



2.7 Family, domestic and sexual violence

Family, domestic and sexual violence is a major health and welfare issue in Australia and globally. The World Health Organization (WHO) estimates that 30% of women who have been in a relationship have experienced physical or sexual violence from an intimate partner since the age of 15 (WHO 2013). Almost 1.5 million Australian women have experienced violence from a current or former partner since the age of 15 (ABS 2013b). Approximately 1 in 6 Australian women have been subjected to physical or sexual violence by a current or former cohabiting partner, compared with 1 in 19 men (ABS 2013b).

This article provides an overview of the available data and research on family, domestic and sexual violence, primarily where the violence involved a female victim and a male perpetrator. This scope is consistent with the focus of recent inquiries and associated policies: the evidence, overwhelmingly, is that women are the victims of family, domestic and sexual violence, and the perpetrators are men.

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

What is family, domestic and sexual violence?

Domestic violence is usually defined by a set of violent behaviours between current or former intimate partners: one partner tries to exert power and control over the other through fear. Violent behaviour can include physical, sexual, emotional and psychological abuse. Behaviour toward the victim can include limiting their access to finances, preventing them from contacting family and friends, demeaning and humiliating them, and threatening them or their children with injury or death (COAG 2012).

Family violence is more broadly defined, and refers to violence between family members as well as between current or former intimate partners. For example, it can include acts of violence between a parent and a child. 'Family violence' is the preferred term for experiences of violence between Aboriginal and Torres Strait Islander people, as it covers the broad range of extended family and kinship relationships in which violence may occur (Closing the Gap Clearinghouse 2016) (see Chapter 7.1 'Community factors and Indigenous wellbeing' for more information about the experiences of family violence for Indigenous Australians).

Sexual violence refers to behaviours of a sexual nature carried out against a person's will using physical force or coercion (or any threat or attempt to do so). Sexual violence can be perpetrated by partners in a domestic relationship, former partners, other people known to the victims, or strangers.





Policy context

Family, domestic and sexual violence has become an increased community concern and a key priority for Australian and state and territory governments. There have been several recent national and state and territory inquiries into government responses to it. They all highlight the need to improve the integration of service responses for victims, to invest in prevention and early intervention, and to hold perpetrators more accountable (DPMS 2016; NSW Ministry of Health 2016; Social Development Committee of the Parliament of South Australia 2016; Special Taskforce on Domestic Violence in Queensland 2015; State of Victoria 2016).

The National Plan to Reduce Violence against Women and their Children—2010–2022 (the National Plan) was released in 2011 with a vision that Australian women and their children can live free from violence in safe communities (COAG 2012). The plan focuses on two main types of violence: domestic/family violence and sexual assault. These types of violence mainly affect women. The National Plan aims to achieve a 'significant and sustained reduction in violence against women and their children' (COAG 2012).

The National Plan provides a framework for coordinating governments to deliver on four action plans over the 12 years. Its focus is on the following six outcomes:

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

The Third Action Plan 2016–19 under the National Plan was launched in October 2016. It outlines what governments, communities, businesses and individuals can do to reduce violence against women and their children through 36 practical actions, across six national priority areas, over the next 3 years.

What do we know?

Prevalence of family, domestic and sexual violence

Based on the Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS) (see Box 2.7.1), since the age of 15:

- 1 in 6 (17%) Australian women, compared with around 1 in 19 men (5.3%) have experienced violence from a current or former cohabiting partner
- 1 in 4 (25%) women have experienced emotional abuse by a current or former cohabiting partner.

In the 12 months before the survey:

- women aged between 18–24 were the most likely age group to experience sexual and/or physical violence by any type of perpetrator (13%)
- women were also more likely to experience violence from a known person (4.0% of all women) than from a stranger (1.7%) (ABS 2013b).





For information on the family, domestic and sexual violence experiences of men in Australia, see Box 2.7.2.

Box 2.7.1: Measuring violence in the ABS Personal Safety Survey

The PSS is designed to provide national level data on the prevalence of, and information about, the most recent experience of violence. Some data refer to partner violence—that is, from a person the respondent currently lives with (or lived with), in a married or de facto relationship. Partner violence does not include violence between intimate partners who were not living together at the time of the incident—this relationship is classified as 'boyfriend/girlfriend or date'. The PSS asks people over the age of 18 about experiences of violence since the age of 15. It also asks about characteristics of their most recent incident of violence. The latest data come from the 2012 PSS, with the 2016 survey due for release late in 2017.

Source: ABS 2013b.

Box 2.7.2: What about male victims of family, domestic and sexual violence?

This article primarily focuses on women and children as victims of family, domestic and sexual violence; however, men can be, too. The 2012 PSS is one of the primary data sources of experiences of men as victims of violence, and how this differs from the experiences of women. This section highlights some of the key findings for male victims, based on reported experience of violence since the age of 15.

Males are more likely to experience violence than women

- Men are more likely to experience physical violence than women. Five in 10 men (or 4.1 million) have experienced some form of physical violence, compared with 1 in 3 women (3 million).
- Men are less likely to experience sexual violence than women, with 1 in 22 men (0.4 million) reporting that they had experienced sexual violence since the age of 15, compared with 1 in 5 women (1.7 million).
- Men are more likely to experience violence from a stranger (36% or 3 million). Women are more likely to experience it from someone they know (36% or 3.1 million).

Violence against men is less likely to be from their partner

- One in 19 (5.3%) men (448,000) have experienced violence from a current or former partner, compared with 17% of women (1.5 million).
- Fourteen per cent (14%) of men (1.2 million) had experienced emotional abuse from a female partner, compared with 25% of women from a male partner.
- Slightly less than half of men who had experienced emotional abuse from a female partner reported feeling anxiety or fear due to the abuse (46% for former partners and 43% for current partners). This compares with 76% of women who felt anxiety or fear due to emotional abuse from a former partner and 63% from a male current partner.

Source: ABS 2013b.





Understanding the prevalence and extent of victims' experiences of violence relies on data collected either through surveys, or for administrative purposes (such as police, health or specialised services data). Use of these data sources to measure the prevalence of family, domestic and sexual violence relies on:

- victims' perception of what constitutes this violence
- victims' willingness to disclose/report the incident
- how the incident is disclosed/reported (ABS 2013a).

Family, domestic and sexual violence can also be disclosed to agencies such as police, health, legal or other specialist services—or just to family and friends. It can also be reported through surveys. The PSS is the most comprehensive source of the experience of interpersonal violence in Australia. However, there are still communities of interest for whom the PSS does not collect detailed information. These include women with disability, women from culturally and linguistically diverse backgrounds, transgender and gender diverse people, and Indigenous peoples (Cox 2015). Dealing with these data gaps will foster a better understanding of experiences of violence for all women and their children.

Risk factors for family domestic and sexual violence

There is no one single cause of family, domestic and sexual violence. It is often a mix of interrelated factors—both individual and interpersonal. Individual factors include personal values and beliefs, mental health, drug and alcohol use. Interpersonal factors include learned patterns of behaviour within relationships. The broad consensus in the literature is that the underlying drivers of this violence reflect inequalities in the distribution of power, resources and opportunity between males and females and the way in which gender roles are formed (OurWatch, ANROWS & VicHealth 2015; VicHealth 2014).

Measures of gender equality can include differences in male and female life expectancy, employment, education, income and representation in political and senior management positions. The 2016 Gender Gap Index (World Economic Forum 2016) ranks Australia in the top third countries included (46th of 144 countries), achieving the highest scores of gender equality for educational attainment, but the lowest for political empowerment (women in parliament or ministerial positions).

Family, domestic and sexual violence can be experienced across all age, socioeconomic and demographic groups. However, there are some common elements associated with raised levels of this type of violence. It is often associated with alcohol and drug use—in 2012, 56% of women who had been physically assaulted by a man reported that alcohol or drugs contributed to the most recent incident of assault (ABS 2013b). As well, victims are commonly:

- young women, particularly women who are inexperienced in relationships or in a relationship where there is a substantial age gap between partners (Flood & Fergus 2008)
- unemployed women (or women who rely on government payments as their main source of income) (ABS 2013b)
- women born overseas (ABS 2013b)
- women with disability (ABS 2013b)





- Indigenous women—in 2014–15, the rate of hospitalisations for assaults related to family violence for Indigenous women was 32 times the rate for non-Indigenous women (SCRGSP 2016)
- women who are pregnant—in 2012, 25% of victims had their first experience of violence from a previous partner during their pregnancy (ABS 2013b).

Attitudes towards violence against women

Communities whose attitudes reflect greater levels of gender equality are more likely to have lower rates of domestic, family and sexual violence (UNIFEM 2010). Attitudes towards violence against women in Australia are measured every 4 years through the National Community Attitudes towards Violence Against Women Survey (NCAS)—the most recent data available are from the 2013 survey (VicHealth 2014). This survey measures community knowledge and attitudes towards violence against women, gender roles and relationships, and responses to violence. It also tracks changes in knowledge and attitudes over time (between 1995, 2009 and 2013). The next NCAS will be conducted by Australia's National Research Organisation for Women's Safety (ANROWS) in 2017.

Overall, the results of the 2013 NCAS were generally positive. Only 4% to 6% of Australians believe that violence against women is justified in certain circumstances (Table 2.7.1). The majority also acknowledge that physical and non-physical violence (such as constant criticism, stalking, intimidation, and controlling social contact) are serious behaviours and a form of violence against women. Almost all Australians (98%) stated that they would intervene if a woman they know was being assaulted. There is room for improvement, though. Twenty-one per cent (21%) agree that the violence can be excused if the perpetrator regrets it, and 18% believe that men should take control and be the head of the household (reflecting attitudes towards gender roles and relationships).

In general, attitudes towards violence against women are fairly consistent across Australia. This is irrespective of location, educational attainment and type of employment. There are particular groups, however, that are more likely to endorse attitudes that support violence against women, and have a poor understanding of what constitutes it. These groups are:

- men in general, particularly young men and men who have experienced multiple forms of disadvantage
- young people aged 16–24
- people from countries where English is not the main language spoken, especially people who have recently arrived in Australia.





Table 2.7.1: Summary of positive and concerning knowledge and attitudes towards violence against women in Australia, 2013

Aspect	Positive findings	Concerning findings
Knowledge of violence	Most Australians recognise that violence against women is more than just physical violence, and can be a wide range of behaviours designed to intimidate and control women. Women were more likely than men to recognise that violence can be non-physical as well as physical.	26% did not believe that someone who tries to control their partner by denying them money is a form of partner violence (34% for males, 18% for females). 64% believed the main cause of violence against women is that some men cannot control their anger (65% for males, 64% for females).
Knowledge of the law	96% agree that domestic violence is a criminal offence (94% for males, 98% for females).	Nearly 1 in 10 believe that a woman cannot be raped by someone she is in a relationship with (10% for males, 8% for females).
Patterns and consequences of violence	89% of Australians believe that it is reasonable for the violent partner to be made to leave the family home (87% for males, 91% for females).	78% found it difficult to understand why women stay in a violent relationship (79% for males, 76% for females).
Attitudes for minimising/trivialising the violence	95% of Australians believe that violence against women is a serious issue (94% for males, 96% for females).	38% of Australians believe it is acceptable to track a female partner by electronic means without their consent (43% for males, 32% for females).
Circumstances in which violence can be justified or excused	Only 4% to 6% of Australians believe that violence against women is justified (depending on the scenario).	21% believe that domestic violence can be excused if the violent person regrets it (26% for males, 17% for females).
Responding to family, domestic and sexual violence	98% of Australians are prepared to intervene if a known woman was being assaulted by her partner (98% for males, 97% for females).	Only 57% of Australians would know where to get help for a domestic violence problem (53% for males, 60% for females). This percentage has fallen from 62% in 2009.

Note: Includes all survey respondents aged 16 and over.

Source: 2013 NCAS (VicHealth 2014).

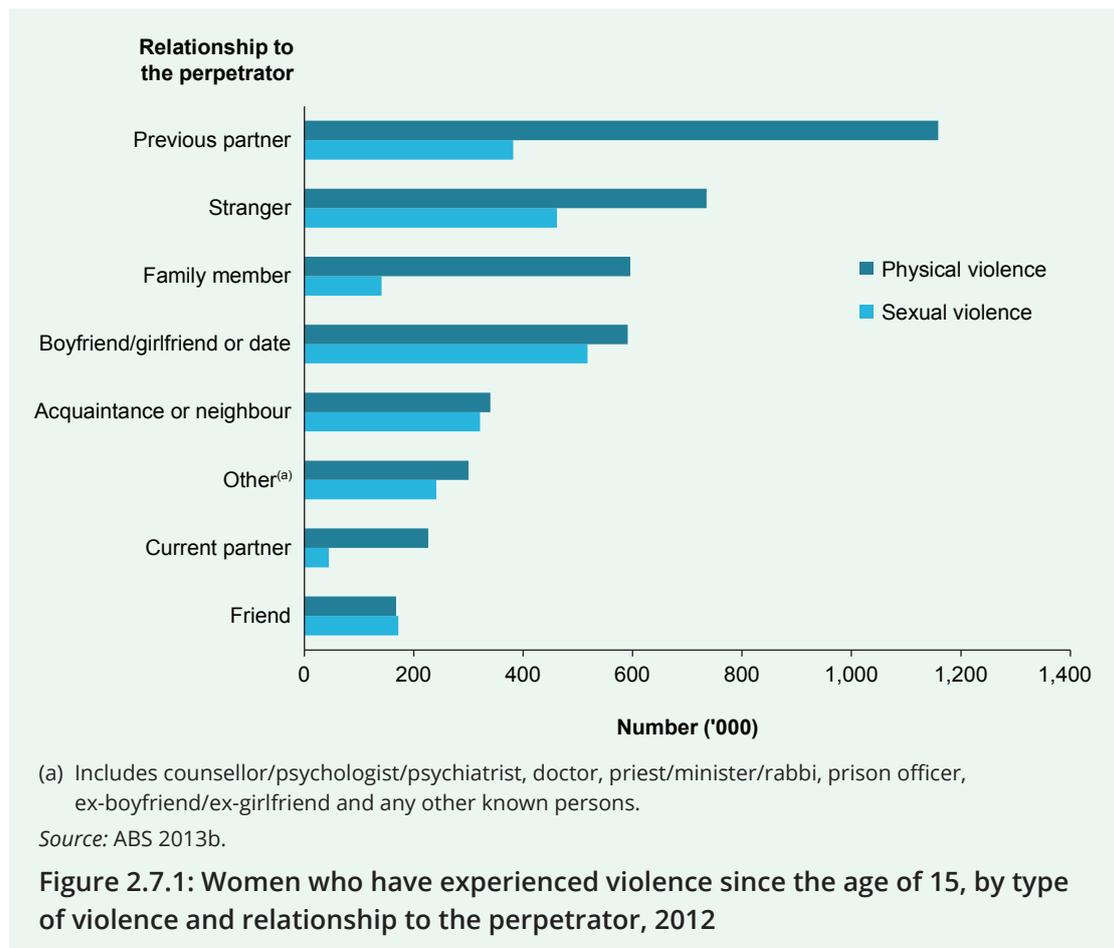




Relationship to the perpetrator

Women were more likely than men to have experienced physical or sexual violence by a partner. An estimated 17% of all women aged 18 and over (nearly 1.5 million women) and an estimated 5.3% of all men of the same age (around 450,000) had experienced violence from a current or former cohabiting partner since the age of 15. Women were also more likely than men to have experienced violence by a partner in the 12 months before the survey. An estimated 1.5% of all women aged 18 and over had experienced violence by a partner, compared with 0.6% of all men of the same age in the 12 months before the survey (ABS 2013b).

The relationship between the victim and the perpetrator differs for women in cases of physical violence and for women who have ever experienced sexual violence (Figure 2.7.1). Of women who have ever experienced physical violence since the age of 15, the most common type of known perpetrator was a previous partner (1.2 million or 13% of all women). For women who had experienced sexual violence, more than half a million (5.9% of all women) reported that the perpetrator was their boyfriend/girlfriend or date, and almost half a million reported that the perpetrator was a stranger (5.3% of all women) (ABS 2013b).





Impacts of family, domestic and sexual violence

Family, domestic and sexual violence affects more than just victims: perpetrators, families, workplaces and communities are all impacted in some way. These impacts include economic costs, homelessness, health consequences, and collateral effects on children. Some of these impacts are described in this section.

Economic

Family, domestic and sexual violence can have a major impact on victims and the broader community. It places a substantial workload on specialist services, hospitals and other health services, and the justice system. The cost of violence against women and their children in Australia in 2015–16 was estimated at \$22 billion (KPMG 2016). Almost half of this cost (\$10.4 billion) is linked to the ongoing health impacts of violence. The direct economic impact on victims of violence can also be substantial.

Women who had experienced violence in the past 2 years were more likely than women who had not to have higher levels of debt, more difficulty in paying bills, insufficient money for food, and to have requested material assistance from welfare agencies (Cortis & Bullen 2016). Further, Indigenous women, pregnant women, women with disability, and women who are homeless are under-represented in the PSS. Taking these groups fully into account may add \$4 billion to these costs in 2015–16 (KPMG 2016).

Housing and homelessness

Family, domestic and sexual violence is the leading cause of homelessness and housing instability in Australia (Spinney 2012). It is also consistently one of the most common reasons that clients seek help from specialist homelessness services (SHS) (AIHW 2016a). This sort of violence is most often experienced in the victim's home; hence, escaping it can be very difficult without social and financial support (ABS 2013b; Cortis & Bullen 2016).

SHS offer a range of supports. These include crisis and emergency accommodation, income support, counselling, referrals to legal services, connections to social housing providers, other specialised support, and referrals to specialist providers (AIHW 2016a) (see Chapter 6.2 'Homelessness' for more information about SHS).

In 2015–16, 38% of SHS clients (106,000) had experienced family and domestic violence and 92% of these were women and children (Figure 2.7.2). The number of family and domestic violence clients has increased by 33% since 2011–12 (AIHW 2016a).

In some cases, women can seek support to remain safely in the home with their children while the perpetrator is removed (through criminal justice responses); this option is commonly referred to as 'safe at home' (Breckenridge et al. 2016). Safe at home programs aim to maximise women's safety, allow for integrated service responses, prevent homelessness, and support women's economic security (Breckenridge et al. 2016).





Australia's welfare 2017

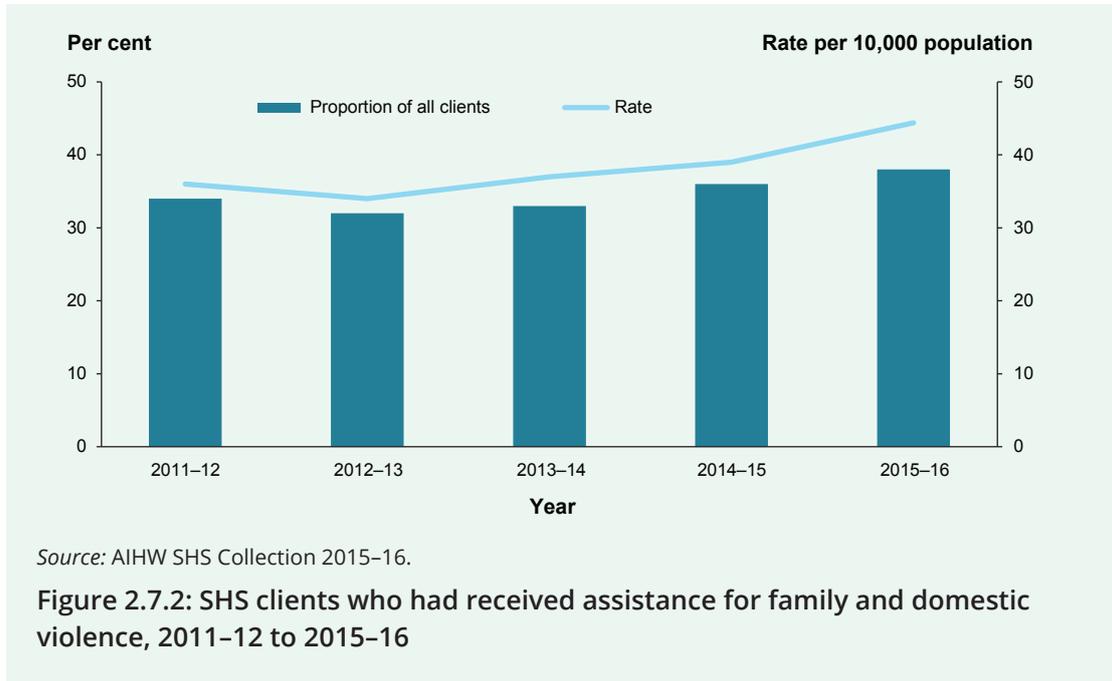


Figure 2.7.2: SHS clients who had received assistance for family and domestic violence, 2011-12 to 2015-16

Health

Violence can have a severe impact on the physical, mental and behavioural health of women and children. The effects can be immediate and acute, long-lasting and chronic or, in some cases, fatal (WHO 2013). A study into the burden of disease (including illness, injury and premature death) for adult women who had been exposed to intimate partner violence in their lifetime (using 2011 data) found that:

- 1.4% of the total burden of disease in adult women was attributed to physical/sexual cohabiting partner violence (Ayre et al. 2016)
- anxiety disorders made up 35% of the burden attributed to cohabiting partner violence, followed by depression (32%) and self-inflicted injuries (19%) (Ayre et al. 2016)
- among women aged 25-44, intimate partner violence (includes boyfriend, date or cohabiting partner) was the leading risk factor, responsible for a greater contribution to the disease burden in this age group than alcohol use and tobacco use (Webster 2016).

Injuries leading to hospitalisation or death

Family, domestic and sexual violence can result in serious injury, and may lead to the hospitalisation or death of the victim. In 2013-14, more than 20,000 people (13,800 males and 6,300 females) were admitted to hospital for assault injuries (AIHW 2017b). The overall rate of assault injury among women and girls was 56 cases per 100,000 population, compared with 121 for men. For females hospitalised for assault injuries, 59% of hospitalisations involved a perpetrator who was a spouse or domestic partner (for cases where the perpetrator was specified). 'Parents' (195 cases) and 'other family members' (726 cases) accounted for nearly half of the remaining cases where the type of perpetrator was specified.





Between 2002–03 and 2011–12, there were around 2,600 homicides in Australia, two-fifths of which were classified as domestic or family homicides (Cussen & Bryant 2015). Sixty per cent (60%) of these domestic and family violence homicides were classified as intimate partner homicides (around 650 incidents). Of these intimate partner homicides:

- 75% of the victims were female
- 68% occurred in the victim's home
- 44% involved a prior history of domestic violence
- more than 1 in 3 had alcohol detected in either the perpetrator (36%) or the victim (35%).

Children living with violence

Exposure to family and domestic violence can have a substantial impact on a child's development, physical and mental wellbeing and schooling (Campo 2015). Children exposed to such violence have higher rates of social and emotional and behavioural problems than children with mothers who did not experience it (Shin et al. 2015). Children experiencing family and domestic violence are vulnerable to homelessness, which can further disrupt schooling, social networks and feelings of safety and belonging (AIHW 2016a; Campo 2015).

Evidence suggests that a substantial number of children are exposed to family and domestic violence. For example:

- 6 of 10 (more than 730,000) women who experienced violence from an ex-partner reported that they had children in their care at the time of the violence, and 77% of these women reported that their children had seen and heard the violence (ABS 2013b)
- 29% (about 31,000) of clients who sought assistance from SHS for family and domestic violence were aged 14 or younger (AIHW 2016a)
- emotional abuse (including exposure to family violence) was the primary abuse type for 45% (more than 20,300) of child protection substantiations (AIHW 2017a)
- more than half (54% or about 6,500) of young people who were both clients of SHS and child protection services had experienced domestic and family violence. This was higher than the proportion for SHS-only clients (44%) (AIHW 2016b).

Certain vulnerable groups continue to experience higher levels of violence and disadvantage. These include Indigenous children and young people; people in out-of-home care; people with disability; people who are sexually diverse, transgender, gender diverse and intersex; people from culturally and linguistically diverse backgrounds, and people living in rural and remote areas (AHRC 2016).

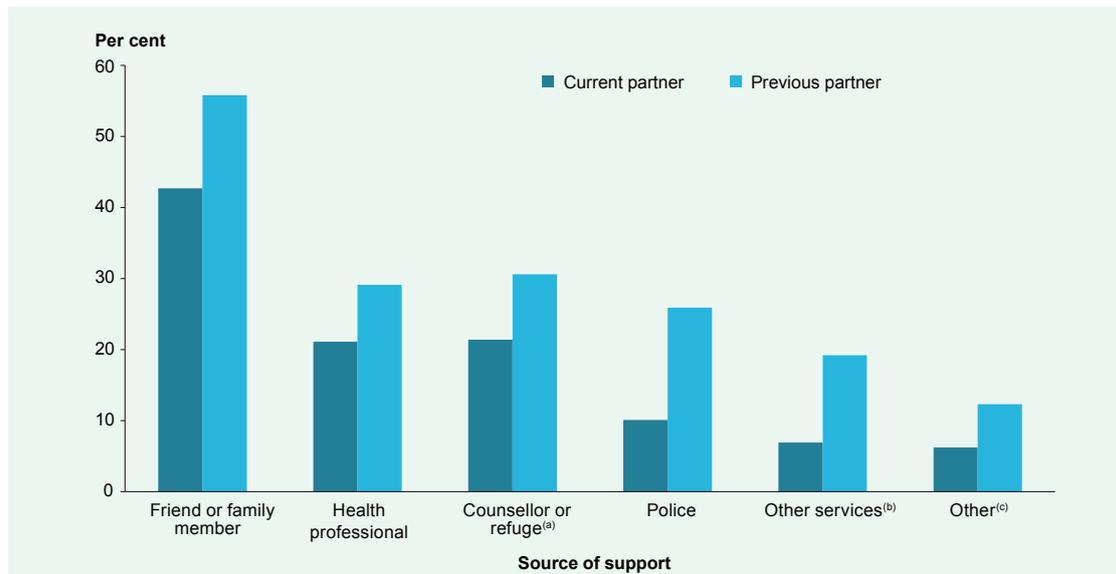
Support after family, domestic or sexual violence incidents

After a family, domestic or sexual violence incident, victims might seek support or disclose the incident to informal networks (such as friends and family) or to formal support services (such as health professionals, police, legal services and housing assistance). More than two-thirds (68%) of women who experienced physical violence from a male perpetrator had sought advice or support following the incident (ABS 2013b).





The most common source of support for women was from a friend or other family member (43% for current partner violence and 56% for previous partner violence) (Figure 2.7.3). These networks play a substantial role in helping women who have experienced family, domestic or sexual violence (Meyer 2010). Support services or support networks can assist women who have experienced violence to feel safe and live free of violence (Morgan & Chadwick 2009).



- (a) Includes counsellor or support worker, telephone helpline, and refuge or shelter.
- (b) Includes legal service, financial service and government housing and community services.
- (c) Includes work colleague or boss, priest/minister/rabbi, and other.
- (d) Partner violence refers to any incident of sexual assault, sexual threat, physical assault or physical threat by a current and/or previous partner.

Source: ABS 2013b.

Figure 2.7.3: Advice and support-seeking behaviours, women who have experienced partner violence^(d) from a current or a previous partner since the age of 15, 2012

Family, domestic and sexual violence services

Women and their children need to feel safe and have access to appropriate services when reporting family, domestic and sexual violence, and perpetrators should be held to account for their actions. The three main service entry points for people experiencing this violence are:

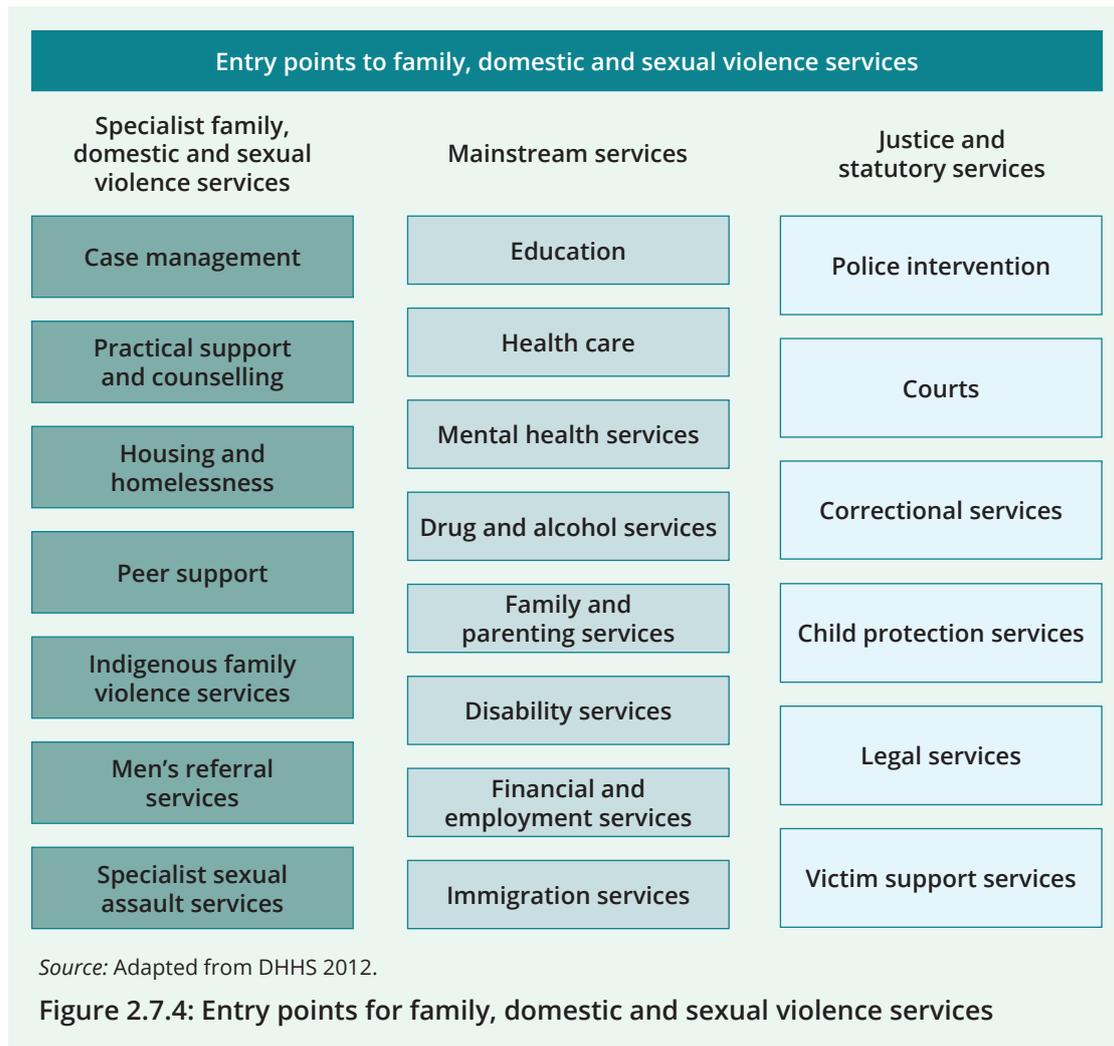
- specialist domestic and family violence and sexual assault services (including refuges and other housing/homelessness services, crisis services, forensic services, counselling, financial assistance, and perpetrator intervention services)
- mainstream services (including health and education services)
- justice and statutory services (including police, family courts and child protection services) (Figure 2.7.4).

Although multiple entry points into services accommodate the diversity of needs for victims and perpetrators, they can be difficult to access and navigate (State of Victoria 2016).





Family, domestic and sexual violence policy and programs are delivered by government and non-government services across a wide range of sectors; therefore, it is important that service delivery is well integrated. An integrated response requires information and expertise to be shared among agencies to effectively assess risk, enhance efficiency, and improve the data collection to build evidence to deliver services better (PM&C 2016). Effective service integration also reduces the need for victims to have to re-tell their experience to multiple service providers, creating further trauma.



Reporting to police

Police intervention is one of the key entry points into the family, domestic and sexual violence service 'system'. When incidents of such violence are not reported, perpetrators are not held to account for their behaviour by the law, and victims may not get access to the help and services needed to support them (Birdsey & Snowball 2013). Police have the authority to arrest and charge perpetrators, issue interim protection orders for the victims, and coordinate and facilitate referrals to specialist services.





In most cases, there is no specific offence type used for family, domestic and sexual violence. In published police data, such violence may be associated with the following offence types:

- homicide (including murder and attempted murder)
- acts intended to cause injury (including assault and stalking)
- sexual assault
- abduction/harassment/stalking
- property damage
- breach of violence and non-violence orders.

The quality of police data on the number of reported incidents and offences depends on police accurately classifying incidents and associated offences. As there is no consistent process to identify family, domestic and sexual violence across states and territories, caution should be exercised when interpreting such violence from recorded crime data.

According to data reported to police for offences related to family, domestic and sexual violence (for selected states and territories) in 2015–16:

- the most common offence type was *acts intended to cause injury* (ranging from 49% to 80% of all incidents reported)
- there were 4–5 times as many male offenders as female offenders
- the median age of perpetrators ranged between 31 and 34 (ABS 2017b).

Unfortunately, a considerable number of family, domestic and sexual violence incidents are not reported to police. Data from the PSS show that:

- only 20% of women who had experienced physical and sexual violence from a current partner had contacted the police
- only 42% of women who had experienced physical and sexual violence from a previous partner had contacted the police
- women were more likely to report to police if they had experienced more than one incident of partner violence. This was most evident for violence experienced by previous partners. Of the women who had experienced previous partner violence, 6.5% reported it to police after one incident compared with 36% who reported it after more than one incident (ABS 2013b).

Factors affecting reporting to police

In a study of victims attending domestic violence services, only half had reported the most recent incident of violence to police (Birdsey & Snowball 2013). Victims were more likely to report the incident if there was a current apprehended violence order against the perpetrator, if they were physically injured, if there was property damage, or if they thought their children were at risk. The most common reasons for not reporting the incident to police were:

- fear of revenge from the offender/fear of further violence (14%)
- embarrassment and shame (12%)
- thinking that the incident was too trivial/unimportant (12%)
- bad/disappointing experience with reporting previous incidents to police (10%) (Birdsey & Snowball 2013).





Family, domestic and sexual violence perpetrators in criminal courts

Data from the criminal courts show how perpetrators (or defendants) move through the justice system in incidents of family, domestic and sexual violence where criminal charges have been laid by the police. As for police data, there is no consistent process to identify charges related to family, domestic and sexual violence across states and territories. Therefore, caution should be used when interpreting family, domestic and sexual violence reporting from criminal courts data.

According to data reported from selected state and territory magistrates' courts in 2015–16 for offences related to family and domestic violence:

- *acts intended to cause injury* were the most common principal offence related to family and domestic violence
- defendants finalised for one or more offences related to family and domestic violence were more likely to be male than female across all jurisdictions (ranging from 84% to 89% of defendants)
- the majority of defendants were proven guilty (ranging from 72% to 87% of defendants)
- of the defendants proven guilty of *acts intended to cause injury*, the majority (ranging from 64% to 80%) were sentenced to a non-custodial order, except in the Northern Territory where 86% were sentenced to a custodial order (ABS 2017a).

What is missing from the picture?

There is no single source of truth on the prevalence of violence (Cox 2015). The ABS PSS does provide detailed information on specific incidents of violence every 4 years. There is little information, however, on the experiences of persons from culturally and linguistically diverse backgrounds; on people who identify as lesbian, gay, bisexual, trans and/or intersex; on older people (elder abuse); and on people with a disability (Mitra-Kahn et al. 2016). Information on the experiences of Indigenous people are collected in the ABS National Aboriginal and Torres Strait Islander Social Survey, but this is collected only every 6 years (ABS 2016a).

The family, domestic and sexual violence 'system' is diverse. It covers multiple sectors and represents multiple entry or intervention points. For most agencies involved, data collections do not specifically flag family, domestic and sexual violence cases. This represents a major lost opportunity to gain insights into patterns of service use.

Other key data gaps identified include risks and drivers of family, domestic and sexual violence (such as mental health, drug and alcohol use); characteristics of victims and perpetrators; and the outcomes of specialised services and interventions for victims, perpetrators and children.

There is also sparse information on the family, domestic and sexual violence workforce, in terms of its numbers, skills, qualifications and distribution.





What is the AIHW doing?

Family, domestic and sexual violence data are collected through the data systems used to support policing, justice, corrections, health and community services (including SHS). These systems are often not 'linked up', meaning that the individual pathways of women and their children experiencing violence—and of perpetrators—cannot be tracked across systems. This presents a major barrier in determining which interventions are most effective in supporting and protecting women and their children.

Under the National Plan, all governments in Australia are committed to developing a National Data Collection and Reporting Framework (DCRF), being led by the ABS (ABS 2014). This framework is the basis for building a common language and a coordinated and consolidated approach to service-level data collection. Building on the work of the ABS and the DCRF, the AIHW—in partnership with the Department of Social Services, the ABS, ANROWS and several jurisdictions—will develop an initial capability in the form of a national family, domestic and sexual violence data clearinghouse and national report. Subject to ongoing funding, the data clearinghouse is designed to:

- coordinate national reporting of family, domestic and sexual violence data
- provide a platform for improving quality and consistency of existing data collections
- develop a shared understanding of data gaps and priority data developments
- facilitate the linkage of data sets, subject to appropriate protocols
- promote researcher access to individual or linked data sets.

The AIHW has also been assisting the Department of Social Services to develop a set of progress indicators related to the *National Outcome Standards for Perpetrator Interventions* (COAG 2015). It will be preparing annual reports against these indicators, starting with 2015–16 data.

In June 2017, the AIHW participated in a WHO expert group in Geneva on methodological and measurement issues for statistics on violence against women. Data availability, plus identification of data gaps and limitations, need to be addressed for the purposes of national and international monitoring. AIHW is actively contributing in this space, sharing its expertise internationally.

Where do I go for more information?

More information about the PSS and the National DCRF for family, domestic and sexual violence is available from the ABS website at www.abs.gov.au.

Further information on violence against women and their children can be found on the ANROWS website at www.anrows.org.au.

More information about clients experiencing domestic violence in the SHS collection is available at www.aihw.gov.au/homelessness-publications/.

The report [*Domestic and family violence and homelessness 2011–12 to 2013–14*](#) and other recent publications are available for free download.

More information about the *National Plan to Reduce Violence against Women and their Children—2010–2022* is available at the [Department of Social Services website](#).

For more information about the National Sexual Assault, Domestic Family Violence Counselling Service, see the [1800RESPECT website](#).





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