some reviews reported promising results such as improvements in gender-based attitudes, reduced acceptance of violence, improved mental health outcomes or a reduction in substance misuse, most reported mixed findings and concluded that there is currently insufficient evidence.
- Effectiveness was found to be associated with a range of factors, most commonly treatment modality for behaviour change interventions and perpetrator characteristics such as previous history of offending for legal and policing interventions. Albeit based on a smaller evidence base, interventions that included substance use treatment and motivational enhancement or readiness for change approaches were associated with more promising results than Duluth or cognitive behaviour change-based interventions.

More information about this stream of work can be found on the ANROWS website, at 'What Works' to reduce and respond to violence against women.

Monitoring perpetrator interventions

One way to understand whether perpetrator interventions are effective, is to monitor progress over time. Under the *National Plan to Reduce Violence against Women and Children 2010–2022* (completed), the *National Outcome Standards for Perpetrator Interventions* (NOSPI) were developed to guide and measure the actions taken to intervene with perpetrators (Box 3).

Box 3: National Outcome Standards for Perpetrator Interventions

The *National Outcome Standards for Perpetrator Interventions* (NOSPI) were developed as a set of headline standards, or principles, to guide and measure the actions that governments and community partners take to intervene with perpetrators of FDSV, and the outcomes achieved by these actions. The following six headline standards were agreed by the former Council of Australian Governments (COAG) in 2015:

1. Women and their children's safety is the core priority of all perpetrator interventions
2. Perpetrators get the right interventions at the right time
3. Perpetrators face justice and legal consequences when they commit violence
4. Perpetrators participate in programmes and services that change their violent behaviours and attitudes
5. Perpetrator interventions are driven by credible evidence to continuously improve
6. People working in perpetrator intervention systems are skilled in responding to the dynamics and impacts of domestic, family and sexual violence.

In collaboration with states and territories, a reporting framework was developed with 27 key indicators to measure the 6 headline standards. Where data were not available, indicators were developed as aspirational, to guide data development activities (AIHW 2021).

Limitations

The AIHW undertook work to collect and report data against the 27 indicators. This work highlighted some barriers to data collection and reporting:

- perpetrator interventions are fragmented and multi-sectoral
- data are not comparable between states and territories
- data on specific population groups are limited.

While data were not available to report comprehensively against the NOSPI, the NOSPI reporting work highlighted the initiatives underway in states and territories to respond to perpetrators. Further data improvement is required before nationally comparable indicators are possible. For more information, see Monitoring Perpetrator Interventions in Australia.

Data gaps and development activities

While specialist perpetrator interventions remain a data gap, there are areas in which data improvements can help shed light on how people who use violence may interact with the service system when violence occurs.

Specialist FDV services data

At a national level there are very limited data from specialist family and domestic violence services, which include things like crisis services. The AIHW is leading the delivery of a prototype specialist FDV services data collection, which will inform recommendations for an ongoing national specialist services data collection which could be expanded and built on in the future. Improved data on specialist services could potentially be a valuable source of information about related perpetrator services, including pathways and referrals into perpetrator intervention services.

Improving data on behaviour change programs

In 2019, ANROWS undertook a study into developing a minimum data set for Men's Behaviour Change Programs (MBCPs) in Australia. A minimum data set would fill a critical gap in the perpetrator interventions landscape (Box 4).

Box 4: Developing a national minimum data set for MBCPs

Currently, there is no uniform data collection and management tool in Australia to collect data from MBCPs. In 2020, Australia's National Research Organisation for Women's Safety (ANROWS) published findings from their work, which looked into building a minimum data set that aimed to address this data gap. The study focused on key variables related to participants' demographic characteristics, recidivism, and attrition and retention in MBCPs.

The study involved the development of a survey for service providers, which asked questions about key variables to understand:

- if the item was collected or collated
- the frequency of data collection
- and the perceived importance of individual variables being included in a data collection.

The study concluded that the implementation of a national minimum data set across all MBCPs in Australia would be highly valuable in confirming variables predicting program attrition, and consequently could help determine MBCP suitability for certain types of perpetrators. Study results suggest that a 'one-size-fits-all' structure of mainstream national MBCPs is not the best approach, and further development of a data set could allow for MBCPs to be adapted and diversified to improve their effectiveness (Chung et al 2020).

More information about this work can be seen in the ANROWS' report Improved accountability – the role of perpetrator intervention systems.

Linked data

The National Crime and Justice Data Linkage Project aims to link administrative datasets from across the criminal justice sector, including police, criminal courts and corrective services, forming the Australian Bureau of Statistics (ABS) Criminal Justice Data Asset. Once fully established, this data asset could provide insight on how perpetrators of family and domestic violence move through the criminal justice sector, including corrective service outcomes for FDSV offenders. In the future, other health and welfare datasets could also be included to provide a more holistic view of perpetrators, and potentially, victim-survivors.

A more general discussion about data gaps and development activities can be found in **Key information gaps and development activities**.

Related material

- Who uses violence?
- Services responding to FDSV
- Helplines and related support services
- FDV reported to police
- Sexual assault reported to police

More information

- Monitoring perpetrator interventions in Australia
- NOSPI Baseline Report 2015–16

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Family, domestic and sexual violence workforce

Key findings

- Family, domestic and sexual violence workforce workers are generally confident in identifying family, domestic and sexual violence
- Many workers report experiencing suboptimal working conditions, such as harassment from clients and working unpaid hours
- Digital delivery of services since COVID-19 has brought challenges and benefits

What is the family, domestic and sexual violence workforce?

Workers from many different services and sectors interact with people affected by family, domestic and sexual violence (FDSV). The specialist FDSV workforce includes those who work directly and mostly with victim-survivors or perpetrators, as well as professionals who may work directly with these workers, such as trainers or specialist consultants in policy. The non-specialist FDSV workforce includes primary prevention and the broader workforce that may intersect with FDSV as part of their wider role in the community, for example, health professionals, police officers and teachers. There are benefits to non-specialist workforces understanding FDSV, and where appropriate, being trained to identify and respond appropriately (see Box 1). This topic page focuses on Australia's specialist FDSV workforce (FDSV workforce).

The FDSV workforce is essential for FDSV prevention, intervention, response and recovery. The *National Plan to End Violence against Women and Children 2022-2032* (National Plan) has highlighted building 'a resourced service system with an appropriately skilled and qualified workforce' as a focus area to prevent violence occurring again (DSS 2022). However, the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into family, domestic and sexual violence identified 'significant workforce shortages and a lack of coordination and resourcing to support retention, skill development and leadership' across the sector (SCSPLA 2021). Workers are often under substantial pressure and required to learn specialist skills on the job, contributing to work safety risks and vicarious trauma (DSS 2022).

The Australian and New Zealand Standard Classification of Occupations used in the Census of Population and Housing does not contain FDSV-specific occupation codes. The lack of in-depth knowledge and systematic, regular data collection on the FDSV workforce can make efficient workforce planning challenging (ABS 2022; Family Safety Victoria 2021a).

Box 1: The role of the non-specialist workforce

The importance of the non-specialist workforce in supporting FDSV victim-survivors has been increasingly recognised in policy in recent years. The National Plan highlights building capacity across all sectors that may interact with victim-survivors to ensure there is no wrong path for seeking support. It is known that victim-survivors seek help from various services, such as educational institutions, hospitals and hairdressers (DSS 2019). Hence, primary care and the broader workforce that may intersect with FDSV can play an equally significant role in identifying, referring and supporting victim-survivors. A full-time general practitioner is likely to see around five women who have experienced intimate partner abuse and violence every week (RACGP 2022). Almost 1 in 5 female victims that were physically or sexually assaulted by a male sought advice or support from other health professionals (AIHW 2022). The National Plan includes capacity-building initiatives such as enabling workforces to provide trauma-informed support and improving collaboration across sectors to coordinate responses to women affected by FDSV (DSS 2022).

Victoria undertakes the Census of Workforces that Intersect with Family Violence every 2 years to understand the breadth and nature of workforces that intersect with family violence (FV) and identify capacity-building opportunities. The 2019-20 census found that 49% of the primary prevention workforce were extremely or very confident in their capacity to perform their roles, while only 28% of the broader workforce that intersects with FV were extremely or very confident that they have had enough training and experience to effectively respond to FV (Family Safety Victoria 2021b).

What do the data tell us?

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, including workforce characteristics, workforce strengths, gaps, skill levels and skill-development needs (see Box 2 and **Data sources and technical notes**). 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).

This topic page focuses mainly on the National Survey of Workers, however more recent findings on the specialist FV workforce from the Victorian 2019-20 Census of Workforces that Intersect with Family Violence are also included.

Data in this section were collected prior to the first national lockdown in response to COVID-19. Please refer to the **impacts of COVID-19** section for data collected during the COVID-19 pandemic.

Box 2: 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 services 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.

The term LGBTIQ used in the survey refers to people who identified as lesbian, gay, bisexual, trans, intersex or queer.

Source: Cortis et al. (2018).

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

Four in 5 (83%) workers surveyed were female. One in 5 (20%, or 228) workers had personal 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 (First Nations) backgrounds, and 1 in 25 (3.7%, or 43) identified as having disability. Most employees (61%) were working full time (Cortis et al. 2018).

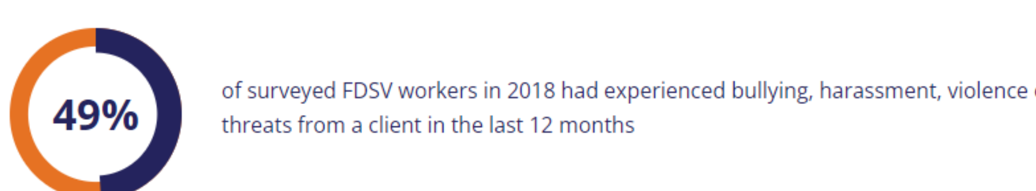
In the 2019-20 Census of Workforces that Intersect with Family Violence, almost 7 in 10 (67%) respondents working in specialist FV response roles had less than 5 years of experience in their current role, and 4 in 10 (40%) used their cultural or faith-based knowledge and experience when undertaking their work (Family Safety Victoria 2021a).

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

In general, surveyed 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 (Cortis et al. 2018).

Many workers felt they needed additional training to support specific client groups such as First Nations 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.

Many workers experience suboptimal working conditions



Many workers reported experiencing suboptimal working conditions. Among surveyed respondents:

- around half (49%) 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
- almost half (48%) reported feeling emotionally drained from work
- almost half (45%) reported they felt pressure to work harder
- almost 2 in 5 (38%) disagreed they are paid fairly for the work they do

- more than 30% of practitioners and other frontline support staff regularly worked unpaid hours, with this proportion increasing to more than 70% for workers in leadership positions (that is CEO and senior managers) (Cortis et al. 2018).

Many workers also expressed concern over sector resourcing and accessibility of services. 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).

Nevertheless, sense of purpose and satisfaction with supervision are high among the workforce. Over 9 in 10 (93%) workers reported that their work makes a difference in people's lives, and over 70% were very or moderately satisfied with the frequency of supervision, the amount of time supervisors spent with them and the quality of support (Cortis et al. 2018).

What are the impacts of COVID-19?

The COVID-19 pandemic has pushed the specialist family, domestic and sexual violence workforce to adapt and innovate ways to serve clients while staying COVID-19 safe. The University of New South Wales conducted a nation-wide study that explored service adaptations and the challenges faced by frontline domestic and family violence (DFV) practitioners in Australia between July and October 2020 (Cullen et al. 2020).

Increased workload and insecurities about the future

Frontline DFV practitioners reported a substantial increase in workload and unpaid work hours during the early months of COVID-19. They also expressed concerns over insecure funding and short-term contracts, and fears of burning out with the new pace and methods of working (Cullen et al. 2020).

Digital delivery of services brought challenges and benefits

The widespread adoption of digital service delivery during COVID-19 has brought challenges and benefits to the workforce. Frontline staff have reported difficulty separating home and work life, fatigue from transitioning to remote working, feelings of isolation from colleagues and constrained access to protective measures put in place by organisations. Many organisations have introduced mitigative measures that workers view as beneficial and would like to see continued. These include flexible working arrangements, digital and telehealth options for clients, connecting with colleagues online, enhanced supervision and wellbeing initiatives (Cullen et al. 2020).

Related material

- Services responding to FDSV
- How do people respond to FDSV?

More information

Family, domestic and sexual violence service responses in the time of COVID-19

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Outcomes

Violence impacts the physical and mental health and well-being of victim-survivors in the short and long term. These topic pages explore a range of outcomes that may be experienced by victim-survivors. However, it is important to note that the experience of FDSV is unique and impacts on a person may be mediated by protective factors (for example, strong family or social support) or exacerbated by other factors (for example, more severe and enduring violence).

- Health outcomes
- Behavioural outcomes
- Domestic homicide
- Economic and financial impacts
- FDSV and COVID–19

Health outcomes

Key findings

- In 2021–22, 2 in 3 (67% or 496,000) women who had experienced sexual assault by a male perpetrator in the past 10 years reported they had felt anxiety or fear for their safety in the 12 months after their most recent incident of violence.
- In 2018, if no woman had experienced intimate partner violence, the disease burden among women due to homicide and violence would have been reduced by 46%.

Family, domestic and sexual violence can involve single and/or repeated traumatic experiences which impact victim-survivors' health and wellbeing. The health outcomes can be serious and long-lasting, affecting an individual's physical and mental health, which in turn can affect a person's employment and education, relationships, and financial and housing stability.

This topic page focuses on the short-term, long-term, and permanent health outcomes among victim-survivors of FDSV, particularly intimate partner violence. While the reporting focuses on national quantitative data, some contributions from people with lived experience are included on this page to deepen our understanding. For other pages relating to the impacts and outcomes of FDSV, see also **Behavioural outcomes**, **Economic and financial impacts** and **Domestic homicide**.

What do we know?

Health outcomes associated with FDSV will vary in nature and extent depending on the type and severity of violence experienced. Some health outcomes are immediate, for example an injury, and some, such as mental illness, may develop over time and persist for many years after the violence has ceased (Loxton et al. 2017). For some people, ongoing or severe experiences of FDSV can lead to permanent disability, or death (On et al. 2016). However, with appropriate intervention, support and resources, these outcomes are preventable (WHO and PAHO 2012).

Evidence of the health outcomes associated with FDSV can inform the development of policy and service interventions that aim to improve outcomes for individuals experiencing violence.

This page includes information on mental health, injury and death, and sexual and reproductive health. For information on how FDSV may affect health behaviours, see **Behavioural outcomes**.

Some population groups may be at greater risk of experiencing FDSV and poorer health outcomes (see **Population groups**).

For information on behaviours and/or factors that may increase the likelihood of FDSV victimisation, see **Factors associated with FDSV**.

National data sources to measure health outcomes

Evidence of the health outcomes due to, or associated with, FDSV can be obtained using longitudinal surveys, cross sectional studies, burden of disease analysis and administrative data sets (such as hospital data).

Different types of data and research impact the questions that can be answered about health outcomes. For example, longitudinal studies follow the same individuals (that is, a cohort) over time to provide insight on the link between exposure (for example to FDSV) and subsequent outcome (for example, a mental health disorder). Cross sectional studies sample people at a point in time and can assist with measuring associations between 2 areas of interest (for example FDSV and health), however, they do not provide insight into the timing of events (for example, whether depression was experienced before or after experiences of FDSV). For more information, see **How are national data used to answer questions about FDSV?**.

Data sources for reporting on health outcomes

- ABS Personal Safety Survey
- Australian Longitudinal Study on Women's Health
- AIHW Australian Burden of Disease Study
- AIHW National Hospital Morbidity Database

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

What do the data tell us?

Burden of disease

Burden of disease refers to the quantified impact of living with and dying prematurely from a disease or injury. According to the 2018 Australian Burden of Disease Study (ABDS, see Box 1), child abuse and neglect contributed to 2.2% of the total disease burden and contributed to around 810 deaths (for more information on FDV during childhood see **Children and young people**). Among females, intimate partner violence (IPV) contributed to 1.4% of the total disease burden and contributed to around 230 deaths (AIHW 2021a).

Box 1: Australian Burden of Disease Study

The Australian Burden of Disease Study (ABDS) 2018 estimated the impact of various diseases, injuries and risk factors on total burden of disease for the Australian population. It combines health loss from living with illness and injury (non-fatal burden) and dying prematurely (fatal burden) to estimate total health loss (total burden).

The ABDS includes estimates of the contribution made by selected risk factors on the disease burden in Australia, including intimate partner violence (IPV) and child abuse and neglect. The disease burden due to IPV is currently only available for females, as there is not

sufficient published research indicating a causal link between disease burden and the risk of IPV for males. The burden of disease analysis could be expanded in future studies to explore additional risk factors on violence.

National work on the health impact of violence

In 2020, the AIHW undertook a review of data sources for violence prevalence and a literature review on health outcomes of non-partner family violence and community violence.

The 2016 Personal Safety Survey was found to be the most suitable data source to estimate national prevalence of the various forms of violence. The literature review found:

- probable evidence that sexual violence may result in depressive disorders and anxiety disorders (specifically post-traumatic stress disorder or PTSD)
- possible evidence that sexual violence may result in drug use disorders, alcohol use disorders and generalised anxiety disorder
- less convincing evidence for other types of violence (physical and emotional) and other health outcomes such as pre-term birth, attention deficit hyperactivity disorder (ADHD) and diabetes.

There was inconclusive evidence on the association between perpetrator relationship and health outcomes.

Reporting of the risk factor sexual violence by any perpetrator with the health outcomes of anxiety disorders and depressive disorders may be considered for future ABDSs. Consideration may also be given to future exploratory work to include an experimental 'total' violence burden estimate which would combine the burden due to existing ABDS risk factors (IPV in women and child abuse and neglect).

Source: AIHW 2021a

For more information on how burden of disease is determined, see Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018, Summary.

Diseases that were causally linked to IPV

The ABDS 2018 estimated the amount of burden that could have been avoided if no females aged 15 and over in Australia experienced IPV. In estimating this burden, 6 diseases were causally linked to exposure to intimate partner violence in females:

- depressive disorders (contributing to 15% of depressive disorders total burden in females)
- anxiety disorders (11%)
- early pregnancy loss (17%)
- homicide and violence (injuries due to violence) (46%)
- suicide and self-inflicted injuries (19%)
- alcohol use disorders (4%) (AIHW 2021b).

For example, if no women had experienced IPV in 2018 the disease burden among women due to homicide and violence would have been reduced by 46% (AIHW 2021b).

Diseases that were causally linked to child abuse and neglect

Child abuse and neglect was causally linked to:

- anxiety disorders (contributing to 27% of anxiety disorders burden)
- depressive disorders (20%)
- suicide and self-inflicted injuries (26%) (AIHW 2021b).

For more information on variation in burden attributable to intimate partner violence, and child abuse and neglect, by age and over time, see Australian Burden of Disease Study 2018: Interactive data on risk factor burden.

For more information about health outcomes associated with child maltreatment, please see **Children and young people**.

Mental health

FDSV includes traumatic experiences which can affect an individual's psychology and nervous system (trauma). This trauma can have short and/or long-term impacts on mental health, and cause behavioural changes (see **Behavioural outcomes**). Complex trauma, as a result of repeated and cumulative traumatic experiences, will usually have a greater impact on the individual; and childhood experiences of trauma are particularly damaging (RANZCP 2020).

Trauma may cause a range of health-related problems, including mental conditions, suicidality and self-harming behaviours; and the consequences of trauma can be intergenerational (RANZCP 2020). However, the relationship between FDSV and mental illness is complex, for example people with mental illness may have increased vulnerabilities that increase their risk of FDSV victimisation, and mental illness may develop or increase in severity as a result of FDSV victimisation (see **Factors associated with FDSV**). Recovery can take a lifetime and is unique to each person.

What does recovery mean to you?

'Recovery relates to one's own sense of self, redefining boundaries, trusting your own judgement and capability, choosing to love and heal yourself. It is about making healthy choices and feeling empowered to do so. It includes mental, emotional and physical wellbeing and finding the right supports to manage ongoing impacts of trauma and other injuries that have resulted from the abuse.'

Lula

WEAVERs Expert by Experience

'You are never the same person after experiencing violence. Recovery is learning about the new version of yourself and navigating life while managing the ongoing impacts of the trauma. Recovery is learning to trust yourself and others again. This is often intertwined with recovering from poverty; recovering from being jobless and homeless.'

Lily

WEAVERs Expert by Experience

This section draws on national data from the Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS) and the Australian Longitudinal Survey of Women's Health (Box 2).

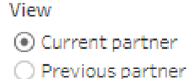
Anxiety or fear for personal safety due to violence

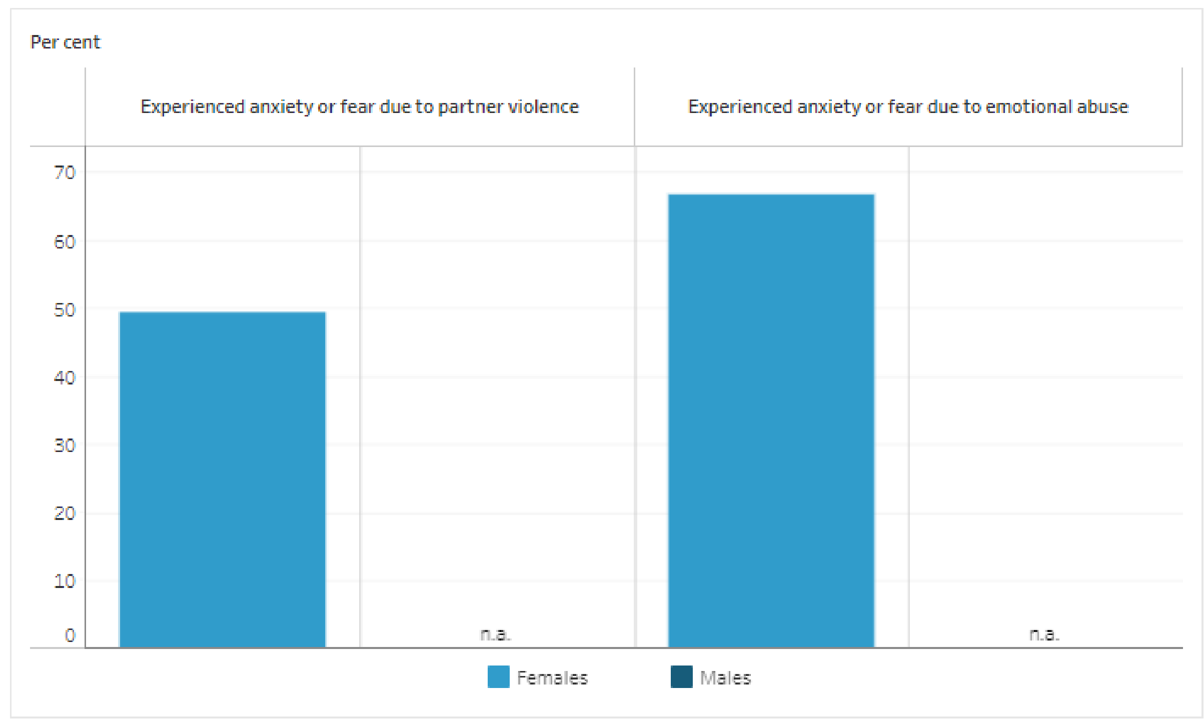
Partner violence

The ABS PSS collects data on the impacts of physical and/or sexual violence from a partner and/or emotional abuse from a partner. In 2021–22:

- the proportion of women who reported they had experienced anxiety or fear due to emotional abuse by a current partner was higher than for anxiety or fear due to partner violence
- when compared with men, a higher proportion of women reported they had experienced anxiety or fear due to violence by a previous partner and due to emotional abuse by a previous partner (ABS 2023a; Figure 1).

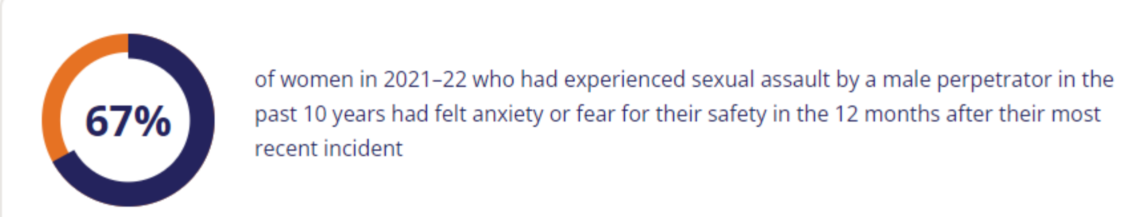
Figure 1. Proportion of people who experienced anxiety or fear due to experience of violence by a partner in their lifetime, by violence type, and current and previous partner, 2021–22





n.a.: not available
Source: ABS PSS 2021–22.
https://www.aihw.gov.au

Sexual violence



Findings from the 2021–22 PSS estimated that more than 2 in 3 (67% or 496,000) women who had experienced sexual assault by a male perpetrator in the past 10 years reported they had felt anxiety or fear for their safety in the 12 months after their most recent incident of violence (ABS 2023b). Data for males are not available due to data limitations.

Box 2: FDSV and mental health among women using longitudinal data

The Australian Longitudinal Survey of Women's Health (ALSWH) is an ongoing longitudinal study of women's health. The study began in 1996 and follows groups of women born in 1921–26, 1946–51, 1973–78 and 1989–95. The ALSWH collects information relevant to the health of women, including experiences of violence.

Some key findings from the data include:

- Women who had experienced sexual violence were more likely (than those who hadn't) to report: a recent diagnosis of and/or treatment for depression; a recent diagnosis of and/or treatment for anxiety; high levels of stress; and high levels of psychological distress (Townsend et al. 2022).
- Depression was associated with childhood sexual abuse (Mishra et al. 2019)
- Women who had experienced domestic violence reported poorer mental health (that is, they were more likely to have felt that life was not worth living at some point in their lives) than those who had not experienced domestic violence (Mishra et al. 2019).

Injury

The 2018 ABDS identified IPV experienced by females as a significant risk factor for injury, associated with 7.2% of the total burden of injury (AIHW 2021a). National hospital data, drawn from the AIHW National Hospital Morbidity Database, provide an indication of more severe and mostly physical injury cases due to FDV that have resulted in a person being admitted to hospital. They do not include presentations to emergency departments and only include assault hospitalisations where the perpetrator is coded as being a family member (including spouse or domestic partner). Hospital records can provide insight on the nature of the injury and how it occurred (for example, the type of force or weapon). For more information on FDV hospitalisations see **Health services**.

3 in 4 hospitalisations for family and domestic violence injury were for females

In 2021–22:

- around 3 in 4 (73%) hospitalisations for injury perpetrated by a spouse, domestic partner, parent or family member were for females
- around 9 in 10 (87%) hospitalisations for injury by a spouse or domestic partner were for females (AIHW 2023a).

Most partner assault of women involved bodily force

In 2021–22, 3 in 5 (61%, or 2,200) hospitalisations of women aged 15 years and older for assault by a spouse or domestic partner involved assault with bodily force and 1 in 5 (20%) involved assault with either a blunt (13%) or sharp (7.1%) object. For males, hospitalisations for assault by a spouse or domestic partner were most likely to involve

injury from assault with a sharp object (37%, or 205 hospitalisations), followed by assault by bodily force (28%, or 150 hospitalisations) or with a blunt object (24%, or 130 hospitalisations) (AIHW 2023a).

Head and/or neck injuries are the most common injuries due to assault by a spouse or domestic partner

In 2021–22, almost 3 in 4 (72%, or 2,600) hospitalisations of women aged 15 years and older due to spouse or domestic partner assault involved injuries to the head and/or neck, including 375 (11%) hospitalisations for brain injury. Trunk injuries were more common among pregnant women (48%) than among women who were not pregnant (29%) (AIHW 2023a). For more information, see **Pregnant people**.

Of hospitalisations for males aged 15 years and older for assault by a spouse or domestic partner, 51% (or about 280) had a head and/or neck injury recorded, including 41 (7.5%) brain injuries. More than half (52%, or about 280) involved injury to limbs (shoulder, arm and/or hand) and 28% (or 150) had an injury to the trunk recorded (AIHW 2023a). (Note: a hospitalisation may have multiple injuries recorded and therefore proportions sum to more than 100%).

For more information about FDV hospitalisations, please see **Health services**, **Children and young people** and **Pregnant people**.

Separate analysis of linked hospital data over time showed that some individuals were hospitalised more than once for treatment and/or care after a FDV assault. Around 1 in 8 people with a FDV hospital stay during 2010–11 to 2017–18, had more than one FDV stay over a 9 year period (AIHW 2021c).

Sexual and reproductive health

Sexual and reproductive health outcomes associated with FDSV includes injury to reproductive organs, sexual dysfunction, gynaecological problems, sexually transmitted infections, abortion (medical and spontaneous) and birth complications. Additionally, violence can take the form of reproductive coercion (see **Pregnant people**). While both men and women can experience outcomes that affect their sexual and/or reproductive health, most available data are related to women. Additionally, national data on many of these health outcomes among people who have experienced FDSV are limited.

Data from the ALSWH 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 human papillomavirus (HPV) (23% of women aged 22–27 in 2017, compared with 11%) (Loxton et al. unpublished in AIHW 2019)
- less likely to be screened for cervical cancer (75% of women aged 45–50 in 1996 and 53–58 in 2004 compared with 81%) (Loxton et al. 2009, in AIHW 2019).

Among more than 14,000 women 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. 2009).

Women of childbearing age can experience increased risk of reproductive health and/or pregnancy outcomes. For more see **Pregnant people** and **Mothers and their children**.

Sexual health and dysfunction

Sexual violence may impact a victim-survivor's sexual health and relationships. This violence can occur in the context of family violence, commonly intimate partner violence, or sexual violence by any perpetrator. Sexual violence may result in short-term injury directly related to an event, or longer-term impacts to sexual and reproductive function, whether that be physical, or psychological. However, it is important to note, not all people who experience sexual violence sustain physical trauma at the time of an event (Rees et al. 2011).

Health outcomes due to sexual violence can include, but are not limited to:

- damage to urethra, vagina and anus, and chronic pelvic pain
- gastrointestinal problems (including irritable bowel syndrome) and eating disorders
- sexually transmissible infections
- gynaecologic symptoms: for example, dysmenorrhea (severe pain or cramps in the lower abdomen during menstruation), menorrhagia (abnormally heavy or prolonged bleeding during menstruation) and problems associated with sexual intercourse (Rees et al. 2011).

Sexual dysfunction can occur in victim-survivors of sexual violence, particularly childhood sexual abuse. This may impact sexual function, satisfaction, and increase risk taking behaviours (Gewirtz-Meydan and Ofir-Lavee 2021). Currently, there is no national data available to indicate the prevalence of sexual dysfunction following sexual violence.

Deaths

Using data from the National Homicide Monitoring Program, the ABDS 2018 (see Box 1) estimated that intimate partner violence contributed to around 230 female deaths (or 0.3%) in 2018 (AIHW 2021a). Most of these deaths were due to homicide and violence, followed by suicide and self-inflicted injuries. For more information, on direct FDSV death outcomes, see **Domestic homicide**.

While homicides provide direct evidence of the permanent consequences of family and domestic violence, they underestimate the impact of family and domestic violence on mortality more broadly (or indirectly). IPV is a risk factor for a range of health outcomes which may increase a person's risk of death, including by suicide or due to other means (On et al. 2016). Many studies have found strong associations between IPV and both suicidal thoughts and suicide attempts (Devries et al. 2013; Potter et al. 2021).

Family and domestic violence-related deaths by suicide

There is no nationally consistent collection of data for FDV-related deaths by suicide, although the Australian Domestic and Family Violence Death Review Network has

indicated an intent to broaden their reporting to include FDV-related suicide deaths in the future (ADFVDRN) (Box 3). FDV-related deaths by suicide can occur among victim-survivors and perpetrators.

National data on suicide (intentional self-harm) is derived from information collected as part of the death registration process. Deaths must be certified by either a doctor, using the Medical Certificate of Cause of Death, or by a Coroner. Deaths from suicide are referred to a coroner and can take time to be fully investigated. The Australian Bureau of Statistics (ABS) collects information on all registered deaths from states and territories, and national data on suicide are reported annually (ABS 2021; AIHW 2023b). From these data, it is not possible to determine the extent or involvement of FDV in a death by suicide, however, information recorded on psychosocial risk factors can provide some insight on related factors. For example, in 2021, 'problems in spousal relationship circumstances' was the third most common risk factor for intentional self-harm, present in 24% of deaths by suicide (ABS 2021). 'Problems related to alleged sexual abuse of child by person within primary support group' occurred in 5.0% of suicides of females aged 5–24 years (ABS 2021). For more information see **Data sources and technical notes**.

Box 3: Work towards a national FDV-related suicide data set

The Australian Domestic and Family Violence Death Review Network (ADFVDRN) (the Network) was established in 2011 to analyse and share knowledge about deaths that occur in the context of family and domestic violence so as to improve service responses. The first stage of this work involved the development of a national minimum dataset for intimate partner homicides preceded by a reported or anecdotal history of violence between offender and victim (IPV homicides), with an intent to expand this to include homicides within a family relationship, 'bystander' homicides, and FDV-related suicides.

The dataset focuses on IPV homicides currently, and data on FDV-related suicide remains limited to suicide by offenders after homicide. In Australia, between 1 July 2010 and 30 June 2018, there were 45 cases where the offender of an IPV homicide died by suicide following the homicide.

For further discussion of the dataset and IPV homicides, see **Domestic homicide**.

Source: ADFVDRN and ANROWS 2022.

State and territory data

Some data on FDV-related suicides are available from some states and territories, however methods and definitions for defining a FDV-related suicide vary between the jurisdictions, and are not suitable for comparison. In some analysis, it is also not clear whether the person who has died by suicide was a victim or perpetrator of FDV.

- In New South Wales, there were 330 completed suicides between 1 July and 31 December 2013. Of these, 49% of the female suicides and 52% of the male suicides had a recorded or apparent history of domestic and family violence, relationship conflict or relationship breakdown (NSW DVDRT 2017).

- In Victoria, between 2009 and 2012 almost 35% of women who died by suicide had a reported history of family violence victimisation; around 50 deaths a year (CCV 2015).
- In Queensland, between July 2015 and 30 June 2021, 280 FDV-related suicide deaths were identified (DFVDRAB 2021).
- In Western Australia, there were 410 people who died by suicide between 1 January and 31 December 2017 – 68 of these people were women and children who were victims of family and domestic violence, including 20 children and young women (aged under 26 years) (Ombudsman Western Australia 2022).
- In Tasmania, a review identified characteristics of the 505 closed cases of death by suicide that occurred between January 2012 and December 2018. The review identified that 42% of people experienced conflict with their partner, and 19% experienced violence involving a partner that was considered a contributing stressor prior to their death. Additionally, 48% of people who died by suicide had ever experienced abuse or violence, however, available data do not specify whether the abuse was FDSV-related (Garrett and Stojcevski 2021).

Box 4: People who had a FDV-related hospital stay had a higher rate of death, and different causes of death, when compared with those who had never been to hospital for FDV

An AIHW study investigated whether there were differences in the number of, and causes of death between people who had at least one family or domestic violence-related (FDV-related) hospital stay and people without a history of FDV-related hospital stays.

This study used longitudinal, national linked hospital and death data from the National Integrated Health Services Information Analysis Asset (NIHSI AA) from 2010–11 to 2018–19. People who had a FDV-related hospital stay (the FDV hospital cohort) were compared with a comparison group that had a hospital stay (but not a FDV hospital stay) in the same 9-year period, and matched on age, sex, Indigenous status, year of contact and remoteness area to assist with interpretation of the results.

The FDV hospital cohort had a higher rate of death and different causes of death compared with the comparison group. Between 2010 and 2019:

- 5.7% of the FDV hospital cohort died compared with 4.4% of the comparison group
- The FDV group were 10 times as likely to die due to assault, 3 times as likely to die due to accidental poisoning or liver disease, and 2 times as likely to die due to suicide, as the comparison group
- Almost 2 in 5 (39%) deaths among the FDV hospital cohort occurred before age 50, compared with fewer than 1 in 3 (31%) among the comparison group.

For more information on hospitalisations see **Health services**.

Source: AIHW 2021c.

Related material

- Health services
- Behavioural outcomes
- Domestic homicide
- Children and young people
- Pregnant people
- Mothers and their children

More information

- Burden of disease
- Injury in Australia
- Examination of hospital stays due to family and domestic violence 2010–11 to 2018–19

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Behavioural outcomes

Key findings

Following the most recent incident of sexual assault (in the past 10 years and since the age of 15):

- 38% of women reported changes to their usual social or leisure activities
- 38% of women reported changes to their sleep routine
- 22% reported changes to their eating habits
- 28% reported changes in building and maintaining relationships.

In the context of family, domestic and sexual violence (FDSV), a behavioural outcome may be considered as a change in a victim-survivors' behaviour that can be attributed to experiences of FDSV. A change in behaviour may be directly, or indirectly attributed to FDSV. For example, trauma due to FDSV can cause behavioural changes (direct), and physical and mental health outcomes associated with FDSV can also influence a victim-survivors' behaviour (indirect) (see **Health outcomes**). Therefore, the relationship between FDSV and behavioural outcomes is complex due to the multi-directional relationship between behaviour and physical and mental health.

This topic page focuses on a selection of behavioural outcomes associated with FDSV:

- engaging in risky consumption of alcohol and other drugs (health risk behaviours),
- changes to physical activity, sleep and diet (personal habits and heath promoting behaviours)
- difficulties maintaining personal relationships (social interactions and personal relationships
- changes to engagement with employment (employment)
- reduced educational attainment (education).

What do we know?

Experiencing FDSV is a cause of traumatic stress. Trauma is associated with behavioural changes, and these can have an impact on a victim-survivor's daily routine and lifestyle, relationships, education and employment. Trauma may also cause a range of health-related problems (see **Health outcomes**). For example, experiences of sexual violence are associated with behavioural changes that can lead to adverse health outcomes, including smoking, high risk alcohol and other drug use and lower levels of physical activity (Bacchus et al. 2018; González-Chica et al. 2019; Miller-Graff et al. 2021; Townsend et al. 2022).

In some cases, experiencing trauma may lead to post-traumatic stress disorder (PTSD). PTSD is associated with a range of behavioural symptoms such as avoidance of triggers

(including people, places or events) and arousal and reactivity (sudden anger, difficulty engaging emotionally, feeling numb, trouble sleeping and startling easily) (NIH 2023).

FDSV can also have a negative impact on social connections. Perpetrators may use coercive and controlling behaviours intentionally to isolate victim-survivors from friends, family or support networks (both online or in person) (HRSCSPLA 2021) (See **Coercive control**). Social withdrawal and isolation may also be an indirect outcome of violence, as people may find themselves withdrawing from social networks following traumatic and/or violent events. In relation to sexual assault trauma, women may avoid situations that remind them of the incident including locations or people who remind them of the perpetrator, as well as restrict social activities due to the belief that the world is inherently unsafe (Boyd 2011).

Social isolation can result in negative physical and mental health outcomes. For example, social isolation has been linked to mental illness, emotional distress, suicide, the development of dementia, premature death, poor health behaviours, smoking, physical inactivity, poor sleep, and biological effects, including high blood pressure and poorer immune function (AIHW 2023). For more information, see Australia's welfare – Social isolation, loneliness and wellbeing.

For some victim-survivors of intimate partner violence (IPV), gambling venues can be safe spaces in which they can escape from or cope with the violence and/or the resulting social isolation. This may increase their risk of developing a gambling problem and contribute to their ongoing victimisation (Hing et al. 2020).

National data sources to measure behavioural outcomes

Evidence on the behavioural outcomes due to or associated with FDSV are available from 2 main national data sources – the ABS Personal Safety Survey and the Australian Longitudinal Study on Women's Health. For more information about these data sources, please see **Data sources and technical notes**.

As behaviours are commonly measured via self-report, these sources are surveys. For more information on how different types of data and research answer questions, see **How are national data used to answer questions about FDSV?**.

What do the data tell us?

Health risk behaviours

Childhood maltreatment

is associated with current cannabis dependence, recent suicide attempt and recent self-harm

The 2021 Australian Child Maltreatment Study (ACMS) found associations between adults with self-reported experiences of child maltreatment and six health risk

behaviours: cannabis dependence, suicide attempts, non-suicidal self-injury, smoking, binge drinking and obesity. The strongest associations were for current cannabis dependence, recent suicide attempt and recent self-harm (Haslam et al. 2023). See **Children and young people** and **Data sources and technical notes** for more information.

Women who have experienced sexual violence may be more likely to engage in smoking, high-risk alcohol consumption and illicit drugs, than women who have not experienced sexual violence

Women who have experienced sexual violence may be more likely to engage in smoking, high-risk alcohol consumption and illicit drug use, than women who have not experienced sexual violence (Townsend et al. 2022). According to the Australian Longitudinal Study of Women's Health (ALSWH), compared with women who had never experienced sexual violence, women who were born from 1989-95 and had experienced sexual violence were:

- 60% more likely to be current smokers
- 30% more likely to have used illicit drugs in the past 12 months.

Similarly, compared with those who had never experienced sexual violence, those who had and were born from 1973-78 were:

- 26% more likely to be current smokers
- 30% more likely to have used illicit drugs in the past 12 months.

There was little association between smoking and sexual violence for those born from 1946-51 and no data reported on illicit drug use in the past 12 months (Townsend et al. 2022).

Women who were born in 1946-51, 1973-78 and 1989-95 and had experienced sexual violence were 16–73% more likely to engage in high-risk alcohol consumption compared with women who had not experienced sexual violence (Townsend et al. 2022).

Personal habits and health promoting behaviours

Some people experience changes to their social/leisure activities, sleeping and eating habits following injury from sexual assault.

Findings from the 2021–22 Personal Safety Survey (PSS) estimated that there were 166,000 women aged 18 years and over who were physically injured in their most recent incident of sexual assault perpetrated by a male in the last 10 years.

Of these:

- 38% reported changes to their sleep routine
- 22% reported changes to their eating habits (ABS 2023b).

According to the ALSWH, women who had experienced sexual violence, and were born from 1989-95 and 1973-78 were 3% less likely to report high levels of physical activity compared with those who had not experienced sexual violence (Townsend et al. 2022). There was little association between sexual assault and high levels of physical activity for those born 1946-51.

Social interactions and personal relationships

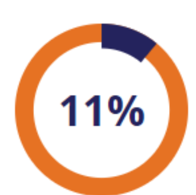
The 2021–22 PSS shows that among those who had experienced emotional abuse from a previous partner since the age of 15, the proportion who had experienced controlling social behaviours (see **Coercive control**) was:

- 63% for women
- 56% for men (ABS 2023a).

According to the 2021–22 PSS, after the most recent incident of sexual assault perpetrated by a male in the last 10 years which caused an injury:

- 38% of women aged 18 years and over reported changes to their usual social or leisure activities routine
- 28% reported changes in building and maintaining relationships (ABS 2023b).

Employment



of women in 2021–22 who had experienced sexual assault by a male in the last 10 years, said they took time off work in the 12 months after the most recent incident

Work life can be disrupted following experiences of FDSV due to avoidance of social situations and feelings of low self-worth and self-doubt (Boyd 2011).

The 2021–22 PSS asked women and men who experienced violence from a current or previous partner since the age of 15 whether the partner violence resulted in them taking time off work and found that:

- women were more likely to have taken time off work due to violence from a previous partner (23%) than a current partner (12%*)
- about 1 in 4 women (23%) and men (23%*) had taken time off work due to violence from a previous partner (ABS 2023a).

Note that estimates marked with an asterisk (*) should be used with caution as they have a relative standard error between 25% and 50% and that data related to current partner violence for men is not sufficiently statistically reliable for reporting.

The 2021–22 PSS found that 1 in 10 (11%) women who had experienced sexual assault perpetrated by a male in the last 10 years, indicated they took time off work in the 12 months after the most recent incident (ABS 2023b).

Disruption to work and employment can negatively impact support networks, financial stability, and self-worth. Under the National Employment Standards, all employees in Australia are entitled to 10 days of paid FDV leave for full-time, part-time and casual employees. For more information see **Economic and financial impacts** and **Financial support and workplace responses**.

According to the ALSWH, women born 1989-95 who had ever experienced sexual violence were 7% less likely to have full-time employment than those who had not experienced sexual violence (Townsend et al. 2022). However, women born 1946-51 who had experienced sexual violence were 8% more likely to be employed full-time than those who had not.

Education

According to the ALSWH, women born in 1989-95 and 1973-78 who had ever experienced sexual violence were 46-63% less likely to have completed year 12 than those who had not experienced sexual violence (Townsend et al. 2022). Women born from 1989-95 were also 34% less likely to have obtained qualifications beyond year 12. However, women born 1946-51 who had experienced sexual violence were 33% more likely to have attained a qualification beyond year 12 than those who had not experienced sexual violence.

Related material

- Coercive control
- Economic and financial impacts
- Health outcomes
- How are national data used to answer questions about FDSV?

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Domestic homicide

Key findings

- One woman was killed every 11 days and one man was killed every 91 days by an intimate partner on average in 2022–23.
- Intended or actual separation are risk factors for intimate partner homicide.
- The intimate partner homicide victimisation rate decreased (from 0.66 to 0.18 per 100,000) between 1989–90 and 2022–23.

Some family and domestic violence incidents are fatal. Intimate partner homicide is the most common form of domestic and family homicide with the majority involving a female victim. Domestic and family homicides rarely occur without warning and in many instances there have been identifiable risk factors and repeated episodes of abuse prior to the homicide (ADFVDRN and ANROWS 2022).

Understanding the prevalence of family and domestic homicide, its nature and risk factors can allow us to better identify people at higher risk and design and assess the policies and programs that aim to prevent domestic homicide.

What is domestic homicide?

Domestic homicide refers to the unlawful killing of a person in an incident involving the death of a family member or other person in a domestic relationship, including people who have a current or former intimate relationship.

Domestic homicide is defined differently by the criminal law of each Australian state and territory, with some differences in how each defines or determines offender intent and responsibility and the severity of the crime (ABS 2018). Generally, homicide can include:

- Murder – an unlawful killing where there is intent to kill, intent to cause grievous bodily harm with the knowledge that it was probable that death or grievous bodily harm would occur, and/or no intent to kill but it occurs while committing a crime.
- Manslaughter – an unlawful killing while deprived of the power of self-control by provocation, or under circumstances amounting to diminished responsibility or without intent to kill, as a result of a careless, reckless, negligent, unlawful or dangerous act (other than the act of driving) (ABS 2023c).

Data sources for measuring domestic homicide

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

There are differences in the scope, collection methods and criteria for identifying a family or domestic violence homicide between these data sources, see Box 1.

Box 1: Differences in deaths data

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

Data for the NHMP are derived from both police records and coronial records (Miles and Bricknell 2024). The NHMP also undergoes a quality control process that involves cross referencing and supplementing data with additional material from court documents. The NHMP collects information on homicides. This topic page uses the NHMP for domestic homicide prevalence data from 1989–90 to 2022–23. The homicide classification used here is based on the closest relationship between the victim and primary offender. Domestic homicides include homicides where the relationship of the victim to the offender was:

- an intimate partner – victim and offender are current or former partners (married, de facto, boyfriend/girlfriend and so on)
- a child
- a parent
- a sibling
- another family member – any other family relationship including nephew/niece, uncle/aunt, cousins, grandparents and kinship groups.

Family relationships include biological, adoptive, foster and kinship care, and step relatives. In this topic page these relationships have been further grouped into intimate partner homicides and family member homicides (all domestic homicides excluding intimate partner homicides).

ABS Recorded Crime – Victims

Data for the ABS Recorded Crime – Victims collection (the ABS collection) are derived from police records and compiled according to the National Crime Recording Standard to maximise consistency between states and territories (ABS 2023c). As these data are processed differently to the NHMP, these 2 data sources are not directly comparable. The ABS collection includes information on homicides and related offences (including murder, attempted murder and manslaughter). This report uses the ABS collection data for 2022 to present further information on homicides and attempted murder to complement NHMP prevalence data. In the ABS collection, family and domestic violence (FDV) related data are derived from 2 variables: an FDV flag recorded by police officers and through known relationship information. FDV related offences include the following relationships:

- partner (spouse, husband, wife, boyfriend, and girlfriend)
- ex-partner (ex-spouse, ex-husband, ex-wife, ex-boyfriend, and ex-girlfriend)
- parent (including step-parents)

- other family member (including, but not limited to, child, sibling, grandparent, aunt, uncle, cousin, niece, nephew)
- other non-family member (carer, guardian, kinship relationships) (ABS 2023c).

Australian Domestic and Family Violence Death Review Network

Data used by the ADFVDRN in their reporting are derived from case reviews, coronial records, and police and media reports (ADFVDRN and ANROWS 2022). Unlike the NHMP and ABS Recorded Crime – Victims collection, the ADFVDRN only includes data on intimate partner homicides preceded by a reported or anecdotal history of domestic violence between offender and victim (IPV homicides). The ADFVDRN defines domestic violence to include behaviours such as physical assault, sexual assault, threats, intimidation, psychological and emotional abuse, social isolation and economic deprivation. The ADFVDRN developed a first-stage National Minimum Dataset (NMDS) to examine national trends and patterns related to intimate partner homicides.

The ADFVDRN worked together with ANROWS to report data from the NMDS on about 310 cases of IPV homicides between July 2010 and June 2018 including data about the primary abuser, as identified from reported and anecdotal accounts of abuse in the relationship between IPV homicide offenders and victims (see **Data sources and technical notes**). A focused dataset (containing about 290 cases) allowed further analysis of characteristics such as domestic violence orders and separations (see **Data sources and technical notes**) (ADFVDRN and ANROWS 2022).

What do we know?

Existing data suggests that females are disproportionately the victims of intimate partner and domestic homicide around the world. A United Nations Office on Drugs and Crime report estimated that globally, while 81% of all homicide victims are males, 82% of intimate partner homicide victims are female and 64% of intimate partner/family-related homicide victims are female (UNODC 2019). It was also estimated that around 1 in 3 (34%) women intentionally killed worldwide are killed by an intimate partner, however, there are large differences across regions. Oceania (which includes Australia) had the highest estimated proportion of women killed exclusively by intimate partners (42%) and Europe had the lowest (29%) (UNODC 2019).

Risk factors for domestic homicide

Much of the national and international research on domestic homicide offenders has focused on identifying common characteristics of homicide offenders, their relationships and other factors that could relate to an increased likelihood of committing homicide (risk factors), particularly for intimate partner homicide. Some of the individual- and relationship- level risk factors for intimate partner homicide are:

- history of sexual violence by the homicide offender (Spencer and Stith 2020)
- history of non-fatal strangulation of the victim by the offender (Glass et al. 2008)
- offender mental and physical health problems, particularly depression and suicidal ideation (Lysell et al. 2016; Boxall et al. 2022; Lawler et al. 2023)

- offender has experienced traumatic life events including war, homelessness, incarceration, abuse and neglect as a child, and the death of significant family members (Kivisto 2015; Boxall et al. 2022)
- separation between victim and offender (Dobash and Dobash 2011; Spencer and Stith 2020; Boxall et al. 2022)
- offender's jealousy and perception of violations to gendered norms (such as a victim dedicating herself to a career or refusing to submit to the offender) (Dobash and Dobash 2011; Kivisto, 2015; Boxall et al. 2022).

While there may be an association between these risk factors and cases of intimate partner homicide, this does not mean any one factor or combination cause the homicide. For example, while people with depression are over-represented among perpetrators of intimate partner homicide, a recent study found depression alone holds limited explanatory value for understanding intimate partner homicide and should be considered in the context of co-occurring risk factors (Lawler et al. 2023).

Pathways into and intervention strategies for intimate partner homicide

A recent report by the AIC identified three main pathways into which the majority of male-perpetrated homicides of a female intimate partner in Australia could be classified (see Box 2). This study identified a number of intervention points and strategies that may reduce male-perpetrated female intimate partner homicide including:

- through the use of evidence-based intimate partner violence intervention programs in and out of criminal justice settings
- integrating intimate partner violence intervention programs with alcohol and other drug programs and mental health services
- investment in frontline staff education and identification of coercive control with an emphasis on treating identified cases seriously
- improved identification of high-risk victims and targeted and timely responses to protect them (including through safety planning around domestic violence orders)
- investment in new techniques to detect and monitor potential homicide offenders (intelligence-led approaches such as the use of GPS data, online activity data, mental health data, family law process information, and so on) (Boxall et al. 2022).

Box 2: Pathways to male-perpetrated female intimate partner homicide

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

- The **fixated threat pathway** (33% of cases) typically involves successful middle-class men who have power over their partner (for example, difference in age, income, and so

on) and use abusive and controlling behaviours but have little justice system contact. Upon a loss of control (e.g. through separation), violence escalates and the homicide often involves planning. In these cases the offender typically pleads not guilty.

- The **persistent and disorderly pathway** (40% of cases) involves offenders with complex histories of trauma, co-occurring mental and physical health problems, significant histories of violence towards partners and others, and justice system contact (including protection orders). The homicides are often similar to previous instances of violence in the relationship but involve additional risk factors such as heavy alcohol use or isolation. Separation is relatively rare in these cases.
- The **deterioration/acute stressors pathway** (11% of cases) involves offenders who are in long-term, non-abusive relationships with low levels of, or an absence of, violence or justice system contact. Substantial life stressors result in the onset or exacerbation of mental and physical health problems for the offender and trigger increased conflict in the relationship. The homicides are often during an argument, and the result of a nearly instantaneous decision to harm the victim. Offenders are likely to demonstrate remorse and plead guilty (Boxall et al 2022).

The remaining cases involved: overlapping features of the three pathways (15%) or were considered outliers due to unique circumstances (1.5%) (Boxall et al 2022).

What do the data tell us?

1 woman was killed every 11 days

1 man was killed every 91 days

by an intimate partner on average in 2022–23

Domestic homicide victims made up over one-third (38% or 84) of all homicide victims (around 220 victims) in 2022–23 in the National Homicide Monitoring Program (NHMP) (Miles and Bricknell 2024).

The majority of domestic homicide victims are killed by an intimate partner.

Of the 84 domestic homicide victims in 2022–23:

- 38 were killed by an intimate partner
- 46 were killed by a family member with:
  - 16 killed by a parent
  - 16 killed by a child
  - 4 killed by a sibling
  - 10 killed by a family member other than child, parent or sibling (Miles and Bricknell 2024; Figure 1).

Figure 1: Domestic homicide victims, by relationship with offender and sex, 2022–23

Source: AIC NHMP. https://www.aihw.gov.au

More females than males are victims of domestic homicide.

There were 46 female domestic homicide victims and 38 male victims in 2022–23. Among these:

- most females were killed by an intimate partner – 3 in 4 female victims (74%), with about 1 in 10 males killed by an intimate partner (11%)
- most males were killed by a parent – 1 in 3 male victims (34%), with about 1 in 15 females killed by a parent (6.5%) (Figure 1).

Of the 135 victims of family and domestic violence homicides and related offences in 2022 in the ABS Recorded Crime – Victims data collection:

- 71 were victims of murder, with 35 female victims and 34 male victims
- 42 were victims of attempted murder, with twice as many females as males (29 compared with 13)
- 14 were victims of manslaughter, with similar numbers of female and male victims (ABS 2023a).

There were 41 recorded intimate partner homicides and related offences in Australia (excluding data from Western Australia) in 2022, with about 3 times as many females (28) as males (11) (see **Data sources and technical notes**) (ABS 2023b).

Note that values from the ABS Recorded Crime – Victims data collection have been randomly adjusted to avoid the release of confidential data. Component items may not sum to totals.

Characteristics of intimate partner homicides that had a history of domestic and family violence

Among about 310 IPV homicides between July 2010 and June 2018 that were included in the ADFVDRN IPV homicide dataset, the majority involved a male killing a current or former partner:

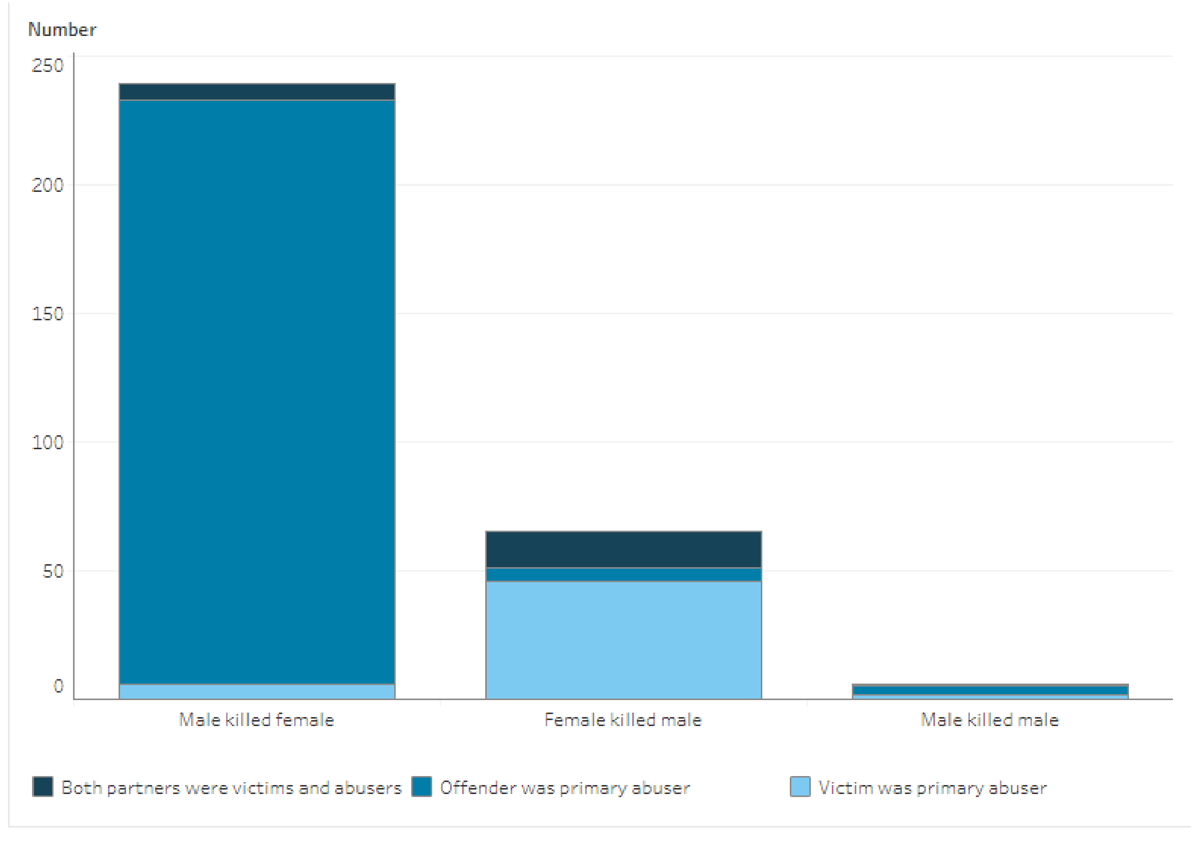
- about 4 in 5 (77%) involved a male killing a current or former female partner
- about 1 in 5 (21%) involved a female killing a male partner
- about 1 in 20 (1.9%) involved a male killing a male partner
- no cases involved a female killing a female partner (ADFVDRN and ANROWS 2022).

In most IPV homicides a male is the primary domestic violence abuser.

A male was most commonly the primary domestic violence abuser in the relationship, including when a female killed a male partner (see **Data sources and technical notes**). The male was the primary abuser:

- in the vast majority (95%) of cases where a male killed a female partner
- in about 7 in 10 (71%) cases where a female killed a male partner (Figure 2).

Figure 2: Domestic violence perpetration/victimisation status in IPV homicides, July 2010–June 2018



Source: ADFVDRN Intimate partner violence homicides data. https://www.aihw.gov.au

Emotional and psychological abuse, and physical abuse were the most common forms of abuse leading up to IPV homicides where a male primary abuser killed a female partner.

In the IPV homicide dataset, among cases where a male primary abuser killed a female partner (about 210), the most common forms of abuse used in the relationship were emotional and psychological abuse (82%), and physical abuse (80%). Other common forms of abuse included:

- social abuse (63%)
- financial abuse (27%)
- sexual abuse (16%) (ADFVDRN and ANROWS 2022).

As multiple forms of abuse could be recorded for each case, proportions will not sum to 100%.

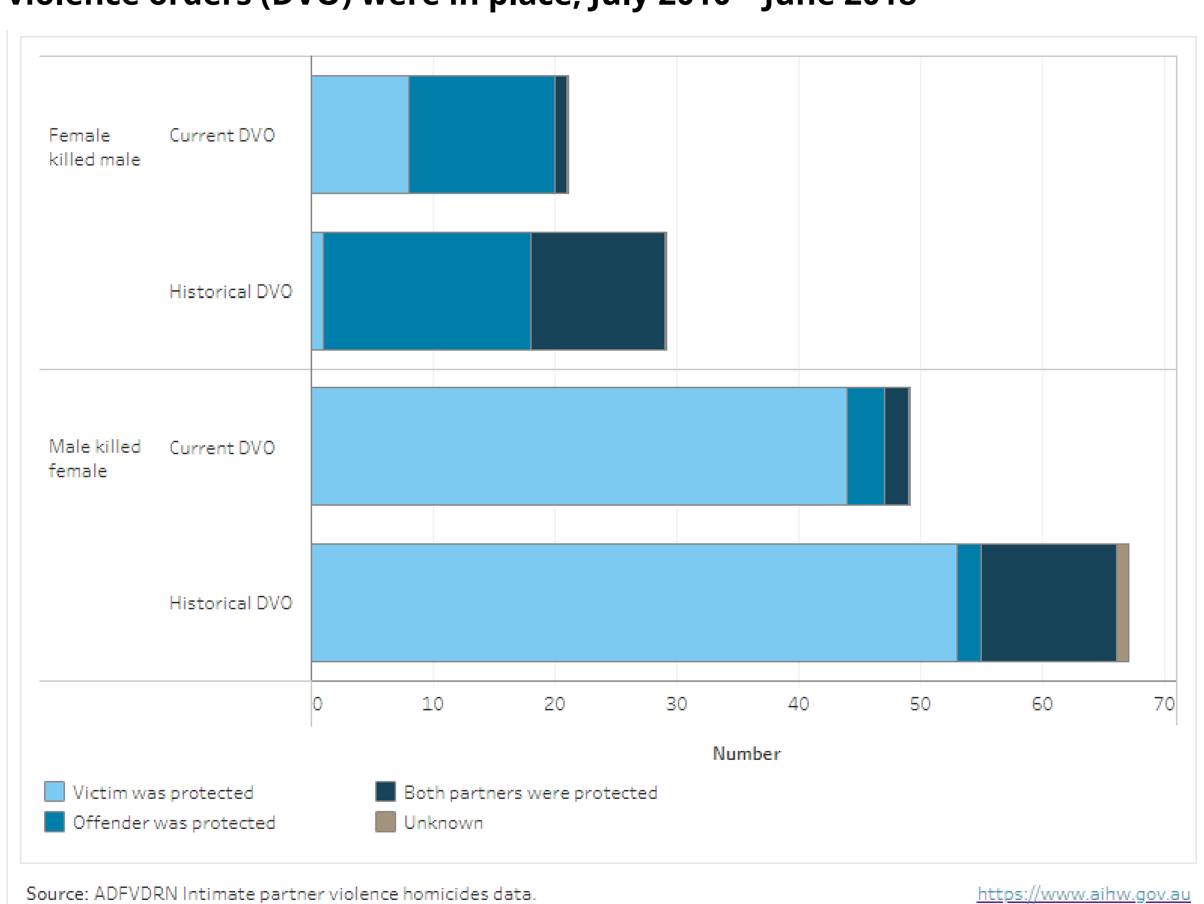
Among cases where a male primary abuser killed a female partner, the male abuser stalked the female victim in about 2 in 5 (42%) cases. This could occur both during the relationship (33%) and/or after the relationship (21%). See **Stalking and surveillance** for more information on the prevalence and effects of stalking.

A current domestic violence order was in place in about 1 in 5 (22%) IPV homicides where a male killed a female.

Domestic violence orders (current or historical) were held in over 2 in 5 (43%) cases where a male killed a female intimate partner in the ADFVDRN focused dataset (about 225 cases) (see Box 1 for definition):

- In about 1 in 5 (22%) cases there was a current domestic violence order, with the majority of these (90%) naming the female victim as the protected person.
- In 3 in 10 (30%) cases there was a historical domestic violence order, with most of these (79%) naming the female victim as the protected person (Figure 3).

Figure 3: IPV homicide victims where historical or current domestic violence orders (DVO) were in place, July 2010 – June 2018



Domestic violence orders (current or historical) were held in two-thirds (66%) of the cases where a female killed a male intimate partner (about 60):

- In about 1 in 3 (34%) cases there was a current domestic violence order, with over half of these (57%) naming the female homicide offender as the protected person.

- In about 1 in 2 (47%) of cases there was a historical domestic violence order, with over half of these (59%) naming the female homicide offender as the protected person (Figure 3).

It is possible that while a person is identified as the protected person in a domestic violence order, they may still be the primary abuser. Determining the person most in need of protection in domestic violence orders can be complex and instances where the legal system has been manipulated by an abuser to exert power over a victim (systems abuse) have occurred (AIJA and AGD 2022). As systems abuse is not explored or captured in the ADFVDRN dataset, it is important to keep this complexity in mind when interpreting data related to who is protected by a domestic violence order. For more information on the number of domestic violence orders, see **Legal systems**.

In more than 2 in 5 (43%) IPV homicide cases the children of homicide offenders and victims were exposed to violence between their parents.

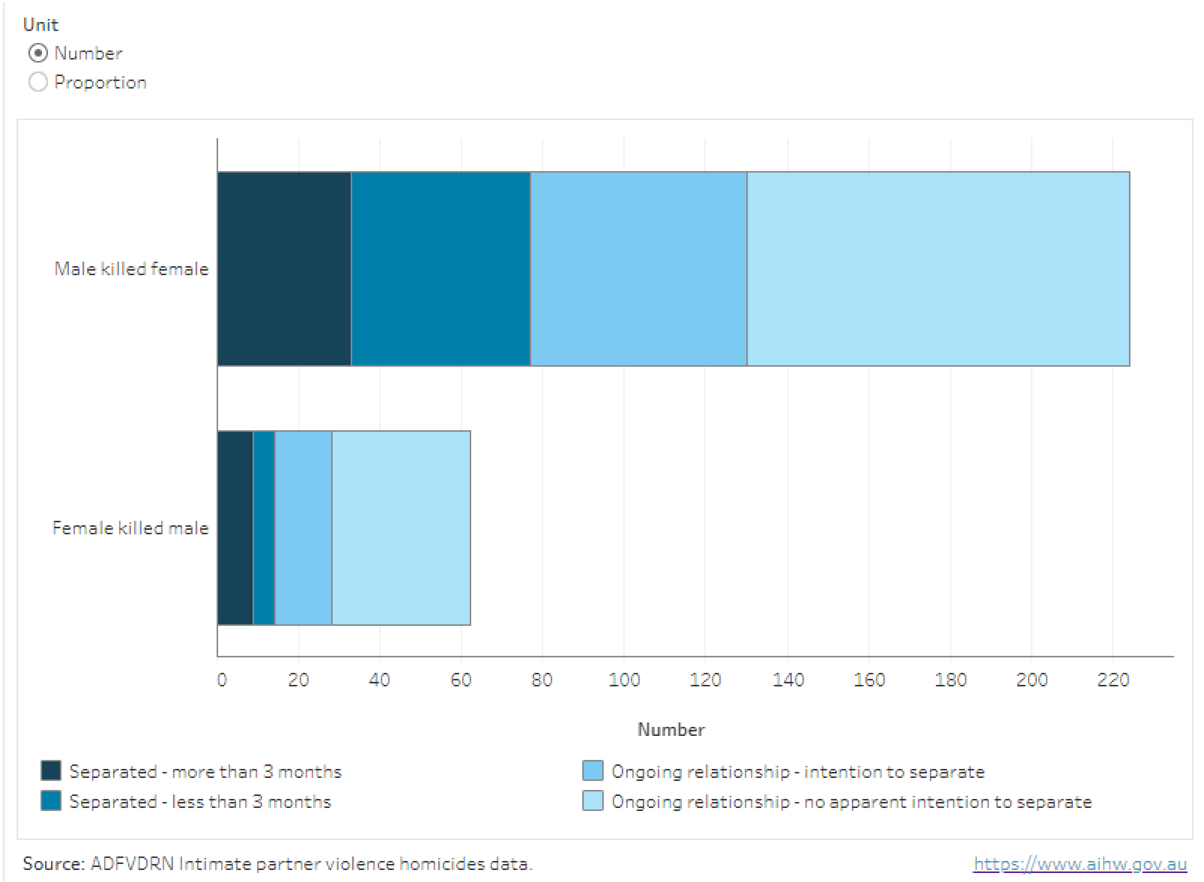
In more than 2 in 5 (43%) IPV homicide cases children were exposed to the violence between their parents/caregivers. The IPV homicide offenders and victims were joint parents of about 170 children aged under 18 at the time of the homicide. Eight children were killed during the homicide (ADFVDRN and ANROWS 2022). For more information on children exposed to family, domestic and sexual violence, see **Children and young people**.

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

In about 3 in 5 (58%) of the cases where a male killed a female partner in the ADFVDRN focused dataset (about 225), one or both partners intended to separate or they had separated at the time of the homicide (see Box 1 for definition):

- In about 1 in 3 (34%) cases the couple was separated, with almost 3 in 5 of these cases involving a separation within the past 3 months (57% of separated couples).
- In about 1 in 4 (24%) cases the couple were in an ongoing relationship where at least 1 person had expressed their intention to separate, with the majority (94%) of these cases involving the female victims intention (Figure 4).

Figure 4: Relationship status at the time of IPV homicide, July 2010 – June 2018



Among the 62 IPV homicide cases where a female killed a male partner in the ADFVDRN focused dataset, intended or actual separation was present in less than half (45%):

- In about 1 in 4 (23%) cases men were separated, with about 1 in 3 (36%) of these cases involving a separation in the past 3 months.
- In about 1 in 4 (23%) cases one or both parties intended to separate, with the female offender being the one intending to separate in about 3 in 5 (57%) of these cases (Figure 4).

Note that values may not add to totals due to rounding.

Only just over one-third (36%) of IPV homicide victims and offenders were in formal, paid employment.

Workplaces can be an important site of intervention and prevention for FDV for both victims and perpetrators. However, only just over one-third (36%) of all IPV homicide offenders and victims were engaged in formal, paid employment at the time of the homicide in the ADFVDRN IPV homicide dataset (ADFVDRN and ANROWS 2022).

3 in 5 (60%) IPV homicide offenders had problematic drug and/or alcohol use before or at the time of the homicide.

Three in 5 (60%) IPV homicide offenders engaged in problematic drug and/or alcohol use in the lead up to and/or at the time of the homicide in the ADFVDRN IPV homicide dataset. This was similar for both male offenders (61%) and female offenders (58%) (ADFVDRN and ANROWS 2022).

This represents a pattern of behaviour and possible site of intervention but does not identify problematic substance use as a causative factor for IPV homicide (ADFVDRN and ANROWS 2022).

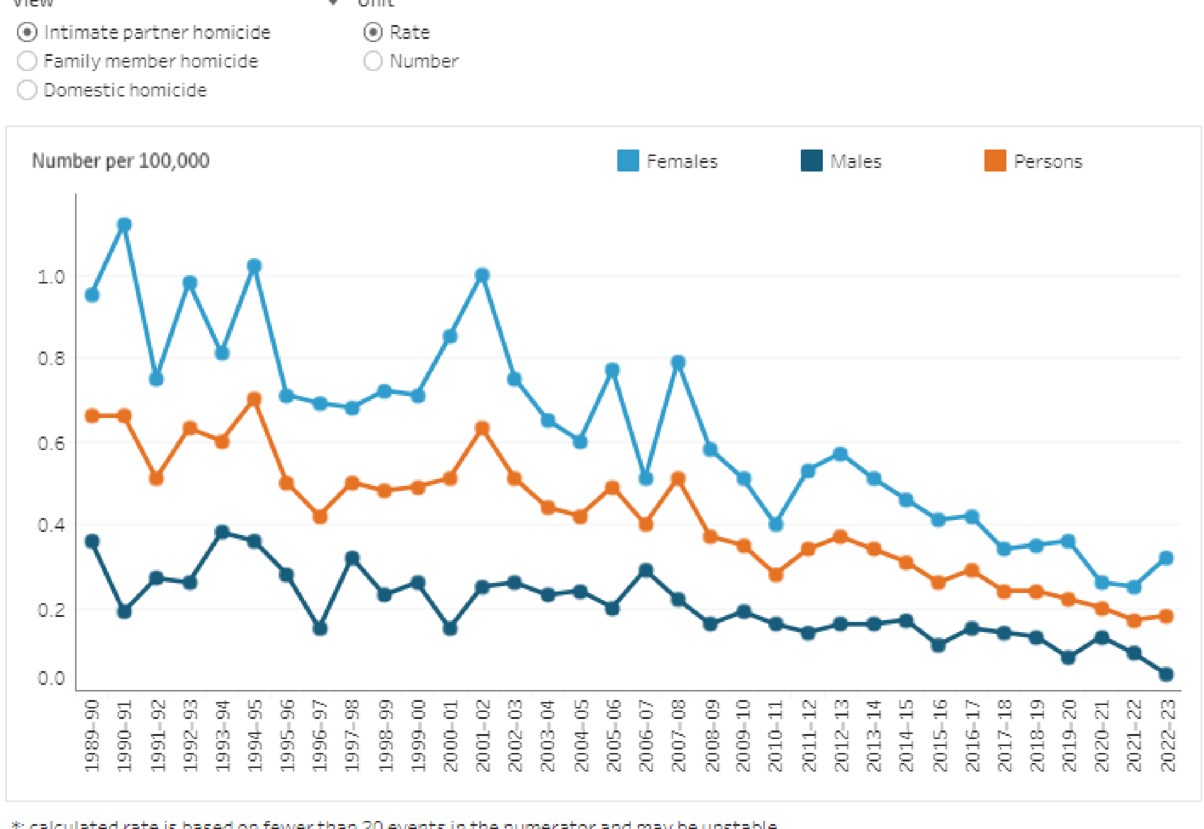
Has it changed over time?

The intimate partner homicide victimisation rate decreased from 0.66 to 0.18 per 100,000 between 1989–90 and 2022–23

The **domestic homicide victimisation rate** decreased from 0.74 to 0.32 per 100,000 people between 1989–90 and 2022–23 in the NHMP:

- The female victimisation rate decreased from 0.90 to 0.34 per 100,000 females
- The male victimisation rate decreased from 0.59 to 0.29 per 100,000 males (Figure 5).

Figure 5: Domestic homicide victims, by sex, 1989–90 to 2022–23



*: calculated rate is based on fewer than 20 events in the numerator and may be unstable.
Source: AIC NHMP (unpublished). https://www.aihw.gov.au

The **intimate partner homicide victimisation rate** decreased (from 0.66 to 0.18 per 100,000 people aged 18 years and over) between 1989–90 and 2022–23:

- The female victimisation rate has consistently been more than twice as high as the male victimisation rate (with the exception of 2006–07 when the rate was just under twice as high).
- The victimisation rate decreased for both females (from 0.95 to 0.32 per 100,000) and males (from 0.36 to 0.04 per 100,000) (Figure 5).

A 25% reduction per year in female victims of intimate partner homicide is an identified target in the **Outcomes Framework 2023-2032**. For related data, see the **Data dashboard**.

The **family member homicide victimisation rate** decreased (from 0.26 to 0.17 per 100,000 people) between 1989–90 and 2022–23. The male victimisation rate has generally been higher than the female victimisation rate over time. In 2022–23, the rate for males and females was 0.26 and 0.09 per 100,000, respectively (Figure 5).

According to data from the ABS Recorded Crime – Victims data collection, from 2014 to 2022, the recorded victimisation rate for:

- family and domestic violence homicide and related offences decreased from 0.7 to 0.5 per 100,000 people

- intimate partner homicide and related offences decreased from 0.3 to 0.2 per 100,000 people (excluding data from Western Australia) (see **Data sources and technical notes**) (ABS 2023a, 2023b).

Is it the same for everyone?

People of all ages and backgrounds can be victims of domestic homicide. However, some people are at a greater risk than others.

Based on the latest available report on the demographic features of Australian domestic homicide victims using NHMP data (see Box 1), between 1 July 2002 and 30 June 2012, the most common age groups when homicide occurred varied by homicide type:

- for intimate partner homicides, about 2 in 5 (39%) victims were aged 35–49
- for filicide (a parent killing a child), around 1 in 2 (51%) victims were aged 1–9
- for parricide (a child killing a parent), around 2 in 5 (38%) victims were aged 65 and over
- for siblicide (a sibling killing a sibling), over 1 in 3 (35%) victims were aged 35–49
- for homicides involving other family members, about 1 in 5 (23%) victims were aged 35–49 (Cussen and Bryant 2015).

Demographic features of IPV homicide offenders and victims

Among intimate partner homicides preceded by a reported or anecdotal history of violence between offender and victim (IPV homicides) in the ADFVDRN IPV homicide dataset (about 310), differences are apparent for:

- Aboriginal and/or Torres Strait Islander people, who were disproportionately represented in IPV homicide offenders (27%) and victims (27%) compared with their representation in the general population (3.2%) (ABS 2022a; ADFVDRN and ANROWS 2022).
- People with disability, who were under-represented in IPV homicide offenders (9.6%) and victims (7.1%) compared with their representation in the general population (18%) (ABS 2019; ADFVDRN and ANROWS 2022).

People known to be born overseas had a similar representation among IPV homicide offenders (28%) and victims (26%) compared to their representation in the general population (29%) (ABS 2022b; ADFVDRN and ANROWS 2022).

Values presented give an indication of differences rather than the true number of homicide offenders and victims from specific population groups, see **Data sources and technical notes**.

For further information on family, domestic and sexual violence related to population groups, see **Aboriginal and Torres Strait Islander people**, **People with disability** and **People from culturally and linguistically diverse backgrounds**.

Related material

- Family and domestic violence
- Intimate partner violence
- Stalking and surveillance
- Coercive control
- Legal systems

More information

- Family, domestic and sexual violence data in Australia
- Family, domestic and sexual violence: National data landscape 2022
- Family, domestic and sexual violence
- Injury in Australia: Assault and homicide

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Economic and financial impacts

Key findings

- Women aged 24–30 in 2019 who had experienced sexual violence were 63% more likely to not have completed Year 12 compared with those who had not experienced sexual violence.
- Sexual violence was consistently associated with high financial stress over time – women across different age cohorts were 30–45% more likely to experience high financial stress if they had experienced sexual violence, compared with those who had not experienced sexual violence.

The impacts of family, domestic and sexual violence (FDSV) can be wide-ranging, affecting a person's education, employment, financial security and emotional and social wellbeing. The economic and financial impacts of FDSV can be substantial, with both direct and indirect costs to individuals, families and broader society.

This page looks at both the immediate costs of FDSV, the longer term financial costs and the economy-wide costs. While the AIHW's FDSV reporting focuses on national quantitative data, some contributions from people with lived experience are included on this page to deepen our understanding of the economic and financial impacts.

What do we know?

The flow-on effects of FDSV can be substantial, influencing a person's living circumstances and economic security. Some people leave their homes and seek assistance from specialist homelessness services (see **Housing**) when violence occurs. Some people receive crisis payments from the government or financial assistance from specialist services. Some people make use of leave entitlements in the workplace, in order to seek assistance (see **Financial support and workplace responses**).

Some of the costs of FDSV can be direct. For example, people who experience intimate partner violence may incur the costs associated with separation such as moving and legal costs or healthcare costs for treatment and/or recovery from harm. However, there can also be indirect costs, which continue long after the violence has occurred. For children and adolescents experiencing FDSV, the impacts can be serious and long-lasting, affecting their health, wellbeing, education, relationships and housing outcomes, which in turn affect their employment outcomes and economic security (ANROWS 2018).

What are some of the hidden costs of leaving a violent situation?

'Fleeing violence felt like leaving a life-threatening situation to enter poverty. It cost me career choices. I had to leave my law degree because the University changed its model of teaching, and I couldn't afford the childcare to attend and make a shifting university timetable, flexible work, and childcare work.'

Jasmine

WEAVERs Expert by Experience

'I had to find work that was flexible enough to allow me to drop my child off to childcare and pick them up before the service closed – that was far harder than it sounds! My career choices became solely based on what could bring enough money in to put food on the table and what could allow me to pick up and drop off my daughter.'

Jasmine

WEAVERs Expert by Experience

The impacts of FDSV can also be broader than those seen by the individuals and families who experience violence. The economic and financial impacts can be borne by communities, systems responding to violence and the broader economy.

What data are available to report on economic and financial costs of FDSV?

Data from surveys are available to look at some impacts of FDSV on families and individuals while cost estimates can be used to understand the magnitude of the cost of violence to the economy. For more information about the ABS Personal Safety Survey and the Australian Longitudinal Study on Women's Health, please see **Data sources and technical notes**.

What do the data tell us?

Separation

Data from the ABS Personal Safety Survey (PSS) are available to report on separations among women who experienced violence from their cohabiting partners. Although separation does not end exposure to intimate partner violence, understanding how many couples separate following intimate partner violence can shed light on how a person's economic circumstances may change.

Many women move away from home when their relationship with a violent partner ends, leaving behind property or assets

The 2021–22 PSS estimated that about 2 in 3 (64% or 867,000) women moved away from home when their relationship with a violent previous partner that they lived with ended. Of those that moved away, 7 in 10 (69% or 597,000) left property or assets behind (ABS

2023a). For further characteristics of partner violence and separations, see **Intimate partner violence.**

For many women, separation can also mean heightened economic insecurity. Additional analysis of 2016 PSS data can help shed light on the choice many women face – between staying in a violent situation or poverty (Box 1).

Box 1: The choice between violence or poverty

Financial implications have been reported by single mothers as a reason for returning to a previous violent partner following a temporary separation. The Summers (2022) analysis of the 2016 PSS showed that of the 'single mothers' who had experienced previous partner violence, more than half (55%, or an estimated 92,600) had ever temporarily separated from the violent partner. Almost one-quarter (24%) of these women said they had returned to the violent partner because they had no money or financial support and 14% said they had nowhere else to go (Summers 2022).

The analysis also highlighted the financial issues experienced by single mothers following separation from a violent partner:

- 75% of single mothers who had moved out of the home when they separated from their most recently violent previous partner left behind property or assets.
- 50% of single mothers had government benefits as their main source of income.
- 60% of single mothers had one or more cash flow problems in the previous 12 months (for example, could not pay electricity, gas or telephone bills on time, sought financial assistance from friends or family) (Summers 2022).

The proportion of single mothers who relied on government benefits and had experienced cash flow problems was higher than for all other household groups, although high proportions were also reported for lone person households (Summers 2022).

Chapman and Taylor (2022) analysed the Household, Income and Labour Dynamics in Australia (HILDA) survey HILDA data from 2006 to 2019 to determine the equivalised household income (total annual income of all household members adjusted for the number and age of people the income supports) for women, including mothers, following separation from a partner. Findings indicated that after separation, all mothers experienced significant decreases in equivalised household income – around 20% on average. There was a much higher drop for mothers who were categorised as 'likely to have experienced partner violence' (36%) compared with mothers who were categorised as 'unlikely to have experienced partner violence' (20%). However, this finding should be interpreted with caution due to the small sample size for mothers 'likely to have experienced partner violence' (35 women) and the method used to categorise the experience of partner violence – respondents were asked whether they had experienced physical violence, not specifically whether it involved a domestic partner (Chapman and Taylor 2022).

The economic and financial impacts of violence – particularly those that result from separation – can also be experienced through changes to a person's housing situation or housing security.

What are some of the hidden costs of leaving a violent situation?

'Due to violence, we moved a number of times usually spending any bit of money we had in the process. Years later and we're about to face legal fees and potentially lose our home in the process. I feel for survivors who feel they have little choice but to return home to the perpetrator to feed their children. That is a reality for a lot of people. How much better would it be if we could offer some stability for survivors and some service options to help them heal. We might just break the cycle for the next generation.'

Jasmine

WEAVERs Expert by Experience

People fleeing violence in the home may seek assistance from specialist homelessness services (see **Housing** for more detail).

Long-term economic impacts for people who have experienced violence

For some people, the economic impacts of FDSV are lifelong. Children who experience violence may have impaired social, emotional, and educational functioning, which can be seen later in life by looking at main sources of income, their experiences of financial stress and reduced economic security (ANROWS 2018).

Income support

Data from the 2016 PSS are available to look at the types of income received by those who experienced abuse as children. These data show associations – rather than causal relationships – between child abuse and whether a person was receiving a government pension, benefit or allowance in 2016.

Child abuse in the PSS is measured as any physical and/or sexual abuse that occurred before the age of 15. These findings relate to all forms of child abuse, and are not limited to those experienced in an FDV context. Data are not yet available from the 2021–22 PSS to report on these characteristics.

People who experienced childhood abuse

were more likely to receive government income support

People who were abused as children were more likely to receive a government pension, benefit or allowance:

- 43% of women who were abused as children were receiving a government pension, benefit or allowance, compared with 34% of women who weren't abused as children
- 3 in 10 (31%) men who were abused as children were receiving a government pension, benefit or allowance, compared with 22% of men (ABS 2017).

Women who experienced childhood abuse had lower income compared with those who did not experience childhood abuse. The median gross personal weekly income was $767 for women who experienced childhood abuse and $863 for women who did not experience childhood abuse.

When children are unable to live safely at home, they may be placed in out-of-home care. Young people who are, or have been, in out-of-home care (OOHC), such as foster, relative/kinship or residential care, also face greater disadvantage and a higher risk of experiencing poor outcomes in key areas important to wellbeing (AIHW 2022, see Box 2).

Box 2: Income support receipt for young people transitioning from out-of-home care

An AIHW analysis of linked Australian Government (Centrelink) and state and territory out-of-home care (OOHC, excluding Queensland) administrative data, examined income support and other payment receipt characteristics for around 45,000 young people, born between 1990 and 2001, who had at least one OOHC placement lasting 7 or more days (the 'OOHC study population') (AIHW 2022). The linked data asset used for the study was created as a collaborative effort between the AIHW, and all states and territories (excluding Queensland).

Findings from the analysis show that young people in the OOHC study population were 3 times as likely to receive income support payments at ages 16–30 as the Australian population of the same age – about 3 in 5 (56%) compared with about 1 in 5 (18%), respectively. The OOHC study population were also up to 13 times as likely to receive Crisis Payment than the Australian population of the same age (AIHW 2022).

The findings highlighted that the OOHC study population are in need of income support for longer or are repeatedly moving in and out of income support into their late 20's, suggesting they are at increased risk of not being able to maintain ongoing employment. Further, despite income support payments generally declining to age 30, a considerable proportion of the OOHC study population were still receiving income support at age 30 – over 1 in 5 (22%) were receiving unemployment payments, 1 in 7 (14%) were receiving parenting payments and 1 in 7 (14%) were receiving disability support pension (AIHW 2022).

For more information, see Income support receipt for young people transitioning from out–of–home care 2022.

Financial stress

Financial stress indicators can be used to illustrate how a person experiences economic hardship. Financial stress is often associated with low income and can have severe short- and long-term consequences for individuals, families and the community. Financial stress can be a long-term, indirect, impact of violence.

In the 2016 PSS, financial stress is indicated through several measures, for example, by asking respondents if they had cash flow problems or whether they could raise a certain amount of money within a week. Data are not yet available from the 2021–22 PSS to report on these characteristics.

People who experienced childhood abuse were also more likely to experience financial stress as adults

Of women who experienced childhood abuse:

- 22% were unable to raise $2,000 within a week, compared with 13% of women who did not experience childhood abuse
- 31% had experienced one or more cash flow problem, compared with 15% of women who had not experienced childhood abuse (ABS 2017).

Of men who experienced childhood abuse:

- 14% were unable to raise $2,000 within a week, compared with 10% of men who did not experience childhood abuse
- 24% had experienced one or more cash flow problem, compared with 13% of men who had not experienced childhood abuse (ABS 2017).

Long-term economic and financial costs of sexual violence

The long-term costs associated with FDSV may vary across different types of violence. For sexual violence, data are available from the Australian Longitudinal Study on Women's Health (ALSWH) to estimate the economic and financial impacts of sexual violence over the life course (Box 3).

Box 3: A life course approach – using the Australian Longitudinal Study on Women's Health (ALSWH)

The Australian Longitudinal Study on Women's Health (ALSWH) is a longitudinal survey of more than 57,000 women that began in 1996. 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.

In the ALSWH, 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.

A life course approach to determining the prevalence and impact of family and domestic violence in Australia

A study conducted in 2022 analysed data from the ALSWH in relation to sexual violence. The analysis included measures of family and domestic violence, socio-demographic factors, financial outcomes, health behaviours, mental health, physical health and social support. Data on healthcare costs and mental health consultations were sourced from MBS and PBS datasets linked to ALSWH participant data, to investigate the associations between health service use and sexual violence.

Two key aims of the study were to: identify the impact of sexual violence on socio-economic factors over time, such as education, paid employment and financial stress; measure health

service use in relation to sexual violence, including costs of selected health services and satisfaction with general practitioner services.

For more information, see [A life course approach to determining the prevalence and impact of sexual violence in Australia: Findings from the Australian Longitudinal Study on Women's Health].

Sexual violence and economic factors

Women across different age cohorts were 30–45% more likely to experience high financial stress if they had experienced sexual violence, compared with those had not experienced sexual violence

Data from the ALSWH are available to look at experiences of sexual violence and factors related to education and employment. Compared with women of the same age who did not experience sexual violence in their lifetime:

- women aged 24–30 in 2019 who had experienced sexual violence were 63% more likely to not have completed Year 12 and 7% less likely to be in full-time employment
- women aged 40–45 in 2018 who had experienced sexual violence were 46% more likely to not have completed Year 12 (Townsend et al. 2022).

Despite differences across cohorts, sexual violence was consistently associated with high financial stress over time for all three cohorts (women were 30–45% more likely to experience high financial stress if they had experienced sexual violence). Women were considered to have experienced high financial stress if they said that they had been 'very stressed' or 'extremely stressed' about money the 12 months prior to the survey (Townsend et al. 2022).

Sexual violence and health services

Data from the ALSWH show that across all cohorts, women who had experienced sexual violence had higher average annual costs for non-referred health services than women who had not experienced sexual violence. Non-referred services include those such as consultation with a general practitioner or registered doctor. This difference in annual cost also increased over time. There was higher uptake of at least one mental health consultation for women who had experienced sexual violence compared with those who had not experienced sexual violence. However, for women who had at least one mental health consultation, the total number of consultations and government-subsidised costs for mental health services were similar between women who had and had not experienced sexual violence (Townsend et al 2022).

Child abuse is associated with higher long-term costs

Previous studies using data from the ALSWH showed that 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).

Economy-wide impacts of FDSV

The cost of violence is borne by victim-survivors, perpetrators and the community. The direct cost of the health system, counselling and other related services, the justice system, and child and welfare support, as well as indirect costs, such as lost wages, productivity and potential earnings, are just a part of what societies pay for violence against women (Puri 2016). Globally, the cost of violence against women could amount to about 2% of gross domestic product – about the size of Canada's economy (Puri 2016).

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

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

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

The 2015–16 Australian cost estimates were divided into seven categories (Table 1).

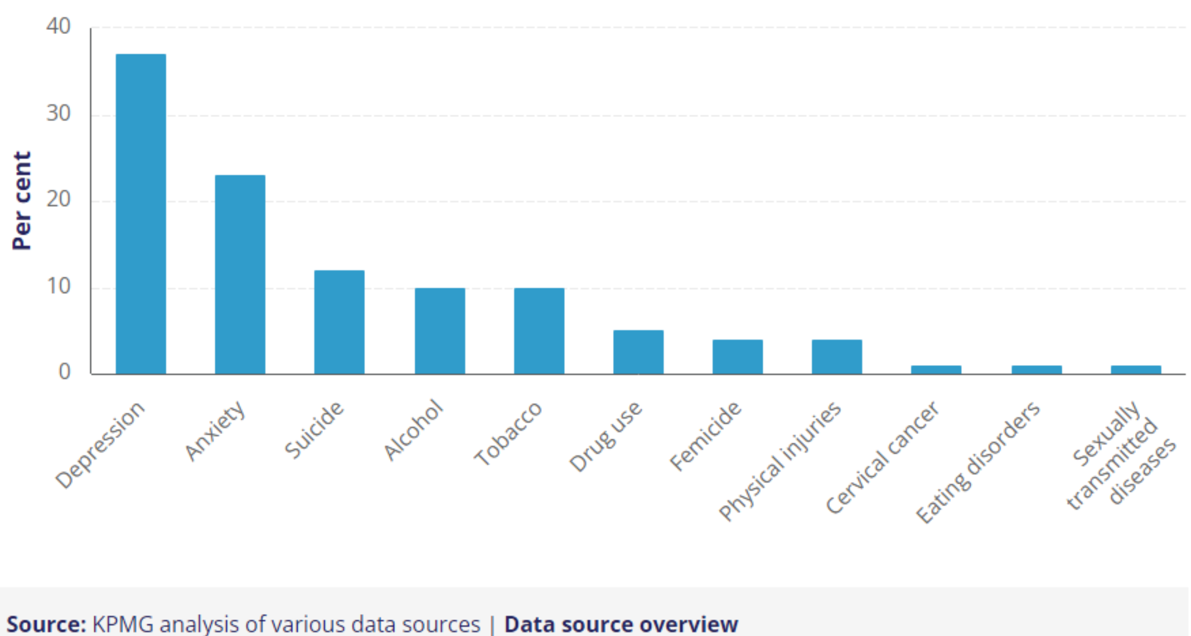
Table 1: Estimated costs to the Australian economy of violence against women and children, 2015–16

Categories	Cost ($)
Pain, suffering and premature mortality of victims The pain and suffering experienced by the victim, which can lead to long-term effects on psychological and physical health, and premature mortality for victims	10.4 billion
Consumption Replacing damaged property, defaulting on bad debts, and the costs of moving	4.4 billion
Production Being absent from work, and employer administrative costs (for example, employee replacement)	1.9 billion
Administrative	1.7 billion

Police, incarceration, court system costs, counselling, and violence prevention programs	
Transfer payments Loss of income tax of victims/survivors, perpetrators and employers; additional social welfare payments; victim compensation payments and other government services	1.6 billion
Health system Public and private health system costs associated with treating the effects of violence against women	1.4 billion
Second generation The costs of children witnessing and living with violence, including child protection services and increased juvenile and adult crime	333 million
Total	**21.7 billion**

Nearly half of the costs ($10.4 million) were linked to the ongoing effects of violence on women's physical and mental health. Depression and anxiety accounted for 60% of these health costs; substance abuse related to alcohol, tobacco and drug use accounted for 25%; and suicide 12% (Figure 1; KPMG 2016). The proportion of health costs attributed to depression and anxiety are consistent with research identifying mental health conditions as the largest contributor to the burden due to physical/sexual violence by an intimate partner (Ayre et al. 2016).

Figure 1: Cost impact of violence on women's physical and mental health, by health condition, 2015–16



Source: KPMG analysis of various data sources | **Data source overview**

Related material

- Health outcomes

- Financial support and workplace responses

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Family, domestic and sexual violence and COVID-19

This topic page examines the effects the COVID-19 pandemic had on FDSV in Australia using information available prior to 15 November 2023. Other topic pages in this website are regularly updated with data from a range of sources and may provide more recently available data. For more information, see the Release schedule.

Key findings

- Between 2016 and 2021–22 the proportion of women who experienced physical and/or sexual violence by a cohabiting partner decreased from 1.7% to 0.9%.
- The proportion of women and men who experienced emotional abuse by a cohabiting partner decreased between 2016 (women: 4.8%, men: 4.2%) and 2021–22 (women: 3.9%, men: 2.5%).
- Available data on FDSV service use during the pandemic show that the picture is mixed. Service use can change for several reasons, including due to public awareness campaigns or changes to availability or accessibility of services.

With ready access to vaccines and treatments, as well as high population immunity, Australia is no longer in the emergency phase of the COVID-19 pandemic response (DoHAC 2023). While the country has moved towards managing COVID-19 in a manner that is more consistent with other infectious diseases, we are still learning about the impact of the pandemic and related public heath responses on family, domestic and sexual violence (FDSV).

The effects of a pandemic can be wide-ranging with people experiencing different impacts depending on their situation. Situational stressors experienced during the pandemic may have influenced the severity or frequency of violence. For example, victims and perpetrators spending more or less time together, and increased financial or economic hardship (Payne et al. 2020). It is also possible that increased protective factors, such as access to income support, time away from a perpetrator, or increased social cohesion, could suppress violence (Diemer 2023). Pandemics may also impact how individuals respond to incidents of violence through the actions they take.

We continue to learn about the impact of the COVID-19 pandemic on FDSV. By improving our understanding of the short- and long-term impacts of the pandemic, we can better prepare for future pandemics and disaster events.

COVID-19 in Australia

In terms of morbidity and mortality, COVID-19 has had less of an impact on Australia than many other countries (OECD 2021). However, Australia has not been spared, with multiple waves of the disease having varying impacts across the states and territories (Box 1).

COVID-19 was first declared a human biosecurity emergency in March 2020, with the determination expiring in April 2022 (DoHAC 2022). During this time, the number of COVID-19 cases varied across age groups, with older people at greater risk of having poorer outcomes from COVID-19. Mortality rates were highest in people aged 80 years and over, with 30% of all COVID-19 deaths in Australia occurring in residents of aged care facilities (AIHW 2022).

While new variants, sub-variants and lineages are likely to continue to emerge, under the current approach to managing COVID-19 it is less likely that we will experience the public health restrictions associated with previous waves.

This page focuses primarily on FDSV during the emergency phase of the COVID-19 pandemic, including the prevalence of FDSV, service responses to FDSV and differences in experiences of FDSV across select population groups. More general information about the impact of COVID-19 on the Australian population can be found on the AIHW's COVID-19 page.

Box 1: Waves of COVID-19 in Australia

In Australia, the prevalence of COVID-19 has varied across the states and territories over time. The waves of COVID-19 are summarised below, including the main locations affected.

- The first wave occurred from March to April 2020 at the start of the pandemic, with cases in all states and territories.
- The second wave began in the winter of 2020, with most cases in Victoria.
- The third wave started in the winter of 2021 and daily case numbers started to decline from the end of October 2021. While most cases in the third wave were in New South Wales and Victoria, there was also a major outbreak in the Australian Capital Territory.
- The fourth wave started in December 2021 after the introduction of Omicron BA.1. It affected all jurisdictions. International and domestic border restrictions – and a suite of public health restrictions that continued into 2022 – resulted in a delayed but rapid progression of COVID-19 cases during March 2022 in Western Australia. The Omicron wave for Australia flattened from the end of January 2022 but increased again at the end of March 2022 when BA.2 became the dominant sub-variant.

Each wave was associated with a range of public health restrictions, which also differed across states and territories.

What do we know?

From the beginning of the pandemic in March 2020, a range of public health measures were implemented to limit the spread of COVID-19. These measures included stay-at-home orders, border closures, and restrictions on the way businesses, schools, residential aged care and public services operated. These had an effect on the community and economy, and resulted in significant changes to people's mobility, social interactions and home environments.

Within many households, individuals, couples and families had to deal with the additional pressures of job losses, increased financial stress, home-learning and added caring responsibilities (ABS 2021a; Hand et al. 2020). For some, the pandemic also had implications for alcohol use and mental health:

- 1 in 5 (20%) adults who usually drank alcohol said their alcohol consumption increased during COVID-19 restrictions, however between 13% and 27% said it had decreased (AIHW 2021a).
- The prevalence of 'severe' psychological distress in adults rose from 8.4% in February 2017 to 10.6% in April 2020, reaching a peak of 12.5% in October 2021– the highest level recorded since the onset of the pandemic (AIHW 2021b).

These factors, combined with increased social isolation and reduced access to sources of support, are not causes of FDSV themselves, but can be seen as situational stressors that can exacerbate the underlying drivers of violence and increase the likelihood, complexity and severity of violence (Boxall and Morgan 2021a; Peterman et al. 2020).

However, people experienced the pandemic in different ways. For some, the pandemic brought about a range of situations that may have decreased the likelihood of violence (Diemer 2023). For example, imposed social restrictions may have limited contact between victims and perpetrators if they were "locked down" in separate houses. The restrictions may have also resulted in fewer opportunities for victims to be approached by their perpetrators in the community, as attendance at venues and activities (for example, workplaces, children's sports events) was limited (Hegarty et al. 2022).

Similarly, while many households and businesses were strongly financially affected by the health restrictions (The Treasury 2021), some people reported that pandemic-related income support payments helped to reduce levels of financial stress (Botha, Butterworth and Wilkins 2022).

In a 2022 report, Australia's National Research Organisation for Women's Safety (ANROWS) presented results from a survey of over 1,000 women victim-survivors about their experiences of intimate partner violence. Qualitative questions explored how intimate relationships were affected during periods of COVID-19-related isolation (Hegarty et al. 2022). The responses below offer insight into some women's experiences during the pandemic:

"It was easier for my ex-partner to manipulate me when I was cut off from the outside world."

"[It's] definitely worse during lockdowns – he can still access alcohol/cigarettes and all the things that fuel his behaviour – I was not able to access any support to assist with being away from the abuse such as gyms, yoga class etc."

"I felt safer as I didn't need to go into my work premises where he (or his family/friends) could be … [and] I feel safer at home as I know I'm unlikely to be being watched." (Hegarty et al. 2022: 54-55).

A range of data sources can be used to understand the nature and extent of FDSV during the pandemic, and the demand for FDSV services. It is important to note that results from different sources, using different methods, are not comparable and need to be interpreted within the specific context they were collected.

Data sources for measuring FDSV during the COVID-19 pandemic

- ABS Personal Safety Survey
- ABS Recorded Crime – Offenders
- ABS Recorded Crime – Victims
- AIHW Child Protection National Minimum Data Set
- AIHW National Hospital Morbidity Database
- AIHW Specialist Homelessness Services Collection
- Kids Helpline
- Services Australia customer data – Crisis payments

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

What do the data tell us?

The following sections present a range of data collected during the pandemic. Data are primarily drawn from standard data collections, however the results of COVID-specific surveys are also included. Depending on data availability, analysis of FDSV data may focus on:

- national population prevalence data collected during the pandemic (March 2021 to May 2022), compared with previous survey year
- changes that occurred at the onset of the pandemic (March–May 2020) compared with previous years for the same month, to account for seasonal effects
- changes that occurred over the duration of the pandemic to date, to identify variations that may be associated with the waves of COVID-19 in Australia (Box 1)
- yearly data to provide context for overall changes in patterns of FDSV or service use over time.

Due to the differences in how states and territories have experienced the pandemic, data are presented by state and territory where appropriate. This information updates

and expands on the AIHW's Family, domestic and sexual violence service responses in the time of COVID-19 report.

How common was FDSV during the COVID-19 pandemic?

The proportion of women who experienced physical and/or sexual violence by a cohabiting partner decreased from **1.7%** to **0.9%** between 2016 and 2021–22

It is difficult to capture the full extent of FDSV, as incidents often occur behind closed doors, and can be concealed or denied by perpetrators and sometimes by the victims. In Australia, the Australian Bureau of Statistics' (ABS) Personal Safety Survey (PSS) is the source of national FDSV prevalence data for adults aged 18 years and over.

The most recent PSS was conducted between March 2021 and May 2022, during the COVID-19 pandemic (ABS 2023a). Key FDSV-related survey findings are presented in Table 1, showing the prevalence of select types of FDSV in the 12 months before the survey, compared with 2016 results.

Between 2016 and 2021–22 there was:

- a decrease in the proportion of women who experienced physical and/or sexual violence by a cohabiting partner
- a decrease in the proportion of women and men who experienced emotional abuse by a cohabiting partner
- no change in the proportion of women who experienced sexual violence
- a decrease in the proportion of men and women who experienced sexual harassment (ABS 2023a).

Note that due to data quality issues, data for men are not available in some instances.

Table 1: Select types of violence experienced by people in the 12 months before the Personal Safety Survey, by sex, 2016, 2021–22

	Prevalence rate[(a)]			
	Females		Males	
Type of violence	2016	2021–22	2016	2021–22
Sexual violence	1.8%	1.9%	*0.7%	n.p.
Intimate partner violence[(b)]	2.3%	1.5%^	1.3%	n.p.
Cohabiting partner violence[(c)] (Total)	1.7%	0.9%^	0.8%	n.p.
Cohabiting partner violence[(c)] – Physical violence	1.3%	0.7%^	0.8%	n.p.
Cohabiting partner violence[(c)] – Sexual violence	0.5%	0.4%	n.p.	–
Cohabiting partner emotional abuse	4.8%	3.9%^	4.2%	2.5%^
Sexual harassment	17.3%	12.6%^	9.3%	4.5%^
Stalking	3.1%	3.4%	1.7%	n.p.

*: Estimate should be used with caution because Relative Standard Error (RSE) is between 25% and 50%.

^: The difference in prevalence rate between 2021–22 and 2016 is statistically significant.

–: Nil or rounded to zero. Does not necessarily indicate a complete absence of the characteristic in the population.

n.p.: not published due to reliability and/or confidentiality reasons.

a. The proportion (rate) of people in each population that have experienced the selected type of violence in the last 12 months.

b. Physical or sexual violence by a cohabiting partner, boyfriend/girlfriend or date, and ex-boyfriend/ex-girlfriend.

c. Violence experienced by a partner the person lives with, or has lived with at some point, in a married or de facto relationship.

Source: ABS (2023a).

Using a different methodology to the PSS, findings from an online survey conducted by the Australian Institute of Criminology (AIC) indicated that the pandemic coincided with first-time and escalating intimate partner violence in Australia for some women (Table 2). The survey was completed by more than 10,100 women between 16 February 2021 and 6 April 2021 and asked about experiences of intimate partner violence in the 12 months before the survey.

Table 2: Intimate partner violence [(a)] experienced by women in Australia during the first 12 months of the COVID-19 pandemic

	Physical violence	Sexual violence	Emotionally abusive, harassing and controlling behaviours
Overall prevalence of intimate partner violence [(b)]	9.6%	7.6%	32%
Experienced intimate partner violence for the first time [(b)]	3.4%	3.2%	18%
Reported that intimate partner violence had increased in frequency or severity [(b, c)]	42%	43%	40%

(a) Violence from a person the respondent had a relationship with during the previous 12 months. This includes current and former partners, cohabiting, or non-cohabiting.

(b) Of women aged 18 years and older who had been in a relationship longer than 12 months.

(c) Of women who had a history of violence from their current or most recent partner.

Source: Boxall and Morgan 2021a.

What were the service responses to FDSV during the COVID-19 pandemic?

Between 2020 and 2022, there were numerous reports of increased demand for services related to FDSV (for example, Pfitzner et al. 2020; Carrington et al 2021). These reports drew from data sources that include police, domestic violence helplines, specialist crisis services and workforce surveys. FDSV services span a number of sectors and the introduction of COVID-19 restrictions had differing impacts on the availability and accessibility of these services (Box 2).

Box 2: How has COVID-19 affected FDSV services?

The COVID-19 pandemic has affected the way FDSV services are delivered. For example, the move towards remote working in some services may have led to face-to-face contact being replaced by telephone, videoconferencing or other online contact. Changes in how FDSV services were provided increased the complexity of delivering some forms of service or support, particularly for select population groups (Carrington et al. 2021). However, for some people it improved the accessibility of services.

When considering changes in FDSV-related service use, it is important to be aware that changes in service use may be due to a combination of factors. For example, an increase in service use may be a result of increased availability of services, increased awareness of services and FDSV in general, and/or increased need for services (AIHW 2019).

Note that data on service use capture only part of the picture. A large proportion of FDSV goes undisclosed and may never enter into view of services. COVID-19 restrictions can make it more difficult for victims and survivors to seek assistance or leave abusive relationships and this may not be reflected in the data.

Helplines

Helplines are an important point of contact for those experiencing family and domestic violence. For more information, see **Helplines and related support services**.

During the COVID-19 pandemic, helplines were especially important as they provide options to seek help without leaving the home.

Kids Helpline counselling contacts increased at the onset of the pandemic

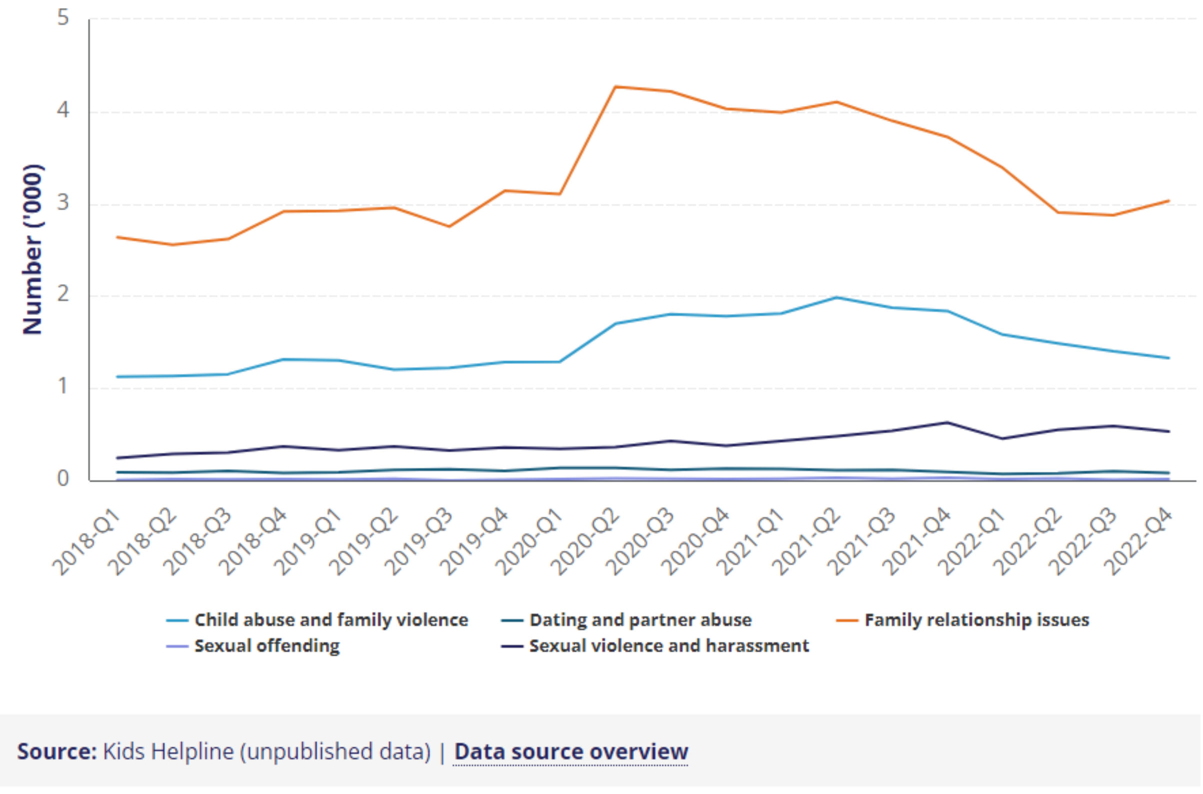
Kids Helpline provides support and counselling for children and young people aged 5 to 25. Children and young people contact Kids Helpline about diverse issues, including child abuse, family and relationship issues, and forms of sexual harassment and abuse.

As shown in Figure 1, data on counselling contacts indicates that after the onset of COVID-19, there was:

- an increase in the number of family relationship concerns being discussed (44% change from Q2 2019 to Q2 2020), and another peak around the beginning of wave 2. From 2022, the number of family relationship concerns being discussed during counselling contacts appeared to be trending back towards pre-pandemic numbers.
- an increase in the number of child abuse and family violence concerns being discussed (41% change from Q2 2019 to Q2 2020). The number of concerns discussed during counselling contacts peaked at 1,985 contacts in the second quarter of 2021 (around the beginning of wave 2) with numbers getting closer to pre-pandemic levels in 2022.
- the number of sexual violence and harassment (including child sexual abuse) concerns being discussed increased slightly in 2020 compared to 2019. The number of concerns being discussed during counselling contacts peaked in the fourth quarter of 2021 at 626 calls.

- the number of concerns related to dating and partner abuse being discussed during counselling contacts remained relatively steady throughout the pandemic.

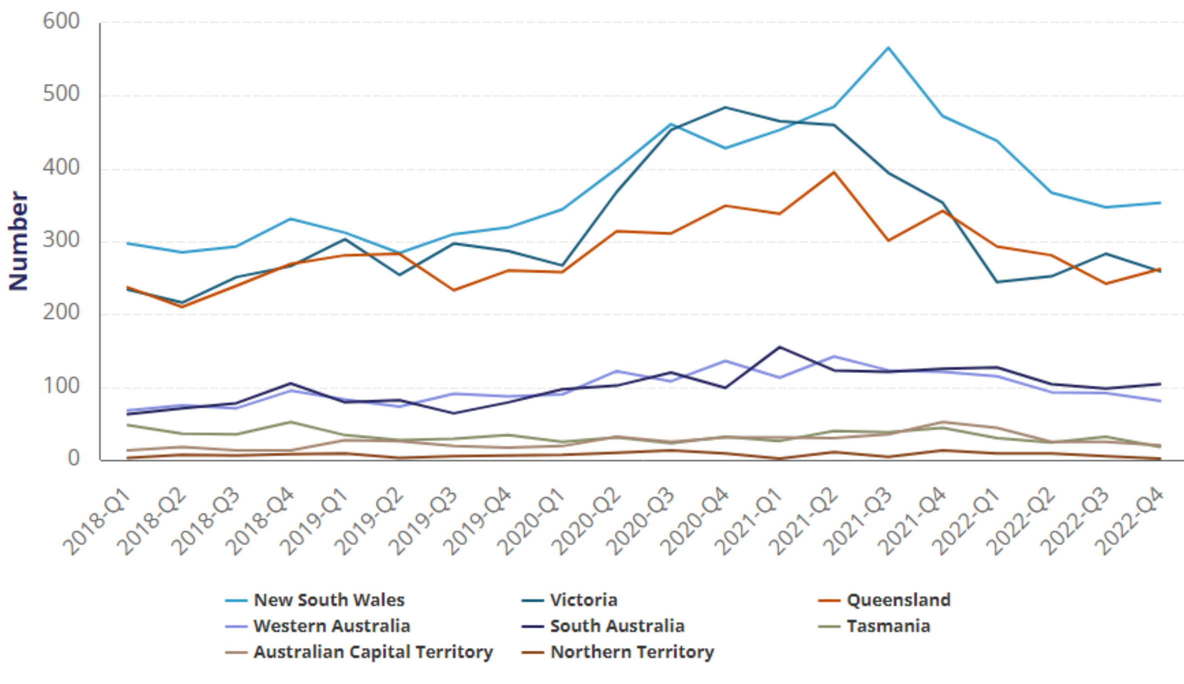
Figure 1: Number of FDSV-related concerns discussed during Kids Helpline counselling contacts, January 2018 to December 2022



Source: Kids Helpline (unpublished data) | **Data source overview**

Figure 2 shows the number of Kids Helpline counselling contacts where child abuse and family violence were discussed, by states and territories. Contacts related to child sexual abuse are included in these counts. The time series shows that patterns in the number of contacts varied across states and territories.

Figure 2: Number of child abuse and family violence concerns discussed during Kids Helpline counselling contacts, states and territories, 2018 to 2022



Source: Kids Helpline (unpublished data) | **Data source overview**

Kids Helpline also provides emergency responses for children and young people. Emergency responses involve contacting emergency services or another agency to protect a young person who is experiencing, or is at imminent risk of, significant harm. In 2021, average daily emergency responses increased in states and territories experiencing lockdowns. For example, in NSW there were 2 additional emergency responses, on average, each day during lockdown (YourTown 2021).

Child protection

The child protection system aims to protect children from maltreatment in family settings. For more information, see **Child protection**.

The COVID-19 pandemic may have affected child protection processes, and changes to people's mobility and interactions may also have affected the way child maltreatment was detected or reported (AIHW 2021c).

At the same time, the pandemic affected the way families live and work. Several risk factors for child maltreatment increased during COVID-19, including financial hardship, housing stress, and poor mental health. Access to support networks may also have been limited during this time.

Data from the child protection system are available between March and August 2020 to show changes at the onset of the pandemic, including the first and part of the second wave of COVID-19 in Australia. Key findings include:

- Child protection notifications fluctuated considerably between March and August 2020, and patterns varied across jurisdictions. A common pattern observed in most jurisdictions was a drop in notifications in April 2020 (during the initial COVID-19 restrictions) followed by an increase in May or June (once restrictions had eased).
- The number of substantiations recorded each month remained relatively stable from March to August 2020 for all jurisdictions (data were not available for Tasmania). However, the total number of substantiations for the 6-month period varied across jurisdictions (AIHW 2021c).

The AIHW's Child protection in the time of COVID-19 report provides more detail on the impact of the early stages of COVID-19 observed in child protection data. While the long-term impact of COVID-19 on child protection processes is still unknown, there have been no specific impacts on the annual data.

Specialist homelessness services

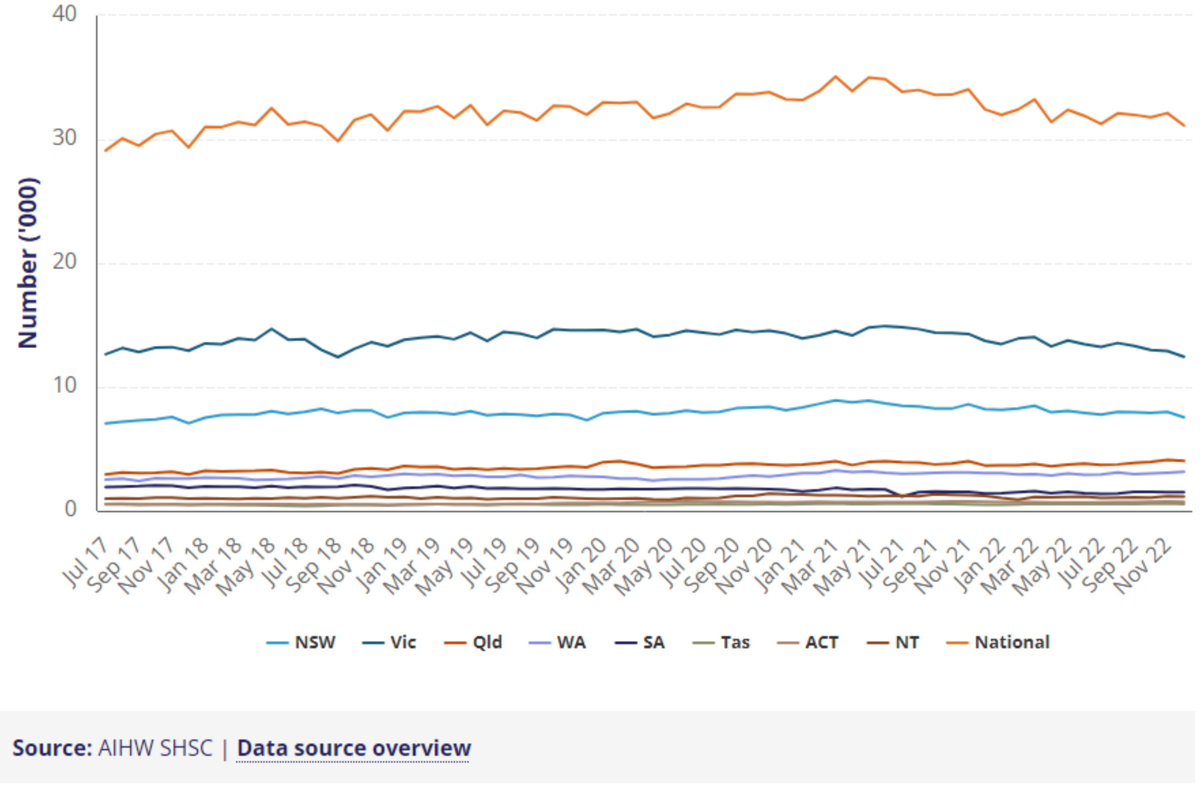
Family and domestic violence is the most common main reason clients seek assistance from specialist homelessness services (SHS). For more information, see **Housing**.

A nationwide survey of service providers highlighted that public health responses during the COVID-19 pandemic often made it harder for victim-survivors to leave a violent relationship, due to travel restrictions, lack of transport options, and difficulty accessing formal and informal support. Financial stress also meant that victim-survivors may no longer be able to afford rent, leading to increased housing instability (Morley et al. 2021). In recognition of the increased pressure on homelessness services during the pandemic, some governments invested additional funding to increase the operational capacity of these services (for example, Williams 2020).

The number of SHS clients who have experienced FDV peaked around the third wave of COVID-19

The number of SHS clients who have experienced family and domestic violence was similar in April 2020 compared with previous years (Figure 3) (AIHW 2021d). Over the 5 years to December 2022, the monthly number of FDV clients receiving assistance from SHS peaked around the winter of 2021, around the time of the third wave of COVID-19. However, the number of SHS clients who received support changes from one month to the next for many reasons and are not necessarily due to changes in demand.

Figure 3: Number of FDV clients receiving assistance from SHS, July 2017 to December 2022



Source: AIHW SHSC | **Data source overview**

Government payments

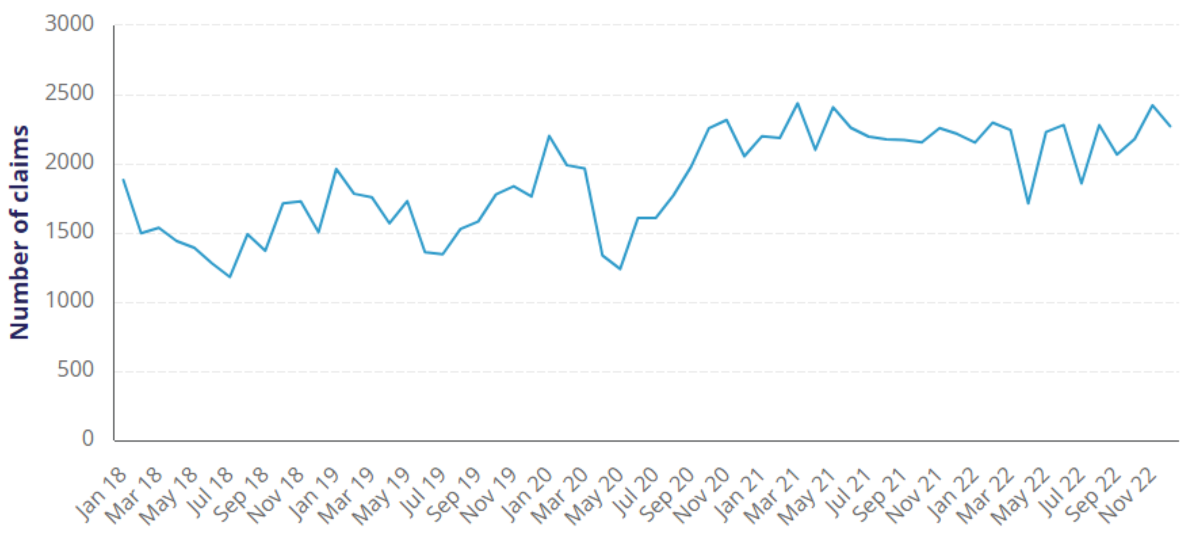
People who are in severe financial hardship and have experienced changes in their living arrangements due to family and/or domestic violence, and are receiving, or are eligible to receive, an income support payment or ABSTUDY Living Allowance, may receive a one-off Crisis Payment. For more information, see **Financial support and workplace responses**.

Number of FDV Crisis Payments granted fell at the onset of the pandemic

Overall, the number of claims for FDV Crisis Payments granted annually rose between 2018 and 2021, with a small decrease in 2022. The highest number of claims granted per month was in March 2021 at just over 2,400 claims.

The number of FDV Crisis Payment claims granted was lower in April and May 2020 compared with the same period in previous years (see Figure 4). There were 1,337 claims granted in April 2020, compared with 1,569 in April 2019 and 1,441 in 2018. Similarly, the number of claims granted in May 2020 (1,239) was lower compared with 2019 (1,730) and 2018 (1,392).

Figure 4: Number of claims granted for FDV Crisis Payments, monthly, January 2018 to December 2022



Source: Services Australia customer data (unpublished) | **Data source overview**

Hospitalisations

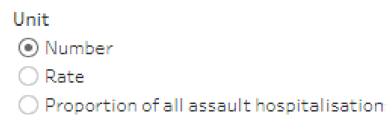
People who experience FDV-related assault (assault where the perpetrator was identified as a spouse or domestic partner, or other family member) may be admitted to hospital to receive care (hospitalisations). Data are available from the AIHW National Hospital Morbidity Database to report on FDV-related assault hospitalisations, by financial year. However, these data do not include presentations to emergency departments and will relate to more severe (and mostly physical) experiences of FDV (AIHW 2019). For more information, see **Health services**.

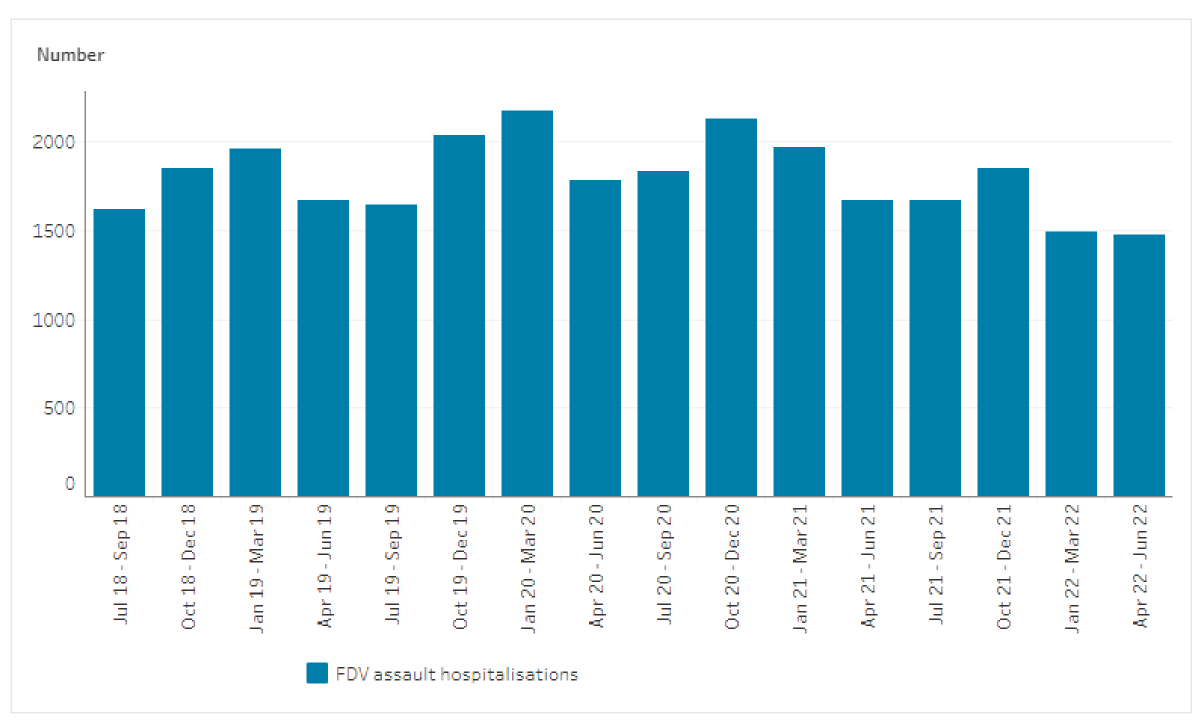
Rates of FDV-related injury hospitalisations fluctuated over time, with some seasonal fluctuations – highest in the October-December and January-March quarters – of each financial year (see Figure 5).

Between July 2018 and June 2022:

- the highest number of FDV-related injury hospitalisations per quarter was 2,174 in the first quarter of 2020 (January – March)
- FDV-related assault injuries made up a greater proportion (38%) of total assault injuries in the second quarter of 2020 (April – June) than in any other quarter (AIHW 2023).

Figure 5: FDV-related assault hospitalisations, 2018–19 to 2021–22





Source: AIHW NHMD. https://www.aihw.gov.au

Police

Police responses to family, domestic and sexual violence are recorded in the ABS Recorded Crime–Victims, 2022 and ABS Recorded Crime–Offenders, 2021–22 collections. These data are not available by month, but the data over a 12-month period can be used to show general patterns in police responses over time. Changes in crime rates may be due to a range of factors, such as changes in reporting behaviour, increased awareness about forms of violence, changes to police practices, and/or an increase in incidents. In the context of the pandemic, research indicates that the likelihood of reporting intimate partner violence to police also varies according to the individual, the relationship, and abuse characteristics (Morgan et al. 2022). For more information, see **FDSV reported to police**.

Overall, the number of victims recorded by police for sexual assault and FDV-related assault (for the states and territories where data are available) have increased over time. In 2022, the number of victims of sexual assault was the highest number recorded across the 30-year time series. Table 3 shows the number of FDSV-related assaults in 2019, 2020, 2021 and 2022. For FDV-assaults overall, the Northern Territory had the greatest percentage increase between 2019 and 2022 (69%), while the ACT showed the only decrease (-0.1%) (ABS 2023b).

Table 3: Number of FDSV-related assaults, by type of assault, 2019–2022

Type of violence	2019	2020	2021	2022
Sexual assault	26,860	27,538	31,074	32,146
FDV-related sexual assault	8,985	10,175	11,362	11,676
FDV-related assault*	64,969	70,028	72,461	76,862

* Data on FDV-related assault are not available for Victoria or Queensland.

Source: ABS (2023b).

Over the same period, the number of FDV offenders proceeded against by police varied across states and territories (see Table 4).

- Between 2018-19 and 2021-22, the number of offenders proceeded against for an FDV-related offence increased across most states and territories, with the greatest overall increases in Queensland (33%) and New South Wales (18%).
- A reduced number of offenders proceeded against by police was recorded in South Australia (-11%) between 2019–20 and 2021–22 and in Western Australia (-9.2%) between 2018–19 and 2021–22 (ABS 2023c).

Table 4: Number of FDV offenders proceeded against by police, by states and territories, 2018–19 to 2021–22.

	2018–19	2019–20	2020–21	2021–22
NSW	26,209	27,525	29,903	31,008
Vic	16,210	16,925	17,448	17,169
QLD	13,136	13,899	15,730	17,412
SA	np	4,963	4,970	4,401
WA	7,636	7,588	7,417	6,930
Tas	1,321	1,337	1,437	1,471
NT	2,672	2,605	3,080	2,919
ACT	554	584	510	565

Source: ABS (2023c).

For context, the number of offenders proceeded against Australia-wide for any offence decreased each year since 2018–19. Further, it is important to note that FDV statistics from the ABS Recorded Crime–Offenders collection are experimental, with further assessment required to ensure comparability and quality of data.

Is it the same for everyone?

Looking at the experiences of FDSV across different population groups during the pandemic can help us understand who is most affected. While the impact of the pandemic is not yet fully understood, research in the early stages of the pandemic identified a number of population groups that may be at higher risk of experiencing FDSV during the pandemic.

In May 2020, the AIC published the results of an online survey of 9,300 women aged 18 and over who had been in a relationship in the 12 months prior to the survey (Boxall and Morgan 2021b). The study found several population groups had an increased likelihood of experiencing domestic violence in the 3 months prior to the survey. Select findings are summarised below:

	First Nations respondents were more likely than non-Indigenous respondents to experience physical/sexual violence (4 times as likely) and coercive control (5 times as likely)
	Women with a restrictive long-term health condition were more likely than women who did not have a health condition to experience physical/sexual violence (3 times as likely) and coercive control (3 times as likely)
	Women aged 18-24 years were more likely than women aged 55 years and over to experience physical/sexual violence (8 times as likely) and coercive control (6 times as likely)
	Pregnant women were more likely than other women to experience physical/sexual violence (3 times as likely) and coercive control (2.5 times as likely).

For more information on coercive control, see **Coercive control**.

Women with higher levels of financial stress were more likely to experience intimate partner violence

In February 2021, the AIC published the results of an online survey of more than 10,000 women aged 18 and over who had been in a relationship in the 12 months prior to the survey. The survey explored the relationship between economic insecurity and intimate partner violence (IPV) (Morgan and Boxall 2022).

The study identified that compared to women who reported low levels of financial stress, those women who reported high levels of financial stress were:

- 3 times as likely to experience physical violence
- 3 times as likely to experience sexual violence

- 2.6 times as likely to experience emotional abuse.

The study also found that compared to women who said their partner was the main income earner or they had comparable income, those women who were the main income earner were:

- 1.7 times as likely to experience physical violence
- 1.6 times as likely to experience sexual violence
- 1.5 times as likely to experience emotional abuse.

Related material

- Services responding to FDSV
- Helplines and related support services
- FDSV reported to police
- Health services
- Housing
- Child protection

More information

COVID-19

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Population groups

These topic pages explore the different experiences of FDSV for certain population groups. While this reporting provides useful high-level insights, it is based on a single characteristic and conceals diversity within the group. It is important to note that there are many factors that can combine to create a risk and experience of violence that is unique to each person (see the Factors associated with FDSV topic for more information).

- Aboriginal and Torres Strait Islander people
- Children and young people
- Young women
- Pregnant people
- Mothers and their children
- Older people
- People with disability
- LGBTIQA+ people
- People from culturally and linguistically diverse backgrounds
- Veteran families

Aboriginal and Torres Strait Islander people

Key findings

- 2 in 3 (67%) First Nations people aged 15 and over who had experienced physical harm in the last 12 months reported the perpetrator was an intimate partner or family member
- Almost 3 in 4 (74%) assault hospitalisations involving First Nations people were due to family violence

Aboriginal and Torres Strait Islander (First Nations) people are overrepresented as both victim-survivors and perpetrators of family and domestic violence (that is, violence that occurs within family or intimate relationships) (Cripps 2023). ‘Family violence’ is the preferred term for family and domestic violence within First Nations communities, as it covers the extended families, kinship networks and community relationships in which violence can occur (Cripps and Davis 2012). Family violence can lead to severe social, cultural, spiritual, physical and economic impacts for First Nations communities, especially for women and children (HRSCSPLA 2021).

The *National Plan to End Violence against Women and their Children 2022–2032* (The National Plan) has recognised First Nations people as a priority group in their efforts to address, prevent and respond to gender-based violence in Australia (DSS 2022). The National Plan supports measures designed to achieve Target 13 in the National Agreement on Closing the Gap, which is to reduce the rate of all forms of family violence against First Nations women and children by at least 50% by 2031, as progress towards zero (DSS 2022).

The Australian Government has released a dedicated action plan aimed at reducing the rate of First Nations child abuse and neglect and its intergenerational impacts, namely the *Safe and Supported: Aboriginal and Torres Strait Islander First Action Plan 2023–2026* (DSS 2023). The Government has also committed to developing a standalone First Nations National Plan for Family Safety in recognition of the disproportionately high rates of violence against First Nations women and children (NIAA 2023a).

This topic page focuses on the prevalence, nature, responses to, and outcomes of, family and sexual violence among First Nations people. For information on these issues for all people in Australia and other population groups, see relevant topic pages across this report.

Box 1: Indigenous identification in data collections

The Australian Government defines Aboriginal and Torres Strait Islander people as people who: are of Aboriginal or Torres Strait Islander descent; identify as being of Aboriginal or Torres Strait Islander origin; and are accepted as such in the communities in which they live or have lived. In most data collections, a person is considered to be First Nations if they identified themselves, or were identified by another household member, as being of Aboriginal or Torres Strait Islander origin.

The AIHW uses 'non-Indigenous Australians' when describing people who are not identified as being of Aboriginal or Torres Strait Islander origin, except where people whose Indigenous status is 'not stated' have been included with the non-Indigenous group. In this case, 'other Australians' will be used.

Capturing accurate data on First Nations people is essential for improving policy formulation, program development and service delivery. The Australian Government is working with First Nations organisations and people to improve the access, relevance and governance arrangements relating to First Nations data (NIAA 2023b).

What do we know?

Colonisation, which involved the removal from land and cultural dispossession has resulted in social, economic, physical, psychological and emotional problems for First Nations people across generations. Family violence against First Nations people must be understood as both a cause and effect of social disadvantage and intergenerational trauma (Closing the Gap Clearinghouse 2016).

Factors associated with family violence

There are many factors that may contribute to the risk and experience of family violence. They can include gendered drivers of violence (such as rigid gender norms), demographic factors (such as age and socioeconomic background), mental health history, incarceration, alcohol and other drug use, and access to support (DSS 2022; WHO 2010). Meanwhile, factors such as cultural identity, family and kinship, country and caring for country, knowledge and beliefs, language and self-determination are protective towards First Nations people's health and wellbeing (AIHW 2023a).

First Nations people can face unique risk factors that contribute to their high levels of family violence, with the main underlying drivers intersecting and cumulative.

See also **Factors associated with FDSV**.

Ongoing impacts of colonisation

The ongoing impacts of colonisation for First Nations people include personal, collective and intergenerational trauma, individual and systemic racism and oppression, and the disruption of traditional cultures, relationships and community norms about violence. For non-Indigenous Australians, the history of dispossession has contributed to

racialised structural inequalities of power and the normalisation and perpetration of racist social norms and practices. These risk factors can contribute to and be exacerbated by socioeconomic disadvantage, poor physical and mental health, and destructive coping behaviours among First Nations people (Our Watch 2018; Cripps and Davis 2012; DSS 2022; Langton et al. 2020).

Gendered factors

The gendered drivers of violence against First Nations women include the intersection of racism and sexism, and the impacts of colonial patriarchy on gender roles, and interpretation of what constitutes violence against women that can differ from western norms (Our Watch 2018; Langton et al. 2020).

Barriers to reporting or seeking assistance for family violence

Estimates suggest that around 90% of violence against First Nations women and most cases of sexual abuse of First Nations children are undisclosed (Willis 2011). First Nations people can face a range of barriers to reporting violence and accessing formal support, including:

- a lack of understanding of legal rights and options and how to access support
- a lack of cultural competency and discriminatory practices across the support sector
- a lack of awareness and knowledge in what constitutes violence
- a lack of access to transportation and/or communication channels, especially for those living in rural and remote areas
- fear of child removal if disclosing family violence
- fear that parental separation will threaten cultural connection and community cohesion
- fear of reprisal by perpetrator or 'payback' – a form of First Nations customary law aimed at resolving grievances that could lead to violent retribution against the victim-survivor
- fear of losing their home in social or community-controlled housing settings
- fear of not being believed and misidentification of victim-survivors as perpetrators due to defensive violence
- mistrust of mainstream legal and support services to understand and respect the needs, autonomy and wishes of victim-survivors
- mistrust of First Nations-run service providers to maintain client confidentiality
- community pressure not to report violence to avoid increased incarceration of First Nations men
- communication barriers
- racism and discrimination

- poverty and social isolation
- shame and embarrassment
- belief that they should seek support from kin or people within their inner circle, and/or that the incident is a private matter (Fiolet et al. 2019; Backhouse and Toivonen 2018; Willis 2011; Langton et al. 2020).

Other than kin and people within the victim-survivor's inner circle, community-led informal support that prioritise cultural healing also play an important role in First Nations family violence response. Cultural healing processes acknowledge culture as a key protective factor for First Nations people's health and wellbeing (Backhouse and Toivonen 2018; AIHW 2023a). For example, the cultural practices of storytelling and 'Dadirri' ('deep listening') allow victim-survivors to share their stories in a culturally safe setting, while others are encouraged to listen deeply by connecting with their story, reflecting on silence, understanding their pain and respecting their strength (Cripps 2023).

See also **How do people respond to FDSV?**.

What data are available?

Data about the prevalence of family violence among First Nations people come from national surveys and administrative datasets. Some administrative data are available to report on the responses to and impacts of family violence.

The current leading source of data for First Nations people is the National Aboriginal and Torres Strait Islander Social Survey. However, as the survey is designed to collect data on a broad range of topics, it is unable to produce the breadth of data on family violence available in the Australian Bureau of Statistics (ABS) Personal Safety Survey. Information on Indigenous status is not collected in the ABS Personal Safety Survey.

The terminology used for First Nations people in this topic page can vary depending on what is used within the data source.

Box 2: Collecting family violence data for First Nations children

It is difficult to obtain robust data on experiences of family violence for First Nations children. Due to the sensitive nature of the subject, most large-scale population surveys focus on adults.

The Australian Child Maltreatment Study (ACMS) was a cross-sectional survey on the experience of child maltreatment conducted in 2021. While the ACMS did not exclude First Nations people, it was determined that it was not ethically or methodologically appropriate to disaggregate data by Indigenous status for the survey (Haslam et al. 2023).

As part of the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*, the Australian Government has committed to conducting a second wave of the ACMS. This will include specific methods to capture representative data for First Nations people, with a

focus on ages 16–24 to produce estimates for recent (past 12 months) child maltreatment (National Office for Child Safety 2021).

Data sources for measuring family violence among First Nations people

- Aboriginal Families Study
- ABS Criminal Courts
- ABS National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)
- ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS)
- ABS Recorded Crime, Offenders
- ABS Recorded Crime, Victims
- AIC National Homicide Monitoring Program
- AIHW National Hospital Morbidity Database
- AIHW Specialist Homelessness Services (SHS) Collection
- ANROWS Technology-facilitated Abuse study
- Child Protection National Minimum Data Set
- Longitudinal Study of Indigenous Children (LSIC)
- Suicides of Aboriginal and Torres Strait Islander people in Victoria

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

What do the data tell us?

Physical assault by a family member

2 in 3

First Nations people aged 15 and over in 2018-19 who had experienced physical harm in the last 12 months reported the perpetrator was an intimate partner or family member

The latest National Aboriginal and Torres Strait Islander Health Survey (NATSIHS, 2018–19) showed that 2 in 3 (67% or 20,800) First Nations people aged 15 and over who had experienced physical harm in the 12 months before the survey reported the perpetrator was a family member (a former or current intimate partner or other family member) (ABS 2019a).

Box 3: Family violence data in ABS Recorded Crime collections

ABS Recorded Crime collections are based on crimes recorded by police in each state and territory and published according to the Australian and New Zealand Standard Offence Classification (ANZSOC). Only a select set of crimes are considered for inclusion in the ABS family violence data in the Recorded Crime collections, with individual incidents only included in family violence collections when:

- the relationship of offender to victim falls within a specified family or domestic relationship (spouse or domestic partner, parent, child, sibling, boyfriend/girlfriend or other family member to the offender) and/or
- a family and domestic violence flag has been recorded, following a police investigation and does not contradict any recorded detailed relationship of offender to victim information (see **Data sources and technical notes**).

The ABS Recorded Crime collections refer to these crimes as “family and domestic violence-related”, while this topic page refers to these crimes as perpetrated “by a family member”.

Recorded Crime – Victims data included in this topic page are only available for New South Wales, South Australia, the Northern Territory, and sometimes Queensland; while Recorded Crime – Offenders data included are available for the four jurisdictions as well as the Australian Capital Territory. As of 30 June 2021, the proportion of First Nations people living in these jurisdictions include:

- 4.2% (or 340,000) in New South Wales
- 2.9% (or 52,100) in South Australia
- 31% (or 76,500) in the Northern Territory
- 5.2% (or 273,000) in Queensland
- 2.1% (9,500) in the Australian Capital Territory (ABS 2023b).

Across jurisdictions with published data (New South Wales, South Australia and the Northern Territory) in 2022, police-recorded crime data indicated that the First Nations victimisation rate of assault by a family member was:

- 1,700 per 100,000 (or 5,100) First Nations people in New South Wales
- 4,800 per 100,000 (or 2,300) First Nations people in South Australia
- 7,700 per 100,000 (or 6,100) First Nations people in the Northern Territory (ABS 2023c) (Figure 1).

Figure 1: First Nations victims of crimes perpetrated by a family member, for selected states and territories, 2014–2022

Police-recorded sexual assault

Across jurisdictions with published police-recorded crime data (New South Wales, Queensland, South Australia, and the Northern Territory) in 2022, the victimisation rate of sexual assault ranged from 209 per 100,000 (or 100) First Nations people in South Australia to 375 per 100,000 (or 1,100) First Nations people in New South Wales (ABS 2023c).

Between 2010 and 2022, First Nations victimisation rates for sexual assault varied between states and territories and over time (Figure 2; ABS 2023c).

Figure 2: First Nations victims of sexual assault, for selected states and territories, 2010–2022

Source: ABS Recorded Crime – Victims.

For sexual assault by a family member, the victimisation rate ranged from 89 per 100,000 (or 70) First Nations people in the Northern Territory to 156 per 100,000 (465) First Nations people in New South Wales. Between 2014 and 2022, these rates varied between states and territories and over time. Since 2018, the First Nations victimisation rate for sexual assault by a family member was lowest for the Northern Territory, compared with New South Wales, Queensland and South Australia (Figure 1) (ABS 2023c).

The use of technology

Increasingly, mobile and digital technologies are utilised by perpetrators to facilitate family violence. When interpersonal harms are conducted via technology, such as online harassment, image-based abuse and monitoring behaviours, they are considered technology-facilitated abuse (TFA).

Data on the prevalence of TFA among First Nations people are available from a nationally representative survey of about 4,600 adults in 2022. The survey used random probability-based sampling methods and weighting to allow results to be generalisable

to the adult population in Australia (Powell et al. 2022). The survey found that among First Nations respondents:

- 7 in 10 (70%) reported experiencing TFA at least once in their lifetime, compared with 1 in 2 (51%) for all respondents
- 2 in 5 (42%) reported having engaged in TFA perpetration in their lifetime, compared with about 1 in 4 (23%) for all respondents (Powell et al. 2022).

For more information on TFA, see **Stalking and surveillance**.

What are the responses to family violence?

Responses to family violence include a mix of informal responses (such as contact with friends and family) and formal responses (such as assistance from police, legal services, specialist crisis services, child protection services or health professionals). This section focuses on formal responses due to data availability. For more information on responses to family violence for the general population, see **How do people respond to FDSV?**.

Despite the lack of data on the effectiveness of First Nations-specific family violence responses, existing research have identified effective specialist family violence responses should include:

- community involvement, engagement and acceptance
- cultural competency
- integrated service delivery
- planning for long-term sustainability
- holistic, flexible and trauma-informed approaches
- building on existing culturally appropriate initiatives and community capabilities (Closing the Gap Clearinghouse 2016; SNAICC et al. 2017).

Police

The ABS collates national statistics on crimes recorded by the police relating to victims and offenders of family violence (see Box 3 and **Data sources and technical notes** 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 for a range of reasons, see **Barriers to reporting or seeking assistance for family violence**. The fear of the consequences of seeking help from police was highlighted in the Parliamentary Inquiry into family, domestic and sexual violence, as it is known that some First Nations victim-survivors were previously criminalised due to misidentification as perpetrators or unrelated offences (such as unpaid fines) when police attended the family violence situation (HRSCSPLA 2021).

A large proportion of assault victims are victims of family violence

Across jurisdictions with published data (New South Wales, South Australia and the Northern Territory) in 2022, the ABS Recorded Crime – Victims data collection found that First Nations assault victims:

- were commonly victims of family violence-related assault (54–70%), and
- most commonly identified perpetrators of the assault as partners or ex-partners (32–52%) (ABS 2023c).

Sexual assault victims are most likely to be female and under 18 years old

Most First Nations victims of sexual assault were female (70–93%) in 2022

Across jurisdictions with published data (New South Wales, Queensland, South Australia, and the Northern Territory) in 2022, First Nations victims of sexual assault were predominantly female, ranging from 70% in New South Wales to 93% in South Australia (ABS 2023c).

Except for South Australia, the rate of sexual assault was higher for First Nations people aged under 18 than those aged 18 and over (based on age at report), ranging from 1.3 times as high in the Northern Territory to 1.8 times as high in Queensland. This is consistent with the pattern for all people in Australia, but with higher rate ratios, where the rate of sexual assault was 1.6 to 3.6 times as high for people aged under 18 than those aged 18 and over (based on age at report) (ABS 2023c).

Perpetrators of family violence are most likely to be male

The ABS Recorded Crime – Offenders 2022–23 data collection also contains information about people committing offences related to family violence. Data for First Nations offenders are available for New South Wales, Queensland, South Australia, the Northern Territory and the Australian Capital Territory only. First Nations offender rates are expressed per 100,000 of the population aged 10 years and over (for more information on this collection, see **Data sources and technical notes**.

The offender rate for offences related to family violence was higher for First Nations males than females, ranging from 2.7 times higher in New South Wales to 4.1 times higher in the Australian Capital Territory (Figure 3; ABS 2024).

The Indigenous status of perpetrators of violence against First Nations women is not available for reporting. Note that such violence is perpetrated by men of all cultural backgrounds, not just First Nations men (Our Watch 2018).

Figure 3: First Nations offenders of family violence, for selected state and territories, by sex, 2022–23

Source: ABS Recorded Crime – Offenders.

Perpetrators of sexual assault are usually known to the victim

First Nations victims of sexual assault are likely to know the perpetrator. The proportion of First Nations victims who knew their perpetrators ranged from 57% in the Northern Territory to 88% in New South Wales in 2022 (ABS 2023c).

Legal

Family and domestic violence protection orders

A common legal response to family violence in Australia is to obtain a personal safety intervention order (PSIO) or family and domestic violence protection order (DVO). First Nations people are over-represented within the DVO system as both applicants and respondents (see Box 4).

Box 4: Impacts of the domestic violence protection order system and the criminal justice system on First Nations people

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-survivor. It is a criminal offence to breach a DVO. 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 Aboriginal and Torres Strait Islander 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 First Nations people. First Nations women were slightly more likely to be named as perpetrators than non-Indigenous women (23% of First Nations perpetrators and 20% of non-Indigenous perpetrators).

DVOs taken out against First Nations 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 First Nations, 90% were initiated by the police. In 2013–14, about 6,900 people were defendants facing criminal charges for contravening a DVO in Queensland, of whom 1 in 3 (34%) identified as First Nations people. The proportion of defendants found guilty was similar for First Nations defendants (89%) and all defendants (88%). However, a higher proportion of First Nations defendants received a custodial order (43%), compared with all defendants (27%).

For more information on DVOs, see **Legal systems**.

Source: Douglas & Fitzgerald 2018.

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

Data from the ABS Criminal Courts, Australia, 2021–22 data set are available for First Nations defendants who had one or more family violence cases finalised in criminal courts in New South Wales, Queensland, South Australia, Tasmania, the Northern Territory and the Australian Capital Territory. Finalised defendants include all individuals for whom charges have been formally completed by a court. These defendants may be acquitted, found guilty, or had their cases withdrawn or transferred. To avoid double counting of defendants who were transferred and subsequently finalised by another method, transfers are excluded in the calculation of proportions (ABS 2023a).

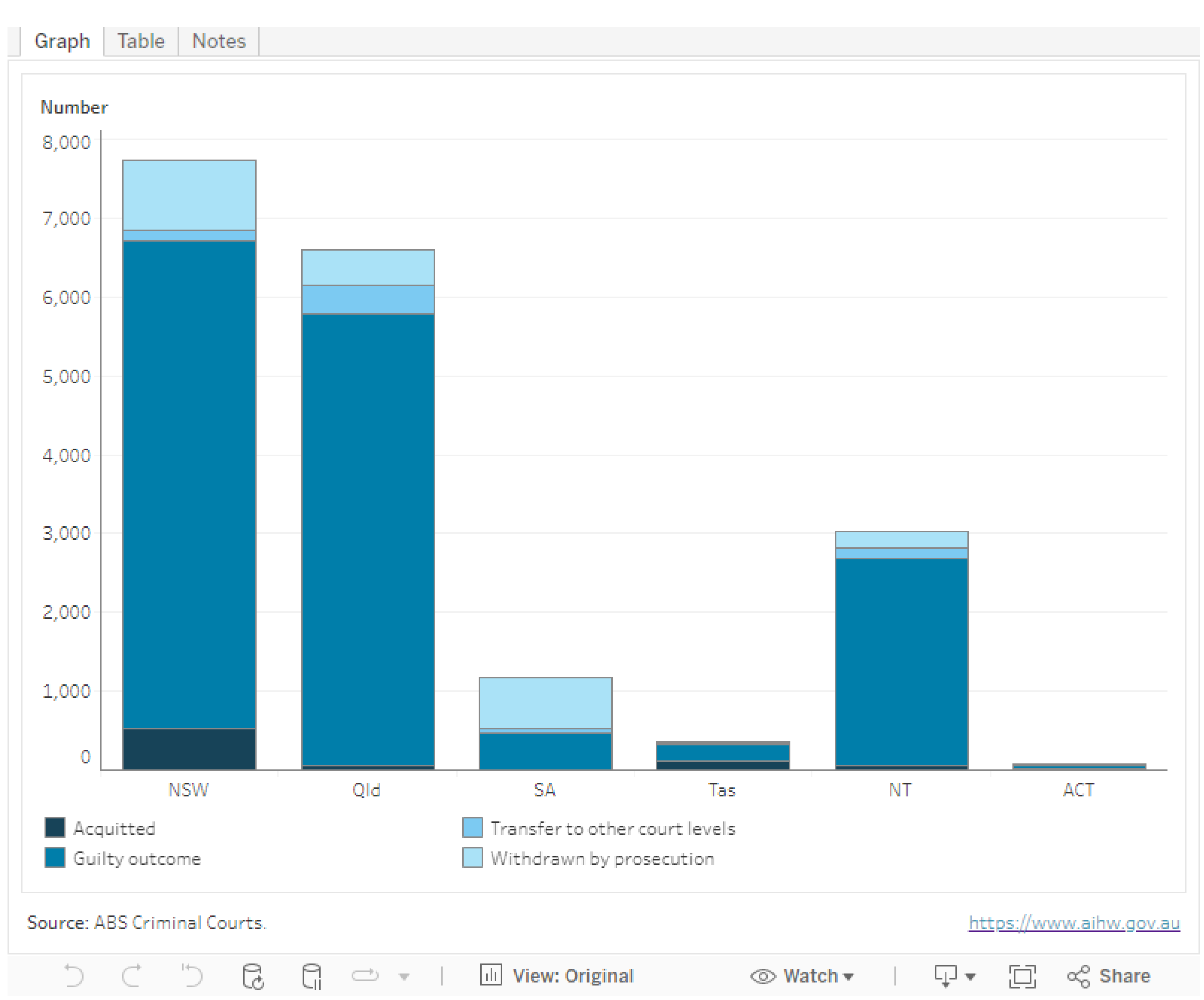
The proportion of First Nations defendants who were found guilty were:

- 92% (5,700) in Queensland
- 91% (2,600) in the Northern Territory
- 81% (6,200 defendants) in New South Wales
- 76% (59 defendants) in the Australian Capital Territory
- 66% (230 defendants) in Tasmania

- 42% (470 defendants) in South Australia (Figure 4) (ABS 2023a).

The proportion of First Nations defendants who were found guilty was similar to the proportion for other Australian defendants (that is, non-Indigenous defendants, including people whose Indigenous status was not stated for the ACT) who were found guilty. This ranged from 40% in South Australia to 89% in Queensland (ABS 2023a).

Figure 4: First Nations defendants of family violence offences finalised in criminal courts, by method of finalisation, for selected states and territories, 2021–22



Acts intended to cause injury is the most common principal offence among First Nations family violence defendants

Acts intended to cause injury are acts intended to cause non-fatal physical injury or mental harm to another person and where there is no sexual or acquisitive element. This includes behaviours such as physical assault and stalking (ABS 2011).

Across jurisdictions with published data, the most common principal family violence offence among First Nations defendants was acts intended to cause injury in 2021–22, ranging from 50% in Tasmania to 73% of all family violence offences in South Australia. The exception was Queensland, where 2 in 3 (67%) First Nations family violence defendants finalised had a principal offence of breach of violence orders (ABS 2023a).

Hospitalisations

Data on hospitalisations for injury from assault come from the AIHW National Hospital Morbidity Database. In 2021–22, there were about 3,100 hospitalisations for injuries related to family violence involving First Nations people (2,400 females and 740 males) (AIHW 2023b) (Figure 5).

As information on cause of injury (such as assault) is not available in national emergency department data, family violence hospitalisations do not include presentations to emergency departments and underestimate overall hospital activity related to family violence. These hospitalisations also relate to more severe (and mostly physical) experiences of family violence (AIHW 2022c). See **Health services** for more information on how family violence hospitalisations are measured.

Figure 5: Family violence hospitalisations among First Nations people, by sex, 2017–18 to 2021–22

Most hospitalisations for assault are a result of family violence

Almost 3 in 4 (74%) assault hospitalisations involving First Nations people in 2021–22 were due to family violence

In cases where a perpetrator was specified, almost 3 in 4 (74%, or 3,100) assault hospitalisations involving First Nations people were due to family violence in 2021–22. Specifically, 47% were due to assault by a spouse or domestic partner, 2.8% by a parent and 24% by another family member (AIHW 2023b).

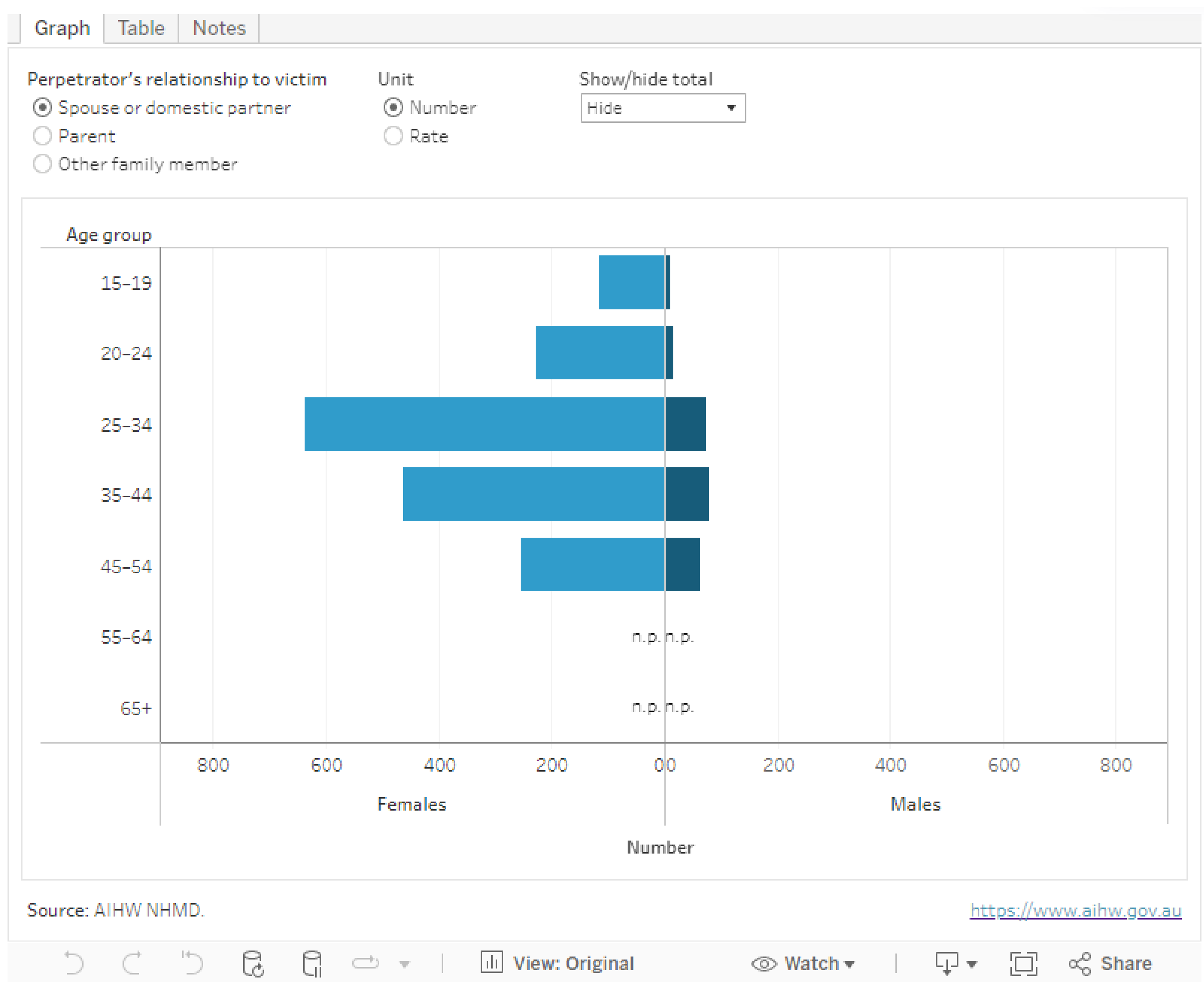
First Nations people aged 25–34 were most likely to be hospitalised for assault by their spouse or domestic partner (53%) or another family member (21%). Meanwhile, First Nations children aged 0–14 were most likely to be hospitalised for assault by a parent (46%) (AIHW 2023b).

For First Nations women aged 15 and over, a spouse or domestic partner was most commonly reported (62%, or 1,700) as the perpetrator for hospitalisations due to assault

among all cases where a perpetrator was specified. The hospitalisation rate due to assault by a spouse or domestic partner was highest for women aged 35–44 (977 per 100,000 hospitalisations) (AIHW 2023b).

For First Nations men aged 15 and over, a family member other than a spouse, domestic partner or parent was most commonly reported (30%, or 405 cases) as the perpetrator for hospitalisations due to assault. The hospitalisation rate due to assault by another family member (226 per 100,000 hospitalisations) was highest for men aged 35–44 (Figure 6) (AIHW 2023b).

Figure 6: Family violence hospitalisations among First Nations people, by relationship to perpetrator, 2020–21 to 2021–22



Most family violence involves bodily force

Among First Nations males and females aged 15 years and over hospitalised for family violence-related injuries in 2021-22:

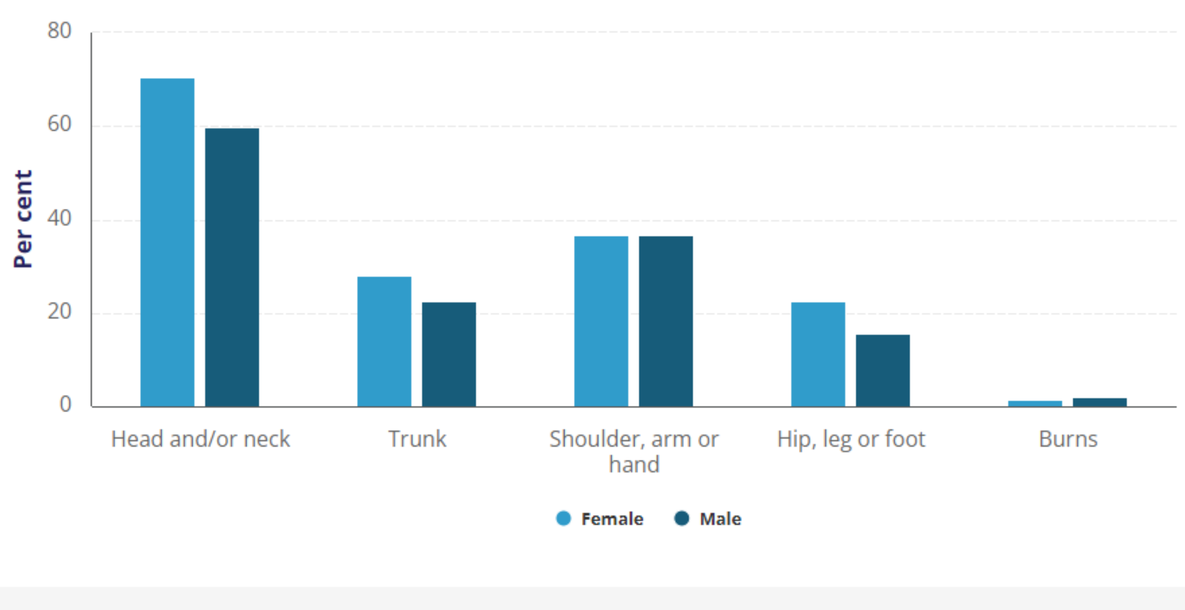
- about 56% (1,300) of females and 42% (290) of males were assaulted by bodily force (excluding sexual assault by bodily force)

- almost one-third (32%) of females were assaulted with an object: 22% (510) with a blunt object and 10% (250) with a sharp object
- more than half (52%) of males were assaulted with an object: 27% (185) with a sharp object and 25% (170) with a blunt object
- hanging, strangulation and suffocation was specified as the cause of injuries for 91 (3.8%) females (AIHW 2023b).

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

Among hospitalisations of First Nations people for assault-related injuries perpetrated by a family member, 70% (1,700) females and 60% (415) males experienced injuries to the head or neck in 2021–22. This included 235 females and 66 males hospitalised for brain injury (Figure 7) (AIHW 2023b).

Figure 7: Family violence hospitalisations among First Nations people, by type of injury and sex, 2021–22



Source: AIHW NHMD | **Data source overview**

First Nations people living in *Remote and very remote* areas are more likely to be hospitalised due to family violence

In *Remote and very remote areas* in 2021–22, the hospitalisation rate for family violence was:

- about 2,500 per 100,000 (or 1,400) for First Nations females aged 15 and over, compared with 405 per 100,000 (or 520) for those living in *Inner and outer regional* areas and 330 per 100,000 (or 385) in *Major cities*

- 780 per 100,000 (or 420) for First Nations males aged 15 and over, compared with 135 per 100,000 (or 170) for those living in *Inner and outer regional* areas and 83 per 100,000 (or 93) in *Major cities* (AIHW 2023b).

First Nations people are more likely to be hospitalised for family violence than non-Indigenous Australians

Among those aged 15 and over, First Nations people were 31 times as likely to be hospitalised for family violence as non-Indigenous Australians.

In 2021–22, the age-standardised hospitalisation rate for family violence for First Nations people aged 15 and over (500 per 100,000) was 31 times the rate for non-Indigenous Australians (16 per 100,000). First Nations females aged 15 and over were 33 times as likely to be hospitalised for injuries from family violence as non-Indigenous females, with 760 per 100,000 (2,400) First Nations females hospitalised, compared with 23 per 100,000 (2,200) non-Indigenous females. The age-standardised hospitalisation rate for family violence-related injuries for First Nations males was 27 times as high as for non-Indigenous males, with 240 per 100,000 (690) First Nations males hospitalised, compared with 8.9 per 100,000 (870) non-Indigenous males (AIHW 2023b).

Specialist homelessness services

Specialist homelessness services (SHS) provide assistance to people who are experiencing or at risk of homelessness, including clients who have experienced family violence. Data on people seeking support from SHS agencies are drawn from the AIHW Specialist Homelessness Services Collection (SHSC). The SHSC reports on clients experiencing family violence of any age, including both victim-survivor and perpetrator services provided. The AIHW Specialist homelessness services annual report includes additional details on **Clients who have experienced family and domestic violence**.

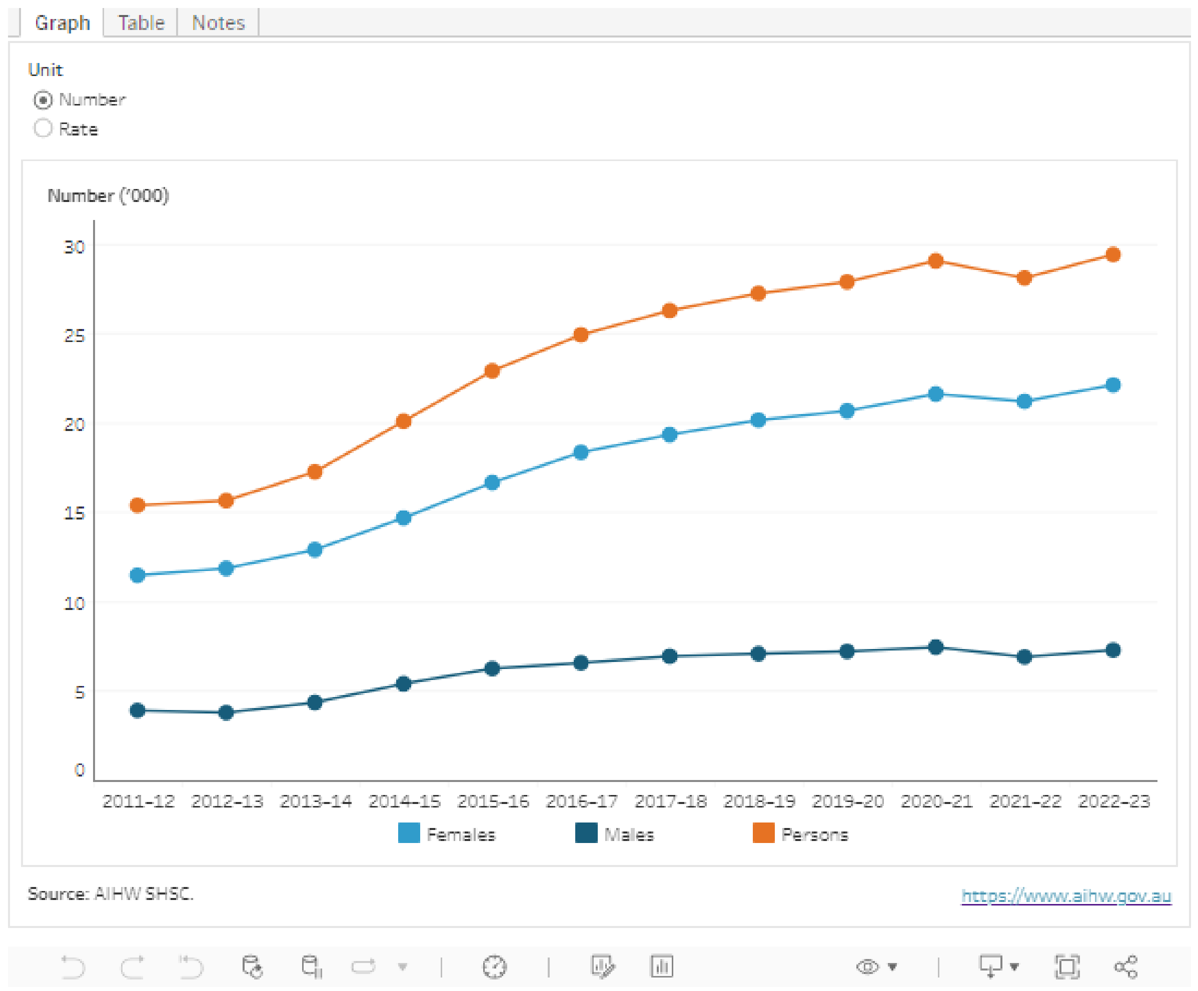
Family violence is one of the main reasons First Nations clients seek assistance

Of the 259,000 clients who accessed SHS in 2022–23 and whose Indigenous status was known, about 74,700 (29%) were First Nations people. Of these First Nations clients:

- 24% (17,800) cited family violence as their main reason for seeking assistance
- 26% (19,400) requested assistance for family violence (AIHW 2023d).

Between 2011–12 and 2022–23, the rate of First Nations SHS clients who have experienced family violence was higher for females than males. The rate has increased over time from 214 per 10,000 people in 2011–12 to 328 per 10,000 people in 2022–23 (Figure 8). Changes in the number of First Nations clients over time may reflect improved Indigenous status data among people receiving SHS support (AIHW 2024).

Figure 8: First Nations specialist homelessness services clients who have experienced family violence, by sex, 2011–12 to 2022–23



In 2022–23, the rate of First Nations SHS clients who have experienced family violence was highest for females aged 35–44 (802 per 10,000 people) across all age groups. Among First Nations male SHS clients, those aged 0–9 had the highest rate (392 per 10,000 people) (Figure 9; AIHW 2024).

Figure 9: First Nations specialist homelessness services clients who have experienced family violence, by age group, 2022–23

Source: AIHW SHSC.

For more information on family violence among SHS clients, see **Housing**.

Child protection

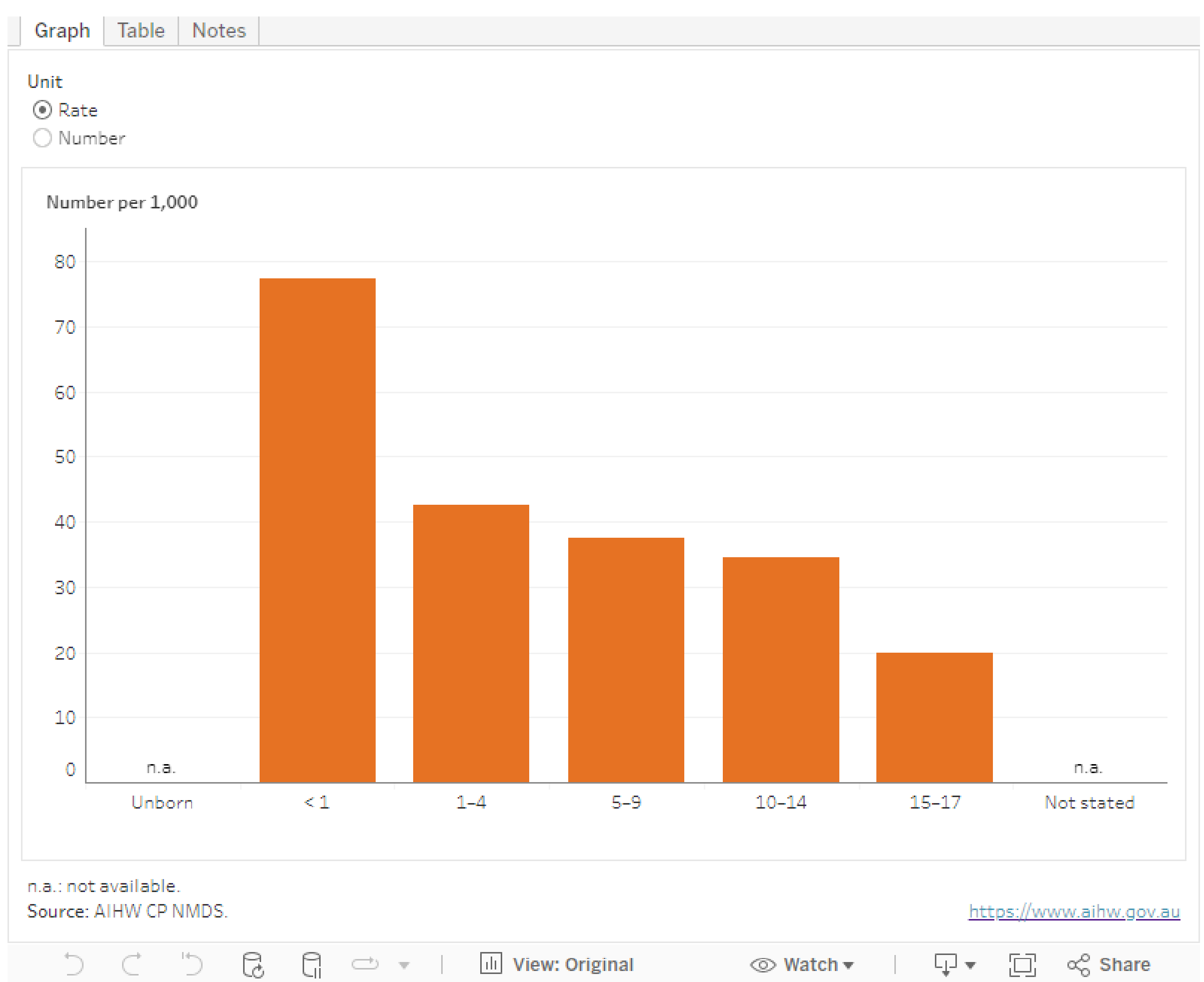
First Nations children are particularly at risk of experiencing the direct and indirect impacts of family violence, which contributes to the over-representation of First Nations children in Australia's child protection system (SNAICC et al. 2017). First Nations children and young people may face additional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

In 2021–22, almost 58,000 (170 per 1,000) First Nations children came into contact with the child protection system. This rate has increased over time from 155 per 1,000 in 2018–19. First Nations infants aged less than one (200 per 1,000) were most likely to come into contact with the child protection system, and adolescents aged 15–17 were the least likely (135 per 1,000) (AIHW 2023c).

Of the 45,500 children who were the subjects of substantiations of maltreatment in 2021–22, 13,600 were First Nations children (40 per 1,000) and 30,500 were non-

Indigenous children (5.7 per 1,000) (Figure 10). Emotional abuse was the most common primary type of abuse substantiated for First Nations children (50%), followed by neglect (30%), physical abuse (13%) and sexual abuse (6.8%) (AIHW 2023c).

Figure 10: First Nations children who were the subject of substantiations, by selected characteristics, 2018–19 to 2021–22



The higher rate of First Nations children in child protection substantiations is complex, and may have been affected by:

- the legacy of past policies of forced removal
- intergenerational effects of previous separations from family and culture
- a higher likelihood of living in the lowest socioeconomic areas
- perceptions arising from cultural differences in child-rearing practices (HREOC 1997).

At 30 June 2022, around 2 in 5 children on care and protection orders or in out-of-home care were First Nations people (40% or 24,600 children and 43% or 19,400 children, respectively) (AIHW 2023c).

See **Child protection** for more information.

What are the impacts and outcomes of family violence?

Family violence has been associated with 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). See **Health outcomes**, **Behavioural outcomes** and **Economic and financial impacts** for more information.

There are limited national longitudinal data on the impacts and outcomes of family violence in First Nations communities, particularly for children.

Burden of disease

Burden of disease measures the impact of living with illness and injury and dying prematurely. According to the First Nations component of the 2018 Australian Burden of Disease Study (ABDS, see Box 5), child abuse and neglect contributed to 5.1% of the total disease burden and around 80 deaths for First Nations people. Among First Nations women, intimate partner violence (IPV) contributed to 2.1% of the total disease burden and around 30 deaths (AIHW 2022a).

Box 5: Australian Burden of Disease Study

The Australian Burden of Disease Study (ABDS) 2018 estimated the impact of various diseases, injuries and risk factors on total burden of disease for the Australian and First Nations population. It combines health loss from living with illness and injury (non-fatal burden, or YLD) and dying prematurely (fatal burden, or YLL) to estimate total health loss (total burden, or DALY) (see **Glossary**).

The ABDS includes estimates of the contribution made by selected risk factors on the disease burden in Australia, including intimate partner violence (IPV) and child abuse and neglect. The disease burden due to IPV is currently only available for females, as there is not sufficient published research indicating a causal link between disease burden and the risk of IPV for males.

Source: AIHW 2021

For more information on how burden of disease is determined, see Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018, Summary.

Diseases that were causally linked to IPV

The ABDS 2018 estimated the amount of disease burden that could have been avoided if all First Nations women aged 15 and over in Australia were not exposed to IPV. In estimating this burden, 6 diseases were causally linked to exposure to IPV in females:

- depressive disorders (contributing to 20% of depressive disorders total burden in females)
- anxiety disorders (26%)
- early pregnancy loss (28%)
- homicide and violence (injuries due to violence) (62%)
- suicide and self-inflicted injuries (32%)
- alcohol use (10%) (AIHW 2022a).

The burden attributable to IPV for First Nations women (age-standardised DALY rate of 14 per 1,000 people) was 6.1 times the rate for non-Indigenous women (age-standardised DALY rate of 2.3 per 1,000 people). IPV contributed to 5.8% of the total health gap (as measured by the DALY rate difference between First Nations and non-Indigenous women) (AIHW 2022a).

Diseases that were causally linked to child abuse and neglect

Child abuse and neglect among First Nations people was causally linked to:

- anxiety disorders (contributing to 35% of anxiety disorders burden)
- depressive disorders (31%)
- suicide and self-inflicted injuries (41%) (AIHW 2022a).

The burden attributable to child abuse and neglect for First Nations people (age-standardised DALY rate of 16 per 1,000 people) was 3.9 times the rate for non-Indigenous people (age-standardised DALY rate of 4.0 per 1,000 people). Child abuse and neglect contributed to 5.2% of the total health gap (as measured by the DALY rate difference between First Nations and non-Indigenous people) (AIHW 2022a).

Family violence is associated with high psychological distress in First Nations mothers

The Aboriginal Families Study (see Box 6) identified high rates of social health issues affecting Aboriginal women and families in South Australia during pregnancy, and high levels of associated psychological distress after the birth of their babies. One in 4 Aboriginal women (25%, or 83) reported high to very high psychological distress after the birth of their baby, which is higher than estimates of maternal psychological distress among the general population (Weetra et al. 2016).

More than 1 in 2 (56%) Aboriginal 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 Aboriginal women reported experiences of family or community conflict during pregnancy:

- 1 in 3 (30%, or 100) had been scared by other people’s behaviour
- 1 in 4 (26%, or 90) had left home due to a family argument
- 1 in 6 (16%, or 53) had been physically assaulted (Weetra et al. 2016).

The average age of participating mothers in the study was 25, with an age range of 15–43 (Weetra et al. 2016). First Nations mothers are, on average, younger than non-Indigenous mothers. Of all the mothers who gave birth in 2021, the average maternal age for First Nations mothers was about 27 years, compared with about 31 years for non-Indigenous mothers. A higher proportion of First Nations mothers were teenagers (10%), compared with 1.1% of non-Indigenous mothers (AIHW 2022b).

Box 6: The Aboriginal Families Study

The Aboriginal Families Study investigates the health and wellbeing of 344 Aboriginal children born between July 2011 to June 2013 and their mothers living in South Australia. It is being conducted as a partnership between the Murdoch Children's Research Institute, the Aboriginal Health Council of South Australia and the South Australian Health and Medical Research Institute. An Aboriginal Advisory Group has been guiding the development and conduct of the study. The study is expected to be completed in December 2023.

As part of the study, the mothers completed a questionnaire in the first year after the birth of their children about experiences of family and community violence during pregnancy. 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. They completed a follow-up questionnaire focused on experiences of intimate partner violence when the children were aged 5–8 years, which were measured using a culturally adapted version of the Composite Abuse Scale.

For more information on the experiences of mothers and children, see **Mothers and their children**.

Source: ANROWS 2023; Weetra et al. 2016.

Preliminary findings from the follow-up questionnaire (based on 170 of the women) found that about 2 in 5 (37%) had experienced any violence from a current or former partner in the previous 12 months (partner violence):

- 1 in 3 (30%) had experienced psychological violence
- 1 in 4 (25%) had experienced physical violence
- about 1 in 4 (26%) had experienced financial abuse
- about 1 in 5 (19%) had experienced all three types of partner violence (Brown et al. 2021).

A higher proportion of women who were single (59%) reported partner violence compared with women who were living with a partner (20%) (Brown et al. 2021).

Witnessing family conflict is associated with social and emotional difficulties among First Nations children

The Longitudinal Study of Indigenous Children (LSIC) is a study among First Nations children of how a child's early years affect their development. The study has interviewed

participating families every year since 2008 and includes a sizeable population of First Nations children and their families across Australia; however, it is not based on a representative sample (DSS 2020). The primary carers were asked about their relationship with their partners in Wave 3 (2010) and again in Wave 6 (2013) (Kneebone 2015).

Among the surveyed families of between 1,200 and 1,700 First Nations children, 1 in 5 (20%) reported that their children had been upset by family arguments in the last year, with this proportion consistent over time. These children were significantly more likely to experience social and emotional difficulties (as measured by a Strengths and Difficulties Questionnaire), compared with children whose parents did not report them being upset by family arguments (Kneebone 2015).

Children whose parents have had violent arguments were also more likely to experience social and emotional difficulties compared with those whose parents did not report violent arguments; however, the difference was only statistically significant in Wave 3 (Kneebone 2015).

More First Nations women are killed by partners than First Nations men

The National Homicide Monitoring Program recorded 21 First Nations victims of domestic homicide in 2022–23. There were:

- 6 victims killed by an intimate partner
- 7 victims killed by a parent
- 1 victim killed by a child
- 3 victims killed by a sibling
- 4 victims killed by other relatives (Miles and Bricknell 2024).

Over half (56%) of First Nations female victims of domestic homicide were killed by an intimate partner. Meanwhile, 1 in 12 (8.3%) First Nations male victims of domestic homicide were killed by an intimate partner. First Nations male victims of domestic homicide were more commonly killed by parents (42%) (Miles and Bricknell 2024; Figure 11). These data should be interpreted with caution due to small numbers.

Figure 11: First Nations domestic homicide victims, by type of homicide and sex of victim, 2022–23

Source: AIC NHMP | Data source overview

Data used by the Australian Domestic and Family Violence Death Review Network, which only includes intimate partner homicides that had a history of violence between the offender and victim, indicate that:

- of the 240 female victims of homicide by a male intimate partner, 1 in 4 (25%) were First Nations women
- of the 65 male victims of homicide by a female intimate partner, 2 in 5 (40%) were First Nations men (ADFVDRN and ANROWS 2022).

For more information, see **Domestic homicide**.

Across jurisdictions with published data (New South Wales, Queensland, South Australia and the Northern Territory) in 2022, police-recorded crime data indicated that the victimisation rate of homicide by a family member was:

- 1.0 per 100,000 First Nations people in New South Wales
- 1.6 per 100,000 First Nations people in Queensland
- 6.3 per 100,000 First Nations people in South Australia
- 10 per 100,000 First Nations people in the Northern Territory (ABS 2023c; Figure 1).

Family violence is a risk factor for suicide

Violent behaviour is a risk factor for suicide, regardless of the presence of other mental health conditions or substance use (Cripps 2023). The Coroners Court of Victoria identified experience of abuse (85%), conflicts with family members (55%), conflicts with

a partner (49%) and experiences of family violence with a partner (49%) as some of the major interpersonal and contextual stressors among First Nations people who died by suicide from 2018 to 2021. The court also found that 1 in 3 (34%) First Nations people who died by suicide had a childhood history of exposure to family violence, including witnessing and/or experiencing family violence during childhood (Coroners Court of Victoria 2023).

Is it the same for everyone?

The risk and experience of family violence among First Nations people can vary. Different aspects of a person's identity (such as gender, socioeconomic status and disability) can expose the individual to overlapping and/or increased sources of discrimination and marginalisation, which can lead to increased risk and severity of family violence (Victoria State Government 2019).

Although national data on the experiences of family violence among First Nations people who also belong to other population groups are limited, some data are available for First Nations people with disability and lesbian, gay, bisexual, transgender, intersex, queer, Sistergirl or Brotherboy (LGBTIQASB+) First Nations people.

See **Factors associated with FDSV** for more information on intersecting risk factors associated with family violence.

First Nations people with disability

First Nations people are more likely to have disability than non-Indigenous Australians. Almost 1 in 4 (24%, or 140,000) First Nations people living in households (excluding those in very remote areas and discrete First Nations communities) reported having disability in 2018, compared with 18% in the total population (ABS 2019b, 2021).

The latest National Aboriginal and Torres Strait Islander Social Survey (NATSISS, 2014–15) showed that First Nations people who reported experiencing physical violence by a family member in the past 12 months were more likely to have disability. Among First Nations people 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 a disability. However, this result should be interpreted with caution due to small sample sizes (ABS 2016).

For more information on family violence among people with disability, see **People with disability**.

Lesbian, gay, bisexual, transgender, intersex, queer, asexual, Sistergirl or Brotherboy (LGBTIQASB+) First Nations people

Brotherboy and **Sistergirl** are terms used by First Nations people to describe gender diverse people who have a male and female spirit that take on male and female roles within the community respectively.

There are no national data on the prevalence of family violence among LGBTIQASB+ First Nations people. However, it is known that First Nations LGBTIQASB+ communities experience a range of significant and intersecting points of discrimination and marginalisation (DSS 2022). A qualitative study on First Nations LGBTIQASB+ people's experiences of family violence found a high prevalence of violence experienced by LGBTIQASB+ people, where intimidation, bullying and threats of violence were commonly used to make the victim-survivor feel unsafe or excluded and/or force the victim-survivor to hide their gender identity and sexual orientation. The study also found that negative reactions and behaviours were reported more within extended families, older generations and rural or remote communities (Soldatic et al. 2023).

For more information on family violence among LGBTIQA+ people, see **LGBTIQA+ people**.

Related material

- Family and domestic violence
- Intimate partner violence
- Sexual violence
- Who uses violence?
- How do people respond to FDSV?

More information

- Child Protection, Australia.
- Family violence prevention programs in Indigenous communities.
- First Nations people.
- Injury in Australia.
- Specialist Homelessness Services, annual report.
- Suicide & self-harm monitoring.

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Children and young people

Key findings

- 13% of adults in 2021–22 had witnessed partner violence against a parent before the age of 15.
- About 3 in 5 (59%) recorded sexual assault victims had an age at incident under 18 years in 2022.
- Among hospitalisations for FDV-related injuries in 2021–22, the most common perpetrator was parents among children aged 0–14, domestic partners for females aged 15–24 and other family members for males aged 15–24.

Children and young people are particularly at risk of experiencing the effects of family, domestic and sexual violence (FDSV). Violence to children and young people often occurs in homes and family settings. For children and young people who experience or are exposed to FDSV, the harm caused can be serious and long-lasting, affecting their health, wellbeing, education, and social and emotional development (Boxall et al. 2021; Campo 2015; DSS 2022; Toivonen and Backhouse 2018).

Experiences and exposure to FDSV can also increase the probability of the child or young person using violence in their home and later in life (Fitz-Gibbon et al. 2022; Ogilvie et al. 2022). This process can be referred to as the intergenerational transmission of violence, for further discussion, see **Family and domestic violence**.

This page presents the available national data and research on violence and abuse experienced by children and young people in the context of FDSV in Australia.

Box 1: How do we define children and young people?

In AIHW reporting, 'children' are generally defined as people aged 0–12 and 'young people' as those aged 12–24. However, definitions can vary between legal frameworks, government policies and data sources. In some cases, data may not be available for certain age groups or the numbers may be too small for robust reporting. Therefore, different age groups may be used in reporting on children and young people, with children most commonly referring to people aged 0–14 years or 0–18 years and young people referring to people aged 15–24 or 19–24. Regardless of the age groups used for these terms, it is important to acknowledge that children develop at different rates and the term child can diminish the differences among young people's capacity for and desire for self-determination (AIFS 2018).

What forms of FDSV affect children and young people?

In AIHW reporting FDSV refers to all forms of violence that occur in the context of family and intimate partner relationships, and sexual violence in any context (see **What is FDSV?**). Child abuse and neglect or child maltreatment includes any direct and indirect experiences of violence or neglect among young people aged under 18 years by a person in a position of responsibility, trust or power over the child or young person. This may involve violence used by related or unrelated adults, young people or other children (AIFS 2018; WHO 2022).

Direct forms of FDSV

Direct forms of FDSV include those in which the child or young person is the direct target of FDSV, which may be through neglect, physical, sexual and emotional violence or abuse, and sexual harassment (see Box 2).

Box 2: Broad definitions of direct forms of FDSV

A person may experience multiple and overlapping forms of FDSV including:

- **Physical violence or abuse** – the intentional attempt, use or threat of physical force with the intent to harm or frighten a person (ABS 2023d).
- **Sexual violence or abuse** – any act or attempted act of a sexual nature without consent or threat of sexual acts. Any sexual acts with a person under the age of consent are considered sexual abuse. Note that the age of consent varies between jurisdictions (see **Consent**) (ABS 2023d; DSS 2022).
- **Sexual harassment** – unwelcome conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated, where a reasonable person would anticipate that reaction in the circumstances (ABS 2023d; DSS 2022).
- **Emotional violence or abuse** – behaviours or actions that are perpetrated with the intent to manipulate, control, isolate or intimidate, and which cause emotional harm or fear (ABS 2023d).
- **Neglect** – any serious acts, omissions or patterns of behaviour, intentional or not, that result in a dependent child or young person not receiving essentials for healthy physical and emotional development (AIFS 2018).

See also **What is FDSV?**.

Technology can be misused to support the perpetration of different forms of violence, such as harassment, stalking, and sexual violence. The term, technology-facilitated abuse, is used to refer to any abusive behaviours and activities that also involve the use of technology such as phones, internet-enabled devices and online platforms (Dragiewicz et al. 2020; Powell et al. 2022).

Indirect forms of FDSV

Indirect forms of FDSV (or **exposure to FDSV**) occur among children and young people when they are exposed to the obvious and/or subtle acts of violence directed at people around them, most commonly someone they live with. Exposure to FDSV can include:

- seeing and/or hearing acts of physical and sexual violence and/or its effects
- witnessing patterns of non-physical controlling behaviours, for example, a parent belittling, disregarding or limiting the freedom of another parent (see also **Coercive control**) (Campo 2015; Katz et al. 2020).

What do we know?

Factors related to experiencing FDSV

Many factors that are more common among people who have experienced FDSV than those who have not **(risk factors**) are also associated with experiences of FDSV among children and young people, see **Factors associated with family, domestic and sexual violence**. While there is a statistical association between risk factors and experiences of FDSV, this does not mean these factors cause FDSV. Risk factors that are unique to or may have a stronger association among children and young people include:

- parental/caregiver factors – including a parent's substance abuse, parental separation or divorce, poor mental and physical health and low levels of education or income
- family factors – including large size, economic hardship, patterns of conflict or violence, involvement in criminal behaviour and actual or intended separation of parents
- individual factors – including low birth weight, disability, pregnancy or birth complications (AIFS 2017; CDC 2022; Fazel et al. 2018; Higgins et al. 2023; Toivonen and Backhouse 2018).

As is the case for people in most age groups, FDSV among young people is more likely to be experienced by young women than young men. This gendered pattern, while present, is less apparent among children, with no gendered pattern evident for exposure to domestic violence (DSS 2022; Mathews et al. 2023b). For a discussion of FDSV centred on the experiences of young women, see **Young women**.

There are some factors that have been associated with a decreased likelihood that children and young people will have experienced FDSV (**protective factors**), including, but not limited to:

- strong parent/child relationships
- family cohesion and support networks
- parental education, employment, resilience and understanding of child development (AIFS 2017; CDC 2022).

Barriers to accessing help

Children and young people may experience many barriers to accessing help that are shared with the general population including, but not limited to, the fear of not being believed, restrictive cultural norms and previous negative experiences with the police and legal systems (AIFS 2015; Coumarelos et al. 2023; RCIRCSA 2017). Some surveys have found that many people in Australia hold attitudes that discredit or distrust children and young people's disclosures of abuse and violence (Tucci and Mitchell 2021; Coumarelos et al. 2023). For example, an online survey with a sample of about 1000 people aged 18 years and over in Australia that was weighted to be nationally representative found that 67% of respondents believed that children make up stories about being abused or are uncertain whether to believe children when they disclosed being abused (Tucci and Mitchell 2021).

Barriers that are specific to children and young people or may have a larger effect among them include:

- fear of withdrawal of support
- perceived or actual reliance on the perpetrator of violence (for example, when abuse is perpetrated by a parent)
- a lack of understanding or recognition of the abuse or its seriousness
- being unable to express or communicate the abuse
- a lack of appropriate institutional (for example, schools) or child and young people-specific supports (AIFS 2015; Alaggia et al. 2019; Humphreys and Healey 2017; RCIRCSA 2017).

For a further discussion of barriers, see **How do people respond to FDSV?**, and for a discussion of community attitudes to FDSV, see **Community attitudes**.

Negative effects on health and wellbeing

Experiences of and exposure to FDSV as a child or young person can have both immediate and life-long negative effects on the health, wellbeing, development and life satisfaction of victim-survivors. Experiences of FDSV can negatively impact everyone connected to the victim-survivor through physical, emotional, financial, social and psychological effects. Both victim-survivors and their connections can be affected by a loss of trust in people, hyper-vigilance and a loss of connection to their communities. Interactions with services can often be re-traumatising, especially in cases of inadequate justice and support service responses (C3P 2017; DSS 2022; Jones et al. 2021).

Maternal experiences of and exposure to FDSV as a child or young person are statistically associated with adverse pregnancy outcomes. These include low birth weight and pregnancy or birth complications, which in turn, are risk factors for experiencing FDSV among children and young people. This demonstrates the intergenerational impacts of FDSV (see also **Family and domestic violence** and **Pregnant people**) (Mamun et al. 2023).

For information related specifically to the outcomes of child sexual abuse, see **Child sexual abuse**.

How does FDSV affect children long-term?

'Children from families experiencing family violence end up having to recover from their childhood in their adult years. The unaddressed trauma from navigating an unhealthy, abusive parent gets carried into their own relationships often leading to unhealthy coping behaviours, and the continuation of the intergenerational cycle of violence.'

Lily

WEAVERs Expert by Experience

Measuring the extent of violence against children and young people

It is difficult to obtain robust data on children's experiences of FDSV. Due to the sensitive nature of this subject, most large-scale population surveys focus on adults. However, estimates of adults from surveys are likely to underestimate the true extent of FDSV due to some people's reluctance to disclose information and reliance on participants' recollections of events, which may have changed over time.

The Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS) asks people aged 18 and over (adults) about experiences of FDSV within specified timeframes (such as before and since the age of 15, in the last 12 months, and in the last 2 years). Data related to experiences of physical and sexual abuse perpetrated by an adult before the age of 15 and experiences of witnessing parental violence before the age of 15 do not provide estimates of the current prevalence of abuse experienced by children (ABS 2023c). For more information about the PSS, please see **What is FDSV?** and **Data sources and technical notes**.

The 2021 Australian Child Maltreatment Study (ACMS) was a cross-sectional survey of people aged 16 and over about their experiences of child sexual abuse and child maltreatment from a parent or caregiver. It also assessed some other childhood adversities and associations with aspects of health and wellbeing later in life. These data provide information about those who responded to the survey and we have restricted our discussion to this group. We have not used these data to draw conclusions about the Australian population given the response rate (see Box 3). However, the survey does provide important information about the survey respondents, which can inform the work of researchers, advocates, and policy makers.

Due to differences in the methods used, findings from these sources are not comparable. For more information about the differences in design and scope, concepts, and definitions for these sources, please refer to the ABS Technical note: Personal Safety Survey and the Australian Child Maltreatment Study.

What national data are available to report on FDSV among children and young people?

Data are available across a number of surveys and administrative data sources to look at the experience, service responses and outcomes of FDSV among children and young people.

Data sources for measuring FDSV among children and young people

- ABS Personal Safety Survey
- ABS Recorded Crime – Victims
- AIC National Homicide Monitoring Program
- AIHW Australian Burden of Disease Study
- AIHW Child Protection National Minimum Data Set
- AIHW National Hospital Morbidity Database
- AIHW Specialist Homelessness Services (SHS) collection
- Australian Child Maltreatment Study
- The Longitudinal Study of Australian Children
- The National Survey of Secondary Students and Sexual Health

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

How common are experiences of FDSV among children and young people?

The PSS asks respondents about whether they had witnessed violence towards their own parents when they were children. These data are collected from adults 18 years and over about the violence they witnessed before the age of 15.

According to the 2021–22 PSS, about 1 in 8 (13% or 2.6 million) people, aged 18 years and over, witnessed violence towards a parent by a partner before the age of 15. A higher proportion of people had witnessed partner violence against their mothers (12%, or 2.2 million) than their fathers (4.3%, or 837,000). Of people who had witnessed violence towards their mother, almost 3 in 4 (72% or 1.6 million) had witnessed the

violence on more than 2 occasions (ABS 2023a). See also **Family and domestic violence** and **Intimate partner violence.**

18% of women | **11% of men** in 2021–22 had experienced **physical and/or sexual abuse** before the age of 15

The PSS also collects data on experiences of physical and/or sexual abuse (abuse) before the age of 15 among females and males aged 18 and over (women and men) and whether perpetrators were known or strangers. The PSS found that about 1 in 6 women (18%, or 1.7 million) and 1 in 9 men (11%, or 1.0 million) in 2021–22 had experienced abuse before the age of 15 (ABS 2023a).

Of the 989,000 women and 788,000 men who had experienced childhood physical abuse, the most common perpetrator of the first incident was a family member, with the majority involving a parent:

- 89% for women, with 52% perpetrated by their father or step-father and 36% by their mother or step-mother
- 87% for men, with 56% perpetrated by their father or step-father and 32% by their mother or step-mother (ABS 2023a).

For the available data on the experiences of sexual abuse before the age of 15, see **Child sexual abuse.**

Estimates from the 2021–22 PSS indicate that people who had witnessed parental violence or experienced childhood physical and/or sexual abuse were more likely to have experienced violence since the age of 15 when compared with those who had not had childhood experiences of violence or abuse.

The experience of partner violence (physical and/or sexual violence, emotional abuse or economic abuse by a partner they lived with, or had lived with, in a married or de facto relationship), occurred among:

- 43% (or 1.1 million) of people who had witnessed parental violence before the age of 15, compared with 18% (or 3 million) of people who had not witnessed parental violence
- 43% (or 1.2 million) of people who had experienced physical and/or sexual abuse before the age of 15, compared with 17% (or 2.8 million) of people who had not experienced childhood abuse (ABS 2023a).

See also **Intimate partner violence**.

Experiences of maltreatment as a child

The 2021 ACMS collected data on experiences of maltreatment as a child (person under 18 years) (see Box 3). The study indicated for surveyed people aged 16 years and over in 2021:

- about 3 in 10 (29%) had experienced **sexual abuse** from any person – about 1 in 12 (8.7%) people experienced forced sex (rape) in childhood
- about 3 in 10 (31%) had experienced **emotional abuse** from a parent/caregiver, with 80% of these people reporting the abuse occurred over years
- about 1 in 11 (8.9%) had experienced **neglect** from a parent/caregiver, with 75% of these people reporting the neglect occurred over years
- 2 in 5 (40%) had experienced **exposure to domestic violence (EDV)** between a parent/caregiver and their partner, with 32% of these people reporting more than 50 incidents (Haslam et al. 2023c; Higgins et al. 2023; Mathews et al. 2023b).

The most recent ACMS report does not provide data about specific perpetrators, however, analyses related to this and other topics are expected in future ACMS reports. See **Child sexual abuse** for a discussion of the ACMS findings about perpetrators of child sexual abuse.

For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes**.

Box 3: Australian Child Maltreatment Study (ACMS)

The ACMS was a cross-sectional survey of just over 8,500 participants aged 16 years and over between 9 April and 11 October 2021. People were considered to be eligible for participation if they were aged 16 years or more, in an age group for which participants were required when contacted and had sufficient English language proficiency for participation. The final response rate was 4.0% when based on the estimated number of eligible participants (about 210,370 people) and 14% when based on eligible participants contacted (about 60,800 people) (Haslam et al. 2023a).

Retrospective self-report data was collected exclusively via computer assisted mobile phone interview using a well-validated questionnaire that was adapted to measure child maltreatment in an Australian cultural context (see **Data sources and technical notes**). While the ACMS did not exclude First Nations people (Aboriginal and Torres Strait Islander people), it was determined that it was not ethically or methodologically appropriate to disaggregate data by Indigenous status for this survey (Haslam et al. 2023a, 2023b; Mathews et al. 2021).

The ACMS defines a child as a person aged under 18 years (Haslam et al. 2023a). The ACMS measured five types of child maltreatment with the following definitions:

- **Physical abuse** – experiences of physical force used by an adult against a child that result, or have a high likelihood of resulting, in injury, pain, or a breach of dignity.
- **Sexual abuse** – any contact and non-contact sexual act, or attempted act, inflicted on a child by a person where the child either lacks capacity to give consent, or has capacity but does not give full, free, and voluntary consent. Sexual harassment was excluded from estimates of sexual abuse.

- **Emotional abuse** – non-physical interactions between a child and parent or caregiver that make the child feel worthless, flawed, unloved, unwanted, endangered or only of value in meeting another's needs. Emotional abuse was considered to have occurred if such experiences occurred over a period of at least weeks.
- **Neglect –** involves the failure by a parent or caregiver to provide a child with the basic necessities of life. Neglect was considered to have occurred if such experiences occurred over a period of at least weeks. Neglect has several dimensions: medical, educational, supervisory, physical, nutritional, and environmental.
- **Exposure to domestic violence** – occurs when a child sees or hears one parent/caregiver behave in certain ways towards their partner including: physical acts of violence; serious threats of harm; intimidating, controlling and isolating behaviours; and damage to property and pets during an argument (Mathews et al. 2023a).

The ACMS also conducted assessments for other childhood adversities including corporal punishment, internet sexual victimisation, generalised sexual harassment, peer bullying, sibling victimisation, out of home care, and family-related adversities (Haslam et al 2023a).

Figures presented from the ACMS have been rounded. For exact figures, please see the cited primary source.

For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes**.

Partner violence experienced by young people

The PSS defines a partner as a person the respondent lives with or lived with at some point in a married or de facto relationship (ABS 2017b, 2023a).

The latest available estimates of experiences of partner violence among women aged 18–24 are provided by the 2021–22 PSS. Estimates are not available for men aged 18–24 as 2021–22 data are not sufficiently statistically reliable for reporting. The 2016 PSS (which had estimates for both men and women) showed that among people aged 18–24, most partner violence is experienced by women (AIHW 2022a).

Among women aged 18–24, in the 2 years prior to 2021–22:

- about 22,700* (2.2%*) experienced **partner physical and/or sexual violence**
- about 29,200* (2.9%*) experienced **emotional abuse by a partner**
- about 26,100* (2.6%*) experienced **economic abuse by a partner** (ABS 2023b).

Note that estimates marked with an asterisk (*) should be used with caution as they have a relative standard error between 25% and 50%. For the PSS definitions of physical or sexual violence and emotional abuse, see **Data sources and technical notes.**

Box 4: Intimate partner violence among people aged 18-19

Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC) is an ongoing national study following the development of 10,000 children and their families from all parts of Australia. The sample was nationally representative of all Australian children at recruitment. The Australian Institute of Family Studies examined intimate partner violence (IPV) victimisation among people aged 18-19 in Australia using data from the LSAC K cohort at Wave 8, which were collected in 2018. The report found that among the 3,000 participants aged 18-19 who completed the Wave 8 survey, around 3 in 10 (29%) reported at least one experience of IPV in the year before the survey. Specifically:

- 1 in 4 (25%) experienced emotional abuse
- 1 in 8 (12%) experienced physical violence
- 1 in 12 (8%) experienced sexual abuse in the previous year.

Women aged 18-19 (11%) were more likely to be victim-survivors of sexual abuse than men of the same age (4%). The rates of emotional abuse and/or physical violence victimisation were similar between young women and men.

The report also identified supportive friendships and high trust and good communication with parents during adolescence as protective factors that reduce the risk of IPV.

Please see **Data sources and technical notes** for more information on the LSAC.

Source: O'Donnell et al. 2023.

Sexual violence experienced by young people

The latest available estimates of sexual violence and sexual harassment among women aged 18–24 are provided by the 2021–22 PSS, while the latest estimates for men aged 18–24 are provided by the 2016 PSS.

About 1 in 10 (11%, or 113,000) women aged 18–24 experienced sexual assault in the 2 years prior to 2021–22, more than any other age group.

People aged 18–24 are more likely than other age groups to have experienced sexual violence and sexual harassment (ABS 2017b, 2023h, 2023i).

Based on the latest PSS data (2021–22) on experiences of **sexual violence and harassment among women aged 18–24**:

- about 126,000 (12%) women aged 18–24 experienced sexual violence in the 2 years prior to 2021–22, with about 113,000 (11%) women experiencing sexual assault (ABS 2023i)
- about 356,000 (35%) women aged 18–24 experienced sexual harassment in the 12 months prior to 2021–22 (ABS 2023h).

Based on the latest PSS data (2016) on experiences of **sexual violence and harassment among men aged 18–24**:

- about 26,400* (2.3%) men aged 18–24 experienced sexual violence in the 12 months prior to 2016, which compares with 65,100 (5.9%) women aged 18–24 during the same period
- about 185,000 (16%) men aged 18–24 experienced sexual harassment in the 12 months prior to 2016, which compares with 421,000 (38%) women aged 18–24 during the same period (ABS 2017b).

Note that estimates marked with an asterisk (*) should be used with caution as they have a relative standard error between 25% and 50%. For the PSS definitions of sexual violence and sexual harassment, see **Data sources and technical notes**.

Sexual violence experienced by university and secondary school students

Data about sexual harassment and sexual assault at Australian universities are available from the National Student Safety Survey (NSSS) (see **Data sources and technical notes** for the NSSS definitions of sexual harassment and assault). The 2021 NSSS included a sample of about 43,800 students aged 18 and over from 38 universities who volunteered to respond to the online survey. The sample was weighted to be representative of students studying at Australian universities aged 18 years and over. The NSSS found that, in the 12 months prior to 2021, in an Australian university context, younger students (aged 18–21) were more likely to have experienced:

- **sexual harassment** (12%), when compared with those aged 22–24 years (8.4%), 25–34 years (5.5%) or older, with those aged 18–21 also more likely to report incidents in student accommodation or residences (16%)
- **sexual assault** (1.9%) compared with those aged 22–24 years (1.1%), 25–34 years (0.5%) or older (Heywood et al. 2022).

For further discussion of the NSSS, see **Sexual violence**.

The 7th National Survey of Secondary Students and Sexual health in 2021 investigated some key issues related to sexual harassment and violence among secondary school students including experiences of unwanted sex and the sharing of sexual images, video and messages (sexting) (see Box 5).

Box 5: The 7th National Survey of Secondary Students and Sexual Health

The 7th National Survey of Australian Secondary Students and Sexual Health (SSASH survey) conducted in 2021 surveyed about 6,800 secondary school students aged 14–18 years. The SSASH survey is not considered representative of all secondary school students aged 14–18 as it used a convenience sample based on voluntary survey completion and online recruitment and completion.

For definitions and other technical details about this data source, please see **Data sources and technical notes**.

Experiences of unwanted sex by secondary school students

The SSASH survey asked students about whether they had ever had sex when they did not want to, the context and circumstances of the experience/s and whether they sought help.

About 2 in 5 (40%) respondents who had ever experienced sex had also experienced unwanted sex during their life. Experiences of unwanted sex were more common among respondents that were:

- trans and non-binary young people (55%) and young women (45%) than young men (21%)
- LGBQ+ young people (48%) than heterosexual young people (34%).

The average age at which unwanted sex was first experienced was 14.9 years, lower for respondents that were trans and non-binary young people (14.0 years) compared with young women (15.0 years) and men (15.4 years). About 1 in 5 (21%) were younger than 14 years of age.

Most respondent's first experience of unwanted sex occurred in an intimate relationship (60%). About 1 in 5 (21%) were in familial or friendship relationships and for about 1 in 10 (9.9%) it was perpetrated by someone known but not a friend or family member. Respondents described the context in which their most recent experiences of unwanted sex occurred:

- about 2 in 3 (65%) young people described experiencing verbal pressure
- about 2 in 5 (41%) said they agreed to sex as they were worried about the negative outcomes of not having sex
- about 1 in 3 (32%) were physically forced to have sex
- about 3 in 10 (28%) indicated they were too drunk or high at the time to consent to sex.

About 1 in 4 (23%) respondents who had experienced unwanted sex had talked to someone or sought help about their experience.

The percentage of respondents in year 10 and year 12 with unwanted sexual experiences has varied between 25% and 29% between 2002 and 2018, increasing to 41% in 2021. It is currently unclear why the percentage increased, although it may reflect an increasing awareness of sexual violence and consent among young people.

Experiences of sexting and image-based abuse

Sharing sexual images, video and sexually suggestive messages (sometimes collectively referred to as 'sexting') can be a part of sexual communication and relationships. It can also put someone at risk of abuse, including the non-consensual sharing of images (image-based abuse) and pressure through threats of image-based abuse (eSafety Commissioner 2022).

The SSASH survey found that many respondents had experienced sexting, with over 4 in 5 (86%) reporting that they had received sexual messages or images and over 2 in 3 (71%) that they had sent them before. In questions related to consent and sexting:

- about 1 in 3 (29%) reported that they had been sent a sexual or nude image that they had not asked for and did not want to receive on at least one occasion
- about 1 in 5 (18%) reported that sexual photos of them had been shared without their permission on at least one occasion (unwanted sharing) – young women (21%) and trans and non-binary young people (19%) were more likely to report this than young men (11%).

Most respondents agreed or strongly agreed that you have to be careful about sexting (96%) and that sending photos may have serious negative consequences (92%). However, many felt there were positive aspects to sexting such as being more open about sex and sexuality (65%) and that 'sexting is a regular part of a relationship' (63%)

See **Consent** for further discussion of consent.

Source: Power et al. 2022.

Sexual harassment in the workplace

Data related to experiences of sexual harassment in workplaces are available from the 2022 Australian Human Rights Commission's national survey on sexual harassment in workplaces (see Box 6).

Box 6: The Australian Human Rights Commission's national survey on sexual harassment in workplaces

The Australian Human Rights Commission's national survey on sexual harassment in workplaces sampled about 10,200 people aged 15 and over using non-probability, quota sampling methods and weighting to obtain a sample representative of the population aged 15 and older by sex, age and area of residence.

In this survey, sexual harassment also included behaviours more commonly reported as sexual violence, such as rape or sexual assault. There was only a small number of respondents aged 15–17 (n<50) so results should be interpreted with caution.

Source: AHRC 2022.

More people aged 15–17 (47%) or 18–29 (46%) in 2022 had been sexually harassed in their workplace in the previous 5 years when compared with the total population (33%). Young women were more likely than young men to report sexual harassment:

- 60% of women and 25% of men aged 15–17 years
- 56% of women and 35% of men aged 18–29 years (AHRC 2022).

For more information on sexual harassment and sexual violence, see **Sexual violence** and for a discussion of FDSV centred on the experiences of young women, see **Young women**.

Technology-facilitated abuse among children and young people

Most Australian children and young people have ready access to the internet and digital technology. However, there is no nationally-representative data on the prevalence of technology-facilitated abuse among children.

A non-representative national survey in 2019 of 515 professionals who work on family and domestic violence (FDV) cases asked some questions related to experiences of technology-facilitated abuse **among children**. This found that:

- about one-quarter (27%) of FDV cases the professionals dealt with involved technology-facilitated abuse of children
- common forms of abuse included monitoring and stalking, threats and intimidation and blocking communication
- everyday technologies were used in abuse such as mobile phones, texting and Facebook
- many of the children experienced mental health issues (67% of cases), fear (63%), and negative impacts on their relationship with the non-abusive parent (59%) (Dragiewicz et al. 2020).

72% of surveyed people aged 18-24

in 2022 had experienced **technology-facilitated abuse** in their lifetime, more than any other age group

Data on the prevalence of technology-facilitated abuse among young people aged 18–24 are available from a nationally representative survey of about 4,600 adults in 2022. The survey used random probability-based sampling methods and weighting to allow results to be generalised to the adult Australian population (Powell et al. 2022). This survey estimated that **among young people aged 18–24 years**:

- about 5 in 7 (72%) have experienced technology-facilitated abuse in their lifetime, the highest proportion of any other age group
- young women (74%) are more likely than young men (68%) to have experienced technology-facilitated abuse in their lifetime
- about 2 in 5 (38%) young people have perpetrated technology-facilitated abuse in their lifetime, the second highest proportion of any age group (Powell et al. 2022).

While the increased use of mobile dating apps and websites over the past 10 years has allowed many people to build relationships, studies have suggested that experiences of technology-facilitated sexual violence are common for people who use these online spaces, particularly women and members of LGBTIQA+ (lesbian, gay, bisexual, transgender, intersex, queer, asexual people, or people otherwise diverse in gender, sex or sexual orientation) communities (Wolbers et al. 2022). However, there is no research

that specifically relates to prevalence among young people. For further discussion, see **Stalking and surveillance**.

Technology-facilitated abuse also includes the possession, production and distribution of pictures and video that capture child sexual abuse (child sexual abuse material [CSAM]). With increases in the global availability of the internet, CSAM has continued to grow as a global issue. However, there is limited information on its effects on children and young people in Australia (see **Child sexual abuse**).

Corporal punishment

About 3 in 5 (58%) surveyed young people aged 16–24 in 2021 self-reported experiencing corporal punishment 4 or more times in childhood.

Corporal punishment is the use of physical force with the intention of causing a child or young person to experience pain or discomfort to change or punish their behaviour. Research has shown that corporal punishment can negatively impact children and young people's development, health and wellbeing in both the short- and long-term and is minimally effective in the short-term and not effective in the long-term (Sege and Siegel 2018; Poulsen 2019).

The 2021 ACMS found that about:

- 3 in 5 (58%) young people aged 16–24 self-reported experiencing corporal punishment 4 or more times in childhood
- 1 in 2 (54%) parents surveyed had used corporal punishment with their own children
- 1 in 4 (26%) people believe corporal punishment is necessary to raise children, with a higher proportion of older people than younger people holding this belief – the highest proportion was among those aged 65 and over (38%) and the lowest among those aged 16–24 (15%) (Haslam et al. 2023b).

For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes**.

There are no national data available on the use of other aversive disciplinary strategies such as yelling at and shaming children.

What are the responses to FDSV for children and young people?

There are many formal and informal responses and supports which may be used by people who experience family and domestic violence, including family and friends, health professionals and helplines. However, national data related to children and young people is not available for all responses.

The First National Action Plan for the *National Strategy to Prevent and Respond to Child Sexual Abuse* includes an action for the AIHW to develop a scoping study for and establish an Australian Child Wellbeing Data Asset, a national, child-focused, linked data set. The data asset would support the analysis of children and young people's pathways through government services (for example, education, health services, child protection, youth justice, mental health services, hospitals, police services) for which there is currently no national data (DPMC 2021).

On this topic page we present the available national data on responses to FDSV for children and young people.

Helplines and related support services

There are a number of general and specialised helplines in Australia that provide information, advice and support to children and young people who are experiencing or at risk of FDSV. See **Helplines and related support services** for a discussion of such services including but not limited to:

- Kids Helpline, a free national helpline that provides support for children and young people aged 5 to 25
- Bravehearts, a support service for people affected by child sexual abuse and a National Redress Scheme service provider (Bravehearts 2021)
- Blue Knot Foundation, a support service for people affected by complex trauma and a National Redress Scheme service provider (Blue Knot Foundation 2021).

Help seeking behaviours

Apart from data related to helplines and support services, there is no national data on help seeking behaviours among children currently available.

The PSS collects data for young people aged 18–24 on advice or support (help) sought and received after the most recent experience of family and domestic violence. However, there are data quality issues and limitations in reporting for this age group due to the number of people sampled in the survey. Only data of a sufficient quality is reported below.

Based on data from the 2016 PSS, in response to their most recent incident of violence perpetrated by an intimate partner or family member the proportion of **women aged 18–24** who:

- sought help was over half (54% or 49,100) of those sexually assaulted by a male*
- sought help was about two-thirds (64% or 102,000) of those physically assaulted by a male
- did not seek help was about 1 in 4 (27% or 13,700) of females physically assaulted by a female (ABS 2017a).

Noting that statements marked with a * have a 95% margin of error greater than 10 percentage points, which should be considered when using this information.

The ACMS collected data about people aged 16 and over who had experienced child maltreatment and their contact with health providers over the 12 months before the survey. People who had experienced child maltreatment were more likely than those who had not to have engaged all types of health service professionals assessed in the survey and to be admitted to hospital with mental health problems (Pacella et al. 2023). In the 12 months before the survey, people who had experienced child maltreatment were more likely than those who had not to have:

- seen a psychiatrist (3.0 times)
- consulted a mental health nurse (2.7 times)
- had 6 or more visits to a GP (2.4 times)
- been admitted for a mental disorder (2.4 times)
- had 24 or more visits with any health practitioner (2.3 times)
- had 12 or more visits with any health practitioner (1.8 times)
- had an overnight hospital admission (1.4 times) (Haslam et al. 2023c).

Even higher associations were present for people who had experienced multi-type maltreatment (Haslam et al. 2023c).

For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes**.

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.

The latest data on child protection services in Australia show that:

- about 1 in 32 (3.1% or about 178,000) children came into contact with the child protection system in 2021–22
- almost 3 in 5 (57% or about 25,900) children who were the subject of a child protection substantiation in 2021–22 had emotional abuse recorded as the primary type of abuse or neglect (AIHW 2023b).

See **Child protection** for an in-depth discussion.

Police responses

To report on the police response to FDSV this report uses the ABS Recorded Crime collections, which are based on crimes that are reported to police in each state and territory (see Box 7 for key data considerations).

Box 7: FDSV data for police responses

Recorded Crime – Victims data do not represent a count of individual people as one person can be counted multiple times if they experience multiple incidents of a specific crime and/or multiple different crime offences. Counts are also randomly adjusted to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals (ABS 2023g).

Not all offences are reported to police, which means recorded crime data underestimate FDSV in Australia. The PSS collects data on reporting levels to police and reasons for not contacting police after instances of FDSV, see **FDV reported to police** and **Sexual assault reported to police** for further discussion.

Generally, the age of victims is reported as the age victims were when they first became known to the police (**age at report**), however, some sexual assault data are explored by **age at incident**. For sexual assault, there can be more variability in the time to report crimes to police than other crimes. This means the age at incident for sexual assault can differ from age at report (ABS 2023g).

Offences are described as **FDV-related** where the relationship of offender to victim, as stored on police recording systems, falls within a specified family or domestic relationship, or where a FDV flag has been recorded following a police investigation. Relationship of offender to victim data for Western Australia is not of a sufficient quality for national reporting (ABS 2023g).

Changes in recorded crime data over time may be due to changes in reporting behaviour, increased awareness about forms of violence, changes to police practices, an increase in incidents and/or a combination of these factors. For detailed technical notes, see **FDV reported to police** and **Sexual assault reported to police**.

Also, refer to the **ABS Recorded Crime – Victims methodology website** for further information.

It is not possible to summarise data for all recorded crimes related to FDSV as recorded crime data are collected based on specific criminal offences and there is variability in the collection methods and classification of offences and FDV between states and territories. This means that some data are not available for all states and territories (see **Data sources and technical notes**). In this section we discuss the available data by offence type.

Recorded sexual assault offences

3 in 5

recorded sexual assault victims had an **age at incident under 18 years** in 2022

Based on national data, about 3 in 4 (74%) recorded **sexual assault** victims had an **age at incident** under 25 years in 2022:

- most were aged under 18 years (59% of all victims, or about 18,900 victims)
- about 1 in 7 were aged 18–24 years (15% of all victims, or about 4,900) (ABS 2023e).

Among recorded sexual assault victims with an age at incident under 25 years:

- about 5 in 6 were female (82%, or about 19,500)
- over half were aged 10–17 years (56%, or about 13,400)
- fewer than 2 in 5 were victims of **FDV-related sexual assault** (36%, or about 8,500) (ABS 2023e).

Most recorded **FDV-related sexual assault** victims in 2022 with an age at incident under 25 years were female (87%, or about 7,400). Among those aged 0–24, the most common age group for:

- female victims was 10–17 years (49%, or about 3,700)
- male victims was 0–9 years (61%, or about 680) (see Supplementary tables).

Based on 2022 data (excluding Western Australia), offenders of sexual assault crimes were known to most recorded victims with an age at incident of 0–9 years (87%), 10–17 years (79%) and 18–24 years (63%). In between 3.9% and 6.9% of cases, a perpetrator wasn't able to be identified or a relationship was not specified (ABS Recorded Crime – Victims, unpublished).

The most **common relationship of offender to victim** by age at incident were:

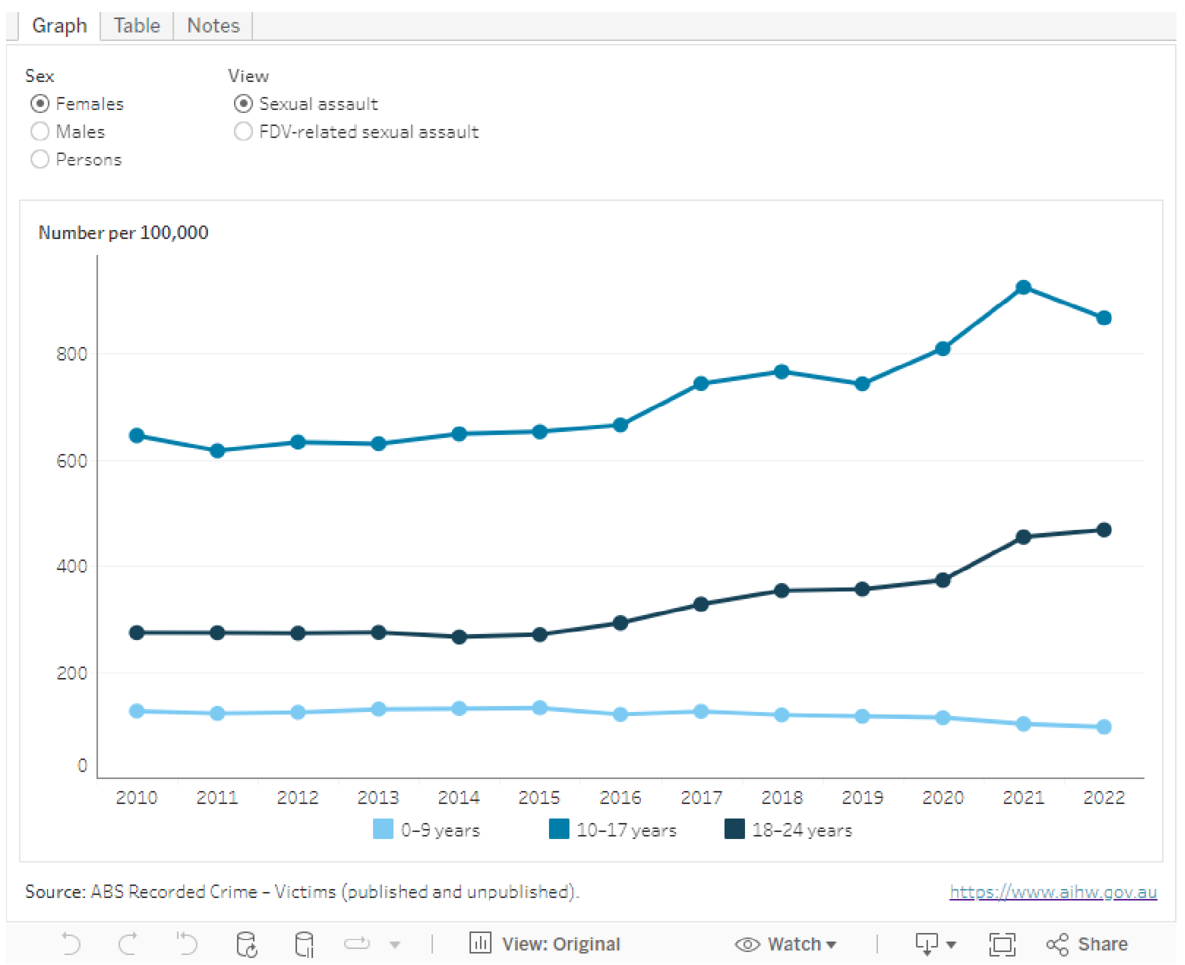
- family for victims aged 0–9 years (57%), with 21% involving parents
- people who were known but not family members for victims aged 10–17 years (49%) and 18–24 years (37%) (ABS Recorded Crime – Victims, unpublished).

Strangers accounted for 3 in 10 (31%) offenders of victims with an age at incident of 18–24 years, with smaller proportions among younger age groups (ABS Recorded Crime – Victims, unpublished).

Changes over time in the rate of both recorded sexual assault and FDV-related sexual assault victims have varied by age at report:

- among victims aged 10–17 years and 18–24 years, the rate has increased
- among victims aged 0–9 years, the rate decreased among sexual assault victims and remained similar among FDV-related sexual assault victims (Figure 1).

Figure 1: Rate of recorded sexual assault and FDV-related sexual assault victims, by sex and age at report, 2014–2022



Recorded victims of other FDV-related offences

FDV-related assaults

Based on data on recorded FDV-related assault victims by age at report in 2022 (excluding Victoria and Queensland, see **Data sources and technical notes**):

- over 1 in 4 (27% or about 20,900) were under 25 years, with most aged 18–24 (about 12,300)
- there were over 3 times as many female victims (about 9,300) as male victims (about 2,900) for those aged 18–24
- there were more male victims (about 1,200) than female victims (about 820) for those aged 0–9 (ABS 2023e).

In states and territories where data are available (see **Data sources and technical notes**), the **most common relationship** of offender to victim in 2022 by age at report was:

- parent for male and female victims aged 0–9, except male victims in the Northern Territory for whom family other than parents was more common
- parent for male and female victims aged 10–17, except female victims in Tasmania and the Northern Territory for whom intimate partner was more common and male victims in the Northern Territory for whom family other than parents was more common
- intimate partner for male and female victims aged 18–24 (see Supplementary tables).

FDV-related kidnapping/abduction

In 2022, about 54% (or about 275) of all kidnapping/abduction offences involved victims with an age at report of under 25 years. Among victims under 25 years, over 1 in 4 (27% or about 75) are victims of FDV-related kidnapping/abduction. Based on data excluding Western Australia, the **most common relationship** of offender to victim of FDV-related kidnapping/abductions in 2022 by age at report was:

- parents for victims under 18 years
- intimate partners for victims aged 18–24 (ABS Recorded Crime – Victims, unpublished).

Recorded FDV-related kidnapping/abduction victims have varied year to year with no apparent trend over time (ABS Recorded Crime – Victims, unpublished). Due to the low number of offences, any change year to year can result in a large proportional change in the victimisation rate making changes over time difficult to interpret.

See **FDV reported to police** and **Sexual assault reported to police** for a discussion of the general population.

Hospitalisations

Children aged 0–14 years in 2021–22 had the highest proportion of hospitalisations for injuries caused by physical and sexual assault and maltreatment (injury hospitalisations) that were FDV-related compared with any other age group (AIHW 2023a).

Among injury hospitalisations in 2021–22 where the perpetrator was specified, the injury was FDV-related for:

- **over half** (55%, or about 285) **of children aged 0–14 years**, with about 130 girls and 155 boys
- **over 1 in 3** (35%, or about 385) **young people aged 15–19 years**, with about 275 females and 110 males
- **over 2 in 5** (44% or about 710) **young people aged 20–24 years**, with about 530 females and 180 males (AIHW 2023a).

Relationship to perpetrator

Among hospitalisations for FDV-related injuries in 2021–22, the most common perpetrator was parents (72% or about 205) among children aged 0–14, domestic

partners (74% or about 600) for females aged 15–24 and other family members (58% or about 165) for males aged 15–24 (Figure 2).

Figure 2: FDV-related hospitalisations for injuries due to abuse, by age group, sex and perpetrator of abuse, 2021–22

n.p.: not published.
Source: AIHW NHMD.

Method of FDV-related injury

The most common methods of assault in hospitalisations for FDV-related injuries in 2021–22 were classified as:

- assault by bodily force (37% or 105) or other maltreatment (31% or about 90) for people aged under 15 years
- assault by bodily force (59% or about 640) for people aged 15–24 years (AIHW 2023a).

The most common methods of assault were similar for males and females in both age groups.

Principal injury diagnosis

The most common principal diagnosis in hospitalisations for FDV-related injuries in 2021–22 was injuries to the head for both children under 15 years (46% or about 130) and people aged 15–24 years (36% or about 400) (AIHW 2023a).

Among FDV-related injury hospitalisations in 2021–22:

- a higher proportion involved injuries to the head for males aged under 15 years (51% or about 80) than females (40% or about 50)
- 1 in 15 (6.7% or about 20) children under 15 years experienced intracranial injuries and no intracranial injuries were recorded for people aged 15–24 years
- more than 1 in 5 (22% or about 240) people aged 15–24 years experienced injuries to limbs compared with 15% (or about 40) for children under 15 years (AIHW 2023a).

See **Health services** for further discussion of FDSV-related hospitalisations.

Specialist homelessness services

Specialist homelessness services (SHS) can provide assistance to people who are experiencing homelessness, or who are at risk of homelessness, including clients who have experienced FDV.

Children experiencing FDV may seek SHS support with other family members, or independently. For children in particular, SHS support is critical to reduce the likelihood of a long-term experience of homelessness (Kaleveld et al. 2018).

In 2022–23, FDV was the main reason for seeking SHS assistance among 2 in 5 (40%) children aged 0–14 and around 1 in 6 (17%) young people aged 15–24 (AIHW 2024).

1 in 2

specialist homelessness services clients aged 0-9 in 2022–23 had experienced family and domestic violence

Irrespective of their main reason for seeking support, a large proportion of children and young people supported by SHS in 2022–23 had experienced FDV, with:

- over half (55%, or about 23,800 of 43,200) of children aged 0–9 years
- about half (48%, or about 8,300 of 17,400) of children aged 10–14 years
- about one-third (35% or about 18,200 of 52,300) of young people aged 15–24 years, with over three times as many females (about 13,800) as males (4,400) (AIHW 2023c).

From 2011–12 to 2022–23, the proportion of clients assisted by SHS services who had experienced FDV has generally increased for children aged 0–9 years (from 42% to 55%) and 10–14 years (from 36% to 48%) and young people aged 15–24 years (from 29% to 35%) (AIHW 2024).

In 2022–23, the majority (70%, or about 12,700) of young people aged 15–24 years who had experienced FDV **presented to a SHS agency alone**, with nearly 4 times as many females (10,000) as males (2,700). One in 10 (9.9% or about 3,200) children aged 0–14 years presented to a SHS agency alone (AIHW 2024).

Housing outcomes

Fewer clients aged 0–14 and 15–24 years were homeless by the end of their support in 2022–23

Many clients who are supported by SHS have achieved or progressed towards a more positive housing situation by the end of their support. **Among SHS clients who have experienced FDV** and whose ongoing SHS support ended in 2022–23:

- fewer clients were homeless at the end of support (about 4,600 clients aged 0–14 years and 4,000 clients aged 15–24 years) compared with their first period of support in 2022–23 (7,100 and 5,400, respectively)
- more clients were housed at the end of support (13,500 clients aged 0–14 years and 6,700 clients aged 15–24 years) compared with their first period of support in 2022–23 (10,900 and 5,600, respectively) (AIHW 2024).

For information about all people who use SHS services and have experienced FDV, see **Housing**.

Impacts and outcomes of FDSV

Experiences of violence before the age of 15 are associated with many negative outcomes in adult life, including experiences of violence as an adult

At the time of writing, the latest available data from the PSS (2016) showed that adults who had experienced violence before the age 15 years, when compared to those who had not, were:

- more likely to have lower levels of educational attainment, income and life satisfaction, and to report poor health
- twice as likely to experience any violence as an adult (71% compared with 33%)
- three times as likely to experience partner violence as an adult (28% compared with 8.9%)
- more likely to report a disability or long-term health condition at the time of the interview (46% compared with 29%) (ABS 2019a).

For a discussion among the general population, see **Health outcomes** and **Behavioural outcomes**.

Burden due to child abuse and neglect

The Australian Burden of Disease Study 2018 estimated the amount of burden that could be avoided if no one in Australia had experienced child abuse and neglect.

Burden due to child abuse and neglect estimates the mental health and injury outcomes experienced at all ages that are attributable to exposure during childhood. Three

diseases were causally linked to child abuse and neglect: depressive disorders, anxiety disorders and suicide and self-inflicted injuries (AIHW 2021).

Child abuse and neglect was 1 of the top 3 leading contributors to total disease burden for females and males aged 0–14 years and 15–44 years in 2018

Compared with other risk factors that contribute to total burden, in 2018, child abuse and neglect was:

- the 2nd leading risk factor for females and males aged 0–14
- the leading risk factor for females aged 15–44
- the 3rd leading risk factor for males aged 15–44 (AIHW 2021).

Females aged under 15 experienced 44% more burden from child abuse and neglect than males aged under 15 (AIHW 2021).

Overall, child abuse and neglect contributed to:

- about 810 deaths (0.5% of deaths)
- 2.2% of the total burden of disease and injury in Australia in 2018 (AIHW 2021).

Associations between child maltreatment and mental health disorders

The ACMS determined associations between child maltreatment and 4 mental health disorders identified using widely used and validated diagnostic instruments (Lawrence et al. 2023b). These disorders included lifetime major depressive disorder (MDD), current generalised anxiety disorder (GAD), current severe alcohol use disorder (SAUD) and current post-traumatic stress disorder (PTSD). Childhood maltreatment was strongly associated with experiences of each mental health disorder. Among surveyed people who experienced child maltreatment:

- the proportion who had a mental disorder (48%) was over twice as high as people who had not experienced maltreatment (22%)
- 1 in 4 (25%) experienced lifetime MDD, about 1 in 6 (16%) current GAD, about 1 in 13 (7.8%) current PTSD and over 1 in 16 (6.1%) current SAUD
- the strongest association was with current PTSD, with people who experienced maltreatment about 5 times more likely than those who had not
- early and persistent negative effects on mental health were evident, with people at each of three age spans in life (16–24, 26–44 and 45 and over) about 3 times more likely to have a mental disorder than those who had not experienced child maltreatment (Haslam et al. 2023c; Scott et al. 2023).

Experiences of mental disorders were most strongly associated with experiences of emotional abuse, sexual abuse and multi-type maltreatment even after adjusting for the experience of other forms of child maltreatment (Haslam et al. 2023c).

These findings show that child maltreatment has both an early and lasting impact on people's mental health throughout their lives. It is likely child maltreatment could have an even larger impact than currently shown as some types of mental disorders (for example, eating disorders and personality disorders) and symptoms that impaired an individual's functioning but did not meet clinical thresholds were unable to be included in this study (Haslam et al. 2023c).

For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes**.

Associations between child maltreatment and health risk behaviours

The ACMS determined associations between self-reported experiences of child maltreatment and six health risk behaviours: cannabis dependence, suicide attempts, non-suicidal self-injury, smoking, binge drinking and obesity (see **Data sources and technical notes**). People who had experienced child maltreatment were more likely than those who had not to report each health risk behaviour in the 12 months prior to the survey.

The strongest associations between experiences of child maltreatment and health risk behaviours were for:

- cannabis dependence at the time of the interview (6.2 times more likely), reported by 3.7% of those who had experienced child maltreatment
- suicide attempt in the past 12 months (4.6 times more likely), reported by 1.5% of those who had experienced child maltreatment
- self-harm in the past 12 months (3.9 times more likely), reported by 4.7% of those who had experienced child maltreatment (Haslam et al. 2023c).

The occurrence of these risk behaviours was higher among surveyed young people aged 16–24 who had experienced child maltreatment than other age groups, whereas binge drinking, recent cigarette smoking and obesity were more common in other age groups (Table 1).

Table 1: People aged 16 and over who self-reported experiences of child maltreatment and certain health risk behaviours or conditions, by age group, 2021

Health risk behaviour	People aged 16–24	People aged 25–44	People aged 45 and over
Current cannabis dependence	5.9%	3.7%	1.4%
Recent suicide attempt	5.2%	1.7%	0.4%
Recent self-harm	14%	5.6%	1.5%

Binge drinking	8.8%	13%	13%
Recent cigarette smoking	20%	25%	18%
Current obesity	14%	24%	29%

Notes:

1. Current refers to at the time of the interview and recent refers to any occurrence in the past 12 months.

2. Binge drinking refers to having six or more drinks for men or five or more drinks for women in a single session at least weekly over the past 12 months.

Source: Lawrence et al. 2023a, 2023b.

Child maltreatment was associated with an increased risk of all assessed health risk behaviours among **young people aged 16–24** except binge drinking, which was common in both groups (8.8% for those with and 7.6% for those without experiences of child maltreatment) (Lawrence et al. 2023a).

Some health risk behaviours associated with child maltreatment were more common among either females or males aged 16–24 who had experienced maltreatment:

- more females reported self-harm (18% compared with 7.5% of males)
- more males reported current smoking (23% compared with 17% of females) and binge drinking (11% compared with 6.8%) (Lawrence et al. 2023a).

The increased likelihood of health risk behaviours among all age groups were found to be primarily driven by experiences of emotional abuse, sexual abuse and multi-type maltreatment as a child (Haslam et al. 2023c).

For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes**.

Criminal justice involvement

Analysis of the ACMS data examining associations between child maltreatment and criminal justice involvement found that over 1 in 7 (15%) participants who experienced maltreatment reported ever being arrested. This compares with 8.1% of participants who reported no maltreatment and having ever being arrested (Mathews et al. 2023c).

The proportion of participants who experienced maltreatment and reported ever being arrested was higher for men (23%) and gender diverse participants (23%) compared with women (8.6%) (Mathews et al. 2023c).

Compared with non-maltreated participants, participants who experienced any maltreatment were:

- 2.3 times more likely to have ever been arrested

- 1.9 times more likely to have ever been convicted
- 1.4 times more likely to have ever been imprisoned (Mathews et al. 2023c).

There were statistically significant differences in arrest, conviction and imprisonment rates between male participants who reported and did not report maltreatment. For female participants, these differences were only statistically significant for arrest rates among those aged 25-44 (Mathews et al. 2023c).

There are stronger associations between child maltreatment and criminal justice involvement for those who experienced chronic multi-type maltreatment (that is, three or more types of maltreatment). One in 5 (20%) participants who experienced chronic multi-type maltreatment reported ever being arrested, compared with 10% of participants who reported no maltreatment or less than three types of maltreatment (Mathews et al. 2023c).

For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes**.

Homicide

According to the National Homicide Monitoring Program (NHMP), in 2022–23 there were 16 people killed by a parent or parent-equivalent (filicide), with 3 females and 13 males. There were also 16 people killed by their child, with 7 females and 9 males (Miles and Bricknell 2024). Note that these data relate only to the relationship between people and does not indicate age.

About 3 in 5

victims of **homicide and related offences** aged under 18 years in 2022 were the victim of a family member or intimate partner

According to the ABS 2022 Recorded Crime – Victims data collection, among all recorded victims of homicide and related offences (including murder, attempted murder and manslaughter):

- about 3 in 5 (59%, or 37) of those aged under 18 years were the victim of a family member or intimate partner, with a similar number of females and males
- about 1 in 4 (27%, or 12) of those aged 18–24 years were the victim of a family member or intimate partner, with a similar number of females and males (ABS 2023f).

The rate of recorded FDV-related homicide and related offences among:

- victims aged under 18 years decreased from 0.7 to 0.4 per 100,000 from 2014 to 2020, and increased to 0.6 per 100,000 in 2022

- victims aged 18–24 has varied year to year (between 0.1 and 0.8 per 100,000), with 0.5 per 100,000 in 2022 (ABS 2023f).

Due to the low numbers of offences, any change year to year can result in a large proportional change in the victimisation rate.

Characteristics of filicide

Homicides in which a parent kills a child most commonly involve custodial mothers

To analyse the characteristics of filicide (a parent killing a child) it is necessary to combine data from multiple years due to the relatively small number of incidents year to year. The latest available data from the NHMP for this purpose covers the period between 2000–01 and 2011–12. These data show that in Australia, there were about 240 incidents of filicide (a parent killing a child) involving about 285 victims:

- Almost all (96%, or about 275) of the victims were aged under 18; the remaining 4% (10) were aged 18–33.
- There were more male victims (56%, or about 160) than female victims (44%, or 125).
- The filicides were committed by 260 offenders (Brown et al. 2019).

The most common relationship between offender and victim was:

- custodial mother (46%, or about 135)
- custodial father (29%, or 82)
- stepfather (14%, or 41)
- non-custodial father (10%, or 27) (Brown et al. 2019).

A known 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).

Characteristics of FDV homicide types other than filicide

For all family and domestic homicide types other than filicide, most victims were aged over 25 years. Based on NHMP data between 2002–03 and 2011–12:

- about 1 in 4 (23% or 9) victims of homicides committed by a sibling were aged 15–24 years, with less aged 0–14 years (5.0% or 2)
- about 1 in 5 (20% or 18) victims of homicides committed by family members other than parents or siblings were aged 15–24, with a lower proportion of victims aged 0–14 years (7.6% or 7)
- about 1 in 7 (15% or 95) victims of intimate partner homicide were young people aged 15–24, with a lower proportion among people aged 0–14 years (0.2% or 1) (Cussen and Bryant 2015).

Noting that all family relationships include biological, adoptive and step relatives (Cussen and Bryant 2015).

Has it changed over time?

There are limited data on how the rate of experiences of FDSV among children and young people has changed over time. PSS data on the rate of experiences of sexual harassment and assault among women aged 18–24 in the 12 months prior to the survey (the 12-month prevalence rate) can be used to report on changes over time. Based on the latest available data, the 12-month prevalence rate of:

- sexual harassment was similar in 2021–22 (35%) and 2016 (38%) (ABS 2017b, 2023h)
- sexual assault increased from 2012 (2.2%*) to 2016 (4.5%) (ABS 2013, 2017b).

Note that estimates marked with an asterisk (*) should be used with caution as they have a relative standard error between 25% and 50%.

Is the experience of FDSV the same for everyone?

Some children and young people who share individual, socio-demographic and cultural characteristics may experience higher rates and/or different types of FDSV. However, there are limited data and research that investigates experiences of FDSV among children and young people in many population groups. Available national data show that:

- about 1 in 11 (9.4%) First Nations females and about 1 in 18 (5.5%) First Nations males aged 15–24 years in 2014–15 experienced physical family and domestic violence in the previous 12 months (ABS 2019b)
- a higher proportion of injury hospitalisations in 2021–22 were FDV-related for First Nations people compared with non-Indigenous people for people aged 0–14 (67% compared with 51%), 15–19 (59% compared with 24%), and 20–24 (74% compared with 30%) (AIHW 2023a)
- in 2016:
  - nearly twice as many adults with disability (10%) as adults without disability (5.4%) had experiences of physical and/or sexual abuse before the age of 15 perpetrated by a parent/step-parent
  - about 1 in 9 (12%) adults with disability had experiences of sexual abuse before the age of 15 compared with 1 in 17 (5.8%) adults without disability (AIHW 2022b).

For further discussions, see **Population groups.**

Related material

- Child sexual abuse
- Young women
- Mothers and their children
- Pregnant people

- Who uses violence?
- Helplines and related support services

More information

- Australian Burden of Disease Study 2018: Interactive data on risk factor burden
- Specialist Homelessness Services annual report 2021–22
- Child protection Australia 2021–22

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Young women

Key findings

- The 2021-22 PSS estimated that 1 in 8 (12%) women aged 18-24 experienced sexual violence in the 2 years before the survey
- In 2022, younger women were more likely to be victims of sexual assault than older women (56% were under 18 years old and 30% were aged 18-34)

Family, domestic and sexual violence (FDSV) affects people of all ages and from all backgrounds, but predominantly perpetrated by men against women and children. There are also differences in the experience of FDSV across age groups for women. Young women are more at risk of experiencing physical and sexual intimate partner violence (IPV), sexual violence and harassment compared to older women, while non-physical forms of violence (such as emotional abuse) are similar across age groups in many countries (Stöckl et al. 2014; ABS 2023a, 2023b; Pathak et al. 2019).

Definitions for what constitutes the age range for young women vary across data collections and reporting. This topic page defines young women as aged 15–34 to reflect age groups used in key data sources. However, the following sections will illustrate that the nature of violence can still vary within this broad age group.

What do we know?

There are several reasons why physical and sexual IPV may be less common among older women. One potential explanation is that the decrease is part of the general trend that criminal activity reduces with age, another is that couples who form early unions may face unique relationship stressors that can contribute to IPV, such as early pregnancies, employment instability, and financial difficulties (Stöckl et al. 2014). It is important to note that FDSV prevalence among older women are often underreported, due to various factors such as:

- generational differences in cultural norms (e.g. normalisation of violent behaviours, conservative attitudes that women should play a passive role)
- fear of retaliation, abandonment, institutionalisation or ostracisation
- health (e.g. functional dependence/disability, cognitive impairment)
- age-related shame in disclosing and/or seeking help (Qu et al. 2021; Beaularier et al. 2008; Pathak et al. 2019; WHO 2018).

For more information on FDSV among older women, please refer to the **Older people** topic page.

Impacts of FDSV victimisation among young women

Existing research indicates FDSV victimisation among young women can lead to adverse and/or long-lasting health impacts. Women who have experienced childhood abuse or household dysfunction can have higher long-term primary, allied and specialist healthcare costs, compared with women without these childhood experiences (Loxton et al. 2018). Women who had experienced childhood sexual abuse were also more likely to report poor general health and experience depression and bodily pain during adulthood than those who had not (Coles et al. 2018).

Associations also exist between childhood abuse and the experience of violence in adulthood. The 2016 ABS Personal Safety Survey (PSS) found women who experienced childhood abuse were about 3 times as likely to experience sexual violence and partner violence as an adult than those who did not experience childhood abuse (ABS 2019a). In addition, an ANROWS study found that people aged 16–20 who had both witnessed violence between other family members and been subjected to child abuse were 9.2 times more likely to use violence in the home than those who had not experienced any child abuse (Fitz-Gibbon et al. 2022).

What do the data tell us?

Data are available across several surveys and administrative data sources to look at the prevalence, service responses and outcomes of FDSV among young women.

What national data are available to report on FDSV among young women?

- ABS Personal Safety Survey
- ABS Recorded Crime, Victims
- AIHW National Hospital Morbidity Database
- AIHW Specialist Homelessness Services (SHS) Collection
- ANROWS Adolescent Family Violence in Australia study
- ANROWS Technology-facilitated Abuse study
- Australian Longitudinal Study on Women’s Health
- National Aboriginal and Torres Strait Islander Social Survey
- National Student Safety Survey

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

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

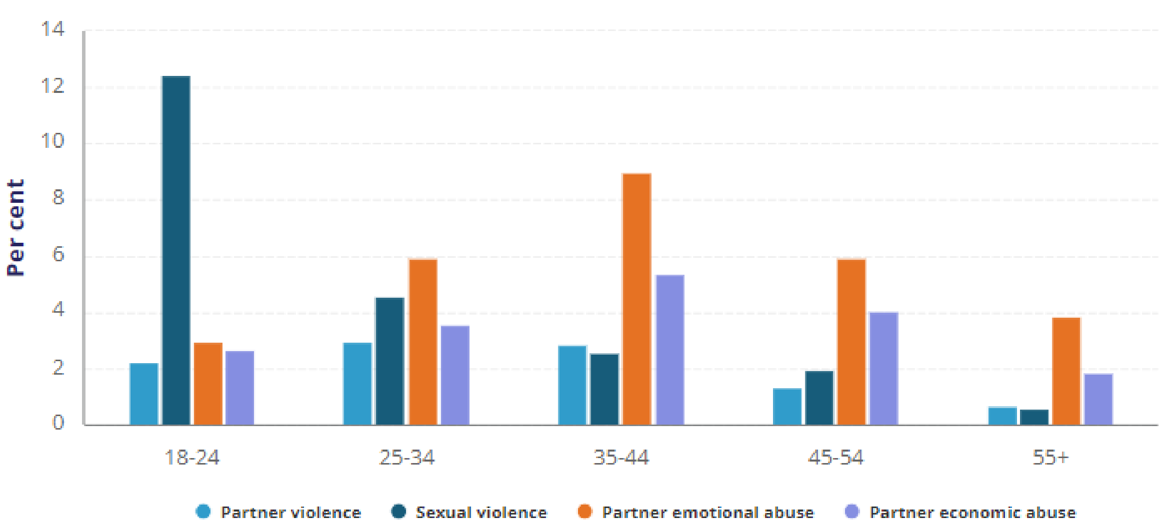
Women’s exposure to violence differs across the age groups. The 2021-22 PSS found that the prevalence of physical and/or sexual violence by a cohabiting partner (partner violence) among women declined with age. One in 39 (2.6%) women aged 18-34

experienced partner violence in the 2 years before the survey, compared with 2.2% for those aged 35-54 and 0.6% for those aged 55 and over (ABS 2023a).

The prevalence of sexual violence by any perpetrator among women also decreased with age. One in 8 (12%) women aged 18-24 experienced sexual violence in the 2 years before the survey, compared with 4.5% of those aged 25-34, 2.5% of those aged 35-44, 1.9%* for those aged 45-54 and 0.5%* of those aged 55 and over (ABS 2023e).

Note that estimates marked with an asterisk (*) should be used with caution as they have a relative standard error between 25% and 50%.

Figure 1: Women who experienced cohabiting partner violence, sexual violence, partner emotional abuse and partner economic abuse in the 2 years before the survey, by age group, 2021-22



*: estimate has a relative standard error (RSE) between 25% and 50% and should be used with caution.

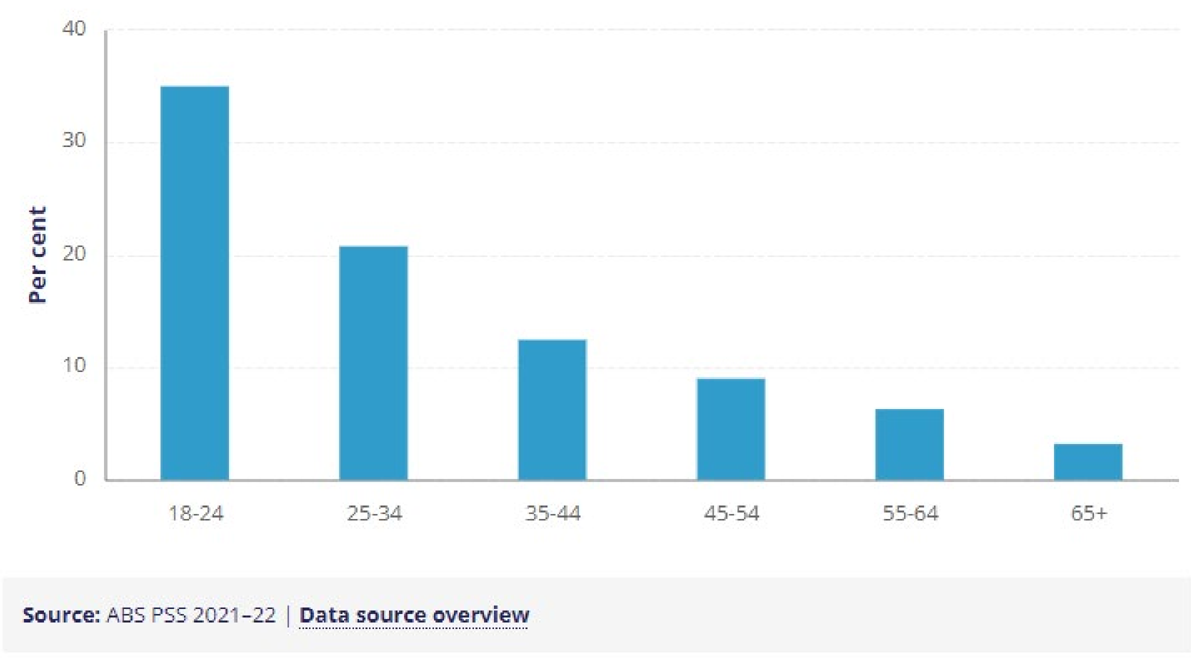
Source: ABS PSS 2021–22 | **Data source overview**

The Australian Longitudinal Study on Women's Health asked 3 cohorts of women about their experiences of unwanted sexual activity in the 12 months prior to several time points during the study (recent sexual violence). Almost 4% of women aged 18–23 in 1996 experienced recent sexual violence, with the proportion maintaining at less than 2% once the cohort reached ages 22–27 in 2000. Similarly, almost 6% of women that were aged 18–24 in 2013 experienced recent sexual violence, with the proportion dropping to below 4% when the cohort reached ages 24–30 in 2019 (Townsend et al. 2022).

Young women are more likely to experience sexual harassment and stalking than older women

The 2021–22 PSS estimated that over 1 in 8 (13%, or 1.3 million) women and 1 in 22 (4.5%, or 427,000) men aged 18 and over had experienced sexual harassment in the 12 months before the survey. Of all age groups, women aged 18–24 were most likely to have experienced sexual harassment, with over 1 in 3 (35%, or 356,000) having experienced sexual harassment in the 12 months before the survey (ABS 2023b, 2023d) (Figure 2).

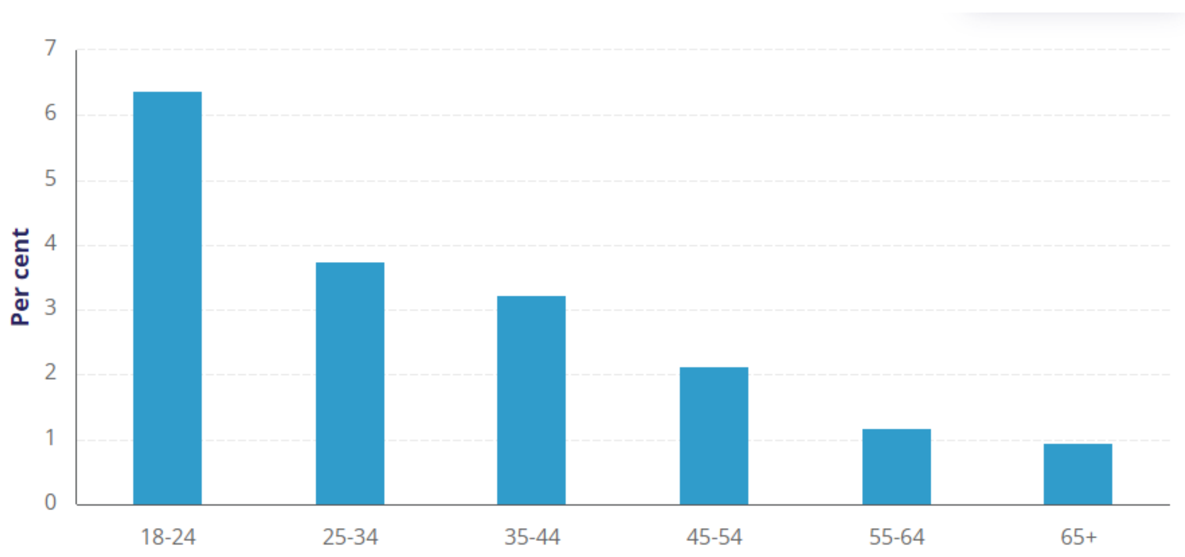
Figure 2: Women who experienced sexual harassment in the 12 months before the survey, by age group, 2021-22



Source: ABS PSS 2021–22 | Data source overview

The 2016 PSS estimated that 1 in 16 (6.4%, or 69,900) women aged 18–24 experienced stalking from a male in the 12 months before the survey, with this proportion decreasing with age (ABS 2017) (Figure 3).

Figure 3: Women who experienced stalking by a male in the 12 months before the survey, by age group, 2016



Source: ABS PSS 2016 | **Data source overview**

Box 1: Sexual assault and harassment in Australian universities

A survey administered by the Australian Human Rights Commission in 2016 found that sexual violence was prevalent in universities across Australia. In 2021, Universities Australia funded the National Student Safety Survey (NSSS) as part of its *Respect. Now. Always.* initiative to further understand the extent and nature of the problem. The NSSS sampled over 43,800 Australian university students and found that compared to male respondents, female respondents were:

- more likely to have experienced sexual assault (6.0% compared with 2.1%) or harassment (21% compared with 7.6%) in a university setting, and
- more likely to have been sexually assaulted by a male perpetrator (97% compared with 44%).

The study also found that respondents aged 18–21 were most likely to report sexual harassment by a stranger or a student from their place of residence in their most impactful incident of harassment in a university context compared to older students. Meanwhile, respondents aged 22–24 were more likely to report sexual assault in a university context than other age groups.

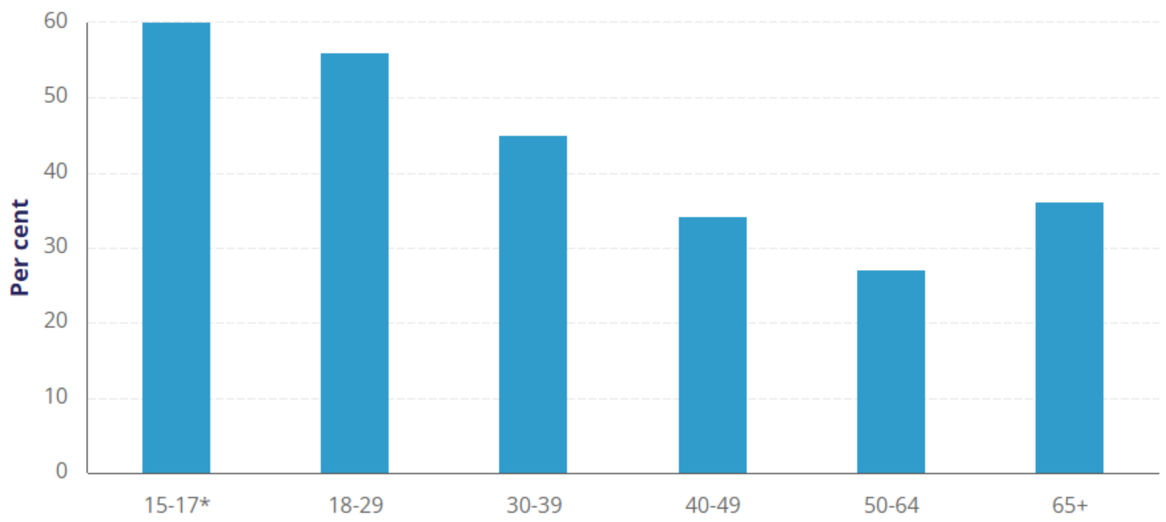
For more information on sexual violence in Australia, please refer to the **Sexual violence** topic page.

Source: Heywood et al. 2022

Young women are more likely to experience sexual harassment at their workplace

The Australian Human Rights Commission conducted the fifth national survey on sexual harassment in Australian workplaces in 2022. The nationally representative study of over 10,000 respondents found that the proportion of women that had been sexually harassed at work in the last 5 years decreased with age between age group 15–17 and 50–64. Sixty per cent of women aged 15–17 had been sexually harassed at work in the last 5 years compared with 27% of those aged 50–64 (AHRC 2022) (Figure 4).

Figure 4: Women that experienced workplace harassment in the last 5 years, by age group, 2022



*: small sample size and the data should be interpreted with caution.

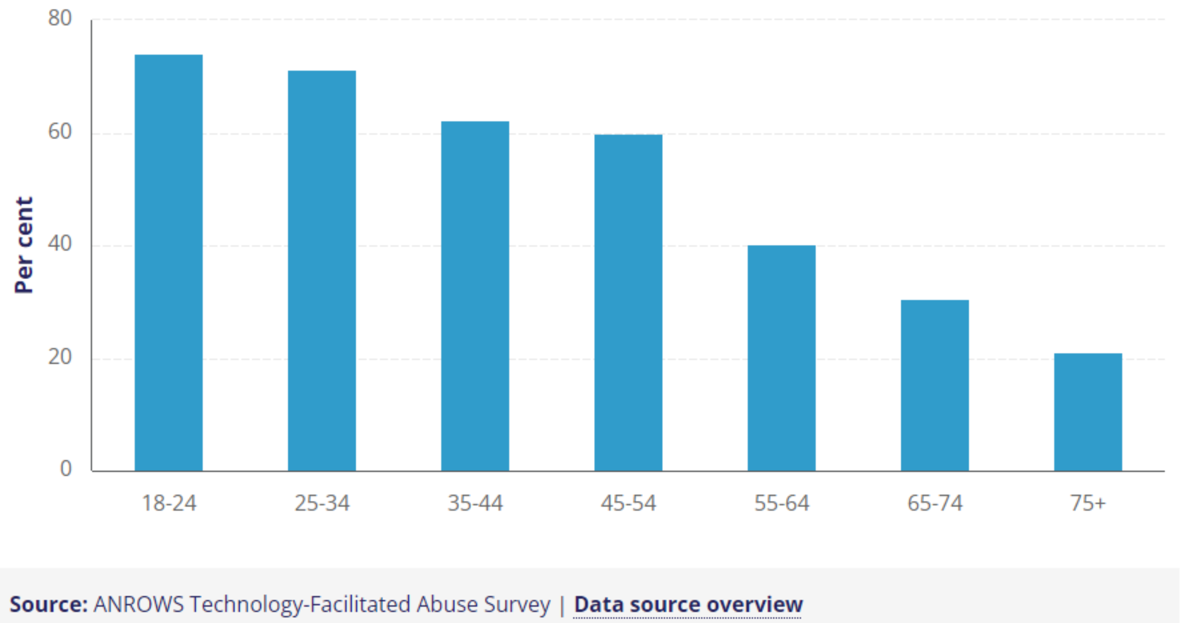
Source: AHRC National survey on sexual harassment in Australian workplaces | **Data source overview**

For more information on sexual harassment in Australian workplaces, please refer to Time for respect: Fifth National Survey on Sexual Harassment in Australian Workplaces.

Young women are more likely to experience technology-facilitated abuse than older women

Technology-facilitated abuse (TFA) involves the use of mobile and digital technologies in interpersonal harms, such as online harassment, image-based abuse, and monitoring behaviours (Powell et al. 2022). A nationally representative study of about 4,600 respondents on TFA found that younger women were more likely to report lifetime TFA victimisation compared to older women. Almost 3 in 4 (74%) female respondents aged 18–24 and 7 in 10 (71%) of those aged 25–34 reported having experienced TFA in their lifetime, with this proportion decreasing with age (Figure 5) (Powell et al. 2022).

Figure 5: Lifetime victimisation of technology-facilitated abuse for female respondents, by age group, 2022



Source: ANROWS Technology-Facilitated Abuse Survey | **Data source overview**

For more information on TFA, please refer to the **Stalking and surveillance** topic page.

What are the responses to FDSV for young people?

Young women are more likely to seek informal support for sexual assault than older women

The ABS PSS 2021-22 collected data on police contact and support-seeking behaviours among young women after experiencing sexual assault. In response to their most recent incident of sexual assault perpetrated by a male in the last 10 years, women aged 18–34 were:

- less likely (5.5%*) to contact police than those aged 35 and over (12%)
- more likely (52%) to seek informal support (including friends, family, people at work and spiritual advisors) than those aged 35 and over (35%) (ABS 2023e).

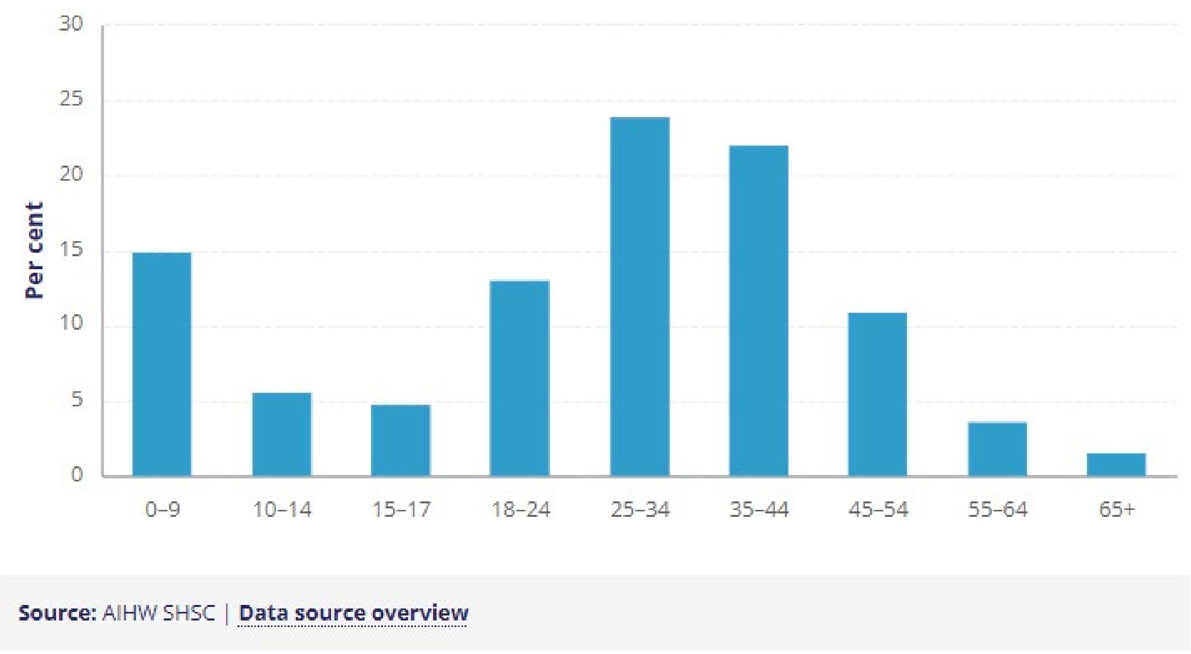
Please note that data marked with an * have a relative standard error of 25% to 50% and should be used with caution.

Young women are more likely to use specialist homelessness services due to family and domestic violence than older women

Specialist homelessness service (SHS) agencies receive government funding to deliver services to support people experiencing or at risk of homelessness. The AIHW Specialist Homelessness Services collection reported that in 2022–23 the proportion of female SHS

clients who have experienced FDV was highest for those aged 25–34 (24%) and decreased with age for age groups from 35–44 onwards (Figure 6; AIHW 2023b).

Figure 6: Specialist homelessness services female clients who have experienced family and domestic violence, by age group, 2022–23



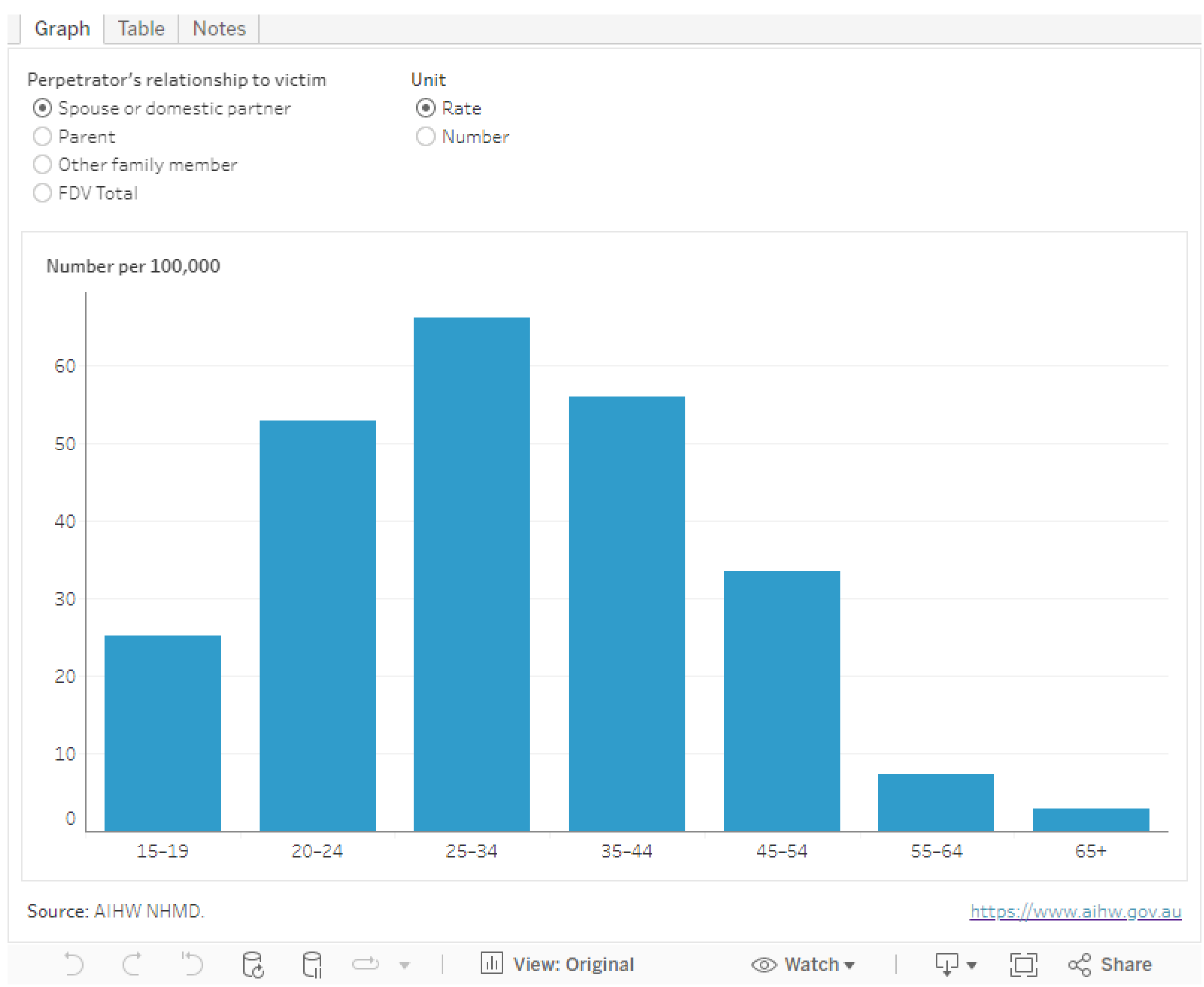
Source: AIHW SHSC | **Data source overview**

In 2022–23, almost 1 in 4 (23%) women aged 18 and over who experienced FDV presented as single with child/ren (of any age). Proportions were highest for women aged 25–34 and 35–44 (27% for both age groups), compared with 20% for women aged 18–24 and 13% for women aged 45 and older (AIHW 2024).

Younger women are more likely to be hospitalised for FDV-related injuries than older women

In 2021–22, the rate of hospitalisations for FDV-related injury was highest for females aged 25–34 (80 per 100,000 females), with this age group most likely to be hospitalised due to injury from spouse or domestic partner (66 per 100,000 females). Meanwhile, females aged 0–14 had the highest rate of hospitalisation due to injury from parents (4.2 per 100,000 females) (Figure 7) (AIHW 2023a).

Figure 7: Family and domestic violence hospitalisations for females, by relationship to perpetrator, 2021–22



The proportion of hospitalisations for injuries related to sexual assault was also highest for females aged 25–34 (28%), compared with 18% for those aged 15–19 and 16% each for those aged 20–24, 35–44 and 45 and above (AIHW 2023a).

These data relate to people admitted to hospital and do not include presentations to emergency departments for FDV-related injury. Please refer to the **Health services** topic page for more information on FDSV hospitalisations.

Police responses

Younger women are more likely to be victims of sexual assault than older women

In 2022, police-recorded crime data showed younger women were more likely to be victims of sexual assault than older women. The most common age group at incident for victims was under 18 years (56%, or 15,000), compared with 30% (or 8,100) of females aged 18-34, 12% (or 3,100) of females aged 35–54, and 2.4% (or 650) of females aged 55 years and over (ABS 2023c).

Younger women were also more likely to be victims of FDV-related sexual assault than older women. The most common age group at incident for victims was under 18 years (59%, or 6,100), compared with 26% (or 2,700) of females aged 18–34, 13% (or 1,400) of females aged 35–54, and 1.2% (or 130) of females aged 55 years and over (ABS 2023c) (Figure 8).

Figure 8: Female victims of sexual assault, by age group, 2022

Source: ABS Recorded Crime – Victims | **Data source overview**

Please refer to **FDV reported to police** and **Sexual assault reported to police** for data on offences. For more information on adolescent family violence, please see Box 2 and **Children and young people**.

Box 2: Adolescent family violence in Australia

Adolescent family violence (AFV) is the use of family violence by a young person against their parent, carer, sibling or other family member within the home, which can include physical, emotional, psychological, verbal, financial and/or sexual abuse (RCFV 2016).

ANROWS administered a non-representative survey on 5,021 young people aged 16–20 living in Australia to evaluate their sociodemographic characteristics, current living arrangements, and their experiences of:

- witnessing violence between other family members
- being subjected to direct forms of abuse perpetrated by other family members
- their use of violence against other family members.

The study found that 1 in 5 (20%) respondents reported ever using violence against a family member, with verbal abuse (15%) and physical violence (10%) as the most common types of AFV used. Respondents assigned female at birth (23%) were more likely to report using violence in the home than those assigned male at birth (14%). Nine in 10 (90%) respondents

assigned female at birth and 6 in 7 (86%) respondents assigned male at birth who had used AFV also reported they had experienced child abuse.

For more information on AFV in Australia, please refer to the Children and young people topic page.

Source: Fitz-Gibbon et al. 2022

Impacts of COVID-19

We continue to learn about the impact of the emergency phase of the COVID-19 pandemic on FDSV, with some different patterns observed between research and national population prevalence data (Diemer 2023). As the methodologies differ, these data cannot be directly compared.

The 2021–22 ABS Personal Safety Survey, which was conducted from March 2021 to May 2022, found that intimate partner violence in the last 12 months for women aged 18 years and over decreased from 2.3% in 2016 to 1.5% in 2021–22. Results for 2021–22 were also lower than 2012 (2.1%) and 2005 (2.3%) (ABS 2023b). Comparable data for 2016 and 2021-22 are not available for younger women.

Between 16 February 2021 and 6 April 2021, the Australian Institute of Criminology (AIC) conducted an online survey of about 10,100 women aged 18 and over who had been in a relationship in the preceding year. Results found that in the 12 months before the survey, the pandemic coincided with first-time and escalating domestic violence in Australia for some women (Boxall and Morgan 2021a). Further analysis of these data found that younger women were more likely than older women to report having experienced physical and sexual violence and/or coercive control in the 3 months prior to survey. Women aged 18–24 were 8 times more likely to experience physical/sexual violence and 6 times more likely to experience coercive control than women aged 55 and over (Boxall and Morgan 2021b).

Please refer to the **FDSV and COVID-19** topic page for more information.

Is it the same for everyone?

Young women are a diverse group, and experiences of violence and abuse can differ for various reasons. Although age and sex-specific data are limited for different population groups, they generally show that younger women are still more likely to experience FDSV than older women within sub-groups.

Aboriginal and Torres Strait Islander young women

There are limited national data on FDSV prevalence among Aboriginal and Torres Strait Islander (First Nations) young women. It is known that in 2014-15, First Nations women in the age groups 25–34 years and 35–44 years were most likely to have experienced FDV-related physical violence (14% for both groups), compared with 9.4% of those aged 15–24 and 5.4% of those aged 45 years and over (ABS 2019b). Similarly, a higher

proportion of First Nations women hospitalised for FDV-related injury were aged 25–34 (34%) and 35–44 (25%) compared with those that were aged 24 years and under (21%) and 45 years and over (19%) (AIHW 2023a).

Please refer to the **Aboriginal and Torres Strait Islander** people topic page for more information.

Lesbian, gay, bisexual, transgender, intersex, queer or asexual (LGBTIQA+) young women

There are no national data on the prevalence of FDSV among LGBTIQA+ young women. However, LGBTIQA+ people experience identity-based abuse in addition to all forms of violence that affect cisgender women (DSS 2022). Identity-based abuse includes any act that uses how a person identifies to threaten, undermine or isolate them, such as pressuring a person to conform to gender norms or undertake conversion practices (Gray et al. 2020; DSS 2022).

Data from the Australian Longitudinal Study on Women's Health shows women aged 25–30 that did not identify as exclusively heterosexual were at increased risk of interpersonal violence, when compared with their exclusively heterosexual counterparts. Interpersonal violence includes physical abuse, emotional abuse, sexual abuse, harassment and being in a violent relationship (Szalacha et al. 2017).

Please refer to the **LGBTIQA+** topic page for more information.

Young women with disability

Women with disability or illness are more likely to experience IPV and sexual violence than those without disability or illness (Brownridge 2006; Royal Commission in Violence, Abuse, Neglect and Exploitation of People with Disability 2021). Younger women with disability are also more likely to experience sexual violence than older women with disability. Data from the Australian Longitudinal Study on Women's Health shows 73% of women aged 24–30 living with disability or illness have reported experiencing sexual violence in their lifetime, compared with 55% of women aged 40–45 and 34% of women aged 68–73 (Townsend et al. 2022).

Please refer to the **People with disability** topic page for more information.

Culturally and linguistically diverse young women

There are limited national data on the prevalence of FDSV among young women from culturally and linguistically diverse (CALD) backgrounds in Australia. A non-representative national study on migrant and refugee women's safety and security found that, among the 1,400 respondents, those aged under 30 (16%) were more likely to report having experienced physical and/or sexual violence compared with 14% of those aged 30–44, 12% of those aged 45–64, and 10% of those aged 65 and over (Segrave et al. 2021).

It is also known that IPV can affect CALD girls as young as 12 years old and result in hospitalisation (MYSA 2017). Some CALD young women are in arranged marriages where leaving an abusive relationship could lead to ostracism from their support systems (MYSA 2017). Moreover, many CALD women do not recognise forms of IPV outside of physical violence that causes injury, particularly financial abuse and reproductive coercion (El-Murr 2018).

Please refer to the **People from culturally and linguistically diverse backgrounds** topic page for more information.

Pregnant young women

Young women are at higher risk of experiencing IPV during pregnancy and in early motherhood. The Australian Institute of Family Studies found that young women aged 18–24 are more likely to experience FDV during pregnancy than older women (Campo 2015). Taft et al.'s (2004) study of 14,800 women aged 18–23 found that 27% of the women who had ever had a pregnancy reported having experienced IPV, compared with 8% of the women who had never been pregnant. However, it is unclear whether young women in Taft et al.'s (2004) study became pregnant as an outcome of violence or that becoming pregnant increased their likelihood of experiencing violence.

Please refer to the **Pregnant people** topic page for more information.

Related material

- Children and young people
- Health outcomes
- Intimate partner violence
- Modern slavery
- Sexual violence
- Stalking and surveillance

More information

- Specialist Homelessness Services, annual report.
- Child Protection, Australia.

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Pregnant people

Key findings

- 1 in 7 women who experienced violence by a current partner and were pregnant during the relationship, experienced the violence during their pregnancy
- Pregnant women assaulted by a partner were more likely to experience injury to their trunk than other women (48% compared with 29%)

People can experience violence specific to reproductive health and/or pregnancy. This violence can occur in the context of family violence, commonly intimate partner violence, or sexual violence by any perpetrator (see Box 1 for a discussion of the terms used). There can be a range of negative health impacts associated with this violence, including lack of autonomy in reproductive choice, unintended pregnancies, abortions, higher rates of miscarriage, delayed prenatal care, pre-term birth (before 37 completed weeks of gestation) and low birthweight (less than 2,500 grams) (Marie Stopes Australia 2020, WHO 2011, WHO 2021). Previous experience of trauma, including exposure to family and domestic violence during childhood, may also be associated with pregnancy complications, pre-term birth and low birthweight (Mamun et al. 2023) and could contribute to a birth being experienced as traumatic (Highet et al. 2023).

Pregnancy, and the early post-natal period, is a time of heightened risk for the onset or escalation of partner violence (ANROWS 2020, State of Victoria 2016). The experience of violence before, during and after pregnancy has been associated with physical and psychological health problems for both the mother and child (Bayrampour et al. 2018, Brown et al. 2015, Campo 2015, Moore et al. 2017, WHO 2021, Yang et al. 2022).

This section mostly focuses on violence perpetrated by intimate partners but it can also be perpetrated by family members (particularly in relation to reproductive coercion and abuse) or strangers (in relation to sexual violence).

In AIHW's family, domestic and sexual violence (FDSV) reporting, specific terms are used when reporting from certain data sources. The terms 'women' and 'mothers' are used throughout this topic for consistency with sources. However, it should be noted that some people may not identify with these terms (see Box 1).

Box 1: Reporting on the experience of FDSV in relation to pregnancy

'Pregnant people' is a gender-neutral term that may be used to refer to all people who are or have been pregnant, regardless of their gender identity (including for example, people who identify as women, transgender or non-binary). The mechanisms for collecting data on sex and/or gender vary across data collections. In most cases, 'male' and 'female' are used, however it is not always known whether the data refer to sex at birth or to gender identity

and some people may not identify with these terms. AIHW FDSV reporting uses the terms used in the data source, including the terms 'women' and 'mothers' which some people may not identify with.

The following FDSV-related terms are used in the reporting for this topic:

Intimate partner violence includes both **dating violence** (violent or intimidating behaviours perpetrated by a current or previous boyfriend, girlfriend or date) and **partner violence** (violent or intimidating behaviours perpetrated by a current or former cohabiting partner).

Partner violence is reported in the Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS) for:

- 'current partner' – a person who, at the time of the survey, was living with the respondent in a marriage or de-facto relationship.
- 'previous partner' – a person who lived with the respondent at some point in a marriage or de facto relationship, but who was no longer living with the respondent at the time of the survey.

Sexual violence includes sexual assault, sexual threat, sexual harassment, child sexual abuse, street-based sexual harassment and image-based abuse. However, the ABS PSS uses a narrower definition of sexual violence, including only sexual assault and sexual threat. Sexual violence in its broadest form can occur in the context of family or domestic violence or be perpetrated by other people known to the victim or by strangers.

Sexual assault is a type of sexual violence that involves any physical contact, or intent of contact, of a sexual nature against a person's will, using physical force, intimidation or coercion.

Reproductive coercion and abuse is any interference with a person's reproductive autonomy that seeks to control if and when they become pregnant, and whether the pregnancy is maintained or terminated. It may include pregnancy coercion, birth control sabotage or controlling the outcome of a pregnancy. Intimate partner violence, including sexual violence, may be a mechanism through which reproductive coercion and abuse is perpetrated. However, perpetrators may also be a family member or a family member of the partner.

Data sources for reporting on the experience of FDSV in relation to pregnancy

- ABS Personal Safety Survey
- Mothers' and Young People's Study
- AIHW Burden of disease
- AIHW National Hospital Morbidity Database
- Australian Longitudinal Study on Women's Health
- Longitudinal Study of Australian Children

What do we know about the experience of FDSV in relation to pregnancy?

How many people experienced violence by a partner during their pregnancy?

The World Health Organisation estimated a prevalence rate for intimate partner violence during pregnancy of around 2% for Australia (WHO 2011). This was based on a secondary analysis of data from the International Violence against Women Survey 2002, which explored the experience of physical and sexual intimate partner violence for 6,700 women who had ever been pregnant (Devries et al. 2010).

A review of studies on the prevalence of intimate partner violence in pregnancy indicated a lack of reliable data for Australia (Román-Gálvez et al. 2021). As a proxy, the ABS Personal Safety Survey (PSS) can be used to report on whether women who experienced partner violence were ever pregnant during the relationship and if violence occurred during pregnancy.

1 in 7 women who experienced violence by a current partner and were pregnant during the relationship, experienced violence during their pregnancy.

According to the 2021–22 PSS, an estimated 124,000 women, who had experienced violence by a current partner since the age of 15, were pregnant during the relationship. Of these women, about:

- 1 in 7 (15%*, or 18,000*) experienced violence during their pregnancy
- 1 in 8 (13%*, or 15,900) experienced violence for the first time during pregnancy (ABS 2023).

Note that estimates marked with an asterisk (*) should be used with caution as they have a relative standard error between 25% and 50%.

17% of women who experienced violence by a previous partner, experienced the violence for the first time during pregnancy.

Of the estimated 791,000 women who had experienced violence by a previous partner since the age of 15 and were pregnant during the relationship about:

- 2 in 5 (42%, or an estimated 329,000 women) experienced violence during their pregnancy
- 1 in 6 (17%, or an estimated 132,000 women) experienced violence for the first time during pregnancy (ABS 2023).

15% of clients of pregnancy counselling and reproductive health services in Australia reported reproductive coercion and abuse.

Reproductive coercion and abuse may include behaviours that are pregnancy promoting or pregnancy preventing (including coerced abortion) (Sheeran et al. 2022). A study of around 5,100 clients who sought counselling support for pregnancy from 2 specific providers in Australia between January 2018 and December 2020 investigated the reporting of reproductive coercion and abuse. Fifteen per cent of clients reported reproductive coercion and abuse:

- 6% to promote pregnancy
- 7.5% to prevent pregnancy
- 1.9% to promote and prevent pregnancy (Sheeran et al. 2022).

What are the health service responses to intimate partner violence during pregnancy?

Many pregnant people have regular contact with health-care professionals during pregnancy, which presents an opportunity to identify and respond to violence (AIHW 2015, ANROWS 2020). Perinatal, maternal and child health services are specifically targeted to pregnant people and their children and can play a critical role in early intervention by identifying family and domestic violence (FDV) and providing appropriate referrals (AIHW 2015).

Evidence suggests that screening by health professionals during pregnancy can lead to higher rates of disclosure of, and increases the identification of, domestic violence (O'Reilly et al. 2010). Screening for FDV during pregnancy occurs in most states and territories, however, a variety of FDV screening approaches are used (AIHW 2015). National perinatal data on screening for FDV is not yet available for reporting and little is known about the supports and services provided to people who experience, or are at risk of experiencing, violence during pregnancy (AIHW 2022b).

Box 2: Screening for family and domestic violence during pregnancy

The National Pregnancy Care Guidelines recommend that all people are asked about FDV during pregnancy and that this should only be asked when alone with the person (Department of Health 2020). The 2023 National Perinatal Mental Health Guideline also recommends that enquiry about FDV is included as part of psychosocial assessment of factors influencing mental health (Highet et al. 2023).

A variety of FDV screening approaches are used in Australia, including routine and targeted screening and other mechanisms that prompt screening questions, and the use of a variety of screening tools (AIHW 2015). Screening for intimate partner violence typically occurs when

a client is asked a series of questions that seek to determine if that person is experiencing, or is at risk of, violence in their intimate relationship (AIHW 2015).

The AIHW National Perinatal Data Collection (NPDC) is a national population-based cross-sectional collection of data on pregnancy and childbirth. In 2020, a voluntary family violence screening question (which is defined as including "Violence between family members as well as between current or former intimate partners") was introduced into the NPDC through the Perinatal National Best Endeavours Data Set (NBEDS) to identify whether screening for FDV was conducted. Due to the time lag between development, implementation and collection of data by the state and territory perinatal data collections and their inclusion in the NPDC, data are not yet available for reporting (AIHW 2023).

The AIHW is also working with the Commonwealth Department of Health and Aged Care and states and territories to develop the Perinatal Mental Health pilot data collection. This will contain data from perinatal mental health screening conducted in some public maternity hospitals, maternal and child family health clinics, and general practice; and some of the screening tools cover data on FDV risk. Analysis of the pilot will inform decisions about the appropriateness and feasibility of capturing this information on an ongoing basis (AIHW 2022b).

What are the outcomes of violence in relation to pregnancy?

Pregnancy loss or termination

17% of the burden of disease due to early pregnancy loss was attributable to intimate partner violence in 2018.

Intimate partner violence is a major health risk factor for women aged 15 to 44 years, ranking as the fourth leading risk factor for total disease burden in 2018 (see Box 3) (AIHW 2021a).

Box 3: Burden of disease

Burden of disease refers to the quantified impact of living with, or dying from, a disease or injury. Attributable burden is the reduction in burden that would have occurred if exposure to a specific risk factor had been avoided or reduced to its lowest level (AIHW 2021b).

Early pregnancy loss (including termination of pregnancy and miscarriage) is one of the six outcomes linked to intimate partner violence (Ayre et al. 2016).

It was estimated that intimate partner violence contributed to 1.4% of the total burden of disease and injury among Australian women in 2018. Seventeen per cent of the burden due to early pregnancy loss was attributable to IPV (AIHW 2021b). These estimates reflect the amount of disease burden that could have been avoided if all

women aged 15 and over in Australia were not exposed to intimate partner violence, including emotional, physical and sexual intimate partner violence by a cohabiting current or previous intimate partner (AIHW 2021b).

The proportion of burden due to early pregnancy loss attributable to IPV was similar between 2015 (18%) and 2018 (17%) (AIHW 2020, 2021b).

Women who experienced violence were twice as likely to terminate a pregnancy.

Associations are made between unintended pregnancy, intimate partner and sexual violence, reproductive control and abuse, and forced termination of pregnancy (Campo 2015, Grace and Anderson 2018, Tarzia and Hegarty 2021). Some international research suggests there may be a repetitive cycle of pregnancy termination in the context of intimate partner violence (Hall et al. 2014). However, there are no nationally representative data available to inform about the extent or impacts of reproductive coercion and abuse in Australia (Carter et al. 2021, Price et al. 2022) or on the incidence or prevalence of abortion (Taft et al. 2019).

The Australian Longitudinal Study on Women's Health was used to examine factors associated with abortions undertaken for non-medical reasons. The analysis focused on data from the 1973–1978 birth cohort after five surveys and included data for 9,021 women (Taft et al. 2019). Findings indicated that:

- women who reported recent intimate partner violence were twice as likely to terminate a pregnancy than women who did not experience intimate partner violence
- the experience of any interpersonal violence, including recent or past partner violence, and non-partner violence, significantly increased the likelihood of terminating a pregnancy (Taft et al. 2019).

Two studies of Queensland women provide some limited information about intimate partner or sexual violence and unintended pregnancy:

- 12% of first contacts with the service disclosed domestic violence and 3% disclosed sexual assault in a study of 6,200 women seeking information regarding termination of unintended pregnancies in Queensland between July 2012 and June 2017 (Sharman et al. 2019).
- reproductive coercion was reported among 5.9% of women at first contact and 18% of the repeat contacts in a study of 3,100 Queensland women who contacted a telephone counselling and information service regarding an unplanned pregnancy between January 2015 and July 2017 (Price et al. 2022).

Health and wellbeing outcomes

Intimate partner violence may result in unintended pregnancies (Gartland et al. 2011) and the risks (medical conditions) associated with these pregnancies may be greater than those for planned pregnancies (Keegan et al. 2023). Medical conditions as a result

of pregnancy may be short-term conditions experienced during pregnancy or conditions that develop after pregnancy and continue in the longer-term. For example, heart conditions, diabetes, high blood pressure, infections, anemia, bleeding, nausea/vomiting, and severe morning sickness (Keegan et al. 2023; NICHD 2020). People who are denied reproductive autonomy and are forced to continue a pregnancy are also denied the right to accept the risks that may be associated with pregnancy.

Violence experienced during pregnancy may result in physical and psychological health problems for both the mother and fetus including low birth weight, premature labour and miscarriage, injuries, fetal stress and trauma, maternal depression, anxiety, and post-traumatic stress disorder (Bayrampour et al. 2018, Brown et al. 2015, Campo 2015, WHO 2021, Yang et al. 2022).

According to the Mothers' and Young People's Study (formerly the Maternal Health Study), women who experienced family violence were around twice as likely to give birth to babies with low birthweight (less than 2,500 grams), compared with women who did not experience violence (12% and 4.7%, respectively). Babies born with low birthweight are at higher risk of developing a range of health conditions such as diabetes and hypertension earlier in their life, compared with babies born in the normal weight range (Brown et al. 2015).

People who were afraid of an intimate partner during pregnancy were also more likely to experience vaginal bleeding during pregnancy, urinary and faecal incontinence, and depressive and/or anxiety symptoms (Brown et al. 2015).

Intimate partner violence during pregnancy is also associated with adverse health behaviours during pregnancy, including maternal smoking, alcohol and substance use, and delayed prenatal care (Suparare et al. 2020, WHO 2011). Difficulties or lack of attachment between the mother and child and lower rates of breastfeeding may also be associated with intimate partner violence (WHO 2011).

See also: **Children and young people; Mothers and their children.**

Following birth, people are generally advised to abstain from sexual intercourse for 4–6 weeks, or until they have a medical check (Piejko 2006). However, some people may be pressured by their partner to resume sexual intercourse before they are physically or emotionally ready (Jambola et al. 2020). Incomplete healing following birth may cause sexual discomfort, infection and tears (Gadisa et al. 2021). This and other common maternal health problems such as tiredness and fatigue may result in sexual dysfunction (Piejko 2006). If birth control has not been resumed, there may also be a shorter interval between pregnancies (Gadisa et al. 2021).

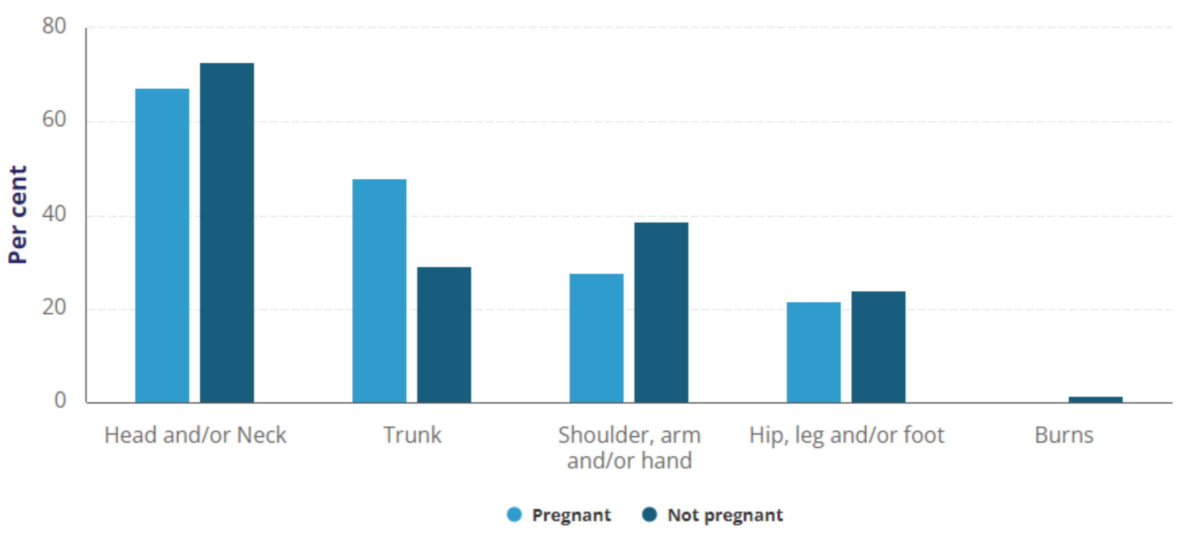
Shorter intervals between pregnancies have commonly been considered to be intervals of less than 18 months from the end of one pregnancy to the start of the next pregnancy. Adverse outcomes that have been associated with shorter intervals between pregnancies include placental abruption, placenta praevia, uterine rupture (for people who previously delivered by caesarean section), gestational diabetes, increased risk of stillbirth, small size for gestational age, preterm delivery and neonatal death (Dorney et al. 2020).

Hospitalisations

People who experience intimate partner violence during pregnancy are likely to be hit in the abdomen, which not only harms them but also has the potential to endanger the pregnancy (WHO 2011).

In 2021–22, the victim was pregnant in 7% (or about 250) of hospitalisations of women for injuries from assault by a spouse or domestic partner. Two-thirds (67%) of these pregnant women were admitted with injuries to their head and/or neck, and 48% were hospitalised with injuries to their trunk (that is, the thorax, abdomen, lower back, lumbar spine and pelvis). Trunk injuries were more common among pregnant women than among women who were not pregnant (29%) (Figure 1).

Figure 1: Physical assault hospitalisations where perpetrator was spouse or partner, females aged 15 and over, by type of injury, by pregnancy status, 2021–22



Source: AIHW NHMD | **Data source overview**

Analysis of linked hospital and death data from the National Integrated Health Services Information Analysis Asset found that about 1 in 10 (11%) hospitalisations in which FDV was identified between 2010–11 to 2018–19 had a principal diagnosis of *Pregnancy, childbirth and puerperium*. For these hospitalisations, *Pregnancy, childbirth and*

puerperium was the diagnosis considered to be mainly responsible for occasioning the hospitalisation (AIHW 2021c).

Intimate partner homicide

The risk of intimate partner homicide may be greater for people who experience violence during pregnancy (Boxall et al. 2022, WHO 2011). Of the 240 female intimate partner homicide victims between 2010 and 2018, five (2.1%) were pregnant at the time that they were killed (ADFVDRV and ANROWS 2022).

Are some pregnant people at greater risk of experiencing FDSV?

Some studies have indicated that certain groups of people are at greater risk of experiencing FDSV during pregnancy and following birth (Campo 2015, Suparare et al. 2020, Toivonen and Backhouse 2018).

Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander (First Nations) people experience higher rates than non-Indigenous people of medical complications in pregnancy, perinatal deaths, preterm birth and babies born with a low birth weight (Weetra et al. 2016). Twenty-eight per cent of the burden due to early pregnancy loss was attributable to intimate partner violence in 2018 for First Nations women (AIHW 2022a). This compares with 15% for non-Indigenous women (AIHW 2021b).

The Aboriginal Families Study examined the social health issues and psychological distress experienced by 344 mothers of Aboriginal babies born in South Australia between July 2011 to June 2013. Findings indicated high rates of social health issues affecting Aboriginal women and families during pregnancy, including issues related to family or community conflict. More than 1 in 3 (36%) women who experienced 3 or more social health issues in pregnancy reported high or very high psychological distress (Weetra et al. 2016). A follow up questionnaire when the children were aged 5-8 years focused on experiences of intimate partner violence, see **Mothers and their children**.

See also: **Aboriginal and Torres Strait Islander people**.

Younger people

People aged 18–24 are at greater risk than older people of experiencing intimate partner violence during pregnancy and in early motherhood (Campo 2015). They may also be at greater risk of experiencing reproductive control from an intimate partner, unintended pregnancy and/or forced termination (Campo 2015).

See also: **Young women**.

People with severe mental illness

Analysis of data extracted from hospital records of around 300 women with severe mental illness (including schizophrenia and related psychotic disorders and Bipolar Disorder) from 1 hospital in Western Australia found that:

- around 48% of pregnant women with severe mental illness had experienced intimate partner violence and were 3 times the risk when compared with the general pregnant population in Australia
- there was no difference in rates of intimate partner violence in women with psychotic disorders when compared with bipolar disorder
- rates of smoking and illicit substance use were significantly higher in pregnant women with severe mental illness who experienced intimate partner violence compared with those who had not experienced IPV (Suparare 2020).

Migrant and refugee people

Migrant and refugee people may have visa restrictions that prevent access to health services, including sexual health, maternal health or abortion services (Marie Stopes Australia 2020). People on a temporary or partner visa may be reliant on a violent partner financially and/or for residency and threats related to deportation may also be used to control them (AIJA 2022, Tarzia et al 2022).

Related material

- Intimate partner violence
- Sexual violence
- Coercive control
- Children and young people
- Mothers and their children
- Young women

More information

- Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018
- Australia's mothers and babies
- Hospitals

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Mothers and their children

Key findings

- 1 in 3 mothers experienced intimate partner violence between the birth of their first child and their child turning 10 years of age.
- Mothers who experienced intimate partner violence were 3–4 times as likely to report mental health symptoms.
- Almost half (47%) of adult female clients who presented to specialist homelessness services as single with child/ren identified FDV as the main reason for seeking assistance

Intimate partner violence is the main preventable risk factor contributing to illness and death in women of childbearing age in Australia (AIHW 2021). The experience of violence has been associated with short- and long-term negative outcomes for women, including poorer physical and mental health, alcohol use disorders and economic insecurity (Bayrampour et al. 2018, Brown et al. 2015, Brown et al. 2020, DSS 2022, WHO 2021, Yang et al. 2022). Women's parenting capacity and relationships with their children can also be affected by intimate partner violence (Hooker et al. 2016, Kaspiew et al. 2017, Lapierre 2021).

This section focuses on the specific challenges for mothers who experience intimate partner violence. For more general information about the impacts and outcomes of violence, see also **Health outcomes, Economic and financial impacts**. For information about pregnancy-related issues, see **Pregnant people**.

Reporting on the experience of FDSV for mothers

In AIHW's Family, Domestic and Sexual Violence (FDSV) reporting, specific terms are used when reporting from certain data sources. The terms 'women' and 'mothers' are used throughout this topic for consistency with sources and to improve readability. However, it should be noted that some people may not identify with these terms (see Box 1).

Box 1: Terms used for reporting

The mechanisms for collecting data on sex and/or gender vary across data collections. In most cases, 'male' and 'female' are used, however it is not always known whether the data refer to sex at birth or to gender identity and some people may not identify with these terms. AIHW FDSV reporting uses the terms from the data source, including the terms 'women' and 'mothers' which some people may not identify with.

The following FDSV-related terms are used in the reporting for this topic:

Intimate partner violence includes both **dating violence** (violent or intimidating behaviours perpetrated by a current or previous boyfriend, girlfriend or date) and **partner**

violence (violent or intimidating behaviours perpetrated by a current or former cohabiting partner).

Partner violence is reported in the Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS) for:

- 'current partner' – a person who, at the time of the survey, was living with the respondent in a marriage or de-facto relationship.
- 'previous partner' – a person who lived with the respondent at some point in a marriage or de facto relationship, but who was no longer living with the respondent at the time of the survey.

Data are available across several surveys and administrative data sources to look at the experience of violence, service responses and the impacts and outcomes of FDSV for mothers and their children.

What national data are available to report on FDSV for mothers and their children?

- ABS Personal Safety Survey
- AIHW National Hospital Morbidity Database
- AIHW Specialist Homelessness Services Collection
- Australian Domestic and Family Violence Death Review Network (ADFVDRN) National Minimum Dataset
- Longitudinal Study of Australian Children
- Mothers' and Young People's Study

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

What do we know about the experience of FDSV in relation to mothers?

How many mothers experience intimate partner violence?

1 in 3 mothers

experienced intimate partner violence between the birth of their first child and their child turning 10 years of age

The Mothers' and Young People's Study (see Box 2) followed a cohort of women to assess their experience of intimate partner violence and their mental and physical health in the 10 years following the birth of their first child.

Box 2: The Mothers' and Young People's Study

The Mothers' and Young People's Study is an ongoing study initially designed to investigate women's health after childbirth (formerly known as the 'Maternal Health Study'). The focus of the study has expanded to investigate the health and wellbeing of children and young people, including the link between the health of mothers and their children.

More than 1,500 first-time mothers 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 18–50).

The study incorporated a validated measure of intimate partner violence, the Composite Abuse Scale (CAS), in follow-up questionnaires at 1 year, 4 years and 10 years after their child was born. The CAS includes items to ask women about their experience of emotional abuse and physical abuse by a current or previous partner and how frequently specific behaviours had happened in the previous 12 months.

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.

Sources: Brown et al. 2020, Murdoch Children's Research Institute 2022.

Over 1 in 3 (35%) women had experienced intimate partner violence in any of the 3 follow-up periods (at 1 year, 4 years and 10 years after the birth):

- almost 1 in 5 (19%) women reported *recent* intimate partner violence (in the 12 months prior to the 10-year follow-up)
- 16% of women reported *past* intimate partner violence (during the first and/or fourth year after giving birth but not in the 12 months prior to the 10-year follow-up) (Brown et al. 2020).

Two in three (65%) women who reported *recent* intimate partner violence had also reported *past* intimate partner violence (Brown et al. 2020).

Threats to remove children is a common form of emotional abuse

According to the 2021–22 PSS, about 1 in 5 women (22% or 425,000) and 1 in 4 men (24% or 251,000) who experienced emotional abuse from a previous partner reported that the abuse involved threats to take their child/ren away. About 1 in 11 (8.7% or 167,000) women reported that the abuse involved threats to harm their child/ren (ABS 2023).

About 3 in 10 women (27% or 515,000) and men (29% or 313,000) who experienced emotional abuse from a previous partner reported that the abusive partner lied to their child/ren with the intent of turning them against the victim-survivor (ABS 2023).

In an online survey conducted in 2021 (see Box 3), of women who had children living with them and reported verbally abusive and threatening behaviours:

- just under 1 in 3 (30%) reported their partner had threatened to have their child/ren taken away
- 1 in 5 (21%) reported their partner had threatened to hurt their children (Boxall and Morgan 2021).

Box 3: National survey of female carers

An online survey conducted by Roy Morgan Research Solutions between 16 February and 6 April 2021 (using their Single Source panel and panels managed by PureProfile and Dynata) included a sample of women in Australia aged 18 years and over who had been in an intimate relationship with another person in the past 12 months. Proportional quota sampling was used, based on the Australian adult female population stratified by age and usual place of residence. Data were weighted by age and jurisdiction to reflect the spread of the Australian population using data from the ABS. The effective sample size (for the weighted sample) was just under 10,200 respondents.

For findings from studies included in this topic page, the sample was limited to women who had at least one child living with them in the 12 months prior to completing the survey.

Source: Boxall and Morgan 2021

Perpetrators may involve children in technology-facilitated abuse directed at their mothers

Technology-facilitated abuse refers to abusive behaviours that occur through contact with another person using a device, service or app (Dragiewicz et al. 2020). A non-representative national survey of 515 domestic violence professionals in 2019 found that children were involved in technology-facilitated abuse in about 1 in 3 domestic violence cases:

- Monitoring and stalking were the most common forms of technology-facilitated abuse involving children. In 45% of cases, perpetrators used technology to learn or try to learn about a new home location or asked a child about the adult victim's location or activities.
- Technology was also used to publicly insult the adult victim where the child could see it (38% of cases), send the child messages insulting the adult victim (38% of cases) and to tell the child they would take them away from the other parent (26% of cases).
- 1 in 3 (33%) cases involved the perpetrator prohibiting or blocking phone and/or online communication between an adult victim and child (Dragiewicz et al. 2020).

See also **What is FDSV?, Stalking and surveillance** and **Children and young people**.

Mothers may be the target of adolescent family violence

Family violence used by an adolescent within the home (adolescent family violence) may be more commonly directed at siblings or mothers. This may reflect who is seen as the weakest or 'safest' target, be due to conflict arising from attempts to establish boundaries and/or be a learned behaviour (Fitz-Gibbon et al. 2022). See also **Who uses violence?** for a discussion of the intergenerational transmission of violence.

In a non-representative survey of over 5,000 young people aged 16-20 years living in Australia in 2021, 1 in 5 (20%) reported they had used violence against a family member:

- 2 in 3 (68%) had used violence against a sibling
- 1 in 2 (51%) had used violence against their mother
- less than 2 in 5 (37%) had used violence against their father (Fitz-Gibbon et al. 2022).

What are the outcomes for mothers who experience intimate partner violence?

Health issues

Mothers who experienced intimate partner violence were 3–4 times as likely to report mental health symptoms.

According to the Mothers' and Young People Study, 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 (Brown et al. 2015). Similarly, 40% of women who had experienced recent intimate partner violence (in the 12 months prior to the 10-year follow-up) reported depressive symptoms compared with 12% of women who did not experience violence (Brown et al. 2020).

Recent and past experience of intimate partner violence were both associated with mental health problems. Mothers who reported intimate partner violence in any of the three follow up periods (1, 4 and/or 10 years) were 3–4 times as likely to report depressive, anxiety or post-traumatic stress symptoms than women who did not report intimate partner violence:

- 30% compared with 12% for depression
- 23% compared with 7.4% for anxiety
- 31% compared with 9.3% for post-traumatic stress (Brown et al. 2020).

Mothers who experienced intimate partner violence were more likely to have poor physical health

The Mothers' and Young People Study also found that mothers who had experienced intimate partner violence were more likely to report poorer physical health and chronic health conditions at the 10-year follow-up (Brown et al. 2020).

Mothers who had experienced intimate partner violence in any of the three follow up periods (1, 4 and/or 10 years) were more likely to have poor functional health status (self-reported quality of life) at the 10-year follow-up when compared with those who had not experienced violence (44% and 21%, respectively). They were also more likely to report common physical health problems (extreme tiredness, back pain, severe headaches or migraines, severe period pain, and urinary incontinence) and chronic health conditions (asthma, heart disease and/or diabetes) (Brown et al. 2020).

Mothers with recent experience of violence were more likely to report common health problems than those with a past experience of violence. However, chronic health conditions were more likely to be reported by mothers who reported past experience of violence (Brown et al. 2020).

Parenting issues

Mothers who experience intimate partner violence are more likely than those who do not to report negative experiences of motherhood, including parenting difficulties and attachment issues (Hooker et al. 2016, Kaspiew et al. 2017). Family violence perpetrators use a range of strategies to control women, which may in turn affect their parenting capacity and relationships with children. This can include controlling financial and material resources and decision-making, undermining their authority, limiting interactions and communication with their children and the use of violence directed towards, and/or perpetrated in front of, children. These strategies can undermine women's confidence in their ability to provide adequate care and protection for their children (Hooker et al. 2016, Kaspiew et al. 2017, Lapierre 2021).

Analysis of data on inter-parental conflict from Growing Up in Australia: The Longitudinal Study of Australian Children (see Box 4) found that mothers who reported persistent (past and current) conflict were significantly more likely than mothers who reported no conflict to report:

- psychological distress (ranging from 24% to 33%, compared with 6.2% to 7.0%)
- low efficacy as a parent (25% to 27% compared with 9.0% to 13%)
- high irritability (24% to 27% compared with 11% to 12%)
- low consistency (32% to 35% compared with 12% to 13%) (Kaspiew et al. 2017).

Box 4: Inter-parental conflict – Growing Up in Australia: The Longitudinal Study of Australian Children

A study using data from Growing Up in Australia: The Longitudinal Study of Australian Children explored the associations of conflict between parents, psychological distress, parenting styles and child outcomes for families where the primary caregiver was a mother

(including biological, step or adopted mothers). Data were analysed and proportions presented as a range across three distinct times in the child's development: preschool, when children were aged 4–5 years (3,300 families); primary school, when children were aged 8–9 years (3,400 families); and pre-adolescence, when children were aged 12–13 years (3,100 families).

The analysis was based on mother-reported inter-parental conflict which refers to conflict with fathers or father-figures, either in the same household or living elsewhere. It includes verbal and physical conflict, such as arguments, tension, and violence. Kaspiew et al. (2017) noted that such conflict is likely to be common in couples experiencing family and domestic violence, but it is not necessarily indicative of abusive behaviour where one partner is seeking to exert power and control over the other.

Source: Kaspiew et al. 2017

Strategies used to control women may prevent them from leaving a violent relationship (State of Victoria 2016). Mothers may not feel that they are able to leave due to: concerns about being able to support themselves and their children; the fear of ongoing or escalating violence; partners threatening to kill or harm the children or to have children removed from the victim-survivor's care through family court or child safety systems; and disruptions to children's education and social participation (Kaspiew et al. 2017, Lovatt 2020, State of Victoria 2016).

What are some of the hidden costs of FDSV for mothers?

'If you manage to hold on to your job, you lose out on opportunities for career advancement. Like everyone, I have bills to pay and need to keep a roof over our heads. I go to work for a 'break' – for eight hours I get to pretend I have some semblance of a normal life. I am stuck in a casual role because of the ongoing post-separation abuse that I continually must navigate. Because of the relentless stress I'm not the mother I could and should be to my children. My kids have a mum whose parenting capacity is crippled by the ongoing abuse, while the perpetrator plays Disney Dad. The hidden costs of leaving a violent situation are multidimensional and multilayered.'

Lily

WEAVERs Expert by Experience

Women who had experienced partner violence or abuse were more likely to be living as single mothers

Analysis of the 2016 PSS showed that women who had experienced violence or abuse from a partner (since the age of 15) were more likely to be living as a single parent of children under the age of 18 ('single mothers') when compared with women who had not experienced partner violence or abuse:

- 11% of women who had experienced physical or sexual violence from a partner since the age of 15 compared with 2.1% for women who had not

- 10% of women who had experienced emotional abuse from a partner since the age of 15 compared with 1.7% for women who had not (Summers 2022).

Financial impacts

Family and domestic violence is the main reason women and children leave their homes in Australia (AHURI 2021) and it is often the people who have experienced violence who bear the costs for leaving (HRSCSPLA 2021). The substantial financial costs can include deposits, rental bonds and furniture for a new home, legal and medical costs, travel or moving costs, and for mothers, costs associated with providing for the needs of their children (HRSCSPLA 2021). These costs may prevent women from leaving an abusive relationship and may be a reason some women return to a previous violent partner (HRSCSPLA 2021, Summers 2022). See also **Economic and financial impacts**.

A range of services are available to support people who have to leave their home due to violence, including crisis payments and accommodation, subject to eligibility criteria (see also **Services responding to FDSV** and **Financial support and workplace responses**). People who are in severe financial hardship and have experienced changes in their living arrangements due to family and/or domestic violence, and are receiving, or are eligible to receive, an income support payment or ABSTUDY Living Allowance, may receive a one-off crisis payment. Half (50% or around 10,500) of the women who were granted family and domestic violence crisis claims in 2021-22 were receiving Family Tax Benefit (FTB) at the end of the 2021–22 financial year, meaning they had dependent children in their care (AIHW 2022).

Homelessness

Women and children affected by family and domestic violence are one of the national priority homelessness cohorts identified in the National Housing and Homelessness Agreement (CFFR 2018). Specialist homelessness services (SHS) provide a crisis response for people who are homeless or at risk of homelessness, including people experiencing domestic and family violence (AIHW 2023). However, the limited supply of long-term affordable housing makes it difficult for women and children affected by family and domestic violence to move into permanent, independent housing (HRSCSPLA 2021). The 2021 Parliamentary inquiry into family, domestic and sexual violence also recommended that the Australian Government and state and territory governments should consider funding emergency accommodation for perpetrators to prevent victim-survivors being forced to flee their homes or continue residing in a violent home (HRSCSPLA 2021). See also **Housing**.

Around 58,600 female clients aged 18 and over who sought SHS assistance in 2022–23 had experienced family or domestic violence (see Box 5). Of these clients, over 1 in 5 (23% or 13,400 clients) presented to specialist homelessness services as single with child/ren (AIHW 2024).

Box 5: Specialist Homelessness Services collection

The AIHW Specialist Homelessness Services (SHS) collection includes clients who have experienced family and domestic violence (that is, the client sought assistance because of family and domestic violence or required family or domestic violence assistance as part of any support period).

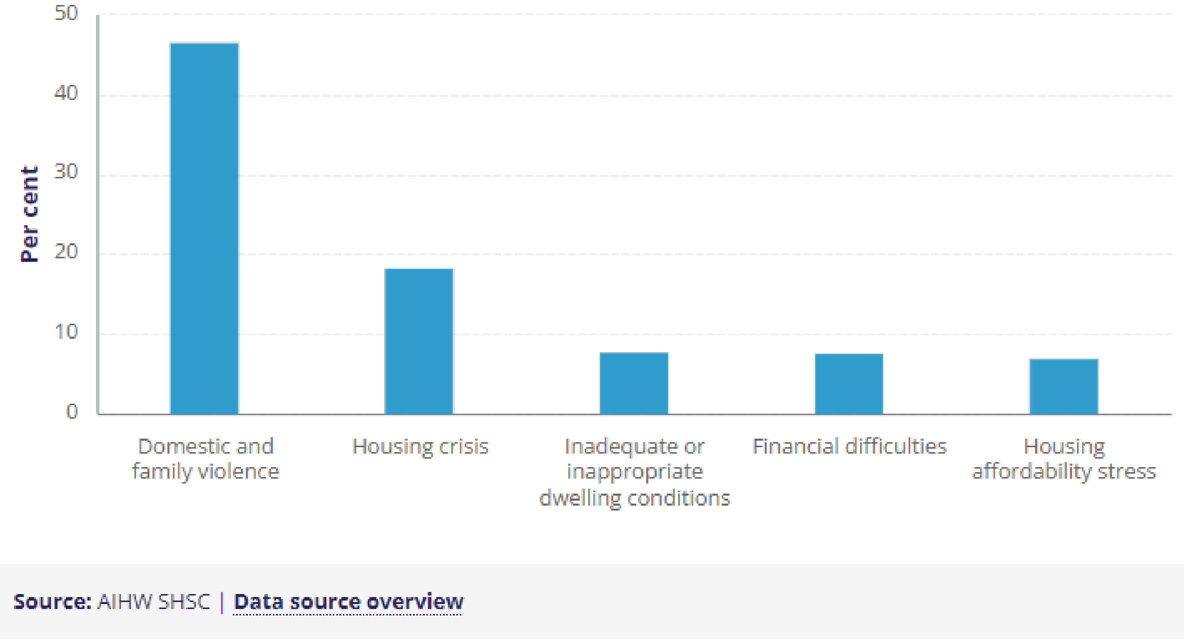
The data allows for analysis by presenting unit type at the beginning of support (that is, the group of people with whom the client presents to the SHS agency). This includes the category 'single with child/ren'. However, all clients in the presenting client group, including children, are assigned the same presenting unit type. The analysis in this topic page has been restricted to female clients aged 18 and over who presented as 'single with child/ren' to provide a closer representation of single mothers. However, it should be noted that the analysis may include some female children who were aged 18 and over and excludes mothers who were aged under 18 years.

Source: AIHW 2023.

Almost half (46%) of adult female clients who presented to specialist homelessness services as single with child/ren identified FDV as the main reason for seeking assistance

In 2022–23, 31% of adult female SHS clients identified FDV as the main reason for seeking assistance (AIHW 2023). The proportion was higher for female clients aged 18 and over who presented to specialist homelessness services as 'single with child/ren' – almost half (46%) of these clients identified FDV as the main reason for seeking assistance. Other main reasons nominated by these clients were housing crisis (18%), inadequate or inappropriate dwelling conditions (7.7%) and financial difficulties (7.6%) (Figure 1).

Figure 1: Female clients aged 18 and over who presented to specialist homelessness services as single with child/ren – main reasons for seeking assistance (top 5), 2022–23

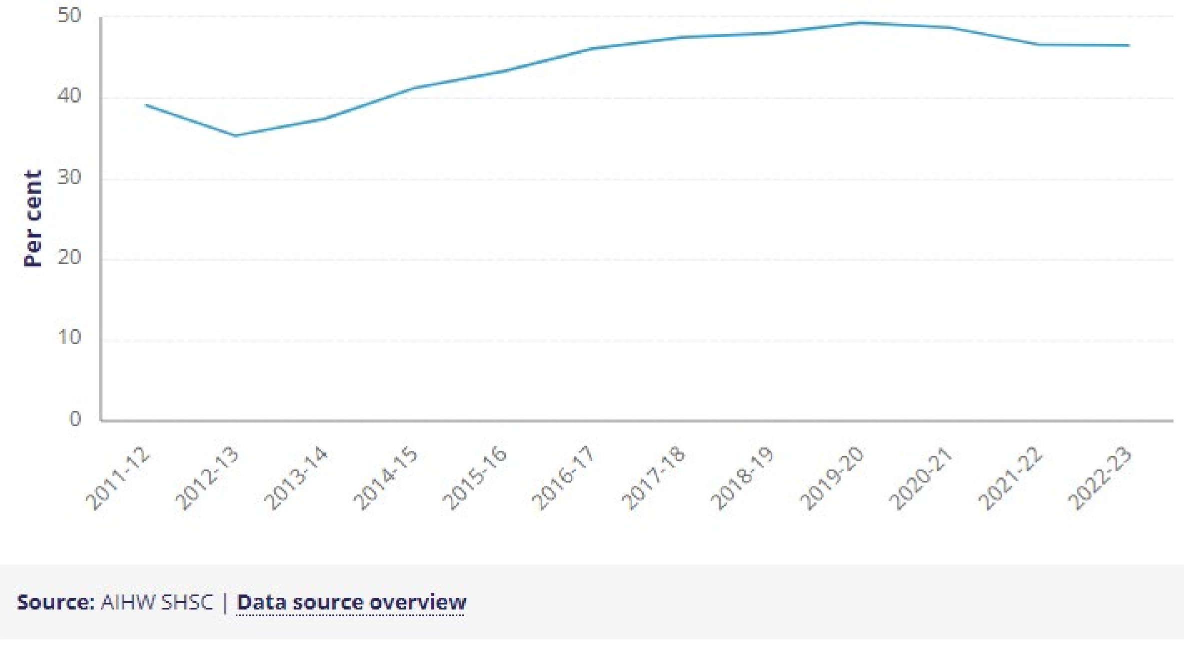


Source: AIHW SHSC | **Data source overview**

Figure 2 shows the proportion of female clients aged 18 and over who presented to specialist homelessness services as single with child/ren and identified FDV as the main reason for seeking assistance from specialist homelessness services declined from 39% in 2011–12 to 35% in 2012–13 before increasing to 49% in 2019–20. There was a slight decrease to 46% in 2022–23.

Changes over time should be interpreted with caution due to changes in practice which may result in a decrease in FDV client numbers since 2017–18 (AIHW 2023).

Figure 2: Female clients aged 18 and over who presented to specialist homelessness services as single with child/ren and identified FDV as the main reason for seeking assistance, 2011–12 to 2022–23



Source: AIHW SHSC | **Data source overview**

See also **Housing**.

Experience of violence following separation

Separation has been identified as a time of increased risk for family violence (DSS 2022, State of Victoria 2016). Financial abuse (for example denied or misused access to financial or material resources) may escalate or occur for the first time after separation and for some women this can result in periods of homelessness or housing instability and poverty (Kaspiew et al. 2017).

Shared parenting or maintaining contact between children and their father can also be challenging for women who have experienced violence (Lapierre 2021). Some perpetrators may use contact or child support arrangements to engage in violence and control victim-survivors and/or their children after separation (Lovatt 2020, State of Victoria 2016).

Almost half of single mothers experienced violence while temporarily separated from a previous violent partner

The Summers (2022) analysis of the 2016 PSS showed that an estimated 46,700 women who were living as 'single mothers' at the time of the survey had moved out of the home during a temporary separation from a previous violent partner. Of single mothers who have moved out of the home during a temporary separation from a previous violent partner:

- almost half (49%) experienced violence from the previous partner while temporarily separated
- 14% reported that the violence increased while temporarily separated (note, estimate has a relative standard error of 25% to 50% and should be used with caution).

Almost 2 in 5 (37%) 'single mothers' who had experienced violence by a previous partner more than once while living together reported that violence by the previous partner increased after the relationship finally ended (Summers 2022). Separation is an identified risk factor for intimate partner homicide (Boxall et al. 2022).

Intimate partner homicide

The Australian Domestic and Family Violence Death Review Network (ADFVDRN) identified 311 cases of intimate partner homicides (homicides that were preceded by a reported or anecdotal history of domestic and family violence) between July 2010 and June 2018. The majority (77%, or 240) of these homicides involved a male killing a current or former female intimate partner (ADFVDRN and ANROWS 2022).

Of the 311 intimate partner homicides, the offenders and victims were parents of at least 172 children under 18 at the time of the homicide. Across 4 of these cases, 8 children were killed along with their mother (ADFVDRN and ANROWS 2022).

See also: **Domestic homicide**.

What are the impacts of FDSV for children and young people?

Experience of, or exposure to FDSV, can affect children and young people's health, wellbeing, education, and social and emotional development (see **Children and young people** for more information).

According to the 2021–22 PSS, many parents who reported experiencing violence from a partner also reported their child/ren had seen or heard the violence, with:

- more than 2 in 3 (69%, or about 483,000) women and about 1 in 2 men (48%, or about 57,600*) saying their child/ren had seen or heard the violence used by a **previous partner**
- about 1 in 2 (49%, or an estimated 44,400) women saying their child/ren had seen or heard the violence used by a **current partner** (ABS 2023).
- Note that estimates marked with an asterisk (*) should be used with caution as they have a relative standard error between 25% and 50%.

In a survey of around 3,800 female carers living in Australia during 2021 (see Box 3), 1 in 3 (35%) women who had experienced intimate partner violence in the past 12 months indicated that a child in their care had been exposed to the violence (Wolbers et al. 2023).

The Mothers' and Young People's Study found that children whose mothers experienced family violence in the 12 months following birth were 3 times as likely (27%) to have

emotional and/or behavioural difficulties at age four as children with no abuse reported (9%) (Brown et al. 2015).

Studies have also indicated there is a relationship between domestic violence and poor maternal attachment and aggressive behaviours at school (Moore et al. 2017) and that experiences of, and exposure to, FDSV can increase the probability of the child or young person using violence in their home and later in life (Fitz-Gibbon et al. 2022; Ogilvie et al. 2022).

How are services working for children?

'Services for children are very limited and are very difficult to access. I sought counselling for my daughter and faced six month waitlists for children's counselling services that I had to hunt down and make sure I was eligible for. Once in those services I could only access them within work hours and they offered very little options in terms of types of therapy, days or hours available. It was so heartbreaking. I felt like a failure of a mother juggling the impossible.'

Jasmine

WEAVERs Expert by Experience

Is it the same for everyone?

Mothers of Aboriginal children

Preliminary findings from 170 mothers of Aboriginal children (see Box 6 for details of the Aboriginal Families Study) from the follow up questionnaire indicated that 37% had experienced violence from a current or former partner in the previous 12 months. A higher proportion of women who were single (59%) reported the experience of partner violence in the previous 12 months when compared with women who were living with a partner (20%) (Brown et al. 2021).

Box 6: The Aboriginal Families Study

The Aboriginal Families Study is an ongoing study investigating the health and wellbeing of 344 Aboriginal children and their mothers living in South Australia. A questionnaire completed in the first year after the birth of the children (2011-2013) asked about experiences of family and community violence during pregnancy (see **Pregnant people**). A follow up questionnaire when the children were aged 5-8 years focused on experiences of intimate partner violence.

See also: **Aboriginal and Torres Strait Islander people**.

Migrant and refugee women

Analysis of data from the Mothers' and Young People's Study (see Box 2) found that a higher proportion of migrant mothers (women born overseas in countries where English is not the national language) experienced physical or emotional violence from a partner in the first 12 months following birth when compared with women born in Australia (22% compared with 17% respectively) (Navodani et al. 2019). Of particular note, migrant mothers were more likely to report the experience of emotional abuse only and it is thought that isolation from extended family and the additional challenges of having a baby in a new country may have contributed to this finding (Navodani et al. 2019).

Visa restrictions may prevent access to health services, including sexual and maternal health services, for migrant and refugee women (Marie Stopes Australia 2020). Women on a temporary or partner visa may be reliant on a violent partner financially and/or for residency and threats related to deportation or the removal of children may also be used to control them (AIJA 2022).

Related material

- Intimate partner violence
- Economic and financial impacts
- Services responding to FDSV
- Financial support and workplace responses
- Children and young people
- Pregnant people

More information

- Australia's mothers and babies
- Hospitals
- Specialist homelessness services annual report 2021–22

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Older people

Key findings

- 1 in 6 (15% or 598,000) older people in Australia experienced elder abuse in the past year.
- Psychological abuse is the most common form of elder abuse.
- 1 in 2 people who perpetrate elder abuse are a family member.
- 1 in 3 people who experienced elder abuse sought help from a third party.

People in Australia are at increased risk of abuse in their later years. This abuse can take many forms, including psychological or emotional abuse, financial abuse, physical abuse, sexual abuse, and neglect (ALRC 2017).

Elder abuse that occurs in families differs from other types of family and domestic violence because it often involves abuse of parents by adult children (Kaspiew et al. 2015; Qu et al. 2021). Abuse can also occur outside of the family, such as in aged care facilities and health care services (Joosten et al. 2017). Elder abuse can cause a range of physical, psychological, financial and social harms to older people (WHO 2022).

The number of older people in Australia experiencing abuse is likely to increase over time with Australia's ageing population. While 17% of people in Australia were aged 65 and over in 2021, projections indicate that this group will make up around 21% of the population by 2066 (ABS 2018; 2021).

This page presents data on all forms of elder abuse, but focuses on elder abuse in the context of family, domestic and sexual violence where data are available.

What is elder abuse?

While there is no agreed definition for elder abuse, the definition most commonly used in Australia is from the World Health Organization:

> *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* (WHO 2022).

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

In Australia, 'older people' are generally defined as those aged 65 and over. However, Aboriginal and Torres Strait Islander people are often included among 'older people' from the age of 50 (Kaspiew et al. 2015). These age groups are used to define older people in this page, unless stated otherwise.

What do we know?

Measuring elder abuse

Prevalence estimates of elder abuse vary according to setting, and by who is reporting the abuse. Evidence from international studies show that abuse estimates are higher for older people in institutional settings than in the community. Estimates are also higher where abuse is reported by institutional staff than by older people themselves (Box 1) (WHO 2022; Yon et al. 2018).

Box 1: Elder abuse around the world – international evidence

A 2017 meta-analysis showed an overall international prevalence rate of 16% for self-reported elder abuse in community settings (Yon et al. 2017). The prevalence was highest for psychological abuse (12%), followed by financial abuse (6.8%), neglect (4.2%), physical abuse (2.6%) and sexual abuse (0.9%).

In institutional settings, Yon et al. (2018) found that a third (33%) of older adults had experienced psychological abuse. The next most common types of abuse were physical and financial abuse (both 14%), neglect (12%) and sexual abuse (1.9%). Notably, 2 in 3 institutional staff (64%) reported perpetrating some form of abuse against an older person in the past year (WHO 2022; Yon et al. 2018).

Prevalence estimates are likely to underestimate the true extent of elder abuse. This is because victim-survivors can be reluctant to disclose ill-treatment by a family member, or because they are dependent on the abuser for care (Qu et al. 2021). Older people with cognitive impairment (for example, dementia) or other forms of disability may also be unable to report abuse.

What are the risk factors?

While elder abuse can happen to anyone, certain factors can exacerbate a person's risk of experiencing or perpetrating elder abuse (Box 2).

Box 2: Risk factors for elder abuse

International literature provides evidence about risk factors for experiencing and perpetrating elder abuse.

Factors which heighten the risk of experiencing elder abuse include:

- poor physical or mental health
- substance misuse
- functional dependence/disability
- problems with stress and coping
- attitudes such as self-blame and stoicism

- previous experiences of abuse
- high-conflict relationships
- social isolation (Schofield and Mishra 2003; Storey 2020; WHO 2022).

Factors associated with perpetrating elder abuse include:

- poor physical and mental health
- substance misuse problems
- dependency on the victim
- holding negative attitudes such as ageism or resentment of the older person
- a history of conflictual or violent relationships
- social isolation
- experience of stressful events
- a history of family violence (Storey 2020; WHO 2022).

Elder abuse follows similar gendered patterns as other forms of family and domestic violence, albeit to a lesser extent. A 2017 review found that there is a greater likelihood for women being abused (17%) than men (11%) (Ho et al. 2017). Sons are also more likely to perpetrate abuse than daughters (Kaspiew et al. 2015).

Long-term health impacts

Elder abuse can have serious physical and mental health, financial, and social consequences. These include physical injuries, premature mortality, depression, cognitive decline, financial devastation and placement in nursing homes (WHO 2022).

A 2017 systematic review demonstrated that older people who experience abuse are at higher risk of:

- physical health problems such as bodily pain, diabetes, weight problems, digestive problems, incontinence, allergies and disability
- psychological problems such as depression, negative emotions, anxiety, stress, suicidal ideation, attempted suicide and sleeping problems
- social dysfunction
- increased hospitalisation, visits to emergency department and use of behavioural health services (Yunus et al. 2017).

What national data are available to report on elder abuse?

Data are available across a number of surveys and administrative data sources to look at the prevalence, consequences and outcomes of elder abuse, and the responses to it.

Data sources for measuring elder abuse

- ABS Personal Safety Survey (PSS)
- ABS Recorded Crime – Victims
- AIFS National Elder Abuse Prevalence Study
- AIHW National Hospital Morbidity Database
- AIHW Specialist Homelessness Services (SHS) data collection
- ANROWS Technology-Facilitated Abuse National Survey
- Serious Incident Response Scheme

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

What do the data tell us?

1 in 6 older people in Australia experience elder abuse

Box 3: National Elder Abuse Prevalence Study

The 2021 AIFS National Elder Abuse Prevalence Study collected information about elder abuse experienced by older people who live in the community in Australia. This nationally representative prevalence study surveyed 7,000 older people in 2020 who were living in the community and had the capacity to engage in telephone interviews. Aged care residents or those with cognitive impairment were excluded. However, this is the best national data source at present.

For further information, see National Elder Abuse Prevalence Study.

The AIFS National Elder Abuse Prevalence Study (see Box 3) estimated that, in 2020:

- around 1 in 6 (598,000 or 15%) older people living in the community had experienced elder abuse in the past year
- 471,300 (12%) had experienced psychological abuse in the past year
- 115,500 (2.9%) had experienced neglect in the past year
- 83,800 (2.1%) had experienced financial abuse in the past year
- 71,900 (1.8%) had experienced physical abuse in the past year
- 39,500 (1.0%) had experienced sexual abuse in the past year
- a slightly higher percentage of women than men had experienced any form of elder abuse in the past year. This pattern was also evident for psychological abuse and neglect (Figure 1; Qu et al. 2021).

Figure 1: Prevalence of elder abuse in the past year

Source: AIFS National Elder Abuse Prevalence Study | **Data source overview**

More than 1 in 4 older people have experienced technology-facilitated abuse

Elder abuse can take many forms. When abuse is conducted via mobile, online and/or digital technologies, it is called technology-facilitated abuse (Powell et al. 2022). Technology-facilitated abuse can encompass many subtypes of abuse, including harassing behaviours, sexual violence and image-based sexual abuse, monitoring and controlling behaviours, and emotional abuse and threats (Powell et al. 2022).

Box 4: Technology-facilitated abuse data

Data on technology-facilitated abuse are available in a study from the Australian National Research Organisation on Women's Safety which was released in 2022. This research study involved a nationally representative study of about 4,600 people, of whom about 1,200 were aged 65 years and older.

For further information, see Technology-facilitated abuse: Extent, nature and responses in the Australian community.

The Australian National Research Organisation on Women's Safety (Box 4) estimated that:

- 1 in 3 (33%) people aged 65–74 years have experienced technology-facilitated abuse in their lifetime

- 1 in 4 (25%) people aged 75 years and over have experienced technology-facilitated abuse in their lifetime
- in both age groups (65-74 years and 75 years and over), men were more likely than women to have experienced technology-facilitated abuse in their lifetime (Powell et al. 2022).

For more information on technology-facilitated abuse, please see **Stalking and surveillance**.

3% of older women and 2% of older men had experienced sexual harassment in the last 12 months

Box 5: Personal Safety Survey

The Australian Bureau of Statistics Personal Safety Survey (PSS; ABS 2023a) collects information on experiences of physical and sexual assault, family and domestic violence, economic and emotional abuse, stalking, sexual harassment and childhood abuse.

For further information, see Personal Safety, Australia.

The 2021-22 PSS (Box 5) estimated that:

- 69,600 women aged 65 years and over (3.2%) had experienced sexual harassment in the last 12 months (ABS 2023c).
- 75,500 men aged 55 years and over (2.2%) had experienced sexual harassment in the last 12 months. This estimate should be used with caution as it has a relative standard error of 25% to 50% (ABS 2023c).
- 17,300 women aged 55 years and over (0.5%), had experienced sexual violence in the last 2 years. This estimate should be used with caution as it has a relative standard error of 25% to 50% (ABS 2023d).

The latest available data for reporting on stalking experienced by older people is from the 2016 ABS Personal Safety Survey (ABS 2017). This survey estimated that 17,000 older women (0.9%) and 11,400 older men (0.7%) had experienced stalking in the last 12 months. These estimates should be used with caution as they have a relative standard error of 25% to 50%.

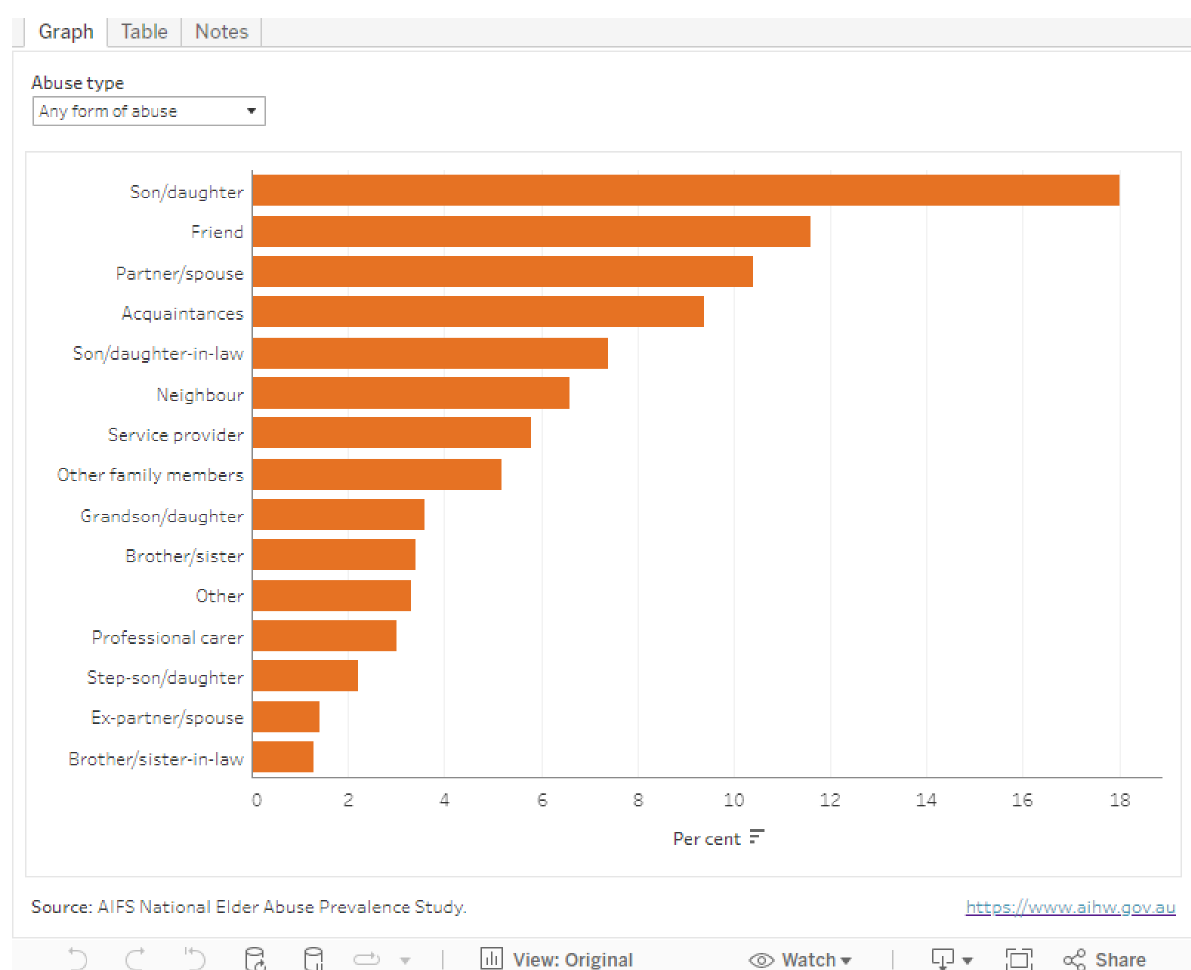
Perpetrators differ depending on the type of abuse

The 2021 AIFS study collected information on the perpetrators of elder abuse (Figure 2). While children were the most common perpetrators overall, patterns varied substantially depending on the type of abuse. For instance, psychological, financial and physical abuse were most often perpetrated by children of the older person, but there were almost no reports of sexual abuse perpetrated by children. A similar proportion of perpetrators of neglect were children (24%) and spouse/partners of the older person (25%) (Qu et al. 2021).

Around 1 in 2 (53%) perpetrators of elder abuse were family members (includes ex-partner/spouses). Perpetration by family members was highest for financial abuse (64%) then neglect (60%), psychological abuse (55%), physical abuse (50%) and sexual abuse (15%). Sexual abuse of older people was primarily perpetrated by friends (42%), acquaintances (13%) and neighbours (9%) (Qu et al. 2021).

Figure 2 explores the perpetrators of each type of elder abuse.

Figure 2: Relationship of perpetrators to older person (as % of perpetrators)



Perpetrators were more likely to be male than female

Box 6: Perpetration of elder abuse

The National Elder Abuse Prevalence Study (Qu et al. 2021) collected information about the characteristics of people who perpetrate elder abuse. This information was collected about the 'main' perpetrator for each older person who had experienced abuse, which was defined as the perpetrator who affected the older person the most. Note that these data include family as well as non-family perpetrators.

The AIFS study (Box 6) showed that main perpetrators were:

- more likely to be male (55%) than female (45%)
- more likely to be aged 65–74 (23%) or 45–54 years (20%) than any other age
- more likely to be unemployed (53%) than employed (47%)
- more likely to live apart from the older person (77%) than to live with them (23%) (Qu et al. 2021).

The majority (72%) of elder abuse victim-survivors indicated that their main perpetrator had one or more problems. The most common problems were mental health issues (32%), followed by financial problems (21%) and physical health problems (20%) (Qu et al. 2021).

What are the responses to elder abuse?

People who experience elder abuse may access many types of informal and formal supports such as family and friends, health professionals, and helplines. Information on how victim-survivors seek help can assist understanding and improvement of response strategies. It can also provide information about the extent of under-reporting of elder abuse in data collected as a by-product of service delivery.

Help seeking

1 in 3 people

in 2021 who had experienced **elder abuse** had sought help from a third party

Data on advice or support sought after elder abuse are available from the AIFS study. The study estimated that:

- 1 in 3 (36%) older people in Australia who experienced abuse sought help or advice from a third party such as a family member, friend or professional
- help seeking was most common after physical abuse, followed by psychological abuse, financial abuse, sexual abuse and then neglect
- of those seeking help, the most common sources of help were family members (41%) and friends (41%), followed by a GP or nurse (29%), a professional carer (24%), the police (17%) and lawyers (15%). Around 1 in 20 (5.3%) contacted a helpline (Qu et al. 2021).

Around 8 in 10 (82%) older people who experienced abuse had taken action to stop the abuse from happening again. These actions included informal actions (such as speaking to the person) and formal actions (such as seeking legal advice). The most common actions were speaking to the person or breaking contact with them.

Figure 3 explores help seeking or advice for each type of elder abuse.

Figure 3: Whether help or advice was sought by people who experienced elder abuse

Source: AIFS National Elder Abuse Prevalence Study | **Data source overview**

Helplines contacts

Each state and territory in Australia has a telephone helpline for elder abuse (Box 7). These helplines are delivered by a government or non-government organisation in each jurisdiction, and provide confidential information, advice and referrals. Some states and territories publish data about the support services they provide, and these data can provide insight into instances in which elder abuse is identified or suspected.

Box 7: 1800 ELDERHelp

1800 ELDERHelp was established in 2019 as a national, free call number which directs callers to a state or territory telephone service. The helplines are an important entry point into the service system for those in need of assistance. Callers may access the helplines via 1800 ELDERHelp or in other ways such as contacting the service directly.

Callers can be the victim-survivors of elder abuse or other people who are concerned about an older person. Currently, data are collected differently across states and territories in accordance with different definitions and operational processes. For this reason, data from helplines are not comparable between states and territories.

In 2021–22:

- the New South Wales helpline received 3,072 reports about abuse of older people (NSW ADC 2022)
- the Victorian helpline received 3,487 calls (COTA Victoria 2022)
- the Queensland helpline received 3,841 calls about abuse of older people. This included 2,338 abuse notifications and 1,503 enquiry calls (Gillbard and Leggat-Cook 2022).
- the Western Australian helpline received 1,330 calls (Advocare 2022)
- the South Australian helpline received 1,463 calls relating to older people (SA Health 2022).

Work is currently underway to harmonise the data collected across 1800 ELDER Help helplines to improve comparability. For more information about this work, see **Key information gaps and development activities.**

Police

Box 8: ABS Recorded Crime – Victims data

Data on assaults which occur within the context of family and domestic violence in Australia are drawn from the ABS Recorded Crime – Victims collection. Note that these data do not include violence in non-family or domestic relationships such as that committed by a carer, service provider or stranger.

The ABS Recorded Crime – Victims collection also provides information on sexual assault crimes committed by family members, non-family members known to the victim, and strangers.

For further information, see Recorded Crime – Victims.

Some forms of elder abuse that are considered criminal offences under legislation are reported to, and recorded by, police. Data on crime rates make it possible to examine how police are engaged following incidents of violence, such as sexual assault, and violence that occurs in a family and domestic context.

In some cases, there is a delay in the reporting of a crime to police. Crime data can therefore be presented according to the victim's age at the time of report or by their age at the time of the incident. This section presents data for victims of FDV-related assault who were aged 65 years and over at the time of report. Note that it does not necessarily refer to incidents of elder abuse (that is, violence that occurred while the person was 65 years and over).

Family and domestic violence-related assault

According to 2022 ABS Recorded Crime – Victims data (Box 8) (excluding Victoria and Queensland, see **Data sources and technical notes**), 37–51% of all assault victims aged 65 years and over at the time of report, were assaulted by a family member or domestic partner in 2022 (ABS 2023b).

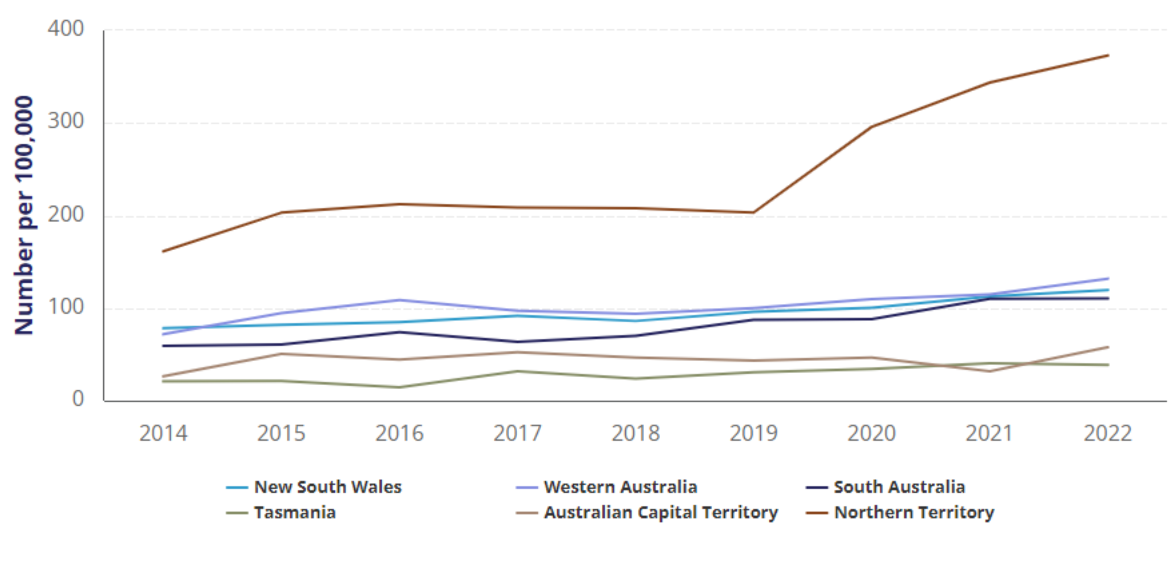
The victimisation rate for family and domestic violence assaults (FDV assaults) in 2022 for those aged 65 years and over at the time of report was:

- around three times as high in the Northern Territory as in other states and territories
- higher for females than males in New South Wales, Western Australia, South Australia and the Northern Territory
- higher for males than females in the Australian Capital Territory and Tasmania (ABS 2023b).

Figure 4 shows the rates of FDV assault since 2014.

- The rate of FDV assaults reported in most states and territories remained relatively stable between 2014 and 2022, at 14–132 per 100,000 persons.
- The Northern Territory had the highest rate of FDV assaults reported to police in every year between 2014 and 2022, while Tasmania and the Australian Capital Territory had the lowest rates.
- The rate of FDV assaults reported in the Northern Territory increased sharply between 2019 and 2022 (ABS 2023b).

Figure 4: Victims of family and domestic violence-related assault, aged 65 years and over, by state, 2014–2022



Source: ABS Recorded Crime - Victims (unpublished) | **Data source overview**

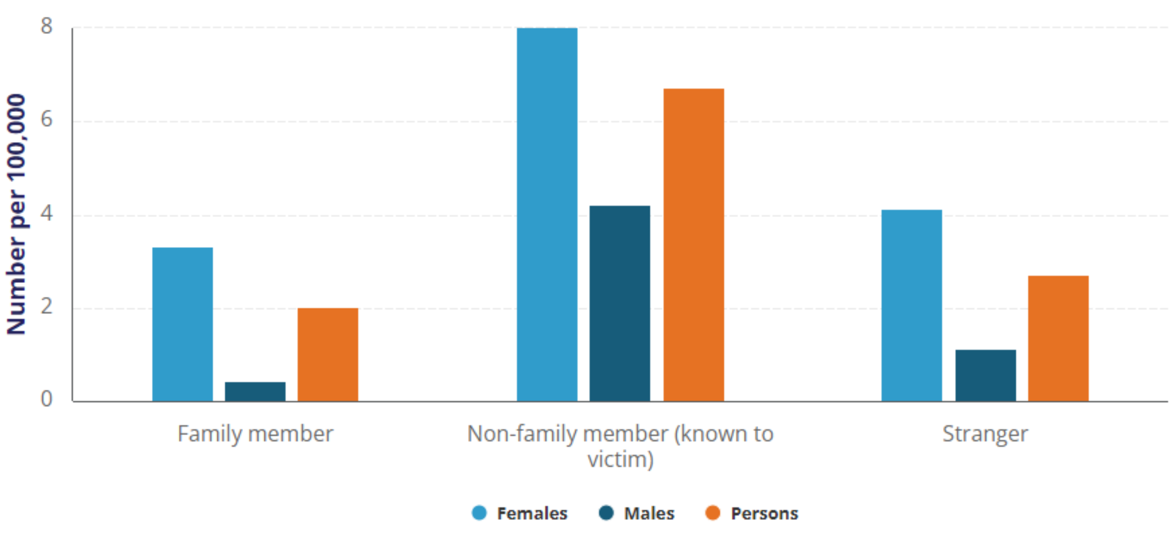
Sexual assault

The 2022 ABS Recorded Crime – Victims data show 114 male (5.5 per 100,000) and 380 (16.1 per 100,000) female victims of sexual assault aged 65 years and over at the time of report in 2022 (ABS 2023b).

Figure 5 presents the victimisation rate for sexual assault of people aged 65 years and older at the time of report in 2022 (excluding Western Australia), by offender type. It shows that:

- the highest victimisation rate (9.1 per 100,000) was for females by a non-family member who was known to them (for example, a neighbour or friend)
- females had a higher victimisation rate than males for each offender type
- for males and females, the victimisation rate for sexual assault perpetrated by non-family members was higher than by family members (ABS 2023b).

Figure 5. Victims of sexual assault aged 65 years and over (excluding Western Australia), by relationship of offender to victim, 2022



Source: ABS Recorded Crime - Victims (unpublished) | **Data source overview**

The victimisation rate for FDV-related sexual assault among people aged 65 years and over at the time of report increased slightly from 0.8 to 1.9 per 100,000 between 2014 and 2022, and was higher for females than males in every year (ABS 2023b).

Specialist homelessness services

Box 9: Specialist Homelessness Services Collection

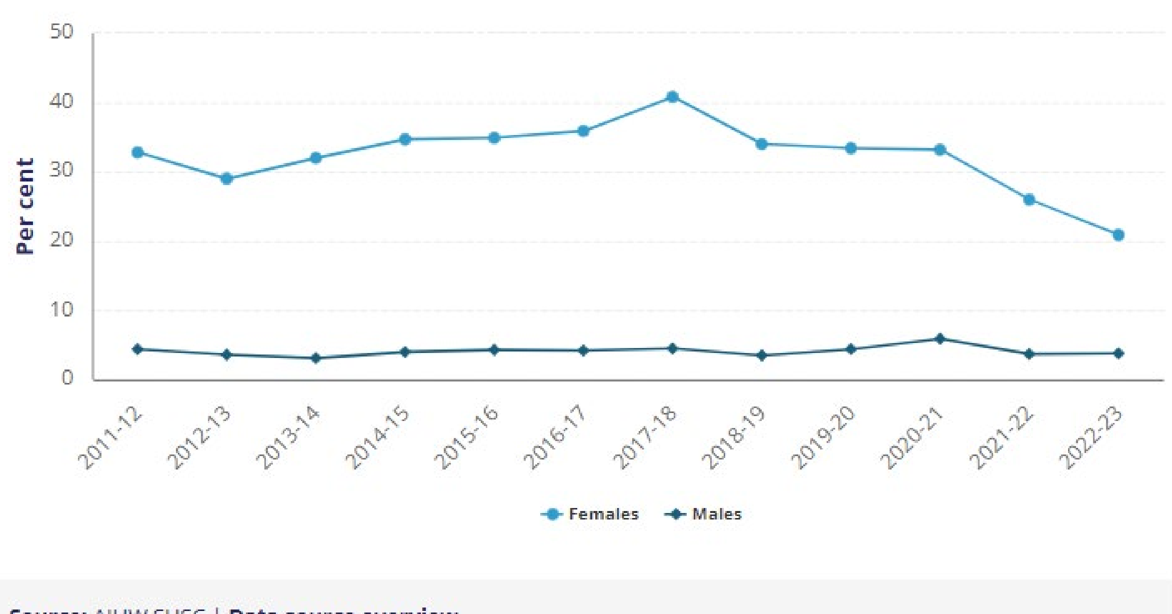
Data on people seeking support from specialist homelessness services (SHS) are drawn from the AIHW Specialist Homelessness Services Collection. These services can provide assistance to people who are experiencing homelessness or who are at risk of homelessness, including clients who have experienced family and domestic violence. Examining the number of SHS clients who have experienced family and domestic violence provides an indication of the

level of service response. The AIHW Specialist homelessness services annual report includes additional details on Clients who have experienced family and domestic violence.

Data on assistance provided by specialist homelessness services (SHS) (Box 9) show that:

- 5,400 females and 4,800 males aged 65 years and over accessed SHS in 2022-23
- 21% of females (1,100) and 3.8% (185) of males aged 65 years and over who accessed SHS in 2022–23 had experienced family or domestic violence
- since 2011–12, the proportion of females aged 65 years and over accessing SHS who had experienced FDV decreased from 33% in 2011–12 to 21% in 2022–23 (Figure 6)
- the proportion of males aged 65 years and over accessing SHS who have experienced FDV fluctuated between 2011–12 and 2022-23, ranging from 3.1% in 2013–14 and 5.9% in 2020–21, with 3.8% in 2022–23 (Figure 6; AIHW 2024).

Figure 6. Proportion (%) of male and female specialist homelessness services clients aged 65 years and older who experienced family and domestic violence, 2011-12 to 2022–23



Source: AIHW SHSC | **Data source overview**

Hospitalisations

Box 10: Hospitalisations data

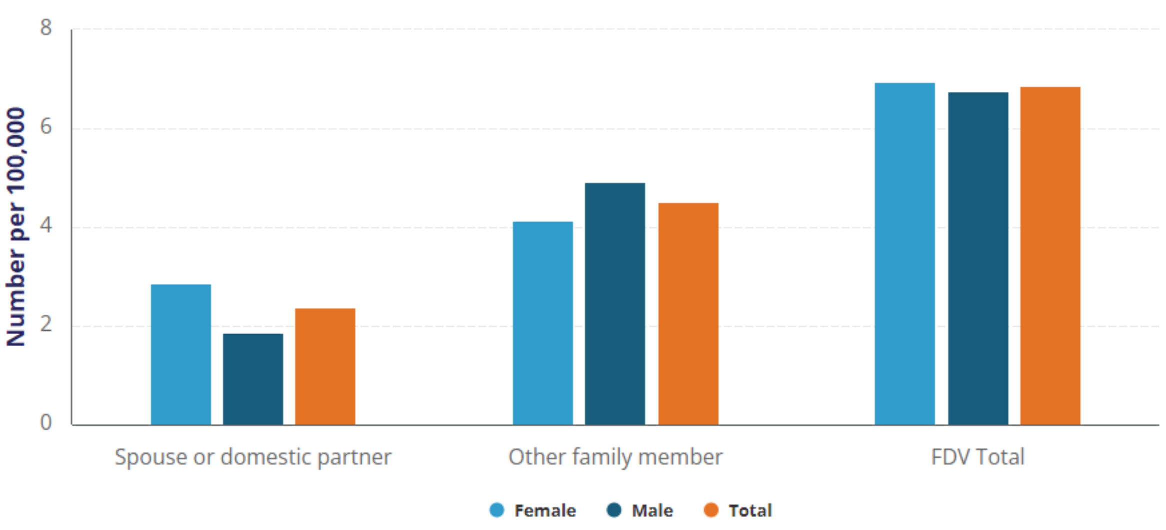
Some people who experience family and domestic violence require care from a health professional, and in some cases are admitted to hospital. Examining the hospitalisations for injuries caused by a family member or partner provides an indication of the demand for these services. However these data do not include presentation to emergency departments

or primary care and so relate to more severe (and mostly physical) experiences of family and domestic violence. In addition, those who are hospitalised may choose not to reveal their experience of abuse, or the information may not be fully recorded. Data are drawn from the AIHW National Hospital Morbidity Database.

In 2021-22, about 160 women and 135 men aged 65 years and over were hospitalised for injuries related to family and domestic violence. Figure 7 shows that:

- overall, the rate of hospitalisations for injuries caused by a spouse or domestic partners was lower than by other family members
- women were more likely than men to be hospitalised for injuries caused by a spouse or domestic partner
- men were more likely than women to be hospitalised for injuries caused by another family member (AIHW 2023).

Figure 7. Family and domestic violence hospitalisations for people age 65 years and over, by relationship to perpetrator, 2021-22.



Source: AIHW NHMD | **Data source overview**

Has it changed over time?

Some data are available to show how elder abuse has changed over time. These changes may reflect an actual change in the prevalence of elder abuse, an increase in awareness and propensity to report, or a combination of these factors.

Sexual assault in residential aged care

Box 11: Residential aged care data

When unlawful sexual contact or inappropriate sexual conduct is detected within residential aged care facilities, providers must notify the Aged Care Quality and Safety Commission. The incident notifications are reviewed and assessed within 24 hours to ensure appropriate responses by providers including reporting to the police (Aged Care Quality and Safety Commission 2022c). Quarterly data on these notifications are available via the Serious Incident Response Scheme from October 2021.

Data from the Aged Care Quality and Safety Commission on reports of unlawful sexual contact or inappropriate sexual conduct in residential aged care facilities show:

- 530 reports between 1 October and 31 December 2021
- 485 reports from 1 January and 31 March 2022
- 452 reports between 1 April and 30 June 2022
- 633 reports between 1 July and 30 September 2022
- 565 reports between 1 October and 31 December 2022
- 592 reports between 1 January and 31 March 2023
- 519 reports between 1 April and 30 June 2023 (Aged Care Quality and Safety Commission 2021; 2022a; 2022b; 2022c; 2022d; 2023a; 2023b).

For more information, see Sector performance data | Aged Care Quality and Safety Commission.

Is it the same for everyone?

Older people in Australia are a diverse group, and experiences of violence and abuse can vary for a number of reasons. Data are available for selected groups of older people in Australia, but should be interpreted with caution due to small sample sizes.

Culturally and linguistically diverse (CALD) populations

The AIFS study provides information on the prevalence of elder abuse in Australia's culturally and linguistically diverse (CALD) population. Note that these findings relate to the CALD population as a whole; conclusions about specific cultures or regions could not be drawn due to small sample sizes.

Key findings were that:

- A similar proportion of CALD (14%) and non-CALD (15%) participants had experienced elder abuse in the past year.
- Experiences of each type of abuse (except financial abuse) were similar for CALD and non-CALD participants. Financial abuse was less common for CALD (1.6%) than non-CALD (2.1%) participants.

- The experience of abuse was slightly higher for CALD women (14.2%) than CALD men (13.8%).
- Elder abuse decreased with age among the CALD sample (Qu et al. 2021).

Older people with disability or long-term health conditions

Around 50% of people in Australia aged 65 and over have disability (AIHW 2022). Some studies have suggested that older people with disability may be at increased risk of elder abuse (Storey 2020; WHO 2022). The AIFS study provides estimates of elder abuse for older people in the community who have disability or long-term health conditions. Note that the study excluded older people living in residential care facilities and those who lacked capacity to complete an interview.

The AIFS study shows that 21% of older people with disability or long-term health conditions had experienced elder abuse in the past 12 months (Qu et al. 2021). Older people with a disability or long-term health conditions experienced higher rates of every type of elder abuse than older people without disability or long-term health conditions (Qu et al. 2021).

Regional and remote areas

The AIFS study provides information on the prevalence of elder abuse in the past 12 months by geographic remoteness. Key findings were that:

- the prevalence of neglect was lower in *Outer regional*, *Remote* and *Very remote areas* (1.0%) than in *Major cities* (3.0%) and *Inner regional areas* (3.4%)
- the prevalence of financial, physical, psychological and sexual abuse were similar across levels of geographic remoteness (Qu et al. 2021).

Related material

- What is FDSV?
- Community understanding and attitudes
- Sexual violence
- Intimate partner violence

More information

- Family, domestic and sexual violence in Australia: continuing the national story 2019
- Family, domestic and sexual violence data in Australia
- National sexual violence responses
- Family, domestic and sexual violence: National data landscape 2022
- Specialist homelessness services annual report 2021–22
- National Hospital Morbidity Database

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People with disability

Key findings

- About 1 in 5 (21% or 1.2 million) adults with disability in 2016 had experienced physical and/or sexual violence from a current or previous intimate partner since the age of 15
- Women with disability (30%) in 2016 were about 3 times as likely as men with disability (11%) to have experienced intimate partner violence since the age of 15
- Adults with severe or profound disability (24%) in 2016 were about 3 times as likely as adults without disability (9.6%) to have experienced sexual violence since the age of 15

People with disability are more likely to be victim-survivors of family, domestic and sexual violence (FDSV) than people without disability (CRE-DH 2021; DSS 2022). People with disability can also be affected by different forms of FDSV and experience additional barriers to getting help. Understanding the experiences of people with disability, as a group, can provide helpful information for organisations providing services to people with disability. This page presents the available national data on FDSV among people with disability.

Box 1: How do we define disability?

In FDSV reporting we present data from a range of sources that, due to varying methods, can define disability differently.

Generally, disability can be considered an umbrella term for a person who, given environmental and personal factors, is experiencing any of the following:

- impairment – problems in body function or structure
- activity limitation – difficulties in executing activities
- participation restriction – problems an individual may experience in involvement in life situations (WHO 2002).

For a detailed discussion of issues related to definitions of disability, see AIHW's People with disability – Defining disability.

Data from the Australian Bureau of Statistics' (ABS) Personal Safety Survey (PSS) is used to report on the prevalence of FDSV. The PSS uses the ABS Short Disability Module, which considers a person to have disability if they had one or more health conditions which have lasted, or are likely to last, for at least 6 months and restrict everyday activities.

The severity of disability is defined by whether a person needs help, has difficulty, or uses aids or equipment, with 3 core activities – self-care, mobility, and communication – and is reported for mild, moderate, severe, and profound limitation. People who always or

sometimes need help with one or more core activities are referred to in this section as **people with severe or profound disability**.

What are the forms of FDSV experienced by people with disability?

People with disability can experience the same forms of FDSV as the general population (see **What is FDSV?**). However, they may also experience distinct types of violence, violence across a wider range of settings (for example, in institutions, group homes, and long term hospital stays) and from a greater range of people (for example, carers and support workers), see Box 2. Due to varying definitions of family and domestic violence (FDV) in Australia, violence in some situations may not be recognised as FDV (for example, from a carer or staff in residential settings) and protections and supports related to FDV may not be available (RCVANEPD 2021a). Forms of FDSV that are unique to people with disability or that may be more likely include:

- abuse focused on the disability
- threats of institutionalisation, abandonment, withdrawal of care and health information disclosure
- withdrawal of medication, care and other assistance
- interference with mobility aids, equipment and medication
- medical exploitation, including forced psychiatric interventions and reproductive violence, such as forced sterilisation, abortion and contraception
- restrictive practices such as restraints and seclusion
- a perpetrator controlling aspects of their lives including movement and finances (Australian Government 2022; RCVANEPD 2021a; eSafety 2021a; RCVANEPD 2022).

For further discussion of forms of FDSV experienced by all people, see **What is FDSV?**.

Box 2: Institutional child sexual abuse

Children and adults with disability can be particularly at risk of abuse in institutional settings due to the nature of their disability, the discrimination they experience in response to their disability and their increased likelihood to experience institutional settings (RCIRCSA 2017b).

In contributions to the Royal Commission into institutional responses to child sexual abuse victim-survivors with disability highlighted difficulties disclosing institutional abuse, including their verbal and non-verbal attempts being explained away as a part of their disability, and being disbelieved, ignored or punished. There were also accounts of disclosure to police not being pursued as the victim-survivor was not viewed as a 'credible witness' (RCIRCSA 2017b).

For further discussion of institutional child sexual abuse, see **Child sexual abuse**.

What do we know about FDSV among people with disability?

People with disability are more likely to experience FDSV than people without disability in Australia and can experience greater difficulty getting support (DSS 2022; RCVANEPD 2020a). The economic cost of violence, abuse, neglect and exploitation experienced by people with disability in Australia was conservatively estimated to be at least $46 billion in 2021–22. When considering the gaps in outcomes seen for people with disability the conservative estimate increased to $75 billion (Vincent et al. 2022).

Exposure to FDV as a child or young person with disability

Exposure to FDV among children and young people with disability can have lasting negative effects on their social, emotional and cognitive development and overall health and wellbeing. Exposure to FDV refers to any experiences of FDV apart from being the direct target of abuse, including witnessing patterns of non-physical controlling behaviours between family members (Orr 2020).

There is no national data on the prevalence of exposure to FDV among children and young people with disability. An analysis of state-linked data from Western Australia shows that children with disability are more likely to be exposed to FDV in a variety of ways and that exposure can be associated with an increased risk of mental health conditions or mental health service use, see Box 3.

Box 3: Exposure of children with disability to FDV

Two recent studies used linked administrative data from Western Australia to analyse the exposure of children with disability to FDV. Disability was determined using a medical model based on the NDIS categories of disability and administrative data sources, such as the Hospital Morbidity Data System, the Western Australian Register of Developmental Anomalies, the Mental Health Information System and the Intellectual Disability Exploring Answers database.

Children with disability were over-represented among children who:

- were exposed to FDV (based on police and hospitalisation data) (30%)
- were involved in child protection (32%)
- entered out-of-home care (36%) (Octoman et al. 2022).

Children with disability were also about twice as likely to have a mother hospitalised due to FDV assault (7.8%) compared with all children in the study cohort (4.3%) (Octoman et al. 2022).

Some population groups were over-represented among children with disability who had a mother hospitalised due to FDV assault when compared with all children in the study cohort. These population groups include:

- Aboriginal and Torres Strait Islander children (36% compared with 8%)

- Children living in socio-economically disadvantaged areas (1st and 2nd quintiles, see **Methods**) (63% compared with 42%)
- Children living in outer regional, remote or very remote areas (see **Methods**) (36% compared with 17%) (Octoman et al. 2022).

Among children who were exposed to FDV, disability was found to increase the chance of mental health conditions or service use. Among children exposed to FDV, having disability was associated with:

- 41% increased risk of mental health service contact
- a significant increase in the risk of a diagnosis in 9 of the 10 mental disorder subcategories, including substance use disorder (80% increase), psychological development disorder (167%) and personality disorder (149% increase) (Orr et al. 2022).

Among children who were not exposed to FDV, disability was associated with an even higher increased risk in mental health service contact (88%). This suggests that exposure to FDV may be acting as a barrier to mental health service contact for children with disability (Orr et al. 2022).

Certain characteristics of children with disability who were exposed to FDV also increased their risk of mental health service contact, including:

- being born to a father aged over 40 years (78% increase) compared with those born to a father aged 30–39 years
- being born pre-term (23% increase) compared with those born at term (Orr et al. 2022).

Factors related to experiencing FDSV among people with disability

People with disability can be more likely to experience FDSV than people without disability due to a range of factors including:

- discrimination and marginalisation
- reliance on the perpetrator of violence, for example, for care, mobility, and/or income
- insufficient safeguards in institutional and group living situations
- not fully understanding the abuse or its seriousness
- reduced impulse control and help seeking behaviour
- social isolation
- communication challenges
- barriers preventing them from getting help (Australian Government 2022; eSafety 2021b; RCVANEPD 2022).

Risk factors that can increase the likelihood that people in the general population will experience FDSV may also have greater effects among people with disability, see **Factors associated with FDSV**.

Barriers to seeking help

While people with disability can experience the same barriers to seeking help for FDSV as the general population, some are distinct to people with disability or may have greater impact due to disability, including:

- a lack of trust that they will be believed or taken seriously, potentially due to prior experiences of discrimination and minimisation
- feelings of shame or self-blame
- insufficient accessible information about ways to report, rights, and available support
- physical barriers to accessing services
- fear of negative consequences of reporting, including retaliation, criminalisation, ostracisation from family and/or community, and loss of support and/or access to children
- inadequate specialised support services
- normalisation of abuse and/or being controlled (eSafety 2021a, 2021b; Maher et al. 2018; RCVANEPD 2022).

What are some of the barriers to seeking help?

'We still have a long way to go, to make services accessible and inclusive to people with disabilities and/or mental illness escaping family violence. I have been advocating for refuge reforms, to make them more accessible, but unfortunately physical access (which is one type of accessibility) has been the only reform considered.'

Anonymous

WEAVERs Expert by Experience

For further discussion of barriers to getting help experienced by all people, see **How do people respond to FDSV?**.

Impacts of experiences of FDSV

Experiences of FDSV can have dramatic, life-long negative effects on:

- health and wellbeing, through resultant injury, mental illness and loss of life satisfaction, as well as higher rates of health risk factors, including smoking, poor diet, and isolation
- education, employment and financial security (RCVANEPD 2020a; Vincent et al. 2023).

Further research is required to better understand and quantify the negative impacts caused by experiences of FDSV among people with disability.

For a discussion of the impacts and outcomes of FDSV among all people, see **Behavioural outcomes**, **Health outcomes** and **Economic and financial impacts**.

Measuring FDSV among people with disability

There are no nationally consistent data sets available to describe the extent of FDSV experiences among all people with disability (Octoman 2022). While data are available across a number of surveys and administrative data sources to look at the prevalence, service responses and outcomes of FDSV among people with disability, the majority are restricted to particular states or territories.

This page focuses mainly on data from the Australian Bureau of Statistics' (ABS) Personal Safety Survey (PSS, see **Data sources and technical notes**), which is currently the best source of population level estimates of adults with disability who have experienced FDSV. However, the PSS has limitations in its ability to estimate experiences of FDSV among people with disability (see Box 4).

Importantly, it is not possible with data from the PSS to determine if a person had disability at the time they experienced violence as the PSS collects information about disability at the time of the interview and information about experiences of violence in the 12 months prior to the survey, since the age of 15 and before the age of 15 (ABS 2017).

This page mainly reports on experiences of FDSV since the age of 15 and before the age of 15. This type of reporting can help us understand how many people with disability may require access to support, given the long-term effects of experiences of FDSV. However, it cannot show whether disability is a risk factor for, or outcome of, experiencing FDSV. Data on FDSV in the 12 months prior to the survey can be useful to see whether the experience of violence has changed over time (ABS 2017).

Box 4: Limitations with the ABS PSS

There are a number of limitations in using the PSS to estimate the prevalence of FDSV among people with disability:

- participants are selected from private dwellings, thus excluding people who live in institutional and other care settings
- the ABS Short Disability Module is used to identify a 'disability or restrictive long-term health condition'. This module is not as effective as the questions used in the ABS Survey of Disability, Ageing and Carers, and may overestimate the number of people with less severe forms of disability
- it is not possible to determine whether a person had disability at the time of experiencing violence as disability status is determined at the time of the interview, whereas questions on violence relate to past experiences
- information about experiences of violence is not collected in proxy interviews where the selected respondent is incapable of answering for themselves, for instance, due to a communication disability. This results in an underrepresentation of people with a

communication disability who are unable to communicate at all (ABS 2021; AIHW 2022; CRE-DH 2021).

In addition, information is only collected from participants aged 18 years and over and there is no mechanism to determine if violence reported is part of a systemic pattern of abuse or an isolated incident (ABS 2017; CRE-DH 2021).

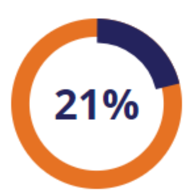
The ABS assess that these limitations do not affect the overall national representativeness of people with disability in the PSS sample (ABS 2021).

What do the data tell us?

How common is the experience of FDSV among people with disability?

Family and domestic violence

There are limited data from the 2021–22 ABS PSS that are sufficiently statistically reliable to report on patterns in experiences of FDSV among women with disability and no sufficiently statistically reliable data for men with disability. As such, the latest available estimates of experiences of FDV, including intimate partner violence and partner emotional abuse, are primarily sourced from the 2016 ABS PSS.

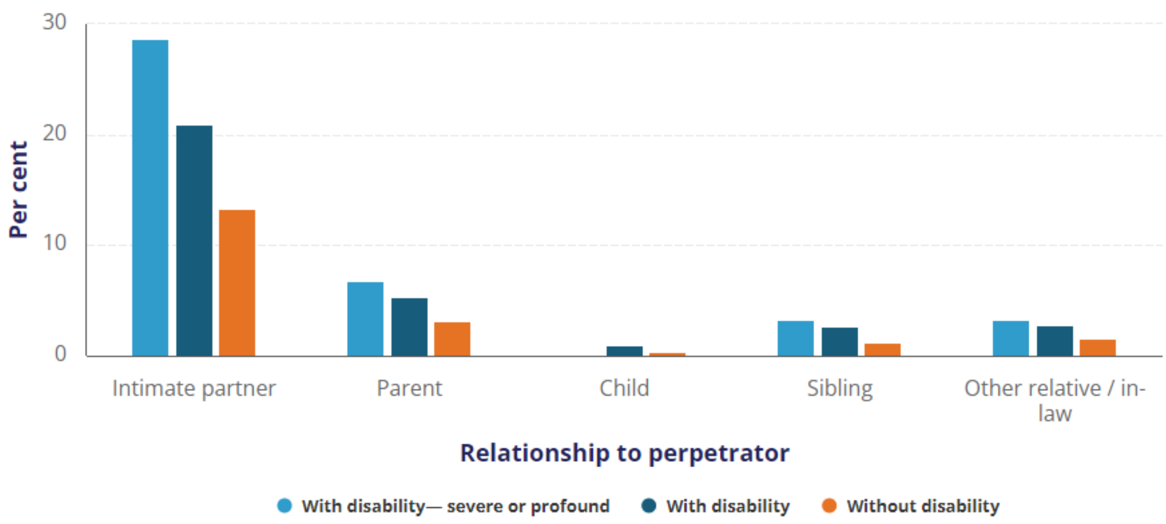


of adults with **disability** in 2016 had experienced physical and/or sexual violence from a current or previous intimate partner since the age of 15

The perpetrator was known to the majority (81%, or 2.2 million) of people aged 18 years and over (adults) with disability in 2016 who reported that they had experienced physical and/or sexual violence **since the age of 15** (hereafter referred to as violence). The most common perpetrators of violence were intimate partners (21% of all adults with disability in 2016 or 1.2 million people) (AIHW 2022).

Experiences of violence from an intimate partner or parent since the age of 15 were more common among adults with disability in 2016 (21% and 5.2%, respectively) than adults without disability (13% and 3.0%, respectively), with the highest proportions among those with severe or profound disability (29% and 6.7%, respectively). Similar patterns were apparent for perpetrators with other family relationship types (Figure 1).

Figure 1: The proportion of adults who experienced physical and/or sexual violence since age 15, by disability status and relationship to perpetrator, 2016



*: estimate has a relative standard error (RSE) between 25% and 50% and should be used with caution.

Source: ABS PSS 2016 | **Data source overview**

Box 5: Key ABS PSS terms and definitions for FDSV reporting

Intimate partner – Includes boyfriend or girlfriend or date, current partner, previous partner, and ex-boyfriend or ex-girlfriend or ex-date.

Cohabiting partner – Includes someone the person lives with or lived with in a married or de facto relationship.

Emotional abuse – Emotional abuse occurs when a person is subjected to certain behaviours or actions aimed at preventing or controlling their behaviour, causing them emotional harm or fear. These behaviours are intended to manipulate, control, isolate or intimidate the person they are aimed at. They are generally repeated behaviours and include psychological, social, economic and verbal abuse.

Disability group – A broad categorisation of disability. It is based on underlying health conditions and on impairments, activity limitations and participation restrictions. It is not a diagnostic grouping, nor is there a one-to-one correspondence between a health condition and any disability group.

Physical violence – An act using physical force with the intent to harm or frighten a person since the age of 15, such as physical assault or threat of physical threat.

Physical abuse – Any deliberate physical injury (including bruises) inflicted upon a child (under the age of 15 years) by an adult. Excludes discipline that accidentally resulted in injury, emotional abuse, and physical abuse by someone under the age of 18.

Sexual violence – A behaviour of a sexual nature carried out against a person's will since the age of 15, such as sexual assault (for example, rape, indecent assault and attempts to force a person into sexual activity) or threat of sexual assault.

Sexual abuse – Any act by an adult involving a child (under the age of 15 years) in sexual activity beyond their understanding or contrary to currently accepted community standards. Excludes emotional abuse and sexual abuse by someone under the age of 18.

Sexual harassment – Behaviours of a sexual nature that make a person feel uncomfortable and that the person finds offensive.

Source: ABS 2017.

A higher proportion of adults with disability in 2016 (20% or 1.1 million) experienced abuse **before the age of 15** than adults without disability (11% or 1.3 million), with about 3 in 10 (28% or 198,000) adults with severe or profound disability (AIHW 2022).

For both adults with and without disability in 2016, the most common perpetrators of abuse **before the age of 15** were:

- parents/step-parents (10% of all adults with disability, 16% of all adults with severe or profound disability and 5.4% of all adults without disability)
- known people who are not family members (8.2% of all adults with disability, 9.9% of all adults with severe or profound disability and 4.0% of all adults without disability) (AIHW 2022).

Intimate partner violence and partner emotional abuse

30% of women with disability | **11% of men with disability**

in 2016 had experienced **partner violence** since the age of 15

Analysis of the 2016 PSS shows that the proportion of adults who had experienced **intimate partner violence** since the age of 15 was higher among:

- adults with disability (21%, or 1.2 million) than adults without disability (13%, or 1.7 million)
- women with disability (30%, or 892,000) than men with disability (11%, or 303,000)
- women with severe or profound disability (36%, or 163,000) than men with severe or profound disability (16%, or 41,300) (AIHW 2022).

The available data from the 2021–22 PSS shows that violence by a cohabiting partner was experienced in the 2 years prior to the survey by 2.2% (68,600) of women with disability and 1.5% (99,400) of women without disability (ABS 2023a).

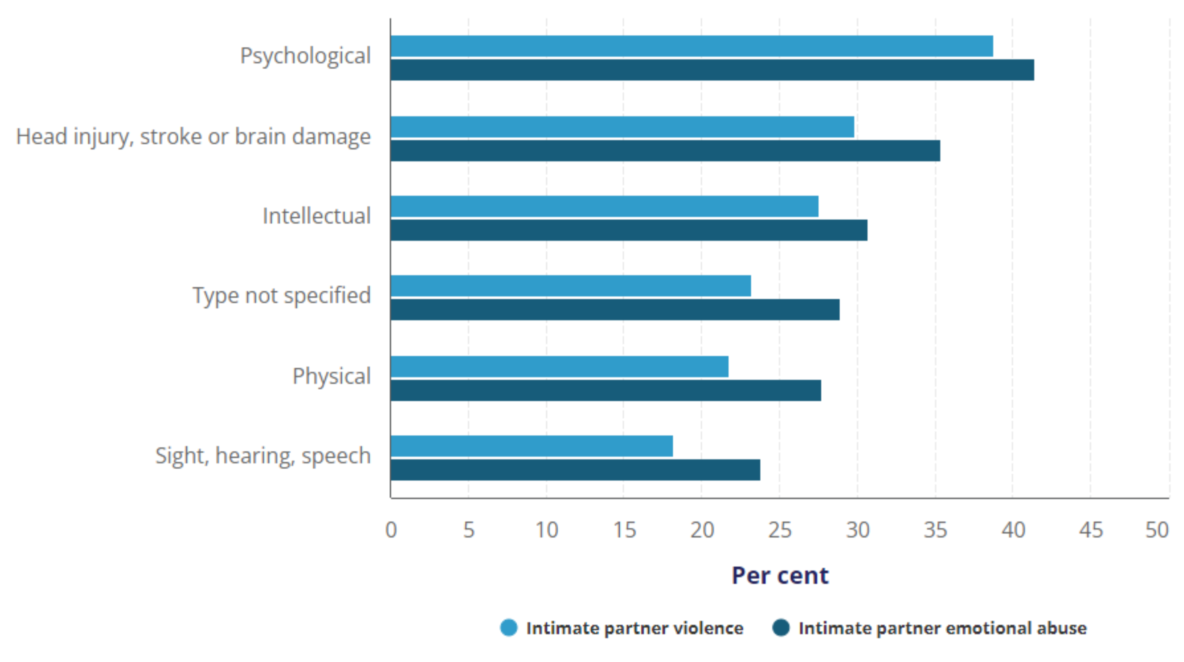
The proportion of adults in 2016 who had experienced **partner emotional abuse** since the age of 15 was higher among:

- adults with disability (26%, or 1.5 million) than adults without disability (17%, or 2.1 million)
- women with disability (32%, or 929,000) than men with disability (20%, or 556,000)
- women with severe or profound disability (39%, or 179,000) than men with severe or profound disability (27%, or 69,900) (AIHW 2022).

Adults with psychological disability (39%) or head injury, stroke or brain damage (30%) in 2016 were the most likely to have experienced intimate partner violence since the age of 15

Some adults with disability in 2016, such as those with psychological disability, were more likely than other adults with disability to have experienced **intimate partner violence** and **partner emotional abuse** since the age of 15 (Figure 2).

Figure 2: The proportion of adults with disability who experienced intimate partner violence and partner emotional abuse since age 15, by type of disability, 2016



Source: ABS PSS 2016 | **Data source overview**

Similarly, the available data from 2021–22 shows that a higher proportion of women with psychosocial disability (6.1% or 37,200) than other women with disability or women without disability (1.5% or 99,400) experienced violence by a cohabiting partner in the 2 years prior to the survey (ABS 2023a).

Types of emotional abuse

The latest available PSS data (2016) shows that adults with disability were more likely than adults without disability to report some types of emotional abuse from their most recent previous partner that was emotionally abusive, including:

- insults intended to cause shame or humiliation (56%, or 668,000 compared with 46%, or 707,000)
- financial abuse (50%, or 591,000 compared with 37%, or 579,000)
- deprivation of basic needs such as food, shelter, sleep or assistive aids (14%, or 172,000 compared with 8%, or 124,000) (AIHW 2019).

Note that more than one type of emotional abuse could be selected thus proportions sum to more than 100% (AIHW 2019).

Adults with disability in 2016 were more likely than adults without disability to report that they had experienced emotional abuse from more than 1 previous partner (24%, or 282,000 compared with 16%, or 244,000) (AIHW 2019).

Sexual violence

The latest available estimates of lifetime experiences of sexual violence and harassment among adults with disability are available from the 2016 PSS. Data from the 2021–22 PSS provide some additional insights into recent experiences of sexual violence and harassment among women with disability.

Adults with severe or profound disability (24%) in 2016 were about 3 times as likely as adults without disability (9.6%) to report they had experienced sexual violence since the age of 15

The proportion of adults in 2016 who had experienced **sexual violence since the age of 15** was higher among:

- adults with disability (16%, or 935,000) than adults without disability (9.6%, or 1.2 million)
- women with disability (25%, or 748,000) than men with disability (6.6%, or 187,000)
- women with severe or profound disability (30%, or 140,000) than men with severe or profound disability (13%, or 32,300) (AIHW 2022).

The proportion of adults in 2016 who had experienced **sexual harassment since the age of 15** was higher among:

- adults with disability (43%, or 2.5 million) than adults without disability (37%, or 4.7 million)
- women with disability (57%, or 1.7 million) than men with disability (28%, or 799,000)
- women with severe or profound disability (58%, or 264,000) than men with severe or profound disability (38%, or 96,400) (AIHW 2022).

The available data on recent experiences from the 2021–22 PSS showed a higher proportion of women with disability reported experiences of:

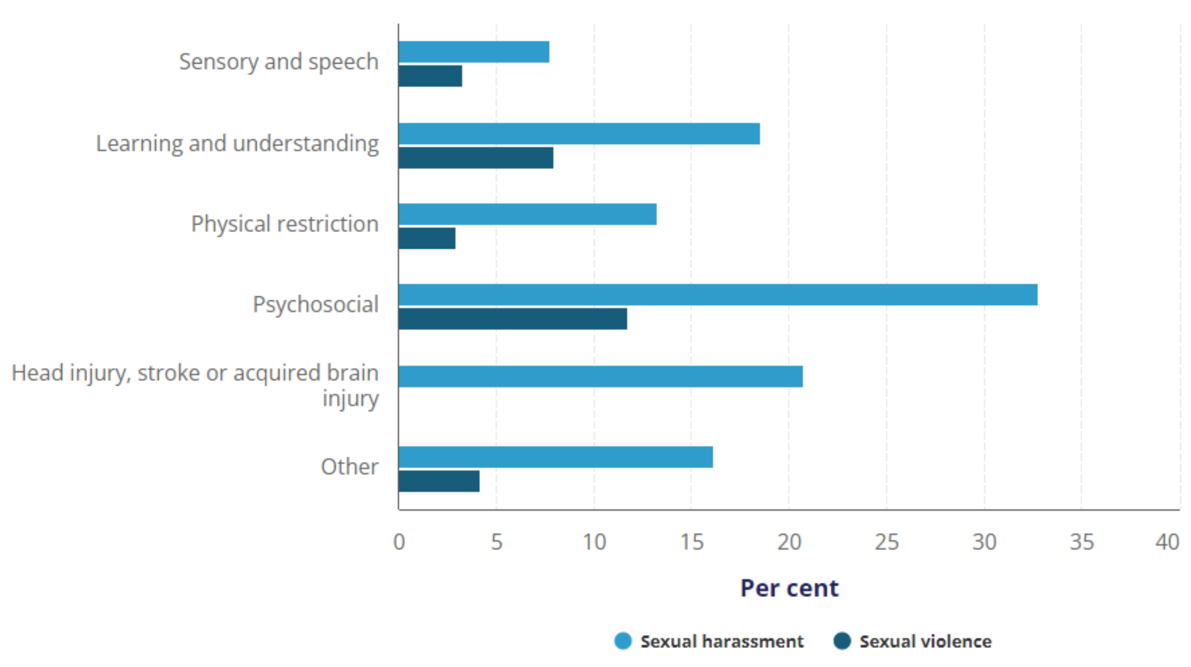
- sexual violence in the last 2 years (4.0%, or 127,000) compared with women without disability (2.5%, or 167,000) (ABS 2023c)
- sexual harassment in the last 12 months (14%, or 459,000) compared with women without disability (12%, or 793,000), with even higher proportions for women with only schooling/employment restrictions (25%, or 98,700) or severe or profound disability (19%, or 78,000) (ABS 2023b).

Data were not available for men with disability (ABS 2023b, 2023c).

Women with psychosocial disability (12%) in 2021–22 were the most likely to have experienced sexual violence in the last 2 years.

Some women with disability in 2021–22, such as those with psychosocial, head injury, stroke or acquired brain injury, or learning and understanding disability, were more likely than other women with disability to have experienced **sexual violence in the last 2 years** or **sexual harassment in the last 12 months** (Figure 3).

Figure 3: The proportion of women with disability who experienced sexual violence in the last 2 years or sexual harassment in the last 12 months, by type of disability, 2021–22



*: estimate has a relative standard error (RSE) between 25% and 50% and should be used with caution.

Source: ABS PSS 2016 | Data source overview

While 2021–22 PSS data for men with disability was not available, data from the 2016 PSS shows a similar pattern for men – men with psychological disability were more likely than other men with disability to have experienced either sexual violence or sexual harassment since the age of 15 (AIHW 2022).

Experiences of sexual abuse before the age of 15

The latest available PSS data (2016) shows that the proportion of adults who had experienced sexual abuse before the age of 15 was higher among:

- adults with disability (12%, or 671,000) than adults without disability (5.8%, or 738,000)
- women with disability (16%, or 477,000) than men with disability (6.9%, or 194,000)
- women with severe or profound disability (22%, or 98,600) than men with severe or profound disability (9.8%*, or 25,200) (AIHW 2022).

Note that estimates marked with an asterisk (*) should be used with caution as they have a relative standard error between 25% and 50%.

Adults with psychological disability (21%, or 186,000) or head injury, stroke or brain damage (18%, or 33,500) in 2016 were the most likely to have experienced sexual abuse before the age of 15 (AIHW 2022).

Types of sexual harassment

The latest available PSS data (2016) shows that adults with disability were more likely than adults without disability to report that they had ever experienced some types of sexual harassment, including:

- unwanted touching, grabbing, kissing or fondling (25%, or 1.5 million compared with 20%, or 2.5 million)
- inappropriate comments about body or sex life (24%, or 1.4 million compared with 21%, or 2.7 million)
- indecent exposure (18%, or 1.1 million compared with 14%, or 1.8 million)
- indecent phone call (15%, or 882,000 compared with 10%, or 1.3 million) (AIHW 2022).

Note that more than one type of sexual harassment could be selected thus proportions may sum to more than 100% (AIHW 2022).

Sexual harassment in the workplace

The 2022 Australian Human Rights Commission's national survey on sexual harassment in workplaces (the AHRC national survey) asked people aged 15 and over about their experiences of sexual harassment in workplaces in the previous 5 years. The AHRC included behaviours more commonly associated with sexual violence in their definition of harassment, for example, rape or sexual assault, and determined disability through self-identification.

Nearly half (48%) of people with disability had been sexually harassed in their workplace in the previous 5 years (compared with 32% of people without disability) with:

- over half (54%) of women with disability and nearly 2 in 5 (38%) men with disability
- an increase since 2018 (44% of people with disability, with 52% of women and 35% of men with disability) (AHRC 2022).

See **Sexual violence** for more information.

Technology-facilitated abuse

People with disability were 1.4 times more likely to have experienced technology-facilitated abuse in their lifetime than those without disability in 2022

A nationally representative study of around 4,600 people aged 18 years and over in 2022 investigated experiences of technology-facilitated abuse (TFA) (see **Glossary**) among people who self-identified as having disability. This study estimated that about 3 in 5 (57%) people with disability had experienced any TFA in their lifetime (TFA lifetime victimisation):

- Having disability was a significant predictor of TFA lifetime victimisation, with those with disability 1.4 times more likely than those without.
- A higher proportion of women with disability (59%) than men with disability (55%) reported lifetime TFA victimisation (Powell et al. 2022).

TFA among all people was most commonly perpetrated by intimate partners and was associated with high levels of psychological distress in victim-survivors (Powell et al. 2022).

People with disability (25%) and those without (22%) were similarly likely to have ever perpetrated TFA in their lifetime (lifetime TFA perpetration). Among the whole population, TFA perpetration was much more common when there had been TFA victimisation (39% compared with 6.0%) (Powell et al. 2022).

For information on TFA among all people, see **Stalking and surveillance**.

People with disability as perpetrators of FDSV

There is limited data and research related to the use of FDSV by people with disability. Research about harmful sexual behaviours and the use of family violence among children and young people has indicated that there may be a larger representation of people with disability among people displaying these behaviours in Australia (Fitz-Gibbon et al. 2022; RCIRCSA 2017a). However, more research is required to further investigate these findings. For a discussion of harmful sexual behaviours and adolescent family violence among the general population, see **Child sexual abuse** and **Family and domestic violence**, respectively.

FDSV-related homicide among people with disability

There is limited data available on homicides related to FDSV among people with disability.

The Australian Domestic and Family Violence Death Review Network and Australia's National Research Organisation for Women's Safety collaborated to analyse cases of intimate partner homicides preceded by a reported or anecdotal history of violence between the offender and victim (IPV homicides) between July 2010 and June 2018 (ADFVDRN and ANROWS 2022).

A smaller proportion of both males and females with disability were IPV homicide offenders or victims than the representation of people with disability in the general population (18%). People with disability were only identified among:

- about 1 in 15 female IPV homicide victims of males (or 6.7%)
- about 1 in 11 female IPV homicide offenders who killed a male (or 9.2%)
- about 1 in 12 male IPV homicide victims of females (or 8.5%)
- about 1 in 10 male IPV homicide offenders who killed a female (or 9.3%) (ADFVDRN and ANROWS 2022).

Note that people with disability may have been under-reported in this analysis (see **Data sources and technical notes**).

See **Domestic homicide** for further discussion of homicides related to FDSV.

What are the responses to FDSV for people with disability?

Helplines and related support services

There are a number of general and specialised helplines in Australia that provide information, advice and support to people with disability who are experiencing or at risk of FDSV. See **Helplines and related support services** for a discussion of such services including but not limited to:

- the National Counselling and Referral Service, which provides counselling, information, support and referrals to services for people with disability who have witnessed or experienced violence, abuse, neglect and exploitation
- the Blue Knot Foundation, a support service for people affected by complex trauma and a National Redress Scheme service provider (Blue Knot Foundation 2021).

The National Disability Abuse and Neglect Hotline is a service for reporting any abuse and neglect, not limited to FDV, of people with disability, see Box 6 for further discussion.

Box 6: The National Disability Abuse and Neglect Hotline

The National Disability Abuse and Neglect Hotline is a free, independent and confidential reporting service. The Hotline enables anyone to report instances of abuse and neglect among people with disability in any circumstance (not limited to FDV). The Hotline works with callers to find appropriate ways of dealing with reports of maltreatment (for example, referring cases to complaints handling bodies). Between 2017 and 2022:

- reports have generally increased, from 249 in 2017 to 480 in 2020, with 413 in 2022
- reports of sexual abuse ranged between 8 in 2019 and 23 in 2021, with 15 in 2022

Multiple reports can relate to a single victim–survivor and data are not available on whether reports are related to FDV (DSS 2023).

Police responses

The Royal Commission into violence, abuse, neglect and exploitation of people with disability received reports that people with disability are disproportionately represented as victims, offenders and witnesses in the criminal justice system (Dowse et al. 2021).

However, due to long standing challenges and gaps in the collection of disability status in existing data collections, there is limited data available on FDSV-related recorded crimes among people with disability (Ringland et al. 2022a). One method to fill these gaps in data is to link data related to recorded crimes with data that identifies people with disability. Data linkage has recently been used in a test pilot of the National Disability Data Asset to investigate recorded crime among people with disability in NSW, see Box 7.

Box 7: Recorded crime victimisation and offending among people with disability in NSW

The National Disability Data Asset pilot Justice Test Case used victim and offending data held by the NSW Bureau of Crime Statistics and Research linked with other State and Commonwealth administrative data collections to examine the interaction between people with disability and the NSW crime and justice system (CJS). Disability was defined using administrative records of disability-specific service use. People with disability may have been included in the study but not identified as having a disability if they did not have records of disability-specific service use. This may result in an under-representation of people with disability that interact with the NSW CJS in this study.

Among recorded domestic violence-related crimes in NSW:

- people with disability were about 3 times as likely to be victims as the general population for every year between 2009 and 2018, with age and sex standardised rates among people with disability ranging between around 1,800 to 2,000 per 100,000 people compared with between 660 to 710 per 100,000 for the general population (Ringland et al. 2022b)

- about 1 in 23 (4.4%) people with disability were victims between 2014 and 2018, with a higher proportion of Aboriginal females with disability (19%) than Aboriginal males with disability (8.6%), non-Aboriginal females with disability (5.0%) and non-Aboriginal males with disability (2.6%) (Ringland et al. 2022a)
- persons of interest were proceeded against in a lower proportion of incidents involving people who had both cognitive and physical disability (51%) than people without disability (58%) between 2014 and 2018, with a smaller difference for people with disability in general (56%) (Ringland et al. 2022a)
- a higher proportion of people with disability (25%) experienced revictimisation within 12 months than those without disability (20%) between 2014 and 2018, with people with psychosocial disability the most likely (29%) to experience revictimisation (Ringland et al. 2022a)
- people with disability were more than 3 times as likely to be offenders than the general population every year between 2009 and 2018, with age and sex standardised rates increasing over time from around 630 to 1,100 per 100,000 compared with 200 to 340 per 100,000 in the general population (Ringland et al. 2022b).

Specialist homelessness services

Specialist homelessness services (SHS) can provide assistance to people who are experiencing or at risk of homelessness, including clients who have experienced FDV. The SHS Collection identifies disability using a shortened version of the AIHW Standardised Disability Flag module. This enables reporting on SHS use and outcomes among people with disability (AIHW 2024).

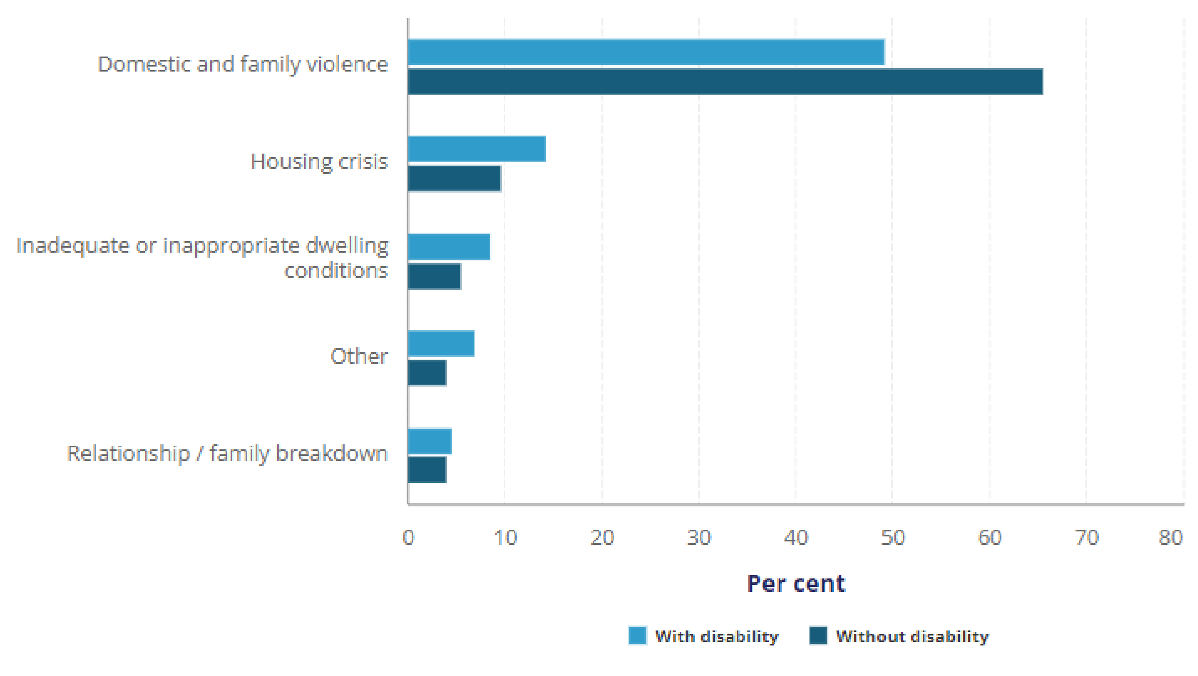
About 25,900 people with disability were SHS clients (9.5% of all SHS clients) in 2022–23 (AIHW 2023b). Of these, about 1 in 3 (31% or about 8,100) SHS clients with disability had experienced FDV, representing:

- 43% (or 5,900) of female SHS clients with disability
- 18% (or 2,200) of male SHS clients with disability (AIHW 2023b).

A smaller proportion of SHS clients with disability had experienced FDV (31%) than SHS clients without disability (38%) (AIHW 2023b).

The main reason that SHS clients with disability who had experienced FDV sought SHS support was domestic and family violence (49%) followed by housing crisis (14%). People with disability who had experienced FDV were less likely than those without disability to report domestic and family violence as their main reason but more likely to report other main reasons (Figure 4).

Figure 4: Top 5 main reasons SHS clients with and without disability who have experienced domestic and family violence sought support, 2022–23



Source: AIHW SHSC | Data source overview

From 2013–14 to 2022–23, the proportion of SHS clients who have experienced FDV who had disability has varied between 5.9% in 2013–14 (or about 5,000 clients) and 8.3% in 2016–17 (or 9,500), with 7.7% in 2022–23 (or 8,100) (AIHW 2023b).

Housing outcomes

Fewer specialist homelessness services clients with disability who have experienced FDV were homeless by the end of support (about 1,500) compared with at the start of support (about 2,000) in 2022–23

Many clients who are supported by SHS have achieved or progressed towards a more positive housing situation by the end of their support. Among SHS clients with disability who have experienced FDV and whose ongoing SHS support ended in 2022–23:

- fewer clients were homeless at the end of support (about 1,500) compared with their first period of support in 2022–23 (about 2,000)
- more clients were housed at the end of support (about 2,800) compared with their first period of support in 2022–23 (about 2,300) (AIHW 2023b).

For information about all people who use SHS services and have experienced FDV, see **Housing**.

Has it changed over time?

PSS data on the rate of experiences of FDSV among people with disability in the 12 months prior to the survey (the 12-month prevalence rate) can be used to report on changes over time. Comparing 2012 with 2016, among people with disability, the 12-month prevalence rate of:

- **sexual violence** was stable (1.3% and 1.4%, respectively), with a lower rate among adults without disability in 2012 (0.6%) and a similar rate in 2016 (1.2%)
- **sexual harassment** increased from 12% to 15%, with lower rates among adults without disability (10% in 2012 and 13% in 2016)
- **intimate partner violence** was relatively stable (1.9% and 2.4%, respectively), with a similar rate among adults without disability in 2012 (1.4%) and a lower rate among adults without disability in 2016 (1.4%)
- **emotional abuse by a partner** increased from 4.5% to 5.6%, with lower rates among adults without disability (3.4% and 4.0%, respectively) (ABS 2021).

Data for the 12-month prevalence rate of sexual harassment among women with disability was also available for 2021–22. The prevalence rate remained similar between 2012 (17%) and 2016 (19%) and decreased in 2021–22 (14%). This is consistent with results for the general population (ABS 2021, 2023b). Data for the 12-month prevalence rate of intimate partner violence and emotional abuse by a partner among women with disability are not available for 2021–22 (ABS 2023a).

These changes over time may be due to a number of reasons. The most recent PSS was conducted between March 2021 and May 2022, during the COVID-19 pandemic. We are continuing to learn about the effects of the COVID-19 pandemic on FDSV, which first occurred in Australia between March to April 2020. The 2-year period following the onset of the pandemic involved many changes to people's living circumstances. These changes, and the potential flow-on effects to a person's likelihood of experiencing violence, are discussed in more detail in **FDSV and COVID-19**.

Is it the same for everyone?

People from diverse sociodemographic and cultural groups can have disability, and experiences of violence can occur in intersecting ways (see **Factors associated with FDSV**). National data on these intersections are limited, for example there are no national data on violence among people with disability who live in institutional and/or other care settings. The Royal Commission into violence, abuse, neglect and exploitation of people with disability (the Royal Commission) collected recent research about FDSV among diverse population groups and heard from people and organisations about these issues.

For a general discussion of FDSV among specific population groups, see **Population groups**.

First Nations people with disability

While there is limited national data specific to experiences of FDSV among First Nations people (Aboriginal and Torres Strait Islander people) with disability, available research shows that:

- there is a higher proportion of people with disability or a restrictive long-term health condition among First Nations people (estimated to be 45% in 2014–15) compared with the general population (18%) (ABS 2016)
- it is likely that First Nations people with disability experience intersectional discrimination and disadvantage, which can increase the risk of experiencing FDSV and restrict access to support (AHRC 2020; RCVANEPD 2020b)
- First Nations women with disability are likely to experience high rates of emotionally abusive, harassing and controlling behaviours and are more likely than non-Indigenous women with disability to experience domestic physical or sexual violence, and coercive control (Boxall et al. 2021).

Culturally and linguistically diverse people with disability

Respondents to a public hearing for the Royal Commission highlighted the following about experiences of FDV among culturally and linguistically diverse people with disability:

- There can be many barriers to reporting violence, including lack of knowledge about processes in Australia, fear of authority and discrimination, and entrenched attitudes towards women and their roles in families (RCVANEPD 2021b).
- a lack of specialised, trauma-informed staff, support workers and processes can prevent people from engaging with the criminal justice system or influence the outcomes received (RCVANEPD 2021b).
- a survey of recent violence during the pandemic found that women with disability from non-English speaking backgrounds were more likely than those from English speaking backgrounds to have experienced domestic physical or sexual violence, and coercive control (Boxall et al. 2021).

LGBTIQA+ people with disability

A report commissioned by the Royal Commission in 2019 used data from 2 national non-representative surveys of LGBTIQ (lesbian, gay, bisexual, transgender, intersex, queer, asexual people, or people otherwise diverse in gender, sex or sexual orientation) young people and adults, *Private Lives 3* and *Writing Themselves In 4, to* provide some insights into violence, abuse, neglect and exploitation among LGBTIQ people with disability. There was not a sufficient number of participants with disability with an intersex variation in either survey for the data to reflect their experiences. *Private lives 3* included about 2,600 people identified as having disability through the AIHW Standardised Disability Flag module and *Writing Themselves in 4* included 2,500 people who self-identified as having disability or a long-term health condition (Hill et al. 2022). The report found that:

- about 1 in 3 (32%) respondents with disability aged 14–21 experienced sexual harassment or assault in the previous 12 months due to their sexual orientation or gender identity
- a higher proportion of adult respondents with severe (16%) or moderate (11%) disability reported experiencing sexual assault in the previous 12 months than respondents without disability (6.7%)
- most adult respondents with severe (73%), moderate (69%) or mild (67%) disability reported experiencing violence from an intimate partner in their lifetime, compared with 55% of respondents without disability
- most adult respondents with severe (81%), moderate (78%) or mild (69%) disability reported experiencing violence from a family member in their lifetime, compared with 55% of respondents without disability
- FDSV was experienced by a higher proportion of adult respondents with disability from multicultural backgrounds, living in rural or remote areas, or who were trans or gender diverse compared with other groups (Hill et al. 2022).

Younger and older people with disability

Children, young people and older people can experience higher rates of FDSV than people of other ages and are additionally affected by particular forms of FDSV. Studies have shown that those with disability are at an even greater risk than those without:

- Twice as many people aged 65 years or over who self-identified as having disability or long-term health conditions (21%) experienced any form of **elder abuse** in the previous 12 months in 2020 compared with those without disability or long-term health condition (9.8%) (Qu et al. 2021).
- About twice as many adults with disability in 2016 had experienced sexual abuse by any perpetrator (12%) or physical and/or sexual abuse by a parent/step-parent (10%) **before the age of 15** compared with those without disability (5.8% and 5.4%, respectively) (AIHW 2022).

The second wave of the Australian Child Maltreatment Study aims to collect representative data for people with disability in Australia to allow estimates of child maltreatment to be reported for this group. The second wave should run from 2024 to 2025 (DPMC 2021).

Children who are considered unable to live safely with their families may be placed in out-of-home care. Children, and in particular children with disability, can be at risk of abuse in care (RCIRCSA 2017b). While there is limited data related to children with disability available, children with disability are thought to be significantly over-represented in out-of-home care. Disability status was only recorded for 71% (32,300) of children in out-of-home care in 2021–22. Among these children, 29% (9,300) were recorded as having disability (AIHW 2023a). For a discussion of child protection data related to the general population, see **Child protection**.

Related material

- Children and young people
- Older people
- Sexual violence
- Who uses violence?
- Helplines and related support services

More information

- People with disability in Australia – Violence against people with disability
- Family, domestic and sexual violence in Australia: continuing the national story 2019
- Family, domestic and sexual violence data in Australia
- National sexual violence responses
- Family, domestic and sexual violence: National data landscape 2022
- Specialist Homelessness Services, annual report 2021–22
- National Hospital Morbidity Dataset

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LGBTIQA+ people

Key findings

Of respondents to the 2019 Private Lives 3 survey:

- 1 in 2 (49%) had ever experienced sexual assault
- 3 in 5 (61%) had ever experienced violence from an intimate partner
- 8 in 10 (81%) with severe disability had ever experienced family violence.

The term LGBTIQA+ is used to refer to lesbian, gay, bisexual, transgender, intersex, queer, asexual people, or people otherwise diverse in gender, sexual orientation and/or innate variations of sex characteristics. Alternative abbreviations may be used in data sources when discussing specific groups within LGBTIQA+ populations.

Research indicates that most LGBTIQA+ people experience some form of violence in intimate partner and/or family relationships in their lifetime. The impacts of these experiences are profound, far-reaching and compounded by stigma, prejudice and discrimination towards LGBTIQA+ people. The drivers of violence are often the same as those identified for violence against women (AHRC 2015; Campo and Tayton 2015; DSS 2022; Hill et. al 2020).

LGBTIQA+ people are recognised as population groups that experience health and wellbeing disparities due to stigma and discrimination. The *National Plan to End Violence against Women and their Children 2022–2032* (the National Plan) recommends increased attention to LGBTIQA+ populations to address the high prevalence of violence against LGBTIQA+ people (Campo and Tayton 2015; DSS 2022; Hill et al. 2020).

LGBTIQA+ language

People may use a wide range of terms to describe gender, sexual orientation and innate variations of sex characteristics, and some people may not identify with or use certain terms (Box 1). The terms and language used by LGBTIQA+ people to define their identity are influenced by many factors, including their age, ethnicity, socioeconomic position, and their lived experiences and relationships with others (AIHW 2018).

While reporting on LGBTIQA+ people together provides useful high-level insights, it conceals diversity within the group. It is important to note that there are many factors that can combine to create a risk and experience of violence that is unique to each person, and an individual included in the term LGBTIQA+ may not identify as being part of any single group.

Box 1: LGBTIQA+ terminology

Asexual: A sexual orientation that reflects little to no sexual attraction. People who identify as asexual can still experience romantic attraction.

Bisexual/bi: A sexual orientation that reflects sexual and/or romantic attraction towards 2 or more genders. Bisexuality is not exclusive to binary genders.

Brotherboy/brothaboy: A term used by some Aboriginal and Torres Strait Islander (First Nations) communities to describe gender diverse First Nations people who have a male spirit and take on male roles within the community.

Cisgender: The cisgender (cis) experience of gender is defined for persons whose gender is the same as what was presumed for them at birth.

Gay: A sexual orientation that describes sexual and/or romantic attraction towards people of the same gender. This term is most commonly applied to men, although some women use this term.

Gender/gender identity: Gender is a social and cultural concept. It is about social and cultural identity, expression and experience as a man, woman or non-binary person. Gender identity is about who a person feels themself to be. Gender expression is the way a person expresses their gender; person's gender expression may also vary depending on the context, for instance expressing different genders at work and home. Gender experience describes a person's alignment with the gender presumed for them at birth, i.e. a cis experience or a trans experience.

Heterosexual: A sexual orientation towards people of a different gender.

Intersex: Intersex refers to people with innate genetic, hormonal or physical sex characteristics that do not conform to medical norms for female or male bodies. This is also called 'variations of sex characteristics'. Intersex does not refer to a particular gender identity or sexual orientation; intersex people old enough to freely express an identity may be heterosexual or not, and cisgender or not.

Lesbian: A sexual orientation most often used by women whose primary sexual and/or romantic attraction is to other women.

Non-binary: Non-binary is an umbrella term describing gender identities that are not exclusively male or female.

Pansexual: A sexual orientation not restricted by gender. Pansexuality can include sexual and/or romantic attraction towards any person, regardless of their gender.

Queer: A term used to describe a range of sexual orientations and gender identities. For some it is a reclaimed derogatory term and represents a political movement that celebrates difference, although it is still sometimes used against non-heterosexual and non-cisgender people in a derogatory manner and considered derogatory by many older LGBTIQA+ people.

Sex: A person's sex is based upon their sex characteristics, such as their chromosomes, hormones and reproductive organs. While typically based upon the sex characteristics observed and recorded at birth or infancy, a person's sex can change over the course of their lifetime and may differ from their sex recorded at birth.

Sexual orientation: An umbrella concept that encapsulates: sexual identity (how a person thinks of their sexuality and the terms they identify with), attraction (romantic or sexual interest in another person), and behaviour (sexual behaviour). It is a subjective view of oneself and can change over the course of their lifetime and in different contexts.

Sistergirl/sistagirl: A term used by some First Nations communities to describe gender diverse First Nations people who have a female spirit and take on female roles within the community.

Trans and gender diverse (trans): The trans and gender diverse (trans) experience of gender is defined for persons whose gender is different to what was presumed for them at birth.

Variations of sex characteristics: See 'Intersex'.

Sources: ABS 2021; AIFS 2022; DSS 2022; IHRA 2021.

What do we know?

Measuring violence experienced by LGBTIQA+ people

National reporting on the health and wellbeing of LGBTIQA+ people is often limited by a lack of data on gender, sexual orientation and innate variations of sex characteristics in data collections. Where data are available, it most often refers to people who identify as gay, bisexual, or heterosexual. Certain groups such as trans, asexual and intersex people remain under-researched and -reported; and current data do not fully describe the complexities and diversities among LGBTIQA+ people (AIHW 2018; Campo and Tayton 2015; DSS 2022).

The Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020 was developed by the Australian Bureau of Statistics (ABS) to standardise the collection and dissemination of data relating to sex, gender, variations of sex characteristics and sexual orientation. Work to implement the standard in national surveys has commenced and will improve the availability of data on LGBTIQA+ people (ABS 2021). In particular, the 2021–22 ABS Personal Safety Survey (PSS) collected data on sexual orientation for the first time to support understanding of the prevalence of FDSV among people with different sexual identities (ABS 2023b; see Box 3). Implementation of the standard is also being considered in national administrative data collections. For example, there was national agreement to collect and supply data on the gender of people admitted to Australian hospitals from 2022–23 (see Admitted Patient Care National Minimum Data Set).

The terms and abbreviations used to describe LGBTIQA+ people can vary depending on the groups or topics being discussed, and the ways in which data are collected. Unless otherwise stated, the AIHW's FDSV reporting uses the terms and abbreviations used by the data source – for example, where data sources have data only for LGBT people, this terminology has been used within this topic page.

Similarly, the terms used to describe a person's sex or gender will depend on how this information is collected in a particular data source. This means that binary language is often used in the AIHW's FDSV reporting to describe data. The AIHW recognises that binary language does not represent the experiences of all people, and that some people, particularly gender diverse people, may not identify with these terms. Specific information about how sex and/or gender are collected in each data source, is included in **Data sources and technical notes**, where available.

What distinct forms of violence are experienced by LGBTIQA+ people?

Discrimination against LGBTIQA+ people may increase their risk of experiencing distinct forms of family, domestic and/or sexual violence (FDSV) when compared with other population groups. However, some LGBTIQA+ people can experience distinct forms of violence that may be referred to as identity-based abuse. Identity-based abuse may include behaviours such as:

- pressuring a person to conform to gender norms or stop them from accessing gender affirming care
- corrective rape (a hate crime in which the victim is raped because of their perceived sexual orientation)
- threatening to 'out' the person's gender, sexuality, HIV status or intersex status
- exiling a person from family due to their sexuality or gender
- forcing a family member into conversion therapy (DSS 2022).

Intersex people may also experience body shaming, along with forced and coercive medical interventions and body modifications in childhood and adulthood, as a result of stigma and misconceptions about intersex variations (DSS 2022).

Additionally, a lack of understanding of these issues by support services may present unique barriers to accessing support for LGBTIQA+ people (Cullen et al. 2022; DSS 2022).

What do the data tell us?

The main data source used in this topic page is the La Trobe University Private Lives 3 survey (see Box 2).

Box 2: How did the Private Lives 3 survey ask respondents about FDSV?

La Trobe University's research series, Private Lives, is currently the largest national survey focussed on the health and wellbeing of LGBTIQ people. In 2019, Private Lives 3 collected FDSV data from 6,835 LGBTIQ respondents aged 18 to 80+ years from a wide range of gender identities and sexual orientations. As the survey uses a non-probability convenience sample, the results may not be representative of the Australian LGBTIQA+ population and

cannot be generalised to this population group. Comparative data was not available for all groups due to data limitations (Hill et al. 2020).

Whilst this survey included participants with an intersex variation/s, the data are not able to be disaggregated by this category and, therefore, the acronym LGBTQ+ is used when referring to the Private Lives 3 results. For more information see **Data sources and technical notes**.

The survey included questions about family violence and intimate partner violence. Family violence was described as abuse by a family member(s), including both birth and chosen family. Intimate partner violence was described as abuse by a partner(s) in an intimate relationship, noting that intimate relationships may be either sexual or not sexual in nature (Hill et al. 2020).

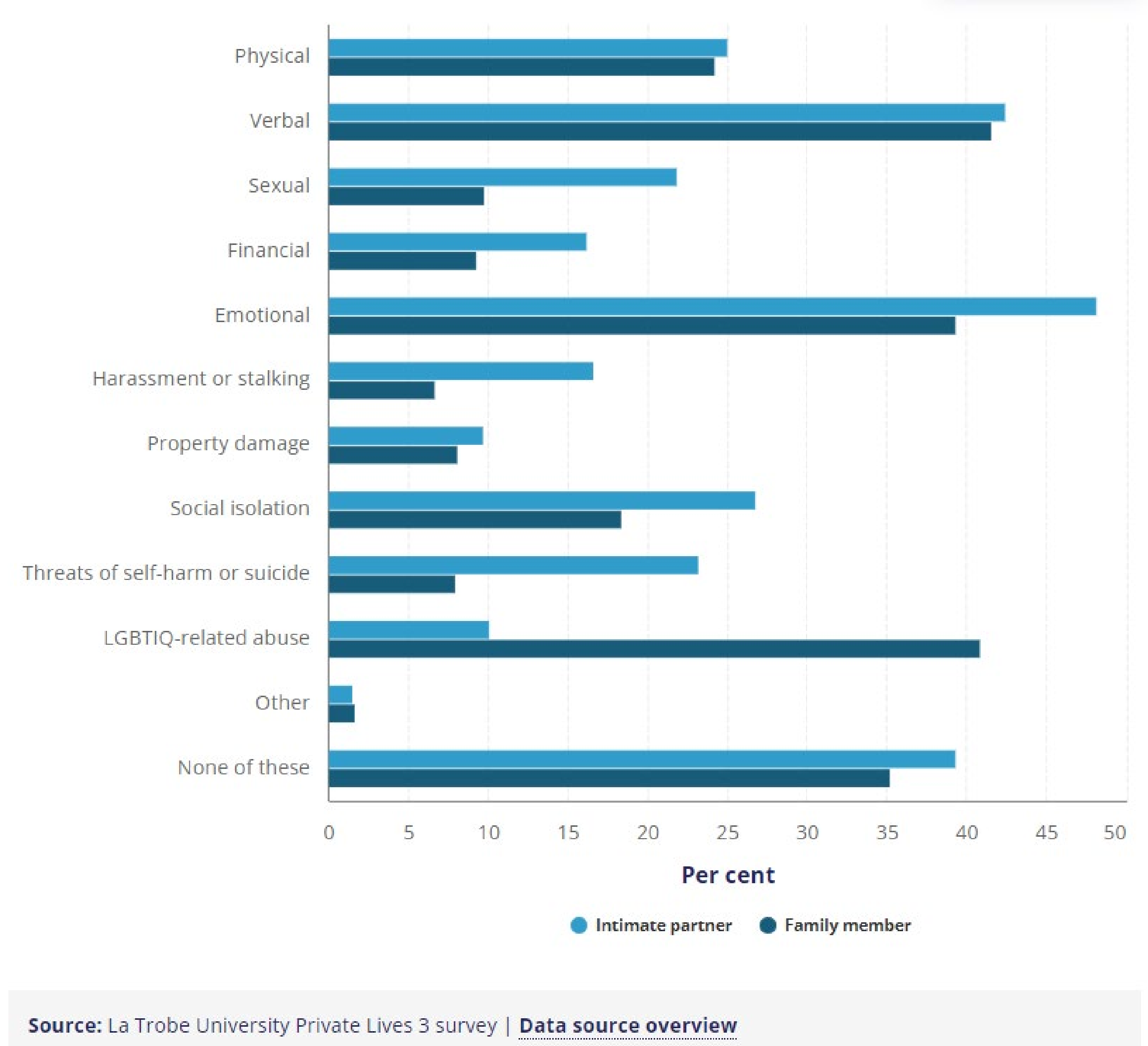
Respondents were provided with a list of specific violent behaviours and asked to indicate whether they had ever experienced them from intimate partners or family members. This included: physical violence, sexual assault, verbal abuse, emotional abuse, financial abuse, harassment or stalking, damage to property, social isolation, threats of suicide and self-harm, LGBTIQ-related abuse, and other. 'LGBTIQ-related abuse' included: shamed you about being LGBTIQ, threatened to 'out' you or your HIV status, or withheld hormones or medication (Hill et al. 2020).

Compared to when asked more generally if they had ever experienced violence, when these specific forms of violence were explicitly listed, the proportion of people who reported having ever experienced violence increased from 42% to 61% for intimate partner violence, and from 39% to 65% for family violence (Hill et al. 2020). FDSV is often a highly personalised experience and may not be recognised or reported as abuse by the individual.

Intimate partner violence and family violence

In 2019, 3 in 5 (61%) respondents to the Private Lives 3 survey had ever experienced intimate partner violence. Emotional abuse (48%), verbal abuse (42%), and social isolation (27%) were the most commonly reported types of intimate partner violence experienced (Figure 1). Cisgender men (57%) were the most common perpetrator, followed by cisgender women (35%) (Hill et al. 2020).

Figure 1: Types of intimate partner and family violence ever experienced by LGBTQ+ people, by perpetrator type, 2019



Source: La Trobe University Private Lives 3 survey | Data source overview

Similarly, 2 in 3 (65%) respondents had ever experienced family violence, not including intimate partner violence. Verbal abuse (42%), LGBTIQ-related abuse (41%), and emotional abuse (39%) were the most common types of violence experienced from a family member (Figure 1). Almost 3 in 4 (73%) indicated the perpetrator of family violence was a parent (including guardian, foster carer, step-parent, or adoptive parent (Hill et al. 2020).

Respondents overall were more likely to experience violence from intimate partners than family members for all forms of violence, except LGBTIQ-related abuse, where 41% indicated abuse occurred from a family member, compared with 10% from an intimate partner (Hill et al. 2020).

There was some variation in experiences of violence by gender:

- Non-binary respondents consistently indicated higher proportions of violence by any perpetrator when compared to other gender identities. This was consistent across

all types of violence except for verbal violence perpetrated by a family member, which was highest for transgender men.

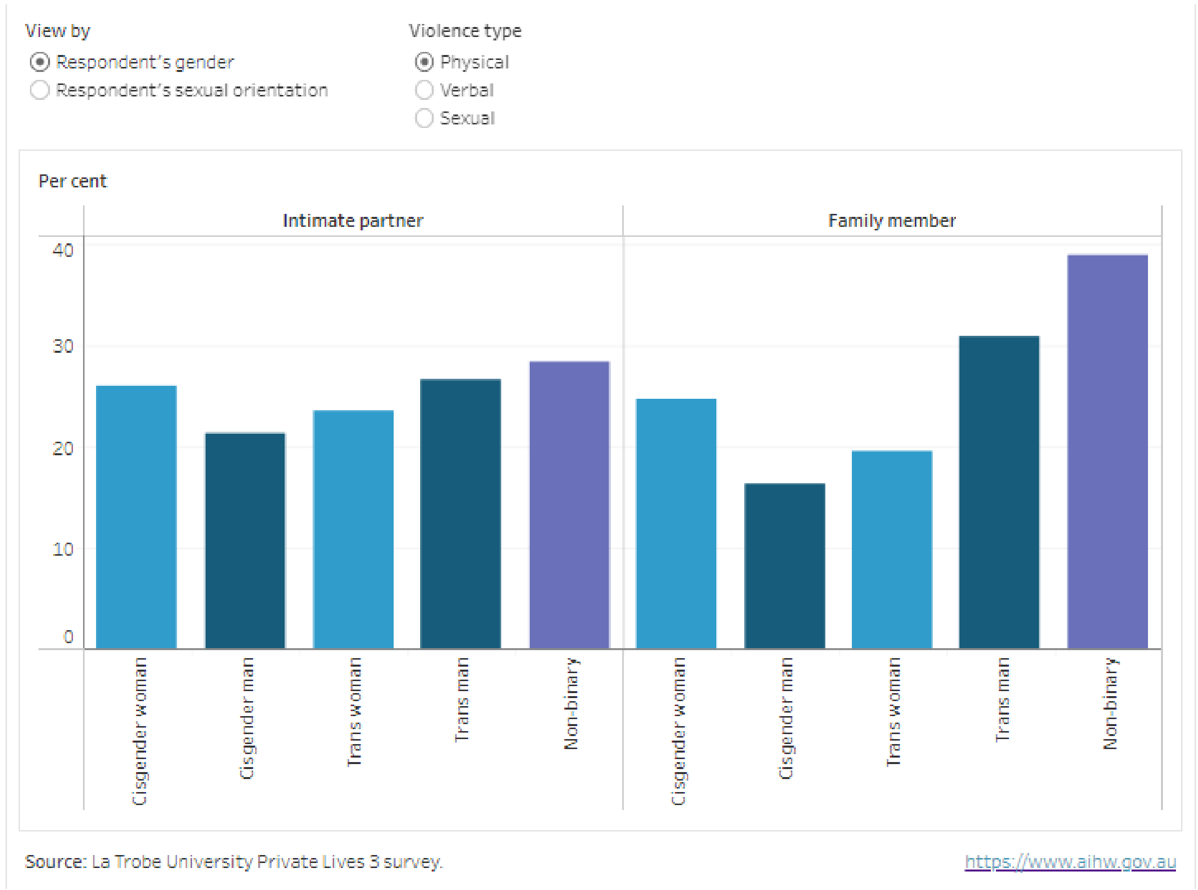
- Transgender men had the second highest proportion of violence by type of violence and perpetrator, followed by cisgender women, trans women and cisgender men.
- Cisgender men reported the lowest rates of violence across all types of violence by any perpetrator (Figure 2).

Overall, experiences of violence by sexual orientation varied depending on the type of violence:

- Verbal violence was the most common type of violence experienced for all sexual orientations, regardless of perpetrator type.
- All types of violence, regardless of perpetrator, were most commonly experienced by pansexual and queer respondents (Figure 2).

Broadly speaking, respondents who identified as lesbian or gay were more likely to experience physical or verbal violence from an intimate partner than from a family member. Conversely, respondents who identified as bisexual, pansexual, queer, asexual or something else experienced physical and verbal violence at higher levels from family members than intimate partners (Hill et al. 2020).

Figure 2: Types of intimate partner and family violence ever experienced, by gender, sexual orientation and perpetrator type, 2019



Sexual assault

Almost half of all respondents (49%) to the Private Lives 3 survey indicated having ever experienced sexual assault and 8.9% had experienced sexual assault in the past 12 months (Hill et al. 2020).

Figure 3: Experience of sexual assault, by gender and sexual orientation, 2019

View by
Respondent's gender
Respondent's sexual orientation

Cisgender woman
Cisgender man
Trans woman
Trans man
Non-binary

0 5 10 15 20 25 30 35 40 45 50 55 60 65
Per cent

Experienced sexual assault ever
Experienced sexual assault in the last 12 months

Source: La Trobe University Private Lives 3 survey. https://www.aihw.gov.au

The majority of queer, pansexual and bisexual identifying respondents had experienced sexual assault in their lifetime. Additionally, a large proportion of lesbian (46%), asexual (45%) and gay (34%) respondents had experienced sexual assault at some point in their life (Figure 3).

The majority of non-binary, cisgender women and trans men had experienced sexual assault in their lifetime. Additionally, many trans women (42%) and cisgender men (35%) had experienced sexual assault at some point in their lifetime (Figure 3).

For the most recent sexual assault, the perpetrator was most commonly identified as a former intimate partner (22%), current intimate partner (19%), friend (19%), casual encounter (19%) or stranger (18%).

The most common gender of perpetrator of the most recent incident of sexual assault were cisgender men (84%). Perpetrators were also identified as cisgender women (14%), non-binary people (1.8%), trans women (1.3%) and trans men (1.2%).

Box 3: Data available from the Personal Safety Survey

For the first time, the 2021–22 PSS collected data on sexual orientation. Some 2021–22 data were available on women aged 18 years and older who had experienced sexual violence

(which includes sexual assault and sexual threat), and cohabiting partner violence and emotional abuse (which includes any violence from someone the person lives with or lived with in a married or de facto relationship). Data for other groups of people were not sufficiently statistically reliable for reporting (ABS 2023a, 2023c).

The 2021–22 PSS estimated that:

- LGB+ women were over 5 times more likely than heterosexual women to have experienced sexual violence in the past 2 years (13% compared with 2.4%)
- for the vast majority of LGB+ and heterosexual women who had experienced sexual violence in the last 2 years (98% for both groups), the perpetrator was male (ABS 2023c).

There were no statistically significant differences between LGB+ and heterosexual women in the experience of violence or emotional abuse by a cohabiting partner in the last 2 years:

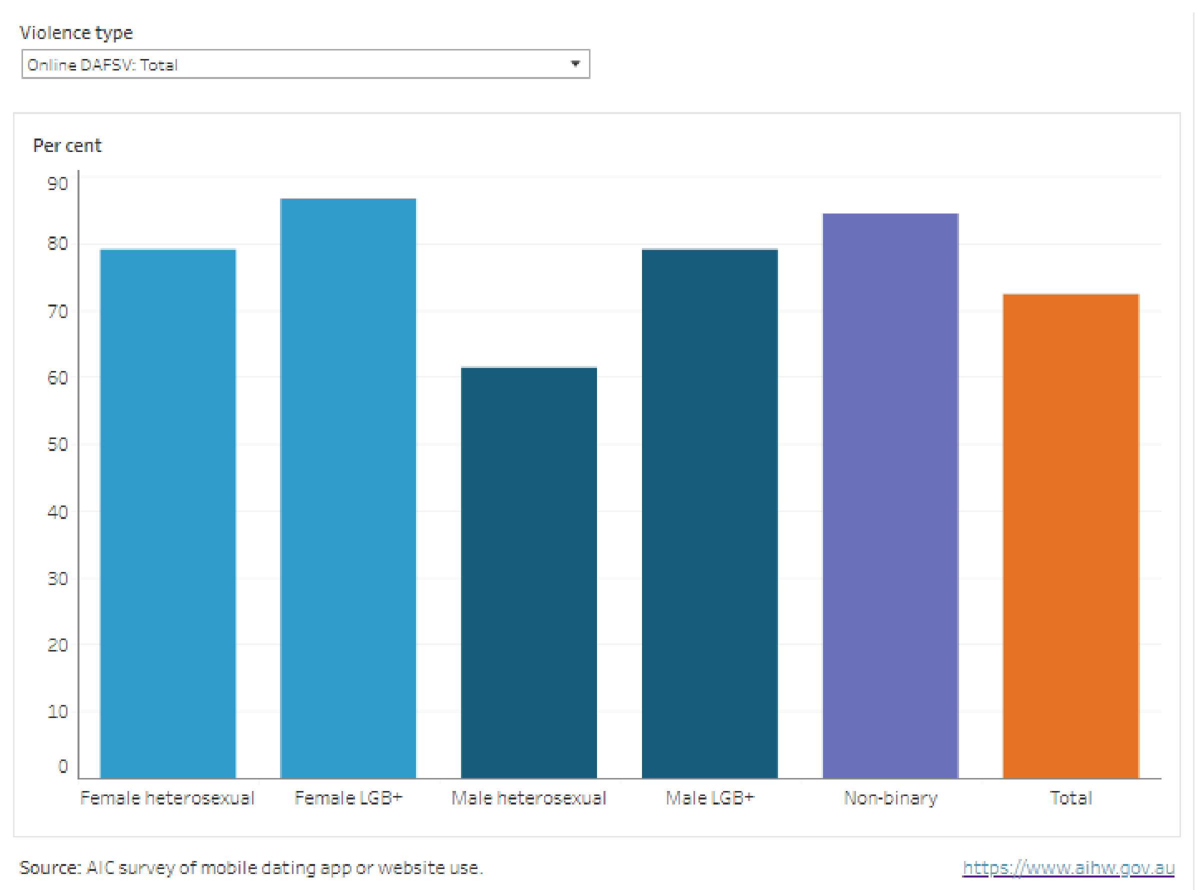
- violence by a cohabiting partner in the last 2 years was experienced by 3.9%* of LGB+ women and 1.6% of heterosexual women (* indicates the estimate has a relative standard error of 25% to 50% and should be used with caution)
- emotional abuse by a cohabiting partner in the last 2 years was experienced by 7.1% of LGB+ women and 5.2% of heterosexual women (ABS 2023a).

Technology-facilitated violence

The Office of the eSafety Commissioner surveyed more than 3,700 Australian adults aged 18 to 65 on general online safety. The report from eSafety identified LGBTQI+ people as an at risk group for serious online abuse. One in 3 (36%) lesbian, gay and bisexual people reported experiences of image-based abuse compared with 1 in 5 (21%) heterosexual people in Australia. The survey concluded that cyber abuse, image-based abuse and homophobic or transphobic abuse disproportionately affected young LGBTQI+ people (eSafety 2020).

Additionally, a series of research papers from the Australian Institute of Criminology (AIC) examined dating app-facilitated sexual violence (DAFSV), and the disproportionate impact this has on non-heterosexual people. DAFSV is described as sexual harassment, aggression and other violence that occurs online, or facilitates in-person violence. In 2021, almost 10,000 people aged 18 and older who had used a mobile dating app or website in the last five years were surveyed, of which 1,613 identified as lesbian, gay, bisexual, pansexual or not heterosexual (LGB+) (Lawler and Boxall 2023; Teunissen et al. 2022; Wolbers et al. 2022). Among all respondents, almost 3 in 4 (73%) had experienced at least one form of online and/or in-person DAFSV within the last 5 years, and around half (45%) said they had experienced both. The occurrence of violence was especially high for LGB+ women and men, followed by non-binary people and heterosexual women, when compared with heterosexual men. LGB+ respondents were more likely to experience violence online than in-person, and sexual harassment was the most commonly reported type of online violence (Figure 4) (Wolbers et al. 2022). See also **Stalking and surveillance**.

Figure 4: Experience of online and in-person dating app-facilitated sexual violence (DAFSV) in the last 5 years, by gender and sexual orientation, 2021



The survey also found:

- Despite disproportionate levels of DAFSV, LGB+ women and men had much lower rates of reporting their most recent experience to police when compared with heterosexual men.
- When DAFSV was reported to police, LGB+ men and women were more likely to report negative experiences than their heterosexual counterparts. See also **FDV reported to police** and **Sexual assault reported to the police**.
- Across all groups, LGB+ men were most likely to report they had received requests for child sexual exploitation materials while using dating apps/websites. Inappropriate requests may include asking for photos of children, questions about children of a sexual nature or offering payment for image-based content of children. This does not mean that these respondents perpetrated child sexual exploitation. The gender of the person requesting content cannot be determined from the data provided (Lawler and Boxall 2023; Teunissen et al. 2022; Wolbers et al. 2022).

Lesbian and bisexual women

There are often complex ways in which the drivers of violence against women and the drivers of violence against LGBTIQA+ people intersect; particularly regarding the binary

and rigid constructions of gender (DSS 2022). Previous studies of FDSV in the general population have largely focused on heterosexual women and pose challenges for making valid comparisons with LGBTIQA+ communities.

A comparative analysis of almost 9,000 women from the 2003 Australian Longitudinal Study on Women's Health (ALSWH, see **Data sources and technical notes**) provides some insight into experiences of violence for lesbian, bisexual and mainly heterosexual women compared with exclusively heterosexual women. The data do not indicate the gender of perpetrators of violence (AIHW 2019; Szalacha et al. 2017).

One in 4 (25%) women who identified as bisexual or mainly heterosexual, and roughly 1 in 6 (15%) women who identified as lesbian, reported that they had ever been in a violent relationship, compared with 1 in 10 (10%) women who identified as exclusively heterosexual (AIHW 2019; Szalacha et al. 2017).

Bisexual women reported higher proportions across all types of violence (emotional, physical, sexual abuse and sexual harassment) and were more likely to experience stress, anxiety, depression and poor mental health, when compared with women who identified as lesbian, mostly heterosexual, or exclusively heterosexual (AIHW 2019; Szalacha et al. 2017).

Regardless of sexual orientation, emotional abuse was the most commonly reported type of violence. When compared with exclusively heterosexual women, women who identified as bisexual, lesbian or mostly heterosexual were:

- 2 to 3 times as likely to have been in a violent relationship in the past 3 years
- twice as likely to report physical abuse by a partner (AIHW 2019; Szalacha et al. 2017).

Gay, bisexual, transgender, intersex and queer men

In 2017–18, University of Western Sydney and ACON, surveyed almost 900 gay, bisexual, transgender, intersex and queer men on sexual and gender identity; experiences of intimate partner violence; attitudes to violence; and bystander awareness and willingness to intervene.

Of the men surveyed in 2017-18, 3 in 5 (62%, or 556) reported that they had experienced physical, verbal or emotional abuse in a relationship, and almost 1 in 4 (26%, or 138) had experienced abuse within the last year (Ovenden et al. 2019).

Respondents most commonly reported that they had discussed their abusive relationship with:

- a friend or neighbour (35%)
- counsellor or psychologist (18%)
- family or relative (17%).

However, 1 in 6 (17%) did not discuss their experience of abuse with anyone (Ovenden et al. 2019).

Around 2 in 5 (43%) respondents reported witnessing violence or abuse between men in a relationship, of which, over three quarters intervened in some way. The form of intervention was most commonly verbal (41%), followed by physical (14%), and sought help (13%). About 1 in 4 (23%) did not know what to do while 1 in 8 (13%) did not intervene (Ovenden et al. 2019).

Services and support seeking-behaviour among LGBTIQA+ people

FDSV specialist services

The 2020 Australian Government House of Representatives inquiry into FDSV identified a variety of barriers to LGBTIQA+ people reporting FDSV and seeking help, including homophobia, transphobia and a fear of discrimination (HRSCSPLA 2021).

LGBTIQA+ people are far less likely than the general population to find support services that meet their distinct needs (DSS 2022). Additionally, a national survey by the University of New South Wales Social Policy Research Centre of 1,157 workers in specialist family, domestic and sexual violence services indicated:

- A majority of workers wanted more training on how violence is experienced by LGBTQ+ people.
- Workers felt there was a lack of training and capacity to support LGBTQ+ communities.
- A general lack of societal knowledge and awareness more broadly of how violence occurs in gender diverse and same-sex relationships (Cullen et al. 2022).

Additionally, service providers may not recognise violence in LGBTQ+ relationships (Campo and Tayton 2015; Cortis et al. 2018; Cullen et al. 2022).

What are some of the barriers to seeking help?

'As I was in a lesbian relationship and my abuser was female, access to resources at the time was limited. Luckily, things have significantly improved in the last ten years and there is much more support available for those in LGBTIQA+ relationships who are experiencing family violence.'

Martina

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Help seeking

The Private Lives 3 Survey asked respondents who had ever experienced violence from an intimate partner or family member about support-seeking behaviour from various services such as police, doctors, counselling services, sexual assault services or FDV services (see Table 1). Of respondents who reported having ever experienced family or

intimate partner violence, 28% reported the most recent incident to a support service (Hill et al. 2020). The respondents who indicated that they had reported it to a service were also asked whether they felt supported by that service. Of the 886 respondents reported who the violence to a counselling service or psychologist, the vast majority (89%) felt supported, whereas of the 279 who reported the violence to police, less than half (45%) felt supported (Table 1).

Table 1: Service type to which intimate partner or family violence was reported the most recent time it occurred, by perceived support, 2019

Service to which violence was reported the most recent time	Number	%	Felt supported (%)
Counselling service or psychologist	886	18.7	89.4
Police (including LGBTIQ liaison officers)	279	5.9	45.0
Doctor or hospital	210	4.4	68.4
Lawyer, legal service, court system	119	2.5	57.1
Telephone helpline	117	2.5	58.6
Domestic or family violence service	109	2.3	65.1
Employer	80	1.7	71.3
Teacher or educational institution	84	1.8	69.9
Sexual assault service	44	0.9	79.6
LGBTIQ organisation	46	1.0	73.9
Religious or spiritual community leader or elder	37	0.8	64.9
Other	206	4.4	84.3
I did not report this abusive behaviour	3,406	72.0	Not applicable

Source: Hill et al. 2020.

Is it the same for everyone?

LGBTIQA+ people are a diverse group, and experiences of violence can occur in intersecting ways. National data are limited and data development is required to fully capture the scope of lived experience for LGBTIQA+ people, for example those who are also culturally and linguistically diverse people, or people with disability. Although limited, some data are available for people with disability, First Nations people, and people who live in rural Australia, which are discussed below.

LGBTIQA+ people with disability

Analysis of the Private Lives 3 study to examine the experience of FDSV among LGBTIQ adults with disability was performed with funding from Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Hill et al. 2022). There was not a sufficient number of respondents with disability with an intersex variation for the survey data to reflect their experiences.

The analysis found experiences of intimate partner or family violence were more common for LGBTQ+ adults with disability when compared with LGBTQ+ adults without disability. The proportion of LGBTQ+ adults with disability who had ever experienced intimate partner or family violence increased with the severity of disability:

- 73% of those with severe disability, 69% of those with moderate disability, and 67% of those with mild disability had ever experienced intimate partner violence, compared with 55% of LGBTQ+ adults without disability.
- 81% of those with severe disability, 78% of those with moderate disability, and 68% of those with mild disability had ever experienced violence from a family member (excluding their partner) compared with 56% of LGBTQ+ adults without disability (Hill et al. 2022).

Overall, family violence was more common among non-binary people (85%), trans men (84%) and trans women (78%) with disability, compared with cisgender women (77%) and cisgender men (70%) with disability. Broadly speaking, the proportion of LGBTQ+ adults with disability who had ever experienced intimate partner violence was similar across different gender identities (Hill et al. 2022).

First Nations LGBTIQA+ people

Significant diversity exists in gender identity, sexual orientation, sexual expression and lived experiences amongst First Nations LGBTIQA+ people. Brotherboys, Sistergirls and other First Nations LGBTIQA+ people may experience a number of significant and intersecting points of discrimination in Australia (HRSCSPLA 2021).

The Australian Human Rights Commission (AHRC) acknowledged First Nations LGBTI people may face specific difficulties in:

- maintaining cultural ties and family support which may contribute to FDSV
- gendered cultural initiation processes that are unable to accommodate an individual's gender expression
- the gap between Aboriginal-specific service provision and service provision that accommodates for broader LGBTI populations and FDSV (AHRC 2015).

Additionally, there is a lack of research that recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how this may affect the individual, individual expression, and experiences of FDSV. See also **Aboriginal and Torres Strait Islander people**.

LGBTIQA+ people in regional and remote areas

Data are not currently available at a national level for LGBTIQA+ experiences of FDSV in regional and remote communities, but the particular risk and lack of support services for regional and remote communities and LGBTIQA+ people has been acknowledged (HRSCSPLA 2021).

Regional and remote communities face particular challenges as a whole, which may be heightened for LGBTIQA+ people experiencing FDSV. Access to LGBTIQA+ specific services that intersect with FDSV support is a critical area of development, particularly for regional and remote communities (DSS 2022).

The Private Lives 3 survey found that LGBTQ+ people residing in inner suburban locations experience lower levels of psychological distress, and better self-rated health than respondents in outer suburban areas, regional cities or towns or rural/remote locations (Hill et al. 2020). Further, a higher rate of respondents in urban areas accessed mental health services that were specifically LGBTIQ-inclusive compared with their peers in rural communities, which may reflect levels of availability (Hill et al. 2020).

For more information see **Health services** and **Health outcomes**.

Related material

- Stalking and surveillance
- Coercive control

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People from culturally and linguistically diverse backgrounds

Key findings

- Some people from culturally and linguistically diverse (CALD) backgrounds may experience vulnerability due to temporary and dependent visa status, language barriers, and/or lack of community support and networks. These factors may increase their risk of exposure to family, domestic and sexual violence (FDSV), be exploited by perpetrators, and heighten barriers to seeking help.
- Cultures can differ in their attitudes towards gender roles, relationships, and family dynamics, which can impact the way FDSV is perceived and tolerated.
- Some forms of violence are more likely to be influenced by a person's visa status and/or by religious, cultural or community contexts, for example visa abuse, dowry abuse and female genital mutilation/cutting.

Family, domestic and sexual violence (FDSV) occurs across Australia, and impacts people from many different communities and cultures. While cultural and linguistic diversity is not an explicit indicator of disadvantage or risk, many people from culturally and linguistically diverse (CALD) backgrounds may experience increased exposure to risk factors or heightened barriers to seeking support. Contributing factors may include recent displacement, temporary and dependent visa status, language barriers, or lack of community support and networks (El-Murr 2018; HRSCSPLA 2021; Webster et al. 2022; Vaughan et al. 2016).

Australia is a nation diverse in cultures and ethnicities, with more than 1 in 4 (28%) of the population born overseas and more than 1 in 5 (23%) speaking a language other than English at home (ABS 2022). Understanding patterns of FDSV experienced by people from CALD backgrounds is important for identifying and responding to the specific needs of CALD populations. Box 1 describes how CALD is defined for this topic page.

Box 1: How is CALD defined?

The Australian Bureau of Statistics (ABS) *Standards for Statistics on Cultural and Language Diversity* (SSCLD) outline a nationally consistent framework for the collection and analysis of data representing people from CALD backgrounds. The SSCLD includes a minimum core set of four indicators:

- Country of birth of person – the following categories are often used in reporting:
  - Born in Australia
  - Born overseas in Main English-speaking countries (MESC) – a term used to describe the main countries from which Australia receives, or has received, significant

numbers of overseas settlers who are likely to speak English. This includes Canada, Republic of Ireland, New Zealand, South Africa, United Kingdom and United States of America.

  - Born overseas in Non-main English-speaking countries (N-MESC) – a term used to describe countries other than main English-speaking countries. It is important to note that being from N-MESC does not imply a lack of proficiency in English (ABS 2021).

- Main language other than English (LOTE) spoken at home
- Proficiency in spoken English
- Indigenous status.

However, there is considerable variation in how CALD status is collected and reported across data sources. Most national data collections do not have the measurement of CALD as a primary focus, so may collect information on only one or 2 of the SSCLD measures. CALD may be defined in different ways for different purposes, and other measures of cultural diversity may be collected additionally, or alternatively, to those under the SSCLD. For reporting, in some cases a specific group is defined as having 'CALD status', while in other cases the measures of cultural diversity are presented without CALD/non-CALD categorisation. Measures may be reported separately, or combined to provide a richer understanding of the diversity that exists within CALD groups.

The 2 key data sources used in this topic page (see Data sources for measuring FDSV experienced by people from CALD backgrounds) have data available on country of birth and/or main language spoken at home. The terminology used in this page reflects that used in the published data sources, noting that for one source a specific group has not been defined as having 'CALD status'.

It is important to note that while Aboriginal and Torres Strait Islander people are diverse in language and culture, their experiences and needs as First Australians are unique and are therefore considered distinct from the CALD population for the purposes of this report. See more at **Aboriginal and Torres Strait Islander people** and Data sources for measuring FDSV experienced by people from CALD backgrounds.

What do we know?

It is important to recognise that people from CALD backgrounds in Australia are not a single homogenous group, however there are several factors that can increase the risk of FDSV for some CALD people and/or impact their perceptions and understanding of violence, and help-seeking behaviours.

Cultural attitudes towards women and understanding of violence

Cultures can differ in their attitudes towards gender roles, relationships, and family dynamics, which can impact the way domestic violence is perceived and tolerated (Webster et al. 2017; Le et al. 2020). For example, some cultures may expect women to submit to husbands and fathers, stay in a violent relationship, and avoid bringing shame to themselves and their family (Vaughan et al. 2016).

Why is it sometimes difficult to recognise FDSV?

'As a survivor from a migrant community, a broader recognition of family violence is crucial. My perpetrators were my father, my uncle, my aunt and my grandmother. I also witnessed the abuse against my mother by the same perpetrators (her husband and her in-laws). Due to the lack of conversation around non-IPV perpetration, our experiences were first, hard to recognise, and later, hard to seek appropriate help for.'

Heshani

WEAVERs Expert by Experience

For information on community attitudes and understanding of violence against women among people from CALD backgrounds, see Box 2.

Box 2: Findings from the National Community Attitudes towards Violence Against Women Survey (NCAS)

The NCAS is a national survey that measures community knowledge of, and attitudes towards, violence against women and gender inequality. The 2021 NCAS surveyed 19,100 people, of whom 21% spoke a LOTE at home, 10% were born overseas in MESC and 24% were born overseas in N-MESC (see Box 1; Coumarelos et al. 2023).

Respondents who spoke English at home were significantly more likely than those who spoke a LOTE at home to demonstrate ”advanced”:

- understanding of violence against women (48% of respondents who spoke English, compared with 31% of LOTE with good English and 22% of LOTE with poor English)
- rejection of gender inequality (30% of respondents who spoke English, compared with 21% of LOTE with good English and 13% of LOTE with poor English)
- rejection of violence against women (38% of respondents who spoke English, compared with 21% of LOTE with good English and 6% of LOTE with poor English).

Respondents born in Australia were significantly more likely than those born overseas in N-MESC who had been in Australia for up to 5 years to demonstrate “advanced”:

- understanding of violence against women (48% of Australia-born respondents compared with 21% of N-MESC who had been in Australia for up to 5 years).
- rejection of gender inequality (30% of Australia-born respondents compared with 21% of N-MESC).
- rejection of violence against women (38% of Australia-born respondents compared with 13% of N-MESC).

Respondents born overseas in MESC did not significantly differ to Australian-born respondents in their understanding of violence against women, rejection of gender inequality, or rejection of violence against women.

For more information on the NCAS, see **Community understanding of FDSV** and **Community attitudes**.

Pre-migration experience

Immigrants may be particularly affected by recent arrival to an unfamiliar country (HRSCSPLA 2021). Some immigrants, particularly refugees, are also at increased risk of migration-related trauma. For example, some refugees may have experiences of war, torture and other traumatic pre-arrival experiences, including FDSV. These experiences of violence can affect a person's mental health, including their ability to cope in a new environment and developing post-traumatic stress, and can worsen family functioning issues during re-settlement (El-Murr 2018; Vaughan et al. 2016).

Visa status

People from CALD backgrounds on temporary visas may face additional challenges in seeking help for FDSV. Victim-survivors on a temporary visa may be dependent on a violent partner for residency and may not disclose violence due to the fear they may be deported. Conditions of temporary visas can result in social isolation due to, for example, restrictions to accessing employment and housing. Isolation may be further heightened for those who do not speak English or drive (HRSCSPLA 2021; Vaughan et al. 2016). Moreover, temporary visa holders are often unable to access social support such as income support and healthcare (e.g. through Medicare), as eligibility is limited to people with permanent residency or citizenship status (Cullen et al. 2022; NAGWTVEW 2018).

Barriers to support

Aside from visa-related barriers, people from CALD backgrounds may face other difficulties accessing support for FDSV, such as:

- lack of CALD-specific information (for example, related to gender equality and violence, service availability, or legal rights and entitlements)
- language and communication barriers
- fear and distrust of authorities due to pre-settlement experiences
- community norms that discourage disclosure, acknowledgement and intervention of violence within relationships
- community belief that family and domestic violence issues should be dealt with within the family unit (El-Murr 2018; Cullen et al. 2022; NAGWTVEW 2018).

What are some of the barriers to getting help in migrant communities?

'The full extent of the family violence was never acknowledged or discussed explicitly with anyone, not even with my mum or sister, who were also abused by my father. We had an implicit understanding that we couldn't discuss this, as we were protecting ourselves from being overwhelmed with helplessness, as we weren't sure what to do once it was acknowledged. This experience highlights the differences in the tolerance and acceptance levels within different family structures, even within my own community, highlighting that there are differences in the level of comfort survivors have when disclosing their abuse to people of different backgrounds and how a lack of discussion broadly impedes help-seeking.'

Heshani

WEAVERs Expert by Experience

Lack of culturally appropriate services

To effectively address FDSV, responses require culturally competent and safe services that take into account the unique experiences and needs of victim-survivors from different backgrounds. This can include providing language interpretation services, training service providers on cultural competency, and involving community leaders and organisations in safety planning for victim-survivors (Cullen et al. 2022; DSS 2022).

A study by Australia's National Research Organisation for Women's Safety (ANROWS) on the FDSV workforce has identified a lack of policy frameworks and specialised support services addressing cultural factors that mediate violence against women (Cullen et al. 2022). However, existing research suggests promising outcomes for culturally appropriate programming and effective violence prevention strategies when community-based involvement is promoted in FDSV responses and workforces (AIHW 2018; El-Murr 2018; HRSCSPLA 2021; Cullen et al. 2022). For more general information see **FDSV workforce**.

Both the national Inquiry into FDSV and the *National Plan to End Violence Against Women and Children 2022–2032* identified the need for distinct policy, specialist services and resources to support FDSV victim-survivors from CALD communities (HRSCSPLA 2021; DSS 2022). However, the diversity in backgrounds and experiences of violence can make it challenging to meet the needs of all CALD victim-survivors, especially in instances where victim-survivors also experience intersecting forms of inequality, such as racism, disability, homelessness or poverty.

Measuring violence experienced by people from CALD backgrounds

While some national data on FDSV experienced by people from CALD backgrounds exist, there is a limited level of disaggregated data available on specific sub-groups, such as refugees, specific migration visa holders or cultural groups. This is either because the range of relevant data items may not be collected, or the data are not of sufficient quality for reporting due to small sample sizes. To overcome this limitation, reporting of

broader indicators, for example binary categories based on country of birth or language spoken at home, are used to provide high-level insights, but can conceal cultural and ethnic variation. In addition, there may be underrepresentation of people from CALD backgrounds in surveys due to language barriers, especially where alternatives to English are not available and self-reported information is required, and/or under-reporting by people from CALD backgrounds due to a reluctance to disclose sensitive information in official government surveys, or variations in how people acknowledge or define violence between different cultures (AIHW 2018).

Data sources for measuring FDSV experienced by people from CALD backgrounds

This page draws on the modest data available across national surveys. The key sources used are: the Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS), and the Australian Institute of Family Studies (AIFS) National Elder Abuse Prevalence Study. For more information about these data sources, please see **Data sources and technical notes**.

What do the data tell us about FDSV experienced by people from CALD backgrounds?

Personal Safety Survey

The PSS collects data on the experiences of violence in Australia and captures information on respondents' country of birth and main language spoken at home. See Box 1 for information about the categories used for reporting. The PSS defines sexual violence as the occurrence, attempt or threat of sexual assault; physical violence as the occurrence, attempt or threat of physical assault; and a cohabiting partner as someone the person lives with, or lived with at some point, in a married or de facto relationship.

The 2021–22 PSS estimated that, in the 2 years prior to the survey, of women born overseas:

- 2.1% of those born in N-MESC (non-main English-speaking countries) had experienced sexual violence compared with 2.0%* of those born in MESC and 3.4% of women born in Australia (ABS 2023b)
- 1.0% experienced physical and/or sexual violence by a cohabiting partner (partner violence) compared with 2.1% of women born in Australia (ABS 2023a)
- 4.6% of those born in N-MESC had experienced emotional abuse by a cohabiting partner (partner emotional abuse) compared with 5.4% of those born in MESC and 5.6% of women born in Australia (ABS 2023a).

The PSS also found that a similar proportion of women who mainly spoke a language other than English at home (LOTE), and women who spoke English at home, had experienced:

- sexual violence (2.9%*and 2.9%, respectively) (ABS 2023b, see Box 1)

- partner violence (1.7%* and 1.7%, respectively) (ABS 2023a)
- partner emotional abuse (4.8% and 5.4%, respectively) (ABS 2023a).

Note that estimates marked with an asterisk (*) should be used with caution as they have a relative standard error between 25% and 50%.

National Elder Abuse Prevalence Study

The National Elder Abuse Prevalence Study is a nationally representative survey that examined elder abuse among 7,000 people aged 65 and over living in the community (i.e. not in residential aged care settings). Around 1 in 6 (18%) were identified as CALD respondents, based on those who spoke a LOTE at home (AIFS 2021). The study found that the prevalence of elder abuse (financial, physical, sexual, psychological and/or neglect) in the 12 months prior to the survey was similar for CALD (14%) and non-CALD respondents (15%) (AIFS 2022). Among CALD respondents, 1 in 25 (4%) reported experiencing abuse relating to their language and cultural background in the 12 months prior to the survey – for example, not being respected when talked to because of their culture, race or ethnicity; restricting their contact with friends or others from the same cultural background; and restricting their access to culturally familiar activities (such as attending certain events or watching shows in their preferred language) (AIFS 2022).

Box 3: Additional findings from research

This box presents some key additional findings from selected research. While these surveys are not nationally representative, they can provide some high-level insights.

Monash University's **Migrant and Refugee Women in Australia: Safety and Security Study** surveyed around 1,400 migrant and refugee women in 2020 (Segrave et al. 2021). The study found that 1 in 3 (33%) had experienced family and domestic violence (FDV) by a current or previous partner, other family member, and/or in-law, in the 5 years prior to the survey. Among these:

- Around 9 in 10 (91%) had experienced controlling behaviours, for example, limiting contact with family and friends, controlling finances, and/or threatening deportation or withdrawal of sponsorship.
- Almost half (47%) had experienced violence towards others, pets and/or property.
- Around 2 in 5 (42%) had experienced physical and/or sexual violence.

Almost 1 in 4 (24%) indicated they experienced FDV frequently or often. The study also found that FDV was more common among migrant and refugee women on temporary visas (40%) than those who were Australian citizens (32%) or permanent visa holders (28%) (Segrave et al. 2021).

The ANROWS **Migrant and refugee women's attitudes, experiences and responses to sexual harassment in the workplace study** surveyed just over 700 self-identified migrant and refugee women in 2022 (Segrave et al. 2023). Interim findings indicate that of the migrant and refugee women in the study:

- Around 2 in 3 (68%) had experienced at least one form of sexual harassment in any setting in the last 5 years in Australia
- Almost half (46%) had experienced at least one form of sexual harassment in the workplace in the last 5 years in Australia.

Perpetrators of sexual harassment in the workplace were most commonly men in senior positions in the workplace or who were clients or customers (Segrave et al. 2023).

Analysis of the 2019 Private Lives 3 survey to examine **FDSV experiences among lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) adults with disability** was funded by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Hill et al. 2022). There was not a sufficient number of respondents with disability with an intersex variation for the survey data to reflect their experiences. Around 29% of survey respondents (or 700 people) reported their background as multicultural (that is, a cultural background other than Anglo-Celtic). The study found that among respondents with disability from a multicultural background:

- Around 8 in 10 (81%) had ever experienced violence from a family member (compared with 76% of those from an Anglo-Celtic background)
- Around 7 in 10 (72%) had ever experienced violence from an intimate partner (compared with 69% of those from an Anglo-Celtic background)
- 1 in 5 (20%) had experienced sexual assault in the past 12 months (compared with 15% of those from an Anglo-Celtic background)
- Around 1 in 3 (34%) had reported violence from a family member or intimate partner to support services (compared with 32% of those from an Anglo-Celtic background) (Hill et al. 2022).

For more information on these population groups, see **People with disability** and **LGBTIQA+ people**.

What else do we know?

Some forms of violence are more likely to be influenced by a person's visa status, and/or by religious, cultural or community contexts, for example:

- visa abuse
- dowry abuse
- female genital mutilation/cutting
- reproductive coercion and abuse (see **Pregnant people**)
- **modern slavery** (such as forced marriage or human trafficking) (El-Murr 2018; HRSCSPLA 2021).

Further information on some of these forms of violence can be found below.

What is visa abuse?

Over 2 in 5 women

on temporary visas who sought support for family violence in 2015–16 were threatened that sponsorship for their visa application would be withdrawn

Refugees and migrants living in Australia on temporary visas may face unique experiences of FDV. Visa abuse can happen when the victim-survivor's temporary migrant status is used by a perpetrator to control or coerce them or their family member (Safe Steps 2023). For example, a person in Australia on a temporary partner visa may face deportation if they leave the relationship, or a perpetrator with citizenship may threaten to take custody of any children (see also **Coercive control**).

Currently there are no national data on visa abuse. However, some state data from the Victorian family violence service, InTouch, are available to provide insights on responses to incidents of family violence in migrant and refugee communities. A Monash University study on InTouch's case files of 300 women on temporary visas who sought support for family violence in 2015–16 found that:

- over 2 in 5 (44%) were threatened by a partner or family member that sponsorship for their visa application would be withdrawn
- almost 2 in 5 (39%) had been threatened with deportation from a partner or family member (Segrave 2017).

What is dowry abuse?

Dowry and other similar practices are observed in many cultures globally and generally involve the giving of money, property or other goods by one family to another during or any time after marriage (AIJA and AGD 2022). Dowry-related violence or dowry abuse occurs when a victim-survivor and/or their family are coerced into making further or larger gifts by another individual/s, typically in-laws, current or former spouses and fiancés and can be exacerbated by visa status (Parliament of Australia 2019). This coercion can involve:

- psychological, emotional, physical and/or sexual abuse and harassment
- cultural and social isolation
- economic deprivation (see **Economic and financial impacts**)
- threats of cancelling visa sponsorship, marriage annulment or deportation (AIJA and AGD 2022).

There are limited data related to the prevalence of, and responses to, dowry abuse in Australia. However, case studies and stories from victim-survivors that have been shared as a part of the Victorian Royal Commission into Family Violence 2015–16 and

the 2019 Senate inquiry into the practice of dowry and incidence of dowry abuse in Australia (the 2019 Senate Inquiry) indicate that it is a major concern for some communities in Australia (O'Connor and Lee 2022).

Women in Australia who experience dowry abuse-related violence may face a number of barriers to recognising the abuse and seeking help such as:

- feelings of shame and failure
- fear of retribution, cultural and social isolation
- language barriers or a lack of awareness of their rights in Australian society and where to get help (Parliament of Australia 2019).

The 2019 Senate Inquiry recommended that economic abuse should be recognised as a form of family violence, with dowry abuse included as an example of economic abuse. It was also recommended that more data should be collected on both dowry abuse and economic abuse in general. For data related to economic abuse, see **Economic and financial impacts**.

In response to the 2019 Inquiry, the Victorian Government recently legislated for dowry abuse to be an example of family violence in the Family Violence Protection Act 2008 and dowry abuse is mentioned under the definition of family violence in the Western Australian Restraining Orders Act 1997 *(AIJA and AGD 2022).*

What is 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. FGM/C is mostly carried out on young girls between infancy and adolescence, and occasionally on adult women, and can result in lifelong medical and psychological complications (WHO 2022).

While FGM/C is internationally recognised as a violation of the human rights and abandonment of the practice by 2030 is a United Nations' sustainable development priority, FGM/C is still a common cultural practice in communities in some African, Asian and Middle Eastern regions (United Nations 2022; Matanda and Lwanga-Walgwe 2022). Through migration, there are also many females affected throughout the world, including in Australia (AIHW 2019; WHO 2022).

FGM/C, including sending a person overseas to have a procedure done, or facilitating, supporting or encouraging someone to have it done, is illegal in all Australian states and territories (DSS 2019). 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 (AIFS 2020). People seeking support for FGM/C in Australia can visit the National Education Toolkit for Female Genital Mutilation/Cutting Awareness website (NETFA 2022).

Available international data suggests there has been an overall decline in the prevalence of the practice over the last three decades. However, this progress has varied between

countries, and it is estimated that at least 200 million girls and women alive today across 31 countries have undergone FGM/C (UNICEF 2022).

There is limited evidence on the extent of FGM/C in Australia. The AIHW estimated that over 50,000 girls and women born elsewhere but living in Australia in 2017 had undergone FGM/C (AIHW 2019). 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. For further information on the study's methodology refer to the report, Towards estimating the prevalence of female genital mutilation/cutting in Australia.

Related material

- Coercive control
- Economic and financial impacts
- Modern slavery

More information

- Culturally and linguistically diverse Australians, overview

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Veteran families

Key findings

- Studies of veteran families have reported levels of intimate partner violence (IPV) ranging from 2% to 46%
- In 2015, almost 3 in 10 (29%) recently transitioned Australian Defence Force (ADF) members and more than 1 in 5 (22%) current ADF members reported IPV exposure in their current relationship
- 1 in 4 (25%) clients of specialist homelessness services in 2021–22 who were current or former members of the ADF had experienced family and domestic violence (FDV)

The nature of service in the Australian Defence Force (ADF) affects a range of lifestyle aspects for the serving member and their family and can make it difficult to develop and maintain social connections outside of the military (AIHW 2022b). ADF service increases the likelihood of exposure to trauma (either directly or indirectly) and affects support networks, for example, separation from family during deployment (AIHW 2022a). Veterans (see Box 1) and their families may also experience specific challenges in seeking support for family and domestic violence (FDV) (Fitz-Gibbon et al. 2022).

The *Defence Strategy for Preventing and Responding to Family and Domestic Violence 2023–2028* and *DVA Family and Domestic Violence Strategy 2020–25* are part of the Australian Government's response to FDV. The strategies aim to improve awareness and support for veterans and their families affected by FDV (Department of Defence n.d.; DVA 2020).

This page focuses mainly on intimate partner violence (IPV), rather than FDV, due to the available data. While IPV among veteran families could include violence perpetrated by a veteran or a partner of a veteran, most of the research to date has focussed on IPV perpetrated by veterans. Further research is needed to build the evidence base about the experience of FDV within veteran families (Fitz-Gibbon et al. 2022).

Box 1: Defining veterans

The term 'veteran' traditionally described former ADF personnel who were deployed to serve in war or war-like environments. While veterans may now be considered people who have any experience in the ADF including current, reserve, and former (ex-serving) personnel, there may be different definitions of veterans depending on the available data (AIHW 2022a).

The Australian Bureau of Statistics' (ABS) 2021 Census of Population and Housing included the ADF Service Variable for the first time. This is a standard question about whether a person is currently serving or has previously served in the ADF. The ADF consists of regular service (considered a person's main ongoing job, and most roles are full-time in nature) and reserves service (normally part-time in nature and can include up to 200 days of service per year, depending on the role). The ADF includes:

- Australian Army (including NORFORCE (North-West Mobile Force))
- Royal Australian Navy
- Royal Australian Air Force (ABS 2021).

It also includes people who previously served in the National Service and the Second Australian Imperial Force. It does not include people who have served in non-Australian defence forces and excludes overseas visitors (ABS 2021).

The ABS definition generally applies for the purpose of this topic, noting that the particular cohort of veterans included in the available data may differ.

In the 2021 Census of Population and Housing, 1 in 20 (5.3%) Australian households reported at least one person who had served, or was currently serving, in the ADF (ABS 2022).

What do we know?

There is a lack of research regarding IPV perpetration and victimisation among veteran families (Cowlishaw et al. 2022; Pollard and Ferguson 2020), and FDV within veteran families more broadly.

International research has reported higher rates of FDV within military families when compared with civilian families (Cowlishaw et al. 2022; Hinton 2020; Kwan et al. 2020; Pollard and Ferguson 2020). Specific factors that are unique to military families may contribute to conflict in relationships and increase the risk of IPV – for example: family separation and reintegration due to deployment; frequent geographic moves resulting in social isolation and economic dependence on the serving member; and trauma experienced during service (Daraganova et al. 2018; Gierisch et al. 2013; Pollard and Ferguson 2020; Yu et al. 2021). Similarly, there is a complex interaction between mental health and the experience and use of violence, and research indicates some veterans may also be at increased risk of mental illness following transition out of regular ADF service (Van Hooff et al. 2019).

The male-dominated military environment has been identified as a hypermasculine culture that emphasises operational effectiveness and deployability (Pollard and Ferguson 2020). Members who display characteristics that are considered feminine or weak (such as empathy, fear, sadness) and those who seek help, could be perceived as a liability that should be removed from the group. Cultures like this may influence attitudes, behaviours and social norms that are associated with violence against women (Our Watch 2021) and reinforce the stigma associated with seeking help, contributing to the under-reporting of IPV (Pollard and Ferguson 2020).

Issues with under-reporting of IPV that may be more specific to military families include: financial-, housing- and health-related dependence on the serving member or veteran; the military reputation of the serving member; and the possibility of the serving member being demoted or discharged and losing the benefits associated with service (Fitz-Gibbon et al. 2022; Hinton 2020; Pollard and Ferguson 2020).

Data sources for reporting on veteran families

- Timor-Leste Family Study (see Box 3)
- Vietnam Veteran Families Study (see Box 4)
- Family Wellbeing Study (see Box 5)
- Transition and Wellbeing Research Programme (Box 6)
- Specialist homelessness services collection (see **Data sources and technical notes**).

What do the data tell us?

Data on the experience of FDV within veteran families are currently only available from a limited number of sources and are not routinely reported. However, data development activities are being undertaken to enhance reporting in this area, including the potential use of the ABS ADF Service Variable (see Box 1) to explore data from the ABS 2021–22 Personal Safety Survey.

When examining the available data, it is important to note the available data are not contemporary and only provide part of the picture:

- The studies included in this page are cross-sectional – the data cannot identify causality but may provide an indication of potential associations between IPV and ADF service.
- For the studies included in this page, reporting on IPV was limited to physical and/or sexual violence and some aspects of emotional abuse. The wider range of behaviours and harms that are now understood to be IPV, such as financial abuse, stalking and coercive control, may not have been captured in these studies.
- Findings from the studies included in this page are largely based on male ADF members and their female partners due to the higher proportion of males represented in the veteran population. According to the 2021 Census of Population and Housing, most (86%) veterans (including those currently serving and those who had previously served) were male, and 14% were female. However, there was a higher proportion of females (21%) represented in the currently serving ADF population (ABS 2022).

The studies included in this page used the Woman Abuse Screening Tool (WAST) to measure IPV. However, findings are not comparable across the studies due to differences in the veteran cohort included in the studies and the application of the WAST (refer to Boxes 2–6 for information about the use of the WAST).

Box 2: The Woman Abuse Screening Tool

The Woman Abuse Screening Tool (WAST) comprises 8 items to assess the degree of relationship tension, the amount of difficulty the respondent and partner have in resolving arguments and whether a partner experienced physical, sexual and/or emotional abuse.

The first 2 questions constitute the WAST-Short:

1. In general, how would you describe your relationship? (The response options for this question are: ‘a lot of tension’, ‘some tension’ and ‘no tension’).

2. Do you and your partner work out arguments with: great difficulty, some difficulty or no difficulty?

When used for initial screening for IPV in a validation study, these 2 questions correctly identified 92% of women who had experienced IPV and 100% of women who had not experienced IPV (Brown et al. 2020).

The remaining questions have the response options ‘often’, ‘sometimes’ and ‘never’:

3. Do arguments ever result in you feeling down or bad about yourself?

4. Do arguments ever result in hitting, kicking or pushing?

5. Do you ever feel frightened by what your partner says or does?

6–8. Has your partner ever abused you physically/emotionally/sexually?

Findings across data sources are not comparable due to differences in the WAST items used and the scoring of response options.

There is limited evidence supporting the psychometric properties of the WAST. The WAST:

- does not define the types of IPV being measured and relies on participants’ existing understanding of IPV
- does not capture the wider range of behaviours and harms that are now understood to be IPV (such as financial abuse, stalking and coercive control)
- cannot be used to explore past-year prevalence, frequency, duration or impact of IPV.

Source: Brown et al. 2000, Cowlishaw et al. 2023, McGuire et al. 2012.

Timor-Leste Family Study

1 in 10 (10%) current partners of members who were deployed to Timor-Leste between 1999 and 2010 reported the experience of IPV post-deployment

Box 3: The Timor-Leste Family Study

The Timor-Leste Family Study was the first Australian study to investigate the effects of recent deployments on the health and wellbeing of ADF families. Study participants (almost 2,900 ADF members and just over 1,300 current partners) were recruited from ADF members deployed on one or more operation(s) to Timor-Leste between 1999 and 2010 and a comparison group of ADF members who were not deployed to Timor-Leste. Previous partners (referred to as ‘former partners’ in the study) were also invited to participate, however their responses were not included due to the small number of previous partners who completed the questionnaire.

The questionnaire, completed between May 2011 and January 2012 included the WAST (see Box 2). Participants were classified as screening positively for IPV if they responded in the highest categories ('a lot of tension' and 'great difficulty') for either of the first 2 items. Participants were not required to endorse questions relating to specific types of violence to be screened positively for IPV. Previous research has indicated that the first 2 questions correctly identify more than 90% of women who have experienced IPV.

Source: McGuire et al. 2012.

One in 10 (10%) serving members' partners reported the experience of IPV post-deployment to Timor-Leste (McGuire et al. 2012). There was no statistically significant difference in the reported level of IPV between ADF members who were deployed and those who were not. IPV was significantly associated with poorer mental health scores and symptoms of Post-traumatic Stress Disorder for partners (McGuire et al. 2012).

Spouses and Partners of Vietnam Veterans – findings from the Vietnam Veterans Family Study

Less than 2% of current partners of Vietnam veterans reported experiencing IPV

Box 4: The Vietnam Veterans Family Study

The Vietnam Veterans Family Study aims to understand the impact of deployment on the families of Vietnam servicemen by comparing findings with the families of Vietnam-era personnel (other men who served in the ADF during the Vietnam War between 1962–75, but were not deployed). The data, collected in 2011, were reported for 1,447 current partners (referred to as 'current spouses/partners' in the study) of Vietnam veterans, 852 current partners of Vietnam-era personnel, 67 previous partners (referred to as 'ex-spouses/partners' in the study) of Vietnam veterans and 21 previous partners of Vietnam-era personnel. Male partners were excluded (Yu et al. 2021).

The study examined whether partners had experienced abuse at any stage of the couple relationship using 6 items from the WAST (see Box 2) to determine if there had been physical, sexual or emotional abuse between partners. A 3-point Likert scale of 1 (Never), 2 (Sometimes) and 3 (Often) was used with an average score of 1–3 calculated across the 6 items (WAST scores generally range from 8 to 24, higher scores indicating higher levels of abuse). Findings for previous partners were not considered reliable due to small cell sizes.

Source: Yu et al. 2021

Overall, less than 2% of current partners reported there had been IPV at some stage in the couple relationship. Mean levels of abuse in the couple relationship were higher for the partners of Vietnam veterans (1.4%) compared with partners of Vietnam-era personnel (1.2%) (Yu et al. 2021).

IPV was reported as an underlying reason for the relationship ending by:

- 28% of previous partners of Vietnam veterans
- 17% of previous partners of Vietnam-era personnel (Yu et al. 2021).

Family Wellbeing Study

Around 1 in 20 (4.8%) current partners of ADF members or those who had recently transitioned from service in 2015 reported they had experienced abuse at some stage in their relationship

Box 5: The Family Wellbeing Study

The Family Wellbeing Study is part of the Transition and Wellbeing Research Programme undertaken for the Department of Defence and the Department of Veterans' Affairs.

The Family Wellbeing Study was designed to investigate the health and wellbeing of families of ADF members who were either in full-time active service in 2015, or had left service between 2010 and 2014. Almost 1,400 family members took part, including around 980 partners (referred to as 'spouses/partners in the study) – about 680 were partners of current serving members and about 305 were partners of ex-serving members.

The study examined whether current partners had experienced IPV at any stage of the couple relationship using the 8-item WAST (see Box 2). Responses were scored using a 3-point Likert scale of 1 (Never), 2 (Sometimes) and 3 (Often), with a total score calculated as the sum of the 8 items. This was subsequently categorised as 'there had not been abuse in the relationship' (a score of 0–16) and 'there had been abuse in the relationship' (a score of 17–24).

Source: Daraganova et al. 2018.

Around 1 in 20 (4.8%) partners reported they had experienced abuse at some stage in their relationship. The authors noted that the lower rate in this study compared with the Timor-Leste Family Study may be related to the effects of recent deployment on the participants in the Timor-Leste Family Study. As noted, deployment may increase the risk of conflict in relationships and increase the risk of IPV (Daraganova et al. 2018).

Other findings from the study include:

- A higher proportion of partners of ex-serving ADF members (8.4%) reported the experience of IPV, when compared with partners of current serving members (3.1%).
- Partners with poorer physical health and/or who were psychologically distressed were 3 times as likely to report experiencing IPV than partners who did not have these health issues.
- Partners of members who had served more years in the ADF were less likely to report the experience of IPV (Daraganova et al. 2018).

Partners were asked whether they had ever been without a permanent place to live and the associated reasons – of the almost 205 partners who had ever been without a permanent place to live, 6.4% reported it was due to violence/abuse/neglect (Daraganova et al. 2018).

Transition and Wellbeing Research Programme Secondary Analyses

In 2015, about 3 in 10 (29%) recently transitioned ADF members and 1 in 5 (22%) current ADF members reported any IPV exposure in their current relationship

Findings from the secondary analyses of data from the Transition and Wellbeing Research Programme indicate high levels of IPV among veteran families. Any IPV exposure in their current relationship (see Box 6) was reported by about:

- 3 in 10 (29%) transitioned ADF members
- 1 in 5 (22%) current personnel
- almost half (46%) of partners of transitioned ADF members
- 1 in 4 (24%) partners of current personnel (Cowlishaw et al. 2023).

These findings should be considered in relation to the limitations of the available data (see Box 2, Box 6 and Cowlishaw et al. 2023).

Box 6: The Transition and Wellbeing Research Programme

The Transition and Wellbeing Research Programme was a large-scale study conducted in 2015 to explore the impact of military service on the health and wellbeing of ADF members and families. Secondary analyses reported in this topic are based on 2 of the components:

- The Mental Health and Wellbeing Transition Study (MHWTS) – surveys of ADF members who had transitioned from the Regular ADF between 2010 and 2014 and a comparison sample of permanent, full-time current serving members in 2015. The survey was completed between June and December 2015.
- The Family Wellbeing Study (FWS) – surveys of family members of transitioned and current serving members who nominated a family member to take part. The survey was completed between September 2015 and February 2016.

The sample included:

- around 2,900 ADF members who had transitioned and around 6,200 permanent, full-time current serving members who reported involvement in an intimate relationship
- around 300 intimate partners of transitioned members and around 660 intimate partners of current serving members
- a sub-sample of transitioned personnel who provided consent for their responses to be linked with data from family members in the FWS (around 265 'couples').

IPV exposure was measured using a subset of items from the WAST (items 4–8, see Box 2), to assess whether physical (items 4 and 6), emotional (items 5 and 7), or sexual violence (item 8) ever occurred in the current relationship. WAST items were only asked of participants in current relationships and therefore did not capture IPV exposure in previous relationships. Analyses based on the FWS are not fully representative of partners as it only includes partners if the ADF member agreed for them to be contacted, the sample tended to over-represent older participants and previous partners were excluded.

Different response options were used in the MHWTS ('Never' 'Rarely' and 'Sometimes') and the FWS ('Never', 'Sometimes' and 'Often'). Response options for items were collapsed to form binary measures (0 = Never, 1 = Rarely/Sometimes or Sometimes/Often). For most analyses, any IPV exposure was categorised as non-zero scores on any of the items 4–8 from the WAST.

Source: Cowlishaw et al. 2023.

Emotional abuse was the most common type of violence reported by all groups, followed by physical abuse. Rates of self-reported IPV exposure were similar for men and women among both transitioned and current ADF members (Cowlishaw et al. 2023).

Findings also indicated that higher rates of IPV exposure for members and partners were associated with financial hardship and/or exposure to trauma. Conversely, protective factors, such as social connection and resources were associated with lower rates of IPV exposure (Cowlishaw et al. 2023).

The use of IPV by transitioned members was explored for a sub-set of around 265 couples for whom Mental Health and Wellbeing Transition Study (MHWTS) data for the transitioned member was linked with their partner's data from the Family Wellbeing Study (FWS). Findings indicated that high proportions of transitioned members who used IPV reported harmful drinking (69%), suicidal ideation (63%), depression (59%) and PTSD (58%) (Cowlishaw et al. 2023).

What else do we know?

1 in 4 clients

of specialist homelessness services in 2022–23 who were **current or former members of the ADF** had experienced FDV

Homelessness is an important aspect to consider in understanding the welfare of veterans (AIHW 2019). In 2022–23, around 1,500 SHS clients were current or former members of the ADF (AIHW 2023). Of these:

- about 1 in 4 (23%) had experienced FDV
  - 1 in 7 (14%) had experienced FDV and had a current mental health issue

  - 1 in 20 (5.0%) had experienced FDV and had problematic drug or alcohol use
  - about 1 in 20 (4.7%) had experienced FDV and both of the additional selected vulnerabilities (current mental health issue and problematic drug or alcohol use)
- 11% reported FDV as the main reason for seeking assistance
- 14% needed assistance for FDV (AIHW 2023).

Analysis of data generated by linking information from the Department of Defence personnel system data with the AIHW's Specialist Homelessness Services Collection (SHSC) explored the use of homelessness services for the contemporary ex-serving ADF population (that is, ex-serving ADF members who had at least one day of service on or after 1 January 2001, who discharged after 1 January 2001 and before 1 July 2017). This analysis included an assessment of women who needed domestic and family violence services (DFV) (AIHW 2019).

53% (or 145) of female ex-serving ADF members who were SHS clients between 1 July 2011 and 30 June 2017 needed DFV services.

Between 1 July 2011 and 30 June 2017, 1.7% (or 274) of the female contemporary ex-serving ADF population had accessed SHS (AIHW 2019).

- 53% (or 145) of female ex-serving ADF SHS clients were assessed as needing DFV services.
- Female ex-serving ADF SHS clients who needed DFV services had a longer length of support than those who did not need DFV services – 43% had a support length of 91 days or longer, compared with 25% of women who did not need this type of service (AIHW 2019).

Related material

- Intimate partner violence
- Housing

More information

- Veterans
- Specialist Homelessness Services annual report

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Resources

Data and reports

- FDSV summary
- Key information gaps and development activities
- Release schedule

Technical resources

These pages provide an overview of key terms and data sources that are used across the AIHW's family, domestic and sexual violence (FDSV) reporting. The terms included in the Glossary are those that apply broadly across a number of topic pages, and generally relate to overarching concepts, types of violence, types of relationships and population groups. Additional terms have also been included for key concepts related to data and statistical methods. The aim of the Glossary is to enable a general common understanding of FDSV across different audiences. Specific FDSV definitions that are used by particular data sources, which may be more relevant to analysis and detailed reporting, are included in the Data sources and technical notes. Further discussion about how terms are used across the AIHW's FDSV reporting can be found in What is FDSV?

- Data sources and technical notes
- Glossary
- Methods
- Outcomes framework

Help and acknowledgements

- Acknowledgements
- Find support

FDSV summary

Family, domestic and sexual violence is a major health and welfare issue in Australia, occurring across all socioeconomic and demographic groups, but predominantly affecting women and children. These types of violence can have a serious impact on individuals, families and communities and can inflict physical injury, psychological trauma and emotional suffering. These effects can be long-lasting and can affect future generations.

For information, support and counselling contact **1800RESPECT on 1800 737 732** or visit the 1800RESPECT website. See also Find support for a list of support services.

What is family, domestic and sexual violence?

Family violence is a term used for violence that occurs within family relationships, such as between parents and children, siblings, intimate partners or kinship relationships. Family relationships can include carers, foster carers and co-residents (for example in group homes or boarding residences).

Domestic violence is a type of family violence that occurs between current or former intimate partners (sometimes referred to as intimate partner violence).

Both family violence and domestic violence include a range of behaviour types such as:

- physical violence (for example, hitting, choking, or burning)
- sexual violence (for example, rape, penetration by objects, unwanted touching)
- emotional abuse, also known as psychological abuse (for example, intimidating, humiliating).

For more information, see **Glossary**.

Coercive control is often a significant part of a person's experience of family and domestic violence. It is commonly used to describe a pattern of controlling behaviour, used by a perpetrator to establish and maintain control over another person.

Sexual violence can take many forms, including sexual assault, sexual threat, sexual harassment, child sexual abuse, and image-based abuse (NASASV 2021). However, the Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS) uses a narrower definition of sexual violence, including only sexual assault and sexual threat, with sexual harassment and experiences of abuse in childhood reported separately (ABS 2023b).

Other forms of violence that can occur within the context of family and domestic violence include: stalking and elder abuse, with the latter occurring where there is an expectation of trust and/or where there is a power imbalance (Kaspiew et al. 2019).

How common is family, domestic and sexual violence?

The ABS PSS provides an estimate of the number of Australians who have been victims of family, domestic and sexual violence. While every experience of family, domestic or sexual violence is very personal and different, it is most common for this type of violence to be perpetrated against women, by men. There is currently no national data on the proportion of Australians who have perpetrated family, domestic and sexual violence.

The most recent PSS was conducted between March 2021 and May 2022 during the COVID-19 pandemic (ABS 2023b). Because of some changes to the survey methodology in response to the COVID-19 pandemic, some 2021–22 data are only available for women, including some time series.

According to the 2021–22 PSS:

1 in 6 women

1 in 18 men

in 2021–22 had experienced **physical and/or sexual violence** by a current or previous cohabiting partner since the age of 15

1 in 4 women

1 in 7 men

in 2021–22 had experienced **emotional abuse** by a current or previous cohabiting partner since the age of 15

1 in 6 women

1 in 13 men

in 2021–22 had experienced **economic abuse** by a current or previous cohabiting partner since the age of 15

1 in 5 women

1 in 16 men

2021–22 had experienced **sexual violence** since the age of 15

Physical and/or sexual family and domestic violence

Results from the 2021–22 PSS show that an estimated 3.8 million Australian adults (20% of the population) reported experiencing physical and/or sexual family and domestic violence since the age of 15. It is estimated that of all Australian adults:

- 11.3% (2.2 million) had experienced violence from a partner (current or previous cohabiting)

- 5.9% (1.1 million) had experienced violence from a boyfriend, girlfriend or date
- 7.0% (1.4 million) had experienced violence from another family member (ABS 2023c).

Experiences of partner violence in the 12 months before the survey (last 12 months) remained relatively stable for both men and women between 2005 and 2016. However, between 2016 and 2021–22 the proportion of women who experienced partner violence decreased from 1.7% in 2016 to 0.9% in 2021–22. There was also a decrease in the proportion of women who had experienced violence by any intimate partner (also includes current or previous boyfriend, girlfriend and date) between 2016 and 2021–22, from 2.3% in 2016 to 1.5% in 2021–22 (ABS 2023c).

For more information, see **Family and domestic violence**.

Partner emotional abuse and economic abuse

According to the 2021–22 PSS, an estimated 3.6 million Australian adults (19% of population) had experienced emotional abuse at least once by a partner since the age of 15. The proportion of women (23% or 2.3 million) who had experienced emotional abuse was higher than men (14% or 1.3 million). Estimates of partner emotional abuse in the 12 months before the survey have changed over time:

- the proportion of women who experienced partner emotional abuse was stable between 2012 and 2016, but decreased from 4.8% in 2016 to 3.9% in 2021–22
- the proportion of men who experienced partner emotional abuse increased from 2.8% in 2012 to 4.2% in 2016 before decreasing to 2.5% in 2021–22 (ABS 2023c).

It was also estimated that 2.4 million Australian adults (12% of the population) had experienced economic abuse by a partner since the age of 15, with the proportion of women (16%) who had experienced this type of abuse around double the proportion of men (7.8%) (ABS 2023c).

For more information, see **Intimate partner violence**.

Sexual violence

The 2021–22 PSS estimated 2.8 million Australians (14% of the population) experienced sexual violence (occurrence, attempt and/or threat of sexual assault) since the age of 15. It is estimated that of all Australian adults:

- 13% (2.5 million) had experienced sexual violence by a male
- 1.8% (353,000) had experienced sexual violence by a female (ABS 2023c).

Of all women:

- 11% (1.1 million) experienced at least one incident of sexual violence by a male intimate partner since the age of 15
- 2.1% (203,000) experienced at least one incident of sexual violence by a male family member since the age of 15

- 11% (1.1 million) experienced at least one incident of sexual violence by another known male since the age of 15
- 6.1% (605,000) experienced at least one incident of sexual violence by a male stranger since the age of 15 (ABS 2023c).

In the 12 months before the 2021–22 PSS, it is estimated that 1.9% of women experienced sexual violence. This does not represent a change from 2016 (ABS 2023c).

Based on the 2021–22 PSS, around 1 in 8 (13% or 1.3 million) women and 1 in 22 (4.5% or 427,000) men had experienced sexual harassment (see **Glossary**) in the last 12 months. This represents a decrease from 2016 for both women (previously 17%) and men (previously 9.3%) (ABS 2023c).

For more information, see **Sexual violence**.

Other forms of violence and abuse

Violence exists on a spectrum of behaviours. The same social and cultural attitudes underpinning family, domestic and sexual violence are at the root of other behaviours such as stalking. Technology can facilitate abuse and has become an important consideration in these types of violence.

Stalking is classified as unwanted behaviours (such as following or watching in person or electronically) that occur more than once and cause fear or distress and is considered a crime in every state and territory of Australia (ABS 2023b). Based on the 2021–22 PSS, 1 in 5 (20% or 2.0 million) women and around 1 in 15 (6.8% or 653,000) men had experienced stalking since the age of 15 (ABS 2023c).

Preliminary findings from the 2022 Australian eSafety Commissioner's adult online safety survey of around 4,700 Australians aged 18–65 years, indicate that:

- 75% of those surveyed had a negative online experience in the 12 months prior to the survey, an increase from 58% in 2019
- 18% of those surveyed said their location had been tracked electronically without consent, an increase from 11% in 2019
- 16% of those surveyed said they received online threats of real-life harm or abuse, an increase from 9% (Office of the eSafety Commissioner 2023).

Due to the opt-in nature of the survey, these results may not be generalisable to the broader Australian adult population.

For more information, see **Stalking and surveillance**.

Family, domestic and sexual violence during the COVID-19 pandemic

The impacts of a pandemic can be wide-ranging with people experiencing different circumstances depending on their situation. Situational stressors, such as victims and perpetrators spending more time together, or increased financial or economic hardship,

can be associated with increased severity or frequency of violence (Payne et al. 2020). It is also possible that increased protective factors, such as access to income support, time away from a perpetrator, or increased social cohesion, could suppress violence (Diemer 2023). Pandemics can also affect help-seeking and individual responses to violence, meaning support services have to adapt their delivery to new circumstances.

We continue to learn about the impact of the emergency phase of the COVID-19 pandemic on family, domestic and sexual violence, with some different patterns observed between research, drawing on a variety of data sources and methods, and national population prevalence data (Diemer 2023).

Results from the PSS showed that between 2016 and 2021–22 there was a decrease in the number of women experiencing physical and/or sexual partner violence in the 12 months before the survey, and a decrease in women and men experiencing partner emotional abuse. The rate of sexual violence for women remained stable. See **How common is family, domestic and sexual violence?**

The Australian Institute of Criminology (AIC) conducted an online survey of women's experiences of violence during the first 12 months of the COVID-19 pandemic. While not comparable with the PSS, the survey of more than 10,000 women found that the pandemic coincided with first-time and escalating intimate partner violence for some women (Table 1). However, given this is a cross-sectional survey, a causal relationship between the COVID-19 pandemic and women's experiences of intimate partner violence cannot be established (Boxall and Morgan 2021).

Table 1: Intimate partner violence[(a)] experienced by women in Australia during the first 12 months of the COVID-19 pandemic

	Physical violence	Sexual violence	Emotionally abusive, harassing and controlling behaviours
Overall prevalence of intimate partner violence [(b)]	9.6%	7.6%	32%
Experienced intimate partner violence for the first time [(b)]	3.4%	3.2%	18%
Reported that intimate partner violence had increased in frequency or severity [(b, c)]	42%	43%	40%

(a) Violence from a person the respondent had a relationship with during the previous 12 months. This includes current and former partners, cohabiting, or non-cohabiting.

(b) Of women aged 18 years and older who had been in a relationship longer than 12 months.

(c) Of women who had a history of violence from their current or most recent partner.

Source: Boxall and Morgan 2021.

For more information, see **FDSV and COVID-19**. See also 'Chapter 2 - Changes in the health of Australians during the COVID-19 pandemic' in **Australia's health 2022: data insights**.

What influences family, domestic and sexual violence?

Social attitudes and norms shape the context in which violence occurs. The National Community Attitudes towards Violence against Women Survey (NCAS) shows that in Australia, between 2009 and 2021, there was a positive shift in attitudes that reject gender inequality and violence against women. There was also an improvement in understanding of violence against women.

The NCAS indicated that in 2021 Australians, on average, had:

- higher understanding of violence against women compared to previous survey years (2009, 2013 and 2017)
- higher rejection of attitudes supportive of gender inequality compared to previous survey years
- improved attitudes towards sexual violence compared to 2017
- improved attitudes towards domestic violence compared to 2009 and 2013 (Coumarelos et al 2023).

While results were generally encouraging, some findings were concerning and highlight areas for improvement, select findings are summarised below.

Attitudes towards violence against women and gender inequality

Of all NCAS respondents in 2021:

- 25% believed that women who do not leave their abusive partners are partly responsible for violence continuing
- 34% agreed it was common for sexual assault accusations to be used as a way of getting back at men
- 23% believed domestic violence is a normal reaction to day-to-day stress
- 19% agreed that sometimes a woman can make a man so angry he hits her without meaning to
- 15% agreed that there is no harm in sexist jokes
- 41% agreed that many women misinterpret innocent remarks as sexist (Coumarelos et al. 2023).

For more information, see **Community attitudes**.

Understanding of violence against women

Of all NCAS respondents in 2021:

- 31% did not know that women are more likely to raped by a known person than a stranger
- 41% did not know where to access help for a domestic violence issue
- 43% did not recognise that men are the most common perpetrators of domestic violence
- 24% did not recognise that women are more likely than men to suffer physical harm from domestic violence (Coumarelos et al. 2023).

For more information, see **Community understanding of FDSV**.

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

Family, domestic and sexual violence occurs across all ages and demographics. However, some groups are at greater risk than others and/or may experience impacts and outcomes of violence that are more serious or long-lasting.

Children

Children are at greater risk of family, domestic and sexual violence.

According to the 2021–22 PSS, about 1 in 8 (13% or 2.6 million) people, aged 18 years and over, witnessed violence towards a parent by a partner before the age of 15. A higher proportion of people had witnessed partner violence against their mothers (12%, or 2.2 million) than their fathers (4.3%, or 837,000) (ABS 2023a).

The PSS also collects some information from adults about the nature and extent of violence experienced before and since the age of 15, for more information see Personal Safety, Australia.

The 2021 Australian Child Maltreatment Study surveyed people aged 16 years and over about experiences of maltreatment as a child. Of people surveyed, around:

- 3 in 10 (29%) had experienced sexual abuse by any person
- 3 in 10 (31%) had experienced emotional abuse by a parent or caregiver
- 1 in 11 (8.9%) had experienced neglect by a parent or caregiver
- 2 in 5 (40%) had experienced exposure to domestic violence (Haslam et al. 2023).

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

Child protection services

In Australia, state and territory governments are responsible for providing child protection services to anyone aged under 18 who has been, or is at risk of being,

abused, neglected or otherwise harmed, or whose parents are unable to provide adequate care and protection. In 2021–22:

- Almost 178,000 Australian children (31 per 1,000) came into contact with the child protection system.
- Infants aged under one were most likely (38 per 1,000) to come into contact with the child protection system and adolescents aged 15–17 were the least likely (26 per 1,000).
- Emotional abuse, including exposure to family violence, was the most common primary type of abuse identified for children with substantiated cases (substantiations) (57% or 25,900 children). Neglect (21% or 9,400 children) was the next most common primary type of abuse substantiated, followed by physical abuse (13% or 6,100 children) and sexual abuse (9% or 4,000 children).
- Similar proportions of girls and boys were the subjects of substantiations for physical abuse, emotional abuse and neglect. However, girls (12%) were more likely to be the subjects of substantiations for sexual abuse than boys (5%) (AIHW 2023a).

The rate of children who were the subject of notifications has increased from 44 per 1,000 in 2017–18 to 49 per 1,000 in 2021–22. However, the rate of children who were the subject of substantiations remained fairly stable in the 5 years to 30 June 2022.

Data on child protection services during the first 7 months after COVID-19 was declared a pandemic (March to September 2020) can be found in Child protection in the time of COVID-19.

For more information, see **Child protection**.

Women

More women than men experience family, domestic and sexual violence. Table 2 shows the proportion of people aged 18 and over who experienced violence from a partner since the age of 15.

Table 2: Proportion of men and women who experienced violence or abuse from a partner since the age of 15, by type of violence or abuse, 2021–22

	Women (%)	Men (%)
Physical and/or sexual violence from a partner	16.9	5.5
Physical violence from a partner	14.9	5.3
Sexual violence from a partner	6.2	n.p.
Emotional abuse from a partner	22.9	13.8
Economic abuse from a partner	16.3	7.8

n.p. not published

Note: Where a person has experienced both physical and sexual violence by a cohabiting partner, they are counted separately for each type of violence they experienced but are counted only once in the aggregated total.
Source: ABS 2023c.

Women's exposure to violence differs across the age groups. The 2021–22 PSS found that the prevalence of physical and/or sexual violence by a cohabiting partner (partner violence) among women declined with age. One in 39 (2.6%) women aged 18–34 experienced partner violence in the 2 years before the survey, compared with 2.2% for those aged 35–54 and 0.6% for those aged 55 and over (ABS 2023a).

The prevalence of sexual violence by any perpetrator among women also decreased with age. One in 8 (12%) women aged 18–24 experienced sexual violence in the 2 years before the survey, compared with 4.5% of those aged 25–34, 2.5% of those aged 35–44, 1.9%* for those aged 45–54 and 0.5%* of those aged 55 and over (ABS 2023e).

Note that estimates marked with an asterisk (*) should be used with caution as they have a relative standard error between 25% and 50%.

For more information, see **Young women**.

Other at-risk groups

Other social and cultural factors can also increase the risk of experiencing family, domestic and sexual violence. In some cases, these factors may overlap or combine to create an even greater risk. Additional factors that can increase the risk of violence include remoteness and socioeconomic area of residence, disability, sexual orientation, gender identity and cultural influences. Aboriginal and Torres Strait Islander (First Nations) women are particularly at risk and have much higher rates of hospitalisation because of family violence.

For more information, see **Population groups**.

What services or support do those who have experienced family, domestic and sexual violence use?

Responses to family, domestic and sexual violence are provided informally in the community and formally through justice systems, and treatment and support services.

2 in 5 women

2 in 5 men

in 2021–22 who had experienced **previous partner violence** since the age of 15 did not seek advice or support

The 2021–22 PSS found that there were differences in propensity to seek help, advice or support following partner violence depending on partner status and victim sex:

- 1 in 2 (45%, or 78,100) women who had experienced physical and/or sexual violence from a **current partner** did not seek advice or support about the violence.
- 2 in 5 women (37% or 574,000) and 2 in 5 men (39% or 166,000) who had experienced physical and/or sexual violence from a **previous partner** did not seek advice or support about the violence (ABS 2023a).

Data for men about seeking advice or support about current partner violence are not available (ABS 2023a).

The 2021–22 PSS collected detailed data from women about the most recent incident of sexual assault by a male that occurred in the last 10 years. Of the estimated 737,000 women who had experienced sexual assault by a male in the last 10 years:

- more than 2 in 5 (44% or 324,000) did not seek advice or support after the most recent incident
- 92% (680,000) said the police were not contacted (ABS 2023e).

For more information, see **FDSV reported to police**.

Police responses

When an incident of violence is reported to police by a victim, witness or other person, it can be recorded as a crime. The ABS collects data on selected family, domestic and sexual violence crimes recorded by police. In 2022:

- More than 1 in 2 (53% or 76,900) recorded assaults were related to family and domestic violence (excluding Victoria and Queensland), a 6.1% increase from 72,500 in 2021.
- One in 3 (33% or 71) recorded murders were related to family and domestic violence (ABS 2023d).

Since 2011, the number of sexual assault victims recorded by police has increased each year. It is unclear whether this change reflects an increased incidence of sexual assault, an increased propensity to report sexual assault to police, increased reporting of historical crimes, or a combination of these factors. Of all 2022 police-recorded sexual assaults, 69% were reported to police within one year (ABS 2023d).

For more information, see **FDSV reported to police**.

Homelessness services

People accessing specialist homelessness services (SHS) may need support due to family and domestic violence. Data cannot currently distinguish between victims and perpetrators of violence.

In 2022–23, SHS agencies assisted around 104,000 clients (38% of all SHS clients) who had experienced domestic and family violence. Of these clients:

- 3 in 4 (75% or 78,200) were female; and of the 20,500 clients aged 25–34, more than 9 in 10 (91% or 18,700) were female (AIHW 2023b)

- about 1 in 13 (7.7% or 8,100 clients) were living with disability (AIHW 2023c).

Of clients aged 10 and over who had experienced domestic and family violence:

- about 4 in 10 (42% or 34,200) also had a current mental health issue
- over 1 in 8 (12% or 9,400) had problematic drug and/or alcohol use (AIHW 2023b).

For more information, see **Housing** and **Homelessness and homelessness services**.

Hospitalisations

Hospitals provide health services for individuals who have experienced family, domestic and sexual violence. The family and domestic violence assault hospitalisations presented here are those where the perpetrator is coded as a family member (Spouse or domestic partner, Parent, or Other family member) in the hospital record. As information on cause of injury (such as assault) is not available in national emergency department data, family and domestic violence assault hospitalisations do not include presentations to emergency departments and underestimate overall hospital activity related to family and domestic violence. These hospitalisations also relate to more severe (and mostly physical) experiences of family and domestic violence.

In 2021-22, 3 in 10 (32% or 6,500) **assault hospitalisations** were due to family and domestic violence

Of all family and domestic assault hospitalisations in 2021–22:

- 73% (4,700) were for females and 27% (1,700) were for males
- 63% (4,100) had the perpetrator reported as a spouse or domestic partner
- 37% (2,400) had the perpetrator reported as a parent or other family member.

For more information, see **Health services**. See also Injury in Australia, Australia's hospitals at a glance, and Examination of hospital stays due to family and domestic violence 2010–11 to 2018–19.

1800RESPECT

1800RESPECT is Australia's national telephone and online counselling and support service for people affected by family, domestic and sexual violence, their family and friends and frontline workers. In 2020–21, 1800RESPECT responded to 286,546 telephone and online contacts. (These numbers include every contact to the service including disconnections, pranks and wrong numbers).

For more information, see **Helplines and related support services**.

What are the consequences of family, domestic and sexual violence?

Burden of disease

Burden of disease refers to the quantified impact of living with and dying prematurely from a disease or injury.

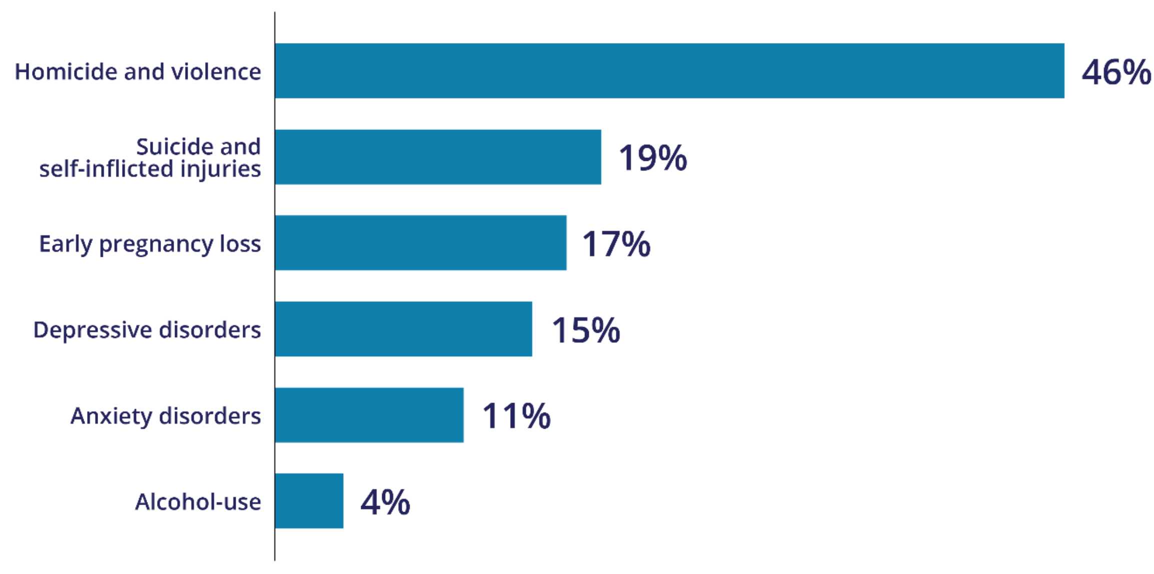
The Australian Burden of Disease Study 2018 estimated the impact of various diseases, injuries and risk factors on total burden of disease for the Australian population. For females aged 15–44, intimate partner violence was ranked as the fourth leading risk factor for total disease burden, and child abuse and neglect was the leading risk factor. Child abuse and neglect was ranked third for males in the same age group (AIHW 2021a).

In 2018, intimate partner violence contributed to:

- 228 deaths (0.3% of all deaths among females) in Australia
- 1.4% of the total burden of disease and injury among Australian females.

Figure 1 shows the estimated total burden attributable to intimate partner violence for females in 2018 by disease/health problem/injury. For example, it shows that almost half (46%) of all homicide and violence burden amongst females was attributable to intimate partner violence.

Figure 1: Total burden attributable to intimate partner violence, 2018



Note: Burden estimated in females only.

Source: AIHW 2021a.

In 2018, child abuse and neglect contributed to:

- 813 deaths (0.5% of all deaths) in Australia
- 2.2% of the total burden of disease and injury.

Figure 2 shows the estimated total burden attributable to child abuse and neglect in 2018 by disease/health problem/injury.

Figure 2: Total burden attributable to child abuse and neglect, 2018

Source: AIHW 2021a.

For more information, see **Health outcomes** and **Burden of disease.**

Long-term health impacts

Findings from the Australian Longitudinal Study on Women's Health demonstrated that women who had experienced childhood sexual abuse were more likely to have poor general health and to experience depression and bodily pain, compared with those who had not experienced sexual abuse during childhood (Coles et al. 2018). Women who had experienced childhood sexual or emotional or physical abuse had higher long-term primary, allied, and specialist health care costs in adulthood, compared with women who had not had these experiences during childhood (Loxton et al. 2018).

For more information, see **Health outcomes.**

Deaths

Between 1 July 2022 and 30 June 2023, the AIC's National Homicide Monitoring Program (NHMP) recorded 84 domestic homicide victims from 79 domestic homicide incidents (see **Glossary**). Data from the NHMP are from police and coronial records (Miles and Bricknell 2024).

Of all domestic homicide victims, 55% (46) were female. Of all female victims of domestic homicide, 74% (34) were killed by an intimate partner. For male victims of domestic homicide, 11% (4) were killed by an intimate partner (Miles and Bricknell 2024).

In 2022–23, the domestic homicide victimisation rate was 0.32 per 100,000. Since 1989–90, the domestic homicide victimisation rate has more than halved, with the female victimisation rate falling from 0.90 to 0.34 per 100,000 females, and the male victimisation rate falling from 0.59 to 0.29 per 100,000 males (AIC 2024).

A report, Examination of hospital stays due to family and domestic violence 2010–11 to 2018–19, found that people who had had a family and domestic violence hospitalisation were 10 times as likely to die due to assault, 3 times as likely to die due to accidental poisoning or liver disease, and 2 times as likely to die due to suicide, as a comparison group (AIHW 2021b).

For more information, see **Domestic homicide** and **Deaths in Australia**.

Where do I go for more information?

For more information on health impacts of family, domestic and sexual violence, see:

- Family, domestic and sexual violence
- National Plan to End Violence against Women and their Children 2022–2032.

For information, support and counselling contact **1800RESPECT on 1800 737 732** or visit the 1800RESPECT website.

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Notes

This page was last updated 12 April 2024. All information on this page is the most recent available, as at that date.

Key information gaps and development activities

High quality national data are crucial to understanding the extent, nature and impact of family, domestic and sexual violence (FDSV). National data are often used to inform decision-making to improve outcomes for people who are, or may be, affected by violence.

The 2010–2022 *National Plan to Reduce Violence against Women and their Children* drove improvements in national data and reporting on FDSV in Australia. Concurrently, states and territories have worked to improve data collection on services provided in their jurisdictions.

Moving forward, the 2022–2032 *National Plan to End Violence against Women and Children* (the National Plan) and associated Outcomes Framework will be supported by a Performance Measurement Plan and a data development plan, which will drive the national FDSV data priorities over the next decade.

This topic page provides an overview of key national information gaps and development activities related to research and statistical uses – these will be further refined once the National Plan data priorities are confirmed.

National information gaps

No single national data source can provide all the information needed to report on and understand FDSV. Instead, FDSV data are collated from a range of sources to provide a national picture. For a description of the different types of FDSV data available, see **How are national data used to answer questions about FDSV?** and **Data sources and technical notes**.

While there have been substantial improvements in FDSV-related data and reporting over the past decade, several national gaps remain. In broad terms, these overarching national gaps include limited data on:

- The range of health, welfare and other support services people who experience FDSV may access. Information on the quality and integration of service responses is also limited.
- Service pathways, impacts and outcomes for victim-survivors, perpetrators and families.
- Select population groups, including perpetrators.

Table 1 provides further detail on current topics where national data for statistical purposes are not available or limited.

Table 1: Key topic gaps in national reporting of FDSV

Key topic area	Gaps in national reporting and data
Understanding FDSV	Prevention initiatives (e.g. improving community awareness and attitudes)
Extent and nature of FDSV	• Unique forms of violence specific to certain groups (e.g. immigration-facilitated abuse, dowry abuse) • Coercive control (e.g. prevalence, perpetrator behaviours, severity of impacts) • Systems abuse (e.g. the use of legal processes to perpetrate harm against a partner) • Tactics for perpetrating abuse (e.g. through use of technology)
Responses to FDSV	• Specialist FDSV services • Primary health care • Ambulance care • Emergency departments • Financial services and support (e.g. from financial counselling services or banks) • Legal services • Police and courts (e.g. family court responses, perpetrator movement through the criminal justice system) • Perpetrator interventions (e.g. behaviour change programs) • Other mainstream services (e.g. mental health, alcohol and other drugs, housing)
Impacts and outcomes	• Pathways and use of services (for victim-survivors and perpetrators) • Long-term health and welfare
Population groups	• Aboriginal and Torres Strait Islander (First Nations) people • Children and young people • Pregnant people • Older people • LGBTIQA+ people • People with disability • People from culturally and linguistically diverse (CALD) backgrounds • Perpetrators and young people who use violence • Veteran families

In some cases, data are available at the state and territory level, however comparability across collections is limited as different definitions and methods are used to support different requirements, which can be related to legislation or service scope. Data availability and comparability can also vary across government, non-government and private (for profit) sectors.

Improving national data

A broad approach is required to improve national FDSV data overall, comprising various activities:

- Data development, such as:
  - **new national data collections** – collections may focus on a new topic or population group, or aim to improve national data comparability across services or jurisdictions.
  - **new data items in existing national collections** – this may include new items to improve the identification of people experiencing FDSV.

  A key component of these activities is the development of clear definitions to support the collection of consistent and comparable information.
- **Enhanced analysis of existing data** – enhancing the range and complexity of data analysis may help to expand the evidence base (e.g. for a specific population group), or improve FDSV identification (e.g. through specialised analysis of free text fields).
- **Integration of existing data** – data integration, or data linkage, means bringing together 2 or more sources of data which relate to the same individual, event, institution or place, while preserving privacy. Data integration has the potential to offer the greatest insights into pathways across a range of health and welfare services, and the impacts of FDSV on broader and long-term well-being, for example economic and housing outcomes. Integrated data can also improve the identification of people who have experienced FDSV across data sets.

There are a range of considerations in improving data, including:

- Existing frameworks to guide data collection and reporting, such as the ABS (2014) *National Data Collection and Reporting Framework for FDSV* and the UN Women (2022) *Improving the collection and use of administrative data on violence against women*.
- Improvements should be appropriately targeted. For example, in seeking to improve FDSV identification in existing administrative data collections (through new data items, or enhanced analysis of existing items), consideration should be given to the level of relevance, and whether the benefit will outweigh the burden. In doing this, it is logical that improvements should be targeted to services that people who experience FDSV are more likely to come into contact with (e.g. mental health care), or those that women particularly at risk of FDSV may visit (e.g. perinatal services).
- Safeguarding victim-survivors' confidentiality, in the context of sharing data for research and statistical purposes.

- The principles of data sovereignty should be considered. Data sovereignty is the idea that people have the right to govern the collection, ownership and use of data about them. For example, the Australian Government is working with First Nations organisations and people to improve the access, relevance and governance arrangements relating to First Nations data (NIAA 2023). In the context of FDSV specifically, the expertise of people with lived experience should be considered, to ensure decisions about data improvements are undertaken in a sensitive and meaningful way.
- Development of new data standards (e.g. for capturing new or better service response data) must be undertaken together with those responsible for funding and delivering services and supports. New data items or collections will generally need to be useful at the client, service, system and population outcome level, to justify investment.

A range of national data development activities are underway to expand and enhance FDSV data. Some examples of key national activities are provided in Table 2.

Table 2: Examples of key national data development activities

Data development activity	Description
Specialist FDSV services collections (New data collections)	The AIHW is leading the development of a prototype data collection on specialist crisis family and domestic violence services, which can include crisis accommodation, counselling, case management, safety planning and more. This work will inform recommendations for an ongoing national specialist services data collection which could be expanded and built on in the future, to enhance understanding of service usage, demand and gaps. In parallel, as an action under the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*, the National Office for Child Safety and the AIHW will lead, along with the Australian Centre for Child Protection at the University of South Australia, a baseline analysis of specialist and community support services for victims and survivors of child sexual abuse. This work includes a stocktake of existing services and an assessment of the feasibility of developing a nationally consistent minimum data collection for in-scope services (AIHW 2022).
Sexual offences collection and survey (New data collection)	As actions under the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030,* the Australian Institute of Criminology is establishing: • Australian Sexual Offences Statistical Collection – this will be a comprehensive longitudinal statistical collection on all

Data development activity	Description
	reported sexual offences in Australia. It will include information on the offence, the offender's characteristics and the victim's characteristics. • Survey of adult offenders incarcerated for child sexual abuse offences – this survey will include a range of offences, and will provide detailed self-reported information about child sexual offenders that will complement the Australian Sexual Offences Statistical Collection (DPMC 2021).
Closing the Gap Outcome 13 (Enhanced analysis of existing data)	The National Indigenous Australians Agency is overseeing the data development workplan for new national indicators under a range of Closing the Gap outcome areas. It is anticipated that reporting on selected supporting indicators for Outcome 13 (*Aboriginal and Torres Strait Islander families and households are safe*) may be progressed through new or refined analysis of existing data sources.
National Crime and Justice Data Linkage Project (Integration of existing data)	The National Crime and Justice Data Linkage Project aims to link administrative datasets from across the criminal justice sector, including police, criminal courts and corrective services, forming the ABS Criminal Justice Data Asset. Once fully established, this data asset could provide insight on how perpetrators of family and domestic violence move through the criminal justice sector, including corrective service outcomes for FDSV offenders. In the future, other health and welfare datasets could also be included to provide a more holistic view of perpetrators, and potentially, victim-survivors.
National FDSV integrated data system (Integration of existing data)	The National FDSV integrated data system project, led by the AIHW, aims to improve the availability of integrated national data that supports people-centred analysis of FDSV. The long-term aim is to have a more complete picture of the life experiences, service pathways and outcomes of people experiencing FDSV in order to inform policy and research. It aims to leverage and align with broader reforms to national data integration.

Related material

- What is FDSV?
- How are national data used to answer questions about FDSV?
- Data sources and technical notes
- Policy and international context

More information

- Family, domestic and sexual violence: National data landscape 2022

References

AIHW (Australian Institute of Health and Welfare) (2022) *Family, domestic and sexual violence: National data landscape 2022*, AIHW, accessed 19 October 2022.

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Release schedule

Data release schedule

This website is regularly updated with data from a range of sources. Each topic page includes a statement to indicate when it was last updated.

Content reflects information released prior to 7 March 2024. Reports released after this date will be included in the next scheduled update.

This page provides an overview of the updates made in the current release and the updates expected to be included in subsequent releases for key national data sources.

A point-in-time pdf report is available for the latest release (see **Reports**).

Current release (12 April 2024)

Topic page updated	Data source
Understanding FDSV	
Factors associated with FDSV	AIHW Specialist Homelessness Services Collection (2022-23) AIHW National Drug Strategy Household Survey (2022-2023)
Community understanding	Attitudes matter: The 2021 NCAS findings for young Australians
Community attitudes	Attitudes matter: The 2021 NCAS findings for young Australians
Consent	Attitudes matter: The 2021 NCAS findings for young Australians
Who uses violence?	ABS Recorded Crime – Offenders (2022-23) Report on Government Services – Courts (2022-23)
Types of violence	
Child sexual abuse	ABS Recorded Crime – Offenders (2022-23)
Stalking and harassment	ABS Recorded Crime – Offenders (2022-23)
Responses	
Health services	AIHW National Hospital Morbidity Database (NHMD) (2021-22 state/territory data)

Family and domestic violence reported to police	ABS Recorded Crime – Offenders (2022-23)
Sexual assault reported to police	ABS Recorded Crime – Offenders (2022-23)
Housing	AIHW Specialist Homelessness Services Collection (2022-23)
Legal systems	Report on Government Services – Courts (2022-23)
Population groups	
Aboriginal and Torres Strait Islander people	ABS Recorded Crime – Offenders (2022-23) AIHW Specialist Homelessness Services Collection (2022-23)
Children and young people	AIHW Specialist Homelessness Services Collection (2022-23)
Young women	AIHW Specialist Homelessness Services Collection (2022-23)
Mothers and their children	AIHW Specialist Homelessness Services Collection (2022-23)
Older people	AIHW Specialist Homelessness Services Collection (2022-23)
People with disability	AIHW Specialist Homelessness Services Collection (2022-23)
Veteran families	AIHW Specialist Homelessness Services Collection (2022-23)
Resources	
FDSV Summary	AIHW Specialist Homelessness Services Collection (2022-23)

Update schedule

There are differences in the frequency of publication for the data sources used in this site. For some sources, data will be updated once a year. For other sources, it may be several years before data can be updated. For more information see **Data sources and technical notes**.

The schedule below provides an indication of when updated information will be added to this site.

Release schedule

Expected release timing	Data source
June 2024	AIHW National Hospital Morbidity Database (NHMD) (2022-23) ABS Criminal courts (2022-23) AIHW Child Protection National Minimum Data Set (CP NMDS) (2022-23) Helplines (various data sources)
December 2024	ABS Recorded crime – Victims (2023) AIHW Specialist Homelessness Services collection (2023-24) Services Australia customer data – Crisis payments Family court annual report (TBC)
June 2025	AIHW National Hospital Morbidity Database (NHMD) (2023-24) ABS Recorded crime – Offenders (2023-24) ABS Criminal courts (2023-24) AIC National Homicide Monitoring Program (2023-24) AIHW Child Protection National Minimum Data Set (CP NMDS) (2023-24) Helplines (various data sources) Report on Government Services (2023-24)

Data sources and technical notes

Building a comprehensive picture of family, domestic and sexual violence (FDSV) requires information to be drawn from many different data sources. These pages provide information on the key national data sources used to report on the prevalence, responses to, and outcomes of, family, domestic and sexual violence.

The technical notes below include some further information about relevant definitions or methodological issues that may affect the interpretation of reported data. Where specific definitions related to FDSV are available, these are included below. Broad definitions and general terms used across multiple topic pages in the AIHW's FDSV reporting are defined in the Glossary.

ABS Causes of Death

Type: Administrative

Frequency: Annual

Coverage: National

Statistics presented in Causes of Death, Australia are sourced from death registrations administered by the various state and territory Registrars of Births, Deaths and Marriages. It is a legal requirement of each state and territory that all deaths are registered. In addition, the Australian Bureau of Statistics (ABS) supplements these data with information from the National Coronal Information System (NCIS) for those deaths certified by a coroner.

Technical notes

- The ABS accesses the National Coronial Information System (NCIS) to obtain causes of death information for coroner referred deaths including suicides. Information regarding the causes of death and associated factors is obtained from various reports including police, toxicology, autopsy and coronial findings.
- Deaths may be coded as due to intentional self-harm (suicide) when:
  - A coroner makes a formal finding stating the death was due to suicide.
  - If a formal finding is not made (i.e. the coroner does not state the intent), an investigation of information on the NCIS may indicate a death was due to suicide. For example, indications by the person that they intended to take their own life, the presence of a suicide note, or knowledge of previous suicide attempts.
  - For an open coronial investigation, the police may record the death as being a suspected suicide. Open cases are reviewed by the ABS when closed as part of the annual revisions process.

- As part of the investigative process for a suicide, risk factors are often mentioned in these reports. While a risk factor may have been present in the life of a person who died by suicide it may not have been a direct cause. The risk factors mentioned in the NCIS reports are coded by the ABS within the framework of the International Classification of Diseases, 10th revision (ICD-10).
- Psychosocial risk factors include ICD-10 codes Z00-Z99. Data on psychosocial risk factors do not indicate the extent or involvement of FDV in a death by suicide, however, information recorded on psychosocial risk factors can provide some insight on related factors. For example, 'problems in spousal relationship circumstances' (Z63.0, Z63.5) and 'problems related to alleged sexual abuse of child by person within primary support group' (Z61.4).

ABS Criminal Courts

Type: Administrative

Frequency: Annual

Coverage: National, state/territory

The ABS Criminal Courts, Australia presents information on the characteristics of defendants finalised by Australian state and territory criminal courts. This includes information on the offences, case outcomes and sentences associated with those defendants.

FDSV definitions

- FDV can include a wide range of violent and non-violent abusive behaviours or threats, such as physical and sexual violence or abuse, emotional and psychological abuse, verbal abuse and intimidation, economic abuse, social deprivation and controlling behaviours, damage of personal property and abuse of power.
- The types of relationships involved in FDV can include intimate partner relationships, other family and co-habitation relationships, siblings, children, carer relationships, cultural and kinship relationships, foster care relationships and relatives who do not co-habit.
- In the experimental FDV statistics, FDV offences are largely identified by an indicator (or 'flag') that is recorded by either the police and/or courts. The experimental FDV statistics are limited to the following ANZSOC Division/Sub-division offences:
  - 01 Homicide and related offences (011 Murder, 012 Attempted murder and 013 Manslaughter and driving causing death)
  - 02 Acts intended to cause injury (021 Assault and 029 Other acts intended to cause injury)
  - 03 Sexual assault and related offences (031 Sexual assault and 032 Non-assaultive sexual offences)

- 049 Other dangerous or negligent acts endangering persons
- 05 Abduction/harassment (051 Abduction and kidnapping, 052 Deprivation of liberty and 053 Harassment and threatening behaviour)
- 121 Property damage
- 1531 Breach of violence order.

Technical notes

- The categories used for defendant sex are: male, female, organisations, other and unknown. The number of defendants in the category of 'other' is currently not published due to small numbers and inconsistent use, though these defendants are included within the total.
- Differences in how FDV offences are identified, charged by police and dealt with in the courts system, which can vary across states and territories due to different legislative practices, can impact on the offence data presented. For example, the way in which Breach of violence orders are charged and prosecuted by police can differ across states and territories, thereby resulting in issues of data comparability for the breach offences, as well as other associated offence data.
- A principal offence is the most serious offence type of which a person has been proceeded against during the reference period. For defendants finalised with a single offence type, this is their principal offence. For defendants with multiple offence charges finalised at the same time, the following are used to assign a principal offence:
  - Method of finalisation group
  - Sentence type and length/amount imposed
  - National Offence Index (NOI) ranking.
- From 2019–20 onwards, in ABS Criminal Courts reporting, 'Transfers to other court levels' (transfers) was excluded from finalised defendant counts in some tables to remove the double-counting of defendants who were transferred and subsequently adjudicated in a different court level. Excluding transfers enables a more accurate representation of defendant characteristics, particularly for more serious offences where transfers are more common. For this reason, unless otherwise stated, 'finalised' defendants refers to all defendants whose cases were finalised by methods other than 'Transfer to other court levels'. This includes: defendants whose method of finalisation was acquitted, guilty outcome or withdrawn by prosecution; defendants for whom a method of finalisation could not be determined; defendants deceased or unfit to plead; and defendants finalised through transfers to non-court agencies and other non-adjudicated finalisations. The finalisation method, acquitted, includes a determination by the court that: the defendant is not guilty, or is free from a criminal charge; the defendant is not guilty of a criminal charge(s) by reason of mental illness/condition; there is insufficient evidence to commit the defendant to a higher court for trial; a criminal charge(s) has not been proven, for reasons not

described elsewhere. For example, where the charge is struck out, or dismissed by a member of the judiciary due to delays in proceedings or insufficient evidence provided by the prosecution.

- A sentence is the punishment the court gives a person who has been found guilty of an offence.
- Non-custodial orders are sentences that do not involve being held in custody (e.g. fines, community service orders, good behaviour bonds). Other non-custodial orders include good behaviour bond/recognisance orders, licence disqualification/suspension/amendment, forfeiture of property order, nominal penalty and other non-custodial orders not elsewhere classified.
- For 2017–18 and prior years, the principal offence is based on the method of finalisation and NOI only. The 2020–21 publication introduced sentence type and length/amount to the principal offence allocation rule, for data from 2018–19 onwards.

ABS Personal Safety Survey (PSS)

Type: Survey

Frequency: Every 4 years

Coverage: National

The ABS PSS collects information from women and men aged 18 and over about the nature and extent of violence experienced since the age of 15. It also collected detailed information about men's and women's experience of current and previous partner violence and emotional abuse, experiences of stalking since the age of 15, sexual and physical abuse before the age of 15, witnessing of violence between a parent and their partner before the age of 15, lifetime experience of sexual harassment, and general feelings of safety.

The scope of the 2021–22 Personal Safety Survey was persons aged 18 years and over residing in private dwellings across Australia (excluding very remote areas). Interviews were conducted throughout Australia from March 2021 to May 2022 with one randomly selected person aged 18 years or over who was a usual resident of the selected household. A final response rate of 52% was achieved, with 11,900 people completing the entire questionnaire nationally – 9,800 women and 2,100 men. The final data was benchmarked and weighted to be representative of the in-scope population.

FDSV definitions

- Family and domestic violence is defined as any violence that occurs where the Personal Safety Survey (PSS) relationship of respondent to perpetrator is current or previous partner; father or mother; son or daughter; brother or sister; other relative or in-law; boyfriend, girlfriend or date; ex-boyfriend or ex-girlfriend.

- The PSS defines partner as a person the respondent lives with, or lived with at some point in a married or de facto relationship. A current partner is a person who, at the time of the survey, was living with the respondent in a marriage or de-facto relationship, and a previous partner is a person who lived with the respondent at some point in a marriage or de facto relationship, but who was no longer living with the respondent at the time of the survey.
- The PSS defines an intimate partner as a person who is either the current or previous partner; boyfriend, girlfriend or date; or ex-boyfriend or ex-girlfriend of the respondent.
- Physical violence is the occurrence, attempt or threat of physical assault.
- Physical assault is any incident that involves the use of physical force, with the intent to harm or frighten a person. An assault may have occurred in conjunction with a robbery, and includes incidents that occurred on the job, where a person was assaulted in their line of work (e.g. assaulted while working as a security guard), at school, or overseas. Physical force includes:
  - Pushed, grabbed or shoved
  - Slapped
  - Kicked, bitten or hit with a fist
  - Hit with something else that could hurt
  - Beaten
  - Choked
  - Stabbed with a knife
  - Shot with a gun
  - any other type of physical assault.
- Physical assault excludes incidents that occurred during the course of play on a sporting field and incidents of physical assault that occurred before the age of 15 (these are defined as physical abuse).
- Physical abuse is any deliberate physical injury (including bruises) inflicted upon a child (under the age of 15 years) by an adult. This excludes discipline that accidentally resulted in injury, emotional abuse, and physical abuse perpetrated by someone under the age of 18.
- Sexual violence is the occurrence, attempt or threat of sexual assault. Incidents that occurred before the age of 15, are not counted within the totals for ‘violence’, but are counted separately as physical or sexual abuse.
- Sexual assault refers to an act of a sexual nature carried out against a person's will through the use of physical force, intimidation or coercion, including any attempts to do this. 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. Incidents so defined would be an offence under State and Territory criminal law.

- Sexual abuse is any act by an adult involving a child (under the age of 15 years) in sexual activity beyond their understanding or contrary to currently accepted community standards. It excludes emotional abuse and sexual abuse perpetrated by someone under the age of 18.
- Sexual harassment is considered to have occurred when a person has experienced or been subjected to behaviours which made them feel uncomfortable and were offensive due to their sexual nature.
- Emotional abuse occurs when a person is subjected to certain behaviours or actions that are aimed at preventing or controlling their behaviour, causing them emotional harm or fear. These behaviours are characterised in nature by their intent to manipulate, control, isolate or intimidate the person they are aimed at. They are generally repeated behaviours and include psychological, social, economic and verbal abuse.
- To be classified as 'stalking' in the PSS 2021–22, more than one type of the following behaviours had to occur, or the same type of behaviour occurred on more than one occasion:
  - loitered or hung around outside respondent's home, workplace, place of leisure or social activities
  - followed or watched them in person or using an electronic tracking device (such as GPS tracking system or 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 about them on the internet
  - 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.

Technical notes

- Separate counts are not able to be added together to produce a total. Where a person has experienced more than one type of violence or abuse, or by different perpetrator types, they are counted separately for each type they experienced but are counted only once in any aggregate totals.
- Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes. Due to these processes, figures may differ from those published by the ABS and across tables.
- The PSS collects information from people aged 18 years and over.

- The PSS asks adult respondents about their experiences of physical and sexual abuse perpetrated by an adult before the age of 15. Because the survey asks persons aged 18 years and over about their experiences of abuse before the age of 15, it does not provide estimates of the current prevalence of abuse experienced by children.
- Some provided estimates are considered too unreliable for general use and should be used with caution. Additionally, some estimates by sex and experience of violence categories are considered too unreliable for publication and are not published by the ABS.
- In this collection, data relating to sex was based on a survey where respondents were asked to identify household members as 'male' or 'female'. If someone identified as a transgender or intersex person, the interviewer was instructed to ask the respondent to identify which sex the household member most closely identified as. If this could not be provided, the interviewer selected either male or female (alternating between them as they occurred). The 2021–22 survey was developed prior to the introduction of the Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables in 2020. The ABS recognises the importance of collecting data in line with these standards, and future iterations of the PSS will work towards standardising and expanding the PSS collection relating to sex, gender and sexual orientation.
- For reporting purposes, 'Persons' is used to refer to all respondents.

ABS Recorded Crime – Offenders

Type: Administrative

Frequency: Annual

Coverage: National

ABS Recorded Crime – Offenders presents statistics about the characteristics of alleged offenders who were proceeded against by police during a 12-month reference period. The collection provides a profile of alleged offenders, including their age, sex, Indigenous status, principal offence, how often they have been proceeded against by police within the reference period, as well as a count of proceedings that may result in court or non-court actions.

Technical notes

- ABS Recorded Crime data include offences classified to selected divisions and/or subdivisions of the Australian and New Zealand Standard Offence Classification (ANZSOC):
  - Homicide and related offences includes murder, attempted murder and manslaughter.

- Assault refers to the direct infliction of force, injury, or violence upon a person or persons, or the direct threat of force, injury, or violence where there is an apprehension that the threat could be enacted. Includes serious assault resulting in injury, serious assault not resulting in injury, and common assault.
- Sexual assault refers to any physical contact, or intent of contact, of a sexual nature directed toward another person where that person does not give consent, gives consent as a result of intimidation or deception, or consent is unable to be given because of youth, temporary/permanent (mental) incapacity or familial relationship.

  Sexual assault aligns with ANZSOC subdivision 031 Sexual assault, which includes 2 classification groups: 0311 Aggravated sexual assault and 0312 Non-aggravated sexual assault:

  - Aggravated sexual assault: Incest, rape, intent/attempt to commit rape, administering of drugs with intent to rape, unlawful sexual intercourse, unlawful fellatio/cunnilingus, carnal knowledge and assault with the intent to commit a sexual act.
  - Non-aggravated sexual assault includes: threat of sexual assault and indecent assault not including aggravating circumstances.
- Kidnapping/abduction refers to the unlawful confinement of a person against that person's will, or against the will of any parent, guardian or other person having lawful custody or care of that person. Due to small numbers, these data are not explored separately.
- Stalking refers to acts intended to cause physical or mental harm to a person, or to arouse apprehension or fear in a person, through a repeated course of unreasonable conduct. Offences that fall within this definition are categorised under group 0291 stalking in the Australian and New Zealand Standard Offence Classification (ANZSOC). The following offences are excluded from ANZSOC group 0291 stalking:
  - Harassment where there is no indication that the behaviour is intended to cause physical or mental harm, or arouse apprehension or fear
  - Nuisance phone calls.

  New South Wales legislation does not contain discrete offences of stalking, intimidation and harassment. Since these offences cannot be disaggregated, offenders have been coded to ANZSOC group 0291 stalking. Hence, this group may be overstated and caution should be used when making comparisons with other states and territories.

- Data relating to sex is based on the details recorded by police and is not always recorded. Where the offender is a person, sex is categorised as ‘male’, ‘female’ or ‘Not stated/inadequately described’.
- Sexual assault against a child is a form of child sexual abuse. ABS Recorded crime data uses the term sexual assault irrespective of age.

- Recorded Crime - Offenders data reflect a count of unique alleged offenders, irrespective of how many offences they may have committed within the same incident, or how many times police dealt with them during the reference period. Where an offender allegedly committed more than 1 offence, the principal offence during the reference period, defined as per the ABS National Offence Index, is recorded. It should be noted that alleged offences recorded in offenders' statistics may be later withdrawn or not be substantiated. Offenders data also include both court or non-court actions (for example warnings, conferencing, diversion). An individual offender may have more than one police proceeding recorded in the same reference period.
- Age of offenders is calculated from the earliest date a person was proceeded against by police during the reference period. Persons under the age of 10 are excluded from the collection as the minimum age of criminal responsibility in all Australian states and territories is 10 years.
- The number of police-recorded offenders do not align with the number of recorded victims nor the proceeding counts due to different counting rules, different reference periods, and variation in the time between when a crime is recorded and when police identify an offender. In some cases, police may never identify offenders.
- The FDV data included in the 2021-22 collection are experimental only and further work on data comparability and quality are required.
- FDV related data are derived using 2 variables – an FDV flag and relationship of offender to victim. Relationship data are not available for Tasmania and Northern Territory, inclusion in FDV reporting is based on FDV flag only.
- Family member total includes partner, ex-partner, other family member and other family member not further defined.
- Partner includes de-facto, spouse, boyfriend and girlfriend.
- Ex-partner includes separated partner, ex-spouse, ex-boyfriend and ex-girlfriend.
- Other family member includes parent, child, sibling, uncle, aunt, nephew, niece, cousin, grandparent and other family member not elsewhere classify
- Police proceedings are the legal action initiated against an alleged offender for an offence(s).
- Violence and non-violence orders are issued by a civil court and stipulate conditions that must be obeyed, such as preventing a person from threatening, contacting, tracking or attempting to locate the protected person, and preventing a person from being within a certain distance of the protected person. An act or omission which breaches the conditions of these orders is a criminal offence.

ABS Recorded Crime – Victims

Type: Administrative

Frequency: Annual

Coverage: National, state/territory

ABS Recorded Crime – Victims presents statistics about victims of selected offences that came to the attention of, and were recorded by police during a 12-month reference period. Selected characteristics about the victim (including sex and age) or incident (including weapon use and location) are also presented, as well as the outcome of the police investigation at 30 days from the time of report. Information about the relationship of the offender to the victim and the Aboriginal and Torres Strait Islander status of the victim is also presented for selected states and territories.

FDSV definitions

- FDV related data are derived using 2 variables – an FDV flag and relationship of offender to victim.
- Family member total includes partner, ex-partner, other family member and other family member not further defined.
- Partner includes de-facto, spouse, boyfriend and girlfriend.
- Ex-partner includes separated partner, ex-spouse, ex-boyfriend and ex-girlfriend.
- Other family member includes parent, child, sibling, uncle, aunt, nephew, niece, cousin, grandparent and other family member not elsewhere classified.

Technical notes

- Data presented in data downloads may include additional years or disaggregations to those available in-text or in data visualisations.
- Recorded Crime - Victims data do not reflect unique people. If a person is the victim of multiple incidents recorded by police throughout the reference period, each unique incident is counted. Where incidents include multiple offences that fall under different ANZSOC offence categories, each different offence category is counted once per incident. Police record all incidents, which they believe to be criminal offences, that they detect or are reported by a victim, witness or other person. However, where an investigation concludes that a crime was not committed, records are excluded. Data do not included incidents of crime that are not recorded by police. Victimisation rates are expressed as the count of these incidents in a reference period per 100,000 of the ABS Estimated Resident Population.
- The number of police-recorded victims do not align with the number of recorded offenders due to different counting rules, different reference periods, and variation

in the time between when a crime is recorded and when police identify an offender. In some cases, police may never identify offenders.

- Data have been randomly adjusted to avoid the release of confidential data and discrepancies may occur between sums of the component items and totals.
- Small numbers should be used with caution.
- Caution should be used when comparing data across states and territories or time periods due to differences between, and changes to, data collection practices. Of relevance to data presented:
  - Sexual assault data for Western Australia are understated prior to 2017
  - Sexual assault data for Victoria from 2010–2012 are not directly comparable with data published for 2013 onwards
  - Location of offence data prior to 2021 may not be comparable to other years due to coding changes in Western Australia and a decrease in sexual assault victims where the location was not specified in New South Wales
  - Weapon use was overstated in Queensland prior to 2020
  - Outcome of investigation, location of offence, weapon use and/or relationship of offender to victim data prior to 2019 may not be comparable to other years due to South Australia system changes
  - Northern Territory data may include victim counts for those situations where police have determined after investigation that 'no crime' has occurred
  - New South Wales data for Aboriginal and Torres Strait Islander victims from 2022 cannot be compared to earlier reference periods due to a recording change for the Indigenous status data item.
- ABS Recorded Crime collections are based on crimes reported to police in each state and territory and published according to the National Crime Recording Standard categories. ABS Recorded Crime data include offences classified to selected divisions and/or subdivisions of the Australian and New Zealand Standard Offence Classification (ANZSOC):
  - Homicide and related offences includes murder, attempted murder and manslaughter, but excludes driving causing death and conspiracy to murder. Attempted murder is an attempted unlawful killing of another person, where there is either the intent to kill or to cause grievous bodily harm with the knowledge that it was probable that death or grievous bodily harm would occur (reckless indifference to life), not resulting in death.
  - Assault refers to the direct infliction of force, injury, or violence upon a person or persons, or the direct threat of force, injury, or violence where there is an apprehension that the threat could be enacted. Includes serious assault resulting in injury, serious assault not resulting in injury, and common assault.
  - Sexual assault refers to any physical contact, or intent of contact, of a sexual nature directed toward another person where that person does not give consent, gives consent as a result of intimidation or deception, or consent is

unable to be given because of youth, temporary/permanent (mental) incapacity or familial relationship.

- Sexual assault aligns with ANZSOC subdivision 031 Sexual assault, which includes 2 classification groups: 0311 Aggravated sexual assault and 0312 Non-aggravated sexual assault:
  - Aggravated sexual assault: Incest, rape, intent/attempt to commit rape, administering of drugs with intent to rape, unlawful sexual intercourse, unlawful fellatio/cunnilingus, carnal knowledge and assault with the intent to commit a sexual act.
  - Non-aggravated sexual assault includes: threat of sexual assault and indecent assault not including aggravating circumstances.
- Kidnapping/abduction refers to the unlawful confinement of a person against that person's will, or against the will of any parent, guardian or other person having lawful custody or care of that person. Due to small numbers, these data are not explored separately.
- Stalking refers to acts intended to cause physical or mental harm to a person, or to arouse apprehension or fear in a person, through a repeated course of unreasonable conduct. Offences that fall within this definition are categorised under group 0291 stalking in the Australian and New Zealand Standard Offence Classification (ANZSOC). The following offences are excluded from ANZSOC group 0291 stalking:
  - Harassment where there is no indication that the behaviour is intended to cause physical or mental harm, or arouse apprehension or fear
  - Nuisance phone calls.

  New South Wales legislation does not contain discrete offences of stalking, intimidation and harassment. Since these offences cannot be disaggregated, offenders have been coded to ANZSOC group 0291 stalking. Hence, this group may be overstated and caution should be used when making comparisons with other states and territories.

- Assault data are not available for Victoria and Queensland, and therefore Australia.
- Relationship data are not available for Western Australia, inclusion in FDV reporting is based on FDV flag only. Data presented by relationship are based on data from all other states and territories.
- There are some inconsistencies in the coding of relationship of offender to victim between states and territories which should be considered when making comparisons:
  - New South Wales data for family member may be overstated and data for non-family member understated as ex-boyfriend and ex-girlfriend are included in 'boyfriend/girlfriend'

  - Northern Territory data for family member may be understated and data for non-family member overstated as some boyfriends/girlfriends may be included in 'other non-family member n.e.c.'
  - Queensland data for 'intimate partner' may be understated as some ex-boyfriends/girlfriends may be included in 'other non-family member n.e.c.'
  - Northern Territory data for 'intimate partner' may be understated as some boyfriends/girlfriends may be included in 'other non-family member n.e.c.'.
- Generally, age of victims is reported as the age victims were when they first became known to the police (age at report), however, some sexual assault data may also be explored by age at incident. Age at incident for sexual assault was added in recent years because of the high proportion of incidents reported to police more than a year after the incident.
- Sexual assault against a child is a form of child sexual abuse. ABS Recorded crime data uses the term sexual assault irrespective of age.
- Data relating to sex is based on the details recorded by police and is not always recorded. Where the victim is a person, sex is recorded as ‘male’, ‘female’ or ‘Not stated/inadequately described’. 'Persons' includes victims for whom sex was not specified.
- Aboriginal and Torres Strait Islander victims data only published for New South Wales, Queensland, South Australia and the Northern Territory.
- A weapon is defined as any object that can be used to cause injury or fear of injury in the commission of a crime. It also includes imitation weapons and implied weapons (for example, where a weapon is not seen by the victim but the offender claims to possess one). Parts of the body such as fists and feet are not included as a weapon.
- An investigation is finalised when the case is no longer considered open and an offender has been proceeded against through court action or non-court action, or an offender was not proceeded against as a result of either the circumstances of the alleged offender, or because the offence could not be verified. Cases where the investigation has not been finalised and no offender has been proceeded against at the time of recording the outcome includes cases where the investigation is ongoing or pending/suspended.

AHRC national survey on sexual harassment in Australian workplaces

Type: Survey

Frequency: 2003, 2008, 2012, 2018, 2022

Coverage: National

The AHRC national survey investigates the prevalence, nature and reporting of sexual harassment in Australian workplaces. For the first time in 2022, the survey also asked about workers' views on the actions taken by their employer's action to address workplace sexual harassment.

The 2022 National Survey was conducted between August and September 2022, both online and by telephone, with a sample of over 10,000 Australians aged 15 or older. The survey measured people's experiences of sexual harassment over the course of their lifetimes. Anyone who had been in the workforce at any time in the last 5 years was also asked about their experience of sexual harassment in their workplace at any time during that period and the timing of the most recent incident. The survey is representative of the Australian population in terms of gender, age and geographic location.

FDSV definitions

In the survey, sexual harassment is a broad term that encompasses many behaviours and harms. The prevalence of sexual harassment was measured 2 ways:

- The legal definition: sexual harassment is an unwelcome sexual advance, unwelcome request for sexual favours or other unwelcome conduct of a sexual nature which, in the circumstances, a reasonable person, aware of those circumstances, would anticipate the possibility that the person would feel offended, humiliated or intimidated.
- The following behaviours:
  - unwelcome touching, hugging, cornering or kissing
  - inappropriate staring or leering that made you feel intimidated
  - sexual gestures, indecent exposure or inappropriate display of the body
  - sexually suggestive comments or jokes that made you feel offended
  - repeated or inappropriate invitations to go out on dates
  - intrusive questions about your private life or physical appearance that made you feel offended
  - inappropriate physical contact
  - being followed, watched or someone loitering nearby
  - requests or pressure for sex or other sexual acts

- actual or attempted rape or sexual assault
- indecent phone calls, including someone leaving a sexually explicit message on voicemail or an answering machine
- sexually explicit comments made in emails, SMS messages or on social media
- repeated or inappropriate sexual advances on email, social networking websites, internet chat rooms or other online platforms
- seeing or being sent sexually explicit images and videos, cartoons, drawings, photographs, or jokes that made you feel offended
- sharing or threatening to share intimate images or video of you without your consent (for example, images or video of you involving sexual activity or nudity)
- inappropriate commentary, images or film of you distributed on some form of social media without your consent
- any other unwelcome conduct of a sexual nature (including online or via some form of technology).

Technical notes

- Respondents were given the option of identifying their gender as 'Male', 'Female', 'Non-binary', 'Other' or they could indicate that they 'Prefer not to say'. The report included responses from those who identified as 'Male', 'Female' and 'Non-binary'.

  Findings were not separately reported for respondents who answered 'Other' and 'Prefer not to say' due to small sample sizes – they have been included as part of the aggregate analysis.
- Respondents were given the option of identifying their sexual orientation as 'Straight or heterosexual', 'Gay', 'Lesbian', 'Bisexual', 'Pansexual', 'Queer', 'Asexual or Aromantic', 'Undecided, not sure or questioning', 'Other (please specify)', or 'Prefer not to say'. Findings for those who identified as pansexual, queer, asexual, aromantic, undecided, not sure or questioning, or other, were combined under one category, 'Other', due to small sample sizes.

AIC National Homicide Monitoring Program (NHMP)

Type: Administrative

Frequency: Annual

Coverage: National

The NHMP collates national data on homicide incidents, victims and offenders drawing on state and territory police service offence records and the National Coronial Information System. The NHMP data are also cross-referenced and supplemented with additional material from court documents and media reports. The NHMP presents statistics on domestic homicides (homicides involving intimate partners and family) by a

range of characteristics including relationship sub-classification, motive, preceding crime, victim and/or offender alcohol or drug use and victim cause of death.

FDSV definitions

- Domestic homicide is the term used to identify FDV. A homicide is defined as a domestic homicide if the victim (in single victim incidents) or one or more victims (in multiple victim incidents) had a domestic relationship with the primary offender. A domestic relationship includes intimate partner (current or former), child (including adult children), parent, sibling, and other family member (including nephew/niece, uncle/aunt, cousin, grandparent and kin). Family relationships include biological, adoptive, foster and kinship care, and step relatives.

Technical notes

- In homicides involving multiple victims, any victims without a domestic relationship to the primary offender are not included in the domestic homicide victim total. This differs from the domestic homicide incident classification used in some AIC reporting in which all victims in multiple victim homicides are classified based on the closest relationship between any one victim and the primary offender in the incident.
- Domestic homicide sub-classifications include: intimate partner homicides, filicide (a parent killing a child), parricide (a child killing a parent), siblicide (a sibling killing a sibling), and other family homicides (including where a victim is killed by a nephew/niece, uncle/aunt, cousin, grandparent or kin).
- Family homicide includes all domestic homicide sub-classifications, except intimate partner homicides.
- Homicide is defined by the NHMP as: all cases resulting in a person or persons being charged with murder or manslaughter; all murder–suicides classed as murder by police; all driving causing death offences where the offender was charged with murder, manslaughter or equivalent offences; and all other deaths classed as homicides by police, including infanticides, whether or not an offender was apprehended.
- Percentages may not total 100 due to rounding.
- In this collection data relating to sex is based on the detail in police and coronial records and is not always recorded. Sex is recorded as ‘male’, ‘female’ and ‘not stated or unknown’. Data presented refer to an individual’s sex characteristics rather than gender. For reporting purposes, 'Persons' may exclude victims where sex was not stated or unknown.

AIFS National Elder Abuse Prevalence Study

Type: Survey

Frequency: One-off

Coverage: National

The National Elder Abuse Prevalence Study was released by the Australian Institute of Family Studies in 2021. It involved 2 nationally representative surveys: one of older people living in the community (the 'Survey of Older People') and one of general community members aged 18 to 64 ('Survey of the General Community').

The Survey of Older People was a nationally representative sample of 7,000 people aged 65 and over living in private dwellings in the community. It was conducted from February to May 2020. It is important to note that the Survey of Older People focused on people who live in the community and did not cover people who live in aged care or those who were unable to undertake an interview due to health conditions or incapacity to provide consent. As such, data from this survey are likely to under-estimate the prevalence of elder abuse.

The Survey of the General Community was a nationally representative sample involving 2,400 people from the general community who live in private dwellings and have the cognitive capacity to engage in a telephone interview. It was conducted from November to December 2019.

FDSV definitions

- Elder abuse is defined as a single or repeated act or failure to act, including threats, that results in harm or distress to an older person. These occur where there is an expectation of trust and/or where there is a power imbalance between the party responsible and the older person.
- Five abuse subtypes were captured in the survey: financial abuse, physical abuse, sexual abuse, neglect and psychological abuse.

Technical notes

- An older person is defined as a person aged 65 and older.
- A perpetrator is defined as a person who is responsible for the act or omission, and it includes family members, friends, neighbours, acquaintances and professionals but excluded strangers.
- While the sample size of 7,000 older people was sufficient to estimate the overall prevalence of elder abuse for those living in the community, it presents some limitations in exploring differences by population subgroups. For example, conclusions could be drawn about the culturally and linguistically diverse population

as a whole, but not about particular cultural groups. Similarly, findings about other population subgroups are not presented due to small sample sizes.

- Data weighting was conducted to reduce the extent of any biases arising from potential non-coverage of population subgroups and consequent constrains on the ability to make inferences about the target population.

AIHW Australian Burden of Disease Study

Type: Statistical

Frequency: Every 4 years

Coverage: National

Burden of disease analysis uses a range of studies to produce reliable estimates of the impact of partner violence and child abuse or neglect on diseases for which there is a causal association.

The project estimated the amount of burden that could have been avoided in 2018 if no adult women in Australia had been exposed to (current or former) partner violence during their lifetime and all people in Australia were not exposed to child abuse or neglect. It uses methodologies largely consistent with international burden of disease studies.

FDSV definitions

- Intimate partner violence included emotional, physical and sexual intimate partner violence by a cohabiting current or previous intimate partner. The project used the 2016 ABS Personal Safety Survey data for prevalence estimates. Intimate partner violence was causally linked to homicide and violence, suicide and self-inflicted injuries, alcohol use disorders, depression, anxiety and early pregnancy loss.
- Child abuse and neglect included physical, sexual and emotional abuse and neglect. Child abuse or neglect were causally linked to anxiety disorders, depressive disorders and suicide and self-inflicted injuries.

Technical notes

- The impact of this risk factor was estimated only in women as sufficient evidence in the literature to identify the causally linked diseases and the amount of increased risk (relative risk) is not currently available for men.
- Years of life lost (YLL) refers to the number of years of life lost due to premature death, defined as dying before the ideal life span. YLL represent fatal burden.
- Years lived with disability (YLD) refers to the number of years of what could have been a healthy life that were instead spent in states of less than full health. YLD represent non-fatal burden.

- Disability-adjusted life years (DALY) are a measure of healthy life lost, either through premature death or living with disability due to illness or injury.

AIHW Child Protection National Minimum Data Set (CP NMDS)

Type: Administrative

Frequency: Annual

Coverage: National

The CP NMDS is an annual collection of information on child protection in Australia. It contains data on children who come into contact with State and Territory departments responsible for child protection. Information on child protection and family support services, including the characteristics of children who receive these services are available.

FDSV definitions

- **Emotional abuse refers to** any act by a person having the care of a child that results in the child suffering any kind of significant emotional deprivation or trauma. Children affected by exposure to family violence are also included in this category.
- **Physical abuse refers to** any non-accidental physical act inflicted upon a child by a person having the care of a child.
- **Sexual abuse refers to** any act by a person, having the care of a child that exposes the child to, or involves the child in, sexual processes beyond their understanding or contrary to accepted community standards.
- **Neglect refers to** any serious acts or omissions by a person having the care of a child that, within the bounds of cultural tradition, constitute a failure to provide conditions that are essential for the healthy physical and emotional development of a child.

Technical notes

- Children may receive a mix of child protection services – when reporting a unique count of children who had contact with the child protection system in the reporting period, each child is counted once if one or more of the following occurred – being the subject of an investigation of a notification, being on a care and protection order, or being in out-of-home care.
- Substantiations of notifications received during the current reporting year refer to child protection notifications made to relevant authorities between 1 July and 30 June of the relevant financial year, which were investigated and the investigation was finalised by 31 August, and where it was concluded that there was reasonable cause

to believe that the child had been, was being, or was likely to be, abused, neglected or otherwise harmed. Substantiation does not necessarily require sufficient evidence for a successful prosecution and does not imply that treatment or case management was provided. Substantiations may also include cases where there is no suitable caregiver, such as children who have been abandoned or whose parents are deceased.

- Notifications are contacts made to an authorised department by persons or other bodies making allegations of child abuse or neglect, child maltreatment or harm to a child.
- Care and protection orders are legal orders or arrangements that give child protection departments some responsibility for a child's welfare. These include finalised guardianship or custody orders, finalised third-party parental responsibility orders, finalised supervisory orders, interim and temporary orders, and administrative arrangements.
- Time series data for substantiations are limited due to changes in state and territory legislation, policy/practice, and information management systems which reduce the ability to accurately compare data over long periods.
- Caution should be used when comparing data across states and territories due to differences between data collection practices.
- Some data may not match those published in previous Child protection Australia publications due to retrospective updates to data.
- In this data collection, sex is recorded as 'Male', 'Female', 'Intersex or indeterminate' or 'Not stated/inadequately described'. For reporting purposes, the terms 'Boys', 'Girls' and 'All children' are used. 'All children' may include unborn children and children whose sex was 'Not stated'.

AIHW National Hospital Morbidity Database (NHMD)

Type: Administrative

Frequency: Annual

Coverage: National

The NHMD is a collection of episode-level records from admitted patient morbidity data collection systems in Australian hospitals. It is a comprehensive data set that has records for all episodes of admitted patient care from essentially all public and private hospitals in Australia.

A record is included for each separation, not for each patient, so patients who separated more than once in the year have more than one record in the NHMD.

FDSV definitions

- Family and domestic violence hospitalised cases are those that have:
  - an injury principal diagnosis in the ICD-10-AM code range S00–T75, T79.
  - a first recorded External causes of morbidity and mortality ICD-10-AM code in the range X85 – Y09 (Assault), and a perpetrator coded as Spouse or domestic partner, Parent, or Other family member (5th character codes of 0,1,2 respectively). An 'external cause' is the term used in disease classification to refer to an event or circumstance in a person's external environment that is regarded as a cause of injury or poisoning.

Technical notes

- The term 'hospitalisation' is used to describe a hospitalised case. A hospitalised case is an episode of admitted patient care excluding admissions:
  - that are transfers from another hospital
  - with rehabilitation procedures (except for acute hospital admissions)
  - where the mode of admission is *statistical admission – episode type change* and the care type is not listed as acute
  - with the care type indicating newborn with unqualified days only, organ procurement – posthumous or hospital boarder.
- A hospital separation is an episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). Separation also means the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care.
- A hospital stay is a continuous period of acute care hospitalisation. A hospital stay may be made up of one or more acute care hospital separations.
- A non-admitted patient is a person who receives care from a recognised non-admitted patient service/clinic of a hospital, including emergency departments and outpatient clinics.
- Principal diagnosis is the diagnosis established, after study, to be chiefly responsible for an episode of patient care, residential care or attendance at a health care establishment. Diagnoses are recorded using the relevant edition of the International statistical classification of diseases and related health problems, 10th Revision, Australian modification (ICD-10-AM).
- A change in New South Wales' emergency department admission policy resulted in a significant decrease (3.7%) in public hospital admissions between 2016–17 and 2017–18. As this decrease disproportionately affected hospitalisations for injury and poisoning, and the size of the contribution of NSW data to the national total, data

from 2017–18 onwards should not be compared with those of previous years (break in series).

- Interpretation of changes over time should take into account changes in the proportion of all hospitalised assault cases where perpetrator information was not specified. The proportion of assault hospitalisations with a specified perpetrator recorded has improved by almost 25 percentage points from 42% in 2002–03 when perpetrator coding was introduced, to 67% in 2021–22.
- Age is age at admission.
- Totals include records where age, remoteness area and/or socioeconomic were unavailable, therefore the sum of these group counts may not equal the total.
- Data exclude hospitalisations in Western Australia (WA) with a contracted patient status of 'Inter-hospital contracted patient to private sector hospital', to adjust for separations recorded on both sides of contractual care arrangements. Data from 2012–13 onwards has been updated to remove the contracted duplicates. As a result, national counts in these tables will not match previously published data.
- Australian totals include records where Indigenous status was not known.
- In this collection, data relating to sex is based on hospital admissions records. Patients' sex was recorded as 'male', 'female' or 'other'. For reporting purposes, the term 'Persons' is used for all patients and may include records where sex was missing or recorded as 'other'.

AIHW Specialist Homelessness Services collection (SHSC)

Type: Administrative

Frequency: Annual

Coverage: National

The SHSC obtains information about adults and children who seek assistance from specialist homelessness agencies. A person is classified as a 'client' once they receive services, and a 'support period' is the period a client receives assistance from a SHS agency. Data are collected on an ongoing basis and submitted to the AIHW on a monthly basis. Monthly data are publicly available for July 2017 onwards.

FDSV definitions

- A SHSC client is identified as experiencing FDV if in any support period during the reporting period:
  - the client was formally referred from a non-SHS FDV agency to an SHS agency, or
  - 'family and domestic violence' was reported as a reason they sought assistance, or

– during any support period they required assistance for FDV.

Technical notes

- The SHSC reports on clients experiencing family and domestic violence of any age, including both victims and a smaller number perpetrators who may be assisted by SHS agencies.
- Data for 2011–12 to 2016–17 have been adjusted for non-response. Due to improvements in the rates of agency participation and SLK validity, 2017–18 data are not weighted. The removal of weighting does not constitute a break in time series and weighted data from 2011–12 to 2016–17 are comparable with unweighted data for 2017–18 onwards.
- For state/territory-specific data quality issues, refer to the Explanatory Notes for the SHSC.
- From 2017–18 to 2018–19, there was a three per cent decrease in the total number of Victorian homelessness clients and a 10 percent decrease in family violence clients following years of steady increases in these numbers. The decrease was primarily due to a practice correction in how some family violence agencies were recording clients. In addition, during 2018–19, a phased process to shift family violence intake to non-SHS services began, which may result in an overall decrease in the number of SHS family violence clients over the coming years. Caution should be used when comparing Victorian client numbers over recent years.
- Support period counts may differ from previous publications due to an improvement in methodology, which has resulted in a small decrease in the number of support periods.
- Data extracted from the SHSC data cubes have undergone confidentialisation. Due to this process, figures may differ from those published in annual SHSC reports.
- In this data collection, sex is recorded as ‘Male’, ‘Female’, or ‘Other’. The ‘Other’ response option was introduced on 1 July 2019. For reporting purposes, 'Persons' includes all clients and 'Female' may also include clients recorded as 'other' as these data are combined for quality and confidentiality reasons. See AIHW SHSC Technical Notes for more information.
- Clients are considered to be at risk of homelessness if they are living in any of the following circumstances: public or community housing (renter or rent free); private or other housing (renter, rent free or owner); or institutional settings (for example, hospital, disability support, correctional centre). These clients are at risk of losing their accommodation due to factors such as financial stress, family violence, relationship breakdown, and unsafe or overcrowded housing.
- Clients are considered to be homeless if they are living in any of the following circumstances: no shelter or improvised/inadequate dwelling; short term temporary accommodation; couch surfer or with no tenure (in a house, townhouse or flat).

- Specialist Homelessness Services (SHS) clients are identified as having a current mental health issue if they are aged 10 years or older and have provided any of the following information:
  - They indicated that at the beginning of support they were receiving services or assistance for their mental health issues or had in the last 12 months.
  - Their formal referral source to the SHS was a mental health service.
  - They reported 'mental health issues' as a reason for seeking assistance.
  - Their dwelling type either a week before presenting to an agency, or when presenting to an agency, was a psychiatric hospital or unit.
  - They had been in a psychiatric hospital or unit in the last 12 months.
  - At some stage during their support period, a need was identified for psychological services, psychiatric services or mental health services.
- The identification of clients with problematic drug and/or alcohol use may be current or recent; referring to issues at presentation, just prior to receiving support or at least once in the 12 months prior to support. SHS clients aged 10 and over are reported in the SHSC with problematic drug and/or alcohol use if, at the beginning of or during support, the client provided any of the following information:
  - recorded their dwelling type as rehabilitation facility
  - required drug or alcohol counselling
  - were formally referred to the SHS service from an alcohol and drug treatment service
  - had been in a rehabilitation facility or institution during the past 12 months
  - reported problematic drug, substance or alcohol use as a reason for seeking assistance or the main reason for seeking assistance.

ANROWS Adolescent Family Violence in Australia study

Type: Survey

Frequency: One-off

Coverage: National

The ANROWS Adolescent family violence in Australia study involved a survey of young people living in Australian who were 16–20 years old at time of completing the survey. Survey respondents were recruited through online research panels, using non-probability protocols, so the data are not representative of the broader Australian population (16–20 years old).

Survey respondents were asked a series of questions about their sociodemographic characteristics, their current living arrangements, and their experiences of:

- witnessing violence between other family members
- being subjected to direct forms of abuse perpetrated by other family members
- their use of violence against other family members.

Overall, more than 5,000 young people completed the survey. Two thirds of the sample identified that they were assigned female at birth (3,300), and one third said they had been assigned male at birth (1,600).

FDSV definitions

- Adolescent family violence is defined as violence used by an adolescent, including the following behaviours:
  - physical violence towards another family member (e.g. hitting, slapping, pushing, punching, kicking)
  - damaging the property of another family member (e.g. destroying someone's property or belongings as an intimidation or punishment tactic)
  - verbally abusing another family member (including yelling, swearing)
  - emotionally/psychologically abusing another family member (e.g. putting someone down, telling them they're useless/stupid/ugly)
  - threatening to harm/hurt another family member, and/or threatening to harm/hurt someone close to another family member (including a pet or friend)
  - threatening to kill another family member
  - sexually abusing another family member (including touching another family member's private parts and/or forcing a family member to have sex)
  - strangling another family member (including choking or suffocating someone, grabbing someone by their throat, pinning someone down or against the wall by their throat)
  - perpetrating any other form of abuse against another family member (including sexual identity-based abuse and/or gender identity-based abuse, discrimination and prejudice).
- Family member is defined broadly to include biological parents, adoptive parents, step-parents and foster carers, siblings, grandparents, extended family members (e.g. aunts, uncles and cousins), chosen family members and Aboriginal and Torres Strait Islander kinship relationships. The term "family member" includes extended family members and is not limited to the family members with whom the adolescent lives all or part of the time.

Technical notes

- The study used a non-probability sample, which means that not everyone had an equal likelihood of being selected to participate in the research. As a result the findings may not be generalisable to the wider Australian population. For example,

female respondents are overrepresented within the sample, as are those residing in major cities.
- Subsamples of Aboriginal and Torres Strait Islander young people, young people from non-English speaking backgrounds, young people living with disability, and young people identifying with diverse sexual and gender identities were small. Findings for these groups of young people must be interpreted with care.

ANROWS Technology-Facilitated Abuse Survey

Type: Survey

Frequency: One-off

Coverage: National

The ANROWS Technology-Facilitated Abuse Survey was released by Australia's National Research Organisation for Women's Safety in 2022. It involved a nationally representative sample of 4,562 people aged 18 years and over in Australia. The main focus of the study was to establish reliable prevalence estimates of technology-facilitated abuse, and to deepen the understanding of its gendered nature. The survey used a combination of the Social Research Centre's Life in Australia panel and an additional booster sample via an opt-in online panel to supplement the overall sample. Life in Australia represents a methodologically rigorous online panel exclusively using random probability-based sampling methods, which allows results to be generalisable to the Australian population.

FDSV definitions

The study included four types of TFA:

- harassing behaviours (such as sending offensive, distressing and/or damaging communications towards or about a person online)
- sexual and image-based abuse (such as coercing online sexual acts or creating/sharing sexual imagery without consent)
- monitoring and/or controlling behaviours (such as unauthorised access to digital devices, gathering information about a person, or seeking to restrict them)
- emotional abuse and threats (such as sending communications that threaten harm).

Technical notes

- Respondents were asked which best describes their gender: man, woman, transgender man, transgender woman, non-binary, intersex or another gender. Participants who described their gender as transgender, intersex and/or another gender (21) were excluded from the main statistical analyses due to small numbers.

- Due to its focus on providing reliable prevalence estimates, it was not possible to explore sub-types of technology-facilitated abuse in any detail.

Australian Child Maltreatment Study (ACMS)

Type: Survey

Frequency: TBC

The ACMS was designed to meet 3 broad aims:

- to identify how many Australians experience each type of child maltreatment, and gather important details about its nature (age of onset and cessation, chronicity, severity, and relationship to the person inflicting it)
- to identify the associated impacts on mental health, health risk behaviours, physical health, and health service use, through life
- to identify the burden of disease produced by maltreatment.

Data were collected from 8,500 participants – 3,500 aged 16–24 and 5,000 aged 25 years and over. People were considered to be eligible for participation if they were aged 16 years or more, in an age group for which participants were required when contacted and had sufficient English language proficiency for participation. The final response rate was 4.0% when based on the estimated number of eligible participants (about 210,370 people) and 14% when based on eligible participants contacted (about 60,800 people) (Haslam et al. 2023).

FDSV definitions

- Physical abuse involves the use of physical force by a parent or caregiver against a child that causes injury, harm, pain, or breach of dignity, or has a high likelihood of resulting in injury, harm, pain, or breach of dignity, where it is clearly not reasonable corporal punishment, or done reasonably while engaging in any other legitimate context such as a sport or pastime.
- Sexual abuse includes any sexual act inflicted on a child by any adult or other person, including contact and non-contact acts, for the purpose of sexual gratification, where true consent by the child is not present. True consent will not be present where the child either lacks capacity to give consent, or has capacity but does not give full, free, and voluntary consent.
- Emotional abuse involves non-physical interactions with the child by a parent or caregiver, which convey to a child that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs. These interactions are typically persistent, but may occur in isolation.
- Neglect involves the failure by a parent or caregiver to provide the child with the basic necessities of life, as suited to the child's developmental stage, and as

recognised by the child's cultural context. Neglect normally involves a pattern of repeated conduct, but may be constituted by a single omission in severe circumstances.

- Corporal punishment is the use of physical force with the intention of causing a child to experience pain or discomfort to correct or punish a child's behaviour.

Technical notes

- To measure child maltreatment the ACMS used the Juvenile Victimization Questionnaire-R2: Adapted Version, an adaptation of an existing well-validated measure of child treatment used in many other studies.
- The ACMS determined associations between self-reported experiences of child maltreatment and six health risk behaviours:
  - cannabis dependence, based on a cannabis severity of dependence scale score of 3 or more determined during the survey interview
  - suicide attempts, based on self-report in the past 12 months
  - non-suicidal self-injury, based on self-report in the past 12 months
  - recent cigarette smoking, based on self-report in the past 12 months
  - binge drinking, based on self-report of having six or more drinks for men or five or more drinks for women in a single session at least weekly over the past 12 months
  - obesity, based on self-reported height and weight during the survey interview and a body mass index of > 30kg/m^2 (for more information, see Lawrence et al. 2022b).

Australian Domestic and Family Violence Death Review Network National Minimum Data Set

Type: Administrative

Frequency: TBC

Coverage: National

The Australian Domestic and Family Violence Death Review Network (ADFVDRN) comprises representatives from each of the established Australian domestic and family violence death review teams. Through the Network, the individual death review teams have collaborated to report on national data on intimate partner homicide.

The ADFVDRN focused dataset includes 292 cases and draws on data from those jurisdictions with a formalised death review mechanism in place. Data sources include police documents, sentencing remarks, coronial files, medical records (where available), service records and witness statements from people who knew the couple prior to the

homicide. It excludes all cases sourced from the NCIS (National Coronial Information System), including all cases from Tasmania, ACT and Western Australia from July 2010 to June 2012.

FDSV definitions

- Domestic and family relationships are recognised as current or former intimate partners (heterosexual and homosexual), family members (adults and children) and kin. This includes formal and informal family-like relationships, and explicitly includes extended family-like relationships that are recognised within that individual's cultural group.
- For the intimate partner homicide national minimum data set, the following cases were included:
  - the death was as a result of a homicide that occurred in Australia between 1 July 2010 and 30 June 2018
  - the homicide victim and homicide offender were either in a current or former intimate partner relationship
  - there was an identifiable history of violence between the homicide victim and homicide offender
  - the coronial or criminal proceedings in that homicide were complete on or before 31 December 2020.
- The primary abuser in an intimate partner relationship is defined as the person who primarily initiated domestic violence during the relationship and/or was the main aggressor of domestic violence after the relationship had ended. The primary abuser was identified from both reported and anecdotal accounts of abuse in the relationship prior to the homicide.

Technical notes

- The focused dataset includes characteristics relating to separation or intention to separate, family law proceedings, domestic violence orders, and the nature of domestic violence and abusive behaviours used by the abuser prior to the homicide (ADFVDRN and ANROWS 2022).
- The ADFVDRN National Minimum Dataset has the following limitations:
  - the dataset likely undercounts the true incidence of intimate partner homicides with a history of violence due to undisclosed or unreported domestic violence in the relationship
  - the dataset's reliance on service data may result in under-reporting of Aboriginal and Torres Strait Islander people and people with disability due to inconsistent collection and identification in administrative data
  - the dataset may under-report LGBTIQ+ couples due to the relationship not being disclosed or recognised by services, families or friends prior to the homicide

- there are difficulties accurately collecting data on surviving children, especially stepchildren or children living outside the home.

- People with disability are likely to have been under-reported in the Intimate partner violence homicides 2010–18 report due to inconsistencies in the identification and definitions of disability in service data. People with disability were identified through a formal disability diagnosis and/or records of disability pension receipt.
- There were 6 IPV homicide cases where a male killed a male. One victim and one offender were identified as people with disability. There were no IPV homicide cases where a female killed a female. Due to these low numbers, proportions were not included in the AIHW's reporting.

Australian Longitudinal Study on Women's Health (ALSWH)

Type: Longitudinal survey

Frequency: Every 6 months to 3 years, depending on cohort

Coverage: National

The ALSWH is a leading national longitudinal survey of more than 57,000 women that began in 1996. Longitudinal surveys collect evidence of the long-term health impacts and outcomes of family, domestic and sexual violence. Longitudinal surveys follow the same cohort of people over time to measure changes over time. 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. Comparison of the original cohorts with Australian Censuses found that there was some over-representation of Australian-born women and of women with tertiary education. In addition, ALSWH participants were more likely to be married, be employed and work longer hours than women of the same age in the general population. The 1989–95 cohort were broadly representative in terms of area of residence, State and Territory distribution, marital status and age distribution. Women in the study are sent surveys by mail every 3 years.

FDSV definitions

- Domestic violence was measured slightly differently according to the cohort but all four cohorts were asked 'Have you ever been in a violent relationship with a partner/spouse?' This question was asked at every survey for women born 1973–78,

at Surveys 1, 4, 5 and 6 for women born 1946–51, but was only asked at Survey 1 for women born 1921–26. This variable was used to classify domestic violence.

- Women born 1973–78 and 1946–51 were defined into one of three categories:
  - if they self-reported 'yes' to the domestic violence question at Survey 1, then they were classified as 'Domestic violence by 1996'
  - if they answered 'no' at Survey 1 but answered 'yes' at any following survey, then they were classified as 'Domestic violence after 1996'
  - if they self-reported 'no' at Survey 1 and had not answered 'yes' in any subsequent survey, then they were classified as 'Never domestic violence'.
- Women born 1921–26 were only asked the domestic violence question at Survey 1 and were therefore defined into one of 2 categories:
  - if they self-reported 'yes', then they were classified as 'Domestic violence by 1996'
  - if they self-reported 'no', then they were classified as 'Never domestic violence'.
- Details of abuse experienced in childhood has been collected from the three youngest cohorts using the Adverse Childhood Experiences Scale.
- Behavioural measures of domestic violence have been included in the 1973–78 and 1989–95 cohort surveys. The Community Composite Abuse Scale has been completed by the 1973–78 cohort since Survey 4, and every survey of the 1989–95 cohort has included the abbreviated version of this scale.
- All women have been asked about sexual violence on a regular basis. Other items have asked about bullying, non-partner violence and vulnerability to elder abuse.

Australians' negative online experiences (eSafety Commissioner)

Type: Survey

Frequency: 2019, 2022

Coverage: National

The Australians' negative online experiences 2022 research into attitudes and experiences of Australian adults was commissioned by eSafety and conducted by WhereTo Research. The results are based on around 4,700 Australians aged 18–65, and covers the 12-month period to November 2022. The research forms part of a larger national survey of about 5,300 Australians aged 18 years and older.

Technical notes

Data do not include experiences with scams, online fraud, or device virus/malware.

Community knowledge and attitudes about child abuse and child protection in Australia

Type: Survey

Frequency: 2003, 2006, 2010, 2021

Coverage: National

The key objectives of the Community knowledge and attitudes about child abuse and child protection in Australia research were to assess the degree to which child abuse is considered a community concern; gauge the accuracy of public knowledge about the extent, nature and impact of child abuse; and track community attitudes about the challenges facing children in relation to child abuse and child protection.

A nationally representative sample of 1,000 adults aged 18 years and over in Australia completed an online survey in November 2020 by EY Sweeney. A sample of telephone interviews were also conducted in order to compare key questions to historical results so as to calibrate the data if required given the shift from predominantly telephone surveying in 2009 to a predominantly online survey in 2020. This may impact some of the results.

FDSV definitions

- Child abuse is a broad term that involves the sexual and physical abuse of children; emotional and psychological abuse; and neglect. This can occur by perpetrators who are carers but can also include other family members who are not part of the household.
- Emotional and/or psychological abuse can be classified into the following five forms of parental behavioural patterns: rejection, ignoring, corrupting, terrorising, and isolating. A number of additional categories of emotional and psychological abuse have been identified and added to the definition, including scapegoating, parentification, verbal abuse, use of coercive control, shaming, denial or reality and emotional invalidation.
- Neglect describes the experiences for children when they are not attended to, poorly supervised and not provided with the basic provisions required to support children's development.
- Being forced to live with family violence is a pervasive form of child abuse.

Department of Social Services – 1800RESPECT

Type: Administrative

Frequency: Annual

Coverage: National

The Department of Social Services collects data on 1800RESPECT including number of contacts, type of contact (telephone and web chats) and user demographic information. Contact data includes every contact to the service, including hang-ups, pranks and wrong numbers.

Technical notes

- Contact data includes every contact to the service, including hang-ups, pranks and wrong numbers. With regards to gender, 'Other' includes people who do not identify as male or female, including intersex or people who choose not to disclose their gender. Not all contacts choose to disclose information.
- Comparisons between years are not recommended due to changes from media reporting of domestic violence incidents, advertising campaigns and service improvements.

Kids Helpline

Type: Administrative

Frequency: Annual (also available monthly, quarterly)

Coverage: National

Kids Helpline is a free national helpline that provides support for children and young people aged 5 to 25. It offers counselling via phone, email, and web chat. Children and young people contact Kids Helpline about diverse issues, including mental health, suicide, relationships (with family, peers and partners), child abuse and family violence, and bullying.

Data are available on the concerns discussed during Kids Helpline contact, including those related to family relationship concerns, child abuse and family violence, sexual violence and harassment concerns, dating and partner abuse concerns.

FDSV definitions

- Family relationship concerns include child-parent relationships, other family relationships.

- Child abuse and family violence concerns include emotional abuse, neglect of child, physical abuse, sexual abuse, exploitation by family member, exposure to family violence.
- Sexual violence and harassment concerns includes sexual assault or abuse, sexual harassment.
- Dating and partner abuse concerns include sexual offending.

Technical notes

- Yearly numbers reflect the number of times a concern type was raised during all counselling contacts. They do not reflect a count of unique individuals, counselling contacts or incidents.
- Each contact can include counselling for more than one concern type and/or the same concern type multiple times for different incidents discussed.
- Clients may also contact Kids Helpline more than once about the same incident. Concern type is counted separately in each of these instances.

Longitudinal Study of Australian Children (LSAC)

Type: Longitudinal survey

Frequency: Every 2 years

Coverage: National

The purpose of the LSAC is to provide data that enable a comprehensive understanding of development and life-course trajectories within Australia's current social, economic and cultural environment. The survey collects information from 2 cohorts, with the study sample comprising 5,100 children aged 3–15 months in 2004, and 4,900 children aged 4–5 in 2004. The study also collects information from the study child's parents (both resident and non-resident), carers and teachers. Children began participating in the study when they reached an appropriate age. Participants were a representative sample of children of those ages across Australia at the time.

The longitudinal nature of the study enables researchers to examine the dynamics of change through the life course as children develop, and to go beyond the static pictures provided by cross-sectional statistics. The study thereby gives government and researchers access to quality data about children's development in the contemporary Australian environment, as they develop through to adolescence and adulthood.

FDSV definitions

- Argumentative relationship data (questions for Parent 1 and Parent 2) have been collected since Wave 1 with the following domestic violence elements:
  - How often is there anger or hostility between you?

- How often do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving?
- Since Wave 4, the following question has been included for Parent 1 and Parent 2:
  - Have you ever been afraid of your partner?
- Since Wave 7, the following questions have been included for Parents (i.e., Parent 1, Parent 2 and Parent living elsewhere):
  - Have you ever been afraid of study child?
  - Are you currently afraid of study child?
  - How often is there anger or hostility between you and study child?
  - How often do you have arguments with study child that end up with people pushing, hitting, kicking or shoving?
- In Wave 7, LSAC collected data on parents' childhood adversity in terms of domestic violence and sexual abuse. The survey asked respondents whether they had experienced any of the following:
  - Your father physically abused your mother (punched, hit, kicked, etc.)
  - Your mother physically abused your father (e.g. punched, hit, kicked, etc.)
  - Your father verbally abused your mother (e.g. ridiculed, humiliated, etc.)
  - Your mother verbally abused your mother (e.g. ridiculed, humiliated, etc.)
  - You were verbally abused, ridiculed or humiliated by a parent
  - You received frequent beatings or too much physical punishment (e.g. hitting, smacking)
  - You were sexually abused by someone in your family living in the household
  - You were sexually abused by someone in your family not living in the household.
- In Wave 8, LSAC collected data on intimate partner violence and abuse among K cohort respondents aged 18-19 who had indicated having been in a romantic relationship since age 16. The survey asked respondents whether they had experienced any of the following from a current or former partner in the past 12 months:
  - Blamed you for causing their violent behaviour
  - Tried to convince your family, children or friends that you are crazy or turn them against you
  - Followed you or hung around outside your house
  - Threatened to harm or kill you or someone close to you
  - Harassed you over the phone, by text, email or using social media
  - Told you you were crazy, stupid or not good enough
  - Tried to keep you from seeing or talking to your family or friends
  - Kept you from having access to a job, money or financial resources

- Shook, pushed, grabbed or threw you
- Used or threatened to use a knife or gun or other weapon to harm you
- Choked you
- Hit or tried to hit you with a fist or object, kicked or bit you
- Confined or locked you in a room or other space
- Made you perform sex acts that you did not want to perform
- Forced or tried to force you to have sex.

Longitudinal Study of Indigenous Children (LSIC)

Type: Longitudinal survey

Frequency: Annual

Coverage: National

The Longitudinal Study of Indigenous Children (LSIC) follows the development of around 1,700 Aboriginal and Torres Strait Islander children and their families across urban, regional and remote Australia. The study provides a data resource that can be drawn on by government, researchers, service providers, parents and communities. It is one of the largest longitudinal studies of Indigenous people worldwide. LSIC aims to improve understanding of the lives of Aboriginal and Torres Strait Islander children, their families and communities to inform better policy and program development. LSIC is not based on a representative sample.

National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)

Type: Survey

Frequency: Every 6–8 years

Coverage: National

The NATSIHS collected information from Aboriginal and Torres Strait Islander people of all ages in non-remote and remote areas of Australia, including discrete Aboriginal and Torres Strait Islander people communities. The scope of the survey was all Aboriginal and Torres Strait Islander people living in private dwellings.

The survey was designed to produce reliable estimates for the whole of Australia, for each state and territory and for remoteness areas. The survey sample had 2 parts – a community sample, made up of discrete Indigenous communities, including any

outstations associated with them, and a non-community sample, made up of persons in private dwellings within areas outside of Indigenous communities. Each part used a multi-stage sampling process to ensure the representativeness of the final sample.

FDSV definitions

- Respondents were asked to provide information on their experiences of physical and threatened physical harm in the previous 12 months. Physical harm refers to any incident where a person was physically hurt or harmed by someone on purpose, including physical fights. Other forms of abuse (e.g. sexual, emotional, psychological) are not included. Threatened physical harm refers to threats of physical harm that occurred either face-to-face or non-face-to-face (e.g. via instant message/social networking sites, text message, phone, email or writing).
- A person is considered to have experienced family and domestic violence within the context of the survey if they identified an intimate partner or family member as an offender. An intimate partner is a current partner (husband/wife/defacto); previous partner (husband/wife/defacto), boyfriend/girlfriend/ex-boyfriend/ex-girlfriend, or date.
- A family member is a parent, child, sibling, or other family member.

Technical notes

- Experiences of harm are likely to be under-reported. While the relationship to offender data items can provide an indication of the number of people who have experienced physical harm or face-to-face threatened physical harm, the data do not provide a complete picture of physical harm, or the prevalence of family and domestic violence.
- Interviews are conducted face-to-face with a trained interviewer, but there is no requirement for a private interview setting. People may be less likely to disclose any experiences of physical harm or threatened physical harm by an intimate partner or family member if the offender is present in the home at the time of the interview.
- Some people who have experienced physical harm or threatened physical harm may not have wished to disclose this to the interviewer for other reasons.

National Aboriginal and Torres Strait Islander Social Survey (NATSISS)

Type: Survey

Frequency: TBC

Coverage: National

The NATSISS includes all Aboriginal and Torres Strait Islander people residing in private dwellings in Australia. This includes houses, flats, home units and other structures used as private places of residence at the time of the survey. People who usually reside in non-private dwellings, such as hotels, motels, hostels, hospitals, nursing homes, and short-stay caravan parks were not in scope. Usual residents are those who usually live in a particular dwelling and regard it as their own or main home. Visitors to private dwellings that had been resident six months or longer were included.

The survey was conducted in remote and non-remote areas in all states and territories of Australia, including discrete Aboriginal and Torres Strait Islander people communities. It was designed to produce reliable estimates at the national level and for each state and territory. Additional sample was collected in the Torres Strait Area, to ensure data of sufficient quality for the Torres Strait Area and the remainder of Queensland.

FDSV definitions

- Respondents were asked to provide information on their experiences of physical violence or threats of physical violence in the previous 12 months. Due to the sensitive nature of the questions, responses were not compulsory, and a person may have chosen not to answer some or any questions.
- Physical violence refers to any incident that involves physical assault, which is the use of physical force by a person with the intent to harm or frighten another person. It includes being pushed, shoved, hit or attacked with a weapon. In remote areas, respondents were asked whether anyone started a fight with them or beat them up. Other forms of abuse (e.g. sexual, emotional, psychological) are not included.
- Respondents who indicated they had experienced physical violence were asked for more information about their most recent experience, including their relationship to the perpetrator. If the respondent identified an intimate partner or family member as a perpetrator, then they are considered to have experienced family and domestic violence. Respondents were able to identify more than one perpetrator where necessary.
- An intimate partner is a current partner (husband/wife/defacto); previous partner (husband/wife/defacto), boyfriend/girlfriend/ex-boyfriend/ex-girlfriend, or date.
- A family member is a parent, child, sibling, or other family member.

Technical notes

- Family and domestic violence data are based on the respondent's most recent experience of physical violence. This means some experiences of family and domestic violence are not included. It also means it is not possible to estimate the overall prevalence of family and domestic violence.
- Respondents were also asked whether they had experienced threats of physical violence. Those who had experienced threats of physical violence were not asked about their relationship to the perpetrator, so it is not possible to identify threats of physical violence made by intimate partners or family members.

National Ambulance Surveillance System

Type: Administrative

Frequency: Ongoing

Coverage: Sub-national

The National Ambulance Surveillance System (NASS) is a world-first public health monitoring system providing timely and comprehensive data on ambulance attendances in Australia. The NASS is a partnership between Turning Point, Monash University and state or territory ambulance services across Australia. The NASS collates and codes monthly ambulance attendances data for participating states and territories for self-harm behaviours (suicidal ideation, suicide attempt, death by suicide, and intentional self-injury), mental health, and alcohol and other drug-related attendances. These coded data are routinely managed by AIHW.

Data are extracted from electronic data collection systems used by paramedics to record the details of ambulances attendances, with data currently available for all jurisdictions except Western Australia, South Australia, and the Northern Territory, due to system constraints. Not all ambulance attendances are included – only attendances for alcohol and other drug, self-harm and mental health related harms are included.

This report includes data from a pilot study, funded by the Australian Institute of Criminology, that developed and coded a violence module.

FDSV definitions

- The violence module includes details about violence contributing to, or associated with, ambulance attendances, including the characteristics of violent incidents, the type of violence, the relationships between people who use violence (perpetrators) and victims and whether AOD, mental health or self-harm were also associated with the attendance. Information contained in the clinical record is based on clinical assessment, patient self-report, details given by third parties during the attendance, and other evidence available at the scene.

- The violence-module does not include all violence, only incidents where an ambulance attended, which therefore relates to more severe incidents involving acute harm. It does include violence that did not involve police attendance or where no police report was made, providing additional data for this subset of violence.
- Ambulance attendances are separately recorded for the victim and/or perpetrator of the violence, to address the harms they are experiencing. Not all perpetrators will experience acute harms themselves and therefore the data capture only a subset of perpetrators for violence-related ambulance attendances.

Technical notes

- Information from the paramedic clinical assessment, patient self-report, third parties and other evidence at the scene was used to determine whether violence, alcohol and other drug use (AOD), mental health or self-harm contributed to the ambulance attendance.
- AOD-related attendances are those involving the over or inappropriate use of a substance.
  - Attendances involving any alcohol were classified as 'alcohol-involved'. A subset of these attendances, classified as 'alcohol intoxication', were determined by paramedic clinical assessment of intoxication, supported by the reported alcohol quantity consumed. This is not based on analysis of blood alcohol concentration.
  - Attendances involving pharmaceutical drugs related to the consumption of pharmaceutical medications contradictory to prescriber or manufacturer instructions.
  - Attendances involving illicit drugs related to any consumption of the drug.
- Self-harm-related ambulance attendances can include self-injurious thoughts and behaviours:
  - threat of non-suicidal self-injury (non-fatal self-inflicted injury, without lethal intent)
  - non-suicidal self-injury (non-fatal self-inflicted injury, without lethal intent)
  - suicidal ideation (thinking about killing oneself, without acting on the thoughts)
  - suicide attempt (non-fatal self-inflicted injury with lethal intent).
- Mental health-related attendances involve current, identifiable mental health symptoms. They do not require a diagnosis to be reported. Symptoms are classified as:
  - anxiety (overwhelming and intrusive worry)
  - depression (low mood, feelings of hopelessness, despair, worthlessness, anhedonia, change in sleep and appetite)
  - psychosis (hallucinations or delusions)
  - medically induced, where there is evidence that the presenting mental health symptoms are related to a medical condition, rather than a mental health

disorder. For example, medical conditions such as head injury, delirium, diabetes, neurodevelopmental disorders such as autism spectrum disorders and attention deficit hyperactivity disorder and neurocognition disorders such as dementia.

  - social or emotional distress, where patient distress is intrusive to paramedic assessment and treatment and/or the patient is unable to complete activities of daily living (without the presence of other mental health symptoms)
  - other (mental health symptoms otherwise unspecified).

National Community Attitudes towards violence against Women Survey (NCAS)

Type: Survey

Frequency: Every 4 years

Coverage: National

The NCAS is a periodic, representative survey of the Australian population. It was most recently conducted by Australia's National Research Organisation for Women's Safety in 2021, with results released in 2023. The 2021 NCAS sample consisted of 19,100 Australians aged 16 years or over, who were interviewed via mobile telephone. It was conducted from February – July 2021 and asked participants about their:

- knowledge of violence against women;
- attitudes towards gender equality;
- attitudes towards violence against women; and
- intentions should they witness (or be bystanders to) abuse or disrespect towards women.

The 2021 NCAS reports on three main scales:

- the Understanding of Violence against Women Scale (UVAWS), which measures recognition of problematic behaviours as violence and understanding of the gendered nature of violence against women;
- the Attitudes towards Gender Inequality Scale (AGIS), which measures rejection of problematic attitudes regarding gender inequality; and
- the Attitudes towards Violence against Women Scale (AVAWS), which measures rejection of problematic attitudes regarding violence against women.

Data weighting was conducted to strengthen confidence that the survey results accurately represent the Australian population.

FDSV definitions

- Attitudes are the evaluations of a particular subject (e.g. person, object, concept) that usually exist along a continuum from less to more favourable. The NCAS measures attitudes towards violence against women, including attitudes towards specific types of violence such as domestic violence and sexual violence, as well as attitudes towards gender inequality.
- Gender equality relates to equal opportunities for all genders to access social, economic and political resources, including legislative protection. Effectively, it describes equality of opportunity.
- Violence against women is violence that is specifically directed against a woman because she is a woman or that affects women disproportionately. It includes any act of violence based on or driven by gender that causes, or could cause, physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life.
- Domestic violence refers to violence within current or past intimate partner relationships, which causes physical, sexual or psychological harm. Domestic violence can include physical, sexual, emotional, psychological and financial abuse, and often occurs as a pattern of behaviour involving coercive control. The term 'domestic violence' is often used interchangeably with "intimate partner violence". Domestic violence is used in the NCAS report, as many historical NCAS items use this terminology to describe violence between partners.
- Family violence is a broader term than domestic violence and refers not only to violence between intimate partners but also to violence between family members. For Aboriginal and Torres Strait Islander people and communities, family violence encapsulates the broader issue of violence within extended families, kinship networks and community relationships, as well as intergenerational issues. Family may also refer to chosen families, as found in LGBTQ+ communities
- Sexual violence is an umbrella term that encompasses sexual activity without consent being obtained or freely given. It occurs any time a person is forced, coerced or manipulated into any unwanted sexual activity, such as touching, sexual harassment and intimidation, forced marriage, trafficking for the purpose of sexual exploitation, sexual abuse, sexual assault and rape.
- Sexual assault is a form of sexual violence, and refers to sexual activity that happens where consent is not freely given or obtained, is withdrawn or the person is unable to consent due to their age or other factors. Sexual assault occurs any time a person is forced, coerced or manipulated into any sexual activity, including coercing a person to engage in sexualised touching, kissing, rape and pornography.
- Physical violence is the use or threat of physical force with the intent to cause physical or psychological harm, such as physical injury, intimidation or fear. 'Violence against women' is broader than 'physical violence' and can include other forms of abuse and coercive control.

- Emotional and psychological abuse are forms of abuse that may include verbal, non-verbal or physical acts by the perpetrator that are intended to exercise dominance, control or coercion over the victim; degrade the victim's emotional or cognitive abilities or sense of self-worth; or induce feelings of fear and intimidation in the victim.
- Financial abuse is a type of violence that often occurs alongside other types of domestic violence, such as physical or emotional abuse. It involves using money in ways to cause harm, such as by withholding funds, preventing a person being involved in financial decisions that affect them, preventing them from getting a job, controlling all household spending and many other tactics to restrict a victim's and survivor's freedom and independence.

Technical notes

- The UVAWS, AGIS and AVAWS are reported as mean scores from 0 to 100. Higher scores are indicative of higher understanding (UVAWS) or greater rejection of problematic behaviours (AGIS and AVAWS) and are more desirable.
- "Advanced" understanding in the Understanding Violence Against Women Scale (UVAWS) is defined as answering "yes, always" to at least 75% of items and "yes, usually" to remaining items in the UVAWS.
- In the 2021 NCAS, data relating to gender is reported for 3 categories of gender: men, women and non-binary. This was the first year that results were reported for non-binary respondents. Non-binary respondents are those who explicitly identified as non-binary or those who provided another response that was consistent with a gender identity outside the gender binary. For reporting purposes, "Persons" is used to refer to all respondents.

National Student Safety Survey (NSSS)

Type: Survey

Frequency: Every 5 years

Coverage: National

The 2021 National Student Safety Survey (NSSS) was undertaken online from 6 September 2021 to 3 October 2021. Students from Universities Australia universities across Australia participated in the survey. The in-scope population for the survey was students studying at Australian universities aged 18 years and over. A total of 43,819 student participated in the survey for a completion rate of 11.6%. The NSSS survey is not considered representative of university students aged as it used a convenience sample based on voluntary survey completion and online recruitment and completion.

Students were eligible to participate in the survey if they were:

- currently enrolled in an undergraduate, a postgraduate by coursework or a postgraduate by research course
- studying onshore, that is students who were either attending onshore campuses of an Australian higher education provider or residing in Australia for the term/semester and undertaking an external program of study at an institution via distance education or online
- international students who had intended to study onshore but were located offshore studying online due to COVID-19 restrictions
- aged 18 years or over as of 31 May 2021.

FDSV definitions

- Sexual harassment is defined as any unwelcome sexual advance, request for sexual favours or conduct of a sexual nature in relation to the person harassed in circumstances where a reasonable person would have anticipated the possibility that the person harassed would be offended, humiliated or intimidated.
- The NSSS defines sexual assault as any unwanted sexual acts or sexual contact that happened in circumstances where a person was either forced, threatened, pressured, tricked, or no effort was made to check whether there was agreement to the act, including in circumstances where a person was asleep or affected by drugs or alcohol.
- Sexual acts and contact included those that may constitute either sexual assault and/or rape in Australian states and territories such as pinching, grabbing or fondling of a person's sexual body parts, sexual kissing, and/or any sexual penetration (whether oral, vaginal or anal).

Technical notes

An Australian university context refers to any kind of event, place, or social occasion that was arranged or supported by an Australian university, or where students or staff from a person's university were present. This includes both on and off campus.

National Survey of Australian Secondary Students and Sexual Health (SSASH)

Type: Survey

Frequency: Every 5 years

Coverage: National

The 7th National Survey of Australian Secondary Students and Sexual Health (SSASH survey) conducted in 2021 surveyed about 6,800 secondary school students aged 14–18

years. The SSASH survey is not considered representative of all secondary school students aged 14–18 as it used a convenience sample based on voluntary survey completion and online recruitment and completion.

Technical notes

The term LGBQ+ used in the study refers to people who identified their sexual orientation as lesbian, gay, bisexual, unsure, or a different term (other than heterosexual). Trans and non-binary is used as an umbrella term to refer to people who identified their gender as transgender, non-binary or a different term to describe non-cisgender identity.

Private Lives 3 survey

Type: Survey

Frequency: 2005, 2011, 2019

Coverage: National

La Trobe University's research series, Private Lives, is currently the largest national survey focussed on the health and wellbeing of LGBTIQ people. In 2019, Private Lives 3 collected FDSV data from 6,835 LGBTIQ respondents aged 18 to 80+ years from a wide range of gender identities and sexual orientations. The survey was advertised through a combination of paid targeted advertising on social media platforms and through LGBTIQ community organisations. A press release was also sent to the Private Lives 3 Expert Advisory Group, professional networks including those of LGBTIQ Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds, and LGBTIQ organisations including Intersex Peer Support Australia, the National LGBTI Health Alliance, the Diversity Department of Health and Human Services, ACON, Thorne Harbour Health, LGBTIQ offices and organisations in universities throughout Australia, as well as other government and non-government organisations.

As Private Lives 3 uses a non-probability convenience sample, the results may not be representative of the Australian LGBTIQA+ population and cannot be generalised to this population group. However, the data from this survey represent the largest and most diverse sample of LGBTIQ people ever surveyed in Australia and can provide valuable insight.

FDSV definitions

- Intimate partner violence refers to forms of violence (such as verbal, physical, sexual or psychological) that occur within the context of an intimate (a close, though not necessarily sexual) relationship, such as a marriage, a de facto partnership or other kinds of less formal relationships,

- Family violence refers to forms of violence within a family, which may include immediate family, extended family or broader kinship networks.
- Violence was identified in the survey by asking respondents whether they had experienced:
  - physical violence (e.g., hitting, throwing heavy objects or threats and physical intimidation regardless of whether an injury resulted)
  - verbal abuse (e.g., regular criticism, insults or demeaning language) y sexual assault (e.g., undesired sexual behaviour through force or other means)
  - financial abuse (e.g., had money stolen or access controlled, prevented from working or studying, had debts accrued by them in your name)
  - emotional abuse (e.g., regularly manipulated, humiliated in front of others, gaslighted, bullied, blamed for abuse)
  - harassment or stalking (e.g., monitoring movements, coerced into a relationship commitment or religious practice, forced to stop practicing your own religious or spiritual practices)
  - property damage (e.g., destroying or threatening to destroy possessions or property, including pets)
  - social isolation (e.g., made it difficult to see friends, family or community)
  - threats of self-harm or suicide (e.g., partner or family member threatened self-harm or suicide)
  - LGBTIQ-related abuse (e.g., shamed you about being LGBTIQ, threatened to 'out' you or your HIV status, withheld hormones or medication)
  - 'other'.

Technical notes

- Overall, the sexual orientation of respondents was categorised as lesbian, gay, bisexual, pansexual, queer, asexual or something else. Although respondents were offered, and selected a wide range of sexual orientations, for data analysis purposes and due to relatively low numbers in each of the following groups, respondents who identified as 'homosexual', 'prefer not to have a label' or 'something different' were combined into the 'something else' category. This was also done for trans and gender diverse respondents and those with an intersex variation/s who identified as 'heterosexual.'
- Due to the relatively small sample size of respondents with an intersex variation/s (n=47), statistically meaningful comparisons with other respondents cannot be made. For that reason, direct comparisons are not made between this group and gender identity or sexual orientation groups and, the acronym LGBTQ+ is used when referring to the Private Lives 3 results.

Report on Government Services – Courts

Type: Administrative

Frequency: Annual

Coverage: National

The Report on Government Services includes data for the Federal Court, the Family Court of Australia and the Federal Circuit Court, the criminal and civil jurisdictions of the supreme courts (including probate registries), district/county courts, magistrates' courts (including children's courts), coroners' courts and the Family Court of WA.

Technical notes

- In Tasmania, police can issue Police Family Violence Orders (PFVOs) which are more numerous than court-issued orders. PFVOs are excluded from the data.
- Data on all finalised applications involving a domestic or family violence related protection order includes originating applications only.

Serious Incident Response Scheme

Type: Administrative

Frequency: Quarterly

Coverage: National

When unlawful sexual contact or inappropriate sexual conduct is detected within residential aged care facilities, providers must notify the Aged Care Quality and Safety Commission. The incident notifications are reviewed and assessed within 24 hours to ensure appropriate responses by providers. Quarterly data on these notifications are available via the Serious Incident Response Scheme from October 2021.

FDSV definitions

- Unlawful sexual contact or inappropriate sexual conduct includes:
  - any contact or conduct of a sexual nature towards a consumer by a staff member or volunteer on duty, regardless of whether the consumer consented
  - any touching of the consumer’s genital area, anal area or breast by a staff member or volunteer on duty where this is not necessary to provide care or services to the consumer, regardless of whether the consumer consented to the touching

  - any non-consensual contact or conduct of a sexual nature by any person, including but not limited to sexual assault, an act of indecency or sharing of an intimate image of the consumer
  - any conduct toward the consumer with the intention of making it easier to influence the consumer to engage in sexual contact or conduct.
- Where an incident involves actual, suspected or alleged unlawful sexual contact, this **must be reported to the police immediately**.

Services Australia customer data – Crisis payments

Type: Administrative

Frequency: Annual

Coverage: National

Services Australia collects data on Crisis Payments for people who are receiving, or eligible to receive, an income support or ABSTUDY Living Allowance, who have experienced changes to their living circumstances due to family and domestic violence and are in severe financial hardship. Data are collected on the number of claims granted and rejected, home situation (victim left home, victim remains in home, perpetrator left home), and the demographic details of the claimant.

FDSV definitions

- A person claiming Crisis Payment for Extreme Circumstances of Family and Domestic Violence must:
  - be qualified (and payable) for income support (income support recipients);
  - be in severe financial hardship;
  - have left their home permanently and be unable to return home because of an extreme circumstance, such as family and domestic violence, and have established or intend to establish a new home, or have remained in their home following family and domestic violence and the family member responsible has left or been removed from the home; and
  - must have submitted their claim within 7 days after the extreme circumstance related to family and domestic violence occurred. In recognition that a claimant who has left their home due to family or domestic violence may be suffering from trauma, the 7-day claim period does not commence until they decide they cannot return to their home.

Technical notes

- A person can be granted a Crisis Payment due to being unable to return home and/or remaining in their home following removal of the family member up to four

times in a 12-month period. As a result, count of payments may include multiple payments made to the same person.

- In this collection, gender is recorded as 'male' or 'female'. In December 2022, Services Australia implemented a change in the Centrelink system to recognise gender other than the sex assigned at birth or during infancy, or a gender which is not exclusively male or female. Until such a time that the privacy and confidentialisation of all individuals can be confirmed, persons identifying as 'non-binary' will be reported in total counts and grouped with 'females' when reporting by sex.
- 'Persons' includes claims granted for all people.
- Income support includes:
  - Age Pension
  - Youth Allowance as a job seeker, student or Australian Apprentice, ABSTUDY (Living Allowance), Austudy
  - JobSeeker Payment (from 20 March 2020), Newstart Allowance (closed 20 March 2020)
  - Parenting Payment Single and Parenting Payment Partnered
  - Disability Support Pension and Carer Payment
  - Other small payments: Special Benefit and payments that have now ceased (including Partner and Widow Allowance to January 2022, Wife Pension to March 2020, and Sickness Allowance to September 2020).
- ABSTUDY is a group of means-tested payments (which may include a living allowance and/or other supplementary benefits) for eligible Aboriginal and Torres Strait Islander students and apprentices who are in an approved course, Australian Apprenticeship or traineeship.
- The total number of people receiving income support was calculated using the DSS Benefit and Payment Recipient Demographics – December 2022. Data from the non-expanded data file were used. From July 2023 onwards, only expanded data are available, so the proportion of people receiving income support who received an FDV crisis payment from July 2023 onwards will not be comparable to previous time periods.
- Changes to eligibility for income support payments over time will affect the number of claims for Crisis Payments that are made.
- Changes to the claims process, including implementation and enhancements of an online claim system and changes to the referral process, may impact interpretation of time series data. For example, in June 2020, changes were made to the online claims system, which allowed FDV crisis payment claims to be submitted as an online claim rather than as paper claim form.

Workplace Agreements Database

Type: Administrative

Frequency: Ongoing

Coverage: National

The Workplace Agreements Database provides data on developments in coverage, wage increases and conditions of employment included in collective agreements. The database contains information about 160,000 agreements. On average, 6000 agreements are added each year.

Data from the Workplace Agreements Database are available to report on the number of agreements approved that contain an entitlement to paid FDV leave, and the number of people covered by these agreements. These data are only available from 2016 and cannot be used to show the uptake of leave entitlements.

From August 2023, all employees covered by the National Employment Standards are entitled to 10 days of paid FDV leave.

Technical notes

Female/male statistics are not available for every agreement, so these will not sum to the total number figure.

Workplace Gender Equality Agency (WGEA) data

Type: Census

Frequency: Annual

Coverage: National

The WGEA is an Australian Government statutory agency charged with promoting and improving gender equality in Australian workplaces. Under the Workplace Gender Equality Act (Cth) 2012, non-public sector employers with 100 or more employees must report to WGEA annually on six gender equality indicators:

- workforce gender composition
- gender composition of governing bodies
- equal remuneration between women and men
- availability and utility of employment terms, conditions and practices relating to flexible working arrangements for employees and to working arrangements supporting employees with family or caring responsibilities
- consultation with employees on issues concerning gender equality in the workforce

- sex-based harassment and discrimination.

In 2022, data were available from 4,800 employers, covering 4.5 million employees for the period 1 April 2021 to 31 March 2022.

From 2023, the reporting program for the public sector is mandatory from 2023 for eligible federal public sector employers.

Other sources

Definitions and technical notes are currently not available for the following data sources:

- AFP reports of human trafficking and slavery data
- AIC survey of mobile dating app or website use
- Australian Government Department of Social Services National Redress Scheme data
- Australian Red Cross Support for Trafficked People Program data
- KPMG analysis of various data sources
- The Sentencing Advisory Council of Victoria, Sentencing data

Glossary

ableism: A term used to capture the way that the construction of social systems with able bodied people as the norm results in the systemic, structural, intersecting and individual forms of discrimination against, and exclusion of, people with disability.

Aboriginal or Torres Strait Islander (First Nations): People who have identified themselves, or have been identified by a representative (for example, their parent or guardian), as being of Aboriginal and/or Torres Strait Islander origin. When referring to Aboriginal and Torres Strait Islander population groups, First Nations people is the preferred term. See also **Indigenous status**.

administrative data: Data that are collected for the purposes of delivering a service or paying the provider of the service. This type of collection is usually complete (all in-scope events are collected), but it may not be fully suitable for population-level analysis because the data are collected primarily for an administrative purpose.

adolescent family violence: Violence used by children and young people against family members, including physical, emotional, financial and sexual abuse.

adverse childhood experiences: Potentially traumatic events that occur in childhood and can have negative lasting effects on multiple domains of functioning (e.g. health and wellbeing).

age-standardised rate: Rate for which the influence of age is removed by converting the age structures of the different populations to the same 'standard' structure. This provides a more valid way to compare rates from populations with different age structures. Rates can be expressed in many ways, examples, per 100,000 population and per 1,000 population.

burden of disease (and injury): The quantified impact of a disease or injury on a population, using the **disability-adjusted life years** (**DALYs**) measure.

child maltreatment: The abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

cisgenderism: A structural stigma that positions expansive expressions of gender as a problem, ignores the validity of non-binary genders and seeks to enforce traditional gender roles and inequalities. Cisgenderism is sometimes referred to as cisnormativity and cissexism.

coercive control: A pattern of controlling behaviour used by a perpetrator to establish and maintain control over another person. Coercive control is almost always an underlying dynamic of **family and domestic violence** and **intimate partner violence**, and is used to deprive another person of liberty, autonomy and agency.

cohabiting partner: A partner the person lives with, or has lived with at some point, in a married or de facto relationship.

confidence interval: A statistical term describing a range (interval) of values within which we can be 'confident' that the true value lies, usually because it has a 95% or higher chance of doing so.

consent: A person freely and voluntarily agreeing to participate in an interaction. Consent can relate to a wide range of issues including medical procedures, the use of personal information and images, and physical and sexual interactions.

corporal punishment: The use of physical force with the intention of causing a child to experience pain or discomfort to correct or punish a child's behaviour.

cross-sectional data: Data that represent a particular population at a specific time.

cultural competency: The ability to understand, communicate and effectively interact across cultures at an individual and organisational level.

dating violence: Violent or intimidating behaviours perpetrated by an intimate partner a person does not live with, or has never lived with, such as a boyfriend, girlfriend or date.

defendant: A person who has been charged with a criminal offence.

disability: Umbrella term for any or all of: an impairment of body structure or function; a limitation in activities; or a restriction in participation. Disability is a multidimensional concept and is considered as an interaction between health conditions and personal and environmental factors.

domestic homicide: Unlawful killing of a family member or other person in a domestic relationship, including people who have an intimate relationship.

domestic violence order: A civil order issued by a court that seeks to protect a person from domestic violence by setting out specific conditions that must be obeyed. Domestic violence orders can also be referred to as Apprehended Domestic Violence Orders, Family Violence Intervention Orders, Intervention Orders and Family Violence Orders .

dowry abuse: Any act of coercion, violence or harassment associated with the giving or receiving of dowry at any time before, during or after marriage. Dowry is a practice referring to money, property or gifts that are typically transferred by a woman's family to her husband upon marriage. Dowry abuse commonly involves claims that dowry was not paid and coercive demands for further money or gifts from a woman and her extended family.

early intervention: A response (also known as secondary prevention) that aims to identify and support individuals and families experiencing, or at risk of, violence to stop the violence from escalating, protect victim-survivors from harm and prevent violence from reoccurring.

elder abuse: 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. Elder abuse can take various forms, including physical, psychological, financial and sexual abuse, as well as neglect.

emotional abuse: Behaviours or actions that are perpetrated with the intent to manipulate, control, isolate or intimidate, and which cause emotional harm or fear. Can 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. For child protection reporting, **emotional abuse refers** to any act by a person having the care of a child that results in the child suffering any significant emotional deprivation or trauma. Children affected by exposure to family violence are also included in this category.

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

family violence: see **family and domestic violence**.

financial abuse: A pattern of control, exploitation or sabotage of money, finances and economic resources, which affects a person’s ability to obtain, use or maintain economic resources, threatening their economic security and potential for self-sufficiency and independence.

First Nations people: People who have identified themselves, or have been identified by a representative (for example, their parent or guardian), as being of Aboriginal and/or Torres Strait Islander origin.

forced marriage: Situations where a person is married without freely and fully consenting. This may involve a person being forced to marry through threats, deception and/or coercion including psychological and emotional pressure and/or abuse. A marriage is also considered forced when a person is incapable of understanding the implications of marriage or a marriage ceremony for reasons including age or mental capacity. Arranged marriages, where both parties provide ongoing consent to their marriage being organised by a third party or family members, are not considered forced marriage.

gender: Gender is a social and cultural concept. It is about social and cultural identity, expression and experience as a man, woman or non-binary person. Gender identity is about who a person feels themself to be. Gender expression is the way a person expresses their gender; a person's gender expression may also vary depending on the context, for instance expressing different genders at work and home. Gender experience describes a person’s alignment with the gender presumed for them at birth, i.e. a cis experience or a trans experience.

gender inequality: A social condition characterised by unequal value afforded to men and women and an unequal distribution of power, resources and opportunity between them.

heteronormativity: A suite of cultural, legal and institutional practices that work to explicitly privilege relationships between 'men' and 'women' as the only 'normal' and 'natural' form of relationship.

homicide: The unlawful killing of a person including cases where a person is charged with murder or manslaughter or where a death is classed as a homicide by police.

Indigenous status: The First Nations status of a person, when collected using the Indigenous status data standard. See also **First Nations** and **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 current or former intimate partners, including cohabiting partner, boyfriend, girlfriend or date. See also **partner violence.**

kidnapping and abduction: The unlawful taking away or confinement of a person against that person's will, or against the will of any parent, guardian or other person having lawful custody or care of that person.

LGBTIQA+: Lesbian, gay, bisexual, transgender, intersex, queer, asexual people, or people otherwise diverse in gender, sex or sexual orientation.

longitudinal data: Data that is collected on the same people repeatedly over time.

mainstream services: Services available in the community that may be accessed by someone experiencing FDSV. These services may have a broader scope than FDSV, and can include health and welfare, and justice services.

manslaughter: An unlawful killing while deprived of the power of self-control by provocation, or under circumstances amounting to diminished responsibility or without intent to kill, as a result of a careless, reckless, negligent, unlawful or dangerous act (other than the act of driving).

#Metoo: A global movement that seeks to raise awareness on sexual and gender-based violence. The phrase is still used on social media as a sign of solidarity for victim-survivors of sexual harassment and assault.

migrant: A person who was born overseas whose usual residence is Australia. A person is regarded as a usual resident if they have been (or are expected to be) residing in Australia for a period of 12 months or more, with the exception of foreign diplomatic personnel and their families.

murder: An unlawful killing where there is: intent to kill; intent to cause grievous bodily harm, with the knowledge that it was probable that death or grievous bodily harm would occur; and/or no intent to kill but it occurs in the course of committing a crime.

neglect: any serious acts or omissions by a carer that constitute a failure to provide necessary care and support to the person receiving care (e.g. dependent adults or children). For example, for child protection reporting, neglect refers to serious acts or omissions by a person having the care of a child that, within the bounds of cultural tradition, constitute a failure to provide conditions that are essential for the healthy physical and emotional development of a child.

offender: A person aged 10 years or over who is proceeded against and recorded by police for one or more criminal offences. People aged 10-17 may be referred to as 'youth offenders'.

out of home care: Overnight care for children aged under 18 for which there is ongoing case management and financial payment (including where a financial payment has been offered but has been declined by the carer).

partner violence: Violent or intimidating behaviours perpetrated by a current or former **cohabiting partner**. See also **intimate partner violence**.

perinatal: Describes something that pertains to, or that occurred in, the period shortly before or after birth (usually up to 28 days after).

people who have experienced FDSV: Generally used to describe people who have had FDSV used against them. However, in some instances where detailed information is not available, the term may also be used to refer collectively to those who have had violence used against them and those who use violence. People who have experienced FDSV are sometimes referred to as **victims**, **victim-survivors** or **survivors**.

people who use violence: A broad and inclusive term used to describe people who use violent and harmful behaviours against others. It extends to children and young people who use violence. Adults who use violence are often referred to as **perpetrators**.

perpetrator: An adult (aged 18 years and over) who uses, or has used, violence against others.

physical violence: Non-accidental physical act inflicted on a person by another person. 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. For some data sources, the term **physical abuse** is used to refer to physical violence in specific contexts or for a certain age group, such as elder abuse or child abuse. For example: in the Personal Safety Survey, physical abuse refers only to incidents that occurred before the age of 15; for child protection reporting, **physical abuse** refers to any non-accidental physical act inflicted upon a child by a person having the care of a child.

post-traumatic stress disorder (PTSD): The development of a set of reactions in people who have experienced a traumatic event that might have threatened their life or safety, or others around them. Examples of traumatic events can include war or torture, serious accidents, physical or sexual assault, or disasters. A person who has PTSD can experience feelings of helplessness, horror or intense fear.

pregnant people: A gender-neutral term that may be used to refer to all people who were pregnant, regardless of their gender identity (including for example, people who identify as women, transgender or non-binary).

prevalence: The number or proportion of cases, instances or events in a population at a given time.

prevention: Prevention means stopping violence from occurring by addressing its underlying drivers. This requires changing the social conditions that give rise to this violence, and reforming the institutions and systems that excuse, justify or even promote such violence.

primary health care: The entry level to the health system that is usually a person's first encounter with the health system. It includes a broad range of activities and services that are delivered outside the hospital setting – from health promotion and prevention, to treatment and management of acute and chronic conditions. The primary health care workforce is large and diverse, and includes general practitioners, nurses, and a range of allied health professionals such as chiropractors, optometrists, pharmacists and physiotherapists.

principal offences: The 'most serious' offence for a defendant. The principal offence is based on how the defendant's offences were finalised, the most serious sentence type with the largest sentence length or fine amount, and the hierarchy of the National Offence Index 2018, which provides an ordinal ranking of offence categories in the Australian and New Zealand Standard Offence Classification (ANZSOC) according to perceived seriousness.

protective factors: Factors that enhance the likelihood of positive outcomes and lessen the chance of negative consequences from exposure to risk.

racism: The process by which systems and policies, actions and attitudes create inequitable opportunities and outcomes for people based on race. It occurs when prejudice in thought or action – whether individual or institutional – is accompanied by the power to discriminate against, oppress or limit the rights of others.

recovery: The ongoing process that aims to assist victim-survivors. Recovery services support victim-survivors to be safe, healthy and resilient, to have economic security, and to have post-traumatic growth. This support helps victim-survivors to recover from the financial, social, psychological and physical impacts of violence.

redress scheme: A scheme under which a person is offered compensation for a wrong or grievance. For example, the National Redress Scheme provides redress to people who experienced institutional child sexual abuse, which can include access to counselling, a redress payment and a direct personal response.

refugee: A person who is subject to persecution in their home country and in need of resettlement. The majority of individuals considered to be a refugee are identified by the United Nations High Commissioner for Refugees (UNHCR) and referred by the UNHCR to Australia.

relative standard error: The standard error of an estimate divided by the estimate multiplied by 100. The relative standard error is displayed as a percentage. A standard error is a measure of sampling error that indicates the degree to which an estimate may differ from one sample to another.

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.

reproductive coercion and abuse: Any interference with a person’s reproductive autonomy that seeks to control if and when they become pregnant, and whether the pregnancy is maintained or terminated. It may include pregnancy coercion, birth control sabotage or controlling the outcome of a pregnancy.

response: Actions (also known as ‘tertiary prevention’) taken to address existing family, domestic and sexual violence. This can 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). These efforts aim to prevent the reoccurrence of violence by supporting victim-survivors and holding perpetrators to account. Responses by services are sometimes referred to as ‘service responses’.

re-traumatisation: A person re-experiencing the stress and emotional response experienced because of a traumatic event in response to a new but triggering experience.

risk factors: Any attributes, characteristics or exposures that increase the likelihood of a person developing a health condition or experiencing an event.

sex: A person's sex is based upon their sex characteristics, such as their chromosomes, hormones and reproductive organs. While typically based upon the sex characteristics observed and recorded at birth or infancy, a person's sex can change over the course of their lifetime and may differ from their sex recorded at birth.

sexual abuse: Behaviours of a sexual nature by one person upon another, typically used within specific contexts or for a certain age group, such as elder abuse or child abuse. Sexual abuse of a child refers to any act that exposes a child to, or involves the child in, sexual activities that: the child does not understand, the child does not or cannot consent to, are not accepted by the community, or are unlawful. It includes, but is not limited to, sexual assault. Other behaviours include forcing a child to watch or hear sexual acts, taking sexualised photos of a child, and sexually explicit talk.

sexual and reproductive health: A state of physical, emotional, mental and social wellbeing in relation to all aspects of sexuality and reproduction. It includes the right to healthy relationships, safety to express individual sexual and gender identity, access to health care and accurate information, protection from and treatment of sexually transmitted infections, and freedom from coercion, discrimination, violence and stigma.

sexual assault: Sexual act carried out against a person's will through the use of physical force, intimidation or coercion, including any attempts to do this. Includes rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, and 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 exploitation and servitude: A form of forced labour where a person is coerced, deceived or forced to engage in sex work and/or are being held in captivity and subject to physical and sexual violence. The creation of child sexual abuse material can also be considered sexual exploitation.

sexual harassment: Behaviours that make a person uncomfortable and are offensive due to their sexual nature. The ABS Personal Safety Survey includes the following behaviours: indecent text messages, emails or social media posts; indecent exposure; inappropriate comments; unwanted sexual touching; distributing of posting pictures of a sexual nature without consent; and unwanted exposure to picture, videos or materials which were sexual in nature.

sexual orientation: An umbrella concept that encapsulates: sexual identity (how a person thinks of their sexuality and the terms they identify with), attraction (romantic or sexual interest in another person), and behaviour (sexual behaviour). It is a subjective view of oneself and can change over the course of their lifetime and in different contexts.

sexual violence: Behaviours of a sexual nature carried out against a person's will using physical force and/or coercion (or any threat or attempt to do so). Can include sexual abuse, sexual assault and sexual harassment.

socio-economic disadvantage: An aspect of the set of indexes, created from Census data, that aims to represent the socioeconomic position of Australian communities and identify areas of advantage and disadvantage. The index value reflects the overall or average level of disadvantage of the population of an area. It does not show how individuals living in the same area differ from each other in their socioeconomic group.

specialist FDSV services: Services that are specifically designed to assist people who experience or use FDSV. The services provided can vary, but in general, they assist and support victim-survivors, perpetrators, and others affected by FDSV, by providing short- and longer-term responses.

specialist homelessness services: Assistance provided by a specialist homelessness agency to a client aimed at responding to or preventing homelessness. Includes accommodation provision, assistance to sustain housing, domestic/family violence services, mental health services, family/relationship assistance, disability services, drug/alcohol counselling, legal/financial services, immigration/cultural services, other specialist services and general assistance and support.

specialist perpetrator intervention: Services that work directly with perpetrators with the goal of holding them accountable for their violence, and stop violence from recurring in the future.

stalking: Unwanted behaviours, such as following or unwanted contact, that occur more than once and cause fear or distress. Stalking is a crime in every state and territory of Australia. In the Personal Safety Survey, behaviours include, but are not limited to: loitering, following or watching, unwanted contact, posting unwanted messages or personal information on the internet, giving offensive or disturbing objects, and interfering with property.

survey: A set of questions aimed at collecting information from a selected sample of people.

systemic barriers: Policies, practices or procedures that result in unequal access or exclusion for some people (e.g. poverty, racism, a lack of culturally appropriate services).

technology-facilitated abuse: A broad term encompassing any form of abuse that utilises mobile and digital technologies.

trauma-informed practice: The integration of an understanding of past and current experiences of violence and trauma in all aspects of service delivery. The goal of trauma-informed systems is to avoid re-traumatising individuals and support safety, choice and control to promote healing.

verbal abuse: A form of emotional abuse that involves the harmful use of language to control, intimidate or hurt others.

victim: people who have experienced FDSV. See also **victim-survivor**.

victimisation rate: The total number of persons in a relevant population who experienced victimisation as a proportion of the total relevant population.

victim-survivor: Person who has experienced FDSV. The AIHW acknowledges that not all people prefer or use the terms **victim** or victim-survivor to identify themselves.

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

visa abuse: Situations where a person’s temporary migrant status is used by a perpetrator to control or coerce them or their family member.

weighting: Adjustment of the characteristics of one group so they are statistically similar to the characteristics of another group so that comparisons of the effect under study can be more certain.

Methods

Crude rates

A crude rate is defined as the number of events over a specified period (for example, a year) divided by the total population at risk of the event.

Unless otherwise stated, crude rates are used throughout the publication.

Age-standardised rates

Age-standardised rates enable comparisons to be made between populations that have different age structures, and over time as the age structure of the population of interest may change. Direct standardisation was used in this release, in which the age-specific rates (e.g. for 5 and 10 year age groups) are multiplied by a standard population. This effectively removes the influence of the age structure on the summary rate. Where age-standardised rates have been used, this is stated throughout the release.

All age-standardised rates in this release have used the June 2001 Australian total estimated resident population as the standard population.

Margin of Error

The observed value of a rate may vary due to chance even where there is no variation in the underlying value of the rate. Therefore, where measures based on survey data include a comparison between time periods, geographical locations, socioeconomic groups, country of birth or disability status, the margin of error (MoE) at the 95% confidence level has been calculated for proportion estimates. The margin of error is the largest possible difference (due to sampling error) that could exist between the estimate and what would have been produced had all persons been included in the survey.

Confidence intervals—constructed by taking the estimate plus or minus the MoE— are used to provide an approximate indication of the true differences between rates. If the confidence intervals do not overlap, the difference can be said to be statistically significant. Where alternative statistical tests were used to provide information about statistical significance, these are stated separately.

However, statistically significant differences are not necessarily the same as differences considered to be of practical importance. It is possible for small differences that have practical importance to be found to be not statistically significant as they are below the threshold the significance test can reliably detect.

Rounding

Percentages in the release are generally rounded to whole numbers except for those less than 10% which are rounded to 1 decimal place.

Numbers between 1,000 and 100,000 are rounded to the nearest hundred. Numbers over 100,000 are rounded to the nearest 1,000.

As a result of rounding, entries in columns and rows of tables as well as figures may not add to the totals shown. Unless otherwise stated, derived values are calculated using unrounded numbers.

Presentation of data

Some data are not published (n.p.) due to reliability and/or confidentiality reasons.

Survey data, obtained from a sample of the population, is subject to sampling error. Where estimates are subject to a level of sampling error too high for general use, they are not included in visualisations, but are included in data tables, with caveats.

Number and proportion estimates subject to a high level of sampling error—Relative Standard Error (RSE) between 25% and 50%— are annotated with an * in visualisations and data tables and should be used with caution.

Some data are not available for publication (n.a.). This can be due to several reasons, for example, the data are not collected and/or available, and/or denominator data is not available to calculate a rate.

Population data

The ABS estimated resident population (ERP) data were used to calculate most of the rates presented in this release for administrative data collections. Exceptions are where the denominator was available from within the data source.

Rates were calculated using the ERP of the reference year as at 30 June for calendar year data (1 January to 30 December) and 31 December for financial year data (1 July to 30 June). The denominator for rates by socioeconomic disadvantage and remoteness area were calculated by applying an ABS concordance between statistical areas (SA2) and socioeconomic disadvantage and between statistical areas and remoteness area, to the relevant ERP by SA2 counts.

Socioeconomic and remoteness area data

Data by socioeconomic area uses the Socio-Economic Indexes for Areas (SEIFA) the Index of Relative Socio-economic Disadvantage (IRSD). The IRSD is a general socio-economic index that summarises a range of information about the economic and social conditions of people and households within an area, including their access to material and social resources, and their ability to participate in society. A low score indicates relatively greater disadvantage in general. Data on socioeconomic area are presented by quintiles, with the 1st quintile representing the most disadvantaged group.

Data by remoteness are aligned to the Australian Statistical Geography Standard (ASGS) Remoteness Area Structure, and based on the person's usual residence. The ASGS Remoteness Structure categorises geographic areas in Australia into 5 classes of remoteness areas based on their relative access to services using the

Accessibility/Remoteness Index of Australia which is derived by measuring the road distance of a location from the nearest urban centre. The 5 classes are: Major cities, Inner regional, Outer regional, Remote, and Very remote.

Sex, gender, variations of sex characteristics and sexual orientation

In 2021, the ABS released the Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020. This standard was designed to support consistent collection of each of these four core variables, consequently allowing for more comprehensive and representative reporting in the future. Work to implement the standard in national surveys has commenced and will improve the availability of data on LGBTIQA+ people (ABS 2021). In particular, the 2021-22 ABS Personal Safety Survey (PSS) collected data on sexual orientation for the first time to support understanding of the prevalence of FDSV among people with different sexual identities. Implementation of the standard is also being considered in national administrative data collections.

However, not all data sources currently used for national reporting on family, domestic and sexual violence collect and/or report data on sexual orientation or variations of sex characteristics. For this reason, only sex and gender are discussed for some data sources.

The mechanisms for collecting data on sex and/or gender vary across the data collections used in this report. When presenting statistics, the AIHW has used the terms most appropriate for the data source. In most cases, 'male' and 'female' are used, however it is not always known whether the data refer to sex characteristics (at birth or other point in time) or to gender. It should also be noted that some participants may not use and/or identify with these terms. Specific information about how sex and/or gender is collected in each data source, is included in Data Sources, where available. At times, the terms 'men' and 'women', and 'boys' and 'girls' are also used in high-level text to improve readability. Again, it should be noted that some participants may not use and/or identify with these terms.

The terms and abbreviations used to describe LGBTIQA+ people can vary depending on the groups or topics being discussed, and the ways in which data are collected. Unless otherwise stated, the AIHW's FDSV reporting uses the terms and abbreviations used by the data source – for example, where data sources have data only for LGBT people, this terminology has been used.

The terms 'people' or 'persons' (for tables and data visualisations only) is used throughout to refer to all/total people.

Outcomes Framework

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

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

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

An initial set of 6 measurable targets have been identified to measure progress against:

- Female intimate partner homicide.
- Knowledge of behaviours that constitute family, domestic and sexual violence.
- Community attitudes towards:
  - violence against women
  - rejecting gender inequality
  - rejecting sexual violence.
- Closing the Gap Target 13 – to reduce all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children by at least 50 per cent by 2031, as progress towards zero.

These targets will be measured through the Performance Measurement Plan – work is currently underway to link outcomes and sub-outcomes to indicators, measures and data sources. The performance measurement plan will also identify data gaps that will inform the evaluation methodology and data development plan.

Once the Performance Measurement Plan is finalised, this website will provide an overview of the measures being tracked, including the latest data, where available.

For more information, see the DSS website.

Acknowledgements

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We would like to acknowledge the serious impact and huge burden that family, domestic and sexual violence has 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. By bringing together various data sources, we aim to build a more coherent picture of family, domestic and sexual violence in Australia and strengthen the evidence base available to everyone. This information will help to inform government policies and plans and also assist in the planning and delivery of violence prevention and intervention programs.

We gratefully acknowledge the expertise contributed by people with lived experience, obtained through the University of Melbourne's WEAVERs (Women and their children who have Experienced Abuse and ViolEnce: Researchers and advisors) Co-Design team. This expertise has been valuable throughout different stages of the project and it includes the written contributions on this site, which deepen our understanding of certain topics and complement the quantitative data.

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- Ms Ursula Carolyn, National Indigenous Australians Agency
- Prof. Donna Chung, Curtin University
- Prof. Kelsey Hegarty, University of Melbourne
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- Ms Anne Hollonds, Australian Human Rights Commission
- Commissioner Micaela Cronin, Domestic, Family and Sexual Violence Commission.

The contributions of data custodians and other expert reviewers are also acknowledged.

Find support

If you or someone you know is in immediate danger, please call 000 or go to your nearest hospital.

Family, domestic and sexual violence support services

Organisation	Contact	Description
1800RESPECT	Call 1800 737 732 Online chat Available 24 hours a day, 7 days a week.	1800RESPECT provides support to people impacted by sexual assault, domestic or family violence and abuse. All calls and chats are with a trained counsellor who will provide information and counselling and referrals to services or support.
1800RESPECT for women with disability	Sunny is free to download from the App Store or Google Play Store	Sunny is 1800RESPECTs app for women with disability who have experienced violence or abuse. Sunny can support women to tell their story, understand what has happened, know their rights and find people who can help.
Full Stop Australia	Call 1800 385 578 Available 24 hours a day, 7 days a week.	National trauma counselling and recovery service for people of all ages and genders experiencing sexual, domestic and family violence. This service is free and confidential.
1800ELDERHelp	Call 1800 353 374	ElderHELP is a free call phone number that automatically redirects callers seeking information and advice on Elder abuse to the phone service in their state or territory
Blue Knot Helpline and Redress Support Services	Call: 1300 657 380 Available 9am to 5pm (AEST), 7 days a week.	Blue knot provides specialist phone counselling service for adult survivors of childhood trauma including abuse.

Bravehearts	Call 1800 272 831 Available Mon to Fri, 8:30am to 4:30pm AEST	Bravehearts provides support and advice for people affected by child sexual abuse.
knowmore	Call 1800 605 762 Available Mon to Fri, 9am to 5pm	knowmore assists survivors of child sexual abuse by providing free legal advice and support regarding justice and redress options (including the National Redress Scheme).
Men's Referral Service	Call 1300 766 491	For anyone in Australia whose life has been impacted by men's use of violence or abusive behaviours.
Brother to brother 24-hour crisis line	Call 1800 435 799 Available 24 hours a day, 7 days a week.	Brother to Brother provides phone support for Aboriginal men who need to talk to someone about relationship issues, family violence, parenting, drug and alcohol issues or who are struggling to cope for other reasons. Staffed by Aboriginal men, including Elders, who have a lived experience in these issues.
Rainbow Sexual, Domestic and Family Violence Helpline	Call 1800 497 212 Available 24 hours a day, 7 days a week.	For anyone from the LGBTIQA+ community whose life has been impacted by sexual domestic and/or family violence. This service is free and confidential.
Say It Out Loud	Immediate phone interpreting (24 hours, every day of the year) Phone: 131 450 (within Australia) Phone: +613 9268 8332 (outside Australia)	A national resource for LGBTQ+ communities and service professionals working with people who have experienced sexual, domestic and family violence.
Centre for Women's Economic Safety		For women experiencing financial abuse and threats to their economic security and wellbeing.
My Blue Sky	Call 02 9514 8115	Provides free legal and migration support to people experiencing

	Text +61 481 070 844 (9am-5pm Monday to Friday) Email help@mybluesky.org.au or visit	forced marriage and other forms of modern slavery in Australia.
Services Australia		Can help you with family and domestic violence concerns, access payments and connect you to other support services
eSafety Commissioner		A complaints based reporting scheme for cyberbullying of children, serious adult cyber abuse, image based abuse (sharing, or threatening to share, intimate images without the consent of the person shown) and illegal and restricted content.

Other support services

Organisation	Contact	Description
Lifeline	Call 13 11 14 Text (SMS) 0477 13 11 14 Online chat Available 24 hours, 7 days a week.	Provides all Australians experiencing emotional distress with access to 24/7 confidential crisis support and suicide prevention services. Trained volunteers are ready to listen, provide support and referrals.
Kids Helpline	Call 1800 551 800 Online chat Email counsellor@kidshelpline.com.au Available 24 hours a day, 7 days a week.	Kids Helpline provides private and confidential counselling for young people aged 5–25 years.
13YARN	Call 1800 737 732 Available 24 hours a day, 7 days a	National crisis support line for mob who are feeling overwhelmed or having difficulty coping. 13YARN

	week.	offers a confidential one-on-one yarning opportunity with a Lifeline-trained Aboriginal & Torres Strait Islander Crisis Supporter.
MensLine Australia	Call 1300 78 99 78 Online chat and counselling Available 24 hours a day, 7 days a week.	MensLine Australia is an information and referral service for men with emotional health, family and relationship concerns. All staff are qualified professional counsellors, social workers or psychologists specialising in family and relationship issues, including relationship breakdown, separation and divorce, parenting, family violence, suicide prevention and emotional well-being.
Open Arms – Veteran and Families Counselling	Call 1800 011 046 Available 24 hours a day, 7 days a week.	Open Arms – Veterans and Families Counselling is Australia's leading provider of mental health assessment and counselling for Australian veterans and their families.
Suicide Call Back Service	Call 1300 659 467 Online counselling or video chat Available 24 hours a day, 7 days a week.	Counselling support for anyone affected by suicide, including people at risk, carers and those bereaved by suicide. All staff are qualified professional counsellors, social workers or psychologists and are available 24/7.
Translating and Interpreting Service (TIS National)		Provides access to phone and on site interpreting services in over 150 languages.
Aboriginal Interpreter Service (AIS)	(08) 8999 8353 (24 hours) Fax (08) 8923 7621 Email: ais@nt.gov.au Available 24 hours a day, 7 days a	Helps to address language barriers faced by Indigenous people in the Northern Territory. Interpreters are trained to work in a wide range of settings and environments including legal and

	week. Standard business hours are 8am and 4:21pm, Monday to Friday. After hours interpreting services are for urgent matters only.	justice systems, health care, education, social services and community engagement.
National Relay Service (NRS)	Voice relay number 1300 555 727 TTY number 133 677 SMS relay number 0423 677 767 Available 24 hours a day, 7 days a week.	Telephone relay service allowing people who cannot hear or do not use their voice to communicate with a hearing person over the phone.

If you feel you can't call any of the above services, you can also:

- Talk to someone you trust.
- Contact your GP, a counsellor, psychologist or psychiatrist.
- Go to the Head to Health website, which provides an online gateway to trusted mental health resources and content from Australia's leading health organisations.

Note: the AIHW does not take responsibility for the information or advice accessed outside our website.