**National Plan to Reduce Violence Against Women and Their Children**

**Fourth Action Plan (2019-22)**

*Background and Evidence Summary*

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# Overview

The Fourth Action Plan, ‘Turning the Corner’ is the final Action Plan under the *National Plan to Reduce Violence against Women and Their Children 2010‑2022* (National Plan). The Fourth Action Plan will continue to provide a coordinated approach to reducing violence against women and their children through collaboration with all Australian jurisdictions.

The priorities explored through the consultation include:

* reducing violence against women and their children through prevention activities
* reducing sexual violence
* addressing the impact of violence on women from Aboriginal and Torres Strait Islander communities
* addressing the impact of violence on women from culturally and linguistically diverse communities.
* addressing the impact of violence on women with disability
* addressing the impact of violence on LGBTIQ people
* developing workforce capability
* responding to the impact of family and domestic violence on children
* adequate crisis accommodation
* supporting the medium to long‑term safety, wellbeing and independence of women and their children
* addressing technology-facilitated abuse
* access to justice.

The purpose of this paper is to provide information on the evidence base for priorities explored through the consultations. This is not a comprehensive overview of all of the research available, and does not claim to represent the breadth of the conversations which have been had. It is also acknowledged that there are still gaps in the research and data.

# Personal Safety Survey (PSS)

The *Personal Safety Survey* (PSS) is a national survey, funded by the Australian Government, and conducted by the Australian Bureau of Statistics every four years throughout the life of the National Plan (2008, 2012, 2016 and 2020). The PSS collects detailed information from men and women (over 18) about the nature of violence experienced since the age of 15. The Personal Safety Survey is the most comprehensive data source on the prevalence of violence (including family, domestic and sexual violence) in Australia. The most recent data available is from the 2016 PSS, released in November 2017.

***Findings from the 2016 PSS***

* The 2016 PSS found that, since the age of 15:
	+ One in six Australian women has experienced physical or sexual violence by a cohabiting partner, compared to one in 17 men.
	+ One in five Australian women has experienced sexual violence, compared to one in 21 men.
	+ One in four women have experienced physical or sexual violence, compared to one in thirteen men.
	+ Three in ten Australian women has experienced physical violence, compared to four in ten men.
	+ One in three Australian women has experienced violence by a person known to them, compared to one in four men.
* The 2016 PSS also showed that, over time:
	+ Overall violence against women in Australia is declining and has been since at least 1996, driven by a fall in physical violence.
	+ Sexual violence against women in Australia increased between 2012 and 2016, from 1.2 to 1.8 per cent respectively.
	+ Partner violence against women in Australia increased between 2012 (1.5 per cent) and 2016 (1.7 per cent). However, this increase is not considered by the ABS to be statistically significant.

*Methodology[[1]](#footnote-2)*

* The 2016 PSS collected information from 21,250 individuals.
* Respondents were asked about their experiences of the different types of violence by different types of male and female perpetrators (including current partner, previous partner, boyfriend/girlfriend or date, other known man or woman or stranger). More detailed information, such as where the incident occurred and what action was taken, was collected for the most recent incident of each of the different types of violence by male and female perpetrators. Additional information was also collected about respondents’ experience of current and previous partner violence, such as frequency, fear of violence, incidents of stalking and other forms of harassment and general feelings of safety.

# National Community Attitudes towards Violence Against Women Survey (NCAS)

* Under the National Plan, the Australian Government is committed to conducting the National Community Attitudes towards Violence against Women Survey (NCAS) every four years (2009, 2013, 2017 and 2021).
* NCAS is a general population telephone survey of Australians aged 16 years and over on their attitudes towards, and awareness of, violence against women.
* NCAS 2017 (to be released in November 2018) measures progress against two of the six outcomes in the National Plan, including:

1. Communities are safe and free from violence

2. Relationships are respectful.

*Findings from the 2013 NCAS*

* NCAS 2013, released on 17 September 2014, found that:
* The majority of Australians have a good knowledge of violence against women and do not endorse most attitudes supporting violence.
* Most Australians recognise that violence against women includes a wide range of behaviours designed to intimidate and control women, not just physical assault.
* Most Australians are aware that partner violence and forced sex in a relationship are against the law.
* In general, attitudes have remained stable since the last survey in 2009.
* However, young people (16-24 years) have a higher level of attitudinal support for violence against women than older people and a lower level of understanding that this violence includes more than physical violence and forced sex.
* Compared to young women, young men showed a lower level of understanding of violence against women, a lower level of support for gender equality and a higher level of attitudinal support for violence against women.

Young people have somewhat more violence-supportive attitudes than others. However, their attitudes are gradually improving over time, particularly among young men, with fewer young people in 2013 with violence-supportive attitudes than in 2009.

* Scales were developed from questions in the survey to measure the overall understanding of violence and attitudinal support for gender equality, along with a construct to measure overall attitudinal support for violence against women.
* In the sample as a whole, no meaningful change occurred on any of the three measures (understanding, attitudinal support for violence, or attitudinal support for gender equality) between 2009 and 2013.[[2]](#footnote-3)

# Reducing violence against women and their children through prevention activities

*Context*

In 2010, the National Plan identified primary prevention as essential for breaking intergenerational violence, primarily through changing the social attitudes that excuse violence against women.

Under the National Plan, primary prevention activities include the establishment of Our Watch, the development of *Change the Story* ***-*** a primary prevention framework, and the National Campaign ‘*Stop it at the Start*.’ Extensive research has shown that intervening at key life transition points and addressing co-occurring factors can assist with reducing the risk of family and domestic violence.[[3]](#footnote-4)

Further, community education that helps people to recognise risk factors, encourages them to seek help and normalises help-seeking behaviour supports the effectiveness of prevention and early intervention strategies.

*Evidence*

* Evidence about what works in prevention is still emerging and is currently quite disparate, due to the diverse nature of programs and settings.[[4]](#footnote-5)
* Extensive research has been conducted on family and domestic violence and when it is likely to occur within the family/relationship life cycle. Factors that indicate that an individual or family is at increased risk of experiencing family and domestic violence include:
	+ Separation: separated women are more likely to experience violence. It may be the case that violence follows separation, or the decision to separate is due to violence.[[5]](#footnote-6)
	+ Pregnancy and early-parenthood: women who are pregnant are more likely to experience violence than women who are not pregnant.[[6]](#footnote-7)
	+ Past experience of child abuse: women who have experienced abuse during childhood are more likely to experience violence in adulthood.[[7]](#footnote-8)
	+ Non-fatal strangulation: can indicate being at high-risk of being killed by the perpetrator.[[8]](#footnote-9)
	+ Financial stress: higher levels of financial stress have been found to correlate with a higher risk of physical violence and victimisation.[[9]](#footnote-10)
	+ Misuse of alcohol or drugs by the perpetrator: perpetrators with a history of substance abuse inflict violence against their partners more frequently, more commonly inflict serious injuries, are more likely to commit sexual assault and are more likely to be violent outside the home than perpetrators without a history of substance abuse.[[10]](#footnote-11)
	+ Age of woman: statistics suggest that younger women are more at risk of experiencing family and domestic violence.[[11]](#footnote-12)
* Children who are exposed to acts of abuse or violence in the home can experience significant lifelong impacts, including potential psychological and behavioural issues, health issues and other impacts on wellbeing and development.[[12]](#footnote-13)

# Reducing sexual violence

*Context*

Sexual violence is a significant community concern across jurisdictions and prevalence rates are increasing.

Sexual violence was highlighted as a priority under the Third Action Plan of the National Plan, particularly in the context of technology-facilitated abuse such as revenge pornography and image-based abuse.

Through the Third Action Plan, the government funded primary prevention activities on sexual violence, including Our Watch’s *The Line and Impacts of Pornography* campaigns.

While addressing sexual violence has been a focus of successive action plans,
more work needs to be done to tackle difficulties responding to sexual violence, in part due to the difficulties associated with disclosure and bringing matters before the courts.

*Evidence*

* According to the 2016 Personal Safety Survey (PSS), since the age of 15, almost one in five women has experienced sexual violence, compared to one in 21 men.
	+ Women are 2.5 times more likely to have experienced sexual violence within the last 12 months than men.
	+ Between 2012 and 2016, there was an increase in the proportion of women who experienced sexual violence in the 12 months prior to the survey.
	+ In 2012, an estimated 1.2 per cent of women experienced sexual violence, compared to 1.8 per cent in 2016.
	+ The proportion of men who experienced sexual violence remained steady over the same time period (0.5 per cent in 2012 compared to 0.7 per cent in 2016).
* According to the ABS 2017 Recorded Crime – Victims data, between 2016 and 2017, the number of sexual assault victims increased by eight per cent across Australia. This is the sixth consecutive annual increase in the number of victims recorded for this offence and the highest number recorded since the time series began in 2010. More than four in five sexual assault victims were female (82 per cent or 20,556 victims).
* Children and young people are disproportionately victim survivors of sexual assault. In 2016 (PSS 2016), young women aged between 15–19 had the highest rates of reported sexual assault of any age and sex group and girls aged between 10–14 years had the second highest reported rate. The victimisation rates for these two age groups have remained relatively stable since 2010.[[13]](#footnote-14)
* According to the 2016 PSS, the majority of women who experienced sexual assault by a man were assaulted in a home (either their own or someone else’s) in the most recent incident.
	+ An estimated 40 per cent of women who experienced sexual assault by a man were assaulted in their own home in the most recent incident (252,400). A further 17 per cent were sexually assaulted in the perpetrator’s home (109,400) and a further 13 per cent were assaulted in another person’s home (84,600).
* The majority of women who experienced sexual assault by a man did not contact the police about the most recent incident.
	+ Approximately nine out of ten women who experienced sexual assault by a man (87 per cent or 553,900) did not contact the police about the most recent incident. (2016 PSS)
	+ The two most common reasons cited for not contacting the police were ‘feeling like they could deal with it themselves’ (34% or 189,400) and ‘not regarding the incident as a serious offence’ (34% or 187,400).
* Half of all women who experienced sexual assault by a man sought advice or support about the most recent incident (50 per cent or 316,900). Of these women, 71 per cent sought advice or support from a friend or family member (224,500) (2016 PSS).
* According to PSS 2016, there is no statistically significant difference between the proportion of women with disability and women without disability who have experienced sexual violence.
* According to the ABS 2016 Recorded Crime – Victims data, Indigenous Australians are up to 3.4 times as likely to be sexually assaulted as non‑Indigenous Australians across selected jurisdictions (New South Wales, Queensland, South Australia and the Northern Territory)
* According to the ABS 2017 Recorded Crime – Victims data, from the beginning of the time series in 2010 to 2017, the sexual assault victimisation rate for Aboriginal and Torres Strait Islander victims:
	+ increased in New South Wales by 59 victims to 348 victims per 100,000 Aboriginal and Torres Strait Islander persons
	+ decreased in Queensland by seven victims to 255 victims per 100,000 Aboriginal and Torres Strait Islander persons
	+ decreased in South Australia by 71 victims to 203 victims per 100,000 Aboriginal and Torres Strait Islander persons
	+ increased in the Northern Territory by 44 victims to 270 victims per 100,000 Aboriginal and Torres Strait Islander persons.

*Sexual Harassment*

On 12 September 2018, the Australian Human Rights Commission released its *Fourth National Survey on Sexual Harassment in Australian Workplace*s, a survey of more than10,000 Australians funded by the Department of Social Services. The survey found:

* Nearly 72 per cent of Australians have experienced sexual harassment at some point in their lifetimes.
* More than four in five (85 per cent) Australian women and over half of (57 per cent) of Australian men over the age of 15 have been sexually harassed at some point in their lifetimes.
* Sexual harassment is highest among people aged 18-29, with three in four people (75 per cent) in this age group having experienced sexual harassment over the course of their lifetime.
* The proportion of respondents who reported experiencing sexual harassment increased from 21 per cent in 2012 to 43 per cent in 2018.
* Almost two in five women (39 per cent) and just over one in four men (26 per cent) have experienced sexual harassment in the workplace in the last five years.
* The majority of workplace sexual harassment is perpetrated by men and is ongoing over an extended period.[[14]](#footnote-15)

# Addressing the impact of violence on women from Aboriginal and Torres Strait Islander communities

*Context*

Aboriginal and Torres Strait Islander communities are disproportionately affected by family, domestic and sexual violence compared to the general population.

Some communities experience higher rates and/or greater severity of violence.

Intergenerational trauma has also been highlighted by many as a key contributing factor to the violence experienced by Aboriginal women.

However, as highlighted recently by the Warawarni-gu Guma statement made at the ANROWS 2nd National Research Conference on Violence Against Women and their Children, it is important to recognise that family, domestic and sexual violence are not part of Aboriginal and Torres Strait Islander culture. The Statement goes on to affirm that:

* *Alcohol and other drugs are destroying our cultures, our people, and our future generations.*
* *Our women and men have equally important, but different and complementary roles in our families and communities.*
* *“Nothing about our mob, without our mob”. This is not a slogan. This is critical not only for our healing, but for yours as our fellow Australians; this is the starting point for our relationship.*
* *When working with us, you must identify the right people to engage with. We must include our Cultural Bosses and not just the CEOs and managers of organisations in communities.*

*Evidence*

* It is estimated that Indigenous women are 32 times more likely to be hospitalised due to family violence than non-Indigenous women.[[15]](#footnote-16)
	+ In 2014–15, there were 5,700 non-fatal hospitalisations from family violence (2,600 Indigenous and 3,100 non-Indigenous), with the highest number occurring in those aged 25–44.
	+ Women accounted for more than seven in ten Indigenous hospitalisations (73 per cent, or 1,900 hospitalisations) compared with more than six in ten non-Indigenous hospitalisations (65 per cent, or 2,000).[[16]](#footnote-17)
* Data from the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) 2014‑15 tell us that:
	+ One in seven (14 per cent) Aboriginal and Torres Strait Islander women aged 15 years and older had experienced physical violence in the 12 months before the survey, including 9.1 per cent who had experienced physical violence on more than one occasion.
	+ 63.3 per cent of Aboriginal and Torres Strait Islander women who had experienced physical violence in the last 12 months said that a family member (including a current or previous partner) was the perpetrator of the most recent incident (compared with 34.6 per cent of men who had experienced physical violence).
	+ Around 1 in 3 (34.4 per cent) women stated that they feel safe or very safe walking alone in their local area after dark, compared with 3 in 4 men (74.6 per cent) men.
	+ 13.4 per cent of women stated that they feel unsafe or very unsafe at home after dark, compared with 2.6 per cent of men.[[17]](#footnote-18)

# Addressing the impact of violence on women from culturally and linguistically diverse communities

*Context*

The Third Action Plan included nine actions that seek to address family, domestic and sexual violence in culturally and linguistically diverse (CALD) communities.

There are difficulties inherent in moving to and settling into a new country, including the potential loss of social networks and economic independence, lack of knowledge about support systems and fear of deportation if domestic violence (DV) is reported.

We need to identify further work to reduce violence in CALD communities and support the development and implementation of more appropriate and effective service responses to improve outcomes for women and children

*Evidence*

* Given the diversity of women from CALD backgrounds in Australia, understanding their experiences of DV is difficult and little Australian research on the topic exists. Moreover, cultural and social norms are unique to particular cultural groups and, in some cases, violence against women is tolerated or accepted.[[18]](#footnote-19)
* The 2013 NCAS found that people born overseas in a country in which English is not the main language spoken (compared with those born in Australia) have a lower level of understanding of violence, a greater propensity to endorse violence supportive attitudes and a lower level of attitudinal support for gender equality (page 4, NCAS Technical Report).
* The 2016 PSS found that women from CALD backgrounds reported experiencing violence at lower rates than those from non‑CALD backgrounds (PSS 2016).
	+ The proportion of women who had experienced violence since the age of 15 was estimated at 41 per cent for women born in Australia or an English-speaking country, compared with 23 per cent of those born in a non-English speaking country.
	+ Of women who spoke English as their first language, 41 per cent reported experiencing violence after the age of 15, compared with 23 per cent of those who spoke a language other than English.
	+ Similarly, 40 per cent of women who spoke English as their main language experienced violence since turning 15, compared with 17 per cent of those whose main language was not English.
	+ 3.9 per cent of women and 4.8 per cent of men born overseas had encountered or been threatened with sexual or physical violence in the past 12 months.
* ***Interpretation notes relating to PSS CALD data:*** While CALD women appear to experience less domestic violence and/or sexual assault than non-CALD women, we should consider the following:
	+ While the PSS is the foremost source of violence prevalence data in Australia, the quality of the data diminishes the further down you drill into subpopulation characteristics, including CALD-related characteristics.
	+ Further, for the 2016 PSS, proxy interviews, if required for translation, were used to complete the compulsory part of the survey. For these interviews, the sensitive voluntary component of the survey was not mentioned and questions on these topics were not asked. The use of proxy interviews for the compulsory part of the survey provided information on the possible under representation in the survey of particular types of respondents, such as those from a non-English speaking background. For details on the PSS methodology, refer to [http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4906.0Explanatory%20Notes12016?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs%40.nsf/Lookup/4906.0Explanatory%20Notes12016?OpenDocument).
	+ Further, concerns regarding the ability to collect data among women who do not speak English suggests potential limitations with Personal Safety Survey data. These factors make it difficult to assess the prevalence of DV among CALD women and point to the need to collect data from many sources.[[19]](#footnote-20)
* We cannot say conclusively that CALD women experience *more* or *less* domestic and/or sexual violence than non-CALD women in Australia.

Recent analysis of the Australian Longitudinal Study on Women’s Health found that:

* + Women from both CALD and non-CALD backgrounds who had ever been in a violent relationship or experienced abuse from a partner reported poorer general health and lower levels of physical functioning compared with women who had never had these experiences, across all cohorts.
	+ There were minimal health differences among women who had experienced DV with regard to CALD background status.[[20]](#footnote-21)
	+ This study also noted that it is difficult to estimate risk given suggestions that women from CALD backgrounds might be less likely to report DV, or to participate in research examining experiences of violence.
* Despite these caveats, particular factors unique to CALD women may increase their risk of experiencing DV. Women who are migrants or refugees have been shown to be at particular risk of DV, where the difficulties inherent in moving to and settling into a new country, as well as the potential loss of social networks and economic independence, lack of knowledge about support systems and fear of deportation if DV is reported compound the risk of DV.
* In Australia, concerns around language barriers, particularly regarding understanding legal rights and accessing support services, have been highlighted as key issues for CALD women who do not speak English and who have experienced DV. Others have highlighted the cultural norms underscoring CALD women’s experiences of violence, including family networks and structures that present significant barriers to help-seeking or leaving a violent relationship. Other research has highlighted the difficulties in defining DV cross-culturally, and the authors emphasised the diversity of cultural conceptualisations of what might constitute DV.[[21]](#footnote-22)

# Addressing the impact of violence on women with disability

*Context*

The Third Action Plan recognises that women with disability are disproportionately affected by family, domestic and sexual violence (FDV).

Women with disability experience the types of violence experienced by all women, but they can also experience distinct forms of FDV.

*Evidence*

* Women with a disability or long-term health condition are more likely to have experienced violence than women without a disability or long-term health condition (PSS 2016).
	+ According to the PSS 2016, an estimated 5.9 per cent (172,800) of women with a disability or long-term health condition experienced violence in the 12 months prior to the survey, compared to 4.3 per cent (274,400) of those with no disability or long-term health condition.
	+ Women reporting having a disability or long term health condition in the PSS were more likely than women without a reported disability or long term health condition to have experienced partner violence in the last two years (3.9 per cent compared to 2.2 per cent).
	+ For the 2016 PSS, proxy interviews, if required for translation or due to the respondent being incapable of responding for themselves as a result of a significant medical reason, were used to complete the compulsory part of the survey. For these interviews, the sensitive voluntary component of the survey was not mentioned and questions on these topics were not asked. The use of proxy interviews for the compulsory part of the survey provided information on the possible under representation in the survey of particular types of respondents, such as those with a profound or severe communication disability.
* Analysis of data from the Australian Longitudinal Study on Women's Health (ALSWH) showed that women reported the worst physical health, mental health and stress levels when they reported both DV and the presence of a disability.
	+ Among women in middle age and early old age (1946-51 cohort), the deficit in health apparent for those experiencing DV was greater among women with a disability than those without a disability.
	+ As disability status in the 1973-78 and 1946-51 cohorts could change over time, direction of relationships between disability onset and health outcomes were not determined. Therefore, it is not possible to determine whether disability preceded or occurred subsequent to DV.[[22]](#footnote-23)

# Developing workforce capability

## *Workforce*

*Context*

The National Plan has focused on service integration and improved information sharing to enhance support for victims and connect vulnerable women and children with the right services at the right time to prevent a crisis.

Feedback from all states and territories highlights the need to build the capacity of both specialist and mainstream service providers. The surveys recently funded by the Department of Social Services (DSS) support the need to undertake further workforce development.

Any measures funded by the Commonwealth under the Fourth Action Plan will complement capacity building work underway in the states and territories.

*Evidence*

* The National Workforce Survey conducted for the Department by the University of New South Wales’ Social Policy Research Centre and Gendered Violence Research Network[[23]](#footnote-24) found that:
	+ Services employ workers with a range of skill types and levels including in counselling, risk assessment, advocacy, group facilitation, navigating multiple systems and responding to crises. Some respondents outlined the importance of co-located or integrated service models or multi‑disciplinary teams.
	+ More than 90 per cent of workers reported having a post-school qualification, in most cases a bachelor-level qualification or higher.
	+ However, while the sector is highly qualified, not all workers felt their formal qualification had prepared them well enough for working with people affected by family and domestic violence and sexual assault.
	+ Many workers felt they needed additional training to support specific client groups, including: children, Aboriginal and Torres Strait Islander people, LGBTIQ people, asylum seekers, people with experience of homelessness and perpetrators.
	+ The most common areas identified for further training were screening and risk assessment, working with children, specific therapeutic approaches, general counselling and supervision.
* A survey of workers in Family and Relationship Services (FaRS), including Specialised Family Violence Services (SFVS) undertaken by the Australian Institute of Family Studies[[24]](#footnote-25) also found:
	+ FaRS and SFVS work collaboratively across a range of sectors, with referrals and collaborative relationships occurring most often with other similar family services.
	+ Co-location is the norm for FaRS and SFVS, with respondents also indicating that co-location is beneficial for service provision, referral and collaboration. The presence of SFVS workers enhances the capacity of FaRS providers to respond to families experiencing family and domestic violence.
	+ Many FaRS organisations feelthat they do not have the resources to provide early intervention and prevention activities, follow-up with clients or innovative practice.
	+ FaRS and SFVS respondents were less likely to highly rate their skills and knowledge in providing services to clients who use violence when compared to other skills.

## *Systems*

*Context*

The importance of collaborative practice, integrating systems and sharing information is well established.

This requires strengthening relationships between particular systems and sectors, such as specialist FDSV services, mainstream child and family support services, disability services, alcohol and other drug services and the child protection, health and justice systems, including family law.

The Attorney‑General’s Department (AGD) has policy and funding responsibility for the provision of community-based services to support parents and their children during separation and divorce. Community-based services funded by AGD include Family Relationship Centres, the Supporting Children after Separation Program and children’s contact services.

*Evidence*

* Professor Richard Chisholm’s report, *Information-sharing in family law and child protection, enhancing collaboration,[[25]](#footnote-26)* contains 30 recommendations on what should be done by the family courts and child protection departments to improve information sharing to support good decisions about families and children.
* Improving the integration of domestic violence services, the statutory child protection system, and the family law system is a recommendation of the COAG Advisory Panel on Reducing Violence against Women and their Children (Department of the Prime Minister and Cabinet, 2016).
* There have been a number of reforms to family law services to improve the courts’ treatment of children, such as the development of practice guidelines (Family Court of Australia, 2015), children’s contact services and the use of independent children’s lawyers. Experience from these programs needs to be shared with services assisting those affected by family violence to improve service responses to children (both as victims and witnesses of the violence).[[26]](#footnote-27)
* In June 2016, the Family Law Council considered opportunities for enhancing collaboration and information sharing between the family law system and other relevant support services such as child protection, mental health, family violence, drug and alcohol, Aboriginal and Torres Strait Islander and migrant settlement services.[[27]](#footnote-28)
	+ The Family Law Council received submissions from a wide range of stakeholders expressing the view that improving the family law system’s capacity to identify, assess and respond to risk to children requires greater integration of services that support families with complex needs.
	+ The Family Law Council recommended:
		- embedding family safety services in state, territory and family courts and creating a dedicated family safety service within the family law system
		- improving processes for identifying and assessing risk to children within the family law system
		- implementing case managed, integrated service models attached to family dispute resolution services and men's behaviour change programs
		- conducting cross-professional development between the family violence, family law and child protection sectors.[[28]](#footnote-29)
* The Australian Law Reform Commission is currently reviewing the family law system which includes a review of the Part VII of the *Family Law Act* and, in particular, the definition of family violence and protection of the best interests and safety of children.

# Responding to the impact of family and domestic violence on children

*Context*

Children who are exposed to acts of abuse or violence in the home experience significant lifelong impacts, including potential psychological and behavioural issues, child abuse, health issues and other impacts on wellbeing and development.

A number of research and capacity-building projects were funded under the Third Action Plan, however, there is more work to be done.

Other sectors work effectively with children (child-centred, child-inclusive and child‑aware practices in family law and generalist child and family services). We need to think about how best to implement these approaches in specialist family and domestic violence services.

*Evidence*

* Children are highly susceptible to the long-term impacts of violence, particularly in the early stages of physiological development.[[29]](#footnote-30)
* Children of victims of violence often experience a range of psychological issues such as depression, fear and anxiety.[[30]](#footnote-31)
* Studies of children born prior to 1990 show that repeated early-life exposure to inter parental conflict (IPC) increases risk of preadolescent mental health problems.[[31]](#footnote-32)
	+ Physical and verbal IPC reported once or at multiple time points over the first six years of life was associated with externalising and internalising problems reported by mothers, fathers, children, and teachers.
	+ Associations between IPC and child problems were not explained by family social risk, maternal mental health, or parenting.
	+ In families where mothers experienced IPC, children were more likely to have poorer physical health, poorer socio-emotional adjustment and lower academic achievement. Similarly, FDV was closely associated with poorer parent-child relationships.[[32]](#footnote-33)
* Overall, the research shows that IPC and FDV are associated with a range of negative consequences for parents and children, including in domains relevant to social and emotional wellbeing and parenting efficacy.[[33]](#footnote-34)
	+ Across all three age groups examined in the Longitudinal Survey of Australia’s Children (LSAC) analyses (children 4-5 years, 8-9 years, and 12-13 years), mothers who experienced IPC were more likely to report dissatisfaction with the couple relationship, psychological distress, and parenting difficulties (low efficacy, high irritability,
	low consistency, or low warmth).
	+ The children of these motherswere also more likely than children whose mothers did not report IPC to have poor physical health, socio-emotional adjustment and academic achievement.

*Intergenerational impact*

* According to the 2016 PSS, one in eight women witnessed violence towards their mother by a partner before the age of 15 (13 per cent or 1.2 million). These women were more than twice as likely to experience partner violence (after the age of 15) than women who had not witnessed violence towards their mother by a partner (34 per cent compared to 15 per cent).
* Around one in three women who experienced abuse before the age of 15 experienced partner violence as an adult (36 per cent). These women were nearly three times more likely to experience partner violence as an adult than women who had not experienced abuse before the age of 15 (36 per cent compared to 13 per cent).

# Adequate crisis accommodation

*Context*

Family and domestic violence often disrupts housing security, and is the leading cause of homelessness for women.[[34]](#footnote-35)

*Evidence*

* Homelessness services data show that, on any given night, almost 40 per cent of people using Specialist Homelessness Services (SHS) are women and their children who have experienced family violence.
* According to the AIHW report [*Sleeping Rough: A profile of Specialist Homelessness Services clients*](https://www.aihw.gov.au/getmedia/96b4d8ce-d82c-4149-92aa-2784698795ba/aihw-hou-297.pdf.aspx?inline=true)(3 August 2018):
	+ One in three (33 per cent) rough sleepers experienced two or more vulnerabilities (defined as ever experiencing domestic or family violence, ever reporting a mental health issue, or ever experiencing problematic drug and/or alcohol use).
	+ More than two in ten (23 per cent) rough sleeper clients reported ever experiencing domestic or family violence:
		- More than five in ten (56 per cent) rough sleepers who ever reported experiencing domestic or family violence were aged under 35, compared with fewer than 1 in 10 (9 per cent) aged 50 and over.
	+ Female rough sleepers were four times as likely as males to report ever experiencing domestic or family violence (46 per cent compared with 11 per cent).
	+ 40 per cent of other SHS clients have reported experiencing domestic or family violence. Compared with other SHS clients, rough sleepers were less likely to report ever experiencing domestic and family violence.
	+ The key distinguishing feature of male and female rough sleepers was that in all three service user cohorts, females consistently reported domestic and family violence as a reason for seeking assistance—at a level five times higher than males.[[35]](#footnote-36)
* The National Social Security Rights Network research (August 2018) found that domestic and family violence intersected with eligibility and rate of social security entitlement across a broad range of payments and issues. Researchers found that almost 60 per cent of clients were either homeless or at risk of homelessness.[[36]](#footnote-37)
* The report noted that the situation was particularly dire for women who did not fulfil residency requirements because, despite wanting to leave, their inability to secure independent income meant they were unable to secure alternative housing and stayed with the violent perpetrator. The Newly Arrived Residents Waiting Period (NARWP) remains an obstacle to some women accessing social security and, consequently, escaping family and domestic violence.
* Women are less likely to return to violent partners if they have access to stable accommodation, rather than staying with others or in less permanent places.
* The 2016 PSS shows that only 29 per cent of women relocated to a new house or rental property after their most recent temporary separation, compared to 49 per cent following final separation.

# Supporting the medium to long-term safety, wellbeing and independence of women and their children

*Context*

It is not enough to simply focus on prevention and crisis responses. Family and domestic violence can have a range of significant negative consequences for women’s long-term recovery and ability to sustain social and economic participation.

The National Plan focuses on increasing access to and responsiveness of services for victims of domestic and family violence and sexual assault.

*Evidence*

* Data from the 2016 PSS indicate that women who reported that their household would have difficulty ‘suddenly raising $2,000 within a week for something important’ are more likely to have experienced partner violence in the last two years.
	+ Women who experienced this difficulty had experienced violence from a partner at a rate of 5.8 per cent compared to 2.1 per cent of women who reported that this amount could be raised.
	+ Women living in households with the highest quintile of weekly income in Australia were less likely than all women aged 18 years and over to have experienced partner violence in the last two years (1.7 per cent compared to 2.7 per cent).
* Drummond Street Services (dss) provides specialised recovery support to women (and others) who have escaped family violence. Their pre – post outcome data provides evidence of significant financial distress.[[37]](#footnote-38)
	+ At the point of intake 86 per cent of victim-survivors experiencing financial distress across a range of factors across three or more measures:
		- 57 per cent sought assistance from a welfare organisation regarding financial position
		- 73 per cent went without meals
		- 64 per cent were unable to pay rent or mortgage on time
		- 85 per cent were unable to pay their gas, electricity or telephone bills on time
		- 54 per cent were unable to heat or cool their home.
	+ This family violence recovery data showed significantly higher rates of financial distress than for clients of all the other dss programs, where financial distress sits at 47 per cent.
	+ In addition, financial hardship reduced clients’ capacity to access or get timely recovery and safety support such as post separation legal advice and services, access to safe and affordable housing and mental health services for their children and themselves (including children experiencing developmental delay and learning difficulties). It also limited their capacity to acquire furniture, clothing and household goods to establish new homes.

# Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) women

*Evidence*

* There is little data available on the prevalence of family and domestic violence and sexual assault (FDVSA) among people who are from sexually or gender diverse communities and who may identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ).[[38]](#footnote-39)
* However, research conducted by the Australian Research Centre for Health and Sexuality (ARCHS)[[39]](#footnote-40) which surveyed 5,476 LGBTIQ people, found that:
	+ 41 per cent of male-identifying respondents and 28 per cent of female‑identifying respondents had experienced physical violence within a same-sex relationship.
	+ 25 per cent of respondents had experienced sexual assault within a same sex relationship (with female identifying and transgender respondents more likely to experience sexual assault).
	+ The Our Watch report *Primary prevention of family violence against people from LGBTI communities* also notes that national and international research suggests that the rates of family violence against LGBTI people is as high as, if not higher than, family violence against heterosexual, cisgendered women and their children.[[40]](#footnote-41)
* This data suggests that FDVSA occurs in LGBTIQ populations at similar levels to the heterosexual population.
* Despite similar prevalence rates for FDVSA among LGBTIQ and heterosexual populations, there are significant differences in the rates at which people from these two groups access FDVSA services.
	+ For example, people who identify as LGBTIQ are less likely than people in the general community to recognise FDVSA in relationships, report it to police, or seek support from FDVSA services.[[41]](#footnote-42)
* Research has also found that 34 per cent of LGBTIQ people hide their sexuality or gender identity when accessing services.[[42]](#footnote-43) This is because LGBTIQ people face a number of barriers in reporting and accessing support for FDVSA.
* drummond street services literature review: *LGBTIQ Intimate Partner and Family Violence: Effective Intervention Through Recognition of Complexity,* found that
	+ It is evident from the literature that LGBTIQ people face unique and complex risks for experiencing and perpetrating IPFV.
	+ In order to develop effective interventions for LGBTIQ people who use violence, it is essential to have a nuanced understanding of the complexities of relationships within the LGBTIQ acronym, as well as the risk and protective factors that are present for people within these communities. Research in this area has largely centred around the experiences of LGB people and has failed to capture the many relationship types and identities within LGBTIQ communities, resulting in an incomplete picture of LGBTIQ IPFV.
	+ What is clear from the literature, however, is that LGBTIQ people experience higher levels of trauma as a result of factors such as childhood abuse, previous experiences of violence and structurally embedded homophobia and transphobia. Because trauma is well established as a risk factor for violence, trauma-informed approaches merit attention from researchers as potentially valuable in designing and testing specialised interventions.
	+ A critical examination of the functionality of IPFV interventions and indeed our understanding of IPFV itself within LGBTIQ communities may offer an opportunity for substantive development of alternative models that are not simply adaptations of existing and contested understandings and interventions, but that are LGBTIQ IPFV-specific from the ground up.

# Addressing technology‑facilitated abuse

*Context*

The Third Action Plan recognises the non‑consensual sharing of intimate images as a growing and significant problem in Australia and internationally, and focuses on better understanding and countering the impact of pornography.

The Office of the eSafety Commissioner has established an online complaints mechanism where victims can report cases of intimate material being posted without consent and access immediate and tangible support. $4.8 million in funding was allocated to this initiative under the Third Action Plan.

Technology facilitated abuse may be considered as a category of abuse under the broader categories of domestic and / or sexual violence or highlighted as a separate priority.

*Evidence*

* According to the 2016 PSS, of the women who experienced an episode of stalking by a male (1.5 million), the most common stalking behaviours experienced in the most recent episode were:
* maintained unwanted contact by phone, postal mail, email, text messages or social media websites (50% or 747,500)
* loitered or hung around outside their home (47% or 691,200)
* followed or watched them in person (42% or 627,300).
* Of the women who experienced an episode of stalking by a female (160,700), the most common stalking behaviour experienced in the most recent episode was:
* maintained unwanted contact by phone, postal mail, email, text messages or social media websites (58% or 92,500).
* In Australia, it is estimated that 46,200 women have experienced at least once incident of stalking in the form of ‘using [an] electronic tracking device (e.g. GPS tracking system, computer spyware)’ by a male stalker. For men, the same figure by a female stalker is 11,300. [[43]](#footnote-44)
* According to the Image Based National Survey: Summary Report from the Office of the eSafety Commissioner:*[[44]](#footnote-45)*
	+ More than one in five Australians between 16 and 49 years has reported that they have experienced image-based abuse.
	+ 11 per cent of Australians aged 18 and over have had a nude or sexual photo/video posted online or sent on without their consent.
	+ Women are twice as likely to experience image-based abuse as men, with 15 per cent of women over 18, and seven per cent of men over 18.
	+ 76 per cent of victims did not take action, with 29 per cent of these victims feeling that it wouldn’t change anything. However, 87 per cent of those who took action said it resolved the problem for them.

# Access to Justice

*Context*

It is important that the discussion on access to justice focuses on both civil and criminal law.

Family advocacy and support services, legally-assisted family dispute resolution, structural changes to the federal courts and moves to reduce the cross-examination of victims by self‑represented litigants are all intended to support victims of family violence and their children through the family law system.

Women can be reluctant to report offenders/partners because the justice response can have such significant negative outcomes. Considering the low rates of reporting to police, interactions with the justice system may not adequately assist many victims or alleviate patterns of abuse.

When matters are reported to police, it is important that justice responses are appropriate and do not cause further harm to the victim.

The development and implementation of the National Outcome Standards for Perpetrator Interventions (NOSPI) are an agreed priority of COAG.  The NOSPI are a set of outcomes-focused standards to ensure perpetrator interventions in Australia are effective in holding perpetrators to account and to improve the safety of women and their children.

This is an opportunity to increase the provision of therapeutic responses to address these patterns of behaviour while keeping people who use violence accountable for their behaviour.

*Evidence*

* According to the findings of the 2016 PSS:
	+ The majority of women (nine out of ten) did not contact police (87 per cent or 553,900). Women can be reluctant to report offenders/partners because the justice response can have such significant negative outcomes.
* Considering the low rates of reporting to police, interactions with the justice system may not adequately assist many victims or alleviate patterns of abuse.
* When matters are reported to police, it is important that justice responses are appropriate and do not cause further harm to the victim.
* The days and weeks immediately after police attendance at a FDV-related incident are a crisis period for some FDSV offenders, particularly if they are subject to bail conditions or protection orders or excluded from the family home.
* Most commonly, fathers cross‑examined mothers only (33 per cent). The rate of allegations of family violence against the father was higher than that against the mother (83 per cent vs 39 per cent). This pattern applied to cases involving direct cross‑examination and those without direct cross‑examination.

#### *Perpetrator interventions*

The sixth outcome of the National Plan is: ‘Perpetrators stop their violence and are held to account’. The Second Action Plan of the National Plan contained action items focused on improving the evidence-base and the quality of perpetrator interventions.

There are Men’s Behaviour Change Programs being delivered in each state and territory in community settings, as well as within corrections. However, there is little resounding evidence for the effectiveness of any particular existing perpetrator intervention in Australia or globally.[[45]](#footnote-46)

Research by the NSW Bureau of Crime Statistics and Research found that DV offences accounted for only 38 per cent of all the offences committed by DV offenders between 2008 and 2017. DV offenders committed more than 2.5 times as many non-DV offences as DV offences. The most common non-DV offences committed by DV offenders in the cohort were traffic offences, theft offences and drug offences. DV assault offenders and non-DV assault offenders differ very little in terms of their demographic and criminal justice profile. The research concluded that policing strategies aimed at deterring or incapacitating domestic violence offenders are likely to produce spill-over benefits in terms of other forms of crime. The lack of any demonstrably effective treatment program for DV offenders should make an early resolution of these issues a key priority of governments concerned to reduce the incident of domestic violence.[[46]](#footnote-47)

Other research by the Australian Institute of Criminology (2018) has found that a significant proportion of FDV offenders reoffended in the weeks and months following a domestic violence incident. Individuals who reoffended more quickly were more likely to be involved in multiple incidents in a short period of time. Offenders with a history of domestic violence, particularly more frequent offending and breaching of violence orders, were more likely to reoffend.

Most importantly, the risk of reoffending was cumulative, increasing with each subsequent incident. The findings have important implications for police and other frontline agencies responding to domestic violence, demonstrating the importance of targeted, timely and graduated responses.[[47]](#footnote-48)

The NOSPI aims to drive reform across state and territory perpetrator systems, improving the way the systems work together so that:

* there is confidence in the Australian community that the system works and that family, domestic and sexual violence is being recorded and dealt with appropriately
* the system is accountable to the public, making sure women and children are protected by a system which keeps perpetrators in view
* the system reduces violence by making sure that perpetrators are held to account and face consequences for their violence, as well as providing them access to support services to change their behaviours and attitudes.

# National Risk Assessment Principles

* Under Action Item 3.1 of the Third Action Plan, all governments committed to the development of National Risk Assessment Principles to support workers assisting victims, perpetrators, children and other family members experiencing or at risk of violence.
* Given the multi-disciplinary nature of services providing assistance, all governments agreed to develop national risk principles, rather than a national risk assessment framework or tool.
* In May 2016, Australian National Research Organisations for Women’s Safety (ANROWS) was contracted to develop the National Risk Assessment Principles to support the early identification of and response to family violence.
* The principles were developed in consultation with, and tested by, key stakeholders, including Commonwealth and state and territory officials and other relevant stakeholders.
* ANROWS publicly released the National Risk Assessment Principles and accompanying resources on 27 July 2018.
* The nine National Risk Assessment Principles for family and domestic violence are:
1. Survivors’ safety is the core priority of all risk assessment frameworks and tools.
2. A perpetrator’s current and past actions and behaviours bear significant weight in determining risk.
3. A survivor’s knowledge of their own risk is central to any risk assessment.
4. Heightened risk and diverse needs of particular cohorts are taken into account in risk assessment and safety management.
5. Risk assessment tools and safety management strategies for Aboriginal and Torres Strait Islander peoples are community‑led, culturally safe and acknowledge the significant impact of intergenerational trauma on communities and families.
6. To ensure survivors’ safety, an integrated, systemic response to risk assessment and management, whereby all relevant agencies work together, is critical.
7. Risk assessment and safety management work as part of a continuum of service delivery.
8. Intimate partner sexual violence must be specifically considered in all risk assessment processes.
9. All risk assessment tools and frameworks are built from evidence-based risk factors.

# Safety First Principles

* South Australia chairs the Third Action Plan Housing and Homelessness Working Group, comprising Commonwealth and state government officials, service providers and academics.
* The Group is currently progressing a key research agenda, which relates to the development of national standards or principles for tenancy legislation.
* Another task relates to supporting women to stay in their homes through *Safe at Home* initiatives. As part of this work, the Group developed a clear, shared understanding of ‘safety first’ and the associated guiding principles, which were approved by the Group December 2017.

*Safety First Principles*

* The safety of women and children is paramount.
* *Safety First* recognises the right of women and children experiencing violence to safety, irrespective of their entry point, service pathway or the mandate of that service.
* Elements of safety will be different for different population groups, including Aboriginal and Torres Strait Island women, culturally and linguistically diverse women, women with disabilities and women in rural and remote areas.
* Safety will be different for different women, but the overall emphasis is on staying safe at home and remaining connected to community, wherever possible and appropriate.
* Responses from specialist women’s services will be trauma-informed and cohort-appropriate.
* Service delivery will take a holistic approach, wrapping services around women and children, to address the wide-ranging impacts of family violence.
* Violence against women is a gendered issue, disproportionately affecting women and children.
* Violence against women includes all forms of domestic and family violence as well as sexual assault.
* Professionals responding to violence against women and their children will have skills and knowledge in risk assessment and risk management.
* Risk assessment involves a balance of evidence‑based risk factors; professional judgement and a woman’s own level of fear and sense of risk.
* Perpetrators of family, domestic and sexual violence are responsible for their actions.
* Primary prevention, early intervention and creating a gender equal society are crucial to addressing violence against women.
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