ANROWS

AUSTRALIA'S NATIONAL RESEARCH ORGANISATION FOR WOMEN'S SAFETY

to Reduce Violence against Women & their Children

Landscapes

State of knowledge | December 2016

Invisible women, invisible violence: Understanding and improving data on the experiences of domestic and family violence and sexual assault for diverse groups of women: *State of knowledge paper*

Issue DD01 | 2016

ANROWS acknowledgement

This material was produced with funding from the Australian Government and the Australian state and territory governments. Australia's National Research Organisation for Women's Safety (ANROWS) gratefully acknowledges the financial and other support it has received from these governments, without which this work would not have been possible. The findings and views reported in this paper are those of the authors and cannot be attributed to the Australian Government, or any Australian state or territory government.

Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present and future; and we value Aboriginal and Torres Strait Islander history, culture and knowledge.

© ANROWS 2016

Published by

Australia's National Research Organisation for Women's Safety Limited (ANROWS)
PO Box Q389, Queen Victoria Building, NSW, 1230 | www.anrows.org.au | Phone +61 2 8374 4000
ABN 67 162 349 171

Invisible women, invisible violence: Understanding and improving data on the experiences of domestic and family violence and sexual assault for diverse groups of women: State of knowledge paper / Trishima Mitra-Kahn, Carolyn Newbigin, Sophie Hardefeldt.
Sydney : ANROWS, c2016.
Pages ; 30 cm. (ANROWS Landscapes, Issue DD01/2016)
I. Violence against women – Australia. II. Data collection. III. Women immigrants - Violence against - Australia. IV. Cultural diversity.
I. Mitra-Kahn, Trishima. II. Newbigin, Carolyn. III. Hardefeldt, Sophie.

2204-9657 (print) 2204-9665 (online)
978-1-925372-50-2 (print) 978-1-925372-51-9 (online)

Creative Commons Licence

Attribution-Non Commercial CC BY-NC

This licence lets others distribute, remix and build upon the work, but only if it is for non-commercial purposes and they credit the original creator/s (and any other nominated parties). They do not have to license their Derivative Works on the same terms.

Version 3.0 (CC Australia ported licence): View CC BY-NC Australia Licence Deed | View CC BY-NC 3.0 Australia Legal Code

Version 4.0 (international licence): View CC BY-NC 4.0 Licence Deed | View CC BY-NC 4.0 Legal Code

Design
Erin Snelgrove

ANROWS

Australia's National Research Organisation for Women's Safety (ANROWS)
PO Box Q389, Queen Victoria Building, NSW, 1230

Invisible women, invisible violence: Understanding and improving data on the experiences of domestic and family violence and sexual assault for diverse groups of women: *State of knowledge paper*

Prepared by

Dr Trishima Mitra-Kahn, Research Manager, ANROWS

Carolyn Newbigin, Senior Research Officer (Diversity Data), ANROWS

Sophie Hardefeldt, Research Officer (Diversity Data), ANROWS

Author acknowledgement

The lead author wishes to thank the ANROWS team for their support, in particular Dr Peta Cox and Dr Mayet Costello for research feedback and Taryn Champion.

The authors wish to thank the staff at the Australian Bureau of Statistics (ABS), Australian Institute of Family Studies (AIFS), Australian Institute of Health and Welfare (AIHW), Australian Institute of Criminology (AIC), VicHealth, the Department of Social Services (DSS), and staff within state and territory government agencies, for sharing their expertise, and for their ongoing support. We would also like to thank the community leaders, academic experts, and those in the prevention of violence against women sector for their valuable input into the project.

We would like to thank Erica Potts and Lisette Aarons from the ABS; Kylie Dowse from the Port Macquarie Hastings Domestic and Family Violence Specialist Service; Roshan Bhandary and Rose Byrnes from InTouch, Multicultural Centre Against Family Violence; and Cristina Ricci from Women With Disabilities Australia for their expert feedback on the draft of this paper. We would also like to thank Dr Ruth McNair for her extensive input on available data for LGBTIQ people, to Dr Benjamin Hav Mitra-Kahn from IP Australia for his expert advice on data visualisation and data integration as well as to Liz Barrett for her policy expertise. Finally, our thanks go to the anonymous peer reviewers for their helpful feedback.

Suggested citation

Mitra-Kahn, T., Newbigin, C., & Hardefeldt, S. (2016). *Invisible women, invisible violence: Understanding and improving data on the experiences of domestic and family violence and sexual assault for diverse groups of women: State of knowledge paper* (ANROWS Landscapes, DD01/2016). Sydney: ANROWS.

This page has intentionally been left blank.

Contents

Abbreviations 5

Symbols 5

Executive Summary 6

- Scope of the paper 6
- Methodological approach 6
- Key findings 7
- Key options for improvement 7

Terminology 8

Introduction 12

- Project aims and research questions 13
- Project scope 14
- Project methodology 14
  - Approach to research landscape mapping 14
  - Approach to data landscape mapping 15
  - Approach to stakeholder consultations 16
- Structure of the paper 17

Mapping the Australian research landscape 18

- Aboriginal and Torres Strait Islander women 19
  - Prevalence of domestic and family violence and sexual assault 19
  - The perpetration of domestic and family violence and sexual assault against Aboriginal and Torres Strait Islander women 19
  - The nature of domestic and family violence and sexual assault against Aboriginal and Torres Strait Islander women 20
  - Response behaviours 20
- Culturally and linguistically diverse women 22
  - Prevalence of domestic and family violence and sexual assault 22
  - The perpetration of domestic and family violence and sexual assault against culturally and linguistically diverse women 22
  - The nature of domestic and family violence and sexual assault experienced by culturally and linguistically diverse women 23
  - Response behaviours 24
- Women with disabilities 25
  - Prevalence of domestic and family violence and sexual assault 25
  - The perpetration of domestic and family violence and sexual assault against women with disabilities 26
  - The nature of domestic and family violence and sexual assault experienced by women with disabilities 26
  - Response behaviours 26
- Additional diverse groups – review of selected literature 28
  - Lesbian, gay, bi-sexual, transgender/trans*, intersex and queer (LGBTIQ) women 28
  - Women in prisons 30
- Diversity within diversity - the intersections of disadvantage and marginalisation for diverse groups of women 31

Mapping the Australian data landscape 32
Overview of data landscape 33
Organising principles of data mapping 34
National surveys 38
The Personal Safety Survey (PSS) 38
Available information units 38
Key limitations 38
The National Community Attitudes towards Violence Against Women Survey (NCAS) 40
Available information units 40
Key limitations 40
The National Aboriginal and Torres Strait Islander Social Survey (NATSISS) 42
Available information units 42
Key limitations 42
International Violence Against Women Survey (IVAWS) (Australian component) 43
Available information units 43
Key limitations 43
Crime Victimisation survey 44
The Survey of Disability, Ageing and Carers 44
Administrative data I – National collections 45
National criminal justice data collections and jurisdictional crime and policing data 45
Key limitations 46
National Coronial Information System (NCIS) 47
Available information units 47
Key limitations 47
National Homicide Monitoring Program (NHMP) 48
Available information units 48
Specialist Homelessness Services Collection (SHSC) 49
Available information units 49
Key limitations 49
Child Protection National Minimum Data Set (CP NMDS) 50
Community Legal Services Information System (CLSIS) 50
Available information units 50
Key limitations 50
Hospital data 51
National Perinatal Data Collection (NPDC) 51
National Non-admitted Patient Emergency Department Care Database (NAPEDCD) 51
National Hospital Morbidity Database 52
Available information units in the NHMD 52
Key limitations of hospital data 52
Administrative data II 53
Domestic violence and sexual assault crisis services data 53
Key limitations 53
Health services domestic violence screening data 54
Aboriginal and Torres Strait Islander community services, disability support services and culturally and linguistically diverse community services 55

Domestic violence death review data 55
Key limitations 55
Website and mobile phone application metadata 56
Key limitations 56

Longitudinal studies 57

The Australian Longitudinal Study of Women's Health (ALSWH) 57
The Building a New Life in Australia study (BNLA) 58
The Household, Income and Labour Dynamics in Australia (HILDA) survey 58
The Longitudinal Survey of Separated Families (LSSF) 59
The Longitudinal Study of Australian Children (LSAC) 60
The Longitudinal Study of Indigenous Children (LSIC) 60

Understanding the data gaps in the diverse experiences of domestic and family violence and sexual assault 61

Understanding the data gaps 62
Design and methodological gaps in data sources 64
Aboriginal and Torres Strait Islander women 64
Culturally and linguistically diverse women 65
Women with disabilities 65
Definitional complexities within existing data sources 66
Aboriginal and Torres Strait Islander women 66
Culturally and linguistically diverse women 67
Women with disabilities 67
Gaps in the quality of existing data 68
Aboriginal and Torres Strait Islander women 70
Culturally and linguistically diverse women 70
Women with disabilities 71
Gaps in recording and reporting of data 72
Gaps in the leveraging of existing data for the creation of new statistical information 73
Aboriginal and Torres Strait Islander women 74
Culturally and linguistically diverse women 74
Women with disabilities 74

Moving forward: Improving information and data on the diverse experiences of domestic and family violence and sexual assault 75

Options for improving data and information 75
Augment and enhance existing surveys and administrative data 77
Overview 77
The challenge 77
Options for improvement 78
Address definitional challenges in data and the specificity of the diverse experiences of violence 79
Overview 79
The challenge 79
Options for improvement 79
A coordinated and consolidated approach to data collection 81
Overview 81

The challenge 81
Options for improvement 82
Address data quality and accessibility issues 82
Overview 82
The challenge 82
Options for improvement 82
Better use of existing data for the creation of new statistical information 83
Overview 83
Challenge 84
Options for improvement 84
Moving forward 86
Conclusion 88
References 89
Appendix A- Stakeholder consultations 97
Aim of the consultations 97
Stakeholder identification and engagement 98
Stakeholder consultation methods 99
Overview of stakeholder characteristics 99

Abbreviations

Term	Meaning
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ANROWS	Australia's National Research Organisation for Women's Safety
AUDADIS-IV	Alcohol Use Disorder and Associated Disability Interview Schedule
BDI	Beck Depression Inventory
CI	confidence interval
DALY	disability-adjusted life years
DSM	Diagnostic and Statistical Manual of Mental Disorders
GBD	Global Burden of Disease
ICD-10-AM	International Classification of Diseases, 10th revision, Australian modification
IPV	intimate partner violence
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NZ	New Zealand
OR	odds ratio
PAF	population attributable fractions
PSS	ABS Personal Safety Survey
PTSD	post-traumatic stress disorder
RR	relative risk
WHO	World Health Organization
YLD	years lived with disability
YLL	years of life lost

Symbols

Symbol	Meaning
—	nil or rounded to zero
n.p.	not publishable because of small numbers, confidentiality or other concerns about the quality of the data
%	percent

Executive Summary

Scope of the paper

Violence against women is a significant social and public health issue and, although affecting women from all cultures, ages and socio-economic groups, its extent, nature and impact is not evenly distributed across communities in Australia. This paper establishes the state of knowledge about the experiences of domestic and family violence and sexual assault against women from diverse groups; namely Aboriginal and Torres Strait Islander women, culturally and linguistically diverse women, and women with disabilities. Reporting on a project under Action 25 of the Second Action Plan of the ***National Plan to Reduce Violence against Women and their Children 2010-2022,*** which relates to improving data and information on the prevalence and the experiences of violence for diverse groups of women, this state of knowledge paper reviews existing knowledge and data on the experiences of violence and identifies key gaps in data as they relate to diverse groups of women. It also considers and proposes a range of specific options on how to obtain better data and information, in particular to fill the key gaps identified.

Methodological approach

A mixed-methods approach to the project was undertaken, including a review of **176** Australian and international, peer reviewed and grey literature sources, consultation with **158** key stakeholders from **99** organisations including federal, state and territory government agencies, specialist data agencies, non-government community services and universities. Data from **24** sources in four categories (national surveys, administrative data in national collections, other administrative data and longitudinal studies) that provide, or have the capacity to provide, information on domestic and family violence and sexual assault for the diverse groups were examined to present an overview of the current Australian data landscape. The level of detail provided for each data source was influenced by the information that could be gathered using the project's methodology. As such, this is not a comprehensive review of all data collected across all Australian jurisdictions; rather it is focused on national data sources, with particular attention to those that have the potential to fill key gaps in data and information on domestic and family violence and sexual assault for diverse groups.

Key findings

We found there are challenges within the Australian research and data landscapes in understanding the experiences of domestic and family violence and sexual assault for the diverse groups. We identified **four key gaps in information** in the current Australian research landscape: limitations in quantitative evidence on the prevalence and perpetration of violence; the complexity and specificity of violence; multiple, intersecting barriers to reporting violence and accessing appropriate services and; "diversity within diversity"- the intersections of identity and disadvantage. In the process of mapping the current Australian data landscape, we identified that while a wide range of data are currently being collected administratively and via surveys, there are limitations of individual data sources and across the Australian data landscape as a whole. We identified the following **five key data gaps** as they relate to the diverse experiences of domestic and family violence and sexual assault: 1) design and methodological gaps in data sources; 2) definitional complexities within data sources; 3) gaps in the quality of existing data sources; 4) gaps in recording and reporting of data; and 5) gaps in the leveraging of existing data for the creation of new statistical information.

Key options for improvement

Based on the limitations of the current body of research, the five key data gaps and the results of stakeholder consultations, we have discerned **five key themes** and have proposed **36 specific options** within those themes for improvement. The five key themes are:

1. **augment and enhance** existing surveys and administrative data;
2. **address** definitional complexities in data and the specificity of the diverse experiences of violence;
3. **address** data quality and accessibility;
4. **provide a consolidated and coordinated approach** to data collection; and
5. **facilitate the better use of existing data** for the creation of new statistical information.

We commend the work funded by the Commonwealth Department of Social Services and undertaken by the Australian Bureau of Statistics (ABS) on *Defining the Data Challenge*, *Bridging the Data Gaps,* and the foundational work towards the development of a *National Data Collection and Reporting Framework* and the *Directory of Family and Domestic Violence Statistics*. Working towards consistent definitions and collection of administrative and survey data provides the basis for the production of a robust evidence base, however implementation of the national framework is a long term goal. The options we have proposed in this paper offer ways of improving data on domestic and family violence and sexual assault experienced by women from diverse groups in the short and medium terms.

Terminology

Terminology used to describe violence against women is varied, contested and subject to disciplinary variations. Below are the key terms used throughout this paper.

Aboriginal and Torres Strait Islander: Aboriginal and Torres Strait Islander people are the First Nations people of Australia. The term "Aboriginal and Torres Strait Islander" comprises a mosaic of disparate and often overlapping identities. Aboriginal and Torres Strait Islander women could identify as an Aboriginal, and/or Torres Strait Islander. They could identify as members of a particular nation, tribe, mob, or choose not to identify themselves in any of these ways. According to the Australian Institute of Aboriginal and Torres Strait Islander Studies "Research in Indigenous studies must recognise the diversity of Indigenous peoples, including their different languages, cultures, histories and perspectives. It is also important to recognise the diversity of individuals and groups within communities" (AIATSIS, 2012, p.5). Aboriginal and Torres Strait Islander peoples are distinct cultural groups but due to their relatively small numbers in the broader population, data collections often aggregate data for the "Indigenous" population. This term is offensive to some Aboriginal and Torres Strait Islander people and although it is our preference not to use the term, it is sometimes unavoidable, particularly in the context of this report. We apologise if this causes any unintended offence.

Administrative data/by-product data: is the organisational by-product data which is generated when domestic and family violence or sexual assault is reported, responded to, or screened for. This can include data from government agencies such as police, corrections, justice, family and community, and health as well as non-government community sectors (including specialist homelessness services, women's services including refuges, health and legal, and settlement services). Examples of administrative data are national data collections and records and case notes collected when someone reports an incident to police, completes an ante-natal screening within the health system, or makes contact with a domestic and family violence or sexual assault service provider.

Culturally and linguistically diverse: a broad descriptor used by many government agencies and the non-government community services sector to refer to individuals and groups from a variety of religions, races, language backgrounds and ethnicities. When using the term "culturally and linguistically diverse", the definitional breadth and heterogeneity of the concept means that this could be in reference to **language skills** (i.e. women who speak English as a second language with varying degrees of proficiency); **immigration status** (i.e. women who have entered Australia from non-English speaking countries through a range of migration pathways); **settlement status** (i.e. length of time since arrival in Australia from non-English speaking

countries; community and cultural ties: women who *were not* necessarily born in a non-English speaking country, but live in culturally diverse communities with strong cultural ties) and any combination of the above. The Australian Bureau of Statistics (ABS) lists the following data items which should be collected to capture culturally and linguistically diverse characteristics: country of birth, main language other than English spoken at home, proficiency in spoken English, and Aboriginal and Torres Strait Islander status (ABS, 2014c). When used together, it is thought that these items can determine a person's country of origin and cultural diversity (ABS, 2014a).

Data linkage: refers to bringing together two or more data sources containing records that are believed to belong to the same individuals. This process allows a fuller picture than can be provided by a single dataset, and can be used, for example, to link records with incomplete demographic or service use data. There are a number of state and federal government agencies and collaborators who are capable of data linkage, with appropriate methodological, privacy, and legal protocols in place. Data linkage methods "usually fall across a spectrum between deterministic and probabilistic methods". "Deterministic linkage ranges from simple joining of two or more datasets by a reliable and stable key to sophisticated stepwise algorithmic linkage". "Probabilistic linkage may be undertaken where there are no unique entity identifiers or statistical linkage keys, or where the linking variables and/or entity identifiers are not as accurate, stable or complete as are required for deterministic linkage" (AIHW, 2012, p.9).

Disability: The definition of disability is highly contested, complex and multi-dimensional, with variation seen across a range of disciplines, organisations policy-makers, service providers and advocacy groups (Frawley, Dyson, Robinson, Dixon, 2015; World Health Organization, 2011). The way that disability is defined in Australia for data collection purposes is not nationally consistent, nor is there a consistent method of categorising the severity of different types of disability. For the purpose of ABS surveys, a person is defined as having a disability (or long-term health condition) if they had one or more conditions that had lasted, or was likely to last, for six months or more and that restricted every day activities. Individuals are identified as having a severe or profound core-activity limitation if they need supervision or assistance with one or more core activities (self-care, mobility or communication) (ABS, 2013d). Other definitions of disability include the traditional medical model of disability, an impairment-based definition considered somewhat outmoded conceptually, which focuses on individuals with disability being defective, burdensome or dependent on care. More contemporary conceptualisations of disability such as the biopsychosocial, social and the human rights models focus on elements of an individuals' existence that act as barriers to accessing services or participating fully in community life (Healey, Howe, Humphries, Jennings & Julian, 2008). Women with disabilities in Australia are not a single homogeneous group, but rather individuals with a range of impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. Specific subgroups where recent and relevant Australian research has been conducted include: women with physical disabilities; women with mental ill health; women with intellectual disabilities; women with developmental disabilities; women with sensory impairments (e.g. auditory, vision); elderly women with age-related disabilities; women with disabilities who live in institutional settings; and any combination of the above. It is important to highlight that mental ill health is not consistently included in definitions of disability (Healey, et al., 2008).

Disaggregation: is breaking down a total figure into its constituent parts (ABS, 2014a). For example: when a report shows state and territory figures which are components of a national total; or a table displaying figures for male and female experiences of violence, which combine to show an overall crime statistic.

Domestic violence: There is no consistent definition of domestic violence since the laws, policies, and associated definitions concerning domestic violence vary between, and within, each Australian jurisdiction. The *National Plan to Reduce Violence against Women and their Children 2010-2022* (National Plan) defines domestic violence as "acts of violence that occur between people who have, or have had, an intimate relationship. While there is no single definition, the central element of domestic violence is an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour that is violent and threatening. In most cases, the violent behaviour is part of a range of tactics to exercise power and control over women and their children, and can be both criminal and noncriminal. Domestic violence includes physical, sexual, emotional and psychological abuse" (Council of Australian Governments - COAG, 2011).

Family violence: There is no single definition of family violence, since the laws, policies, and associated definitions concerning family violence vary between, and within, each Australian jurisdiction. Family violence may, however, be considered to be "a broader term that refers to violence between family members, as well as violence between intimate partners. It involves the same sorts of behaviours as described for domestic violence. As with domestic violence, the National Plan recognises that although only some aspects of family violence are criminal offences, any behaviour that causes the victim to live in fear is unacceptable. The term, "family violence" is the most widely

used term to identify the experiences of Aboriginal and Torres Strait Islander people, because it includes the broad range of marital and kinship relationships in which violence may occur" (COAG, 2011).

Gender diverse: "An umbrella term that acknowledges the many ways people may identify their gender; examples include Non-binary, Agender, Gender fluid and Genderqueer" (LGBTIQ Domestic and Family Violence Interagency & The Centre for Social Research in Health UNSW, 2015, p. 5).

Heterosexism: is a term used in the literature to describe "complex social and psychological processes underpinning violence and discrimination" against LGBTIQ people. It has also been used to describe "a social system that privileges heterosexuality at the expense of non-heteronormative sexual orientations and gender identities" (Leonard, Mitchell, Patel & Fox, 2008, p. 5). This concept is similar to that of homophobia, but is conceptualised as analogous to sexism and racism, "describing an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behaviour, identity, relationship, or community" (Herek, 1990, p. 316).

Indigenous: In this report the term "Indigenous" refers to Aboriginal and Torres Strait Islander people, Australia's First Nations people. As noted above it is not our preference to use this term but it is sometimes unavoidable (for example, when referring to data collections that aggregate information for Aboriginal and Torres Strait Islander people, specific data collections or research projects, and in quoting other sources).

Intersex: "An umbrella term used to describe people who have natural physical variations that differ from conventional ideas about 'female' or 'male' bodies. Intersex people may identify as a woman or man, or any other gender identity. Intersex is not a sexual orientation" (LGBTIQ Domestic and Family Violence Interagency & The Centre for Social Research in Health UNSW, 2015, p. 5).

Longitudinal research: is research carried out where the same individuals are asked the same or similar sets of questions periodically on the same topic. The surveys may collect either quantitative data, qualitative data or both. Longitudinal studies can be complex and costly to administer, however they gather in-depth data and allow the study of changes for individuals or cohorts over time.

National Minimum Data Set (NMDS): "A minimum set of data elements agreed for mandatory collection and reporting at a national level. A NMDS is contingent upon a national agreement to collect uniform data and to supply it as part of the national collection, but does not preclude agencies and service providers from collecting additional data to meet their own specific needs" (Australian Institute of Health and Welfare – AIHW, n.d.).

Physical violence: "Physical violence can include slaps, shoves, hits, punches, pushes, being thrown down stairs or across the room, kicking, twisting of arms, choking, and being burnt or stabbed" (COAG, 2011).

Proxy variable: is an easily measurable variable that is used in place of a variable that cannot be measured or is difficult to measure. Although a proxy variable is not a direct measure of the desired quantity, a good proxy variable is strongly related to the unobserved variable of interest (Clinton, 2004).

Psychological and emotional abuse: "Psychological and emotional abuse can include a range of controlling behaviours such as control of finances, isolation from family and friends, continual humiliation, threats against children or being threatened with injury or death" (COAG, 2011).

Qualitative research: collects information which is not numerical, and is typically used to gain insights into individuals' lived experiences. Examples of qualitative data are text or written responses to open-ended questions, observations, responses to interview questions, roundtables (structured discussion groups with community leaders and/or other experts), and case studies (detailed account of the experience of an individual). Qualitative data are thought to provide more contextual information than quantitative research, and allows for in-depth participation from respondents who can describe their experiences using their own words. Qualitative research and analysis are time consuming, complex, and can be over-reliant on the experiences of a small numbers of participants, which may not be representative of wider experiences of a population (Minichiello, 1990).

Quantitative research: collects information in numerical form, and is typically concerned with measuring phenomena in a consistent, reliable and replicable way. Quantitative data can be categorised, ranked and otherwise analysed using numerical comparisons to make statistical inferences, or can be used as indicators of performance, behaviour or change. Quantitative data of sufficient sample size can be used to make inferences about wider populations, and is typically easier to collect than qualitative data, however large scale quantitative research can be resource intensive to administer (Minichiello, 1990).

Sample: is the list of people who are selected to take a survey based on a wider pool of individuals who have the appropriate characteristics to take the survey within the methodological constraints of the study (**sampling frame**). For example, a sampling frame for a survey of adult Aboriginal and Torres Strait Islander people living in suburban Sydney might include all Aboriginal people from ages 18 to 65 living in a set number of suburbs based on their address at the last census or by voting registration. Individuals within this comprehensive list could then be selected randomly, systematically, or using more

complex methods depending on how representative the survey is required to be, to form the survey sample (Whitley, 2002).

Sexual assault: "Sexual assault or sexual violence can include rape, sexual assault with implements, being forced to watch or engage in pornography, enforced prostitution, and being made to have sex with friends of the perpetrator" (COAG, 2011). Sexual assault can occur within a relationship, or could be perpetrated by other known individuals or strangers.

Statistically significant: refers to a statistically significant difference between groups, at the standard p=0.05 level. This indicates that the observed difference or association is "real"; that is, it is unlikely to have occurred by chance, and can be attributed to group characteristics (Reber & Reber, 2001).

Transgender (or trans*): "are umbrella terms often used to describe people who were assigned a sex at birth that they do not feel reflects how they understand their gender identity, expression, or behaviour. Most people of trans experience live and identify simply as women or men; most do not have 'a trans identity'. In addition to women and men of trans experience, some people do identify their gender as trans or as a gender other than woman or man. People from Aboriginal/Indigenous and Torres Strait Islander communities often use sistergirl or brotherboy. People from societies around the world with more than two traditional genders often use culturally specific language." (LGBTI Health Alliance, 2016)

Introduction

Violence against women is one of Australia's most significant social and public health problems and a widespread violation of human rights. Domestic and family violence and sexual assault in particular are the most prevalent forms of violence experienced by women in Australia. Since the age of 15, one in three women have experienced physical violence and one in five have experienced sexual violence according to data from the Australian Bureau of Statistics (ABS, 2013e). Recent analysis from Australia's National Research Organisation for Women's Safety (ANROWS) estimates that one in four women have experienced this violence at the hands of an intimate partner (Cox, 2015b). Further, research suggests statistics such as these may underestimate the extent of violence against women due to under-reporting and non-disclosure (ABS, 2013e; Cox, 2015a; Marcus & Braaf, 2007; Gelb, 2007).

Although domestic and family violence and sexual assault affect women from all cultures, ages and socio-economic groups, the extent, nature and impact of such violence is not evenly distributed across communities in Australia. The differential nature and impacts of this violence is often compounded by various forms of marginalisation for diverse groups[1] of women such as Aboriginal and Torres Strait Islander, and culturally and linguistically diverse women and women with disability.

For Aboriginal and Torres Strait Islander women "the incidence of violence… is disproportionately high in comparison to the same types of violence in the Australian community as a whole" (Memmott et al., 2001, p. 6) and dispossession, dislocation and colonisation play an important role in the experience and perpetration of violence (Blagg, Bluett-Boyd, & Williams, 2015; Olsen and Lovett, 2016). For culturally and linguistically diverse women, while quantitative data on the prevalence of domestic and family violence and sexual assault is not easily available (Trijbit, 2013), research indicates that "experiences with multi-perpetrator family violence, and the impact of violence and abuse exacerbated by immigration policy, visa status and the stressors of the migration experience" (Vaughan, 2015, p. 2) add complexity to these women's experiences of family and domestic violence (Bartells, 2010; Department of Social Services - DSS, 2015; Pease & Rees, 2008). A growing body of evidence shows that, across their lifetime, women with disabilities are more likely to experience violence from multiple perpetrators compared to women without disabilities (Australian Human Rights Commission, 2012; Frantz, Carey, & Nelson, 2006 cited in Healey et al., 2008). Additional analyses from the 2012 Personal Safety Survey (PSS) also shows 92.2 percent of women with disabilities who had experienced violence by a male reported that they had experienced more than one incident in the last year, a rate that was significantly higher than the national average (Cox, 2015b, p.132).

Notwithstanding these findings, there are challenges for Australian data, within national datasets and surveys as well as administrative data, in understanding the experiences of domestic and family violence and sexual assault for these diverse groups. These challenges include how data are collected, what kinds of data are collected, how surveys are methodologically designed and administered as well as challenges in the leveraging of

1 Henceforth these three populations will be termed 'diverse groups' unless otherwise specified. The term 'diverse groups' is used for brevity in this report only in those instances where all three groups are being referred to. In most instances, the relevant population group will be identified separately by name.

existing data for the creation of new statistical information. These challenges impact on our ability to illustrate the prevalence and experience of domestic and family violence and sexual assault.

A strong, fit-for-purpose evidence base is fundamental to informing policy responses to diverse experiences of domestic and family violence and sexual assault and best practices to support victims and rehabilitate perpetrators. As recommended by the World Health Organization's 2002 report on violence and health, having a national capacity for collecting and analysing data on violence is "necessary in order to set priorities, guide program design and to monitor progress" (Krug, Dahlberg, Mercy, Zwi & Lozano, 2002, p. 247). Australian governments have committed to working in partnership with the community to implement the *National Plan to Reduce Violence against Women and their Children 2010-2022* (the National Plan) and its vision that "Australian women and their children live free from violence in safe communities". The National Plan's Second Action Plan has a strong focus on strengthening and integrating services and systems and improving responses to the diverse experiences of violence including for Aboriginal and Torres Strait Islander women, women from culturally and linguistically diverse communities and women with disabilities, and improving data and information is an important step in that direction.

Project aims and research questions

ANROWS was contracted by the Commonwealth Department of Social Services (DSS) in 2015 to complete a short scoping project for improving data and information on the diverse experiences of domestic and family violence and sexual assault. The project was undertaken in relation to Action 25[2] of the Second Action Plan of the ***National Plan.*** As part of this project, this ANROWS Landscapes (State of knowledge) paper reviews existing knowledge and gaps in data and information about domestic and family violence and sexual assault for the diverse groups of women. The paper also presents options to obtain better information to fill the key gaps and ways to improve existing data and research on the diverse experiences of violence to inform the development of the ***National Plan's*** Third Action Plan. To achieve this, this paper addresses the following **three key questions**:

1. What data and research-based information are **currently available** about the diverse experiences (including on prevalence, perpetration, nature and response behaviours) of domestic and family violence and sexual assault for Aboriginal and Torres Strait Islander women, culturally and linguistically diverse women and women with disabilities?
2. What are the **key gaps** in the current Australian data and research landscape about the diverse experiences of domestic and family violence and sexual assault for Aboriginal and Torres Strait Islander women, culturally and linguistically diverse women and women with disabilities?
3. What are the **options for obtaining better data and information to fill these key gaps,** including any additional data or information, or improvements which could be made to existing data collections, which can be established through consultation with community experts, key stakeholders and academics representing each of these groups?

2 Action 25 - Measuring prevalence of violence and community attitudes towards violence: "Under the Second Action Plan, options for providing information relating to diverse groups of women who can be more vulnerable to violence – including Indigenous women, women from CALD communities and women with disability – will be explored...." Second Action Plan (DSS, 2014).

Project scope

This project's scope is limited to identifying what data and research-based information are currently available and the key gaps and options for obtaining better data and information on the diverse groups' experiences of domestic and family violence and sexual assault. Consistent with the core remit of ANROWS, this paper is limited to an examination of domestic and family violence and sexual assault as experienced by adult women. The project focuses on violence that *has* occurred and not the primary prevention of violence generally or amongst these diverse groups.[3] When describing and analysing data and research on domestic and family violence and sexual assault, the scope of the discussion is therefore limited to data on victimisation (including prevalence, nature, extent and response behaviours) and the perpetration of violence. Readers should also note that this paper is not a comprehensive review and inventory of all data on violence against women collected across all states and territories. Rather, it focuses on national data collections (including national surveys, national datasets and longitudinal studies) and administrative data which have the potential to provide insights into, and fill key gaps in information on, the diverse experiences of domestic and family violence and sexual assault.

While the project was limited to the experiences of domestic and family violence and sexual assault for the three diverse groups identified, key expert representatives from the ANROWS Practitioner Engagement Group recommended ANROWS extend the project scope to include the experiences of violence against lesbian, gay, bisexual, trans*, queer and intersex (LGBTQI) women and women in prison. ANROWS agreed to include these additional groups to the extent possible within the project's limited timeframes and resources. This meant that reporting on the experiences and challenges of improving data for these additional groups could only be brief and these groups were unable to be included in the rigorous literature mapping or data mapping processes. A more dedicated investigation of the issues and key gaps in information for these groups is needed, with specific options regarding the focus of this work outlined in "*Options for improving data and information*" later in this paper.

Project methodology

ANROWS undertook this project between August 2015 and March 2016 using a mixed-methods approach[4] with a study methodology including two main strategies. The first was desk-based research including a literature review and data mapping exercise. The second was consultations with key stakeholders including a range of service professionals, policy-makers and key thought leaders with expertise in domestic and family violence and sexual assault across all Australian jurisdictions.

Approach to research landscape mapping

Prior reviews of the literature indicate there is limited published data and research on the experiences of violence within diverse groups in Australia (Lievore, 2003; Morgan & Chadwick, 2009; Phillips & Vandenbroek, 2014; Tarczon & Quadara, 2012; Tayton, Kaspiew, Moore & Campo, 2014). Therefore, in reviewing the literature we valued peer-reviewed academic studies and available grey literature, including reports prepared by the community services sector and governments, as well as submissions to relevant government inquiries. The approach to mapping the Australian research landscape included research conducted across a variety of methodologies and disciplines and the search strategy has considered all available databases for relevant subjects.[5] Specific databases searched included Informit, EBSCO, ProQuest, Web of Science and PsychInfo.

The search strategy was limited to research and data collected within an Australian context, published within the past 10 years and written in English. A small number of both seminal papers and reviews from the early 2000's and international research do, however, also feature in this paper. While there may be further relevant literature relating to violence in culturally and linguistically diverse communities in Australia which has been published in a language other than English, it is not anticipated that this omission will unduly limit the robustness of this review.

3 Prevention, including improving data in this area, is being considered as part of the implementation of *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*. This project is being led by Our Watch, in partnership with ANROWS and VicHealth (2015).

4 A mixed-methods approach refers to collecting, analysing and mixing both quantitative and qualitative data. Methodological triangulation refers to this combination of methods which can provide a better understanding of research problems than either approach alone (Creswell & Plano Clark, 2011).

5 Anthropology, Development Studies, Gender and Cultural Studies, Government and International Relations, Medical Humanities, Socio-Legal Studies, Sociology and Social Policy, Statistics, Aboriginal Studies, Psychology, Social Work and Policy Studies, Behavioural & Social Sciences in Health, Indigenous Health Studies, Medical Humanities, and Public Health.

The electronic database search strategy employed covered one primary concept, three secondary concepts (for each diverse group) as well as a location constraint. The concepts, and synonyms used, are outlined in Figure 1 below:

Figure 1 - Database search strategy

Primary Concept	Secondary Concept 1	Secondary Concept 2	Secondary Concept 3
Violence	Domestic violence and intimate partner	Family violence	Sexual violence and rape
Culturally and linguistically diverse women	Culturally and linguistically diverse (CALD) and non-English speaking background (NESB)	Language background other than English (LBOTE)	Immigrant, refugee and migrant
Indigenous women	Indigenous women	Aboriginal and Torres Strait Islander women	First peoples and first nations
Women with disability	Disability	Handicap and impairment	Mental illness and mental ill-health
Locational constraint: Australian context **(different approaches were taken within each database to restrict output to the Australian context, as required).**			

We identified grey literature predominately through a review of the ANROWS Resources Database, references in existing ANROWS State of knowledge papers relevant to each diverse group, as well as submissions made to the Senate *Finance and Public Administration References Committee Inquiry on Domestic Violence in Australia, 2014-2015*. Submissions were added to the literature review if they directly referenced information in relation to data and existing knowledge on diverse groups, or if they were prepared by organisations that provide services to diverse groups (i.e. excluding submissions by private individuals). Additional grey literature was identified through "snowballing" useful documents from reference lists and recommendations from stakeholders, as well as searches of the former Australian domestic and family violence and sexual assault clearinghouses, government databases and Google Scholar. The metadata for all papers identified in the search was uploaded into a database. There was an initial corpus of 3790 sources, with 389 falling within scope. Of these, 176 were of use for mapping the Australian research landscape, which are listed in the reference list of this paper.

As noted in project scope above, while we collected information on the experiences of violence for lesbian, gay, bisexual, trans*, queer and intersex (LGBTQI) women, and women in prison, these groups could not be included in the rigorous literature review or data mapping processes. Rather, the information and analysis on these additional groups relied on the limited amount of grey literature produced in Australia as well as snowballed resources identified by key stakeholders through the consultation process outlined below.

Approach to data landscape mapping

The project's approach to data mapping involved outlining the Australian data landscape on domestic and family violence and sexual assault. Data sources for this project were identified through three methods: foundational research funded by DSS and conducted by the Australian Bureau of Statistics (ABS);[6] a mapping of the current Australian research landscape and; stakeholder consultations. The data sources used in the mapping exercise included:

- national surveys that allow for population level estimates of violence;
- national administrative data collections and datasets;
- administrative data from agencies and non-government community services including specialist domestic and family violence crisis services and sexual assault services, homelessness services, health services, disability services and settlement services; and
- longitudinal studies.

This project takes a thematic approach to data mapping which mirrors the conceptual framework developed by the ABS, which was a key priority of the First Action Plan of the National Plan to improve the evidence base on domestic and family violence

6 As part of the National Plan, the ABS, in partnership with DSS, has produced three foundational documents on improving the evidence base for family, domestic and sexual violence. These include *Defining the data challenge for family, domestic and sexual violence* (2013), *Bridging the data gaps for family, domestic and sexual violence* (2013) and *Foundation for a National Data Collection and Reporting Framework* (2014).

and sexual assault. In particular, this paper adheres to elements from both the central organising principles developed in *Defining the data challenge for family, domestic and sexual violence* (ABS, 2013b) and the conceptual schema developed in the *Foundation for a National Data Collection and Reporting Framework for family, domestic and sexual violence* (DCRF) (ABS, 2014c). The DCRF "is a broad level conceptual map" (ABS, 2014c) providing a systematic way of consistently collecting and organising data into information units for statistical collection on domestic and family violence and sexual assault and is designed to support a stable national framework. Applying this thematic approach and underpinned by a number of identified organising principles, the project explores different types of data and information collected across Australia for each diverse group of women, and how each type of data may be used to support their policy and service needs, as well as the data sources' limitations and caveats. By doing so, it builds on the ABS's foundation work and ensures that research efforts are not duplicated, promising research practices to augment the evidence base are amplified, and links are established between complementary research activities conducted under the National Plan.

Approach to stakeholder consultations

ANROWS conducted 99 stakeholder consultations between October and December 2015. We used two methods to capture stakeholder views. The first was a stakeholder survey through which we collected information from a wide cohort of stakeholders from the broader community services sector and academia who work specifically with the three diverse groups. The second was a series of semi-structured interviews and round-tables conducted with key stakeholders and thought leaders. These included experts such as policy-makers from different jurisdictions and key personnel from data and research agencies; the domestic and family violence and sexual assault sectors; women's legal and health services sectors and researchers with expertise in the area. These consultations collected more detailed information on the same topics covered in the stakeholder survey and were conducted in a variety of formats (i.e. in-person, via phone, skype or email) due to the brevity of the consultation period. The ANROWS Practitioner Engagement Group contributed to the stakeholder consultation strategy and the list of stakeholders was "snowballed" by asking stakeholders to suggest others who should be involved. A detailed overview of the stakeholder consultation process including format, methods, and approach as well as the full list of stakeholders consulted is available in Appendix A.

The findings of the stakeholder consultations were analysed using qualitative analysis software (QSR NVivo Plus – version 11), taking a conventional content analysis approach.[7] This was largely inductive and based on the themes emerging from the information provided by stakeholders. The analysis was carried out by coding the interview responses to each question into themes. While it is not our intention to report in detail the many comments and suggestions provided by the stakeholders or the broad results from the NVivo analysis, stakeholders' views on the current limitations of the Australian data landscape and their suggestions for data improvement are included and embedded throughout the paper. In particular, findings from the stakeholder consultations have informed the development of the options for data improvement in this paper.

Finally, the consultation process was designed to ensure inclusivity and to produce options underpinned by robust consultation with a range of stakeholders. Thus, the options in this paper have been developed to meet the needs of stakeholders to address current gaps in the Australian data landscape on domestic and family violence and sexual assault and enable informed policy and practice developments to address such violence for diverse groups of women.

7 A method of analysing text data, allowing themes to emerge from the data rather than using preconceived categories, also known as inductive category development (Hsieh & Shannon, 2005).

Structure of the paper

1. This **introduction** has outlined the project aims, scope, and describes the methodologies employed for the literature review, stakeholder consultations and data mapping sections which follow.
2. The **research landscape** section provides an overview of key information of policy and practice interest from the review of existing Australian literature and data on the nature and prevalence of violence and abuse experienced by women in diverse groups and their reporting behaviours. This section addresses the first key question.
3. The **data landscape** section maps 24 data sources that contain information about domestic and family violence and sexual assault. This section examines in detail the data collected by government agencies, non-government community services and the key national surveys and data collections which contain, or have the potential to be augmented to include, information on the diverse experiences of domestic and family violence and sexual assault. In this section, we also highlight the key limitations of these data sources related to understanding violence experienced by the diverse groups of women.
4. The section on **understanding the data gaps** is a composite section of gaps identified from the literature and data mapping sections and gaps identified through the extensive stakeholder consultation component of the project. This section focuses on five key gaps for each of the diverse groups: 1) design and methodological gaps in data sources; 2) definitional complexities within data sources; 3) gaps in the quality of existing data sources; 4) gaps in recording and reporting of data; and 5) gaps in the leveraging of existing data for the creation of new statistical information. Combined with the previous section, this section addresses the second key question.
5. The paper concludes with the section **moving forward: options for improving data on the diverse experiences of violence** which includes a discussion of possible options to improve data and information on the diverse experiences of domestic and family violence and sexual assault, including specific options for each of the diverse groups. It also identifies the challenges of operationalising the options presented for improving data and information. This section addresses the third key question.

Mapping the Australian research landscape

This section of the paper examines the existing Australian research landscape as it relates to domestic and family violence and sexual assault experienced by diverse groups of women. It analyses the growing body of mostly qualitative evidence on the nature, perpetration and response behaviours, including formal reporting of violence and accessing services, of such violence in reference to diverse groups of women. The qualitative evidence is presented separately for each diverse group. It is supplemented by quantitative evidence from national surveys on the prevalence of, and response behaviours in reference to, domestic and family violence and sexual assault experienced by women from each diverse group. In presenting the quantitative evidence, limitations of the data are cited. This overview of the existing research base is crucial to establishing what information of policy and practice interest is currently available and thus answers the project's first research question.

Key findings in this section

Various aspects of identity may intersect for women in the diverse groups, compounding disadvantage, marginalisation, and barriers to both help seeking and their representation in data collections relevant to their experiences of domestic and family violence and sexual assault. The outcome of these factors is the *invisibility of women* from diverse groups and *invisibility of the violence* which is perpetrated against them. Key findings from this section include:

- **Limitations in quantitative evidence on the prevalence and perpetration of violence:** Limitations in existing national household surveys impact on the representativeness of the existing data on violence experienced by women from diverse groups. The exclusion of individuals in a variety of settings due to survey confidentiality, privacy concerns and language requirements mean that the ability to robustly assess prevalence and response behaviours is limited.
- **The complexity and specificity of violence:** Aboriginal and Torres Strait Islander women, culturally and linguistically diverse women and women with disabilities are heterogeneous, complex groups and definitions of group membership are often contested or inconsistent. There are added complexities to what constitutes domestic and family violence and sexual assault for each of these groups including different understandings of causes and specific forms of violence and abuse. Further, the context in which violence occurs may be different to the context in which violence experienced by women who are not from these diverse groups occurs.
- **Multiple, intersecting barriers to reporting violence and accessing appropriate services:** Women from diverse groups encounter specific difficulties of formal reporting of incidents and accessing services. Reporting barriers include distrust of authorities, and a lack of understanding of the formal language of policing and courts. Access barriers include geographical isolation, inaccessibility of services for women with disabilities, cultural appropriateness of services, and communication difficulties. Communication barriers compound access issues and include lack of appropriate communication with women with disabilities and women who do not speak English or have English as a second or third language, including Aboriginal and Torres Strait Islander women for whom English is not their main language spoken.
- **"Diversity within diversity"- the intersections of identity and disadvantage:** Identity as an Aboriginal and/or Torres Strait Islander, as well as disability and cultural and linguistic diversity are experienced among other identities including gender. While there is a growing body of evidence on the diverse experiences of domestic and family violence and sexual assault in Australia, the experiences of women with multiple identities (e.g. culturally and linguistically diverse women with a disability) and the experiences of compounded disadvantage is under-researched.

Aboriginal and Torres Strait Islander women

Prevalence of domestic and family violence and sexual assault

Information on the **prevalence of violence** experienced by Aboriginal and Torres Strait Islander people can be ascertained through the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) (ABS, 2009; ABS, 2013d).[8] The NATSISS provides population level estimates of physical violence.[9] In the 12 months prior to completing the 2008 NATSISS, it was estimated that:

- 25 percent of Aboriginal and Torres Strait Islander women experienced one or more incidents of physical violence (42,300), which was a similar rate for Aboriginal and Torres Strait Islander men (24%; 38,000).
- Of Aboriginal and Torres Strait Islander women who had experienced physical violence, 24,800 experienced physical assault and 32,760 experienced physical threat, with an estimated 15,300 experiencing an incident of *both* assault and threat.
- Of Aboriginal and Torres Strait Islander women who had experienced physical assault, 60 percent were physically harmed or injured (14,880).
- Of these women, 80 percent experienced bruising (11,900), 40 percent experienced cuts (5950), 30 percent experienced scratches (4465), 21 percent reported "another type of injury" (including stabbing, gunshot wounds, miscarriage and other injury types; 3125), and 11 percent sustained fractured and broken bones and teeth (1640). Many women sustained injuries across multiple injury types.
- Of Aboriginal and Torres Strait Islander women who had experienced physical threat, 81 percent were living in non-remote areas (26,500). Of these women, 85 percent experienced this threat in person, or face-to-face (22,525); and 15 percent by email, letter or over the phone (3975).

Although the NATSISS is not directly comparable with the ABS's Personal Safety Survey (PSS), the PSS reports 4.6 percent of all Australian women experienced physical violence in the 12 months preceding the survey (ABS 2013e) compared with 25 percent for Aboriginal and Torres Strait Islander women reported in NATSISS. Combined with findings from the broader literature (ABS, 2009b; ABS, 2013a; Day, Francisco & Jones, 2013; Morgan & Chadwick, 2009; Mouzos & Makkai, 2004; Tayton, Kaspiew, Moore & Campo, 2014) this indicates that Aboriginal and Torres Strait Islander women are vastly over represented as victims of violence.

The perpetration of domestic and family violence and sexual assault against Aboriginal and Torres Strait Islander women

The NATSISS provides some, albeit limited, information about perpetrators of physical violence (ABS, 2009b; ABS, 2013d) against Aboriginal and Torres Strait Islander women.

- In the 2008 NATSISS, of the 24,800 women who had experienced physical assault, 94 percent knew the perpetrator. They were significantly more likely to identify a current or previous partner (married and de-facto relationships; 32%) or a family member (28%) as the perpetrator compared with any other relationship type. In addition to previous partner and family members, 22 percent of Aboriginal and Torres Strait Islander women who had experienced physical assault identified the perpetrator as an "other known person", a category which includes "boyfriend, girlfriend or date, ex-boyfriend/ex-girlfriend or date, neighbours, work colleagues, fellow students and other known people." (ABS, 2013d)

Research has emphasised the importance of understanding the perpetration of family violence within Aboriginal and Torres Strait Islander communities within the context of colonisation (Blagg, 2008b; Cunneen, 2001; Nancarrow, 2010), including "internalised colonialism" (Australian Human Rights Commission, 2011), and state violence. In this context, family violence is considered the result of continued cultural dispossession, discrimination and oppression which has eroded traditional values, social structures and customary practices (Al-Yaman, Van Doeland & Wallis, 2006; Memmott, Stacy, Chambers & Keys, 2001). It also highlights the continued social and personal impacts on Aboriginal and Torres Strait Islander people of practices such as displacement from traditional lands, forced removal of children, the loss of Indigenous languages, dispossession of culture, normalisation of violence and the resulting break down of enduring social bonds

8 It is important to highlight that prevalence cannot be estimated from the Personal Safety Survey (PSS); it does not collect data from a representative sample of Aboriginal and Torres Strait Islander people, because most sampling occurs in metropolitan areas. A greater proportion of the Aboriginal and Torres Strait Islander population live in remote areas when compared with the population distribution of non-Indigenous Australians. This creates practical difficulties in obtaining a sample that would allow for meaningful estimates of violence. While some Aboriginal and Torres Strait Islander people in rural and urban areas may be selected at random to participate in the PSS, the extent of this sampling is unknown as Aboriginal and Torres Strait Islander status data are not collected by the survey.

9 Physical violence is comprised of physical assault (incidents where physical force is used with the intent to harm or frighten: pushing, shoving, hitting, or being attacked with a weapon) and physical threat (attempts to use or threats to use physical force or violence against a person: in person, non-face-to-face by letter, telephone or emails).

(Al-Yaman, Van Doeland & Wallis, 2006; Blagg, Bluett-Boyd & Williams, 2015; Day, Martin & Howells, 2008; Memmott et al., 2001; Tayton, Kaspiew, Moore & Campo, 2014). The role of colonisation, intergenerational trauma, and alcohol abuse are also emphasised as primary contributors to male perpetrated family violence, which is thought to compensate for a lack of self-esteem rather than an expression of power and control (Blagg, 2000; Milroy 2005).

In the explanatory model of intergenerational and historical trauma described above, contemporary research explores how violent attitudes and behaviours can be transferred across family and communities (Atkinson, Nelson & Atkinson, 2010). This may begin in childhood, with studies demonstrating links between experiences of childhood trauma, the escalation of destructive behaviours, difficulties maintaining relationships and the likelihood of perpetrating violence and interacting with the criminal justice system (Atkinson, 2008; Atkinson et al., 2010; Van der Kolk, 2007). These broader contexts contribute to some Aboriginal and Torres Strait Islander people's preference for the term "family violence" over "domestic violence" as this term offers a better description of the complex family and kinship relationships between those who perpetrate and experience violence (Al-Yaman, Van Doeland & Wallis, 2006; Blagg, 2000; Blagg, Bluett-Boyd & Williams, 2015; Tayton, Kaspiew, Moore & Campo, 2014).

The nature of domestic and family violence and sexual assault against Aboriginal and Torres Strait Islander women

Aboriginal and Torres Strait Islander women are vulnerable to all of the forms of domestic and family violence and sexual assault which are experienced by non-Aboriginal and Torres Strait Islander women. The available data suggests they are three times more likely to experience sexual violence (Mouzos & Makkai, 2004) and 12 times more likely to be the victim/survivor of assault (Keel, 2004) than non-Aboriginal and Torres Strait Islander women. Aboriginal and Torres Strait Islander women living in rural and remote areas are also up to 45 times more likely to experience family violence than other Australian women living in rural and remote areas (McCalman et al., 2014; VicHealth, 2011). Family violence has a significant impact on the short and long-term health and welfare of Aboriginal and Torres Strait Islander individuals, families and communities (Productivity Commission, 2014). Research demonstrates that there is great variation on many indicators, such as health, socio-economic status and life expectancy, that are central to understanding violence against women in Aboriginal and Torres Strait Islander communities (McCausland & Vivian, 2009) and little is currently known about family violence in the Torres Strait (Olsen & Lovett, 2016). It is therefore important to note that, "when extrapolating from research", generalisations should not be made "from understandings of one Indigenous community to others or to all Indigenous peoples" (AIATSIS, 2012, p.4). This needs to be taken into account when considering the discussion below, much of which may inadvertently disguise the diversity of Indigenous Australian identities.

The literature on domestic and family violence and sexual assault against Aboriginal and Torres Strait Islander women shows they experience certain types of violence more frequently than non-Indigenous women, including: bi-directional violence; negative behaviours between extended family members; and lateral violence. Aboriginal and Torres Strait Islander people may refer to family violence which is bi-directional as "couple violence", "jealous fighting" or "family fighting"; which involve both parties engaging in aggression and are not limited to the commonly understood model of gendered violence (Blagg, 2008a). Negative behaviours between extended family members include "demand sharing" or "humbugging" (demanding food or money) and "jealousing up" (arousing a violent response from a partner on purpose) (Blagg, Bluett-Boyd & Williams, 2015; Law Reform Commission of Western Australia, 2006). Lateral violence or harm that is perpetrated by community members against each other includes gossiping, jealousy, bullying, shaming, "taking sides", social exclusion, organisational conflict, and family feuding. Lateral violence may also include threats or intimidation by the perpetrator's family or kin (Australian Human Rights Commission (AHRC), 2011; Blagg, 2008a; Blagg, Bluett-Boyd & Williams, 2015; Cripps, 2008; Wingard, 2010). It is an under-researched characteristic of violence that Aboriginal and Torres Strait Islander women face. Existing research has conceptualised this lateral violence as the expression of fear and anger turned towards other members of an oppressed group who do not know how to deal with the intergenerational injustices and continuing racism imposed on their communities (Australian Human Rights Commission, 2011; Blagg, Bluett-Boyd & Williams, 2015; Wingard, 2010). Lateral and intergenerational violence within Aboriginal and Torres Strait Islander communities is not a strictly gendered phenomenon (Australian Human Rights Commission, 2011; Blagg, Bluett-Boyd & Williams, 2015). As noted by Blagg "further research on the topic of lateral violence and its links with violence against women and children is needed before we can assert with confidence how the phenomena are connected" (Blagg, Bluett-Boyd & Williams, 2015, p.7).

Response behaviours

The NATSISS captures information about a limited number of post-incident actions taken by Aboriginal and Torres Strait Islander women in response to experiences of physical violence, namely whether they visited a health professional or reported the incident to the police. (ABS, 2009b; ABS, 2013d). Of Aboriginal and Torres Strait Islander women who had experienced physical violence in the 12 months prior to the 2008 NATSISS:

- Of those who had experienced physical assault, 60 percent reported the most recent incident to police (14,880). The rate of reporting incidents to police was significantly lower for Aboriginal and Torres Strait Islander women who were aged 15-24 years (52%) compared with those aged from 35-44 years (72%). Aboriginal and Torres Strait Islander women (60%) **were twice as likely** as men (30%) to report their most recent physical assault to the police.
- Of women who had experienced physical assault, it was **significantly more likely** that they would report the incident to police if the perpetrator was a current or previous partner (65%) compared with a family member (48%) or someone they knew by sight only (41%). Women were also more likely to report the incident to police if they had sustained an injury as a result of the physical assault (69%) compared with if they had not been injured (46%).
- Women were also **significantly more likely to report** their most recent incident of physical assault to the police if they had also experienced physical threat in the 12 months prior to the survey (65%), compared with if they had only been physically assaulted (51%).

Existing qualitative research captures the multiple, intersecting barriers to reporting domestic and family violence and sexual assault and accessing services that Aboriginal and Torres Strait Islander women face (Blagg, Bluett-Boyd & Williams, 2015; Family Law Council (FLC), 2012; Lievore, 2003; Morgan & Chadwick, 2009; Western Australia Office for Women's Policy, 2005). Qualitative research from New South Wales with 49 human and justice service providers in 12 rural and regional towns, identifies "shame, silence and the experience of community sanctions" as significant factors deterring Aboriginal women's help-seeking and disclosure of violence (Owen & Carrington, 2014 quoted in Holder, Putt & O'Leary, 2015, p.8). Geographical remoteness remains a key barrier to reporting and help seeking for Aboriginal and Torres Strait Islander women living in rural and remote areas. This results in difficulties with access to culturally appropriate family violence services, delayed response times for police and ambulances, transport difficulties, and the need to travel vast distances to access existing services (Blagg, Bluett-Boyd & Williams, 2015; FLC, 2012; Morgan & Chadwick, 2009; VicHealth, 2011). Geographical remoteness has a particular impact for Aboriginal and Torres Strait Islander women for whom English is a second language. For example, interpreter services in Indigenous languages are extremely limited and it is technically challenging to interpret complex legislation into traditional languages that may not have equivalent terms (FLC, 2012). In addition, low levels of literacy or mainstream educational attainment, particularly for those in rural and remote areas, may act as a barrier to help-seeking. The existing evidence base also points to a lack of culturally appropriate services (including a lack of Aboriginal and Torres Strait Islander staff or staff with cultural competency) as being a particular barrier (FLC, 2012).

A number of studies note the centrality of Aboriginal and Torres Strait Islander women's distrust of government authorities as being key to understanding the barriers they face in effective help seeking (see Adams & Hunter, 2007; Cunneen, 2009; Kelly, 1999; Scott et al., 2004, FLC, 2012; Lievore, 2003). These studies highlight mistrust in government and mainstream services due to "fears that their children may be taken away and fear of what will happen to the perpetrator in custody" (Holder, Putt & O'Leary, 2015, p.7). Indeed, reporting a partner or family member to police may at times be seen as violating family tradition in some communities (Lievore, 2003) and a study from rural NSW found women were ostracised from their community when they applied for protection orders (Lumby & Farrelly, 2009). Research shows significantly higher rates of family violence under-reporting amongst Aboriginal and Torres Strait Islander women compared to non-Aboriginal and Torres Strait Islander women (Cripps, 2008) and documents the extensive response barriers these women face. Despite these constraints, Aboriginal and Torres Strait Islander women are nevertheless "active in help-seeking" especially from services such as health, child protection and justice (Holder, Putt & O'Leary, 2015, p. 9). For example, one study found that while Aboriginal and Torres Strait Islander women in Queensland were "less likely to seek counselling and court support than non-Indigenous women [they] were significantly more likely to seek crisis intervention (60% Indigenous as opposed to 25% non-Indigenous women)" (Cunneen 2009, quoted in Holder, Putt & O'Leary, 2015, p. 9).

Key findings on violence against Aboriginal and Torres Strait Islander women

A substantial number of Aboriginal and Torres Strait Islander women experience domestic and family violence and sexual assault, and they do so at significantly higher rates than all women in the Australian community. These women also experience certain types of violence more frequently than other women, including: bi-directional violence; negative behaviours between extended family members; and lateral violence. Finally, Aboriginal and Torres Strait Islander women face multiple, intersecting barriers to reporting domestic and family violence and sexual assault and accessing services.

Culturally and linguistically diverse women

Prevalence of domestic and family violence and sexual assault

The best available source of information on the **prevalence of violence** experienced by culturally and linguistically diverse women is the PSS even though the experiences of violence for these women are thought to be under-represented in this survey (Multicultural Centre for Women's Health, 2014), as acknowledged by the ABS (Cox, 2015b). Analysis of the most recent PSS (Cox, 2015b), which disaggregates data based on responses to "Country of Birth" and "Sex" (men and women), examines responses of individuals from "Main English speaking countries" compared with those for whom English is not their main language. Although this is an imprecise proxy for cultural and linguistic diversity, considering the complexity of group membership, it is the best source of prevalence estimates currently available. With these limitations in mind, in the 12 months prior to completing the 2012 PSS survey:

- 0.3 percent of all women who were born overseas experienced male cohabiting partner violence (34,600), compared with 1.6 percent of women who were born in Australia (94,800).
- The majority of these women were from countries where English is not the main language spoken (27,100 out of 34,600, which is 78.3%).
- The rate of male cohabiting violence for women where English was not the main language (1.5%, 27,100) was almost double that of women from main English speaking countries (0.8%, 7500).
- 0.7 percent of all women born overseas had experienced sexual assault (20,100), compared with 1.1 percent of women who were born in Australia (67,600).

***Since the age of 15**:*

- 12.4 percent of women born overseas had experienced sexual assault (334,300), compared with 19.2 percent of women born in Australia (1,159,700).
- The rate of sexual assault for women born in countries where English was not the main language spoken was 9.3 percent (162,800), which was less than half of that for women born in Australia.
- The rate of "multiple incident physical assault victimisation" for women born in Australia (61.9% who had experienced physical assault, 1,107,200) was not statistically significantly different compared to women born overseas (57.1% who had experienced physical assault, 345,900). These figures refer to the proportion of women who experienced one incident of physical assault, followed by at least one other incident of physical assault (perpetrated by either one person or multiple people).
- Similarly, the rate of "multiple incident sexual assault victimisation" for women born in Australia (56.2% who had experienced sexual assault, 648,600) was not statistically significantly different compared with women born overseas (57.8% who had experienced sexual assault, 190,900). Again, these figures refer to the proportion of women who experienced one incident of sexual assault followed by at least one other incident of sexual assault (perpetrated by either one person or multiple people).

It is unclear whether these findings of relatively lower rates of violence for women born overseas are reflective of the lived reality of culturally and linguistically diverse women (Morgan & Chadwick, 2009). Some studies of population-level surveys such as the PSS suggest that rates of violence against culturally and linguistically diverse women are around the same or slightly lower than for Australian-born women (ABS, 2013b; ABS, 2013d; Cox, 2015b; Mouzos & Makkai, 2004). However, other Australian literature proposes that the risk of domestic and family violence for culturally and linguistically diverse women is actually higher than for other women (Ghafournia, 2011). This is supported by figures from providers of domestic violence support services who note an overrepresentation of women from culturally and linguistically diverse backgrounds. It may suggest that the experiences of culturally and linguistically diverse women are **underrepresented** in population-based studies (Poljski & Murdolo, 2011) such as the PSS. It is unclear which source of data better reflects the prevalence of domestic and family violence and sexual assault perpetrated against culturally and linguistically diverse women (VicHealth, 2015).

The perpetration of domestic and family violence and sexual assault against culturally and linguistically diverse women

There is a scarcity of information on the perpetrators of domestic and family violence and sexual assault against culturally and linguistically diverse women and more research is needed, particularly with regards to those who exploit immigration laws and regulations to commit violence against women (Bonar & Roberts, 2006; Dimopolous & Prattis, 2013; Poljski & Murdolo, 2011). Despite the paucity of information, research does show that the majority of perpetrators of violence against these women are male partners, or other men who are known to their victims (Mason & Pulvirenti, 2013; Pease & Rees, 2008; Poljski & Murdolo, 2011). Reported violence in the literature does, however, also

include incidents involving extended family members, including a partner's siblings and parents-in-law (Salter, 2014).

One explanatory model for understanding perpetration of violence against culturally and linguistically diverse women is that it occurs in the context of social adjustment to changes in social norms, laws and expectations (Fisher, 2013; Ogunsiji et al., 2011; Pease & Rees, 2007; Pease & Rees, 2008). For example, in a 2007 study of men from refugee backgrounds,[10] participants reported that government interventions designed to address "family conflicts" were undermining their position of authority within the family and overall family cohesiveness (Pease & Rees, 2007). A 2013 study of refugees (both men and women),[11] as well as professional support staff from a victim and perpetrator program, examined themes arising from discussions of domestic violence (Fisher, 2013). Across these studies it was noted that, compared with countries of origin, Australian society had different normative gender and family roles, different legal systems and different responses to domestic violence. Perpetration was seen as a response by men to re-establish dominance, traditional gender and family roles (Fisher, 2013, p. 842). More targeted research is required to better understand the attitudes and behaviours of perpetrators of violence against women, particularly in different types of culturally and linguistically diverse groups.

Much of what we understand about perpetrators of violence against culturally and linguistically diverse women is based on a limited number of relatively small scale studies, most of which relate to people from refugee backgrounds (Fisher, 2013; Ogunsiji, Wilkes, Jackson & Peters, 2011; Pease & Rees, 2007). These are mainly qualitative studies using focus groups and convenience samples from major metropolitan cities in Australia. Although these small scale studies offer important insights in this area, the results discussed here may not be reflective of the wider experiences of culturally and linguistically diverse individuals who, for example, have settled in rural, regional or remote areas, or are from non-refugee backgrounds.

The nature of domestic and family violence and sexual assault experienced by culturally and linguistically diverse women

Existing research suggests that the complexity of the term "culturally and linguistically diverse"[12] is likely to contribute to data quality issues when examining the experiences of domestic and family violence and sexual assault in these communities (ABS, 2013b; ABS, 2013a; Ghafournia, 2011; Mouzos & Makkai, 2004; Poljski & Murdolo, 2011; Tayton, Kaspiew, Moore & Campo, 2014; Trijbetz, 2013). Given the variations in lived experience, making anything other than the very high level, qualified generalisations above about the violence culturally and linguistically diverse women experience collectively would be empirically flawed. This is of particular concern when addressing the nature of this violence. This section examines findings in the literature about specific sub-groups of culturally and linguistically diverse women and in doing so acknowledges the challenges and limitations of these existing studies.

Research demonstrates that there are a number of specific forms of violence which are perpetrated on sub-groups of women within the culturally and linguistically diverse population. For women entering Australia on **spousal, fiancé or partner visas**, perpetrators have been known to use uncertain citizenship status as a tool of intimidation or control (Ogunsiji et al., 2011; Pittaway, Muli & Shtier, 2009; Vaughan et al., 2015). The fear of deportation or dependence on a partner with a visa can also be manipulated by perpetrators, particularly when women are unaware of, or are denied access to, information about Australian laws and related legal rights (Bonar & Roberts, 2006; DSS, 2015; Ghafournia, 2011).

Immigrant and refugee women may experience broader family violence from multiple perpetrators, including in-laws, involving shaming and humiliation. This is particularly so for women from communities where wives are considered to be responsible for maintaining family unity, or where norms of collectivism or subordination of the interests of the individual to the demands of the family, community or patriarchal figurehead (familism) are especially strong (Salter, 2014; Vaughan et al., 2015). Forced marriage and dowry demands are also forms of family violence reported by women from this group, however it should be noted that these are distinct from consensual arranged marriages, which are reasonably common in South Asian communities and are not necessarily related to higher rates of family violence (DSS, 2015; Raj, Livramento, Santana, Gupta, & Silverman, 2006). Female genital mutilation/cutting is also an identified form of violence perpetrated against immigrant and refugee women from parts of Africa, the Middle East and South-East Asia. Apart from a small number of health professionals and obstetricians reporting that they had been asked to re-suture following childbirth, however, there is no evidence on whether this is common practice in Australia (Moeed & Grover, 2012; Vaughan et al., 2015).

For **international female students,** there is an intensified risk of sexual harassment and abuse in their workplaces, as employers

10 Participants were born in Iraq, Sudan, Ethiopia, Serbia, Bosnia and Croatia, n = 78.

11 Participants were from Somalia, Ethiopia, Sierra Leone, Liberia and Sudan, n=54 refugees, n=24 support staff

12 See terminology section of this paper on cultural and linguistic diversity.

may take advantage of financial insecurity, potential deportation and lack of understanding about their rights at work (DSS, 2015; Lievore, 2003). They may also face sexual assault or harassment in high density student housing and may lack understanding about consent in Australian law (Poljski, 2011). Student visa holders can also bring their partners as secondary visa holders, who can become resentful of their partner's status and opportunities and start to abuse them (Forbes-Mewett, McCulloch & Nyland, 2015).

Response behaviours

The PSS captures information about post-incident actions and impacts for women who have experienced partner violence and/or sexual assault. This includes whether they contacted the police and whether they sought advice or support from a professional or lay person. Analysis of the most recent PSS (Cox, 2015b) found the following in reference to women who had experienced violence from their current or former cohabiting partner in the 12 months prior to the 2012 PSS:

- 34.4 percent of women who were born overseas contacted the police about violence perpetrated by their current partner (8,000) compared with 23.9 percent of women who were born in Australia (10,200).
- 71.6 percent of women who were born overseas contacted the police about violence perpetrated by their former partner (8,000) compared with 55.9 percent of women who were born in Australia (29,100).
- 68.8 percent of women who were born overseas sought advice or support about violence perpetrated by their current partner (16,100) compared with 69.1 percent of women who were born in Australia (29,600).
- 92.2 percent of women who were born overseas sought advice or support about violence perpetrated by their former partner (10,400) compared with 90.8 percent of women who were born in Australia (47,200).

Of women who had experienced sexual assault since the age of 15, in relation to their most recent sexual assault:

- 53.8 percent of women who were born overseas sought advice or support about their most recent sexual assault (10,800) compared with 67.3 percent of women who were born in Australia (45,400).
- 1.6 percent of women who did not report their sexual assault to police said that "cultural or language reasons" was the main reason for not reporting (11,100).

Care should be taken when considering these statistics as they report the broader category of "women who were born overseas". This means that these results combine both women from "non main-English speaking countries" and those of from "main-English speaking countries" and that the high rate of engagement with help seeking by women born overseas may not reflect the pattern of help seeking for women from culturally and linguistically diverse communities.

Apart from data from the PSS, there are a number of reviews and studies that provide insights into response behaviours, barriers to reporting and accessing of support services by culturally and linguistically diverse women. Some of these report issues which would be applicable to many culturally and linguistically diverse women, while others describe findings that may not be generalisable beyond specific sub-cultural groups. The following four barriers to reporting domestic and family violence and/or sexual assault have been consistently raised in the Australian literature:

1. **Personal barriers to reporting** including isolation from family in their home country who would otherwise be offering social support, or would act to mitigate family violence. These barriers also include: feelings of shame or dishonour; fear of deportation, of losing custody of children, or of not being believed; inadequate financial support and/or economic dependence on the perpetrator; and fear of continued violence from the perpetrator's extended family (DSS, 2015; Ghafournia, 2011; Lievore, 2003; Morgan & Chadwick, 2009; Ogunsiji et al., 2011; Pease & Rees, 2007; Tayton, Kaspiew, Moore & Campo, 2014).
2. **Cultural barriers to reporting** including the minimisation or denial of problematic behaviours by the community, such as pressure to not disclose violence, and fear of community rejection or stigmatisation (Pease & Rees, 2008). These barriers may also include: religious beliefs about the permanence of marriage, the privacy of family matters and the shame of divorce (Bonar & Roberts, 2006); and preference for informal dispute resolution within extended family groups (Lievore, 2003; Tayton, Kaspiew, Moore & Campo, 2014). In some cultures, what constitutes domestic and family violence and sexual assault can vary from mainstream understandings of such violence. For example, in a study of West African women non-physical violence was not seen as abusive, but as normal marital behaviour (Ogunsiji et al., 2011). In other cultures, forced sex within a marriage may not be thought of as domestic or sexual violence (Bartells, 2010; DSS, 2015; Taylor & Mouzos, 2006).
3. **Information and language barriers to reporting** including the inability to read or write, in English or other languages

(Ghafournia, 2011; VicHealth, 2015), a lack of knowledge about services and support available (Bonar & Roberts, 2006; DSS, 2015; Ghafournia, 2011; Ogunsiji et al., 2011) and barriers that arise when the perpetrator acts as a "gatekeeper" to help-seeking information (Lievore, 2003).

4. **Institutional barriers to reporting** including: limited translator and interpreter services, which may result in the perpetrator being asked to translate for the victim (Bonar & Roberts, 2006; Lievore, 2003); a lack of culturally sensitive support services (Bonar & Roberts, 2006; Tayton, Kaspiew, Moore & Campo, 2014; VicHealth, 2015); and reluctance to report to police due to exposure to systemic violence in their country of origin, including relationships with law enforcement agencies (Ogunsiji et al., 2011; Zannettino et al., 2013). These barriers are thought to prolong the amount of time that culturally and linguistically diverse women stay in abusive relationships with perpetrators (Vaughan et al., 2015).

Key findings on violence against culturally and linguistically diverse women

Culturally and linguistically diverse women are underrepresented in population-based studies on the prevalence of domestic and family violence and sexual assault. Given the great variations in lived experience and socio-demographics of culturally and linguistically diverse women, it is difficult to make qualified generalisations on the nature and perpetration of violence against these women and their response behaviours.

Women with disabilities

Prevalence of domestic and family violence and sexual assault

There is a dearth of publicly available data on the prevalence and nature of abuse and violence experienced by women with disabilities in Australia, with very few studies that examine the impacts and consequences of such violence (Attard & Price-Kelly, 2010; Healey et al., 2008; Frohmader & Sands, 2015). Presently, the only source of population level estimates of different types of violence perpetrated against women with disabilities is the PSS, but this has several limitations.

One methodological issue raised by advocacy groups and acknowledged by the ABS, is that the PSS only selects respondents from private dwellings (Frohmader & Cadwallader, 2014; Howe & Hargrave, 2014). For this reason, women (and men) who have disabilities and live in non-private dwellings (such as institutional care settings) are not included in the survey. Additionally, for safety reasons, the PSS does not currently include participants who need third party assistance with communication (Cox, 2015b; Frohmader, Dowse & Didi, 2014). With these limitations in mind, additional analysis of the PSS (Cox, 2015b) on the experiences of women with disabilities who *are* included in the PSS has highlighted what is currently known about prevalence of physical and sexual violence perpetrated against this group. In the 12 months prior to completing the 2012 PSS survey:[13]

- 1.8 percent of all women with disabilities had experienced male cohabiting partner violence (51,200), compared with 1.3 percent of women without a disability (78,300). The difference between these rates is not statistically significant.
- Taking into consideration that many women with disabilities do not live with their partner, the broader definition of partner was also examined which also included boyfriends and dates (anyone with whom the respondent was in an emotionally and/or sexually intimate relationship). In this case, 2.6 percent of all women with disabilities had experienced violence from their partners (73,900), compared with 1.8 percent of women without a disability using the same partner categorisation (106,800). Women with disabilities represent 40.9 percent of all female victims of male intimate partner violence, and represent 32.3 percent of the entire PSS respondent population. The difference in experience of partner violence (including cohabiting

13 It should be noted that no data were analysed on the basis of disability status regarding the prevalence of violence since the age of 15, as disability was defined as being consistent over a 6 month period. Therefore, it would be methodologically problematic to assume that all respondents who were currently living with a disability had been doing so since the age of 15.

partners, boyfriends and dates) between women with disabilities and women without a disability **is statistically significant.**

- In addition, women with disabilities who *had* experienced violence were significantly more likely to have experienced *multiple* incidents of violence in the 12 months leading up to the survey (92.2% of women with disabilities who had experienced violence), compared with the national average (81.1% of all women who had experienced violence).
- 1.5 percent of all women with disabilities had experienced sexual assault (42,800), compared with 0.8 percent of women without a disability (45,000). Although the difference between these rates is not statistically significant, these figures do show women with disabilities account for almost half of all female sexual assault victims in this time period.

The perpetration of domestic and family violence and sexual assault against women with disabilities

Women with disabilities are more likely, across their lifetime, to experience violence from multiple perpetrators compared to women without disabilities (Australian Human Rights Commission, 2012; Frantz, Carey, & Nelson, 2006 cited in Healey et al., 2008).

In addition to experiencing violence from the same types of perpetrators as women without disabilities, Murray & Powell (2008) identified that women with disabilities may have particular vulnerabilities, specifically to sexual assault, from the following three categories of perpetrators: male residents in residential settings; staff in residential care facilities or disability support services; and, as with all women, family members, intimate partners and ex-partners**.** The abuse that male residents in residential settings direct towards women with disabilities, especially in the case of sexual assault against women with intellectual disabilities, can be minimised, including by not being treated as a crime, and may be excused as behaviour associated with the man's disability. All three categories of perpetrators can maintain continued access to vulnerable women who have more barriers to raising a complaint or resisting violence, with one case study identifying an agency care worker serially moving between facilities and targeting women with little to no verbal communication ability (Kelly & Blyth, 2005).

Research indicates that there are additional forms of violence which are perpetrated specifically towards women with disabilities, and are forms of violence which are related to a perpetrator taking advantage of increased dependency on them in a caring capacity (Cockram, 2003; Dowse, Soldatica, Didi, Frohmader & van Toorn, 2013; Healey et al., 2008; Woodlock et al, 2014). These include: the restriction and withholding of aids; withholding, manipulating or forcing medication; withholding of essential assistance with personal tasks such as toileting, getting out of bed or dressing; denigration and unethical behaviour in institutional and service settings, or by carers, family members and intimate partners; threats to withdraw care; financial abuse; emotional and verbal abuse including criticism relating to their disability; and involuntary sterilisation and/or termination of pregnancies. In this way, "[g]ender-based and disability-based discrimination intersect and increase the risk of violence for women with disabilities" (Queensland Government, 2015, p. 129). Research also indicates that women with disabilities can experience fewer support options for leaving a relationship or living situation where they are experiencing violence due to dependence on abusers for assistance with the kinds of activities required to seek help, such as communication with, or transport to, a service (Bartells, 2010; Morgan & Chadwick, 2009).

The nature of domestic and family violence and sexual assault experienced by women with disabilities

In Australia, around 2 million, or 19 percent of women (ABS, 2012) have a disability, which can range in severity and include single or multiple impairments across a number of conditions including medical, sensory, physical, cognitive and psychiatric. Research indicates that these women are more likely than women without disabilities to experience various forms of violence, but also that when violence does occur it is likely to be more frequent, severe, and to continue for a longer duration (Australian Human Rights Commission, 2012; Bartells, 2010; Healey et al., 2008; National Council to Reduce Violence against Women and their Children, 2009). Women with disabilities are also much more likely to live in poverty and have less independence over their finances (National Cross-Disability Disabled People's Organisations, 2014) which increases their vulnerability to this violence.

Response behaviours

Recent analysis of the PSS (Cox, 2015b) found that of women who had experienced violence from their current or former cohabiting partner in the 12 months prior to completing the 2012 PSS:

- 36.2 percent of women who had a disability or long-term health condition contacted the police about violence perpetrated by their current partner (10,000) compared with 21.4 percent of women who did not have a disability of long-term health condition (8,300).

- 63.2 percent of women who had a disability or long-term health condition contacted the police about violence perpetrated by their former partner (14,800) compared with 56.1 percent of women who did not have a disability or long-term health condition (22,300).
- Of women with disabilities or long term health conditions who had experienced violence, 67 percent (28,600) sought advice or support about the violence they had experienced, compared with 61.8 percent (27,700) of women who did not have a disability or long term health condition. This could be advice sought from a professional or lay person.

Further to the data available through the PSS, there have been a number of academic studies and work by advocacy groups in identifying barriers to reporting violence and accessing services for women with disabilities. Social and physical environments may present barriers for some women with disabilities, in that services, transport, work opportunities, housing and education may be more difficult to access. Moreover, women with disabilities who experience violence may be further disadvantaged when trying to access support services and justice responses due to lack of accessibility and practical limitations (Healey et al., 2008; Tayton, Kaspiew, Moore & Campo, 2014). They may lack the ability and access to report violence and there is a lack of appropriate educational resources available regarding their rights and how to seek assistance (Frohmader & Cadwallader, 2014). These women may also be financially dependent on the perpetrator, or have inadequate independent income, and/or resources to leave a violent situation (Healey et al., 2008; Murray & Powell, 2008).

Advocacy groups have raised concerns that for women with disabilities within institutional, residential or service settings, abuse is treated as a workplace or service issue rather than a criminal issue. Due to the nature of institutional environments being away from public scrutiny where the residents are those who are least able to report violence, these incidents are difficult to detect or indeed to prosecute (Murray & Powell, 2008). Residents in these settings may also be conditioned to be quiet and compliant and may not recognise criminal behaviour or know how to respond to it (Frohmader & Sands, 2015; Howe & Hargrave, 2014). For those who do not live in institutional settings, fears about potential repercussions from either the perpetrator or from government agencies may prevent them from reporting abuse. Women may also fear being placed into a care facility or having their children removed by child protection agencies (Howe & Hargrave, 2014; Tayton, Kaspiew, Moore & Campo, 2014).

For women who have communication difficulties, there can be substantial barriers to connecting with services. Specifically, services may have phone lines that are not accessible for women with hearing or speech impairments; services may have websites that are not designed with women with visual impairments, intellectual difficulties or cognitive impairments in mind (e.g. that cannot accommodate screen reading technology); and communication systems may be overly complex, rendering them less accessible to women with cognitive impairments.

Research further demonstrates that if women attempt to report violence or abuse to a disability, aged care or mental health service, the service may not have adequate training or resources to respond to or recognise the abuse (Healey et al., 2008; Healey, 2013; Howe & Hargrave, 2014; McGuire, 2014; Tayton, Kaspiew, Moore & Campo, 2014; Woodlock et al., 2014). There is also an additional barrier of being disbelieved or being unable to exercise legal rights, particularly for women experiencing cognitive impairment or mental ill-health. These women may be disbelieved by police or service providers and may not be seen as credible witnesses to their own experiences of victimisation (Bartells, 2010; Dowse, 2015; Frohmader & Sands, 2015). Barriers for women with disabilities in accessing justice (as a witness, victim or defendant) are substantial in every jurisdiction in Australia (AHRC, 2014). These can include people with disabilities being assessed as legally incapable to give evidence; being unable to access communication aids or interpreters when making a statement; and, ultimately, having perpetrators of serious crimes against them going unprosecuted (French, 2007; Frohmader & Sands, 2015).There are a range of attitudinal and structural challenges faced by women with disabilities, including stigma, discrimination and exclusion from services as a result of an interaction of their impairments with environments not designed to accommodate their needs. This exclusion may in turn lead to the additional barrier of feelings of marginalisation and disempowerment (Dowse, Soldatica, Didi, Frohmader & van Toorn, 2013; Healey, 2013).

Key findings on violence against women with disabilities

Women with disabilities are underrepresented in population-based studies on the prevalence of domestic and family violence and sexual assault. Research indicates that women with disabilities are more likely than women without disabilities to experience some forms of violence, but also that when violence does occur it is likely to be more frequent, severe, and to continue for longer duration. Research also demonstrates women with disabilities face substantial barriers to connecting with services and services may not have adequate training or resources to respond to or recognise the specificity of abuse and violence women with disabilities face.

Additional diverse groups – review of selected literature

Lesbian, gay, bi-sexual, transgender/trans*, intersex and queer (LGBTIQ) women[14]

There is limited data on the prevalence of domestic and family violence for LGBTIQ women in Australia. The PSS does not collate data specifically on the basis of LGBTIQ identification[15] and the Australian component of the International Violence Against Women Survey analysed by the Australian Institute of Criminology (AIC) focusses only on male perpetrators of violence against women (Tayton, Kaspiew, Moore & Campo, 2014). Likewise, there is very little quantitative or qualitative research on domestic and family violence for LGBTIQ women in Australia or internationally (Murray & Mobley, 2009). There are, however, **three key Australian studies** which investigate health and social issues for LGBTIQ people (*Private Lives*, 2006; 2012), heterosexist and same sex partner abuse (*Coming Forward*, 2008) and a recent survey by the LGBTIQ Domestic and Family Violence Interagency and the Centre for Social Research in Health, which looked specifically at domestic and family violence for LGBTIQ people: *Calling It What It Really Is* (2015). Note that the terms, definitions and categorisations used in this paper reflect those used in this literature. Thus, gender identity (e.g. transgender experience, intersex characteristics, cis-gendered) and sexual orientation (e.g. lesbian, gay, bisexual), while collapsed into the one category, may be co-occurring identities. For example, a transgender woman will also have an identity related to her sexual attraction (such as lesbian, heterosexual, or asexual etc.).

The most recent study, *Calling It What It Really Is,* included 453 participants who identified as female, 306 as male, 36 as transgender, 11 as intersex, and 20 as gender diverse (LGBTIQ Domestic and Family Violence Interagency & The Centre for Social Research in Health UNSW, 2015). A key limitation of this study is that the findings were reported primarily by sexual identity categories (gay, lesbian, bisexual, others) so it was not possible to extrapolate the results for female identifying participants alone. Additionally, a small number of intersex, transgender and gender diverse identifying participants were reported in separate tables, and not included in the overall percentages, in the findings. The findings below should be interpreted with care, understanding that women can also choose to identify themselves as gay and that the results of a single study do not equate to population level prevalence estimates.

Key findings from *Calling It What It Really Is*

- Over one in five respondents (22.1%) had been physically abused[16] by their current partner, with frequency identified as: once 8.8 percent; a few times 11.7 percent; regularly 0.8 percent; and often 0.8 percent.
- 4 percent of respondents reported that they had been raped by their current partner, with frequency identified as: once 2.8 percent; a few times 1 percent; regularly 0.2 percent; and no respondents reported this happened often.
- Approximately one in four respondents (25.8%) had experienced emotional abuse[17] by their current partner, with frequency identified as once 4.3 percent; a few times 17.7 percent; regularly 2.5 percent; and often 1.4 percent.
- 8.5 percent of respondents had experienced financial abuse by their current partner[18], with frequency identified as: once 2.1 percent; a few times 4.7 percent; regularly 1.8 percent; and often 1 percent.
- 18.1 percent of respondents had experienced social abuse[19] by their current partner, with frequency identified as: once 3.7 percent; a few times 11.2 percent: regularly 2.5 percent; and often 0.8 percent.
- 14.1 percent of respondents had experienced being stalked[20] by a current partner, with frequency identified as: once 2.7 percent; a few times 9.6 percent; regularly 1.2 percent; and often 0.6 percent.
- In terms of barriers to help seeking, nearly a third (31.3%) of LGBTIQ victims of domestic violence who were respondents in this survey never sought support, information or advice on the abuse. LGBTIQ people reported struggling with identifying that what they were experiencing was domestic violence. Once they had identified it, many (41.8%) were often unaware of any specialist services for LGBTIQ people.

14 The LGBTIQ acronym is used in reference to people who are from sexually or gender diverse communities and who identify as gay, lesbian, bisexual, trans*, intersex or queer. There is a great deal of diversity within these communities and a wide range of "terms and language used to describe biological sex, gender, sexuality and sexual practice" (Fileborn, 2012). Noting shifts in terminology including shifts in appropriate and inclusive language around transgender identification, terminology used in this section of the paper are based on terms used in the three studies analysed.

15 Data from the PSS "tells us about the sex of the person a […] victim was in a relationship with – it does not indicate their sexual identity. Women [who have experienced violence by a same sex partner] may, or may not, identify as lesbian – they could, among other things, identify as bisexual, queer, curious, heterosexual or straight. This identify could also change over time, so that, for example, a woman may not identify as lesbian at the time of the survey, but may have done so at the time of the assault" (Cox, 2015b, p. 80). The accuracy of these estimates is low due to the relatively small number of people in the Australian population who are in cohabiting same sex relationships and thus the low number of participants in the representative PSS sample.

16 Physical abuse was defined as hitting, kicking, pushing, slapping, strangling or burning, or breaking possessions.

17 Emotional abuse was defined as insulting, yelling, humiliating in front of friends or family, threats to children or pets, threats of self-harm or suicide, threats of revealing HIV status, intersex status or gender history to others.

18 Financial abuse was defined as any behaviour by a partner to control the other partner's money against their will.

19 Social abuse included an abuser preventing their partner from interacting with friends and family or the LGBTIQ community, fighting with friends and family to exclude them from their partner's life, monitoring communications and locking them in the house.

20 Stalking was defined as intimidation or harassment, including following the victim, watching their home or workplace, cyber stalking, calling or texting (either the victim or workmates and family) more often than is appropriate and when instructed not to continue.

Of the *Private Lives* studies (Pitts, Smith, Mitchell & Patel, 2006 and Leonard et al., 2012) and further analysis of existing data (Leonard, Lyons & Bariola, 2015), only the 2006 report describes intimate partner abuse. This field of inquiry was removed from the 2012 study. The latter study instead had a section dedicated to broader heterosexist violence. The 2006 report described the results of a survey of 5476 gay, lesbian, bisexual, transgender and intersex individuals between 16 and 92 years of age.[21] Of those who completed the survey, 1929 identified as female, 66 as transgender females, and 7 as females having intersex characteristics. The key finding of the *Private Lives* studies in relation to intimate partner violence was the rate of respondents reporting that they had ever experienced partner abuse.

Key findings from *Private Lives*

For females[22] who identified as:

- gay and/or lesbians, 40.7 percent reported having experienced partner abuse;
- transgender, 36.4 percent reported having experienced partner abuse; and
- intersex, 42.9 percent reported having experienced partner abuse.

Of those lesbian, gay, transgender and intersex women who had experienced abuse (e.g. physically injured, forced sex, hit), only 10 percent of female respondents reported the incident to the police. Further, 32.1 percent of those who reported incidents to the police disagreed or strongly disagreed that they were treated with courtesy and respect by police, and 38.5 percent of those who reported incidents to the police disagreed or strongly disagreed that appropriate action was taken by the police (Pitts et al., 2006).

The *Coming Forward* report from the same research group at La Trobe University investigated the underreporting of same sex partner abuse in a Victorian sample of 390 people who identified as LGBTIQ (Leonard, Mitchell, Patel & Fox, 2008). Of the respondents, 135 identified as female, and 11 as transgender (male to female).[23] This survey *did* ask specifically about incidence of same sex partner abuse, however the report was not consistently disaggregated by gender and so it is unclear how many respondents who identified as female experienced abuse. This will exclude the experiences of women who may have experienced opposite-sex partner abuse. The report did note that females were more likely to report that they had been in an abusive same sex relationship (35%) compared with men (29%). This was especially the case for those who identified as lesbians (42%). Much of this abuse was reported to be non-physical abuse such as emotional abuse, psychological abuse, and being regularly insulted.

Of survey respondents who had reported being in an abusive relationship, females were also more likely to have experienced harassment after a relationship ended (69% of females who had experienced abuse compared with 57% of males who had experienced abuse). Respondents of all gender identities also responded to questions about the barriers they faced to reporting or seeking assistance around partner abuse and heterosexist violence. Responses from 286 respondents indicated that their main concerns (in rank order) were: that they would not be taken seriously; that they would face heterosexist abuse from service providers if they sought assistance; fear of ridicule and being "outed" (either their sexuality or gender history being made more public); and other barriers such as shame, lack of privacy, and lack of knowledge about available services.

Findings vary across this small number of Australian studies on the experiences of violence for people who identify as LGBTIQ and international studies demonstrate both significantly higher and lower rates of victimisation compared with heterosexuals (Stoddard, Dibble, & Finemann, 2009). These studies highlight a lack of understanding of what constitutes domestic and family violence and sexual assault within the LGBTIQ community and a lack of knowledge about services available. This is thought to be the result of the dominance of normative understandings and paradigms of gendered power dynamics. For example, lesbian and bisexual women in particular may struggle to identify experiences of sexual violence *as violence* due to dominant understandings of women being incapable of committing rape (Ristock, 2014). The lack of acknowledgement of domestic and family violence and sexual assault outside of heterosexual relationships is also thought to be influenced by some aspects of the dominant feminist discourse, with certain gendered understandings of violence unable to account for same-sex violence or minimising women's violence towards their female partners (Ball & Hayes, 2009; Tayton, Kaspiew, Moore & Campo, 2014). Fear of heterosexist responses from police and/or services is consistently raised. Fear of police occurs in the context of homosexuality having been illegal in Australia in the living memory of many people who identify as LGBTIQ (McNair, 2015). The expectation and experience of heterosexist responses from service providers may be exacerbated by the provision of services by religious organisations who may not be accepting of LGBTIQ people (Potter, Fountain & Stapleton, 2012).

21 This study reported results categorised as male, female, trans-males, trans-females, intersex males and intersex females.

22 It is important to note that it was unclear from the way that the question was phrased whether the abuse occurred within a same sex relationship or not.

23 This study reported results categorised as male, female, transgender (M2F – male to female), transgender (F2M – female to male) and "other", with cross-tabs indicating sexual orientation (gay, lesbian, bisexual, heterosexual/straight and "other").

Key findings on violence against lesbian, gay, bi-sexual, transgender/trans*, intersex and queer (LGBTIQ) women

There is limited data on the prevalence of domestic and family violence and sexual assault for lesbian, gay, bi-sexual, transgender/trans*, intersex and queer (LGBTIQ) women in Australia. Similarly, there is very little quantitative or qualitative research on domestic and family violence and sexual assault for LGBTIQ women in Australia or internationally. Of the studies analysed, a consistent finding is that LGBTIQ victims-survivors of domestic violence rarely seek support, information or advice on the abuse and violence they experienced and report struggling with identifying that what they were experiencing was domestic violence.

Women in prisons

On 30 June 2014, female prisoners comprised just under 8 percent of the total prison population in Australia (2591 women) which is an imprisonment rate for Australian women of 28 in 100,000 (ABS, 2014e).[24] Research has shown that there is a strong connection between being a female offender and being a victim of crime. There is, however, little empirical research, either qualitative or quantitative on this population, as the prison population is predominately male (Lievore, 2003).

One study of 480 participants (292 males and 188 females) serving community corrections orders in Queensland found that if the individual was physically abused in childhood they reported more frequent engagement in violent offences and property offences, with female prisoners with a history of abuse having a significantly higher risk of participating in property offences (Teague & Mazerolle, 2007). An increase in the intensity of abuse was also associated with an increased risk of offending. This same study also found that a substantial proportion of female prisoners had either one abusive parent (30.9%) or two abusive parents (12.2%). This was significantly lower than physical abuse experienced by male prisoners by one or both parents (53.8%).

A study of the sexual health and behaviour of prisoners in New South Wales in 2008 found that almost one in six of the 199 female participants had experienced sexual coercion or sexual violence in their lifetime (Richters et al., 2008). Although sexual contact did occur within the prison environment (36% of female prisoners reported contact with another inmate), almost all interactions were mutually consensual. A review of the limited literature on this topic has indicated high rates of abuse, with many prisoners reported as having histories of sexual assault traumatisation, child sexual abuse, physical abuse and adult re-victimisation (Stathopoulos, Quadara, Fileborn & Clark, 2012). According to this study, along with histories of child abuse and interpersonal victimisation, female prisoners also demonstrate poorer mental health and higher rates of alcohol and substance dependency. Although there is a paucity of Australian research on the female prison population and their experiences of victimisation and perpetration of violence, it is known that mental illness, substance abuse and trauma have complex impacts on the nature of female offending and victimisation (Quinn, 2008; Stathopoulos et al., 2012).

Key findings on violence against women in prisons

There are limited data on the prevalence of domestic and family violence and sexual assault for women in prisons in Australia. While there is very little quantitative or qualitative research on domestic and family violence and sexual assault for women in prisons in Australia or internationally, research has shown that there is a strong connection between being a female offender and being a victim of crime.

24 Note that the imprisonment rate for Australian men is 348 in 100,000 (12 times higher).

Diversity within diversity - the intersections of disadvantage and marginalisation for diverse groups of women

In both the *National Research Agenda to Reduce Violence against Women and their Children* (ANROWS, 2014) and previous ANROWS research, a key gap identified in the current research base on domestic and family violence and sexual assault is the "tendency to silo lived experience, so that the intersection of multiple sites of disadvantage and stigmatisation" isn't readily discernible (Cox, 2015a, p. 5). Women from diverse groups do not experience domestic and family violence or sexual assault in isolation from other socio-cultural factors, including sexism, racism, ableism, their socio-economic status or various other identities. Their social positions and identities are not fixed but are dynamic and many women from diverse groups belong to more than one community and identify themselves in more ways than one.

In investigating the experiences of violence for women from diverse groups, complexities in terms of intersecting identities (e.g. a woman can be Aboriginal and may also have a disability and can identify as both) and gaps in current Australian research on intersecting identities were found. For example, although "it is very difficult to provide an accurate depiction of disability within the Indigenous community" because existing surveys such as the NATSISS "understate the extent of disability amongst Indigenous Australians" (Productivity Commission, 2011, p. 532), there is a substantial intersection between identification as an **Aboriginal or Torres Strait Islander person and having a disability**. According to the NATSISS, in 2008 50 percent of Aboriginal and Torres Strait Islander people had a disability or long-term health condition, which included 8 percent with a profound or severe core activity limitation. Although the NATSISS is not designed to investigate cause and effect relationships, the ABS does note that an association between disability and the experience of physical violence was revealed. In 2008, "around 60 percent of Aboriginal and Torres Strait Islander women who had experienced physical violence in the 12 months prior to interview reported that they experienced a disability or long term health condition" (ABS, 2013d). Aboriginal and Torres Strait Islander women were found to be **significantly more likely to have a disability or long-term health condition if they had experienced physical violence**, compared with those who had not experienced physical violence. This multi-layered disadvantage (on the basis of disability, gender and Aboriginal and/or Torres Strait Islander identity) is thought to increase risk factors for exposure to violence, as well as making access to services more difficult (Cripps, Miller, Saxton-Barney, 2010).

Similarly, there is little known about the intersection between **cultural and linguistic diversity and disability**, in terms of the prevalence of violence (Federation of Ethnic Communities Councils of Australia – FECCA, 2014; Multicultural Disability Advocacy Association of NSW – MDAA, 2010). Women from culturally and linguistically diverse backgrounds with disabilities face intersectional disadvantages and cultural stigma (FECCA, 2014); and culturally and linguistically diverse disability advocates report that a "compounding set of obstacles" including socio-economic disadvantage and low English proficiency which prevent culturally and linguistically diverse women with disabilities from accessing services (Soldatica, van Toorn, Dowse & Muirc, 2014, p. 10). One study has found that service providers are often ill-equipped to support these women, which is further exacerbated by cultural assumptions and stereotypes held by such services (MDAA, 2010, p. 13). At the time of preparing this paper there was no known research in Australia specifically on the experiences of domestic and family violence and sexual assault for **LGBTIQ women** who are also Aboriginal or Torres Strait Islander women, culturally and linguistically diverse or living with a disability (McNair, 2015).

The intersections of Aboriginal or Torres Strait Islander identity, disability and cultural and linguistic diversity status overlapping with gender create additional layers of disadvantage and exacerbate existing experiences of marginalisation that victims/survivors of domestic and family violence and sexual assault face. These intersections produce new barriers to reporting incidents and help-seeking that have important policy and practice implications. Knowledge about the lived experience of women who experience multiple forms of marginalisation are a clear research and data gap ANROWS identified in this project.

Mapping the Australian data landscape

This section of the paper provides an overview of the Australian data landscape. It does this by summarising key components of existing publically available data sources related to the experiences of domestic and family violence and sexual assault, and highlighting the key limitations of these data sources as they relate to understanding violence experienced by women from the diverse groups. This section also summarises key components of existing publically available data sources on the diverse groups that may not collect information specifically on experiences of domestic and family violence and sexual assault, but could be considered for this purpose.

Much of the work in scanning the data environment, including identifying available statistical information, has been completed by the Australian Bureau of Statistics (ABS) in their comprehensive publications *Defining the Data Challenge for Family Domestic and Sexual Violence, Australia* (ABS, 2013b) and *Bridging the Data Gaps for Family, Domestic and Sexual Violence, Australia* (ABS, 2013a). The ABS has also compiled a comprehensive *Directory of Family and Domestic Violence Statistics* (ABS, 2013c).[25] This section does not intend to replicate the ABS's work, however it does use this foundational work as a source and conceptual frame to help identify and organise the relevant data sources. This is complemented with information from the research mapping and stakeholder consultations to provide a more complete overview of the data landscape.

This section is divided into two main parts. The first provides an overview of the data landscape, including the data categories, relevant data collections and/or other data sources, and a preliminary mapping of relevant key components. The second provides a summary of the data sources or collections within each category. The level of detail provided for each data source is influenced by the information that could be gathered using the project's methodology as well as the preliminary mapping to gauge its value in understanding the experiences of domestic and family violence and sexual assault for the diverse groups. This information includes, where appropriate:

- the data custodian and funder (where available);
- a brief description of the source including collection type;
- key information units of policy and practice relevance (e.g. information on socio-demographic status, reporting to police, access to formal services); and
- key limitations of the data collection, with particular emphasis on limitations for the diverse groups.

25 This directory lists metadata on the individual data sources collected on behalf of Australian governments, including an understanding of the range of violence related data captured by the data source, collection type (administrative by-product data, survey data), collection methodology, geographic coverage (e.g. national, jurisdictional) and how frequently it is administered (e.g. annually, every 4 years).

Overview of data landscape

Three key categories or data types contain existing information about, or have the potential to be augmented to collect information on, the diverse groups' experiences of domestic and family violence and sexual assault in Australia:

- **National surveys:** Large-scale research that often, but may not exclusively, collect quantitative data about an issue. These data are collected in a way that is methodologically rigorous, including with close attention to issues such as sampling, to ensure the capacity to make findings that are statistically valid and can therefore be generalised to the broader population of interest. The high quality of the data produced through national surveys means that these are likely the most reliable sources of information. The large scale of such surveys and nature of their design and purpose does mean, however, that they are often unsuitable for producing estimates on the characteristics of smaller sub-populations such as the diverse groups.
- **Administrative data:** The organisational by-product data generated when domestic and family violence and sexual assault is reported, responded to, or screened for. This can include data from government agencies such as police, corrections, justice, family and community, and health as well as non-government community sectors (including specialist homelessness services, women's services including refuges, health and legal, and settlement services). Administrative data may, or may not, be placed within a dataset or database that allows for statistical analysis. Examples of administrative data are records and case notes collected when someone reports an incident to police, completes an ante-natal screening within the health system, or makes contact with a family violence or sexual assault service provider. For the purpose of this project, administrative data for services provided to the diverse groups was also considered. Administrative data offer a rich source of information, however they also often present a number of challenges arising from the fact that the data are collected as a by-product of another activity (e.g. the provision of a service) rather than data collection being the primary purpose. These challenges may include substantial inconsistencies in definitions, application or completion of data collection tools.
- **Longitudinal surveys:** Research carried out where the same individuals are asked the same or similar sets of questions periodically on the same topic. The surveys are most likely to collect quantitative data, however may also collect qualitative data. Longitudinal studies can be complex and costly to administer, however, they gather in-depth data and allow the study of changes for individuals or cohorts over time.

Within these categories we identified **24 relevant data collections and data sources** that may provide, or have the capacity to provide, information on domestic and family violence and sexual assault for the diverse groups. The data collections and data sources we identified are provided in Figure 2. Given the scope of the project, only national data collections were considered; however, for administrative data we saw some merit in considering data sources that did not have national collections. We have therefore provided administrative data in two separate categories. The first includes national data collections or data sources where there is at least one relevant *national* collection. The second is administrative data sources that have no national collections, although for some multi-jurisdictional[26] data collections may exist or be planned.

It should be noted that despite all of these types of data collections and data sources, the full extent of domestic and family violence and sexual assault may never be known. Even robustly designed data collections may be unable to provide a complete picture of this violence due to underreporting to agencies and services, and lack of true representativeness in many surveys. There are a multiplicity of issues impacting on willingness and ability to disclose violence, which impacts on the measurement of incidents and prevalence of violence.

Organising principles of data mapping

The following questions have been used as practical organising principles underpinning this paper to assist conceptually in mapping the current Australian data landscape:

- What are the different types of data being collected (national data collections, large-scale surveys and longitudinal studies, administrative data) on domestic and family violence and sexual assault?
- What are their limitations and caveats?
- What information units are currently available on the experiences of domestic and family violence and sexual assault for each of the diverse groups within each data source?
- What are the key gaps for diverse groups of women based on an overview of available data?
- What data sources currently do not collect information specifically on the diverse experiences of domestic and family violence and sexual assault, but could be considered for this purpose?

These questions have assisted us in the approach, and level of analysis, we undertake for the various data sources in part two of this section. The level of analysis we undertake for some national surveys is more comprehensive than for some administrative data sources. This is because national violence specific surveys

Figure 2 - Key data collections and other data sources

National surveys	Administrative data I (National collections)	Administrative data II	Longitudinal studies
• The Personal Safety Survey (PSS) • The National Community Attitudes towards Violence Against Women Survey (NCAS) • Crime Victimisation Survey • International Violence Against Women Survey (IVAWS) (Australian component) • The National Aboriginal and Torres Strait Islander Social Survey (NATSISS) • The Survey of Disability, Ageing and Carers (SDAC)	• National criminal justice data collections and jurisdictional policing data • National Coronial Information System • National Homicide Monitoring Program • Child Protection National Minimum Data Set • Specialist Homelessness Services Collection • Community Legal Services Information System • Hospital data, AIHW	• Jurisdictional crime and policing data • Health services domestic violence screening data • Domestic violence and sexual assault crisis services data • Domestic violence death review data • Data from Aboriginal and Torres Strait Islander community services, disability support services and culturally and linguistically diverse community services • Websites and mobile phone applications data	• The Australian Longitudinal Study of Women's Health (ALSWH) • The Building a New Life in Australia study (BNLA) • The Household Income and Labour Dynamics in Australia Survey (HILDA) • The Longitudinal Survey of Separated Families (LSSF) • The Longitudinal Study of Australian Children (LSAC) • The Longitudinal Study of Indigenous Children (LSIC)

26 "Multi-jurisdictional" here refers to more than one state or territory jurisdiction being involved, but not including data from all jurisdictions or the Commonwealth in a way which would mean it could be considered "national".

such as the PSS and NCAS, key commitments of the National Plan, are the best possible source for measuring prevalence and change over time as well as monitoring the overall progress of the National Plan. Further, our level of analysis is also based on the key differences in the accessibility of the various data sources. Specifically, the form that the data are in and the level of analysis completed will mean that some data will have a greater potential to both provide insights into an issue and/or be more easily augmented to respond to data gaps. It is therefore important to identify and distinguish between three different levels of data accessibility:

Information collected: This is the baseline requirement for all data sources and is the collecting of information using a consistent tool. Data may be collected (e.g. in case notes) but not collated or entered into a data base; data in this form must be systematised before it can be used for research.

Data sets exist: This refers to a repository, usually a database of some sort, where the information is collated, categorised and stored in a way that can be readily accessed. A data set must be structured in a way that enables research-level inquiry, whether that be statistical analysis (for quantitative research) or descriptive analysis (for qualitative research).

Published reports: This refers to a report using existing data having been published. This report will have analysed, or made sense of, some or all of the data within the data set. This is the most accessible form the data can be in. In most cases (see for example the PSS or NCAS), published reports will only contain a very small proportion of the data available in the data set for that collection.

While these concepts are important in considering the accessibility of the data particularly for preliminary mapping of the data sources, they are a fairly basic indicator of the level of analysis completed on the data. These indicators are unrelated to the quality of the data.[27] To inform which of the identified data collections and data sources should be examined in more detail in part two of this section, we have provided a preliminary mapping of the data landscape in the table in Figure 3. This table also demonstrates the potential for existing data to respond to data gaps. For each of the data sources this table identifies:

- information collection and accessibility of the data source;
- the types of violence included within the data source; and
- if the data source collects information on diverse groups of women.

A tick indicates we believe there is some level of relevant information on that issue, including proxy information or indicators,[28] but does not necessarily indicate that this information is comprehensive, has definitional accuracy or is useful to base general conclusions on. So, for example, a tick in the culturally and linguistically diverse box may mean that data are collected on any of a range of relevant demographic details such as place of birth of the respondent or language spoken at home. A cross indicates that the data source does not collect any relevant information for that field, a question mark indicates that we were not able to ascertain relevant information and "N/A" indicates irrelevance.

In part two of this section where we analyse the 24 identified data sources in greater detail and, where possible, present a snapshot box of each data source. Here we include basic details of the data source including the data custodian and funder, the collection type, data availability and available information units on domestic and family violence and sexual assault and socio-demographic status. The snapshot box is colour coded for ease of reference with yellow signifying some level of information availability (similar to the preliminary data mapping in Figure 2, this does not indicate that this information is comprehensive, has definitional accuracy or is useful to base general conclusions on), blue signifying where it has not been possible to ascertain data availability and orange signifying data unavailability.

Note

The funding structures for many administrative datasets are extremely complex and may involve separate funding streams for the indirect costs of original activities, data collection mechanism and data analysis. In cases where funding is diffuse, we have reported the "funder" in the summary box as "N/A".

27 The issue of the quality may be addressed to some degree in the second part of this section in summarising the key data sources and their limitations.

28 For this purpose, very general categories are being used without close attention to definitional accuracy. So, for example, physical violence by an intimate partner may be a proxy variable for domestic violence or birthplace in a non-English speaking country may be a proxy variable for culturally and linguistically diverse.

Figure 3 - Preliminary mapping of data collections and other data sources

	Data source / collection Category, name / type	Information accessibility			Types of violence			Diverse groups		
		Information collected	Data sets	Report/s published	Domestic and/or family violence	Sexual assault	Other	Aboriginal and Torres Strait Islander	Culturally and linguistically diverse	Disabilities
National Surveys	Personal Safety Survey (PSS)	✓	✓	✓	✓	✓	×	✓	✓	✓
	National Community Attitudes towards Violence Against Women Survey (NCAS)	✓	✓	✓	✓	✓	✓	✓	✓	✓
	The National Aboriginal and Torres Strait Islander Social Survey (NATSISS)	✓	✓	✓	×	✓	✓	✓[29]	✓	✓
	International Violence Against Women Survey (IVAWS)	✓	✓	✓	✓	✓	✓	✓	×	✓
	Crime Victimisation Survey, ABS	✓	✓	✓	✓	✓	×	✓	×	✓
	The Survey of Disability, Ageing and Carers (SDAC)	✓	✓	×	×	✓	✓	✓	✓	✓
Administrative Data I - National collections	National criminal justice data collections	✓	✓	✓	✓	✓	✓	✓	?	✓
	National Coronial Information System	✓	×	✓	×	✓	✓	✓	×	✓
	National Homicide Monitoring Program	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Child Protection National Minimum Data Set	✓	✓	×	✓	✓[30]	✓	×	×	✓
	Specialist Homelessness Services Collection	✓	✓	✓	×	N/A	✓	✓	✓	✓
	Community Legal Services Information System	✓	×	✓	✓	✓	✓	✓	✓	✓
	Hospital data, AIHW[31]	✓	✓	✓	×	×	✓	✓	×	✓
Administrative Data II	Jurisdictional crime and policing data[32]	✓	✓	Varies by jurisdiction	✓	✓	✓	✓	✓	✓
	Domestic violence and sexual assault crisis services data	✓	×	×	✓	✓	?	✓	✓	✓
	Health services domestic violence screening data	✓	×	×	✓	Varies by jurisdiction	×	?	?	?
	Domestic violence death review data	✓	✓	Varies by jurisdiction	✓	?	✓	✓	✓	✓
	Data from Aboriginal and Torres Strait Islander community services, disability support services and culturally and linguistically diverse community services	✓	×	×	✓[33]	?	N/A	✓	✓	✓

29 The NATSISS includes information on "Country of Birth".

30 The CP NMDS contains information on psychological/emotional abuse; verbal abuse; and neglect.

31 As multiple sources/data sets have been identified in hospital data, these ticks have been applied if even one of those sources provides relevant information. Crosses have been applied if even one of those sourced do not provide relevant information.

32 Although appearing here in Administrative data II, this data source is summarised under the heading of Administrative data I along with the National criminal justice collections given the overlap and similarities between the two data sources.

33 Information may be available but this differs between services.

	Data source / collection Category, name / type	Information accessibility			Types of violence			Diverse groups		
		Information collected	Data sets	Report/s published	Domestic and/or family violence	Sexual assault	Other	Aboriginal and Torres Strait Islander	Culturally and linguistically diverse	Disabilities
Longitudinal studies	The Australian Longitudinal Study of Women's Health (ALSWH)	✓	✓	✓	✓	✓	✓	✓	✓	✓
	The Building a New Life in Australia study (BNLA)	✓	✓	✓	✓	✓	×	N/A	✓	✓
	Household, Income and Labour Dynamics in Australia (HILDA) Survey		✓	✓	✓	×	×	✓	✓	✓
	The Longitudinal Survey of Separated Families (LSSF)	✓	✓	✓	✓	✓	✓	✓	✓	✓
	The Longitudinal Study of Australian Children (LSAC)	✓	✓	✓	✓	×	×	×	×	×
	The Longitudinal Study of Indigenous Children (LSIC)	✓	✓	✓	✓	?	?	✓	N/A	✓

National surveys

The Personal Safety Survey (PSS)

Data custodian	ABS
Funder	Commonwealth Department of Social Services.
Collection type	Survey
Data collection	Data set
Data availability	Published reports. Data cubes publically available.
Information units available on	Aboriginal and Torres Strait Islander women
	Culturally and linguistically diverse women
	Domestic and family violence
	Sexual assault
	Women with a disability

The PSS is "the most comprehensive quantitative study of interpersonal violence in Australia" (Cox, 2015b, p.2), it is administered by the ABS and funded by DSS. The PSS collects "information about the nature and extent of violence experienced by men and women since the age of 15, including their experience of violence in the 12 months prior to the survey. It also collects detailed information about men's and women's experience of current and previous partner violence, emotional abuse by a partner, lifetime experience of stalking, physical and sexual abuse before the age of 15 and general feelings of safety" (ABS, 2013e). The household survey is funded under the National Plan on 4 yearly cycles, and was last administered in 2012 wherein over 17,000 women and men completed the survey (Cox, 2015b, p.2). The next administration will take place in late 2016.

Available information units

In the PSS, violence is defined as any incident involving the occurrence, attempt or threat of either physical or sexual assault. The PSS collects detailed information on "eight types of violence" (Cox, 2015b). This includes "physical assault, physical threat, sexual assault and sexual threat collected separately for a male or female perpetrator as well as specific questions on: the context of violence perpetrated by a partner; emotional abuse by a partner; abuse before the age of 15; sexual harassment; and stalking" (Cox, 2015b, p. 7). Information is also collected on various types of response behaviours.

Figure 4 - 2012 PSS data availability[34]

Information unit	Data availability
Indigenous status of the respondent	-
Disability status of the respondent[35]	✓
Country of birth of the respondent[36]	✓
Language spoken by the respondent	✓
Access to formal support by respondent[37]	✓
Reporting to police	✓

Key limitations

The PSS, like most ABS social surveys, is designed to provide reliable statistics for the general population, and is, therefore, unsuitable for producing estimates on the characteristics of smaller sub-populations. Some of the key limitations of the survey as they relate to diverse groups of women are listed below.

Aboriginal and Torres Strait Islander women

The PSS does not ask about Aboriginal and Torres Strait Islander identity, nor does it provide estimates or disaggregation for the Aboriginal and Torres Strait Islander population. There are a number of reasons for this, including the small numbers of Aboriginal and Torres Strait Islander people who participate in

34 Demographic data from the PSS is collected at the start of the survey and relates to an individual's status at the time of the survey. It is therefore difficult to cross reference demographic and response behaviour information. This is especially the case for partner violence, as collection is incomplete for some response behaviours due to the collection occurring primarily through the most recent incident module. In addition, high RSEs may make cross references for demographic and response behaviours unreliable for sexual assault data (Cox, 2015b, p. 97).

35 The 2012 PSS added a suite of questions identifying whether survey respondents had a disability or long-term health condition. There is now data available on experiences of violence experienced by women with disabilities in the 12 months prior to the administration of the survey. "The PSS uses a standard measure of core activity limitation that is used in other ABS surveys. The measure assesses the extent to which a person "needs help, has difficulty, or uses aids or equipment with [self-care, mobility or communication]". A person may be defined as having a profound, severe, moderate or mild disability, depending on the level of core activity limitation that they experience" (Cox, 2015b, p. 17).

36 The 2012 PSS included the following data items considered to be related to whether a person is from a culturally and linguistically diverse background: country of birth; year of arrival; first language spoken as a child; main language spoken at home. The ABS publication included a single data cube to show women's experience of violence (in the last 12 months/since the age of 15) by country of birth.

37 The data item on "access to formal support" includes services used/referral to services such as medical treatment, legal, counselling, crisis, housing/accommodation.

the survey. The PSS is not administered in discrete Indigenous communities[38] because it is not considered to be culturally suitable, which again reduces the representativeness of the results. Additionally, the PSS does not include very remote areas of Australia, and while this does not have a major impact on estimates for the general population, this *does* impact on the ability of the survey to produce reliable estimates for Aboriginal and Torres Strait Islander people, many of whom live in these areas. The ABS has established that the PSS would not produce reliable estimates for the Aboriginal and Torres Strait Islander population, as it was not designed to sample this group representatively. Given the reasons outlined above, any estimates provided by the PSS would be unrepresentative and misleading.

Culturally and linguistically diverse women

There is disaggregated data available on the ABS website for the 2012 PSS by country of birth which compares "Australia" and "Born Overseas" (split into Main English Speaking Countries and Other Countries). The PSS includes data on experiences of violence and sexual violence in the previous 12 months and since the age of 15 for both males and females in culturally and linguistically diverse communities. These experiences of violence are, however, an indication of *all violence*, not limited to cohabiting partner violence and with no information relating to perpetrators. In ANROWS's further analysis of the 2012 PSS, data was disaggregated to comment on the prevalence of intimate partner violence against culturally and linguistically diverse women (Cox, 2015b). Nevertheless, the PSS is not designed, nor has the sample size, to disaggregate data by specific countries of origin.

Women with disabilities

A suite of questions identifying whether survey respondents had a disability or long-term health condition were added to the PSS in 2012. There is now data available on experiences of violence for women who had a disability in the 12 months prior to the administration of the survey. The ABS was aware at the time of administration that these data would have limitations, but it was agreed that the data would be helpful in relation to understanding the experiences of violence for people with disabilities and long-term health conditions.

The ABS advises that to assume a person's current socio-demographic characteristics, such as disability, were present at the time of the violence could be highly inaccurate. Caution is advised by the ABS when making inferences about a person's current disability status and their experience of violence. Thus the best way to assess prevalence of violence by socio-demographic groups is to examine victimisation in the last 12 months as these are more likely to align with the available socio-demographic data.

It is important to highlight that almost all socio-demographic data items vary over a person's lifetime. It therefore cannot be assumed that these were the person's characteristics at the time of experiencing violence. For example, a person who had a disability at the time of taking the survey may have acquired this recently through a degenerative condition or injury. It would be inaccurate and misleading to conflate incidents of violence they had experienced earlier in their life in an analysis of the prevalence of violence experienced by people with disabilities.

A further key limitation of the PSS is that the sampling frame only includes individuals living in private dwellings, so those living in boarding houses or non-private dwellings such as institutional residential settings are not considered "in scope" for the survey.

38 A "discrete Indigenous community" refers to "a geographic location, bounded by physical or cadastral (legal) boundaries, and inhabited or intended to be inhabited by predominantly Indigenous people, with housing or infrastructure that is either owned or managed on a community basis" (ABS, 2006).

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

Data custodian	VicHealth
Funder	Commonwealth Department of Social Services.
Collection type	Survey
Data collection	Data set
Data availability	Published reports.
Information units available on	Aboriginal and Torres Strait Islander women
	Culturally and linguistically diverse women
	Domestic and family violence
	Sexual assault
	Women with a disability

There have been three national waves of the NCAS so far; the first conducted by the Office for the Status of Women in 1995 and the second and third in 2009 and 2013, which were conducted by the Victorian Health Promotion Foundation (VicHealth) and funded by DSS. The NCAS provides a snapshot of community attitudes to violence against women over time and allows for the planning of violence prevention policy and programs (VicHealth, 2014). This is a nationally representative survey, funded under the National Plan on 4 yearly cycles and so will be administered again in 2017. In the 2013 NCAS, a cross-section of 17,517 Australians aged 16 years and over participated in a 20-minute telephone interview.

Available information units

The NCAS provides measures of knowledge and attitudes about violence against women and attitudes towards gender equality. These data have the potential to enable monitoring of change over time and targeted resourcing of prevention activities in particular.

Figure 5 - NCAS data availability[39]

Information unit	Data availability
Indigenous status of the respondent[40]	✓
Disability status of the respondent[41]	✓
Country of birth of the respondent	✓
Language spoken by the respondent[42]	✓
Access to formal support by respondent	✓
Reporting to police	✓

Key limitations

There have been advances in survey methodology between the 2009 and 2013 waves of the NCAS including the 2013 survey adopting a dual-frame design[43] and a ranking approach to weighting the survey data (Webster et al., 2014, p.13). These advances have meant that instead of conducting three separate surveys[44] as was the case in the 2009 wave of the NCAS, the 2013 wave is an expanded general community survey. These changes to survey methodology have enabled probability-based samples of population groups of interest (Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, people with disabilities and young people) that are large enough to sustain population inferences (Webster

39 Note: for NCAS the information units concern sampling (i.e. survey respondents) and does not concern attitudes of survey respondents towards the diverse groups.

40 The NCAS defines and measures Indigenous status based on self-reported status. In the 2013 NCAS, 341 interviews with respondents who identified as Aboriginal and Torres Strait Islander were conducted.

41 The 2013 NCAS uses a definition of disability status based on an impairment measure adapted from the 2004 Canadian Social Survey as a best fit and as it is thought that "impairment measures are suited to defining disability in order to measure equalisation of opportunity" (Webster et al., 2014, p.15). A total of 2059 interviews were conducted with respondents who identified as having a disability.

42 The survey does not provide data on the actual language spoken by the respondent. The 2013 NCAS does, however, include identification of persons born in, or with a parent born in, non-main English speaking countries (N-MESC). The sample size of N-MESC people in the 2013 NCAS was 3443 (including both people born in, or with a parent born in, N-MESC). A total of 542 interviews were completed by bilingual interviewers in over a dozen languages other than English, with translated versions of the questionnaire being utilised for 8 language groups. In NCAS 2013 data are presented by country of birth, length of time in Australia, generation and language proficiency.

43 In reference to the NCAS, dual-frame surveys use both randomly generated landline telephone numbers and randomly generated mobile phone telephone numbers. The NCAS technical report states that "surveys of randomly generated mobile phone samples are also known to improve the representation of young persons, overseas-born persons and Indigenous Australians" (Webster et al., 2014, p.17).

44 The 2009 NCAS had three separate surveys - the general community, selected culturally and linguistically diverse groups and Indigenous communities.

et al.2014, p.17) and enable comparisons between both these population groups and future NCAS waves (Webster et al., 2014, p.20). Nevertheless, there are threats to research reliability and validity when applying tools and methods cross culturally (see discussion in Webster et al., 2014, pp. 201-208) or with groups within the population, such as young people. These can be partially mitigated, and the 2013 NCAS does use a number of mitigation strategies, but they cannot be eliminated and so are acknowledge in reporting the findings.

The National Aboriginal and Torres Strait Islander Social Survey (NATSISS)

Data custodian	ABS
Funder	Commonwealth Department of Health, Department of Prime Minister and Cabinet.
Collection type	Survey
Data collection	Data set
Data availability	Published report. Data cubes publically available.
Information units available on	Aboriginal and Torres Strait Islander women
	Culturally and linguistically diverse women
	Domestic and family violence
	Sexual assault/violence
	Women with a disability

The NATSISS is part of an established program of Aboriginal and Torres Strait Islander statistics collected by the ABS. The NATSISS collects detailed information on the socio-economic circumstances of Aboriginal and Torres Strait Islander people every 6 years, and includes questions about experiences of violence. The NATSISS is conducted using a face-to-face interview. The most recent collection commenced in September 2014 and was completed in April 2015. Analysis of this survey had not been completed at the time of preparing this paper. The most recent publication of results of the NATSISS was from the 2008 collection.

Available information units

The 2008 NATSISS survey includes information about how many Aboriginal and Torres Strait Islander people had experienced physical violence in the 12 months prior to interview. Where a person has reported experiencing physical violence in the 12 months prior to interview, the 2008 NATSISS asks the respondent to provide information about their most recent incident of physical assault and/or physical threat. Note that these questions differ from the questions asked in the PSS, primarily due to the exclusion of sexual violence.

Figure 6 - 2008 NATSISS data availability

Information unit	Data availability
Indigenous status of the female respondent	✓
Disability status of the female respondent[45]	✓
Language spoken by female respondent[46]	✓
Female Victim of physical/threatened violence	✓
Access to health services by female respondent[47]	✓
Reporting to police by female respondent	✓

Key limitations

The NATSISS does not ask about experiences of violence since the age of 15, sexual violence, or other forms of abuse. It does not specifically ask about violence perpetrated by current or former partners, although it does capture relationship with the perpetrator and some reporting behaviours.

45 The NATSISS asks a number of questions to establish disability status and disability type. A person is regarded as having a disability or long-term health condition if they have one or more conditions which has lasted, or were likely to last, for 6 months or more and that restricted every day activities.

46 There is information available in the NATSISS on whether the respondent speaks an Aboriginal and/or Torres Strait Islander language or has difficulty communicating in English.

47 There is information available in the NATSISS on whether respondents sought medical treatment and if sought, the type of treatment.

International Violence Against Women Survey (IVAWS) (Australian component)

Data custodian	AIC
Funder	National Initiative to Combat Sexual Assault, administered by Office of the Status of Women
Collection type	Survey
Data collection	Data set
Data availability	Published report.
Information units available on	Aboriginal and Torres Strait Islander women
	Culturally and linguistically diverse women
	Domestic and family violence
	Sexual assault/violence
	Women with a disability

The IVAWS was an international survey examining violence perpetrated by men against women, initiated by the European Institute for Crime Prevention and Control, in collaboration with a number of groups from the United Nations and Statistics Canada. It had an international comparative survey designed to collect information on women aged between 18-69 and their experiences with violence perpetrated by males to measure the level of victimisation (Mouzos & Makkai, 2004, p.11).

Available information units

The IVAWS measures three distinctive types of violence against women "physical (including threats of physical violence); sexual (including unwanted sexual touching); and psychological (controlling behaviours, such as put downs, keeping track of whereabouts)" (Mouzos & Makkai, 2004, p. 2). In addition to this, the IVAWS also includes data on women's perceptions of the most recent incident of intimate and non-partner violence and if "they sought assistance from a specialised agency or contacted police" (Mouzos & Makkai, 2004, p. 4).

Figure 7 - 2002-2003 IVAWS data availability

Information unit	Data availability
Physical violence (including threats of physical violence)	✓
Sexual violence (including unwanted sexual touching)	✓
Psychological violence	✓
Indigenous status of the respondent	✓
Disability status of the respondent	-
Country of birth of the respondent	-
Language spoken by the respondent	✓
Access to formal support by the respondent	✓
Reporting to police by the respondent	✓

Key limitations

The key limitation of the IVAWS is that there has only been one pilot survey to date, which took place more than 10 years ago, and the survey is not intended to be run again. Other limitations with this survey include methodological challenges. The Australian component of the survey was administered by telephone in 2002 and 2003, and included 6677 women living in private residences with landline telephones. This resulted in under-representation or exclusion of the experiences of particular groups of women, particularly homeless or incarcerated women, Aboriginal and Torres Strait Islander women, women who do not speak English, and women with disabilities (Tarczon & Quadara, 2012). Additionally, the survey did not collect any data on disability status or country of birth, although data was collected on language spoken at home. Due to the lack of data on the diversity groups which are the focus of our report, further analysis of this survey was not conducted for this project.

Crime Victimisation Survey

Data custodian	ABS
Funder	ABS
Collection type	Survey
Data collection	Data set
Data availability	Published report. Data cubes publically available.
Information units available on	Aboriginal and Torres Strait Islander women
	Culturally and linguistically diverse women
	Disability status
	Domestic and family violence
	Sexual assault

The ABS collects data on crime victimisation annually, which estimates experiences of victimisation for men and women over the previous 12 months for a range of personal and household crimes. This includes physical assault, threatened assault, and sexual assault experienced by Australians aged 15 and over (ABS, 2015a). Crime victimisation data are collected as part of the Multipurpose Household Survey (MPHS).

In the survey, questions on domestic and family violence and sexual assault are defined by asking respondents about their experiences of physical assault, sexual assault and face-to face threatened assault.

The ABS states that this survey is not designed to produce information about domestic and family violence and that caution should be used when using the data produced by this survey for such purposes (ABS, 2013a). This survey therefore has not been analysed in further detail in this section.

The Survey of Disability, Ageing and Carers

Data custodian	ABS
Funder	COAG
Collection type	Survey
Data collection	Data set
Data availability	Published reports.
Information units available on	Aboriginal and Torres Strait Islander women
	Culturally and linguistically diverse women
	Disability status
	Domestic and family violence
	Sexual assault

The Survey of Disability, Ageing and Carers (SDAC) collects data on the characteristics, education and employment, long-term health conditions, assistance, social and community participation for people with disabilities, older people and carers. Coordinated and analysed by the ABS, the SDAC is administered on a 6 yearly cycle. The last survey was administered in 2012-2013. The SDAC does not collect information on experiences of domestic and family violence (ABS, 2012) and therefore it is not analysed in further detail here.

Administrative data I – National collections

National criminal justice data collections and jurisdictional crime and policing data

There are a number of national criminal justice data collections, the main four of which are: 1) Recorded Crime – Victims collection, 2) the National Recorded Crime – Offenders collection, 3) the National Criminal Courts collection, and 4) National Corrective Services collection, all of which are compiled by the ABS from information provided by states and territories, as well as from the Australian Attorney-General's Department (for federal prisoners).

1. **Recorded Crime – Victims and Offenders collections** - contains information provided to the ABS from each state and territory police agency, however they are difficult to compare because each jurisdiction has its own procedures and systems for recording incidents. Data on Aboriginal and Torres Strait Islander victims are published; however, this is currently limited to data from New South Wales, Queensland, South Australia and the Northern Territory. For other states and territories, these data are not of sufficient quality for national reporting (Al-Yaman, Van Doeland & Wallis, 2006; ABS, 2014f).
2. **National Criminal Courts data** - contains information from the Higher, Magistrate's and Children's Courts, including data on the defendant, offences and sentences. However, there is no information collected on victim relationship to the perpetrator, or demographic information for the victim and/or perpetrator (Al-Yaman, Van Doeland & Wallis, 2006).
3. **National Corrective Services data** - contains data on the number of people in custody, as well as demographic information (including Aboriginal and Torres Strait Islander status) and sentencing information. Data are available for all states and territories. No information is provided on the prisoner's relationship to the victim(s) of the crime for which they were sentenced. No data are provided on history of the prisoner being a victim of violence perpetrated by others. The Prisoner Census contains detailed country of birth information.

In addition to the national collections, there are jurisdictional crime and policing data collections or data sources. Although these would ideally be outlined under the next heading of Administrative data II because they are not national collections, they are useful to summarise here for two main related reasons. First, the national collections rely on input from some of these data sources. Second, there are similar limitations for both the national and jurisdictional data which mean it makes sense to address them in the one place.

Currently, there are three state-based crime statistics agencies whose collections include information about domestic and family violence and sexual assault. These are: the NSW Bureau of Crime Statistics and Research, the Crime Statistics Agency in Victoria, and the Office of Crime Statistics and Research in South Australia. The Crime Research Centre based at the University of Western Australia, a joint initiative with the Western Australian government, closed in late 2014. Collections compiled by these state-based crime statistics agencies include information on the socio-demographic status of the diverse groups identified in this paper as well as information on domestic and family violence and sexual assault.

In Australian jurisdictions, police also collect data on domestic and family violence and sexual assault and use information management systems to record crime and police incidents. These management systems differ across states and territories, with at least five different systems used.[48] Within these information management systems, flags are routinely used to indicate a domestic and family violence-related incident. Jurisdictions can use more than one flag to indicate such violence; for example, Queensland police use a range of indicators for domestic and family violence (ABS, 2015c). In its experimental family and domestic violence statistics, the ABS notes that "not all family and domestic violence-related offences will be flagged as such on police recording systems and consequently the number of family and domestic violence-related offences may be understated" (ABS, 2015c). Data relating to domestic and family violence perpetrators were requested from police for the first time for the 2014-15 Recorded Crimes-Offenders collection and Aboriginal and Torres Strait Islander identity was a flag used in the experimental statistics.

48 The systems identified include: Police Real Time Online Management Information System (PROMIS) in the Australian Capital Territory and Northern Territory; The Family Violence Management System (FVMS) in Tasmania; Queensland Police Records and Information Management Exchange (QPRIME) in Queensland; The Law Enforcement Assistance Program (LEAP) in Victoria; and Computerised Operational Policing System (COPS) in New South Wales. Note: we could not identify the system used in Western Australia.

Key limitations

There are key limitations for both national and jurisdictional criminal justice data collections and policing data. For instance, data are only available for domestic and family violence and sexual assault offences which have come to the attention of police, and sometimes only when they are considered crimes. For example, some emotional and psychological abuse is not considered a criminal offence and legislation on what is criminal differs across jurisdictions. Similarly, domestic and family violence is typically dealt with by civil (not criminal) violence laws in the first instance. Therefore, comparisons between states and territories, and compilation of policing data into a single data set is problematic. Comparison between states and territories is also hindered by the differences between police jurisdictions in "the method used to identify family and domestic [violence] events. The practice of identification of these events is embedded in relevant legislation and policy. Practice varies from professional judgement through to the use of screening tools as part of risk assessment frameworks" (ABS, 2013a). Additionally, a person reporting multiple offences which occurred during a crime may be counted once, or multiple times, depending on the procedures in that jurisdiction.

Therefore, currently in Australia there is no uniform process to identify across states and territories events related to domestic and family violence. Similarly, the collection of data on country of birth, language spoken at home and disability status varies substantially across jurisdictions, with some states and territories collecting comprehensive demographic information on both victims and perpetrators, and others collecting little. Further, although data on Aboriginal and Torres Strait Islander status is consistently collected across jurisdictions, quality of data collection and data entry may vary. There is evidence that Aboriginal and Torres Strait Islander identity may often be assessed based on physical appearance or subjective assessment, rather than self-identification in response to a question about cultural identity (Al-Yaman, Van Doeland & Wallis, 2006). Some Aboriginal and Torres Strait Islander people also may not want to disclose their cultural identity even when asked directly.

Similar to domestic and family violence, there are key limitations regarding sexual assault data in jurisdictional policing data. The ABS notes that while sexual assault data are collected as part of generalist offence data, "data on *all* aspects of sexual violence in the broadest sense are not currently collected through police administrative information systems" (ABS, 2013a). As sexual assault can co-occur within a domestic violence context or within the family as well as in situations where the perpetrator is not known to the victim, it can be difficult for victims to report sexual assault. As with other potentially stigmatised incidents, "the true extent of sexual violence is underestimated as sexual offences are often not reported to police" (ABS, 2013a). Finally, a key limitation of police data identified by the ABS is their "lack of integration with other justice datasets which is where perpetrator outcomes are often determined" (ABS, 2013a).

National Coronial Information System (NCIS)

Data custodian	Victorian Department of Justice
Funder	The Justice Departments of each State/Territory; The Australian Department of Health and Ageing; The Australian Institute of Criminology; SafeWork Australia; The Australian Competition and Consumer Commission; The Australian Department of Infrastructure and Transport; The New Zealand Ministry of Justice
Collection type	Administrative by-product
Data collection	Data set
Data availability	Reports. Direct access to NCIS data are available only to organisations with a specific role or interest in public health and safety.
Information units available on	Aboriginal and Torres Strait Islander identity
	Culturally and linguistically diverse status
	Disability status
	Domestic and family violence
	Sexual assault

The NCIS is a "data storage, retrieval, analysis, interpretation and dissemination system for coronial information" (NCIS, n.d.). It contains data about deaths reported to an Australian coroner from July 2000. The NCIS is currently funded by Australian federal and state government agencies. "The information collected is primarily about the deceased, although there may be some details about an offender if relevant to the death" (ABS, 2013a).

Available information units

Figure 8 - NCIS data availability

Information unit	Data availability
Domestic homicide information (including intimate partner homicide)	✓
Indigenous status of the victim of domestic homicide	✓
Disability status of the victim of domestic homicide	-
Country of birth of the victim of domestic homicide	✓
Access to formal services	✓
Access to formal support by the respondent	✓

Key limitations

Domestic and family violence and sexual assault "is not specifically defined within the NCIS database" (ABS, 2013c). The ABS advises that possible cases relating to such violence "could include homicides within family or domestic settings; homicide/suicides; suicides predicated by previous abuse; or infant or child neglect resulting in death" (ABS, 2013c). However, identifying these pose challenges as identification would need to be undertaken by utilising a variety of different search techniques and may not be easily identifiable. While a reportable death in the NCIS database includes all sudden, unexpected or unexplained deaths, it is important to highlight that the criteria for a reportable death varies according to the Coroners Act in each jurisdiction. The ABS further advises that consideration is currently being given to the addition of a flag to the NCIS to identify domestic and family violence related deaths (ABS, 2013c).

National Homicide Monitoring Program (NHMP)

Data custodian	AIC
Funder	AIC
Collection type	Administrative by-product
Data collection	Data set
Data availability	Published reports
Information units available on	Aboriginal and Torres Strait Islander identity
	Culturally and linguistically diverse status
	Disability status
	Domestic and family violence
	Sexual assault

The Australian Institute of Criminology (AIC) compiles a database of homicides through the National Homicide Monitoring Program (NHMP) using police and coronial data. This includes intimate-partner homicides, and other domestic/family homicides (involving other family members). These data show the number of homicides in a given year, demographic information about the victims and offenders, relationship to the offender, apparent cause of death, location and time of the death, and some additional characteristics (such as history of domestic violence; if the offender was on bail, parole or probation at the time; whether they then committed suicide; presence of alcohol or drugs). There are two key sources of data for the NHMP: "offence records derived from each Australian state and territory police service, supplemented where necessary with information provided directly by investigating police officers and/or associated staff; and state coronial records such as toxicology and post-mortem reports... Where appropriate, the data are further supplemented by newspaper clippings" (AIC, n.d.).

Available information units

Figure 9 - NHMP data availability

Information unit	Data availability
Domestic homicide information[49] (including intimate partner homicide)	✓
Indigenous status of the victim of domestic homicide	✓
Disability status of the victim of domestic homicide	✓
Country of birth of the victim of domestic homicide	✓

49 Domestic/family homicides are sub-classified using five relationship categories. 1) Intimate partner–victim and offender are current or former partners (married, defacto, boy/girlfriend); 2) Filicide–victim is the child of the offender; 3) Parricide–victim is the parent of the offender; 4) Siblicide–victim and offender are brother/s or sister/s; and 5) Other family–including nieces, uncles, cousins, grandparents.

Specialist Homelessness Services Collection (SHSC)

Data custodian	AIHW
Funder	N/A
Collection type	Administrative by-product
Data collection	Data set. Data cubes publically available.
Data availability	Published reports
Information units available on	Aboriginal and Torres Strait Islander identity
	Culturally and linguistically diverse status
	Disability status
	Domestic and family violence
	Sexual assault/violence

The SHSC is an online data collection, storage and validation system that collects information monthly from organisations that are funded under the National Affordable Housing Agreement (NAHA) and the National Partnership Agreement on Homelessness (NPAH). SHSC clients are identified as experiencing domestic and family violence if they reported domestic and family violence as a reason they sought assistance, or they required domestic or family violence assistance during any support period. SHS collections are a standardised series of questions submitted to the Australian Institute of Health and Welfare (AIHW) from every state and territory. Data cubes are available to the public. The number of people who accessed specialist homelessness services is available, with disaggregation possible by demographic categories.

Available information units

Figure 10 - SHSC data availability

Information unit	Data availability
Indigenous status of the female client	✓
Disability status of the female client	✓
Country of birth of the female client (including year of arrival)	✓
Main reason for seeking homelessness assistance (including domestic and family violence)	✓

Key limitations

One of the main limitations of this data collection is that it only captures data about those who are, or who are at risk of, experiencing homelessness. The data are only of relevance to this project where domestic violence has been flagged as the main cause of homelessness (in 2011-12 this was in 50.8% of cases and in 2012-13 this was 46.8% of cases). Another limitation, as discerned in the stakeholder consultations for this project, is potential incorrect or inconsistent data entry practices as there are varying levels of understanding and confidence with the AIHW data definitions among service level staff. There is also known to be variation between jurisdictions on the ways that "unmet demand" is recorded. For example, in one state, if a person presented to a service had their needs assessed, with no other assistance or referral provided, they were not counted as an "unassisted person."

Child Protection National Minimum Data Set (CP NMDS)

Data custodian	AIHW
Funder	The state and territory departments and the Australian Institute of Health and Welfare (AIHW) jointly fund the annual collation, analysis and publication of child protection data.
Collection type	Administrative by-product
Data collection	Data set
Data availability	Annual report. Customised data based on charged consultancy.
Information units available on	Aboriginal and Torres Strait Islander identity
	Culturally and linguistically diverse status
	Disability status
	Domestic and family violence
	Sexual assault

The CP NMDS provides detailed statistical information on state and territory child protection and support services and some of the demographic data for the children within these systems. It consists of a number of variables extracted from state and territory child protection administrative data according to nationally agreed definitions and technical specifications. Aspects of domestic and family violence captured by the data are physical abuse; sexual abuse; psychological/emotional abuse; verbal abuse; and neglect. However, in 2013, the ABS noted that "there is no formal definition or flag for family, domestic and sexual violence" (ABS, 2013a). Data custodian, the Australian Institute of Health and Welfare (AIHW), notes that "it is hoped that the CP NMDS will be expanded over time to incorporate and/or link to other client information relating to issues such as …domestic violence" and that jurisdictions have given "additional consideration" to "linking CP NMDS data with other relevant national collections such as disability and homelessness services" (AIHW, 2014, p.14).

Community Legal Services Information System (CLSIS)

Data custodian	Commonwealth Attorney General's Department
Funder	Commonwealth Attorney General's Department
Collection type	Administrative by-product
Data collection	Data set
Data availability	Data dictionary publically available. Reports available on request from Department.
Information units available on	Aboriginal and Torres Strait Islander identity
	Culturally and linguistically diverse status
	Disability status
	Domestic and family violence
	Sexual assault/violence

The CLSIS records information about client access to Family Violence Prevention Legal Services (FVPLS) and Community Legal Services (CLS) and captures information about clients accessing services, what assistance the client received and the type of legal problem being experienced. Domestic and family violence is defined by relevant legislation in the state or territory in which each Community Legal Service or Family Violence Prevention Legal Service operates. Operationally, a domestic and family violence flag is used in CLSIS to indicate whether domestic violence is an issue in advice and casework.

Available information units

Figure 11 - CLSIS data availability

Information unit	Data availability
Indigenous status of the client	✓
Disability status of the client	✓
Country of birth of the client	✓
Main reason for seeking assistance (including domestic and family violence)	✓

Key limitations

A key limitation of data from the CLSIS as advised by the ABS is that client information may be in reference to the victim or offender and that currently it is not possible to identify whether a client is a victim or offender (ABSM, 2013e). Further, data from the CLSIS are "not routinely published, however, a range of reports are available upon request to the Department with some restrictions around organisation-specific or worker-specific reports" (ABS, 2013c).

Hospital data

Hospital information is collected on each emergency stay and admission via a Patient Administration System (PAS). While the PAS used is at the discretion of hospitals and recording on systems may differ between and within jurisdictions, the Australian Institute of Health and Welfare (AIHW) does undertake the collection and reporting of national hospital data in accordance with the National Minimum Dataset (NMDS) definitions. Hospital data collections of relevance to this project are described below.

National Perinatal Data Collection (NPDC)[50]

Data custodian	AIHW
Funder	N/A
Collection type	Administrative by-product
Data collection	Data set
Data availability	Published reports.
Information units available on	Aboriginal and Torres Strait Islander identity
	Culturally and linguistically diverse status
	Disability status
	Domestic and family violence
	Sexual assault/violence

The NPDC is "currently the main source of national reporting on pregnancy and childbirth for mothers, and on the characteristics of, and outcomes for, their babies" (AIHW, 2015b, p. 2). Each jurisdiction maintains its own perinatal data collection (PDC) and supplies data to the AIHW, where it becomes part of the NPDC. The NPDC consists of the Perinatal National Minimum Data Set (NMDS) which "currently includes 31 mandatory data items supplied by each jurisdiction, as well as over 80 additional voluntary data items" (Australian Institute of Health and Welfare, 2015b, p. 2). AIHW notes that no jurisdiction currently collects information on domestic and family violence as part of its PDC; however, some jurisdictions do routinely screen women for domestic violence in pregnancy. Domestic violence in pregnancy has been identified as a key information gap as part of the National Maternity Data Development Project (NMDDP) being conducted by AIHW and AIHW published a paper in 2015 "as a guide to the issues that need to be considered in deciding whether and how to collect DV data in the NPDC" (AIHW, 2015b, p. vi).

National Non-admitted Patient Emergency Department Care Database (NAPEDCD)

Data custodian	AIHW
Funder	N/A
Collection type	Administrative by-product
Data collection	Data set
Data availability	Published reports.
Information units available on	Aboriginal and Torres Strait Islander identity
	Culturally and linguistically diverse status[51]
	Disability status
	Domestic and family violence
	Sexual assault/violence

Emergency department presentations (if the person is not admitted) are captured in the National Non-admitted Patient Emergency Department Care Database (NAPEDCD). The NAPEDCD contains data collected from the state and territory health authorities about non-admitted patients treated in most public hospital emergency departments. The statistical counting unit for the collection is a patient presentation. "The dataset does not contain clinical information about the presenting patient (for example diagnosis or type of care provided) and it is not possible to identify events related to family, domestic and sexual violence" (ABS, 2013a).

50 Although the scope of the NPDC is all births in public and private hospitals, and home births, it is included under the sub-section "hospital data" as most Australian births are hospital births.

51 Blue colour coding indicates that it was not possible to determine whether this data could/is collected through this source.

National Hospital Morbidity Database

Data custodian	AIHW
Funder	N/A
Collection type	Administrative by-product
Data collection	Data set
Data availability	Published reports. Data cubes publically available.
Information units available on	Aboriginal and Torres Strait Islander identity
	Culturally and linguistically diverse status
	Disability status
	Domestic and family violence
	Sexual assault/violence

The National Hospital Morbidity Database (NHMD) "is a compilation of episode-level patient records from admitted patient morbidity data collection systems in Australian public and private hospitals" (ABS, 2013c). The data are based on the National Minimum Data Set (NMDS) for Admitted Patient Care and include demographic details as well as data on the diagnoses of the patients, the procedures they underwent in hospital and external causes of injury.

Available information units in the NHMD

Figure 12 - NHMD data availability

Information unit	Data availability
Indigenous status	✓
Disability status	-
Country of birth	✓
Access to health services	✓
Reporting to police by the victim	-

Key limitations of hospital data

The limitations of these data sets are that there is inconsistent recording of data during emergency incidents across jurisdictions, different hospital systems use different PAS systems which leads to inconsistency in patient data recording, and there are no domestic and family violence and sexual assault flags for inpatient records once a patient has been admitted. Further, the AIHW data sets, which are compiled from hospital data, are based on each hospitalisation, not individual patients. This is a potential measure of injury from assault requiring in-patient care, but there is potential for misinterpretation when the same person has been hospitalised multiple times.

It is important to highlight that there is no formal definition of domestic and family violence or sexual assault used in the NHMD. Incidents of domestic and family violence, along with any other form of violence, may be identified by use of the following three codes: "injuries and poisonings with external causes of same (assault); problems/negative life events in childhood – including sexual abuse of child and physical abuse of child (however, the 'problem' is not specified); and maltreatment syndrome codes" (ABS, 2013c). Further, the NHMD is a dataset that has records for all separations[52] of admitted patients. "A record is included for each separation, not for each patient, so patients who separated more than once in the year have more than one record in the NHMD" (AIHW, 2014). Finally, both the NAPEDCD and NHMD contain information reported for each hospitalisation, not patient. "This means that an individual may appear in the data more than once. At present it is not possible (at a national level) to identify repeat hospitalisations without the introduction of data linkage procedures" (ABS, 2013a). Further, the AIHW notes that "the overall quality of the data provided for Indigenous status is considered to be in need of some improvement and varied between states and territories" (AIHW, 2014).

52 The counting unit for the NHMD is separation. "Separation is the term used to refer to the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute care to rehabilitation)" (AIHW, 2014).

Administrative data II

Domestic violence and sexual assault crisis services data

The data collected by domestic violence and sexual assault crisis services varies by type of service and by jurisdiction. In some states and territories data are comprehensively collected on Aboriginal and Torres Strait Islander identity, disability status and cultural and linguistic diversity on intake and throughout various points of contact with the service, including referrals to other organisations. In others, the focus remains on storing case notes and data relating to counselling or referrals for the sake of on-going patient care. Service delivery related case notes may contain information pertaining to the victim's experience of violence but these are "subject to stringent privacy, confidentiality and ethical policies". As a result, services often "hold discrete, local collections of data about those that access services" (ABS, 2013a).

There are differences across jurisdictions on what is expected to be regularly collected and submitted to funding agencies. Many agencies collect more extensive data than are required for the purpose of reporting to their funders. In the consultations for this project, stakeholders from the domestic and family violence and sexual assault sectors advised that information collected by service providers is held in a variety of formats, such as paper-based client files or electronic documentation. The main purposes of collecting such information are to inform service delivery, allocation of resources, applications for funding and to track organisational performance. There is variation across states and territories in reference to centralising, via a database, information that records service level experiences of domestic and family and violence and sexual assault. In Victoria, the Victorian Family Violence Database is managed by the Crime Statistics Agency and the Department of Justice and Regulation includes service level information. In Tasmania, The Safe at Home Information Management System is used by agencies to record and share case management information. Between 2003 and 2013, Queensland domestic and family violence services provided de-identified client information to a central database developed and managed by the Queensland Centre for Domestic and Family Violence Research (CDFVR). The database provided "a uniform, statewide method of data collection, in order to monitor and assess the effects of the amendments to the domestic violence legislation, and to provide stakeholders with reliable statistical information based on clients using funded domestic and family violence prevention services" (Queensland Centre for Domestic and Family Violence Research, 2003, p.4). This information was collected electronically through a password protected web-page, collated and released publicly (in accordance with data privacy and confidentiality considerations) to provide a statewide profile of clients and their support needs. Services participating in the data collection were also able to request some analyses of their service level data.

Similarly, data are available from Australian domestic and family violence crises lines. The Domestic and Family Violence Crisis Lines of Australia Network (DFVCLAN),[53] a group representing all of the state-wide domestic and family violence crisis services for Australia's states and territories, both government and non-government, published a statistical report in 2013 (funded by the Commonwealth Department of Social Services) based on the data its members had collected. Each of the organisations was requested to provide five calendar years of caller data. One of the recognised issues for this study was that each organisation has unique information management systems and service delivery paradigms and therefore data were not "sufficient to completely capture the data parameters required" (Australian Domestic and Family Violence Crisis Lines of Australia Network, 2013, p.4). This means that in the final report, while information from all jurisdictions were included, it was not possible to include data for some states in the combined statistics. Nonetheless, these initiatives demonstrate that it is possible to collect and collate administrative data for statistical purposes, and purposes other than service provision (ABS, 2013a).

Key limitations

The limitation for data collected by crisis services is that these records are often captured in times of crisis and trauma. Accordingly, the focus of the service provider is on responding to and treating that trauma rather than on collecting data. In the consultations for this project, stakeholders advised that some providers refuse to collect any data which is not directly relevant to treatment of trauma and do not acknowledge that trauma may be experienced differently for women from diverse groups. Stakeholders also revealed that data collection can

53 The members of DFVCLAN represent the following services: ACT - Domestic Violence Crisis Service; Federal - 1800RESPECT; NSW - Domestic Violence Line; Queensland - DV Connect; South Australia - Domestic Violence and Aboriginal Family Violence Gateway Service; Tasmania - DHHS Family Violence Counselling and Support Service; Victoria - Women's' Domestic Violence Crisis Service; Western Australia - Crisis Care Helpline.

be seen as unnecessary or too burdensome and that funding allocation should not be tied to reporting requirements. Some providers have high staff turn-over, and many do not have data-entry clerks, therefore the quality and consistency of data entered may be a limitation. These data collection challenges have been highlighted to us on numerous occasions through the stakeholder consultations and are aptly captured in the following quotes:

> "I think a big thing is that social workers are not trained to collect data. They are managing big caseloads and then we're asking them to collect data without providing any resources or support to do this or providing a good database to help them. We also don't connect them to the final point of collecting data and absolutely that impacts on quality."
>
> Jurisdictional stakeholder

> "We're very conscious of the fact, and I know from my own experience working in NGOs for a long time, that the lack of person power to be able to do something more meaningful. Someone enters the client data that is required data and then we extract that and report on it as required. But then what happens to it after that? Who's going to assist the NGOs with more work? You're going to have to probably consider what resources are going to be necessary to assist with that. There is a lot of rich administrative data at the local levels with service delivery but they don't have the person power."
>
> Jurisdictional stakeholder

> "A major factor in our collection of data is that it needs to be collated in hard copy, which we do. We have no funding, nor the ability to acquire, an electronic data package that would enable us to maintain and disseminate that kind of information."
>
> Domestic and family violence services stakeholder

Finally, due to the uniqueness of service delivery paradigms and information management systems across states and territories and the absence of nationally consistent tools to assess for domestic and family violence events, service level data are often not standardised and may not be comparable between jurisdictions.

Health services domestic violence screening data

Tool kits and practice guides for general practitioners and clinical nurses have been developed for some jurisdictions, as many women make their first disclosure of domestic violence in a health setting (Spangaro & Zwi, 2010; Women's Legal Services NSW, 2013). These guides detail how to identify signs of domestic abuse, how to ask and how to respond. Alongside these, routine screening for intimate partner violence has been introduced across Australia in health settings such as primary health care, antenatal, infant health, mental health and substance abuse services. "Screening is defined as a process by which an organisation or professional attempts to identify victims of violence or abuse in order to offer interventions…Screening for DV typically occurs when a client is asked a series of questions that seek to determine if that person is experiencing, or is at risk of, violence in their intimate relationship" (AIHW, 2015c, p. 14). Although policies are in place to ask all adult females a set of standard questions about intimate partner violence when they present to designated services, this is not always the case. A focus group study of the implementation of health screening in NSW estimated that the number of women who are not asked these routine questions is between a quarter and a third (62% to 75% were screened; Spangaro, Poulos & Zwi, 2011). This study also investigated the barriers to full implementation of screening practices, which included concerns about lack of privacy and confidentiality during screening (for example, the perpetrator might be just outside the door), with a small number of health workers becoming frustrated with women who report abuse during screening but do not take up offers of assistance (Spangaro et al., 2011). The screening tool used in the NSW study did not include demographic data, although this information may be available in patient files. Depending on the context of disclosure, data may be recorded in different ways or not at all. For example, mandatory reporting practices by health professionals vary depending on the state and territory (AIC, 2011). Nonetheless, the AIHW notes that screening for domestic and family violence in health-care settings specifically targeted to women and children provides an opportunity for professionals, such as those working in perinatal and maternal and child health services, to "play a critical role in early intervention by identifying DV and referring women and children appropriately" (AIHW, 2015c, p. 16). Therefore, the AIHW advises augmentation of collections such as the NPDC by noting that "the inclusion of data on Screening for Domestic Violence is worthy of consideration" (AIHW, 2015b, p.17).

Aboriginal and Torres Strait Islander community services, disability support services and culturally and linguistically diverse community services

Community services collect client data and submit de-identified, aggregate data to the state and territory government agencies which fund them. The types of data collected by these services differ between jurisdictions, as well as on the basis of the types of services provided. For example, while disability support services may collect excellent demographic information, as identified in the stakeholder consultations for the project, they may not collect any data on experiences of domestic and family violence and sexual assault. There are also services and advocacy groups which collect and analyse information in addition to what is required in their funding agreements. One example is the National Ethnic Disability Alliance (NEDA), which has previously developed a data cube based on national collections, including data on disability, migration, country of birth and language (National Ethnic Disability Alliance, 2014).

There are national reports on funded programs which may also contain useful data on experiences of violence for diverse groups. For example, the National Disability Abuse and Neglect Hotline funded by the Commonwealth Department of Social Services is a telephone service for reporting cases of neglect and abuse of disabled members of the community. However, it is not known how data are recorded by this service, and these data are not released publicly. Similarly, the National Disability Advocacy Program, which funds disability advocacy programs requires detailed data compliance, including information about cultural and linguistic diversity and Aboriginal and Torres Strait Islander identity. However, there does not appear to be any annual reports of this collated data which has been released to inform evidence-based practice for advocacy groups or policy-makers, or for researchers. Furthermore, there are Critical Incident Reports which are submitted by Humanitarian Settlement Services groups funded to provide practical support to humanitarian entrants from arrival in Australia and through their initial settlement period. These Critical Incident Reports contain detailed information about a client's date of arrival, visa type, and detailed notes about the nature of incidents which may include domestic and family violence or sexual assault. However, the limitations of this source of administrative data are that they only apply to a small subset of culturally and linguistically diverse women who are a part of this program, and that this information is almost always used internally only.

Domestic violence death review data

Many Australian jurisdictions have dedicated domestic violence death review processes. These include the ACT, Victoria, New South Wales, Queensland and Western Australia. In jurisdictions with established domestic violence death review processes and teams, datasets capture basic demographic information for each case including Aboriginal and Torres Strait Islander and culturally and linguistically diverse status of the victim. The National Plan laid the foundations for the Australian Domestic and Family Violence Death Review Network, which was established in 2011 and which brings together representatives from each domestic and family violence death review unit, to share information and data and improve knowledge about family violence-related deaths. A "preliminary data collection protocol" has been developed by the Australian Domestic and Family Violence Death Review Network (NSW Domestic Violence Death Review Team, 2015, p. 118). The goal of this data collection is to develop a staged, standardised National dataset concerning domestic violence homicides. The data collection covers all closed intimate partner domestic violence context homicides from 1 July 2012 and will "enable the reporting of consistent National data across all currently established death review processes" (NSW Domestic Violence Death Review Team, 2015, p. 118). The Network will publicly report on de-identified quantitative data and commenced testing this data collection process during 2015 (NSW Domestic Violence Death Review Team, 2015, p. 118).

Key limitations

Notwithstanding these new developments, it is important to highlight that there is a substantial time lag between deaths occurring and data being released due to the nature and veracity of investigations and death reviews. There have previously been concerns raised by academics and community sector stakeholders about national consistency of definitions in domestic and family violence related homicides, including whether domestic suicides are included and what sorts of relationships constitute or count as family.

Website and mobile phone application metadata

Websites and mobile phone applications ("apps") create metadata when individuals visit a site, or an app. These data are useful because administrators of websites can tell how many people are accessing support websites and gathering information about services and support available for them (e.g. through the 1800RESPECT website). Metadata are collected on whether users are clicking on sections of the website designed for Aboriginal and Torres Strait Islander users, culturally and linguistically diverse users, or users with a disability. Google Analytics can also provide insights into demographic characteristics of website users.

Data are also generated on how many people are using apps such as Daisy.[54] This includes whether they are using specific languages settings (a proxy for cultural and linguistic diversity), features designed for Aboriginal and Torres Strait Islander users, or making any adjustments built into the app to assist women with disabilities.

Key limitations

The key limitations of website and mobile phone application data are that it is not possible to know how many users of these websites are women who are personally experiencing violence (i.e. it could be a concerned friend, family member, researcher, journalist, service provider, or perpetrator, for example). It also isn't possible to know how many women accessing the website or mobile phone application are Aboriginal or Torres Strait Islander, culturally and linguistically diverse or have a disability. These data can only be used to gauge how many people are accessing information, and what kinds of information they are seeing. They do not indicate how useful this information was for them or whether they went on to access a service.

54 Developed by 1800RESPECT, Daisy connects women who are experiencing or have experienced domestic and family violence and sexual assault to services in their state and local area. It provides a service phone number and can be used to search the internet for more information on a service. Family members and friends can also use Daisy to gather information.

Longitudinal studies

The Australian Longitudinal Study of Women's Health (ALSWH)

Data custodian	University of Queensland
Funder	Commonwealth Department of Health
Collection type	Survey
Data collection	Data set
Data availability	Published reports.
Information units available on	Aboriginal and Torres Strait Islander identity
	Culturally and linguistically diverse status
	Disability status
	Domestic and family violence
	Sexual assault/violence

The ALSWH is a survey which has used the same sample of 58,000 female participants every 3 years since 1996, with a view to following the health and well-being of these women for 20 years. It examines factors which contribute to emotional and physical health of women in Australia to assist state and federal governments in policy development and planning. The ALSWH includes socio-demographic details such as Aboriginal and Torres Strait Islander identity, country of birth and disability status. A wide range of sub-studies have also been run using smaller sets of questions added to the main survey periodically, which have included domestic violence on one occasion. Sub-studies have been conducted with data from the 2006 collection including a study which looked at the association between domestic violence and physical health in middle-aged Australian women via a cross-sectional survey of 14,100 women (45 to 50 years old) who responded to the ALSWH (Loxton, Schofield, Hussain, & Mishra, 2006). The ALSWH has approval to link de-identified survey data with a number of national and state-based administrative datasets including the National Death Index, Medicare data, state-based cancer registries, perinatal data collections and hospital admission datasets. There is precedence and potential for the ALSWH to be utilised to collect data on experiences of domestic, family and sexual violence from a large existing sample in future administrations.

The Building a New Life in Australia study (BNLA)

Data custodian	AIFS
Funder	Commonwealth Department of Social Services
Collection type	Survey
Data collection	Data set
Data availability	Published reports. The first wave of data is available, via DSS, to approved researchers from government, academic institutions and non-profit organisations.
Information units available on	Aboriginal and Torres Strait Islander identity
	Culturally and linguistically diverse status
	Disability status
	Domestic and family violence
	Sexual assault/violence

The BNLA is a longitudinal study run by AIFS which follows recent humanitarian migrants to Australia. The focus of this survey is on factors that aid or hinder successful settlement experiences. The BNLA includes socio-demographic details such as country of birth and disability status. There are a few limited and indirect questions about conflict and anger included in some data collections. In addition, an item on rape/attempted rape is in one data collection and participants were asked to reflect on their retrospective experiences of family violence when growing up in another data collection. Based on advice from an advisory group that this information was too sensitive given the target population, there is limited detailed information on domestic and family violence or sexual assault and this data source does not seem an appropriate option for further augmentation to understand the experiences of domestic and family violence and sexual assault faced by culturally and linguistically diverse women.

The Household, Income and Labour Dynamics in Australia (HILDA) survey

Data custodian	Commonwealth Department of Social Services
Funder	Commonwealth Department of Social Services
Collection type	Survey
Data collection	Data set
Data availability	Published reports. Academic and other researchers can apply to DSS to use the General Release datasets for research.
Information units available on	Aboriginal and Torres Strait Islander identity
	Culturally and linguistically diverse status
	Disability status
	Domestic and family violence
	Sexual assault/violence

The HILDA is a household-based panel study which began in 2001and collects information about economic and social well-being, labour market dynamics and family dynamics. It is funded by the Commonwealth Department of Social Services (DSS) and responsibility for the design and management of the survey is with the Melbourne Institute of Applied Economic and Social Research (University of Melbourne). The HILDA includes socio-demographic details such as Aboriginal and Torres Strait Islander identity, country of birth and disability status. The wave 1 panel consists of 7682 households and 19,914 individuals. In wave 11, an additional 2153 households and 5477 individuals and interviews were conducted annually with all adult members of each household. Funding for the HILDA survey "has been guaranteed for sixteen waves, though the survey is designed to continue for longer than this" (Melbourne Institute of Applied Economic and Social Research, 2015). Research has been recently conducted on domestic and family violence using the HILDA data including a study that examines "the relationship between personal stress, financial stress, social support and women's experiences of physical violence" (Smith & Weatherburn, 2013, p.3). This research found a strong association between "higher levels of financial and personal stress, and lower levels of social support in a given year" with "higher risk of physical victimisation in that year" (Smith & Weatherburn, 2013, p. 15). Noting that surveys like HILDA contain a great deal of information potentially relevant to understanding domestic and family violence as well as noting the limitation that it does not provide information about the nature of the victim-perpetrator relationship, there is potential for further analysis of the results of this survey to explore the experiences of domestic and family violence for diverse groups of women.

The Longitudinal Survey of Separated Families (LSSF)

Data custodian	AIFS
Funder	Commonwealth Department of Social Services
Collection type	Survey
Data collection	Data set
Data availability	Published reports.
Information units available on	Aboriginal and Torres Strait Islander identity
	Culturally and linguistically diverse status
	Disability status
	Domestic and family violence
	Sexual assault/violence

The LSSF is a longitudinal study run by AIFS involving over 10,000 participants which investigates issues about separation and the care of children when a relationship ends. Respondents are asked about whether domestic violence was a factor in their separation and whether this continued at any time post-separation and there is some information on sexual assault. Aboriginal and Torres Strait Islander status, Disability status and country of birth are all collected. The last administration of this survey was conducted in 2012, and ongoing administrations will be conducted on an ad hoc basis. The main limitation of this study is that it only relates to ex-partners. However, there is potential for further analysis of the results of this survey to explore the experiences of domestic and family violence and sexual assault for diverse groups, using existing data and one of the projects from ANROWS's Research Priorities 2014-2016 is using data from the LSSF to explore issues concerning domestic violence and parenting.

The Longitudinal Study of Australian Children (LSAC)

Data custodian	AIFS
Funder	Commonwealth Department of Social Services
Collection type	Survey
Data collection	Data set
Data availability	Published reports.
Information units available on	Aboriginal and Torres Strait Islander identity
	Culturally and linguistically diverse status
	Disability status
	Domestic and family violence
	Sexual assault/violence

The LSAC is a study that follows the development of 10,000 children and families from all states and territories in Australia. The LSAC does not include information on socio-demographic variables such as Aboriginal and Torres Strait Islander identity, country of birth and disability status (ABS, 2013c). The study commenced in 2004 with two cohorts - families with 4-5 year old children and families with 0-1 year old infants. "The LSAC has not collected direct measures of domestic violence but has included a couple of indicators since Wave 1:

1. How often is there anger or hostility between you and your partner? (Collected since Wave 1)
2. How often do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving? (Collected since Wave 1)
3. Have you ever been afraid of your current partner? (Collected since Wave 4)"

(Shin, Rogers, & Law, 2015, p. 1).

A project from ANROWS's 2014-2016 Research Priorities is using data from the LSAC to research domestic violence and parenting. In 2015, the Commonwealth Department of Social Services conducted research on domestic violence using data from the LSAC. Demographic variables were investigated to test for statistical significance, "however, only mother's and/or father's medical conditions maintained its statistically significant effects on the prediction of a mother being in the DV group in multivariate regression analysis." (Shin, Rogers & Law, 2015, p.6). Thus there is potential for further analysis of the results of this survey to explore assault for diverse groups, using existing data.

The Longitudinal Study of Indigenous Children (LSIC)

Data custodian	Commonwealth Department of Social Services
Funder	Commonwealth Department of Social Services
Collection type	Survey
Data collection	Data set
Data availability	Published reports.
Information units available on	Aboriginal and Torres Strait Islander identity
	Culturally and linguistically diverse status
	Disability status
	Domestic and family violence
	Sexual assault/violence

The LSIC is conducted by the Commonwealth Department of Social Services (DSS) under the guidance of the *Footprints in Time* Steering Committee, chaired by Professor Mick Dodson AM. The LSIC includes information on socio-demographic variables such as Aboriginal and Torres Strait Islander identity and disability status. Since 2008, LSIC data have been collected annually by Indigenous interviewers from a sample of over 1600 Aboriginal and Torres Strait Islander children and their families around Australia. The study includes 11 sites, including urban, regional and remote areas. The study involves two cohorts of Indigenous children with a target age: the first cohort was from 6 months to 2 years and from 3 and a half years; and the second cohort from 6 months to 5 years at the time of the wave 1 collection. In 2015, the Commonwealth Department of Social Services conducted research on domestic violence using data from the LSIC and it was found that remoteness was the single biggest predictor of intimate partner violence in the LSIC (Kneebone, 2015). Thus there is potential for further analysis of the results of this survey to explore the experiences of domestic and family violence and sexual assault for Aboriginal and Torres Strait Islander women.

Understanding the data gaps in the diverse experiences of domestic and family violence and sexual assault

To understand and improve data on the experiences of domestic and family violence and sexual assault for diverse groups in Australia we need to consider available information from a range of sources as well as what gaps currently exist within these. Comprehensive and reliable understandings of domestic and family violence and sexual assault as experienced by Aboriginal and Torres Strait Islander women, culturally and linguistically diverse women and women with disabilities, require:

- information on the prevalence and incidence of such violence;
- information on who is involved in violence related events including the relationship of the perpetrator(s) to the victim/survivor;
- reliable information on the Indigenous identification, cultural and linguistic and disability status of the victim/survivor and/or perpetrator(s);
- information on the impacts and outcomes of domestic and family violence and sexual assault including response behaviours of victim-survivors such as engagement with services and formal reporting;
- the provision of information that is based on a large enough sample that is representative of the particular sub-population (for survey data); and
- information that is comparable and consistent across a range of sources including, but not limited to, different data collections (adapted from ABS 2013a; Al-Yaman, F., Van Doeland, M., & Wallis, M., 2006).

In the previous section where we mapped the current Australian data landscape we identified that, while a wide range of data are currently being collected administratively and via surveys, there are numerous limitations of individual data sources and across the Australian data landscape as a whole. These limitations mean a substantial challenge remains in developing a comprehensive understanding of the experiences of domestic and family violence and sexual assault for the diverse groups. This challenge takes one of two forms:

1. current data collections (including surveys and administrative data) may not collect adequate policy and practice relevant information on the diverse experiences of violence such as information on socio-demographic status, response behaviours, for example; ***or***
2. insufficient information currently exists within data sources identified in this paper about diverse groups of women and how violence may have a disproportionate impact on particular groups.

Drawing on what we found from the Australian research landscape, mapping of the data landscape and consultation with stakeholders, this section of the paper provides a composite overview and analysis focusing on the data gaps concerning domestic and family violence and sexual assault for the diverse groups.

Understanding the data gaps

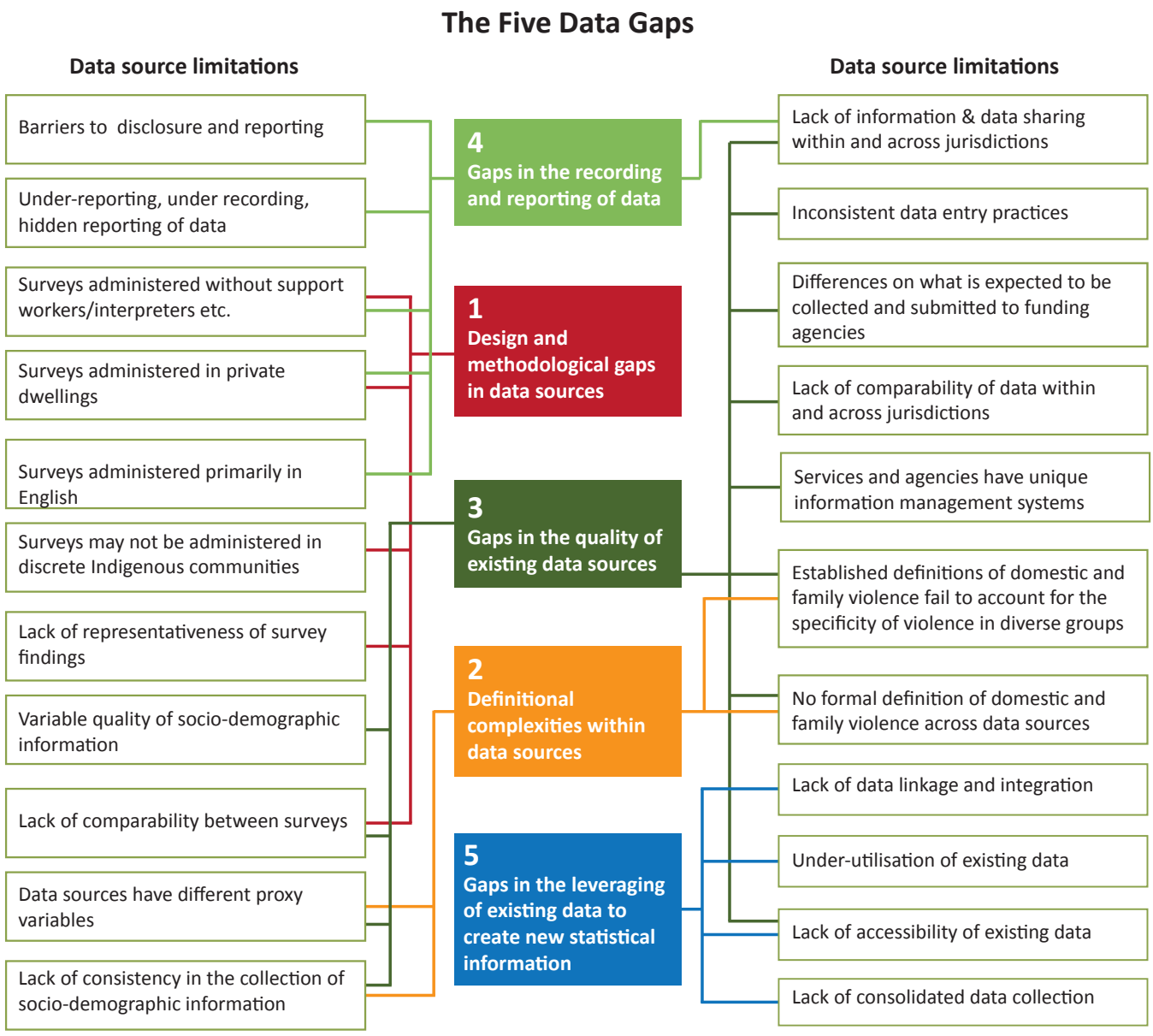
We have identified the following **five key data gaps** in the current Australian data landscape as they relate to the diverse experiences of domestic and family violence and sexual assault:

1. Design and methodological gaps in data sources.
2. Definitional complexities within data sources.
3. Gaps in the quality of existing data sources.
4. Gaps in recording and reporting of data.[55]
5. Gaps in the leveraging of existing data for the creation of new statistical information.

It should be noted that limitations in individual data sources can contribute to more than one identified data gap. For example, the lack of consistency in the demographic information (for diverse groups) and in the definition of key terms relating to domestic and family violence and sexual assault in administrative data collections contributes to both definitional complexities within data sources and impacts on data quality. Figure 13 opposite shows how the various limitations in individual data sources contribute to the larger key gaps in the Australian data landscape.

55 As demonstrated in the research mapping section of this paper, the extent of domestic and family violence and sexual assault in the different data collections analysed in the data mapping section of this paper is likely to be underestimated. This is an "under-reporting" issue. When discussing "under-reporting" in this paper, we have confined our analysis to under-reporting by victims/survivors, however we do note that under-reporting is also challenge in service provision settings and that internal and/or external barriers exist in service provision settings for the reporting of data.

Figure 13 - Key data gaps



Design and methodological gaps in data sources

The data mapping component of this project has identified a number of key limitations for various surveys and data collections in relation to the diverse experiences of violence. Many of these can be understood as a consequence of the data design and methodology, which does not allow for adequate representation of the experiences of diverse groups of women. Figure 14 below represents the limitations we have identified which contribute to design and methodological gaps in existing data sources.

Figure 14 - Data Gap I

There are identified commonalities in data design and methodological gaps (primarily in relation to existing survey data) as they relate to the diverse experiences of domestic and family violence and sexual assault. These include surveys such as the PSS and NCAS not being administered in discrete Indigenous communities; being administered primarily in English; being administered only in private dwellings; being administered without support workers/interpreters; the lack of consistent use of proxy variables across surveys; and, the use of imprecise proxy variables to capture socio-demographic and identity status. The methodological issues related to the administration of surveys has an impact on the representativeness of data reported for diverse groups of women. For example, the administration of the PSS has implications on the representation of women from a non-English speaking background and women with disabilities.

Furthermore, differences in how surveys are administered also impact on the nature of data reported. For example, sexual assault is under-reported in the ABS's crime victimisation survey compared to the PSS as the crime victimisation survey is conducted via telephone whereas the PSS uses face to face interviewing (ABS, 2013e). In addition, it has been suggested that representativeness is not a significant challenge within some surveys such as the NATSISS as it uses "a sample that is representative of the Indigenous population [and is] sufficiently large to provide robust national and state/territory estimates" (Al-Yaman, Van Doeland & Wallis, 2006, p. 123). These commonalities as well as the differences in this data gap for the diverse groups who are the focus of this project are explored below.

Aboriginal and Torres Strait Islander women

The PSS does not ask about Aboriginal and Torres Strait Islander identity, nor does it provide estimates or disaggregation for the Aboriginal and Torres Strait Islander population. The substantial ethical and methodological reasons for this are identified in the previous section. The main survey that measures physical violence (excluding sexual violence) experienced by Aboriginal and Torres Strait Islander women, NATSISS, is also administered and collected in a substantially different way to other surveys, making comparisons with other surveys impossible. Further, while the NATSISS collects information on whether a respondent was a victim of physical violence in the last 12 months, the respondent may or may not have experienced physical violence which was domestic and family violence related (ABS, 2013c). It is important to highlight that in the 2008 NATSISS there was a relatively large level of under-coverage when compared to other ABS surveys; this under-coverage, a source of non-sampling error, can "introduce bias into the survey estimates" (ABS, 2009e). Significantly, while the NATSISS provides the most reliable estimates of physical violence (actual and threatened) experienced by Aboriginal and Torres Strait Islander women, it does not collect information on the full range of behaviours that may constitute family violence (Al-Yaman, Van Doeland & Wallis, 2006, p.50).

Similarly, changes in survey methodology for the NCAS have meant that, while many of the data comparison issues including "survey mode effects" (Webster et al., 2014, p.18) have been avoided between the 2009 and 2013 versions of the survey, limited comparisons can be made between the 2009 Indigenous sample (face-to-face and convenience sampling) and the 2009 general community sample (telephone and probability-based sampling). The 2013 wave of the survey used probability-based samples which were large enough to sustain population inferences and the ability to compare between other population groups and with the general population as well as future waves of the NCAS survey. This relies, however, on probability-based samples of sufficient size being used in future survey waves (Webster et al., 2014, p.17). This is also relevant for other population groups

of interest including culturally and linguistically diverse people and people with disabilities.

Thus, the limitations of the current design and methodology (including survey administration) of existing surveys that provide the best source of data on prevalence of violence (PSS), Aboriginal and Torres Strait Islander people (NATSISS), and community attitudes to violence against women (NCAS) suggest that these should not be the only sources of data making for meaningful inferences on the lived experience of domestic and family violence and sexual assault as experienced by Aboriginal and Torres Strait Islander women.

Culturally and linguistically diverse women

Culturally and linguistically diverse women with insufficient English skills are not likely to be able to participate in the main survey that measures violence for this group (PSS), meaning that the survey may not necessarily indicate the true prevalence of domestic and family violence and sexual assault for this group. Furthermore, the use of "country of birth" as a proxy variable has limitations. This is also not a straightforward proxy, considering for example that Canada's official language is French, and South Africa's main language is English. In an increasingly multicultural world, being born in a particular country is not always an indicator that a person is a member of that country's dominant culture, that they have lived there for an extended period of time, or that they share ancestry with others who live there. As the PSS does not collect information (for persons born overseas) about whether the violence occurred while the person was living in Australia or whilst they were living overseas, it is difficult to ascertain robust information on the incident of the violence being reported.

Methodological issues also exist in the data reported on cultural and linguistic diversity in the NCAS. For example, in the 2009 wave of the NCAS, a telephone survey using convenience sampling of 2501 persons was conducted with those who were born in, or had a parent born in, Italy, Greece, China, Vietnam or India; a choice reflecting an interest in gauging differences in attitudes to violence between established communities and recently arrived communities. The 2013 wave of the NCAS adopted an updated methodology with dual-frame design using probability-based sampling and telephonically interviewed 3443 people (including both people born in, or with a parent born in a non-main English speaking country). This allowed population-based inferences to be drawn and comparisons to be made across different groups and different waves of the survey. While this has substantial benefits as discussed above, and is the best available option for the purpose, there are threats to research reliability and validity when applying tools and methods cross culturally, which the researchers mitigated but could not eliminate (Webster et al., 2014, pp. 208-212).

Thus, the limitations of the current design and methodology (including administration) of existing surveys that provide the best source of data on prevalence of violence (PSS) and community attitudes to violence against women (NCAS) suggest that these should not be the only source of making meaningful inferences on the lived experience of domestic and family violence and sexual assault as experienced by culturally and linguistically diverse women.

Women with disabilities

The PSS does not collect data about experiences of violence for women with disabilities who live in non-private dwellings (such as institutional settings, residential care facilities, group homes). The procedure for the PSS requires that interviews are conducted in a private setting to maximise safety and confidentiality for the respondent (ensuring that potential perpetrators are not in the room) and help ensure data integrity. As data on experiences of violence has not been collected about this population in the full range of settings in which they reside, the quality of the data related to women with disabilities has limitations. Moreover, if an individual has a disability which limits participation in the survey, the procedures for the PSS do not allow for a friend, family member, carer or interpreter to assist them in completing the survey. The ABS is aware that this is likely to reduce the number of interviews conducted with individuals who have severe or profound activity or communication limitations.

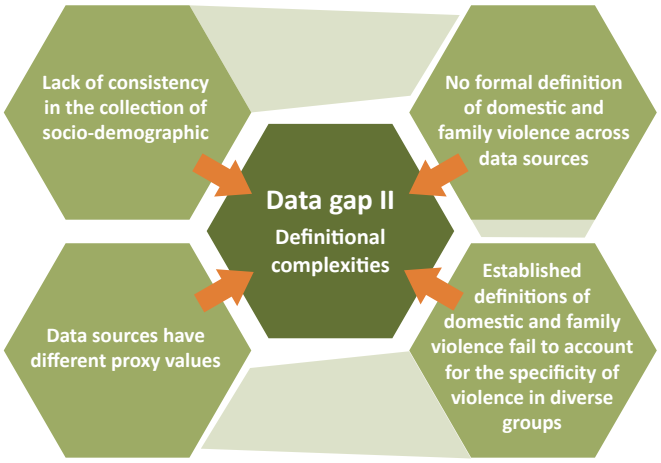
While the PSS does provide some information about violence experienced by people with disabilities, it does not give a true picture of prevalence and the quality of the data related to this population has limitations with violence against women with disabilities likely to be under-represented (Cox, 2015b; Howe & Hargrave, 2014). The Survey of Disability, Ageing and Carers (SDAC) sampling frame is more representative of people with disabilities than the PSS since it includes people in more of the settings in which they reside. However, the SDAC also excludes people in very remote areas, people living within Indigenous Community Frame (ICF) Collection Districts (comprising around 10% of households in the Northern Territory), and people living in gaols or correctional institutions. Although the SDAC does provide the best available data on people with disabilities, it does not measure domestic and family violence and sexual assault.

Thus, the limitations of the current design and methodology (including survey administration) of the two best sources of data on prevalence of violence (PSS) and people with disabilities (SDAC) suggest that these should not be the only source of making meaningful inferences on the lived experience of domestic and family violence and sexual assault as experienced by women with disabilities.

Definitional complexities within existing data sources

One of the challenges that we have identified is the lack of definitional consistency and complexity around the terms "Aboriginal and Torres Strait Islander" "culturally and linguistically diverse", "disability" and, indeed, "domestic" and "family" "violence" and even "sexual assault". Figure 15 below represents the various limitations we have identified that are contributing factors to definitional complexities within existing data sources.

Figure 15 - Data Gap II



Definitions and mechanisms for identifying members of each of these diverse groups can differ across services, surveys, and between jurisdictions. These definitions may also inadequately align with preferred ways of identifying or describing themselves for people who are members of these groups. Relatedly, through the stakeholder consultations it emerged that the collection of demographic information in administrative data is inconsistent within and across jurisdictions. While many national data collections do collect data on demographic status, this varies from source to source. For example, while Indigenous status is a mandatory item to be recorded in the Community Legal Services Information System, it is not collected in other datasets such as the ABS Recorded Crime Victims collection or the ABS Criminal Courts collections (Al-Yaman, Van Doeland & Wallis, 2006, p.122).

Definitions on what constitutes domestic and family violence and sexual assault also vary with different definitions in legislation across jurisdictions as well as between data collections. As noted by the ABS in their exploration of this definitional challenge, "there (is) no single, agreed definition for family, domestic and sexual violence" across Australia (ABS, 2013b). Rather, different definitions and understandings are used across Australia and are shaped by the context in which such definitions are used, the perspectives of different stakeholders who are using the definitions, and the purpose of the definitions (e.g. legislation, policy, service provision and advocacy).

Forms of violence that the diverse groups may experience exclusively or disproportionately in comparison to the general population (e.g. lateral violence against Aboriginal and Torres Strait Islander women, forced marriage in culturally and linguistically diverse communities, gendered disability violence in institutional settings), contribute further to these challenges of definition. In particular, it may be difficult to capture these experiences within established and mainstream definitions of violence, especially in legislative or service provision contexts. Thus, the ABS advises that "one of the key challenges in measuring family, domestic and sexual violence lies in the complexity of the behavioural acts, relationships and situations that can be considered" (ABS 2013a). The commonalities as well as the differences in this data gap for the diverse groups who are the focus of this project are further explored below.

Aboriginal and Torres Strait Islander women

The Indigenous Status Standard (ISS) based on the Standard Indigenous Question (SIQ), was adopted in ABS collections in 1996. The SIQ is used in other key data collections and information systems and is periodically reviewed by the ABS and it is important to note that from a statistical perspective the ABS' ISS is based on self-identification only. A review in 2013-14 found that, while there was some acknowledgement that the SIQ wording was not optimal, it was fit for purpose and has wide applicability across sectors and statistical collections. As such, the ABS continues to work with data collectors and custodians to promote its implementation. The collection of information about Aboriginal and Torres Strait Islander identification is close to universal, and has become the norm across the vast majority of services and agencies consulted in this study. If similar normative changes in attitudes relating to the importance of capturing information about disability status and cultural and linguistic diversity status were to occur, this would result in improvement of the data. Nevertheless, challenges remain in the consistency and reliability of this data due to how the SIQ or confirmation of heritage criteria are implemented, responded to, and/or used in practice within organisations collecting survey or administrative data.

Through the stakeholder consultations we identified that demographic data on Aboriginal and Torres Strait Islander identification are not consistently collected across all surveys and services. Some services, for example, only ask for this information if it is considered relevant to treating trauma or providing other services. It may not be possible to prioritise data collection for those who work in a front line capacity at

the point of contact due to immediate trauma or danger (e.g. police, ambulance, and hospital data). Further, mainstream definitions of violence in legislation and service provision may not capture the specificity of domestic and family violence and sexual assault against Aboriginal and Torres Strait Islander women (e.g. extended family violence and lateral violence).

Culturally and linguistically diverse women

> "The culturally and linguistically diverse (CALD definition) is really difficult for data capture and collection. You can be born in Australia but still be CALD, the definition needs to pick this up. We have translators in different languages but there is still a difficulty in getting people from CALD communities to participate."
>
> Specialist data agency stakeholder

> "There are two issues here relevant to the evidence base- what we need to collect and what we would like to collect. We need to collect: ethnicity, language spoken at home, level of English proficiency, visa status, level of education, religious beliefs, date of arrival in Australia. We would like to collect- how women arrived in Australia."
>
> Culturally and linguistically diverse community services stakeholder.

There is no single definition of "cultural and linguistic diversity" in Australia, which is why the ABS created standards for statistics on cultural and linguistic diversity that act as proxies for identifying culturally and linguistically diverse women. This standard (ABS, 1999) defines a minimum core set of four characteristics and a further eight characteristics to identify a survey respondent as culturally and linguistically diverse. The minimum core consists of:

- country of birth;
- main language other than English spoken at home;
- proficiency in spoken English.[56]

Despite the available standard and the presence of a minimum core of characteristics, the collection of specific demographic information units for culturally and linguistically diverse communities was identified by stakeholders as a key gap in domestic and family violence and sexual assault data. The majority of stakeholders identified that demographic data are inconsistently collected, meaning the ABS Standard is not being applied. This has led to data collections with inconsistent proxies for culturally and linguistically diverse status, making it difficult or impossible to combine or compare data sources. Additionally, stakeholders emphasised the limitations of collecting country of birth demographics without also collecting self-identified cultural or ethnic background, stating that a person's cultural and ethnic identity may not be accurately represented by their country of birth. Several stakeholders also identified the lack of data collection on education level and visa status and emphasised the need to disaggregate beyond "culturally and linguistically diverse" so that the data are more relevant to specific communities.

Stakeholders also expressed concerns about current definitions of domestic and family violence and sexual assault which may exclude specific forms of the types of violence experienced by culturally and linguistically diverse women. Stakeholders stated that violence is not limited to intimate partners but is also perpetrated by wider family members and that this violence can include threats being made against family members overseas, early and/or forced marriage, and different understandings of what constitutes domestic and family violence and sexual assault. For example, for some women there is no concept of marital rape in their country of origin. This does not appear to be a "different form" of violence as such, but rather different understandings of violence which may occur in any community.

Women with disabilities

> "As a legal service we collect data on disability status of our clients. We use self-identification criteria. The challenge is that some women will not disclose disability and sometimes intake workers discover this through the assessment process. Added to that is the challenge that often disability won't be identified for a long time".
>
> Legal services stakeholder

There is no nationally consistent definition of "disability" or method of categorising the severity of different types of disabilities in Australia. Stakeholders identified a number of best practice approaches to ameliorate this definitional challenge, including self-identification and using a human rights based approach, which uses a definition outlined within the United Nations Convention on the Rights of Persons with Disabilities, and applies a social model to disability which focuses on the need to remove environmental barriers that prevent people with disabilities from fully participating in society. A number of stakeholders expressed concerns about current definitions of domestic and family violence which may exclude some women with disabilities, particularly those in institutional settings and how domestic and family violence is largely equated with intimate partner violence, which excludes violence that is perpetrated by someone other than an intimate partner or violence perpetrated within non-private dwellings. Several stakeholders emphasised the need for domestic and family violence to be understood

56 "The fourth core characteristic is Indigenous status, which the ABS acknowledges should only be used in data collections that are not focused on immigrant populations".

as gendered disability violence which would include violence experienced by women with disabilities living in non-private dwellings such as institutional settings:

> "We really need to rethink the concept of 'domestic' in domestic violence in relation to women with disabilities. It's not family violence, but it's still happening in your home- where you live… At present the term 'domestic' doesn't cover kinship living, it doesn't cover group houses or boarding houses. It doesn't cover those sorts of neighbourly or other informal arrangements. It doesn't include somebody who might be of no relation to you whatsoever, but who does your care for you. However, the violence… is still gender based power and control. Then you're overlaying it with disability exploitation. So it is gender based violence where a woman's disability is used as a weapon."
>
> Disability services sector stakeholder

> "We need to be really aware of the terminology that we're using and how it excludes women with disabilities. We live in an able-ist culture and our social institutions are underpinned by an able-ist understanding and approach. This construct systemically discriminates against, excludes and makes invisible, women with disabilities. The use of domestic and family violence fits within this construct. This terminology is largely understood to mean intimate partner violence, which excludes women with disabilities who live in institutional settings as well as women with disabilities who experiences different types of violence and from people who aren't intimate partners, for example forced sterilisation and forced abortion and violence perpetrated by paid or unpaid carers and support workers."
>
> - Disability services sector stakeholder

This broader nomenclature of gendered disability violence can be more inclusive of the specificity of violence experienced by women with disabilities.

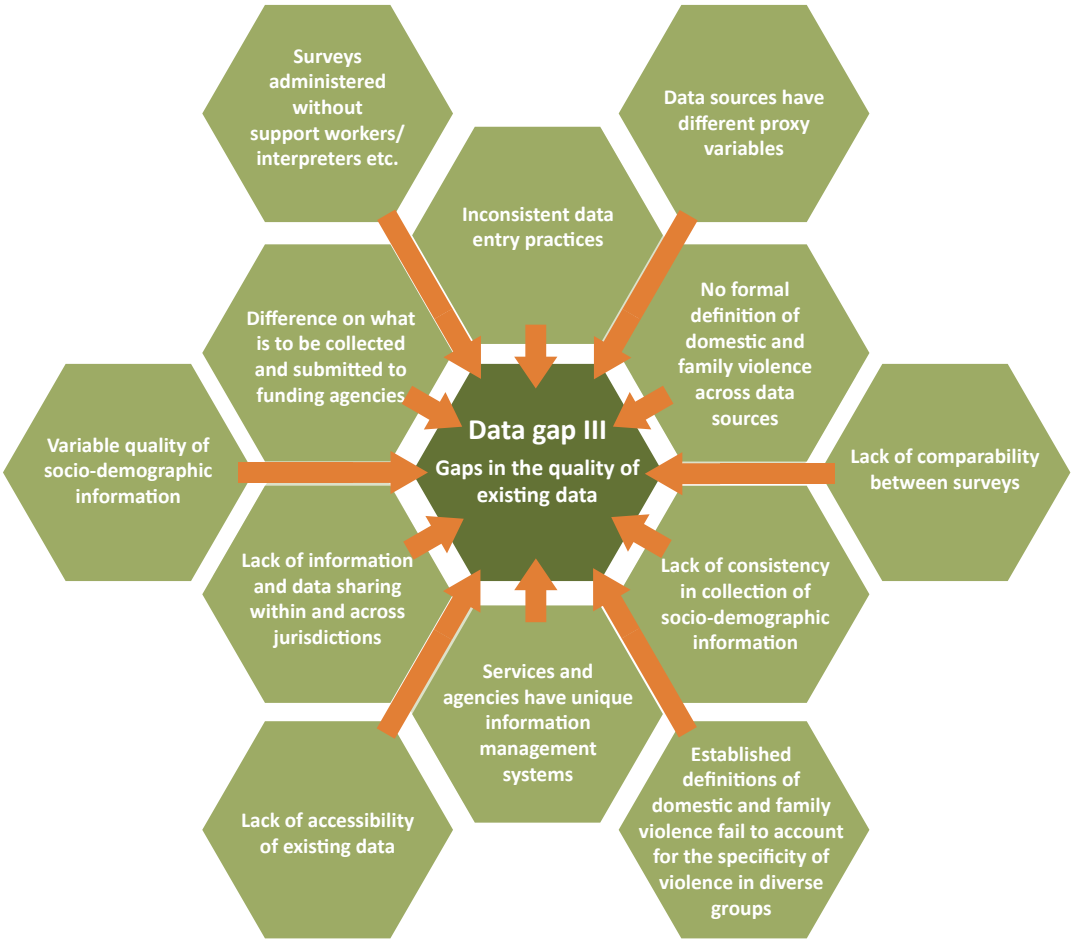
Gaps in the quality of existing data

A multidimensional concept, data quality is "generally accepted as a 'fitness for purpose' concept, where data is assessed with reference to its intended objectives or aims" (ABS, 2009a). The ABS Data Quality Framework is comprised of seven dimensions of quality, which are:

Dimensions of quality	Description
Institutional environment	Institutional and organisational factors which may have a significant influence on the effectiveness and credibility of the agency producing the statistics.
Relevance	How well the statistical product meets the needs of users in terms of the concept(s) measured, and the population(s) represented.
Timeliness	The delay between the reference period (to which the data pertain) and the date at which the data become available; and the delay between the advertised date and the date at which the data become available (i.e. the actual release date).
Accuracy	The degree to which the data correctly describe the phenomenon they were designed to measure.
Coherence	The internal consistency of a statistical collection, product or release, as well as its comparability with other sources of information, within a broad analytical framework and over time.
Interpretability	The availability of information to help provide insight into the data. Information available which could assist interpretation may include the variables used, the availability of metadata, and including concepts, classifications, and measures of accuracy.
Accessibility	The ease of access to data by users, including the ease with which the existence of information can be ascertained, as well as the suitability of the form or medium through which information can be accessed. The cost of the information may also represent an aspect of accessibility for some users.

Figure 16 represents the limitations we have identified that are contributing factors to gaps in data quality in existing data sources:

Figure 16 - Data Gap III



We have discerned the degree of **coherence** of existing data to understand the diverse experiences of domestic and family violence and sexual assault is a limitation in the design of surveys and within administrative data. This is particularly in reference to the lack of comparability between data sources. Data on violence from the crime victimisation survey and NATSISS, for example, are not directly comparable to the PSS. The lack of comparability is further exacerbated by the fact that waves of surveys may in themselves not be comparable. For example, while many key data items in the 2008 NATSISS survey are "the same or similar to those in the 2002 survey, there are differences in the sample design and coverage, survey methodology and content, definitions, and classifications, all of which may impact on comparability" (ABS, 2009b).

In administrative data, individual data items on domestic and family violence and sexual assault vary between data collections. For example, while there are data items in Tasmania's Family Violence Management System (FVMS) on access or referrals to formal support services, similar data items are not recorded in the ACT's and Northern Territory's Police Real Time Online Management Information System (PROMIS). This makes comparing information on victims'/survivors' response behaviours across jurisdictional policing data a challenge. Further, the lack of consistency in collection methods across jurisdictions (for example in reference to health screening administrative data or policing data) have the potential to affect data quality at the national level.

Stakeholders identified the **accessibility** of national data collections through data agencies' websites as a particular challenge for professionals aiming to access information on diverse experiences of domestic and family violence and sexual assault. Though responses varied (particularly from community

sector and academic stakeholders) on the accessibility of existing data, stakeholders found the ABS website particularly challenging to navigate, while many commended VicHealth for its approach to knowledge translation and exchange particularly in communicating survey findings including distribution of hard copy reports. Some community sector stakeholders emphasised that the challenges associated with finding relevant information from these datasets provided an added burden for already under-resourced organisations and highlighted the need to improve accessibility of nationally collected data.

With regards to the **institutional environment** data quality issue, stakeholders identified limitations in the collection and sharing of service level data**.** Stakeholders identified the lack of standardisation of the collection of service level data and lack of methods for sharing data across agencies and services as a particular challenge for their practice, as captured in the following stakeholder quote:

> "Most of our criticisms are less about data collection systems but about the data sharing and the lack of a common platform. Not all jurisdictions have a common database. In Victoria you have the family violence database, in recognition of the problems of having lots and lots of different datasets that don't speak to each other and this brings it all together in one report. So it looks at police data, SHS data, hospital data, counselling system data and courts. It's really useful as it does disaggregate by population group. But, it only comes out once every four or five years or something and it's losing its utility for us because it's getting a bit old. It seems to be that every time they publish a report from it, they have to go back and get the project refunded. So it may be that it's not even on a regular basis."
>
> Domestic and family violence services stakeholder

Similarly, stakeholders identified the **relevance** of existing data collection mechanisms as a challenge for policy and practice. Some stakeholders raised concerns about the relevance of national databases, not specifically designed to capture information on the domestic and family violence and sexual assault, to collate data from specialist domestic and family violence services:

> "The homelessness dataset is hugely problematic because it's basically a homelessness measurement tool and yet it's the only tool that collects administrative data on domestic and family violence. It doesn't collect information about risk. It doesn't allow for us to collect the kinds of data that we would collect if we had a specific client management system that was designed for our cohort of clients. The problem is that we're using a tool that's essentially not designed for working with our cohort."
>
> Domestic and family violence services stakeholder

This data gap for the diverse groups who are the focus of this project is explored further below.

Aboriginal and Torres Strait Islander women

One of the key data quality gaps we identified for Aboriginal and Torres Strait Islander women is accuracy of reported data or the correct use of Indigenous identity in national data collections. For example, the AIHW noted in 2006 that the standard ABS question on Indigenous identity is used by most, but not all, hospitals. "In some hospitals the category 'not stated/ inadequately described' is not included in the electronic data systems. As a result, all instances of 'not stated/inadequately described' Indigenous status default to the 'neither Aboriginal nor Torres Strait Islander' category. This results in an 'under-identification of Indigenous people and the false impression that the proportion of not stated responses is low' (Al-Yaman, Van Doeland & Wallis, 2006, p.63). The ability of health data to assist with an understanding of domestic and family violence against Aboriginal and Torres Strait Islander women was a particular challenge that also emerged in the stakeholder consultation:

> "Health data collection is an issue. Health collect via an electronic admitted patients' system, an outpatients' system and an emergency department system – most use a centralised data collection but not all. They code injury type, where the injury occurred, there is a field for whether there was a weapon involved and various other things like this. It's not always well completed, it's mainly voluntary information. Health also have a specific Indigenous data field. Theoretically it is compulsory to ask the Indigenous status question but it is not well populated."
>
> Jurisdictional stakeholder

Quality of data on Indigenous identity has been flagged as an issue in other data collections including the National Homicide Monitoring Program which does collect information sourced from police records on the relationship of the perpetrator to the victim, as well as information on the Indigenous status of the perpetrator (Al-Yaman, Van Doeland & Wallis, 2006). Overall, it is noted that the current quality of information on domestic and family violence as it relates to Indigenous identity in many data sources is of some concern.

Culturally and linguistically diverse women

One of the key data quality gaps we identified for culturally and linguistically diverse women is that the ABS standard for identifying culturally and linguistically diverse women is not applied consistently and is at times not used, so information on cultural and linguistic diversity is not collected. Differing levels of available information on culturally and linguistically diverse status in national data collections mean researchers

are unable to draw conclusions on violence against culturally and linguistically diverse women. Where the ABS standard is applied, it is often applied inconsistently between data sources and the proxy variable used to identify culturally and linguistically diverse women is different across data sources which impacts on data quality and comparability between sources. Non-government community services stakeholders identified that women are asked about cultural and linguistic diversity at the point of contact, but they are asked in inconsistent ways within and across jurisdictions. This is either due to the ABS standards not being known or not being implemented. This impacts on data quality because information about a person's status may be inaccurately identified and recorded. Changes to reporting requirements and differences in what is required to be reported to funders also impact on data on cultural and linguistic diversity as captured in the following quote:

> "[R]equirements for reporting no longer include the number of service users who come from Aboriginal and Torres Strait Islander backgrounds, nor those from culturally and linguistically diverse backgrounds. Previously, we had been obliged to record (self-identified) people from these backgrounds, and report on numbers of service users under these categories. In fact, we have continued to record these details on our intake form, but no longer pass on this information. My concern is that the incidence of diversity being lost. This will be difficult to redeem later."
>
> Domestic and family violence services stakeholder

There are also differences in the proxy variables that surveys and administrative data use to capture cultural and linguistic diversity which makes it a challenge to compare data on violence between these two data sources. Data quality in homelessness collections are in particular need of improvement for culturally and linguistically diverse communities and "the increasing numbers of refugees and asylum seekers seeking assistance through specialist homelessness services" means that "the weighting for culturally and linguistically diverse groups is not likely to be adequate to recognise the complexity of working with this group" (Mission Australia, 2013, p.6). As of 2013, data custodian AIHW are considering enhancements to indicators in the Specialist Homelessness Services collection which will have a positive impact on data quality on culturally and linguistically diverse women's experiences of domestic and family violence related homelessness. This includes active consideration to indicators on immigration and visa status (Neideck, 2013). Other data quality issues identified by stakeholders are the quality of jurisdictional policing data and the insufficiency of the current cultural and linguistic diversity indicator in the National Homicide Monitoring Program (NHMP) for analysis of domestic and family homicides involving culturally and linguistically diverse women. Lastly, barriers to reporting violence that culturally and linguistically diverse women face include difficulty in understanding terms such as "victims" or "crime" used in survey instruments or used in service provision, which may not be perceived in the same manner by culturally and linguistically diverse communities and contribute to data quality issues.

Women with disabilities

One of the key data quality gaps we identified for women with disabilities is the adequacy and relevance of national data collections to provide data on the types of violence specifically experienced by women with disabilities. As we have identified, a number of existing data sources do not currently report information on disability status. For example, information on disability of either the child or parent/s is not provided in the Child Protection Minimum Dataset "despite a commitment to do so under the National Framework for Protecting Australia's Children" (Kavanagh & Robinson, 2015). Furthermore, the Survey of Disability, Ageing and Carers *does* include people with disabilities within institutional and other care settings, however, it *does not* collect information on their experiences of violence and includes a limited number of questions about whether the participant felt safe within their home. As data have not been collected about this population in the range of settings in which they reside, the quality of the data related to this population has limitations, and violence against women with disabilities is likely to be under-represented (Cox, 2015b; Howe & Hargrave, 2014). Accessibility of data on violence experienced by women with disabilities has also been identified elsewhere as a key data quality gap. For example, Women with Disabilities ACT highlight that the current pricing and conditions of access to disability data denies access "to individuals and entities that work in a voluntary capacity to benefit the community" (Women with Disabilities ACT, 2014, p.8).

Gaps in recording and reporting of data

Attempts to collect robust information on the diverse experiences of domestic and family violence and sexual assault are in many ways dependent on formal disclosure or recording of the incident. Figure 17 represents the limitations identified in the previous section of this paper that contribute to gaps in recording and reporting data for violence experienced by diverse groups of women.

The ABS (2013b) notes that the recording and reporting of domestic and family violence and sexual assault are affected by:

- **Under-reporting**: the total number of victims and the total number of perpetrators may not be captured in data as many incidents are not reported to the police or other formal sources.
- **Hidden-reporting**: occurs when services are sought or an incident is reported but a disclosure of domestic and family violence and sexual assault is not made.
- **Under-recording**: occurs due to variations in recording incidents by authorities or services. May include the possibility of incorrect classification of the incident, "such as when a victim presents as a general assault victim and a judgement is made by the individual making the record about the nature of the incident" (ABS, 2013b).

Notwithstanding the issues associated with data reporting and recording, there are also barriers that prevent victims/survivors of domestic and family violence and sexual assault from disclosing incidents and seeking formal help. Women from diverse groups face several specific barriers to reporting domestic and family violence and sexual assault and accessing support services as previously reported which include a lack of awareness of their rights or recognition of their experience as violence, a lack of accessible and appropriate services, and concern about their children being removed. Women from the diverse groups may also face communication challenges when reporting violence and accessing services. Further, Aboriginal and Torres Strait Islander women and culturally and linguistically diverse women may both experience fear of being isolated from their communities and a distrust of authorities. These barriers to reporting incidents affect our ability to fully capture the nature, extent and impact of violence experienced by the diverse groups of women.

Figure 17 - Data Gap IV

Gaps in the leveraging of existing data for the creation of new statistical information

Although jurisdictions are increasingly moving towards integrated service provision for women who have experienced violence (Breckenridge, Rees, valentine & Murray, 2015, p. 1), data on the diverse experiences are currently not similarly integrated or linked and this presents a key challenge. Figure 18 represents the gaps in the leveraging of existing data for the creation of new statistical information to understand violence experienced by diverse groups of women.

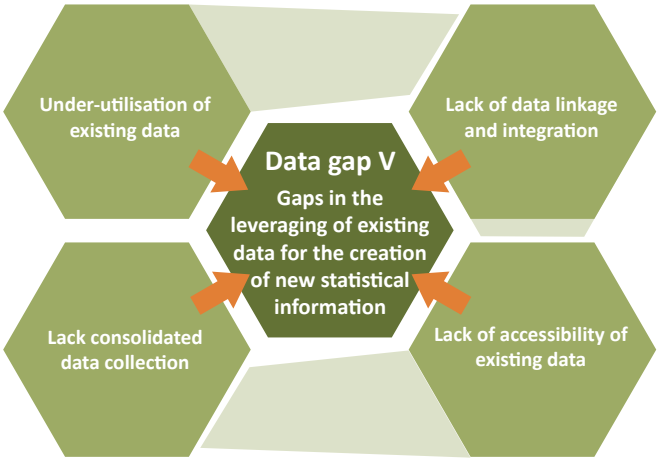
A key finding from this paper is that there are gaps in the leveraging of existing data to improve our understanding of diverse experiences of domestic and family violence and sexual assault, including in the use and analysis of existing data. Information on which data elements are common across surveys and administrative data collections, and whether data can be linked for the creation of new statistical information, are further gaps identified by stakeholders. The stakeholder consultations revealed that, despite numerous data sources on the diverse experiences of domestic and family violence and sexual assault, data are rarely integrated or linked between existing sources despite the need for comparability of rates, estimates and findings across sources. The lack of secondary use of already linked administrative data and further data linkage were also identified as key limitations:

> "I'd be more keen to look at jurisdictional level data sets. I think national data sets are great, but if you're looking at what you need for your particular jurisdiction, it's more about the data you can collect. We need some consistency across data sets so we can start to match. We need to be more mindful in terms of using the same definitions when we're collecting data within jurisdictions. It's all about getting that kind of consistency at a jurisdiction level and you would hope at a national level that consistency would flow through. One of the biggest barriers is that currently it's kind of like matching oranges and apples."
>
> Jurisdictional stakeholder

> "Being a legal practice we've got data management services for a data records, it's called CLSIS. All of the other community legal centres use this database as well. Even within the different legal services we don't access each other's data but we provide information back to the funders. What they [funders] are beginning to do is provide some de-identified data to all of the services on the advice that different services are providing. That is helpful."
>
> Legal services stakeholder

While we have already identified the lack of standardisation of the collection of service level data and lack of methods for sharing data across both agencies and services as a data quality issue, this is also an issue which relates to the lack of robust data sharing. In particular, siloed service provision and a lack of information sharing within and across jurisdictions and agencies was identified by stakeholders as a key challenge of the current data landscape as captured in the following quote:

Figure 18 - Data Gap V



> "Service provision itself is really siloed. In sexual assault service provision, the referrals and crossover from mental health and drug and alcohol services, homelessness services and prisons is actually really huge. So you've got this issue that violence just permeates through a whole heap of areas in someone's life, without the capacity of recognising that systems need to work better together in order to assist somebody. You've got it in different policy frameworks as well, mental health is deficit modelled and conservatively health driven instead of looking at the whole of someone's health. Drug and alcohol services do not necessarily recognise that the health burden of drug and alcohol use in the community is also related to the health burden of untreated trauma. So there's not those crossovers that happen in data collection in a useful way that could actually mean better outcomes for somebody."
>
> Sexual assault services stakeholder

Data integration, data linkage and the leveraging of existing data sources to create new statistical information offer a powerful resource for decision-makers. Despite the policy emphasis on integrated responses to domestic and family violence and sexual assault across jurisdictions, the potential for integrated data and leveraging of existing data to support policy and practice is not currently being realised. Specifically, longitudinal data, which track individual pathways and allow decision-makers to go beyond describing the extent of a problem to develop understanding of how and why problems occur and what is likely to help, is currently underutilised in the Australian data landscape.

Aboriginal and Torres Strait Islander women

The Lowitja Institute notes that it is important to learn about the "challenges and opportunities for combining Indigenous population-level data across jurisdictions and collaborations to investigate important policy questions such as the developmental pathways increasing and decreasing risks for involvement with the justice system" (The Lowitja Institute, 2013, p.13). Lovett's (2013) research has shown that as a substantial component of previous research involving Aboriginal and Torres Strait Islander people in Australia has been concerned with under-reporting of Indigenous identity in administrative data, data linkage is currently not being utilised to its full potential to better understand socio-economic and health issues of importance to Aboriginal and Torres Strait Islander people. He suggests that data linkage can work in three ways to support health research in Aboriginal and Torres Strait Islander communities: compare Indigenous identity data across data sets (such as under-reporting in hospital data, registry data); compare Indigenous identity and non-Indigenous status "on outcome variables of interest" and; "exclusively select Aboriginal and Torres Strait Islander people from data sets to study particular variables and link this with other datasets" (Lovett, 2013).

Culturally and linguistically diverse women

Data from the Commonwealth Department of Immigration and Border Protection (DIBP) which quantifies group numbers entering Australia via different pathways is available. Many visas have specific conditions that are relevant to culturally and linguistically diverse women's experience of visa-related domestic and family violence and sexual assault (Australia. DIBP, 2015a; 2015b). These data are currently not harnessed to their full potential.

Women with disabilities

Data collected by DSS through the National Disability Abuse and Neglect Hotline is currently not analysed and released back to the advocacy and services sector to inform practice or policy. There is also scope for expanding the Disability Services National Minimum Data Set (DS NMDS) to include the collection of data on referrals between Disability Services and domestic and family violence and sexual assault services to support consistency of service level.

Moving forward: Improving information and data on the diverse experiences of domestic and family violence and sexual assault

Developing evidence-based policy and best practice responses to the diverse experience of family and domestic violence and sexual assault is dependent on good quality, consistent and reliable information, including data. A long term commitment to fit-for-purpose data collection and analysis is crucial to ensuring systemic change and improvement in policy and practice which are important elements in the realisation of the National Plan's vision of an Australia free of domestic and family violence and sexual assault.

> **"The collection and dissemination of data on the prevalence and incidence of various forms of violence against women, as well as on the causes and consequences of such violence, is the starting point for developing effective mechanisms, at the policy level, for eradicating this phenomenon."**
>
> **United Nations, 2014, p. 2**

Options for improving data and information

The ABS has noted that there are two ways by which the evidence base on domestic and family violence and sexual assault can be improved through data; "the first is to build new surveys that are specific to a topic, and the second is to augment existing administrative data holdings" (ABS, 2013a). A consistent finding throughout this project has been that strengthening the utility of existing data, either through augmenting existing surveys and administrative data or better use of existing data for the creation of new statistical information, is preferable to building new surveys to improve the evidence base on diverse experiences of domestic violence and family violence and sexual assault. This is due to the substantial cost, time, effort and complexity that would be required to develop and implement new national surveys and the capacity and potential for existing data collections to be strengthened for this purpose. As the ABS notes "the augmentation of existing datasets is the key to making substantial gains in improving the evidence base and transforming data into statistical information that is fit for a number of different purposes" (ABS, 2013a). This applies as much to the information specific to the diverse groups, as it does to the broader domestic and family violence and sexual assault data landscape.

Improving the evidence base is a long-term commitment and data and research on domestic and family violence and sexual assault for diverse groups will need continued enhancement over the life of the National Plan and beyond. The National Data Collection and Reporting Framework (DCRF) provides important foundational work for this purpose. Working towards consistent definitions and collection of administrative and survey data paves the way for nationally consistent and comparable data, facilitating a shared understanding of violence, and allowing for enhancements to a robust evidence base. Implementation of the DCRF is a longer term goal, meaning that short and medium term options for improvement are provided here. The following discussion touches upon the nature and challenges concerning these options. While we have undertaken an internal

matrix exercise in this section to provide an initial, tentative indication of costs and implementation time for the options for improvement identified, a more thorough exploration of the level of resourcing and investment required to implement the proposed options was not possible within the scope or timeframes of this project and would need further exploration in considering implementation.

We have thus far highlighted **five key data gaps** in the current Australian data landscape as they relate to diverse experiences of domestic and family violence and sexual assault:

1. design and methodological gaps in data sources;
2. definitional complexities within data sources;
3. gaps in the quality of existing data sources;
4. gaps in recording and reporting of data; and
5. gaps in the leveraging of existing data for the creation of new statistical information.

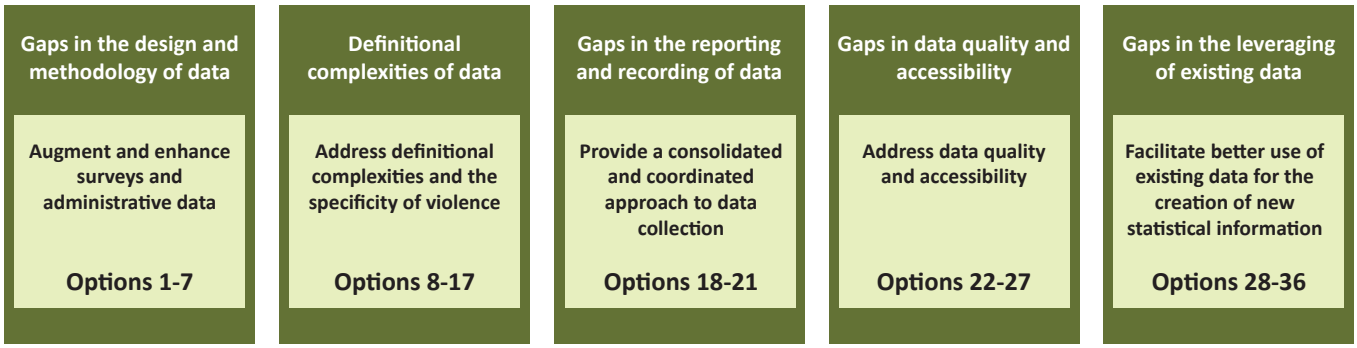
Based on the limitations we identified in the overview of research, these five data gaps, and stakeholder consultations we have discerned **five key themes** and **36 specific options** within those themes for improvement. The five key themes for improvement are:

1. **augment and enhance** existing surveys and administrative data;
2. **address** definitional complexities in data and the specificity of the diverse experiences of violence;
3. **address** data quality and accessibility;
4. **provide a consolidated and coordinated approach** to data collection; and
5. **facilitate the better use of existing data** for the creation of new statistical information.

Figure 19 represents the relationship of the five key data gaps to the five key themes for improving data on the diverse experiences of domestic and family violence and sexual assault; and the specific options for improvement.

Each key theme for improvement is explored under three sub-sections: an overview of the theme; the challenges in implementing the options presented under the theme; and then specific options for data improvement for the diverse groups.

Figure 19 - Relationship of data gaps to data improvement



Augment and enhance existing surveys and administrative data

Overview

In this paper we explored how existing national survey instruments such as the PSS are known to be limited in their ability to collect robust information on the specified diversity groups for a number of reasons (see previous sections). The ability of existing survey instruments to robustly assess prevalence, demographics and response behaviours for diverse groups and key sub-populations from these groups is limited. Nonetheless, the PSS in particular is also considered to be "the foremost indicator of family violence prevalence and is of critical value for departments, agencies and funded services engaged with family violence" (State of Victoria. Royal Commission into Family Violence, 2016, vol.6, p. 144). Australia also has a wealth of administrative data on the diverse experiences of domestic and family violence and sexual assault in sources collected by policing, criminal justice, health, and non-government community services, however these have a number of limitations as we have previously identified.

The challenge

Augmenting and enhancing existing surveys and administrative data collections may be a complex and lengthy process which requires: considerable developmental work; modification of IT systems, including potential re-development; adjustments to existing reporting systems updating manuals; testing processes; and workforce training. The cost and level of resourcing required to augment and enhance existing surveys and data collections comparative to its value is, however, modest compared with the establishment of a new national survey or dataset.

It is, nevertheless, also important to highlight the various challenges associated with introducing augmentations to large scale, household surveys. To demonstrate the extent of these difficulties, we will examine how the PSS (a large, high quality survey which is designed to be representative) is unable to be augmented sufficiently to create a representative sample of smaller populations, including the three diverse groups which are the focus of this paper.

The ABS has advised ANROWS of the challenges of augmenting the PSS to include discrete Indigenous communities, noting that their current exclusion from the PSS sample is based on a range of intractable factors. Due to the need for the PSS to be enumerated by personal interview (an international best practice in victimisation research methods), the resources involved in operating in discrete Indigenous communities will likely remain impractically high.[57] The ABS is also extremely conscious of burdens on local staff (who are often worked to capacity) and of the impact of diverting important community resources to survey administration, as well as placing burdens on Elders and other community contacts who are valuable stakeholders in their operations.

Similar challenges exist in increasing the number of bi-lingual interviewers for the PSS. In the current absence of agreement from data users on priority languages for selection, a recommendation based on simply increasing interviewers in different languages is not feasible. Further, the ABS would require this workforce once every four years (at this stage) and may not have the resources (or the need) to retain them between PSS enumeration periods. This means that the workforce would need to be located, recruited and trained every four years. In addition, given that people who may be able to work in these roles may also have social and community connections to the survey respondents, this may impact on respondents' ability and willingness to disclose sensitive information.

Disability status is a characteristic that may vary across a person's life. To understand the prevalence of violence against people with a disability, it would be necessary to identify a respondent's disability status at the time of experiencing violence. Unfortunately, disability status is not identified using a single question in the PSS, therefore identifying this prevalence is not as simple as adding a question. We were advised by the ABS that disability status is established in the PSS using a sequence of 12 questions that identify activity impairments/needs for assistance. Asking these 12 questions about every period in which a respondent experienced the various types of violence covered in the PSS would result in an impractically long survey. The ABS has also advised that augmenting the PSS to collect information on disability status at the time of experiencing violence has been discussed on numerous occasions both internally and by the PSS Survey Advisory Group.[58] On every occasion, the conclusion has been that any attempts to collect this data would be unacceptably burdensome for respondents.

57 The ABS has a well-established program of engagement and consultation with Aboriginal and Torres Strait Islander stakeholders and engage local staff and residents in their data collection in discrete Indigenous communities, in particular as part of the Census Indigenous Enumeration Strategy. In practice, however, it is not always possible, or easy, to recruit local staff for infrequent programs of work.

58 The PSS has an established Advisory Group. The group comprises experts in the field of crime and violence and the group provides the ABS with "advice on the information to be collected and on some aspects of survey methodology" (ABS, 2013e). Members include representatives from state and Commonwealth departments, crime research agencies, service providers and academics.

The PSS is an extremely detailed survey, and the addition of new data items would make the already long survey more burdensome for respondents. Any augmentation such as additional questions would be dependent on data users and funders agreeing on key priority items for measurement. Similarly, for all three diverse groups of women, stakeholders have identified challenges in advocating for the augmentation of existing surveys without being cognisant of critical methodological issues, as captured in the following quotes:

> "In terms of surveys, there are methodological questions – you will have to over sample these groups to get a representative prevalence rate. This is the ongoing challenge because how do you do this without over-researching?"
>
> Specialist data agency stakeholder

> "I think that there are certainly challenges in terms of the infrastructure of capturing data in particular in remote communities or in regional locations. You have to over sample and that can be such a burden on respondents."
>
> Jurisdictional stakeholder

With reference to administrative data, the ABS notes the augmentation of existing datasets is an appropriate way forward in improving the evidence base and ensuring data are fit for a number of different purposes. However, the challenge lies within "transforming datasets… that are currently inadequate (but adequate for their current purposes) into adequate data for family, domestic and sexual violence information" (ABS, 2013a). They also note that any efforts to improve these data should "complement the primary purpose of data collection, and not be at the expense of core business functions" (ABS, 2013a).

Options for improvement

Bearing in mind the challenges highlighted above, we propose the following options for improving data on the diverse experiences of domestic and family violence and sexual assault by augmenting and enhancing existing national surveys and administrative data.

General

1. **Future waves of the NCAS survey include probability-based samples of priority population groups** (especially Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people and people with disabilities) which are large enough to sustain population inferences and ensure comparability of data with previous and future waves of the survey. It would also be of benefit to continue to refine the methodology to ensure the survey instrument is as appropriate as possible for the priority population groups and that the NCAS is informed by emerging approaches to methodologies and analysis reflecting the needs, issues and experiences of these diverse groups.

Aboriginal and Torres Strait Islander women

Given that the NATSISS is the most comprehensive and reliable survey about violence against Aboriginal and Torres Strait Islander women, and noting that the PSS cannot realistically be augmented to provide reliable population prevalence data for this group, we propose the following options:

2. In consultation with Aboriginal and Torres Strait Islander communities, **the ABS investigate the possibility of including questions about Aboriginal and Torres Strait Islander people's experiences of sexual violence in the NATSISS,** or another future survey, to make it a more comprehensive survey of violence against women. In doing so, respondent safety and survey methodology considerations, including ensuring the survey remains culturally appropriate, are critical.
3. In consultation with Aboriginal and Torres Strait Islander communities, **the ABS investigate the possibilities for augmenting the collection of information about experiences of physical and threatened violence used in the NATSISS** to ensure information is collected about people currently excluded from the scope of the PSS (namely, those living in discrete Indigenous communities and in very remote parts of Australia). In particular, consideration may be given to possibilities for collecting more detailed information about the nature and impacts of violence than currently collected in the NATSISS.

Culturally and linguistically diverse women

Given that the PSS is the best available source of prevalence information for culturally and linguistically diverse women, and noting that the use of bilingual interpreters in the PSS will not sufficiently address issues of representativeness and data quality for this group, we propose the following options:

4. The ABS continues **to implement computer assisted self-interview (CASI) technology**[59] to assist with participation in the PSS for the 2016 administration of the survey. Using CASI technology may allow more individuals with limited English language capabilities to participate in the PSS.

59 Computer assisted self-interview (CASI) technology allows participants to privately answer sensitive personal questions on a computer (participants with literacy issues would benefit from the addition of the audio component included) and is thought to eliminate data entry time and errors. "CASI assessments may enhance the perception that information remains confidential, because individual responses are not easily viewed by research staff. As a result, CASI may also reduce participants' embarrassment and increase their willingness to disclose sensitive information, particularly for surveys that assess stigmatized or illicit behaviours (e.g. sexual behaviour or illicit drug use)" (Brown, Vanable & Eriksen, 2008).

5. The **AIHW explore augmenting the Specialist Homelessness Services Collection (SHSC) to include "Main language spoken at home" and "Main language other than English spoken at home"** to the dataset's initial client form that services currently use. These would be in addition to the current proxy variables of "Country of birth" and "Year of arrival in Australia". This would increase the focus on family violence in culturally and linguistically diverse communities in the SHSC and thus provide better data on homelessness and refuge access by women from this population group, which is an important area of domestic and family violence service provision.

Women with disabilities

Acknowledging that we currently do not have a data source that provides high quality violence prevalence data for people with severe disability, we propose the following options:

6. **The use of computer assisted self-interview (CASI) technology be supported and encouraged** as a means of allowing women and men with certain forms of communication impairments to complete the PSS. It is important to note that, while this could allow more individuals with communication impairments to participate in the PSS, this would not solve the broader issue of representativeness that results from the exclusion of individuals who reside in non-private dwellings such as institutional settings.
7. To support consistency of service level data, **the Disability Services National Minimum Data Set (DS NMDS) be expanded to include the collection of data on referrals** between disability services and domestic and family violence and sexual assault crisis services.

Address definitional challenges in data and the specificity of the diverse experiences of violence

Overview

The key interlinked challenges in understanding the diverse experiences of domestic and family violence and sexual assault are:

a. the lack of consistent terms used nationally with definitions varying across state and territories; and
b. the complexity and specificity of violence experienced by the diverse groups of women.

These diverse groups are heterogeneous and definitions of group membership are often contested or inconsistent. There are added complexities to what constitutes domestic and family violence and sexual assault for each of these groups including different contextual factors, causal understandings and specific forms of violence and abuse. This remains challenging both in terms of establishing prevalence at the national level and for those working at the frontline.

The challenge

The DCRF uses "behaviour-based definitions" of domestic and family violence and sexual assault (National Children's Commissioner, 2015), which will assist in capturing cohesive national data. These definitions may not, however, readily capture the full range and specificity of domestic and family violence and sexual assault experienced by the diverse groups of women. The question remains: how would gender-based disability violence or lateral violence against Aboriginal and Torres Strait Islander women, for example, be captured in behaviour-based definitions of domestic and family violence?

Another challenge that impacts the definitional complexities in the Australian data landscape is the inconsistent collection of demographic information across states and territories. Provision for these may or may not be on forms and databases; if provided for, they may be theoretically mandatory but not routinely collected. Sometimes, the collection of this information remains reliant on a service provider's judgment, "or on a service provider's (untested) perceptions or assumptions (e.g. that someone is an Aboriginal and/or Torres Strait Islander person or has a disability)" (State of Victoria. Royal Commission into Family Violence, 2016, vol.6, p. 141). Further, the use of various proxy variables to define cultural and linguistic diversity in surveys and administrative data impact on the ability to compare data on these women's experiences of violence from different sources. Finally, the lack of a nationally consistent definition of disability applied and used within data sources also leads to comparability and data quality issues.

Options for improvement

Bearing in mind the challenges highlighted above, we propose the following options for improving data and information on

the diverse experiences of domestic and family violence and sexual assault by addressing definitional challenges in data and the specificity of the diverse experiences of violence.

General

8. **Compile and make publically available the metadata for all national publically available datasets that contain information of relevance to domestic and family violence and sexual assault**, with a particular focus on the diverse groups. The ABS and AIHW have publically available metadata for datasets where they act as data custodians and this practice is to be commended, as is the ABS's metadata dashboard for all data sources appearing in its Directory of Family and Domestic Violence Statistics. A robust metadata record enables data users to understand the content of the data presented, its value and its limitations.
9. **Implementation of the DCRF be supported through providing targeted additional resources for domestic and family violence and sexual assault crisis services and other related non-government community services.** These resources, which could include support and training to improve data consistency, may assist services align their data collection and recording practices by developing modifications and adjustments to operational processes and practices, as well as upgrades in technology.
10. Scope the feasibility of developing **national guidelines on the collection of demographic information on domestic and family violence and sexual assault** to support and complement the implementation of the DCRF. This work would support increases in the quality of demographic data captured in administrative datasets related to domestic and family violence and sexual assault.
11. To better understand their experiences of violence, **conduct research specifically on sexual assault experienced by the diverse groups,** with particular attention to information gaps identified in the research literature including: the perpetration of violence; the complexity and specificity of violence; multiple, intersecting barriers to reporting violence and accessing appropriate services and; the intersections of identity and disadvantage. It would also be valuable to compare and contrast this research against what we know about domestic and family violence, given that much of the small body of literature for diverse groups focuses on these latter types of violence against women.
12. To better understand the unique characteristics of violence, **conduct research on domestic and family violence and sexual assault experienced by LGBTIQ people, and women in prisons.** In particular, more research is required on the connections between being a female offender and being a victim/survivor of domestic and family violence and sexual assault, as well as research on support and reporting barriers faced by LGBTIQ victims/survivors of domestic and family violence and sexual assault.

Aboriginal and Torres Strait Islander women

13. To better understand the unique characteristics of violence against Aboriginal and Torres Strait Islander women, **conduct research on the characteristics of the perpetration of "lateral violence".** Such research should include an examination of the phenomenon including potential risk factors, and impacts and protective factors to inform an enhanced understanding of the relationship between current conceptualisations of lateral violence and domestic and family violence.

Culturally and linguistically diverse women

14. **States and territories continue to provide infrastructure for the collection of data on cultural and linguistic diversity in administrative data.** This should be based on the ABS's(1999) standards for statistics on cultural and language diversity which provide four core[60] and eight other measures to collect information considered necessary for consistent and accurate measurement of cultural diversity. At a minimum, administrative data across jurisdictions should be collected based on the following ABS measures:
    - country of birth;
    - main language spoken at home; and
    - main language other than English spoken at home.
15. To better understand the unique characteristics of violence against culturally and linguistically diverse women, conduct research on the experiences of domestic and family violence and sexual assault for culturally and linguistically diverse women. Specifically, further research and data are required on:
    a. the exploitation of immigration laws and regulations to commit domestic and family and sexual assault; and
    b. the nature of the behaviours of perpetrators against different groups of culturally and linguistically diverse women.

Women with disabilities

16. In the absence of a nationally consistent definition of "disability", and bearing in mind the scope and limitations of this project, conduct a short, scoping study of information relating to disability in existing domestic and family violence and sexual assault administrative datasets (national and

60 The fourth core measure for cultural and linguistic diversity recommended by the ABS is Aboriginal and Torres Strait Islander status.

jurisdictional) as a means of supporting the implementation of the DCRF. This project would focus on the datasets':

- methods of categorising disability; and
- analysis of their definitions (including an exploration of alignment with international best practice).

A number of national and jurisdictional administrative datasets do not currently record disability demographic details for a variety of reasons; this has data quality implications for both state-wide collations and national datasets. A scoping study will assist in mapping information availability for this priority group.

17. To better understand the unique characteristics of violence against women with disabilities, and given the scarcity of research on experiences of violence for women with disabilities in Australia and the over-reliance on international research, **conduct research on the experiences of domestic and family violence and sexual assault against women with disabilities. Particular emphasis should be given to exploring such violence in non-private dwellings such as institutional settings.**

A coordinated and consolidated approach to data collection

Overview

There is a lack of a coordinated and consolidated approach to data collection both at the national and state levels. Recently the Victorian Royal Commission into Family Violence has noted a "lack of common purpose, accountability and leadership around family violence data collection" (State of Victoria. Royal Commission into Family Violence, vol.6, p. 158). The Second Action Plan of the National Plan notes a similar challenge in the national landscape wherein "systems are often not 'linked-up', meaning the individual pathways of women and their children experiencing violence, and of perpetrators, cannot be tracked across systems. This presents a considerable barrier in determining which interventions are most effective in supporting and protecting women" (Department of Social Services, 2014, p. 47). A wealth of data are currently collected in surveys and as administrative by-products, however administrative data are limited by the priorities and constraints on custodians and collectors and administrative data collection systems have been historically developed to enable performance and outputs measurement. As a result, we currently do not have a clear view of the experiences of domestic and family violence and sexual assault across different sources, nor over time.

A coordinated and consolidated approach to data collection requires a "clear and shared understanding of what family violence is, agreement about the objectives of family violence data collection, and the procedures and infrastructure to support it" (State of Victoria. Royal Commission into Family Violence, vol.6, p. 158). It would require strong governance and cooperation among service providers and governments and would need to be underpinned by "consistent standards, goals, strategic direction and an authorising environment for data management" (State of Victoria. Royal Commission into Family Violence, 2016, vol.6, p. 159).

The challenge

As we have consistently demonstrated in this paper, and as has also been noted by the Victorian Royal commission into Family Violence, governments' and service providers' use of different definitions of violence, as well as different use of data items to measure and respond to violence "produce datasets that are inconsistent and incommensurate with each other; are of limited use for wider purposes, including policy development…; [and] lead to divergent conclusions about family violence" (State of Victoria. Royal Commission into Family Violence, 2016, vol.6, p. 158). The resolution of this data limitation requires a coordinated and consolidated approach to state-wide and national data collection that is underpinned by a shared understanding of violence across surveys and administrative data, in particular, and "system-wide" coordination (State of Victoria. Royal Commission into Family Violence, 2016, vol.6, p. 158).

Options for improvement

General

18. As a means of enhancing existing state-level administrative data collections of both single and multiple agency data, **all states and territories develop mechanisms for state-level data collection and collation on domestic and family violence and sexual assault with particular reference to diverse groups of women**.
19. To provide national, sector-specific data, **an online, national system for the collection of service level data from domestic and family violence and sexual assault crisis services be developed and supported by federal, state and territory governments.** This would be similar to the Specialist Homelessness Services Collection and the former Queensland Centre for Domestic and Family Violence Research (CDFVR) database and would enable more straightforward integration and sharing of service level data specifically for domestic and family violence and sexual assault crisis services.
20. The **DCRF be further developed** so that all data items have an established standard for data collectors. A **National Data Standards Manual** could be developed to provide data collectors with advice and instructions on implementing the DCRF in their individual collections with a particular emphasis on the diverse experiences of domestic and family violence and sexual assault. Additional items may be considered for inclusion in the proposed manual including "self-identified cultural background" as an indicator of cultural and linguistic diversity.

Women with disabilities

21. In consultation with people with disabilities and relevant government and advocacy partners, **develop a national strategy for the collection of data on violence experienced by women with disabilities.** This may be based on the foundations of the National Minimum Data Set on disability developed by AIHW in 2015, however this needs to include data items on domestic and family violence and sexual assault.[61]

Address data quality and accessibility issues

Overview

In this paper we have highlighted five key data quality issues in the current Australian data landscape including: coherence; accessibility; the institutional environment; relevance; and accuracy.

The challenge

Agencies such as the ABS and the AIHW have an excellent, well-established track record of working with the states and territories to improve the quality of administrative data that feeds into national datasets. However, addressing data quality issues is dependent on strong support, cooperation and governance from all states and territories and across extended time periods.

Options for improvement

General

22. To support non-expert audiences to access existing data, **specialist data agencies such as ABS, AIFS, AIHW and AIC review the accessibility and presentation of domestic and family violence and sexual assault data on their websites.**[62] Where data are sufficient to allow such analysis and reporting, this should involve disaggregation of data for the diverse groups, as well as by gender, and state and territory. Some possible additions could include data visualisation, explanatory information and summaries of findings with no technical language.
23. The **ABS be supported to continue to improve domestic and family violence and sexual assault information in existing recorded crime statistics**. This would build on the ABS's work facilitating comparisons across state and territory jurisdictional policing data and should involve disaggregation of data for the diverse groups.

Aboriginal and Torres Strait Islander women

24. Given the overall quality of data in the National Hospital Morbidity Database on Indigenous identity status "is considered to be in need of some improvement and varied between states and territories" (AIHW, 2015b), **states and territories continue to make necessary improvements to Aboriginal and Torres Strait Islander identity status data in their respective public hospital data**.

61 National collation and analysis of similar disability services data is already carried out by AIHW, so this would logically be the organisation best placed to continue and expand this work.

62 VicHealth was highly regarded by stakeholders in this context and so their approach to data presentation could be one model to consider.

25. Data for only half of Australia's states and territories was of a sufficient standard to be used by the ABS in its National Criminal Courts dataset (ABS, 2016a). To improve the utility and comparability of this data source, all **states and territories continue to make necessary improvements to Aboriginal and Torres Strait Islander identity status data in their respective courts data**.

Culturally and linguistically diverse women

26. The stakeholder consultations identified a number of administrative data collections, including the National Homicide Monitoring Program (NHMP), where there is strong scope for **enhancing the quality of demographic information** on the domestic and family violence and sexual assault as experienced by culturally and linguistically diverse women. A first step is for the **Australian Institute of Criminology (AIC) to continue to work with states and territories to enhance the quality of indicators on cultural and linguistic diversity within the NHMP**.

Women with disabilities

27. The stakeholder consultations identified a number of administrative data collections where there is scope for **enhancing the quality of demographic information** on the domestic and family violence and sexual assault experienced by women with disabilities. A first step is for the **Australian Institute of Criminology (AIC) to continue to work with states and territories to enhance the quality of indicators on disability status within the NHMP**.

Better use of existing data for the creation of new statistical information

Overview

A key finding from this paper has been that improving our understanding of diverse experiences of domestic and family violence and sexual assault requires the better use and analysis of existing data. Better utilisation of existing data for the creation of new statistical information can be achieved through four ways:

1. undertake additional analyses of existing publically available survey and administrative data;
2. harness the potential of longitudinal studies by undertaking sub-studies;
3. undertake data linkage and integration projects using administrative data; and
4. undertake analyses of existing administrative data not publically available, and make results public.

Of the four approaches, data linkage and integration seems to be an extremely promising, innovative and cost-effective approach to improve data on the diverse experiences of domestic and family violence and sexual assault. Data linkage and integration involves combining information from two or more data sources to create new datasets. Linking is a process of matching records from different sources based on processes such as the use of linkage keys (a de-identified record number or code linked to an individual) or by using probabilistic matching a string of common features (e.g. date of birth, age, gender, address).[63]

Research from the Welsh Government highlights that "the linking of large-scale data sets can allow us to research… small groups not distributed homogenously in the population as well as to provide estimates for smaller geographical areas. For some small population groups… linking administrative and/or survey data will be the only realistic way to deliver usable data" (Welsh Government, n.d.). Data linkage also allows for the analysis of "relationships between various different issues that influence peoples' lives, for example to research 'wicked' issues that have complex, crosscutting causes e.g. domestic violence ..." (Welsh Government, n.d.).

The benefits of data linkage and integration are that linked data files can support needs for analysis, which cannot be filled by any one data source, without investing the large amounts of time and resources to design new surveys, or implement new data

63 Sometimes the data may also need to be modified or "transformed" so that the information being combined will be the same (e.g. transforming "year of birth" into "age" so that it will be the same format across both data sets). The data files can then be merged together into a single file for analysis. These linkages work in a similar way to DSS Data Exchange, which collects administrative data from service providers using a small set of priority requirements and a statistical linkage key to match client outcomes data across multiple programs (for more see https://dex.dss.gov.au/about/).

collection methods. It also makes better use of the data which is already available, rather than adding further reporting burden on services, duplicating data collection between services, and over-surveying individuals. Finally, data linkage can reduce or even eliminate the data collection burden on victim-survivors and services, saving resources by using data we already hold rather than undertaking new primary research.

Nationally, there are three agencies (ABS, AIHW and AIFS) accredited by the National Statistical Service to undertake high risk data integration projects involving Commonwealth data for statistical and research purposes. Multiple jurisdictions[64] are beginning to develop across-service data collections which, is progress toward better use of available data through linkage (Al-Yaman, Van Doeland & Wallis, 2006, p.113). This is consistent with the international best practice data collection principle of "*collect once, use many times*" (UK. Department of Communities and Local Government, 2005).

Challenge

The key challenge in data linkage and integration is that there is currently insufficient infrastructure or legislation to enable agencies to share data and link unit record level data. Although the technology now exists nationally and in many other jurisdictions to link and effectively analyse data on domestic and family violence and sexual assault, linkage has tended to be underutilised for a number of reasons, including:

- legal issues such as privacy legislation and the protection of individual's information and client confidentiality when using and storing data;
- ethical issues related to the use of data for which a person has not provided explicit consent;
- time and resource commitment to create information sharing protocols and agreements and complete data alignment;
- a lack of an "integrated" system to connect different sources of administrative data; and
- data custodians may argue against the integration of material as this wasn't the purpose of the collection.

Insufficient resources are also a key challenge in undertaking analyses of existing data and making the results publically available. As with service-providers, the core business of policy-makers is not research and analyses of existing data rests on agency capacity, resources, and may be subject to both privacy concerns and internal policy on public reporting requirements.

Options for improvement

General

28. In agreement with the findings of the ABS, strong consideration be given to the development and "national implementation of confidentialised unique identifiers" (ABS, 2013a) in the continuing implementation of the DCRF.
29. To better interrogate existing data and to investigate short to medium term options for sharing data between services while the DCRF is being implemented, **pilot projects trialling data linkage using existing national administrative data**. The aims of these pilot projects should be to improve demographic data on diverse groups through the linking of two or more datasets. Crisis services may not have the expertise, time or technological resources to organise these projects. These linkage projects may therefore best be undertaken by utilising the expertise of one or more of the Accredited Integrating Agencies and/or jurisdictional data linkage organisations noted in this paper.
30. As a means of increasing published data through the use of an existing data set with good quality diversity measures, **conduct further analysis of existing data on diverse experiences of domestic and family violence and sexual assault from:**
    - **the Longitudinal Survey of Separated Families** (initial investigation would involve ascertaining how representative the sample sizes are for diverse groups of women);
    - **the Longitudinal Survey of Australian Children (LSAC)** and;
    - **the Household, Income and Labour Dynamics in Australia survey (HILDA)**.
31. To utilise a large existing sample, **the Australian Longitudinal Study of Women's Health (ALSWH) be considered as a tool to collect data on the experiences of domestic and family violence and sexual assault**. There is precedence and potential for this survey to be utilised to collect data on experiences of violence. Further, as there is precedence for it being used in sub-studies on domestic and family violence, **the ALSWH be promoted as a key dataset to conduct further research and data analysis**.

64 There are a number of data linkage organisations and programs operating at the state and territory level. Examples include: SA-NT datalink (a collaboration between South Australia and the Northern Territory); Crime Statistics Agency (the dedicated crime research agency in Victoria and custodians of the Victorian Family Violence Database); Population Health Research Network which focusses on linking health records (PHRN, Western Australia); and Centre for Health Record Linkage which also mainly links health related data (CHeReL, NSW and ACT).

32. To assist with the provision of data on the effects of violence on children, the **Child Protection National Minimum Dataset (CP NMDS) be expanded to incorporate and/or link to client information relating to domestic violence** and that jurisdictions give consideration to "linking CP NMDS data with other relevant national collections such as disability and homelessness services" (AIHW, 2014b, p. 14).
33. **The Domestic and Family Violence Crisis Lines of Australia Network (DFVCLAN) be resourced to conduct a similar study on 2012/2013-2015 data** based on the statistical analysis they conducted of their client data from 2007/2008-2012. As with the earlier study, this should have a strong focus on Aboriginal and Torres Strait Islander women and culturally and linguistically diverse women.
34. To track changes in the prevalence and impact of violence, and to build on existing research, the **additional analysis of the PSS conducted by ANROWS in 2015 be replicated** for future administrations of the PSS. Focus should be given to data related to disability status and country of birth.

Women with disabilities

35. To enhance knowledge and inform policy and practice on the nature of violence experienced by women with disability, the Commonwealth Department of Social Services (DSS) **analyse and release data collected through the National Disability Abuse and Neglect Hotline on an annual basis**, and/or the data collected by services and provided to DSS through the **National Disability Advocacy Program**.

Culturally and linguistically diverse women

36. To provide insight into visa-related violence experienced by culturally and linguistically diverse women, **the Department of Immigration and Border Protection (DIBP) analyse data collected by the department.** Data are available which quantifies group numbers entering Australia via different pathways, including detail of visa conditions that are relevant to women's experience of visa-related domestic and family violence and sexual assault (DIBP, 2015a; 2015b).

Moving forward

The five key themes for improving data on the diverse experiences of domestic and family violence and sexual assault that we identified in this paper if and when implemented, cannot operate in isolation. We expect that specific options for improvement proposed under one theme will complement options for improvement under another theme and will enhance the overall quality and value of the Australian research and data landscape. Improving the evidence base is a long-term commitment and data and research need to be invested in, and enhanced over, the life of the National Plan. The 36 options for improvement proposed in this paper provide possibilities for the Commonwealth, states and territories to improve data and information on domestic and family violence and sexual assault for the diverse groups of women. The majority of the options proposed are short-term and/or medium term and have been prefaced by an analysis that touches upon the challenges concerning their implementation. The next step would be priority setting for the Commonwealth, states and territories as to which options are of most policy and practice value and thus should be prioritised for implementation. This will require negotiation and agreement amongst Australian governments.

Given the range of the 36 options for improvement, deliberations of the governments may be helped with a sense of the time-scale and cost of implementing each option identified. We have therefore undertaken an internal matrix exercise to provide an initial, tentative indication of costs and implementation time. This is based on ANROWS's experience in this area of research, knowledge of costings in relation to comparable research and the information ascertained from the stakeholder consultation process.

Figure 20 provides a diagram with approximate expected costs on the y-axis and the approximate time to implement on the x-axis. The cost axis ends at $5m which is indicative of the expected maximum cost of implementing any given option for improvement, while the time-line ends at 6 years, coinciding with the end of the National Plan. The bottom left quadrant identifies the "short-term and low cost" options specified in this paper. The top right quadrant identifies the "high cost and longer term" options.

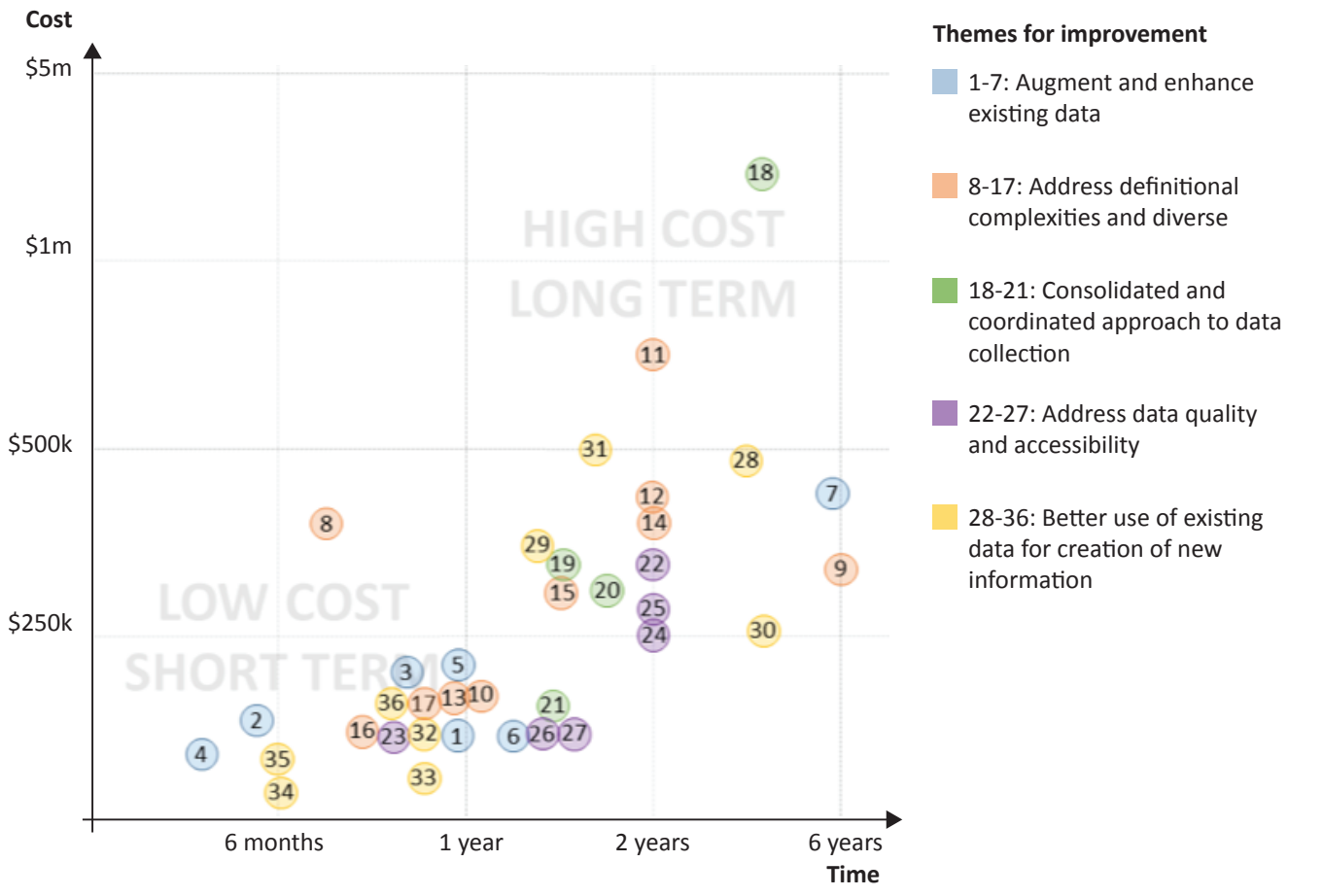
There are 16 relatively low cost and short term options for improvement identified in this paper and these relate to four of the five themes for improvement:

- augment and enhance existing data (options 1, 2, 3, 4, 5);
- address definitional complexities (options 8, 10, 13, 16, 17);
- address data quality and accessibility (option 23); and
- facilitate the better use of existing data (options 32, 33, 34, 35, 36)

The majority of options for improvement are found in the bottom right quadrant. There are four very low cost options, at less than $250,000, which would take more than a year to implement, two of which are in the area of data improvement (26, 27) with the others in the areas of augmenting and enhancing data (6) as well as taking a consolidated approach to data (21). There is a large number of options which have been assessed to be relatively low cost, at less than $500,000, but which could take 1 to 6 years to implement. This category of recommendations can be considered low cost but complex in its implementation. These complexities can be due to administrative or governance related issues or due to the complexity of the required augmentation/change. These options require little expenditure, but a will need a consistent and long-term implementation plan with dedicated effort, and often cross-jurisdictional agreement.

The top right, high cost and long-term, quadrant includes only two options, namely option 11, undertaking a series of research projects on sexual assault experienced by diverse groups, and option 18, the creation of mechanisms for state level data collection.

Figure 20 - Cost and time matrix



Conclusion

This paper confirms what has anecdotally been known in Australia for some time; that women from diverse backgrounds are disproportionately affected by violence. It also affirms the more complex message that, while we know there is disproportionate impact, the exact nature and scale of this difference is extremely difficult to quantify. Despite not knowing the exact quantum of the violence, we have significant evidence that expressions of violence in these communities are distinct, and that these differences require considered and specific service and policy responses. To provide these effective responses, we need data that is coherent, accessible, relevant and accurate.

This project has provided a range of 36 options for enhancing Australia's domestic and family violence and sexual assault data landscape in the short to medium term. Options for improvement range in cost from under $250,000 to several million dollars and provide both discrete and ongoing improvements. While each option provides valuable enhancements to the data landscape, decisions regarding which options to progress will always reflect complex policy and budgetary considerations and, as such, may or may not align with these suggestions. A long term commitment to fit-for-purpose data collection and analysis through the implementation of the DCRF is also crucial to ensuring systemic change and improvement in policy and practice.

This paper, along with the foundational work of the ABS and other agencies, provides the stepping stones towards high quality data on diverse communities that can meaningfully and reliably contribute to policy and practice decisions. This is important in contributing to the realisation of the National Plan's vision of an Australia free of domestic and family violence and sexual assault.

References

Al-Yaman, F., Van Doeland, M., & Wallis, M. (2006). *Family violence among Aboriginal and Torres Strait Islander peoples.* Canberra: Australian Institute of Health and Welfare.

Atkinson, C. (2008). *The violence continuum: Australian Aboriginal male violence and generational post-traumatic stress* (Doctoral dissertation). Charles Darwin University, Darwin, NT.

Atkinson, J., Nelson, J., & Atkinson, C. (2010). Trauma, transgenerational transfer and effects on community wellbeing. In N. Purdie, P. Dudgeon, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice.* Canberra: Australian Institute of Health and Welfare.

Attard, M., & Price-Kelly, S. (2010). *Accommodating violence: The experience of domestic violence of people with disability living in licensed boarding houses*. Sydney: People with Disability Australia.

Australia. Department of Immigration and Border Protection. (2015a). 2014-15 *Migration Programme report: Programme year to 30 June 2015*. Canberra: DIBP.

Australia. Department of Immigration and Border Protection. (2015b). *Immigration Detention and Community Statistics Summary: 31 October 2015.* Canberra: DIBP.

Australia. Department of Immigration and Border Protection. (2015c). *Student visa and temporary graduate visa programme quarterly report: Quarter ending at 30 June 2015*. Canberra: DIBP.

Australia. Department of Social Services. (2014). *Second action plan 2013-2016 of the national plan to reduce violence against women and their children 2010-2022*. Canberra: DSS.

Australia. Department of Social Services. (2015). *Hearing her voice: Report from the kitchen table conversations with culturally and linguistically diverse women on violence against women and their children.* Canberra: DSS.

Australian Bureau of Statistics. (2006). Housing and infrastructure in Aboriginal and Torres Strait Islander communities, 2006 (Cat. no. 4710.0). Retrieved from http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4710.0Main%20Features42006?opendocument&tabname

Australian Bureau of Statistics. (2009a). ABS Data Quality Framework (Cat. no. 1520.0). Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/1520.0Main%20Features5May%202009?opendocument&tabname=Summary&prodno=1520.0&issue=May%202009&num=&view

Australian Bureau of Statistics. (2009b). National Aboriginal and Torres Strait Islander social survey, 2008 (Cat. no. 4714.0). Retrieved from http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4714.0Feature%20Article12008?opendocument&tabname=Summary&prodno=4714.0&issue=2008&num=&view

Australian Bureau of Statistics. (2011). Measuring victims of crime: A guide to using administrative and survey data (Cat. no. 4500.0). Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/E30804587C432F48CA2578B00011A08D?opendocument

Australian Bureau of Statistics. (2012). Disability, ageing and carers, Australia: Summary of findings, 2012 (Cat. no. 4430.0). Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4430.0Main%20Features12012?opendocument&tabname=Summary&prodno=4430.0&issue=2012&num=&view

Australian Bureau of Statistics. (2013a). *Bridging the data gaps for family, domestic and sexual violence, Australia* (Cat. no. 4529.0.00.002). Canberra: Australian Bureau of Statistics.

Australian Bureau of Statistics. (2013b). *Defining the data challenge for family, domestic and sexual violence, Australia: A conceptual data framework* (Cat. no. 4529.0). Canberra: Australian Bureau of Statistics.

Australian Bureau of Statistics. (2013c). Directory of family and domestic violence statistics, 2013 (Cat. no. 4533.0). Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4533.0Main+Features362013

Australian Bureau of Statistics. (2013d). National Aboriginal and Torres Strait Islander Social Survey. Feature article: Experiences of physical violence, 2008 (Cat. no. 4714.0). Retrieved from http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4714.0Feature%20Article12008?opendocument&tabname=Summary&prodno=4714.0&issue=2008&num=&view

Australian Bureau of Statistics. (2013e). Personal Safety Survey, Australia, 2012 (Cat. no. 4906.0). Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4906.0Chapter1002012

Australian Bureau of Statistics. (2014a). Essential statistical assets for Australia, 2014 (Cat. no. 1395.0). Retrieved from http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/1395.0Glossary12014?OpenDocument.

Australian Bureau of Statistics. (2014b). Estimates and projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026 (Cat. no. 3238.0). Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/Products/E861E9C48FB7FFC0CA257CC900143A1E?opendocument.

Australian Bureau of Statistics. (2014c). *Foundation for a national data collection and reporting framework for family, domestic and sexual violence* (Cat. no. *4529.0.00.003).* Canberra: Australian Bureau of Statistics.

Australian Bureau of Statistics. (2014d). Prisoners in Australia, 2014: Key findings (Cat. no. 4517.0). Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4517.0~2014~Main%20Features~Key%20findings~1.

Australian Bureau of Statistics. (2014e). Prisoners in Australia, 2014: Prisoner characteristics (Cat. no. 4517.0). Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4517.0~2014~Main%20Features~Prisoner%20characteristics,%20Australia~4

Australian Bureau of Statistics. (2014f). Recorded crime – victims, Australia, 2014 (Cat. no. 4510.0). Retrieved from http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4510.0Explanatory%20Notes12014?OpenDocument

Australian Bureau of Statistics. (2015a). Crime victimisation, Australia, 2013-2014 (Cat. no. 4530.0). Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4530.0~2013-14~Main%20Features~Introduction~10002

Australian Bureau of Statistics. (2015b). Migration, Australia, 2013-2014 (Cat. no. 3412.0). Retrieved from http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/3412.0Main%20Features12013-14?opendocument&tabname=Summary&prodno=3412.0&issue=2013-14&num=&view

Australian Bureau of Statistics. (2015c). Recorded crime – victims, Australia, 2014: Experimental family and domestic violence statistics (Cat. no. 4510.0). Retrieved from: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4510.0~2014~Main%20Features~Experimental%20Family%20and%20Domestic%20Violence%20Statistics~10000

Australian Bureau of Statistics. (2016a). Criminal courts, Australia, 2014-15 (Cat. no. 4513.0). Retrieved from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4513.0Main+Features12014-15?OpenDocument

Australian Bureau of Statistics. (2016b). Recorded crime - offenders, 2014-15 (Cat. no. 4519.0). Retrieved from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4519.0Explanatory%20Notes12014-15?OpenDocument

Australian Institute of Health and Welfare, & Australian Bureau of Statistics. (2012). *National best practice guidelines for data linkage activities relating to Aboriginal and Torres Strait Islander people* (AIHW Cat. no. IHW 74). Canberra: AIHW.

Australian Institute of Health and Welfare. (2014a). Data quality statement: National Hospital Morbidity Database 2011–12. Retrieved from: http://meteor.aihw.gov.au/content/index.phtml/itemId/529483

Australian Institute of Health and Welfare. (2014b). *A new approach to national child protection data: Implementation of the Child Protection National Minimum Data Set* (Cat. no. CWS 50). Canberra: AIHW.

Australian Institute of Health and Welfare. (2015a). *Disability Services National Minimum Data Set: Data guide, June 2015*. Retrieved December 21, 2015: http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id= 60129548022

Australian Institute of Health and Welfare. (2015b). National Data Quality Statement: National Hospital Morbidity Database 2013-2014. Canberra: AIHW. http://meteor.aihw.gov.au/content/index.phtml/itemId/611030

Australian Institute of Health and Welfare. (2015c). *Screening for domestic violence during pregnancy: Options for future reporting in the National Perinatal Data Collection* (Cat. no. PER 71). Canberra: AIHW.

Australian Institute of Health and Welfare. (n.d). *National minimum data sets.* Retrieved from: http://www.aihw.gov.au/national-minimum-data-sets/

Australian Human Rights Commission. (2011). *Social justice report 2011.* Sydney: Aboriginal and Torres Strait Islander Social Justice Commissioner.

Australian Human Rights Commission. (2012). *Australian study tour report: Visit of the UN Special Rapporteur on Violence against Women, 10-20 April 2012*. Sydney: AHRC.

Australian Human Rights Commission. (2014). *Equal before the law: Towards disability justice strategies.* Sydney: AHRC.

Australian Institute of Aboriginal and Torres Strait Islander Studies. (2008). *Australian Indigenous Languages Database*. Online resource http://austlang.aiatsis.gov.au/main.php

Australian Institute of Aboriginal and Torres Strait Islander Studies. (2012). Guidelines for ethical research in Australian Indigenous studies. Canberra: AIATSIS.

Australian Institute of Criminology. (2011). *Children's exposure to domestic violence in Australia*. Canberra: AIC.

Australia's National Research Organisation for Women's Safety. (2014). *National Research Agenda to Reduce Violence against Women and their Children.* Sydney: ANROWS.

Ball, M., & Hayes, S. (2009). Same-sex intimate partner violence: Exploring the parameters. In B. Scherer (Ed.), *Queering paradigms* (pp. 161-177). New York: Peter Lang.

Bartells, L. (2010). *Emerging issues in domestic/family violence research* (Research in practice, 10). Canberra: Australian Institute of Criminology.

Blagg, H. (2000). *Crisis intervention in Aboriginal family violence: Summary report.* Perth: Crime Research Centre, University of Western Australia.

Blagg, H. (2008a). Colonial critique and critical criminology: Issues in Aboriginal law and Aboriginal violence. In T. Anthony & C. Cunneen (Eds.), *The critical criminology companion* (pp. 129-145). Sydney: Federation press.

Blagg, H. (2008b). *Crime, Aboriginality and the decolonisation of justice*. Sydney: Hawkins Press.

Blagg, H., Bluett-Boyd N., & Williams, E. (2015). *Innovative models in addressing violence against Indigenous women: State of knowledge paper* (ANROWS Landscapes, 8/2015). Sydney: ANROWS.

Bonar, M., & Roberts, D. (2006). *A review of literature relating to family and domestic violence in culturally and linguistically diverse communities in Australia*. Perth: Department for Community Development, Family and Domestic Violence Unit.

Breckenridge, J., Rees, S., valentine, k., Murray, S. (2015). *Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women: State of knowledge paper* (ANROWS Landscapes, 11/2015). Sydney: ANROWS.

Brown, J. L., Vanable, P. A., Eriksen, M. D. (2008). Computer-assisted self-interviews: A cost effectiveness analysis. *Behavior Research Methods, 40*(1), 1–7.

Clinton, J. (2004). Proxy variable. In M. S. Lewis-Beck, A. Bryman, & T. Liao (Eds.), *The SAGE encyclopedia of social science research methods* (Vols. 1-3). Thousand Oaks, CA: SAGE Publications.

Cockram, J. (2003). *Silent voices: Women with disabilities and family and domestic violence.* Perth: People with Disabilities (WA) Inc.

Council of Australian Governments. (2011). *The national plan to reduce violence against women and their children: Including the first three-year action plan*. Canberra: FAHCSIA.

Cox, P. (2015a). *Sexual assault and domestic violence in the context of co-occurrence and re-victimisation* (ANROWS Landscapes, 13/2015). Sydney: ANROWS.

Cox, P. (2015b). *Violence against women: Additional analysis of the Australian Bureau of Statistics' Personal Safety Survey, 2012* (ANROWS Horizons, 1/2015). Sydney: ANROWS.

Creswell, J., & Plano Clark, V. (2011). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage Publications.

Cripps, K. (2008). Indigenous family violence: A statistical challenge. *Injury: International Journal of the Care of the Injured, 39*(5), 25-35.

Cripps, K., Miller, L., & Saxton-Barney, J. (2010). "Too hard to handle": Indigenous victims of violence with disabilities. *Indigenous Law Bulletin, 7*(21), 3-6.

Cunneen, C. (2001). *Conflict, politics and crime: Aboriginal communities and the police*. Crows Nest: Allen & Unwin.

Cunneen, C. (2009). Criminology, criminal justice and Indigenous people: A dysfunctional relationship? *Current Issues in Criminal Justice, 20*(3), 323-336.

Day, A., Martin, N., & Howells, K. (2008). *Anger and indigenous men: Understanding and responding to violent behaviour*. Annandale: Federation Press.

Dimopolous, M., & Prattis, G. (2013). *Discussion paper on domestic violence*. Sydney: Settlement Council of Australia.

Dowse, L. (2015). *Understanding gendered disability violence at the intersections of criminalisation and victimisation.* Presentation at the Australasian Society for Intellectual Disability Conference, Melbourne, November 2015.

Dowse, L., Soldatica, K., Didi, A. Frohmader, C., & van Toorn, G. (2013). *Stop the violence: Addressing violence against women and girls with disabilities in Australia: Background paper.* Hobart: Women with Disabilities Australia.

Family Law Council (Australia). (2012). *Improving the family law system for Aboriginal and Torres Strait Islander clients*. Barton, ACT: Attorney-General's Department.

Federation of Ethnic Communities Councils of Australia. (2014). *Submission to the Inquiry into Domestic Violence in Australia: Senate Finance and Public Administration Reference Committee.* Deakin: FECCA.

Fisher, C. (2013). Changed and changing gender and family roles and domestic violence in African refugee background communities post-settlement in Perth, Australia. *Violence Against Women, 19*(7), 833-847.

Forbes-Mewett, H., McCulloch, J., & Nyland, C. (2015). *International students and crime*. London: Palgrave Macmillan.

Frawley, P., Dyson, S., Robinson, S., & Dixon, J. (2015). *What does it take? Developing informed and effective tertiary responses to violence and abuse of women and girls with disabilities in Australia: State of knowledge paper* (ANROWS Landscapes, 3/2015). Sydney: ANROWS.

French, P. (2007). *Disabled justice: The barriers to justice for persons with disability in Queensland*. Brisbane: Queensland Advocacy Inc.

Fileborn, B. (2012). Sexual violence and gay, lesbian, bisexual, trans, intersex, and queer communities (ACSSA Resource Sheet, 3). Retrieved from https://aifs.gov.au/publications/sexual-violence-and-gay-lesbian-bisexual-trans-intersex-and-queer-communiti

Frohmader, C., & Cadwallader, J. (2014). *Joint Submission from National Cross-Disability Disabled People's Organisations (DPOs) to the Senate Finance and Public Administration References Committee Inquiry into Domestic Violence in Australia*. Hobart: Women With Disabilities Australia.

Frohmader, C., Dowse, L., & Didi, A. (2014). *Preventing violence against women and girls with disabilities: Integrating a human rights perspective: Think piece document for the development of the National Framework to Prevent Violence Against Women*. Hobart: Women With Disabilities Australia.

Frohmader, C., & Sands, T. (2015). *Australian Cross Disability Alliance (ACDA) submission to the Senate Inquiry into violence, abuse and neglect against people with a disability in institutional and residential settings*. Sydney: Australian Cross Disability Alliance.

Ghafournia, N. (2011). Battered at home, played down by policy: Migrant women and domestic violence in Australia. *Aggression and Violent Behaviour, 16*(3), 207-213.

Healey, L. (2013). *Voices against violence: Paper two: Current issues in understanding and responding to violence against women with disabilities*. Melbourne: Women with Disabilities Victoria.

Healey, L., Howe, K., Humphries, C., Jennings, C., & Julian, F. (2008). *Building the evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria*. Melbourne: Victorian Women with Disabilities Network Advocacy Information Service.

Herek, G. (1990). The context of anti-gay violence: Notes on cultural and psychological heterosexism. *Journal of Interpersonal Violence, 5*, 316-333.

Hillier, L., Dempsey, D., Harrison, L., Beale, L., Matthews, L., & Rosenthal, D. (1998). *Writing themselves in: A national report on the sexuality, health and well-being of same-sex attracted young people*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., & Mitchell, A. (2010). *Writing themselves in 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

Hillier, L., Turner, A., & Mitchell, A. (2005). *Writing themselves in again: 6 years on. The 2nd national report on the sexual health & well-being of same sex attracted young people in Australia*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

Holder, R., Putt, J., & O'Leary, C. (2015). *Advocacy for safety and empowerment: State of knowledge paper* (ANROWS Landscapes, 9/2015). Sydney: ANROWS.

Howe, K., & Hargrave, J. (2014). *Inquiry into domestic violence in Australia: Submission to the Senate Finance and Public Administration References Committee Inquiry into Domestic Violence in Australia*. Melbourne: Women With Disabilities Victoria.

Hsieh, H., & Shannon, S. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*(9), 1277-1288.

Human Rights and Equal Opportunity Commission. (2001). Gender, race and intersectionality: Issues paper. Retrieved from https://www.humanrights.gov.au/hreoc-website-racial-discrimination-national-consultations-racism-and-civil-society-0

Kavanagh, A., Robinson, S. (2015, November 27). We count what matters, and violence against people with disability matters. *The Conversation*. Retrieved from http://theconversation.com/we-count-what-matters-and-violence-against-people-with-disability-matters-51320

Kelly, L., & Blyth, J. (2005). *Responding to sexual assault in aged and disability care settings*. Paper presented at the Second National Ageing and Disability Conference, July 2005, Hobart.

Kneebone, L. B. (2015). *Partner violence in the Longitudinal Study of Indigenous Children (LSIC)*. Canberra: Department of Social Services.

Krug, E., Dahlberg, L., Mercy, J., Zwi, A., & Lozano, R. (2002). *World report on violence and health*. Geneva: World Health Organization.

Law Reform Commission of Western Australia. (2006). Aboriginal customary laws: Discussion paper. Perth: LRCWA.

Leonard, W., Lyons, A., & Bariola, E. (2015). *A closer look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) Australians* (Monograph series no. 103). Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University.

Leonard, W., Mitchell, A., Patel, S., & Fox, C. (2008). *Coming forward: The underreporting of heterosexist violence and same sex partner abuse in Victoria* (Monograph series no. 69). Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University.

Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., … & Barrett, A. (2012). *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians* (Monograph series no. 86). Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University.

LGBTIQ Domestic and Family Violence Interagency, & Centre for Social Research in Health, University of NSW. (2015). *Calling it what it really is: A report into lesbian, gay, bisexual, transgender, gender diverse, intersex and queer experiences of domestic and family violence.* Sydney: University of New South Wales.

LGBTI Health Alliance (2016) 'LGBTI' People and Communities: What do we mean when we talk about 'LGBTI' communities? Retrieved from: http://lgbtihealth.org.au/communities/#trans

Lievore, D. (2003). *Non-reporting and hidden recording of sexual assault: An international literature review.* Canberra: Australian Institute of Criminology.

Lovett, R. (2013). *Data linkage concerning Aboriginal and Torres Strait Islander people: An overview*. Paper presented at Aboriginal and Torres Strait Islander Health Data Linkage Roundtable, Melbourne, 31 October 2013. Retrieved from http://www.lowitja.org.au/sites/default/files/docs/2-Data-linkage%20background-Ray-Lovett.pdf

Lowitja Institute. (2013). Aboriginal and Torres Strait Islander Health Data Linkage Roundtable. Conference report, Melbourne, 31 October 2013. Retrieved from http://www.lowitja.org.au/sites/default/files/Data-Linkage-RT-Report-FINALb.pdf

Loxton, D., Schofield, M., & Hussain, R. (2004). History of domestic violence and health service use among mid-aged Australian women. *Australian and New Zealand Journal of Public Health, 28*(4), 383-388.

Loxton, D., Schofield, M., & Hussain, R. (2006). Psychological health in midlife among women who have ever lived with a violent partner or spouse. *Journal of Interpersonal Violence, 21*(8), 1092-1107.

Loxton, D., Schofield, M., Hussain, R., & Mishra, G. (2006). History of domestic violence and physical health in mid-life. *Violence Against Women, 12*(8), 715-731.

Mason, G., & Pulvirenti, M. (2013). Former refugees and community resilience: 'Papering over' domestic violence. *British Journal of Criminology, 53*(3), 401-418.

McCausland, R., Vivian, A. (2009). Factors affecting crime rates in Indigenous communities in NSW: A pilot study in Wilcannia and Menindee. Sydney: Jumbunna Indigenous House of Learning.

McNair, R. (2015). *Submission to ANROWS on LGBT women, family and sexual violence.* Unpublished paper. Melbourne: Department of General Practice, University of Melbourne.

McGuire, M. (2014). *Voices against violence, paper four: A review of the Office of the Public Advocate's records on violence against women with disabilities.* Melbourne: Women with Disabilities Victoria.

Melbourne Institute of Applied Economic and Social Research. (2015). The Household, Income and Labour Dynamics in Australia (HILDA) Survey. Retrieved from https://www.melbourneinstitute.com/hilda/

Memmott, P., Stacy, R., Chambers, C., & Keys, C. (2001). *Violence in Indigenous communities.* Canberra: Commonwealth Attorney General's Department.

Milroy, H. (2005). Preface. In S. Zubrick, S. Silburn, D. Lawrence et al., *The Western Australian Aboriginal Child Health Survey: The social and emotional wellbeing of Aboriginal children and young people.* Perth: Curtin University of Technology.

Minichiello, V. (1990). *In-depth interviewing: Researching people*. South Melbourne: Longman Cheshire.

Mission Australia. (2013). *Response to: Resource Allocation Model for Specialist Homeless Services: Discussion Paper*. Retrieved from https://www.missionaustralia.com.au/publications/policy-submissions/community-housing/doc_download/211-resource-regional-allocation-model-ram-for-specialist-homeless-services-august-2013

Moeed, S., & Grover, S. (2012). Female genital mutilation/cutting (FGM/C): Survey of RANZCOG fellows, diplomates & trainees and FGM/C prevention and education program workers in Australia and New Zealand. *Australian and New Zealand Journal of Obstetrics and Gynaecology, 52*(6), 523-7.

Morgan, A., & Chadwick, H. (2009). *Key issues in domestic violence* (Research in practice no. 07). Canberra: Australian Institute of Criminology.

Mouzos, J., & Makkai, T. (2004). *Women's experiences of male violence: Findings from the Australian component of the International Violence Against Women Survey (IVAWS)* (Research and public policy series no. 56). Canberra: Australian Institute of Criminology.

Multicultural Centre for Women's Health. (2014). *Submission to the Australian Senate's Finance and Public Affairs Administration References Committee into domestic violence in Australia* (Submission 97). Collingwood, VIC: Multicultural Centre for Women's Health.

Multicultural Disability Advocacy Association of NSW. (2010). *Violence through our eyes: Improving access to services for women from non-English speaking backgrounds with disability and carers experiencing violence project report*. Harris Park, NSW: MDAA.

Murray, C., & Mobley, A. (2009). Empirical research about same-sex intimate partner violence: A methodological review. *Journal of Homosexuality, 56*(3), 361-386.

Murray, S., & Powell, A. (2008). *Sexual assault and adults with a disability: Enabling recognition, disclosure and a just response* (ACSSA issues no. 9). Melbourne: Australian Institute for Family Studies.

Nancarrow, H. (2010). Restorative justice for domestic family violence: Hopes and fears of Indigenous and non-Indigenous Australian women. In J. Ptacek (Ed.), *Restorative justice and violence against women* (pp. 123-149). New York: Oxford University Press.

National Children's Commissioner. (2015). *Children's rights report 2015*. Retrieved from https://www.humanrights.gov.au/sites/default/files/AHRC_ChildrensRights_Report_2015_0.pdf

National Cross-Disability Disabled People's Organisations. (2014). *Submission to the Finance and Public References Committee Inquiry into Domestic Violence in Australia*. Retrieved from http://wwda.org.au/wp-content/uploads/2013/12/Final_Draft_DPO_Sub_DV_Senate2014.pdf

National Council to Reduce Violence against Women and their Children. (2009). *Background paper to time for action: The National Council's plan for Australia to reduce violence against women and their children, 2009-2021*. Canberra: FAHCSIA.

National Ethnic Disability Alliance. (2014). National Disability/CALD & NESB Data Cube Project 2013-2014. Retrieved from http://www.neda.org.au/index.php/latest/173-datacube-final

Neideck, G. (2013). Specialist Homelessness Services Collection … and how it can help you. Paper presented at Council to Homeless Persons conference, Melbourne 2013. Retrieved from http://chp.org.au/wp-content/uploads/2013/05/130503_CHP-conference-2013_Geoff-Neideck_Specialist-homelessness-services-collection-how-it-can-help-you.pdf

NSW Domestic Violence Death Review Team. (2015). *Annual report 2013-2015*. Sydney: Department of Attorney General and Justice.

Ogunsiji, O., Wilkes, L., Jackson, D., & Peters, K. (2011). Suffering and smiling: West African immigrant women's experience of intimate partner violence. *Journal of Clinical Nursing, 21*, 1659-1665.

Olsen, A., & Lovett, R. (2016). *Existing knowledge, practice and responses to violence against women in Australian Indigenous communities: State of knowledge paper* (ANROWS Landscapes, 02/2015). Sydney: ANROWS.

Our Watch, Australia's National Research Organisation for Women's Safety, & VicHealth. (2015). *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*. Melbourne: Our Watch.

Pease, B., & Rees, S. (2007). Researching domestic violence in refugee families. *Domestic Violence Resource Centre Quarterly, 1*, 10-15.

Pease, B., & Rees, S. (2008). Theorising men's violence towards women in refugee families: Towards an intersectional feminist framework. *Just Policy, 47*, 39-45.

Phillips, J., & Vandenbroek, P. (2014). *Domestic, family and sexual violence in Australia: An overview of the issues*. Canberra: Parliamentary Library.

Pittaway, E., Muli, C., & Shteir, S. (2009). "I have a voice, hear me!" Findings of an Australian study examining the resettlement and integration experience of refugees and migrants from the Horn of Africa in Australia. *Refuge: Canada's Periodical on Refugees, 26*(2), 133-146.

Pitts, M., Smith, A., Mitchell, A., & Patel, S. (2006). *Private lives: A report on the health and wellbeing of GLBTI Australians* (Monograph series no. 57). Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University.

Poljski, C. (2011). *On your own: Sexual and reproductive health of female international students in Australia*. Collingwood: Multicultural Centre for Women's Health.

Poljski, C., & Murdolo, A. (2011). *On her way: Primary prevention of violence against immigrant and refugee women in Australia*. Collingwood: Multicultural Centre for Women's Health.

Potter, S., Fountain, K., & Stapleton, J. (2012). Addressing sexual and relationship violence in the LGBT community using a bystander framework. *Harvard Review of Psychiatry, 20*(4), 201-208.

Productivity Commission. (2011). *Disability care and support* (Report no. 54). Canberra: Productivity Commission.

Productivity Commission. (2014). *Overcoming Indigenous disadvantage key indicators 2014 report*. Canberra: Productivity Commission.

Queensland Centre for Domestic and Family Violence Research. (2003). *Statewide domestic and family violence data collection guide*. Mackay: CQ University.

Queensland Government. (2015). '*Not Now, Not Ever': Putting an end to domestic and family violence in Queensland*. Brisbane: Queensland Government.

Quinn, K. (2008). *Women and corrections* (Gender impact assessment no. 3). Melbourne: Women's Health Victoria.

Raj, A., Livramento, K., Santana, M., Gupta, J., & Silverman, J. (2006). Victims of intimate partner violence more likely to report abuse from in-laws. *Violence Against Women, 12*(10), 936-949.

Reber, A., & Reber, E. (2001). *Dictionary of psychology* (3rd ed.). London: Penguin.

Richters, J., Butler, T., Yap, L., Kirkwood, K., Grnat, L., Smith, A., … Donovan, B. (2008). *Sexual health and behaviour of New South Wales prisoners.* Sydney: School of Public Health and Community Medicine, University of New South Wales.

Ristock, J. (2014). Sexual assault in intimate partner same-sex relationships. In L. McOrmond Plummer, J. Levy-Peck, & P. Easteal (Eds.), *Intimate partner sexual violence: A multidisciplinary guide to improving services and support for survivors of rape and abuse.* London: Jessica Kingsley Publishers.

Salter, M. (2014). Multiperpetrator domestic violence. *Trauma, Violence, & Abuse, 15*(2), 102-112.

Shin, H., Rogers, H., & Law, V. (2015). *Domestic violence in the Longitudinal Study of Australian Children (LSAC).* Canberra: DSS.

Smith, N., & Weatherburn, D. J. (2013). *Personal stress, financial stress, social support and women's experiences of physical violence: A longitudinal analysis* (Contemporary issues in crime and justice, no. 168). Sydney: NSW Bureau of Crime Statistics and Research.

Soldatica, K., van Toornb, G. A., Dowse, L., & Muirc, K. (2014). Intellectual disability and complex intersections: Marginalisation under the National Disability Insurance Scheme. *Research and Practice in Intellectual and Developmental Disabilities. 1*(1), 6–16.

Spangaro, J., Poulos, R., & Zwi, A. (2011). Pandora doesn't live here anymore: Normalization of screening for intimate partner violence in Australian antenatal, mental health and substance abuse services. *Violence and Victims, 26*(1), 130-144.

Spangaro, J., & Zwi, A. (2010). *After the questions: Impact of routine screening for domestic violence in NSW Health Services.* Sydney: School of Public Health and Community Medicine, UNSW.

State of Victoria. (2016). Royal Commission into Family Violence: Summary and recommendations (Parliamentary paper no. 132, 2014-16). Retrieved from http://files.rcfv.com.au/Reports/RCFV_Full_Report_Interactive.pdf

Stathopoulos, M., Quadara, A., Fileborn, B., & Clark, H. (2012). *Addressing women's victimisation histories in custodial settings* (ACSSA issues no.13). Melbourne: Australian Institute of Family Studies.

Stoddard, J., Dibble, S., & Finemann, N. (2009). Sexual and physical abuse: A comparison between lesbians and their heterosexual sisters. *Journal of Homosexuality, 56*(4), 407-420.

Tarczon, C., & Quadara, A. (2012). *The nature and extent of sexual assault and abuse in Australia* (ACSSA resource sheet). Melbourne: Australian Institute of Family Studies.

Taylor, N., & Mouzos, J. (2006). *Community Attitudes to Violence Against Women Survey: A full technical report.* Melbourne: VicHealth.

Tayton, S., Kaspiew, R., Moore, S., & Campo, M. (2014). *Groups and communities at risk of domestic violence: A review of and evaluation of domestic and family violence prevention and early intervention services focusing on at-risk groups and communities.* Melbourne: Australian Institute of Family Studies.

Teague, R., & Mazerolle, P. (2007). *Childhood physical abuse and adult offending: Are they linked, and is there scope for early intervention?* (Research and issues paper series no. 6). Brisbane: Queensland Crime and Misconduct Commission.

Trijbetz, T. (2013). *Domestic and family violence and people from immigrant and refugee backgrounds* (Fast facts, 11). Sydney: Australian Domestic Violence & Family Violence Clearinghouse, UNSW.

United Kingdom. Department of Communities and Local Government. (2005). The principles of good data management. Retrieved from https://www.gov.uk/government/publications/the-principles-of-good-data-management

United Nations. (2014). *Guidelines for producing statistics on violence against women: Statistical surveys*. New York: UN.

Van der Kolk, B. (2007). Developmental impact of childhood trauma. In L Kirmayer, R. Lemelson & M. Barad (Eds.), *Understanding the nature of trauma: Integrating biological, clinical and cultural perspectives.* Cambridge, UK: Cambridge University Press.

Vaughan, C., Davis, E., Murdolo, A., Chen, J., Murray, L., Block, K., … Warr, D. (2015). *Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia: The ASPIRE Project*. (ANROWS Landscapes, 12/2015). Sydney: ANROWS.

VicHealth. (2011). *Violence against women research summary*. Melbourne: Victorian Health Promotion Foundation.

VicHealth. (2014). *Australians' attitudes to violence against women. Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS)*. Melbourne: Victorian Health Promotion Foundation.

VicHealth. (2015). *Understandings and actions to prevent violence against women in CALD communities*. Melbourne: Victorian Health Promotion Foundation.

Webster, K., Pennay, P., Bricknall, R., Diemer, .K, Flood, M., Powell, A., Politoff, V., & Ward, A. (2014). *Australians' attitudes to violence against women: Full technical report. Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS)*. Melbourne: Victorian Health Promotion Foundation.

Welsh Government. (n.d.). Data linking demonstration projects. Retrieved from http://gov.wales/statistics-and-research/data-linking-demonstration-projects/data-linking/?lang=en

Western Australia. Office for Women's Policy. (2005). *Indigenous women's report card: Supplement to the women's report card*. Perth: Department of Community Development.

Whitley, B. (2002). *Principles of research in behavioural science*. McGraw Hill: New York.

Wingard, B. (2010). A conversation with lateral violence. *International Journal of Narrative Therapy and Community Work, 1*, 13-17.

Women's Legal Services NSW. (2013). *It's time to talk about domestic violence: A toolkit for GPs in NSW*. Sydney: Women's Legal Services NSW.

Woodlock, D., Healey, L., Howe, K., McGuire, M., Geddes, V., & Granek, S. (2014). *Voices against violence, paper one: Summary report and recommendations*. Melbourne: Women with Disabilities Victoria.

Women with Disabilities ACT. (2014). Data Set Identification Project report. Retrieved from http://www.communityservices.act.gov.au/__data/assets/word_doc/0008/637757/ACT-DAC-Data-Set-Investigation-Project-Report.doc

World Health Organization. (2011). *World report on disability*. Geneva, Switzerland: WHO.

Zannettino, L., Pittaway, E., Eckert, R., Bartolomei, L., Ostaoiej-Piatkowski, B., Allimant, A., & Parris, J. (2013). *Improving responses to refugees with backgrounds of multiple trauma: Pointers for practitioners in domestic and family violence, sexual assault and settlement services* (Practice monograph 1). Sydney: Australian Domestic & Family Violence Clearinghouse, UNSW.

Appendix A - Stakeholder consultations

The development of this state of knowledge paper involved a series of consultations with a wide range of stakeholders. These included:

- domestic and family violence and sexual assault sectors;
- key thought leaders, advocates and representatives from the Aboriginal and Torres Strait Islander communities sector, the disability services sector, and the culturally and linguistically diverse sector;
- legal services and health services sectors;
- academics who conduct research on domestic and family violence and sexual assault with a particular focus on violence experienced by diverse groups of women;
- jurisdictional and federal government agencies; and
- specialist data agency experts.

Consultations were held from mid-October to early-December 2015, with stakeholders engaged from every state and territory. The consultations with state and federal government agencies and specialist data agencies provided insight into administrative data collection processes, ongoing longitudinal research, and the ways that governments use data in evidence-based policy development. The wider consultations with community representatives and academics drew upon sector expertise and academic knowledge of the experiences of violence of Aboriginal and Torres Strait Islander women, culturally and linguistically diverse women, and women with disabilities.

Aim of the consultations

The incorporation of stakeholder consultations into this state of knowledge paper aimed to ensure that the paper was informed by the specialist practice and policy expertise of the community and research sectors and across government agencies. The consultations focused on reviewing what is known about the experiences of domestic and family violence and sexual assault against the diverse groups of women, and what data are currently collected in relation to this. The consultations also harnessed stakeholder views on opportunities for improvement in the current Australian data landscape. The consultations concentrated on:

- definitions, identification processes and data collection at the service level for each diverse group;
- stakeholder engagement with and use of existing national datasets and surveys, and other sources of data and information they may use or know of;
- perceived gaps in data collections for these groups, and recommendations for how existing datasets could be modified to improve data for diverse groups;
- the different forms of violence experienced by women from diverse groups and the barriers to reporting and accessing services for women from diverse groups; and
- knowledge of any other groups for whom data quality may also require improvement (whether these occur at an intersection between diverse groups, or other groups entirely).

In this way, the options for data improvement that we identify in this paper have been developed to meet the needs of stakeholders and to address current gaps in data collection and enable informed policy and practice development.

Stakeholder identification and engagement

Multiple approaches were used to identify relevant stakeholders to participate in the consultations. For government stakeholders, relationships were already in place between ANROWS and key contacts in the federal government as well as in each state and territory through ANROWS's National Plan senior officials' network. Input was also sought from the ANROWS Practitioner Engagement Group in identifying key stakeholders in the domestic and family violence and sexual assault sectors and broader community services sector including the specialist Aboriginal and Torres Strait Islander women's sector, culturally and linguistically diverse women's sector and women with disabilities sector. ANROWS's networking database was also used to identify researchers and academics working on violence against women within these diverse groups. Organisations who prepared high quality submissions to the recent Senate Inquiry by the Finance and Public Administration References Committee into domestic violence in Australia were also considered. In addition to this, a snowballing approach was employed through the stakeholder survey and semi-structured interviews to identify other individuals and organisations with specialised expertise in the experiences of domestic and family violence and sexual assault for diverse groups, or related data collections.

In reference to consultations with jurisdictional stakeholders, requests for input were directed to senior staff in all states and territories, however the level of participation varied with limited engagement from South Australia and ACT and extensive engagement from both Tasmania and Queensland. In reference to consultations with the community services sector in Australia, whilst there was a high level of engagement with the project across all stakeholder groups there were a greater number of stakeholders from the culturally and linguistically diverse women's sector compared with the Aboriginal and Torres Strait Islander women's sector and women with disabilities sector. Strong efforts were made to engage with stakeholders from all diverse groups, however several factors led to the increased participation of the culturally and linguistically diverse women's sector. This sector is larger than the Aboriginal and Torres Strait Islander women's sector and women with disabilities sector as it includes multicultural and settlement organisations that work across a range of cultural groups, as well as organisations that work with specific cultural, linguistic or religious populations. In addition, the short timeframe for the stakeholder consultations meant that some stakeholders from the Aboriginal and Torres Strait Islander community sector and the disability sector were unable to participate. All specialist data agencies participated and were available for ongoing input into the project. Overall, stakeholders were highly engaged across all diverse groups and the input that was received was comprehensive.

Figure 21 - stakeholder identification

Jurisdictional stakeholders	Community services sector	Specialist data agencies
ANROWS's network of National Plan senior officials from all jurisdictions. Jurisdictional Offices for Women/ Women's Affairs, Community Services, Indigenous Affairs, Multicultural Services, Disability Services, Policing, Child Protection, Public Safety Business Agencies, and Human Services.	Domestic and family violence services. Sexual assault services. Culturally and linguistically diverse community services. Aboriginal and Torres Strait Islander specialist community services. Disability specialist services; Women's health services. Legal services. Broader community services including family and relationships services. Universities and research institutes.	Australian Bureau of Statistics (ABS). Australian Institute of Health and Welfare (AIHW). Australian Institute of Family Studies (AIFS). Australian Institute of Criminology (AIC). VicHealth. Jurisdictional crime and justice statistics agencies.

Stakeholder consultation methods

Three methods were employed to capture stakeholder views. Most consultations contained a set of common questions for all stakeholders, as well as separate questions for content-matter experts on the three diverse groups identified in the project scope. Consultations with specialist data agencies varied, as questions related to the specific data sources, administration, custodianship and scope of each agency.

- Semi-structured interviews were conducted with the jurisdictional and community stakeholder groups. The necessary brevity of the consultation period meant that a range of methods were used to facilitate the semi-structured interviews. As such, whilst the questions remained consistent throughout the consultation process, the format of the interviews varied depending on the stakeholder's location and availability (i.e., either in-person, via Skype, via phone or by email).
- The online stakeholder survey was conducted with a wider range of stakeholders. The survey participants were identified through the stakeholder identification process, however, all information collected through the survey was anonymised. The survey collected information on the same topics covered in the semi-structured interview. The survey findings complemented and further validated the findings from these interviews.
- The consultations with specialist data agencies were more informal, roundtable format, based on questions relating to the specific data sources, administration, custodianship and scope of each agency. These consultations were used to inform the data mapping component of the project.

Overview of stakeholder characteristics

The stakeholder consultations were successful in engaging a range of expert stakeholders. A total of 158 stakeholders from 99 organisations and agencies participated in semi-structured interviews. Of these there were 64 stakeholders from 26 national and state and territory based government agencies and a further 94 stakeholders were consulted from 73 community sector organisations and universities. There were seven roundtable consultations with 20 stakeholders from federal government and specialist data agencies which were used for the data mapping section of this paper. Further locational and expertise information about the stakeholders is outlined in Table 4. In addition to these stakeholders, 26 individuals from community organisations and research centres responded to the online stakeholder survey, bringing the total number of stakeholders to 184.

Figure 22 - Location and expertise of stakeholders engaged through the stakeholder consultations

Jurisdiction where stakeholder worked[1]	Number of Consultations
Australian Capital Territory	6
Queensland	15
New South Wales	13
Northern Territory	13
South Australia	8
Tasmania	7
Victoria	22
Western Australia	9
Federal/National	36
Areas located or serviced by stakeholders	**Number of Organisations**
Rural	42
Regional	49
Remote	24
Diverse group expertise[2]	Number of Organisations
Disability experts	10
Culturally and linguistically diverse experts	27
Aboriginal and Torres Strait Islander community experts	11

1 We note that many stakeholders worked at the state and territory level as well as the national level and some stakeholders worked across multiple jurisdictions. This categorisation reflects the primary state and territory where the stakeholder worked.

2 Diverse group experts are community and academic stakeholders that were identified by the project team based on their expertise with each of the diverse groups. This figure does not include jurisdictional stakeholders or those who responded to the stakeholder survey.

Figure 23 – List of stakeholders consulted

	Agency/Organisation Name	Representatives	Stakeholder Group	State
1	Department of Social Services (Humanitarian Settlement Analysis Section, Settlement Support Branch, Multicultural, Settlement Services and Communities Group)	Mr David Dedenczuk	Federal Government	ACT
		Ms Peggy O'Neill		
		Ms Erja Vanhalakka-Stephenson		
2	Department of Social Services (CALD and Indigenous Women's Safety)	Dr Margot Clifford	Federal Government	ACT
	Family Safety Taskforce)	Mr Heusen Mak		
3	Australian Bureau of Statistics (National Centre for Crime and Justice Statistics, Population, Labour and Social Statistics Group)	Ms Lisette Aarons	Federal Agency	VIC
		Ms Erica Potts		
		Ms Jennifer Bell		
4	Australian Institute of Health and Welfare (Social and Indigenous Group)	Dr Fadwa Al-Yaman	Federal Agency	VIC
5	Australian Institute of Family Studies	Dr Rae Kaspiew	Federal Agency	VIC
		Dr Antonia Quadara		
		Dr Lixia Qu		
		Dr Ben Edwards		
		Dr John De Maio		
		Ms Suzanne Vassallo		
		Mr Nicholas Heyes		
6	Australian Institute of Criminology	Dr Samantha Brickwell	Federal Agency	ACT
		Ms Hayley Boxall		
7	VicHealth	Ms Renee Imbesi	Victorian Government	VIC
		Dr Wei Leng Kwok		
8	Crime Statistics Agency, Victoria	Ms Fiona Dowsley	Victorian Government	VIC
		Ms Courtney Van Tongeren		
9	Alice Springs Integrated Response to Family and Domestic Violence	Ms Liz Olle	Northern Territory Government	NT
10	Northern Territory Government Domestic Violence Directorate	Ms Nicki Petrou	Northern Territory Government	NT
11	Women's Policy Northern Territory	Ms Suzanne Everingham	Northern Territory Government	NT
		Ms Tina Lee		
		Ms Sarah Burchett		
		Ms Kimberly James		
		Ms Alysha Chambers		
12	Western Australia Department for Child Protection and Family Support (Family & Domestic Violence Unit)	Ms Sherrilee Mitchell	Western Australia Government	WA
13	Victim Support ACT	Ms Kylie Woodward	ACT Government	ACT
		Ms Emma Henderson		
14	Tasmanian Department of Premier and Cabinet	Ms Kate Kent	Tasmanian Government	TAS
		Ms Natalie Cooling		
		Ms Amy Robertson		
		Ms Wendy Spencer		
		Ms Brook Teale		
		Ms Angela Triffitt		
15	Tasmanian Department of Justice	Ms Amanda Johnson	Tasmanian Government	TAS

	Agency/Organisation Name	Representatives	Stakeholder Group	State
16	Tasmanian Department of Health and Human Services	Ms Anita Doig Mr Simon Koop	Tasmanian Government	TAS
17	Tasmanian Department of Police and Emergency Management	Senior Sergeant Rebecca Davis Inspector Brett Berry	Tasmanian Government	TAS
18	Multicultural SA	Ms Samantha Williams Ms Marisa La Falce	South Australian Government	SA
19	SA NT Datalink	Mr Chris Radbone Mr Tony Woollacott	South Australian and Northern Territory Government – government and academic consortium	SA
20	NSW Bureau of Crime Statistics and Research (BOCSAR)	Ms Jacqueline Fitzgerald	New South Wales Government	NSW
21	NSW Ministry of Health (Women's Analytics and Evaluation Team, Centre for Epidemiology & Evidence) – Formerly FACSAR – Department of Family and Community Services	Dr Melissa Burgess	New South Wales Government	NSW
22	Queensland Department of Communities, Child Safety and Disability (Strategic Policy; Multicultural Affairs and Child Safety; Provider Reporting and Data Quality; Violence Prevention Team; Office for Women and Domestic Violence Reform; Disability Services)	Ms Judith Quirk Ms Donna O'Shea Mr Andrew Barr Mr Doug Winten Ms Abigail Reed Ms Christie Gooden Ms Jo Renado	Queensland Government	QLD
23	Queensland Department of Justice (Court Performance and Reporting Unit)	Ms Claire Slater	Queensland Government	QLD
24	Queensland Police Service and Public Safety Business Agency (PBSA)	Melanie Stacey Melissa Dwyer Charlene McMahon	Queensland Government	QLD
25	Queensland Government Statistician's Agency, Department of the Treasury	Dr Sandy van Rous	Queensland Government	QLD
26	Queensland Department of Communities, Child Safety and Disability Services, Disability Services Mackay	Ms Vanessa Whalan Ms Jan Mclachlan Ms Norma Day	Queensland Government	QLD
27	SCOA – Settlement Council of Australia, Sydney	Ms Kat O'Neill	Culturally and Linguistically Diverse	NSW
28	Multicultural Community Services of Central Australia	Ms Magurite Baptiste-Rokke	Culturally and Linguistically Diverse	NT
29	George St Neighbourhood Centre Multicultural support service	Ms Lyn Gargano Ms Lynn Bartlett	Culturally and Linguistically Diverse	QLD
30	Immigrant Women's Support Service	Ms Cecilia Barassi-Rubio	Culturally and Linguistically Diverse	QLD
31	Migrant Health Service, SA	Ms Kay Johnston Ms Ana Maria Holas Ms Daniela Follese	Culturally and Linguistically Diverse	SA
32	Multicultural Services, Relationships Australia (SA)	Ms Enaam Oudih	Culturally and Linguistically Diverse	SA

	Agency/Organisation Name	Representatives	Stakeholder Group	State
33	Our Watch	Ms Teresa Dowd Ms Sarah Kearney	Culturally and Linguistically Diverse	VIC
34	Women's health and Family Services - Domestic violence advocacy support central	Ms Yolinda Strauss	Culturally and Linguistically Diverse	WA
35	Consultant	Ms Maria Osman	Culturally and Linguistically Diverse	WA
36	Myriad Consulting	Ms Maria Dimopoulos	Culturally and Linguistically Diverse	VIC
37	Consultant, with experience working for AMES	Ms Lyn Walker	Culturally and Linguistically Diverse	VIC
38	Federation of Ethnic Communities' Council of Australia	Ms Gulnara Abbasova Ms Erin Gillen	Culturally and Linguistically Diverse	ACT
39	Migration Council Australia (MCA)	Ms Veronica Finn	Culturally and Linguistically Diverse	ACT
40	Multicultural Centre for Women's Health	Dr Adele Murdolo Dr Jasmin Chen Dr Regina Quiazon	Culturally and Linguistically Diverse	VIC
41	InTouch, Multicultural Centre against Family Violence	Ms Rose Byrnes Ms Roshan Bhandary	Culturally and Linguistically Diverse	VIC
42	Australian Muslim Women's Centre for Human Rights	Ms Joumanah El Matrah	Culturally and Linguistically Diverse	VIC
43	RMIT	Associate Professor Suellen Murray	Culturally and Linguistically Diverse	VIC
44	University of Melbourne	Ms Erin Davis	Culturally and Linguistically Diverse	VIC
45	University of Melbourne	Dr Cathy Vaughan	Culturally and Linguistically Diverse	VIC
46	University of Melbourne	Dr Karen Block	Culturally and Linguistically Diverse	VIC
47	University of Tasmania	Dr Linda Murray	Culturally and Linguistically Diverse	TAS
48	National Ethnic Disability Alliance	Ms Jane Flanagan	Culturally and Linguistically Diverse / Disability	ACT
49	Integrated Disability Action	Ms Robyne Burridge Ms Lynette Temby	Disability	NT
50	Women With Disabilities ACT	Ms Sue Salthouse	Disability	ACT
51	Advocacy for Inclusion	Ms Christina Ryan	Disability	ACT
52	People with Disabilities Australia	Dr Jessica Cadwallader	Disability	NSW
53	University of Melbourne	Dr Lucy Healey	Disability	VIC
54	Women With Disabilities South Australia	Ms Margie Charlesworth	Disability	SA
55	Women With Disabilities Victoria	Ms Jen Hargrave	Disability	VIC
56	Deakin University	Dr Patsie Frawley	Disability	VIC
57	Women With Disability Australia	Ms Cristina Ricci	Disability	TAS
58	Australia's National Research Organisation for Women's Safety (ANROWS)	Ms Heather Nancarrow	Aboriginal and Torres Strait Islander	NSW
59	Women's Council for Domestic and Family Violence	Ms Dorinda Cox	Aboriginal and Torres Strait Islander	WA

	Agency/Organisation Name	Representatives	Stakeholder Group	State
60	Aboriginal Family Violence Prevention and Legal Services Victoria	Mr Andrew Gargett	Aboriginal and Torres Strait Islander	VIC
61	National Aboriginal and Torres Strait Islander Women's Alliance	Ms Tracey Currie	Aboriginal and Torres Strait Islander	VIC
62	Cairns Regional Domestic Violence Service	Ms Amanda Lee-Ross	Aboriginal and Torres Strait Islander	QLD
63	Top End Women's Legal Service	Ms Vanessa Lethlean	Aboriginal and Torres Strait Islander	NT
64	Aboriginal and Torres Strait Islander Community Health Services Mackay	Ms Rebecca McColm Ms Patricia Kemp	Aboriginal and Torres Strait Islander	QLD
65	Port Macquarie Hastings Domestic and Family Violence Specialist Service	Ms Kylie Dowse	Aboriginal and Torres Strait Islander	NSW
66	Tangentyere Council	Ms Maree Corbo	Aboriginal and Torres Strait Islander	NT
67	Charles Darwin University	Associate Professor Emma Williams	Aboriginal and Torres Strait Islander	NT
68	Australian National University	Dr Sarah Holcombe	Aboriginal and Torres Strait Islander	ACT
69	Women's Centre for Health Matters	Ms Angela Carnovale	Prevention of violence against women sector	ACT
70	Canberra Rape Crisis Centre	Ms Chrystina Stanford	Prevention of violence against women sector	ACT
71	Legal Aid Western Australia	Ms Julie Jackson Mr Michael Hovane	Prevention of violence against women sector	WA
72	Domestic Violence Victoria	Ms Alison Macdonald Ms Prue Cameron Ms Verity Boaro	Prevention of violence against women sector	VIC
73	1800RESPECT	Ms Naomi Bailey Ms Nicola Lowe	Prevention of violence against women sector	VIC
74	No to Violence	Mr Rodney Vlais	Prevention of violence against women sector	VIC
75	The Australian Human Rights Commission	Ms Lisa Pusey	Prevention of violence against women sector	NSW
76	Women's Legal Services NSW	Ms Liz Snell	Prevention of violence against women sector	NSW
77	1800 RESPECT & Rape and Domestic Violence Services Australia	Ms Karen Willis Ms Jacqui Bourke	Prevention of violence against women sector	NSW
78	White Ribbon Australia	Ms Libby Davies	Prevention of violence against women sector	NSW
79	Women's Law Centre and Domestic Violence Legal Workers Network	Ms Heidi Guldbaek	Prevention of violence against women sector	WA
80	National Association for Services Against Sexual Violence	Ms Trudi Ruane	Prevention of violence against women sector	WA
81	Independent consultant	Ms Samantha Bowden	Prevention of violence against women sector	NT
82	Alice Springs Women's Shelter	Ms Dale Wakefield	Prevention of violence against women sector	NT
83	Ngannyatjarra Pitjantjajarra Yankunytjatjara Women's Council	Ms Melisa Linderman	Prevention of violence against women sector	NT

	Agency/Organisation Name	Representatives	Stakeholder Group	State
84	Ruby Gaea	Ms Merryl Gee	Prevention of violence against women sector	NT
85	National Association for Prevention of Child Abuse and Neglect	Ms Lesley Taylor	Prevention of violence against women sector	NT
86	YWCA Darwin	Ms Nina Lemos	Prevention of violence against women sector	NT
87	Queensland Domestic Violence Services Network and Ending Violence against Women Queensland	Ms Jude Marshall	Prevention of violence against women sector	QLD
		Ms Kathryn Reid		
		Ms Terese Kingston		
		Ms Carolynne Fisher		
		Ms Debbie Field		
		Ms Laura Adams		
88	Mackay Women's Centre	Ms Vicki O'Brien	Prevention of violence against women sector	QLD
89	DV Connect and Domestic Violence & Family Violence Crisis Line of Australia Network	Ms Diane Mangan	Prevention of violence against women sector	QLD
90	Women's Community Health Network	Ms Alison Evans	Prevention of violence against women sector	WA
91	Australian Women Against Violence Alliance	Dr Merrindahl Andrew	Prevention of violence against women sector	ACT
92	DV-Alert	Ms Gia Chu	Prevention of violence against women sector	ACT
93	University of Melbourne	Associate Professor Ruth McNair	LGBTIQ	VIC
94	Migrant and Refugee Settlement Services of the ACT	Ms Sharni Fernando	Culturally and Linguistically Diverse	ACT
95	MDA Ltd	Ms Kim Locklier	Culturally and Linguistically Diverse	QLD
		Julie Connelly		
96	AMES	Dr Lisa Thompson	Culturally and Linguistically Diverse	National
97	Navitas	Ms Jill Gillespie	Culturally and Linguistically Diverse	National
98	Melaleuca Refugee Centre	Ms Naomi Brown	Culturally and Linguistically Diverse	NT
99	Community Migrant Resource Centre	Ms Melissa Monteiro	Culturally and Linguistically Diverse	NSW

ANROWS

Invisible women, invisible violence: Understanding and improving data on the experiences
of domestic and family violence and sexual assault for diverse groups of women

ANROWS