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Family, domestic and sexual violence: National data landscape 2022

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Family, domestic and sexual violence is a major health, welfare and social issue in Australia and can have a lasting impact on individuals, families and the community. It can affect people of all ages and backgrounds, but predominantly affects women and children.

Data are essential for understanding the extent, nature, and impact of family, domestic and sexual violence. Data also provide insight into how people engage with relevant health and welfare services following experiences of violence. The knowledge gained from these data can then be used to inform decision-making, service planning and resource allocation to improve outcomes for people who are, or may be, affected.

The importance of building a solid evidence base of quality data was emphasised in the *National Plan to Reduce Violence against Women and their Children, 2010–2022* (National Plan). Since the National Plan was released, the Australian Government, states and territories and a range of national information and research agencies have been working to improve family, domestic and sexual violence data and reporting.

This report focuses on key national data and information products that provide the evidence base for monitoring family, domestic and sexual violence in the population, noting enhancements that have been made over the life of the National Plan. The report also describes how the evidence base can be used to measure and monitor family, domestic and sexual violence and highlights information gaps and opportunities for improvements.

There have been **substantial improvements** in national FDSV data and reporting over the life of the *National Plan*



There are **limited data** on the prevalence of FDSV in certain population groups



FDSV data are critical to inform policy-development and service monitoring and evaluation



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What is family, domestic and sexual violence?

There is currently no national definition of what constitutes family, domestic and sexual 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. Harm from violence can be wide-ranging, including physical, sexual and psychological, with serious and long-term impacts on individuals, families and communities.

'Family, domestic and sexual violence' (FDSV) is a term used to capture forms of violence that occur within family relationships, and sexual violence that occurs in both family and non-family relationships. Broadly speaking, family relationships are between family members, such as partners (or previous partners), parents, siblings, and other family members or kinship relationships. Violence between partners is sometimes referred to as partner violence, or intimate partner violence, and can cover cohabiting partners and boyfriend/girlfriend/dates.

Further information about specific definitions of FDSV used in national data sources can be found in the Australian Bureau of Statistics' (ABS) *Directory of Family, Domestic, and Sexual Violence Statistics, 2018*; the Australian Institute of Health and Welfare's (AIHW) *Family, domestic and sexual violence in Australia: continuing the national story 2019*; and AIHW's *National sexual violence responses*.

The National Plan to Reduce Violence against Women and their Children—2010–2022

The *National Plan to Reduce Violence against Women and their Children—2010–2022* (National Plan), was released in 2011 with a vision that Australian women and their children could live free from violence in safe communities. It focused on the 2 main types of violence experienced by women (family/domestic violence and sexual assault) and aimed to achieve a 'significant and sustained reduction in violence against women and their children' (COAG 2011). The National Plan, endorsed by Australian and state and territory governments, reinforced and supported national strategies with related aims, including the *National Framework for Protecting Australia's Children 2009–2020*.

The National Plan set out 6 National Outcomes and provided a framework for governments to deliver on 4 action plans over 12 years. The action plans highlighted priority areas for change and initiatives to address these priorities.

Each of the 4 action plans emphasised that for the National Plan to be successful it would be necessary to establish a solid national evidence base for FDSV. This evidence base would enable measurement of the effectiveness of policy and service interventions for preventing and responding to violence against women and their children.

All Australian governments have committed to the *National Plan to End Violence against Women and Children 2022–2032*. This National Plan will support a renewed national approach to ending violence against women and children. The Australian Government has also committed to a standalone Aboriginal and Torres Strait Islander National Plan to end family violence.

Family, domestic and sexual violence data

Accurate and timely data are essential for monitoring outcomes relevant to FDSV. Due to the multi-dimensional nature of FDSV, data are collected from a range of sources to gain a comprehensive understanding of the issue at the population level. These sources often vary in data collection and reporting methods, which contributes to the challenge of developing a consistent FDSV evidence base.

Developing nationally consistent FDSV data

The ABS developed a conceptual framework to support the understanding and use of FDSV data across Australia (ABS 2009; ABS 2013a). This framework uses 6 elements as central organising principles for information relating to FDSV and shows the key relationships that exist between the elements (Figure 1).

The framework provides the foundations for improved data and reporting of FDSV across the Commonwealth, states and territories and the non-government sectors.

Figure 1: Overview of the framework



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 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, 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 and outcomes. Research and evaluation of interventions help to build an evidence base to inform further research, policies and programming.

Source: adapted from ABS 2013b.

How are data on FDSV collected?

Data on FDSV can be collected in different ways including as by-product administrative data and through purpose-designed surveys. Each type of data adds to the evidence base for FDSV and helps to inform the elements described in Figure 1. These data can be collected from a range of sources.

Administrative data are collected by service providers as a by-product of management and operational processes. For example, cases of FDSV may be identified and recorded by police, courts, social support and FDSV service providers, child protection and health services. The data can be extracted from an agency's administrative records in a way that maintains confidentiality and can then be used for analysis purposes (ABS 2013b). Some national administrative data collections relevant to FDSV include the ABS Recorded Crime [Victims](#) and [Offenders](#) collections, AIHW [National Hospital Morbidity Database](#) (NHMD) and AIHW [Specialist Homelessness Services Collection](#) (SHSC).

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 insight into how violence is experienced, community attitudes towards violence, and the prevalence of FDSV incidents in the overall population. Survey respondents may be more likely to disclose incidents of violence in an anonymous survey than to report these to criminal, legal, health, housing and other support services, allowing for a more comprehensive measure of FDSV than administrative data alone (ABS 2013b). Some national surveys relevant to FDSV include the ABS [Personal Safety Survey](#) (PSS) and the [National Community Attitudes towards Violence against Women Survey](#) (NCAS).

Data may also 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, this type of data could indicate the prevalence of FDSV experiences by gender and age group. Most 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 to understand how and why people's circumstances change, identify common pathways, and show how experiences can interact over time to lead to different outcomes. Longitudinal data can also enable identification of the effects of policy changes (DSS 2022). Longitudinal FDSV data may be collected through administrative data (for example, AIHW [SHSC](#)) or surveys (for example, [Australian Longitudinal Study on Women's Health](#) (ALSWH), [Longitudinal Study of Australian Children](#) (LSAC)).

How can we monitor changes in FDSV?

Types of indicators

There are different types of indicators that can be used to measure progress against a defined objective. These include:

Outcome indicators

Outcome indicators typically measure the impact of a service on the status of individuals and the community (SCRGSP 2022); for example, prevalence of FDSV in Australia or community attitudes towards violence against women. Assessment of progress against these measures depends on how quickly the 'outcome' can change. For example, a long-term indicator could be a reduction in the prevalence of FDSV, as it may take some time to see meaningful change.

Medium-term outcome indicators could include a reduction in the number of domestic homicides or an increase in community understanding of violence. A shorter-term outcome could be an increase in the proportion of clients in housing after accessing support from a specialist homelessness service.

Outcome indicators are useful for summarising how well people, populations and services and/or service systems are faring. However, some indicators can be less suited to accountability when multiple services, sectors, governments and/or professionals play a role in impacting the outcome.

Output indicators

Output (or process) indicators describe services and/or interventions that are delivered (SCRGSP 2022). To be useful, there needs to be a causal link (or at a minimum, proven association) between the output and outcome of interest. An example of an FDSV output indicator could be increased reporting of FDSV-related incidents to police, which could lead to earlier intervention and reduce further incidents.

Input indicators

Input indicators measure resource or expenditure inputs. These indicators have a role in describing contextual business and/or financial activity related to a program, policy or system but do not provide information about the quality or outcomes of a service. For example, measures of staff and funding could be input indicators (CDC 2021).

One of the challenges for monitoring changes in FDSV is that data will be impacted by shifts in perceptions of violence. As people in Australia gain awareness and understanding of the ways violence can be perpetrated, people may be more likely to identify and report violence and/or seek services. This is an important consideration when examining data related to FDSV over time. The NCAS supports monitoring of attitudes and beliefs held in Australia relating to FDSV.

Current state of national family, domestic and sexual violence data and reporting

No single national data source can provide all the information needed to report on and understand FDSV. FDSV data are instead collated from a range of sources to provide a national picture. These data sources include:

- Hospitals
- Social support and specialist FDSV services
- Child protection services
- Homelessness services
- Police, courts and corrections
- Coroners and deaths
- Population surveys

Table 1 lists key national data sources which can be used to support time-series reporting about FDSV and indicates the main type/s of evidence they provide, organised by the six elements of the ABS' conceptual framework (see Figure 1). For descriptions of the key national data sources see [Appendix A](#).

Table 1: Key types of evidence provided by national FDSV data sources

Data source	Context	Risk	Incident/ Experience	Responses	Impacts and Outcomes
Administrative data					
Health and welfare services					
National Hospital Morbidity Database (NHMD)				•	
National Perinatal Data Collection (NPDC)		•			
1800 ELDERHelp (National Elder Abuse phone line)			•	•	
1800RESPECT				•	
Aged Care Quality and Safety Commission sector performance			•		
Crisis Payment (Services Australia)				•	
Kids Helpline				•	
No to Violence - Men's Referral Service				•	
Relationships Australia				•	
Child Protection National Minimum Data Set (CP NMDS)				•	
Specialist Homelessness Services Collection (SHSC)				•	•

(continued)

Table 1 (continued): Key types of evidence provided by national FDSV data sources

Data source	Context	Risk	Incident/ Experience	Responses	Impacts and Outcomes
Administrative data					
<i>Justice services</i>					
Recorded Crime - Victims				●	
Recorded Crime - Offenders				●	
Criminal Courts, Australia				●	
Family Court of Australia Annual Report				●	
National Homicide Monitoring Program (NHMP)					●
National Minimum Dataset on Intimate Partner Homicides					●
Surveys and other studies					
Australian Burden of Disease Study 2018					●
Australian Longitudinal Study on Women's Health (ALSWH)					●
Longitudinal Study of Australian Children (LSAC)	●	●	●	●	●
National Aboriginal and Torres Strait Islander Social Survey (NATSISS)		●	●		
National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)		●	●		
National Community Attitudes towards Violence against Women Survey (NCAS)	●				
National Survey of the Family and Domestic Violence and Sexual Assault Workforces				●	
National Survey on Sexual Harassment in Australian Workplaces			●	●	●
Personal Safety Survey (PSS)		●	●	●	
Ten to Men: The Australian Longitudinal Study on Male Health		●	●		●

Note: This summary is based on the main type/s of evidence the data source provides. In some instances, sources may also provide some data aligned to other elements.

While the focus of this report is on the national FDSV data and reporting landscape, a range of additional data are collected in states and territories for analysis and reporting in their jurisdiction. Similarly, a number of national information agencies are working to advance FDSV research (for example Australia's National Research Organisation for Women's Safety (ANROWS), Australian Institute of Criminology (AIC), Australian Institute of Family Studies (AIFS)) that collectively enhance the overall evidence base for FDSV.

Enhanced evidence over the life of the National Plan

There have been substantial improvements in national FDSV data and reporting over the life of the National Plan (2010–2022). Key new additions to the evidence base and data enhancement activities during this period, with a focus on first releases of national data products to support population monitoring of FDSV have been summarised in a separate, downloadable figure: [Timeline of key new national FDSV releases and data enhancement activities, over the life of the National Plan](#).

This period also saw a large volume of new research on FDSV (see for example, [ANROWS](#), [AIC](#), [AIFS](#) websites) and the continuation of regular updates in key statistics (for example ABS' Criminal Courts, Australia and Recorded Crime collections, AIC's National Homicide Monitoring Program).

More detail about the data enhancement activities is provided in Key information gaps and development activities.

Key information gaps and development activities

While there have been substantial improvements in FDSV-related data and reporting over the past decade, several national gaps remain. In broad terms, these gaps include limited data on:

- the range of health, welfare and other support services people who experience FDSV may access. For example, primary health care; ambulance/paramedic care; emergency department care; drug and alcohol services; mental health services; income support payments and specialist FDSV services
- service pathways, impacts and outcomes for victim-survivors, perpetrators and families
- select population groups.

In some cases, data are available at the state and territory level, however comparability across collections is limited as different definitions and/or methods are used to support different requirements, which can be related to legislation and/or service scope. Data availability and/or comparability can also vary across public and private sectors.

Taking a population monitoring perspective, this section describes the key data and information gaps in the FDSV evidence base. Information in this section is organised according to the six elements of the ABS' framework (see Figure 1). Data development activities and opportunities are also identified, with a focus on major national data projects.

Priorities for national data development activities can be driven by government priorities and/or demand for information in topical policy areas identified in strategic documents, like the National Plan. However, there can be substantial data collection burden and costs (for example, as a result of changes to policies, processes and ICT systems). Any work should optimise the benefit of any new data for multiple stakeholders (for example, services providers, users, governments), and leverage existing data collection platforms or mechanisms where possible to ensure the changes are cost-effective and sustainable.

Context

Environmental and psychosocial factors can influence community and individual attitudes and provide context for the occurrence and experience of FDSV. The societal context in which FDSV occurs can be measured in several ways. Data on attitudes and knowledge, like that available in the NCAS, can be used to report on community understanding of FDSV, while data on the environmental factors associated with violence can provide an overview of the circumstances in which violence can occur.

Our Watch's report, *Tracking progress in prevention: A national monitoring report on progress towards the primary prevention of violence against women and their children in Australia* summarises a number of key national data gaps of relevance including data on the dynamic of household or family decision-making between partners, and data on the experience of intersecting forms of inequality and discrimination (Our Watch 2020).

Risk

Identifying factors that increase the likelihood of experiencing or using FDSV is important for the development of targeted programs and interventions (ABS 2013b). In some cases, these factors may overlap or combine to create an even greater risk. Examining the prevalence of FDSV across different population groups can help to identify those groups at higher risk. However, it can be difficult to obtain large representative samples for select groups from national surveys, and the data become less reliable and robust when small samples from specific populations are analysed. Administrative data may also have limited information on certain population groups. Table 2 shows the key information gaps and development activities in understanding who is at elevated risk of FDSV. As well as the specific activities and opportunities listed, data linkage may also support improved understanding of demographic information (see Data Integration).

Table 2: Key information gaps and developments: Who is at risk of FDSV?

Description	Key data and information gaps	Information development activities and opportunities
Aboriginal and Torres Strait Islander people		
Family violence occurs at higher rates in Aboriginal and Torres Strait Islander communities than in the general population. This is both a cause and effect of social disadvantage and intergenerational trauma (Closing the Gap Clearinghouse 2016). 'Family violence' is the preferred term for violence within Aboriginal and Torres Strait Islander communities, as it covers the extended family and kinship relationships in which violence can take place.	There are limited national data on the nature and extent of family violence experienced by Aboriginal and Torres Strait Islander people. Available data are limited to experiences of physical violence and do not address other types of family violence (ABS 2019).	An Aboriginal and Torres Strait Islander personal safety statistics study is under development by the ABS. This is currently a feasibility study. The development of Aboriginal and Torres Strait Islander led research is important for better understanding diverse experiences of family violence. The Family and Community Safety (FaCtS) for Aboriginal and Torres Strait Islander Peoples Study is an example of such research. Similarly, the Mayi Kuwayu study is Aboriginal and Torres Strait Islander designed, controlled, and led and contains an item on family violence.

(continued)

Table 2 (continued): Key information gaps and developments: Who is at risk of FDSV?

Description	Key data and information gaps	Information development activities and opportunities
Children		
<p>For children experiencing family and domestic violence (FDV), the impacts may include poor social, behavioural, education and housing outcomes. Children exposed to FDV are also at increased risk of experiencing abuse, including sexual abuse (Campo 2015).</p>	<p>It is difficult to obtain robust data on children’s experiences of FDV. Due to the sensitive nature of the subject and related ethical considerations, most large-scale population surveys focus on adults.</p>	<p>The Australian Child Maltreatment Study (ACMS) has interviewed 8,500 people (aged 16–65+) to determine the national prevalence of child abuse and neglect. The ACMS will also examine associations between child maltreatment and a range of physical and mental health outcomes as well as the burden of disease (QUT 2022). Findings are expected to be released in 2023.</p> <p>Development of administrative data, for example, from specialist FDSV services, could also provide insight.</p>
Young people		
<p>Definitions of the age range for young people vary across data collections and reporting, however, in general it refers to the period from adolescence to adulthood (AIHW 2021a). Young people may experience FDSV directly or indirectly. They can also use violence (see Perpetrators and young people who use violence). Young women aged 18–34 are more likely to experience intimate partner violence and sexual violence than women aged 35 and over (AIHW 2019).</p>	<p>The PSS provides data on young people who have been victims of FDSV, however data on emotional abuse are limited to abuse by a cohabitating partner only.</p>	<p>Data on the prevalence and nature of emotional abuse by non-cohabitating partners (for example boyfriend/girlfriend) or family members such as parents or siblings would provide a more comprehensive picture of family violence experienced by young people. Development of administrative data, for example, from specialist FDSV services, could also provide insight.</p>
People who are pregnant		
<p>Pregnancy is a time of heightened risk for intimate partner violence (State of Victoria 2016). It presents an opportunity to identify and respond to violence, as many pregnant people will have contact with health-care services and professionals on a regular basis during the antenatal period (AIHW 2015).</p>	<p>Some data on the experience of partner violence while pregnant are available from the PSS, however little is known about the supports and services provided to these women, or women who are at risk of experiencing violence during pregnancy.</p>	<p>In 2020 a voluntary family violence screening question was introduced into the AIHW’s National Perinatal Data Collection to identify whether screening for family violence was conducted using a validated screening tool during pregnancy. The 2020 data are currently being finalised for reporting in late 2022.</p> <p>The AIHW is also working with the Commonwealth Department of Health 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 FDSV risk. Analysis of the pilot will inform decisions about the appropriateness and feasibility of capturing this information on an ongoing basis.</p>

(continued)

Table 2 (continued): Key information gaps and developments: Who is at risk of FDSV?

Description	Key data and information gaps	Information development activities and opportunities
Older people		
<p>In Australia, 'older people' are generally defined as those aged 65 and over, or 50 and over for Aboriginal and Torres Strait Islander people. Older people may experience 'elder abuse', which can occur in the context of FDSV and is often under-reported (AIHW 2019).</p>	<p>While some data are available regarding elder abuse in the community, data are limited for people with cognitive decline (Qu et al. 2021) and only some data are available for people in aged care settings (see below).</p> <p>For older people in residential aged care, the Aged Care Quality and Safety Commission sector performance data provides information on the number of reportable incident notifications for unlawful sexual conduct or inappropriate sexual contact (ACQSC 2022).</p>	<p>In 2021, AIFS published the findings of the National Elder Abuse Prevalence Study, highlighting factors that place people at greater risk, how violence is experienced, the challenges for support services and the need for further research and policy development (Qu et al. 2021). This survey could be repeated periodically to provide a picture of how elder abuse is changing over time.</p>
LGBTIQ+		
<p>LGBTIQ+ is an acronym used to describe lesbian, gay, bisexual, transgender, intersex, queer, asexual, and other sexually or gender diverse people. The marginalisation of LGBTIQ+ people makes them vulnerable to FDSV (AIHW 2019).</p>	<p>The 2016 ABS PSS did not capture data on gender, sexual orientation or variations of sex characteristics. Data on sex is limited to female or male. Some data are available on the number of men and women who have experienced intimate partner violence by a same-sex partner.</p> <p>Most national administrative collections do not currently record sex and gender as separate concepts and do not collect data on sexual orientation or variations of sex characteristics, including those national collections which capture data on FDSV.</p>	<p>In 2021, the ABS released the Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020 (ABS 2021c). Where recommendations from the Standard are implemented, the collection and dissemination of relevant data will become consistent and provide valuable information about the risk of FDSV for LGBTIQ+ people.</p> <p>There will be improved capture of sexual orientation in 2021 PSS, and gender diversity and sexual orientation in 2021 NCAS.</p> <p>For more information on the reporting of these concepts in AIHW's FDSV publications, please refer to the Technical Notes on Methods.</p>

(continued)

Table 2 (continued): Key information gaps and developments: Who is at risk of FDSV?

Description	Key data and information gaps	Information development activities and opportunities
People with disability		
<p>People with disability are more likely to experience sexual violence and violence from an intimate partner than those without disability (ABS 2017). People with disability may experience additional forms of violence such as reproductive control, forced or withheld medical treatment, and forced isolation or restraint (Frohman et al. 2015).</p>	<p>The PSS collects data on the prevalence of physical and sexual violence and partner emotional abuse among people with disability, however, the availability of information on disability status varies in national administrative collections, including those which capture data on FDSV.</p>	<p>In 2021, the ABS published the first In Focus report on disability and violence, bringing together data from the PSS and other complementary ABS sources including the General Social Survey, the NATSISS, and the Survey of Disability, Ageing and Carers (ABS 2021a).</p> <p>The National Disability Data Asset (NDDA) will be an enduring national asset comprising a system of linked, de-identified data relating to people with disability across multiple Commonwealth, state and territory service systems. It is anticipated that over 200 government data sets will be linked by the NDDA in its first three and a half years. In the longer term, the NDDA may contribute to greater understanding of experiences of violence within this population group.</p> <p>Improved capture of disability status in relevant administrative collections would assist in providing a more complete understanding (Fortune et al. 2021), as could data integration. For example, work is currently underway to explore how data integration can improve the identification of children with disability in the national child protection collection.</p>
People from culturally and linguistically diverse (CALD) backgrounds		
<p>Cultural context and a range of social factors can make people from CALD backgrounds particularly vulnerable to FDSV (Victorian Department of Health 2021). This may include complex forms of violence such as forced marriage, visa abuse, and female genital mutilation/cutting.</p>	<p>The PSS collects information on country of birth and language spoken at home and first language spoken as a child. However, the survey is primarily conducted in English and, due to difficulties collecting data from people who do not speak English, may underestimate the prevalence of violence among people from non-English speaking backgrounds. Data on more complex forms of violence is limited.</p> <p>Information to identify people from CALD backgrounds in national administrative data is limited and not collected consistently.</p>	<p>Improved capture of CALD data in relevant administrative collections would assist in providing a more complete understanding of experiences of violence among people from CALD backgrounds. The ABS has released standards to collect all the necessary information for consistent measurement of cultural and language diversity (ABS 2022).</p>

(continued)

Table 2 (continued): Key information gaps and developments: Who is at risk of FDSV?

Description	Key data and information gaps	Information development activities and opportunities
Perpetrators and young people who use violence		
<p>In some cases, there may be multiple people who use violence in a family, or multiple perpetrators involved in a specific incident. The term perpetrator is generally used for people aged 18 and over, however this term may not be preferred by some people and is generally not preferred in cases where young people are using violence in the family context.</p>	<p>Some high-level data are collected in the ABS' Recorded Crime – Offenders data (for example age, sex, Indigenous status). In addition, some contextual information about perpetrators, like sex of victim and perpetrator, are collected in the ABS' PSS, while relationship of offender to victim is collected in the ABS' Recorded Crime – Victims. However, additional demographic details of perpetrators are not available.</p> <p>Some detailed information about perpetrators of domestic violence homicide is available from analysis of intimate partner violence homicide data (ADFVDRN and ANROWS 2022), however this only relates to a subset of perpetrators.</p> <p>Data on the prevalence and nature of violence used by adolescents against a family member/s are limited (ANROWS 2022a), and data on the prevalence of harmful sexual behaviours among children are also limited.</p>	<p>The National Crime and Justice Data Linkage Project, which aims to link administrative datasets from across the criminal justice sector, including police, criminal courts, corrective services, and youth justice could provide insight on perpetrators of FDV identified by the criminal justice sector. Additional information about perpetrators, for example income, employment, health status, could become available via other linkages with health and welfare datasets in the future.</p> <p>However, these data focus on those perpetrators identified by the justice system. Additional information about the characteristics of other perpetrators could be provided through supplementary sources, for example services working directly with perpetrators.</p> <p>A national study of the prevalence, nature and responses to adolescent family violence in Australia is underway (ANROWS 2022a).</p>

Incident/Experience

Understanding the characteristics of FDSV incidents and the experiences of victim-survivors and people who use violence can inform the development and evaluation of policies, programs and services to prevent and better respond to the issue. While there is evidence for certain types of violence, there are limited data for others. Table 3 shows the key information gaps and development activities in understanding incidents and experiences of FDSV.

Table 3: Key information gaps and developments: Incidents and experiences of FDSV

Description	Key data and information gaps	Information development activities and opportunities
Complex forms of violence		
Complex forms of violence may include reproductive coercion, forced marriage, trafficking of women and children for sexual exploitation, female genital mutilation/cutting, incest, and intimate partner violence of women associated with organised crime syndicates.	Complex forms of violence can be difficult to identify and address. These forms of violence may not be detected by survey instruments commonly used to record FDSV, and the support required by people experiencing these types of violence may be beyond the scope of FDSV services. For these reasons, there is limited visibility of the prevalence and impacts of these forms of violence.	Due to the diverse range of behaviours that can be considered as complex forms of violence, these types of violence may be best assessed through targeted surveys of at-risk population groups. Relevant data could also be collected by service providers likely to provide support to at-risk groups.
Technology-facilitated abuse		
Technology-facilitated abuse can take many forms, and includes: abusive messages or calls, account take overs, image-based abuse, or being tracked through a phone or device (eSafety 2021).	There are limited national data about the prevalence of technology-facilitated abuse and how these behaviours co-occur with FDSV.	ANROWS is working to establish reliable national prevalence rates for adult victimisation and perpetration of key forms of technology-facilitated abuse, including online sexual harassment, stalking, partner violence and image-based sexual abuse (ANROWS 2022b).
Financial abuse		
Financial abuse can have harmful effects in both the short and long-term. Financial abuse may include withholding money, manipulating someone's financial decisions, or using a person's money without consent. Financial abuse often happens alongside other types of FDSV, can be considered to be a form of coercive control and can be facilitated by technology (MoneySmart 2022, ANROWS 2022c).	Many of the behaviours associated with financial abuse are not a criminal offence and therefore may not be as visible as other forms of FDSV. The behaviours may also not be easily measured through counts of specific incidents (ABS 2013b). While the PSS and the National Elder Abuse Prevalence Study offer some data on financial abuse, data are limited and national prevalence has not been established.	Awareness of financial abuse is increasing, including as a form of elder abuse. Some financial institutions are receiving training and implementing measures to help identify cases of financial abuse and work with clients experiencing abuse. With increased awareness and focus on financial abuse, improved data on this type of abuse may become available in the longer term.

(continued)

Table 3 (continued): Key information gaps and developments: Incidents and experiences of FDSV

Description	Key data and information gaps	Information development activities and opportunities
Sexual harassment		
<p>In the PSS, sexual harassment involves behaviours a person experienced that made them feel uncomfortable and were offensive due to their sexual nature (ABS 2017).</p>	<p>The PSS collects data on sexual harassment and the Australian Human Rights Commission (AHRC) undertakes regular surveys of sexual harassment in Australian workplaces. Some data on sexual harassment in universities is also available (AHRC 2017, Heywood et al. 2022). However, there is a lack of data on sexual harassment occurring in other contexts, such as schools, religious institutions; recreational, sporting or retail venues; and aged care and other residential care facilities, as well as in other public spaces, on the internet and on social media.</p>	<p>An AHRC survey will collect information on the understanding, experience, nature and reporting of sexual harassment among Australian secondary school students (AHRC 2022).</p> <p>The Attorney-General's Department (AGD) has funded the AHRC to implement Recommendation 3 of the Respect@Work report – to develop data sharing protocols and formal data-sharing arrangements between Respect@Work Council bodies, regulators and work health and safety agencies. In addition, the AGD is implementing Recommendation 46 of the Respect@Work report – to develop an indicators framework and accompanying guidance for employers on actions to prevent and respond to sexual harassment, and how to measure their performance against these indicators.</p>

Responses

Actions taken after incidents of FDSV are referred to as ‘responses’ and may cover informal support (including disclosure to a friend or family member) and/or formal support (such as health services, housing assistance, police and legal services). This section of the report focusses on formal responses.

Responses may be actions taken by victim-survivors, people who use violence, family and friends of the victim-survivor, witnesses, service providers, and the civil or criminal justice system. Victim-survivors and perpetrators of FDSV may access a range of mainstream and specialist services that span the health, welfare and justice sectors. Data on service responses can provide an indication of service demand, and some information on the characteristics of the client and the nature of the service are sometimes available. This information can then be used to improve response strategies.

National data about access to, and the outcomes from, these services is often limited. It can also be difficult to ascertain if coordinated responses are provided for victim-survivors and perpetrators. Table 4 shows the key information gaps and development activities in understanding responses following an FDSV-related event.

Table 4: Key information gaps and developments: Service responses to FDSV

Description of service	Key data gaps	Data development activities and opportunities
Primary health care		
The primary health care system can be a formal point of contact for victim-survivors of FDSV.	There are no consistent national data for presentations to primary health care, including general practitioners, nurses, and allied health professionals. Data are collected through a range of different mechanisms, but not in a uniform and standardised way.	<p>The Australian Government have provided funding for an expansion of the Recognise, Respond and Refer program. This is a trial to improve health system responses to family violence within select Primary Health Networks and provides opportunities to consider the scope and nature of data collected in primary care.</p> <p>The AIHW is working to develop a national primary care collection. This project provides an opportunity to test how primary care data related to FDSV could be captured and used to inform national reporting and monitoring related to FDSV in the longer term (AIHW 2020b).</p>
Ambulance		
Ambulance attendances can be a point of contact for people who have experienced FDSV.	Data captured about FDSV-related ambulance attendances is limited, and where it is captured may be inconsistent across jurisdictions and difficult to obtain access to.	In collaboration with Turning Point (through Monash University), the AIHW has developed the National Ambulance Surveillance System . This system covers data on attendances related to mental health, alcohol and other drugs and self-harm. There is potential to expand the system to capture data on FDSV-related attendances.

(continued)

Table 4 (continued): Key information gaps and developments: Service responses to FDSV

Description of service	Key data gaps	Data development activities and opportunities
Emergency departments		
<p>Emergency departments (ED) can be a point of contact into the healthcare system for people experiencing FDSV.</p>	<p>The national ED data collection currently captures information on injury as a principal diagnosis. However, it does not capture information on the external cause of the injury (for example, assault), the place of occurrence or the activity underway when the injury occurred.</p>	<p>In 2018–19, the AIHW, in conjunction with state and territory stakeholders, developed options for enhancing the capture of FDSV in national ED data. The AIHW is currently working with states and territories to improve the capture of information relevant to FDSV in national ED data (AIHW 2020b).</p>
Specialist homelessness services		
<p>Many people who seek support from specialist homelessness services have experienced FDV. These services may provide victims or perpetrators with direct support and/or referrals to other support services.</p>	<p>Published data do not currently differentiate between whether a client accessing specialist homelessness services receives victim or perpetrator specific services.</p>	<p>In 2019, the Specialist Homelessness Services Collection (SHSC) was amended to capture information on whether a client needed or was provided and/or referred to FDV victim support services or FDV perpetrator support services. Data quality has been monitored since the introduction, however further work to improve data quality is required before these data can be published.</p> <p>From July 2019, FDV-related support requests were identifiable among people seeking support from SHS agencies who did not go on to become a client of that agency (termed unassisted requests).</p>
Child protection services		
<p>In Australia, states and territories are responsible for providing child protection services to anyone aged less than 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. This includes FDSV events.</p>	<p>The Child Protection National Minimum Data Set is an annual data collection containing information on children aged 0–17 who come into contact with state and territory departments responsible for child protection. The collection does not separately capture information on FDV.</p>	<p>Examining the interactions between child protection services and other FDSV-related services may offer insight into the extent of FDSV among children receiving child protection services.</p>
Financial support		
<p>Experiences of FDSV can have significant financial impacts on individuals, families and the community. People experiencing FDSV may seek financial support from employers, workplaces, Services Australia, specialist FDSV services, financial counselling services, financial institutions or No Interest Loan Scheme providers.</p>	<p>While data relating to FDV crisis support payments are available, other data relating to financial assistance provided to victim-survivors and perpetrators of FDSV are limited.</p>	<p>Some financial institutions have established dedicated teams to support people experiencing FDV. Support may include protecting the customer's privacy and financial assets, informing customers of options for maintaining or regaining financial self-sufficiency (for example accessing money in an emergency, re-evaluating payment obligations), and referring customers for ongoing specialised support. Data on the provision of financial support by financial institutions may become available in the longer term.</p>

(continued)

Table 4 (continued): Key information gaps and developments: Service responses to FDSV

Description of service	Key data gaps	Data development activities and opportunities
Legal services		
<p>For many people seeking legal services, FDSV is a reason. Legal services may include providing case representation, legal advice, duty services, advocacy, and other help at courts and tribunals.</p>	<p>There are limited published data on legal assistance provided in response to FDSV.</p>	<p>The ABS is undertaking the national legal assistance services data project to establish a statistical evidence base for the Australian legal-assistance sector in partnership with the AGD and the DSS (ABS, personal communication, 1 August 2022). This project aims to improve the availability of data about people who receive legal assistance for FDSV-related matters (AIHW 2020b).</p>
Specialist FDSV services		
<p>Specialist FDSV services can include crisis services, helplines, family and relationship counselling, family violence outreach services and perpetrator intervention programs.</p>	<p>At a national level there are very limited data from specialist FDSV services.</p>	<p>The development of a national prototype specialist FDSV services data collection was announced in the 2020–21 Budget (DSS 2021). The AIHW has been funded to undertake this development work over the four-year period 2021–22 to 2024–25.</p> <p>Under the <i>National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030</i>, the National Office for Child Safety and the AIHW will lead, along with the University of South Australia, Australian Centre for Child Protection, 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.</p>
Perpetrator interventions		
<p>Perpetrator interventions are the responses that engage with a perpetrator directly because of their violence, or risk of perpetrating violence. A range of organisations and services are involved in perpetrator intervention, including the police, courts, corrections, behaviour change programs and child protection services.</p>	<p>Data on perpetrator interventions are not always comparable across states and territories and limited data are available from some providers of perpetrator interventions (AIHW 2021c).</p>	<p>In 2019, ANROWS undertook a study into developing a national 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 (AIHW 2021c).</p> <p>The ABS is also working to improve comparability of data across recorded crime and criminal courts data collections which could improve information on outcomes for perpetrators of FDSV (ABS, personal communication, 1 August 2022).</p>

(continued)

Table 4 (continued): Key information gaps and developments: Service responses to FDSV

Description of service	Key data gaps	Data development activities and opportunities
Police and courts		
<p>Police are often the first point of contact with the criminal justice system for cases of FDSV (ABS 2013b). Justice responses to FDSV offences can be recorded in civil and criminal proceedings of state and territory courts, depending on the type of response (AIHW 2019).</p>	<p>Data on victims of selected FDSV-related offences are available through the ABS' Recorded Crime – Victims data, and some data on sexual assault offenders is available through ABS' Recorded Crime – Offenders. The ABS' Recorded Crime – Offenders data also contains some experimental data on FDV offenders. If known, the relationship of the offender to the victim is recorded, however details of corresponding offender/s and victim/s are not available in victims and offenders data respectively. Demographic data are also limited.</p> <p>There are also limited published data on family violence orders and family court responses (ABS, personal communication, 1 August 2022).</p>	<p>Once established, the ABS National Crime and Justice Data Linkage Project will provide a more holistic view of how FDSV perpetrators move through the criminal justice system. For more information, see: FDSV data integration projects underway: National Crime and Justice Data Linkage.</p>
Other mainstream services		
<p>A range of other services that cater to the whole population, or specific population groups, can also be accessed by people experiencing violence. For example, mental health services, community health services, alcohol and other drug services, services for Aboriginal and Torres Strait Islander people.</p>	<p>While some nationally consistent data collections exist for some of these services (see AIHW data collections), data on FDSV is not captured.</p> <p>For some services, some FDSV data may be available for selected states or territories, but will vary in scope, consistency, and comparability.</p>	<p>Data development work could be undertaken to improve the capture of data on FDSV in select national data collections.</p>

Impacts and outcomes

FDSV can impact victim-survivors, people who use violence, families, workplaces, the community and the economy. The impacts and outcomes can vary from short- to long-term and can also differ across population groups.

Recent work by Summers (2022), using customised data from the PSS, discusses key choices and consequences faced by women experiencing domestic violence, emphasising the importance of nationally representative data in understanding the impacts and outcomes of FDSV, particularly for victim-survivors.

While some data on the impact of FDSV on the health of victim-survivors exist, data on the broader wellbeing of people affected by FDSV is limited. There is also limited understanding of pathways through the service sector for victim-survivors and perpetrators and outcomes associated with various support services and interventions, particularly over the longer term.

Table 5 shows the key information gaps and development activities in understanding the impacts and outcomes of FDSV.

Table 5: Key information gaps and developments: Impacts and outcomes of FDSV

Description	Key data and information gaps	Information development activities and opportunities
Long-term health and welfare		
FDSV can have a range of long-term impacts including changes in physical and mental health, developmental and behavioural changes, relationships, living arrangements, work/study, and financial status.	Data on the impact of FDSV on health are available through existing longitudinal studies, however there is limited understanding of the impact on broader wellbeing, for example economic and housing outcomes.	In 2018, the Australian Domestic and Family Violence Death Review Network published an inaugural report of findings from the National Minimum Dataset on intimate partner homicides, with plans to extend reporting to encompass other types of homicides within a family relationship and suicides that have been identified as FDV-related (ADFVDRN 2022). Due to the potential impact of FDSV on many aspects of life, data linkage projects have the potential to offer the greatest insight into long-term outcomes associated with FDSV.
Pathways through the service sector for victim-survivors and perpetrators		
People who experience FDSV may access a range of health and welfare services, and some perpetrators will be involved in the justice systems.	Nationally consistent data collections are not available for most service systems and there is limited understanding of the pathways for people experiencing FDSV.	Data linkage projects offer the potential to better understand pathways and may provide insight into the impact of programs and services responses (see Data integration). This linkage can be broad, including data sets across multiple sectors, or specific to one service sector, for example specialist homelessness services (see for example AIHW 2022).

Programs, research and evaluation

High-quality and comprehensive data on all the above elements are critical to inform the development and operation of programs and services, research and evaluation. Given the complexity of FDSV, the multi-sectoral nature of responses involving multiple levels of government, and data limitations and gaps, monitoring and evaluation of the National Plan is challenging.

Information development activities and opportunities outlined in this report can improve capacity for better and more cost-effective evaluation through several different mechanisms, including improved consistency and comparability of data, improved capture of FDSV in administrative data, and data integration.

Data integration

Integrating data through the use of data linkage presents an opportunity to explore the pathways through service systems of people experiencing FDSV, their longer-term outcomes, and patterns of FDSV over time. Data integration has the potential to address a number of the key data gaps identified in this report.

What is data integration?

In Australia, our health and welfare sectors and their associated evidence bases are largely disconnected. Data integration, also known as data linkage, is a process that brings together existing information from more than one source. Linked datasets can provide more detailed information than could be gained from each individual dataset, by matching disparate pieces of information together (AIHW 2020a).

The AIHW works with governments and researchers to link de-identified data from various sources. Data integration provides an opportunity to better understand clients' pathways through the Australian health and welfare system, further identify at-risk populations and risk factors, and explore outcomes (AIHW 2019).

Data integration in FDSV

To date, at a national level, there have been limited opportunities for linked data to provide additional insights on FDSV. This is primarily because the at-risk population (those exposed to FDSV) are not readily identifiable in the underlying national administrative data collections. Where information does exist, such as specialist homelessness services, police or admitted hospital patient data, data represent a relatively small (albeit important) sub-set of the total population exposed to FDSV. As such, data can only relate to those people using the services and cannot answer questions about the level of unmet demand or barriers to access (AIHW 2020b).

Another challenge associated with data integration is that data from different sources may not have been collected in a consistent or comparable way. This limits opportunities to evaluate the effectiveness of different services and outcomes for people who experience FDSV.

In the long term, improved data on FDSV in administrative data sets, together with greater use of data linkage, will support further policy development and service monitoring and evaluation, by:

- providing greater insight on FDSV within local areas (such as Primary Health Networks) to assist service providers and governments in understanding their service population and demand
- providing insights on the pathways of victim-survivors and perpetrators of FDSV, their longer-term outcomes and the potential impact of services
- providing greater insight on how relevant service responses can be coordinated to improve FDSV outcomes
- providing insights on diversity of experiences and how risk factors may interact to affect likelihood of experiencing FDSV.

National data integration relevant to FDSV

There are a number of national data integration systems and/or projects underway that are relevant to FDSV.

National Integrated Health Services Information Analysis Asset (NIHSI AA)

In 2021, the AIHW released [Examination of hospital stays due to family and domestic violence 2010–11 to 2018–19](#) which reported on patterns of FDV hospitalisation using the NIHSI AA, which is a longitudinal, enduring, linked, data asset. This work aims to highlight potential service intervention opportunities and improve recognition of those at risk of re-hospitalisation (AIHW 2021b). Further to this, the AIHW plans to undertake additional analyses by Aboriginal and Torres Strait Islander people and remoteness.

National Crime and Justice Data Linkage Project

The National Crime and Justice Data Linkage Project is being led by the ABS in partnership with the AIHW and aims to link administrative datasets from across the criminal justice sector, including police, criminal courts, corrective services, and youth justice. Once fully established, this data system could provide insight on how perpetrators of FDSV move through the criminal justice sector, including corrective service outcomes for FDSV offenders. In the future, linkages with other health and welfare datasets could provide a more holistic view of perpetrators, and potentially, their victims.

National FDSV integrated data system

The National FDSV integrated data system project aims to develop an enduring national integrated data system related to FDSV victim-survivors and/or people who use violence. Australian Government funding has been allocated to the AIHW over the four-year period 2021–22 to 2024–25 to lead this work. The work is to be completed in 3 stages: scoping; establishment; and testing and analysis. The scoping stage will include consultation with stakeholders on potential research and policy questions which could be addressed by a FDSV integrated data system. The long-term aim is to provide a more complete picture and better understanding of the life experiences and outcomes of people experiencing FDSV.

Future of FDSV data and reporting

The national information development activities mentioned in this report, along with *The National Plan to End Violence against Women and Children 2022–2032* will play an important role in the trajectory of FDSV data and reporting in the future. In particular, a focus on more consistent data collection, improved capture of FDSV in administrative data, and enduring data linkage will help to improve the evidence base for FDSV.

Bringing together data from a range of sources across the 6 elements of the ABS' framework can promote increased understanding of FDSV in Australia and help highlight data gaps. To better support this, the AIHW is currently developing a new model of national reporting which will support the distribution of a range of FDSV evidence products, through an enhanced online reporting platform that will allow users to interact with the latest data across a range of formats.

More information

For more information on family, domestic and sexual violence see:

- [Family, domestic and sexual violence data in Australia](#)
- [Sexual assault in Australia](#)
- [Family, domestic and sexual violence in Australia: continuing the national story 2019](#)
- [Family, domestic and sexual violence in Australia, 2018](#)

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For information, support and counselling contact **1800RESPECT on 1800 737 732** or visit the [1800RESPECT website](#).

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