AIHW

Committee Secretary
House of Representatives Standing Committee on Social Policy and Legal Affairs
PO Box 6021
Parliament House
Canberra ACT 2600

Dear Sir/Madam

Submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs inquiry into family, domestic and sexual violence

The Australian Institute of Health and Welfare (AIHW) welcomes the opportunity to provide a submission to the above inquiry. This submission highlights data available from the AIHW, along with current work planned or underway, which may be of relevance to the terms of reference (**Attachment 1**).

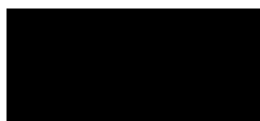
The AIHW is the leading health and welfare statistics agency in Australia and is regarded as an international leader in this sector. We improve the health and welfare of all Australians by providing information and statistics that can be trusted and used with confidence. Our high quality, independent evidence is used by many to improve policies and services on a range of health and welfare issues and topics, including family, domestic and sexual violence. In addition to our analysis and reporting function, the AIHW works with others to fill data gaps.

Over the last 10 years the evidence base for family, domestic and sexual violence has substantially improved, through both the Australian Bureau of Statistics' (ABS) development of a National Data Collection and Reporting Framework for family, domestic and sexual violence and the AIHW's work to report holistically against this framework. Both bodies of work were funded by the Australian Government Department of Social Services (DSS), with several states and territories providing input into the AIHW's foundational work in this area.

In conducting our work, we draw on a range of ABS and AIHW data sources, as well as academic literature. However, data gaps remain, particularly with regard to population groups who may be vulnerable, complex forms of family, domestic and sexual violence (FDSV) and system responses to FDSV. The limited national data on system responses, particularly contact with health services (e.g. primary health, emergency departments) and specialist FDSV services, limit understanding of the impacts and outcomes of FDSV, and the pathways and patterns of service use. The AIHW is attempting to fill some data gaps, with continued funding support from DSS and in consultation with data providers—notably state, territory and Australian governments which fund relevant response services.

Should the committee have any queries about the information provided, or wish to seek additional information from the AIHW, please contact [redacted], Head, Community Services Group [redacted].

Yours sincerely



Barry Sandison
Chief Executive Officer

24 July 2020

Attachment 1

Relevant data and information about family, domestic and sexual violence in Australia

Introduction

The AIHW is a national independent statutory agency established in 1987. Its functions are set out in the *Australian Institute of Health and Welfare Act 1987*.

The AIHW's purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians. The role of the AIHW is to:

- collect and produce, and coordinate and assist the collection and production of, health- and welfare-related information and statistics
- conduct and promote research into Australians' health and their health services
- develop specialised standards and classifications for health, health services and welfare services
- publish reports on its work
- make recommendations to the Minister for Health on prevention and treatment of diseases and improvement and promotion of the health awareness of Australians
- provide researchers with access to health- and welfare-related information and statistics, subject to confidentiality provisions.

The AIHW also contributes to the development of key performance indicators across a range of health and welfare domains and is a national leader in data linkage activities. The AIHW has a long history of balancing the need for publicly available data, while adhering to strict privacy requirements of data suppliers and the expectations of stakeholders and the community.

AIHW's information activities related to family, domestic and sexual violence

For the last 5 years, the AIHW has played a lead role in the reporting and development of national information, statistics and indicators on family, domestic and sexual violence (FDSV). This work is undertaken by a small, highly qualified team of AIHW staff, funded largely by the Department of Social Services (DSS), but with components also periodically funded by some other government agencies such as Australian Government Attorney-General's Department, state/territory government agencies with responsibility for family violence and the Australian National Research Organisation for Women's Safety (ANROWS).

In undertaking this work, AIHW staff perform a range of activities, including:

- Authoring and publishing national compendium reports: Family, domestic and sexual violence in Australia, 2018 and Family, domestic and sexual violence in Australia: continuing the national story 2019. These reports each received in excess of 100 media mentions (print, newspaper, radio, television), including prime-time radio interviews on ABC radio national.
- Authoring and publishing of bespoke reports, for example, a short thematic-style publication on sexual assault (forthcoming).
- Leading relevant national data development activities, for example: progressing work to improve the identification of family and domestic violence in national emergency department data; scoping improvements to elder abuse helpline data; developing indicators; and collecting data against national outcome standards for perpetrator interventions.

- Providing technical advice, aggregated data and relevant information to government, non-government service providers and the public.
- Peer reviewing related information products, particularly those produced by other national agencies, such as ANROWS.

The AIHW also draws on advice and input from an expert advisory group, which includes representatives from a range of government (national and state/territory) and research agencies.

The AIHW's flagship publications, *Australia's Health* and *Australia's Welfare* also provide high-level information on FDSV. In 2019, Australia's welfare 2019: data insights explored elder abuse in detail, in one of 8 original articles on welfare topics (AIHW 2019a).

Terms of reference (ToR) relevant to AIHW's submission

The material in this submission focuses primarily on the following committee terms of reference:

f) The adequacy of the qualitative and quantitative evidence base around the prevalence of domestic and family violence and how to overcome limitations in the collection of nationally consistent and timely qualitative and quantitative data including, but not limited to, court, police, hospitalisation and housing

g) The efficacy of perpetrator intervention programs and support services for men to help them change their behaviour

h) The experiences of all women, including Aboriginal and Torres Strait Islander women, rural women, culturally and linguistically diverse women, lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) women, women with a disability, and women on temporary visas.

We focus on quantitative rather than qualitative evidence, in line with our organisation's remit. This submission is structured as follows:

- **Section 1** provides a brief overview of the current quantitative evidence base
- **Section 2** provides a brief assessment of the adequacy of this quantitative evidence base
- **Section 3** makes several suggestions for limitations in the current quantitative evidence base which could be overcome
- **Section 4** provides the committee with some information about AIHW's activities with respect to measurement and data collection with respect to perpetrator interventions.

1. The quantitative evidence base on family, domestic and sexual violence (ToR f part 1)

The AIHW's Family, domestic and sexual violence (FDSV) in Australia reports focused predominantly on statistics drawn from population surveys and administrative by-products, with the view to build a quantitative evidence base that aligns with the National Data Collection and Reporting Framework (DCRF). Data were reported across key areas: prevalence, responses, impacts and context (attitudes and behaviours). In collating FDSV-relevant national data assets, the reports also identified and confirmed key information needs.

Where data were available on the experiences of specific population groups (including Aboriginal and Torres Strait Islander women, rural women, culturally and linguistically diverse women, LGBTQI+ women, women with disability, and women on temporary visas), these were reported. However, these data often come from small collections or studies and there are limited national data available (see section 2 for discussion of the current data gaps and limitations).

Prevalence

Data from the 2016 Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS) were used to report on the extent to which family, domestic and sexual violence occurs in the population. The data show:

- 1 in 6 (17%, or 1.6 million) women and 1 in 16 (6.1%, or 548,000) men had experienced physical and/or sexual violence from a current or previous cohabiting partner.
- 1 in 20 (5.1%, or 935,000) people had experienced violence from a current or previous boyfriend, girlfriend or date—7.4% (694,000) women and 1.9% (174,000) men.
- 1 in 4 (23%, or 2.2 million) women and 1 in 6 (16%, or 1.4 million) men had experienced emotional abuse (which includes coercive control) from a current or previous partner.
- More than 1 in 2 (57%, or 958,000) women and 1 in 4 (24%, or 247,000) men who had experienced emotional abuse from a previous partner had also been assaulted or threatened with assault.
- 1 in 5 (18%, or 1.7 million) women and 1 in 20 (4.7%, or 429,000) men had experienced sexual violence (ABS 2017).

While FDSV occurs across all age and sociodemographic groups, women were overwhelmingly the victims of these types of violence (ABS 2017).

Responses

Actions taken after incidents of FDSV are referred to as 'responses' and can include informal support (such as disclosure to friends or family) and formal support (such as police and legal services, health professionals or housing assistance). Data from various sources show:

- Almost half (46%, or 127,000) women and 7 in 10 (68%, or 102,000) men who experienced violence from a current partner did not seek advice or support (ABS 2017).
- Eight in 10 (82%, or 226,000) women and more than 9 in 10 (97%, or 146,000) men who experienced violence from a current partner, never contacted the police (ABS 2017).
- In 2018, police recorded 26,000 sexual assaults—representing 176 female victims per 100,000 population and 33 male victims per 100,000. Since 2011, the number of victims recorded by police has increased each year (ABS 2019).
- In 2017–18, 3 in 10 (31%, or 6,500) assault hospitalisations for those aged 15 and over were a result of family and domestic violence (AIHW 2020).
- In 2018–19, 116,000 specialist homelessness clients had experienced family and domestic violence, equating to 40% of all clients. More Specialist Homelessness Services (SHS) clients who experienced family and domestic violence were at risk of homelessness (63%) upon presentation to an SHS agency, than were homeless (37%) (AIHW 2019a).

Impacts

The impacts of family, domestic and sexual violence can be serious and long lasting. Data on long-term health impacts and outcomes are drawn from longitudinal studies such as the Australian Longitudinal Study on Women's Health, the Australian Burden of Disease Study (ABDS) and the Australian Institute of Criminology's (AIC's) National Homicide Monitoring Program (NHMP). These data show:

- In 2018, over one-third (38%) of all homicide and related offences (including murder, attempted murder and manslaughter) were related to family and domestic violence (ABS 2019).

- Over the 2 financial years 2016–17 and 2017–18, there were 183 victims of domestic homicide, with over half 55% (100) of the victims being female (Bricknell 2020a; Bricknell 2020b).
- In 2017–18, the rate of domestic homicides were 0.3 per 100,000, the lowest rate of domestic homicide since the AIC's NHMP began in 1989–90 (Bricknell 2020a; Bricknell 2020b).
- For women aged 15 and over, mental health conditions were the largest contributor to the disease burden due to intimate partner violence; these conditions included depressive disorders (43%), followed by anxiety disorders (30%) and suicide and self-inflicted injuries (19%) (AIHW 2019b).
- Women who experience childhood abuse or household dysfunction suffer worse mental and physical health in adulthood compared with women who did not have these experiences (Loxton et al. 2018).

Context

The societal context in which FDSV occurs can be measured several ways. Data on attitudes and knowledge can be used to report on community understanding, while data on other behaviours related to violence (such as sexual harassment and stalking) can provide an overview of the environment in which violence can occur. These data show:

- 8 in 10 (81%) of Australians agree that controlling by denying a partner money is a form of family and domestic violence—up from 70% in 2013 (Webster et al. 2018).
- 1 in 2 (53%) of women and 1 in 4 (25%) of men had experienced sexual harassment since the age of 15 (ABS 2017).
- 2 in 5 (39%) of women and 1 in 4 (26%) of men had experienced sexual harassment at work in the last 5 years (AHRC 2018).
- 1 in 6 (17%) of women and 1 in 15 (6.5%) of men had experienced stalking since the age of 15 (ABS 2017).

2. The adequacy of the quantitative evidence base around domestic and family violence (ToR f part 2 and ToR h)

The holistic approach the AIHW uses when reporting on national FDSV, based on the ABS DCRF, provides a unique opportunity to assess gaps in data and knowledge. The AIHW's two comprehensive national reports on FDSV identified a number of key data gaps, which if filled, will improve the evidence base.

Prevalence

Vulnerable population groups

National surveys such as the ABS PSS are limited in their ability to provide prevalence data on smaller population groups. This is because it is difficult to obtain large representative samples of at-risk populations and data become less reliable and robust when small samples from specific populations are analysed. These population groups include:

- LGBTIQ+ people
- people with disability
- children
- people from culturally and linguistically diverse backgrounds
- people in rural and remote Australia
- people from low socioeconomic areas.

While data on the prevalence of physical violence among Aboriginal and Torres Strait Islander people is available, additional data on violence other than physical violence (such as sexual, emotional or psychological) are not.

Complex forms of family, domestic and sexual violence

There is currently no single definition of what constitutes complex forms of violence. Complex forms of violence can include a range of behaviours and practices that exist outside common understanding of physical, sexual and emotional violence. As such, these forms of violence may not be detected by survey instruments commonly used to record FDSV. Complex forms of violence may include: forced marriage, trafficking of women and children for sexual exploitation, female genital mutilation/cutting, prolonged incest, dowry abuse and dowry-related violence.

Further, the types of assistance and support required for those who have experienced complex forms of violence may be more specialised and beyond the scope of FDSV services. For these reasons, there are limited visibility of how the prevalence and impacts of these forms of violence.

Technology-facilitated and image-based abuse

Technology-facilitated abuse can take many forms, and includes: abusive messages or calls, account take overs, image-based abuse, or being tracked through a phone or device (Office of the eSafety Commissioner 2020). Some data are available to report on selected forms of technology-facilitated abuse; for example data from an online survey of just over 4,000 Australians found that 1 in 5 (23%, or 970) people had been the victim of image-based abuse (Henry et al. 2017). However, there are limited national data about the prevalence of technology-facilitated abuse more broadly and how these behaviours co-occur with FDSV. Under the Fourth Action Plan, ANROWS is working to establish reliable national prevalence rates for adult victimisation and perpetration of key forms of technology-facilitated abuse, including online sexual harassment, stalking, partner violence and image-based sexual abuse (see ANROWS register of active and recent research).

Responses

Specialist family, domestic and sexual violence services

Victims of FDSV may access a range of services that span mainstream (for example health, finance and employment), justice, and specialist FDSV service sectors. Specialist FDSV services include a range of services, such as men's referral services, crisis and specialist family violence services, crisis sexual assault services, and family violence outreach services. Currently there are limited national data about access to, and impact of, these specialist services, and the extent to which they provide coordinated responses for victims and perpetrators.

Data compiled nationally on service use, client characteristics and outcomes could highlight strengths in different models of service delivery across states and territories, and lead to improvements in service delivery and client outcomes.

Financial support

There are limited national data on the financial impacts of FDSV on individuals and the community. There is also limited data on the types of financial assistance provided to victims and perpetrators by employers and workplaces or through financial counselling services.

Mainstream health services, including primary health care and emergency department attendances

Primary health care settings can provide prevention activities and services to people affected by FDSV. There are specific initiatives operating in regions of Australia to improve primary care responses to FDSV, for example North Western Melbourne Primary Health Network and

Brisbane South Primary Health Network. However, there are limited national data on FDSV-related interactions available from primary health-care settings.

Similarly, victims of FDSV may regularly attend the emergency department (ED) as a result of injury or an associated condition (ACEM 2016). The national emergency department data collection currently captures information on injury as a principal diagnosis. However, there is no equivalent to the practice of the national admitted hospital data which captures information on the external cause of the injury (for example, assault and relationship to perpetrator of assault), the place of occurrence and the activity underway when the injury occurred.

Victims and perpetrators of FDSV may also access specialised health services such as ambulance services, alcohol and other drug treatment services, and mental health services. Currently, it is not possible to identify those people accessing these services who are exposed to or needing assistance with FDSV issues, in national data collections.

Police and justice responses

The ABS is working closely with states and territories to improve national comparability of police and justice system responses to FDSV. Currently, there are no uniform processes in police and justice data to identify family and domestic violence across all state and territories. There are also limited published data on legal aid, family court responses and apprehended violence orders (including following the establishment of a National Domestic Violence Order Scheme).

Perpetrator interventions

Perpetrator intervention programs try to reduce the risk, and change the behaviours, of family violence perpetrators. However, there are limited data to monitor and report on perpetrator intervention programs nationally. A range of organisations and services are involved in perpetrator intervention, including the police, courts, corrections, perpetrator offender programs and child protection services. The ABS is currently working to improve comparability of data across recorded crime and criminal courts data collections. However, the justice system is only one component of the perpetrator intervention system. Men's Behaviour Change Programs (MBCP) are another type of service that are administered in a variety of settings with the aim to address or reduce violence. Currently, there are limited data about how many MBCPs are being run nationally, the profile of clients, and the extent to which they are effective in reducing violence (for more information, see section 4).

Presentation of data

Locally-relevant data

The ability to identify local areas of high risk for FDSV is particularly relevant for policy planners and service providers. Information with more precise geographical data, can be used to better target strategies, resources and programs, particularly during times of crisis. At the state and territory level, some data are available by local areas, however these data are not consistently available nationally, and may not always be robust enough for publication.

Data about pathways, impacts and outcomes for victims, perpetrators and their children

Data linkage can be used to explore service use patterns and pathways, both targeted and broader outcomes for priority populations, and broader social impact and investment prioritisation. Of particular interest, is the potential to provide information on the patterns of domestic violence experienced by an individual, for which limited data currently exist.

To date, at a national level, there have been limited opportunities for multiple data sources to be linked to provide insights specifically related to FDSV, including pathways, impacts and outcomes for victims, perpetrators and their children (see further discussion in Section 3).

3. Improving the evidence base—how to overcome limitations in collection of nationally consistent and timely quantitative data (ToR f part 2)

A key component of the AIHW's FDSV work relates to improving the evidence base through data development. This work involves a range of data improvement activities, including improving the identification of FDSV in administrative data (for example, through inclusion of FDSV flags) and developing indicators, for example, in relation to National Outcome Standards for Perpetrator Interventions (see section 4). Scoping analysis opportunities through linked data analysis, and expanding existing methodologies, for example estimation of related burden of disease associated with family violence, is also important.

This section provides a summary of relevant work AIHW has been funded to undertake over the last 3 years, current and/or planned AIHW work over the next two years, and additional comments on future national development work which could be considered. Information about related work undertaken by other national agencies such as ABS, is not included.

Note that data improvement work requires dedicated resources and funding. At the national level, for both at the AIHW and ABS, it is necessary to guide development of relevant and comparable data collections, and at Australian and state/territory government levels, to improve the capture of data, which may involve changes to policies, processes and ICT systems. There is consistently a greater demand for information improvement than can be achieved with existing resources across these sectors. The AIHW's reports on FDSV provide a mechanism for regularly reviewing and prioritising necessary data improvements.

Identification of family, domestic and sexual violence in data sets for which AIHW is custodian

Information in administrative data collections can supplement less frequently available survey results and assist in measuring progress against key policy documents, such as National Plan. During the recent COVID-19 crisis, the need for national and timely service-level data related to FDSV was particularly highlighted, to support better understanding of the impact of COVID-19 on FDSV and to inform service delivery and planning.

The AIHW recently investigated options for improving the capture of FDSV in: emergency department data, perinatal data and specialist homelessness services data.

Emergency department data

In 2018–19, the AIHW, in conjunction with state and territory stakeholders, developed options for enhancing the capture of FDSV in national ED data. As a result of this, the AIHW is working with relevant national committees to facilitate the national coordination of further work to improve the capture of cause of injury in national emergency data. If implemented, these data improvements would inform national policy and service planning priorities for family, sexual and domestic violence, as well as mental health, suicide and drug and alcohol related issues, and sports-related injuries.

Perinatal data

The National Perinatal Data Collection is a national population-based cross-sectional collection of data on pregnancy and childbirth. The AIHW worked with states and territories to explore the capture of selected information about family and domestic violence in the Perinatal National Best Endeavours Data Set (NBEDS) collection. As a result of this work, data on whether or not a person has received family violence screening can be reported on a voluntary basis, from 1 July 2020. AIHW will assess the quality of this screening information in 2022.

Specialist homelessness services data

The Specialist Homelessness Services Collection (SHSC) includes information about people who are either homeless or at risk of homelessness, and who are seeking services from

specialist homelessness agencies. The AIHW worked with stakeholders to amend the SHSC from 1 July 2019 to capture information on whether a client needed, or was provided and/or referred to FDV victim support services or FDV perpetrator support services. Previously, these two service types were not separately identified, meaning FDV perpetrators and victims seeking assistance could not be differentiated. Preliminary analysis of the new data found variation in its quality and consistency, and plans are underway to improve the data so the two categories can be separately reported once data quality is sufficient.

Due to the socioeconomic impacts of COVID-19 on the Australian population, in late March 2020, the AIHW also asked SHS agencies to indicate if a new or current client required homelessness services due to the impact of COVID-19 on their living situation, as well as other reasons such as financial difficulties. This development provides the opportunity to identify clients who are seeking support for reasons of domestic violence and COVID-19.

Despite the above progress made to date, substantial work is still required to ensure that collections with FDSV information are sustainable and meeting information needs, and that other administrative collections within health and other sectors are responsive to FDSV information needs. At a national level, scoping work to identify where to prioritise future data development efforts would be useful, taking into consideration existing data gaps and information needs, including those required to support monitoring and reporting in relation to the current National Plan and its successor (see Improvement of data for other service responses), and during times of crisis.

Continued improvements in the evidence base through analysis and reporting

To complement and build on the above work already undertaken, the AIHW has been funded by DSS over the next 2 years to continue improving the evidence base through data development and/or reporting. This work will include a range of information products, such as:

- An updated national compendium report, scheduled for release in 2022, and an accompanying online dashboard which could be updated more regularly than the national reports. The dashboard aims to include a core set of latest data and could potentially be used as a platform to support tracking of progress against the National Plan.
- A thematic-style report which synthesises available information relating to COVID-19 and the impact on FDSV.
- Additional work to develop burden of disease estimates attributable to all family and domestic violence, building on previous work which focused on the health impacts of intimate partner violence on the burden of disease for women. The broader scope will also enable a distinction between the health burden caused by family and domestic violence (FDV) and non-FDV.
- Examination of repeat family and domestic violence, including repeat partner victimisation, for a subset of people experiencing FDV, using de-identified, linked hospitalisation data, available in the National Health Services Information Analysis Asset.

Improvement of data for other service responses

Three further areas where further national data development efforts would result in substantial improvements to the evidence base are: specialist family, domestic and sexual violence services, primary health care, and ambulance data. This is due to the fact that these services are often a first contact for people experiencing violence and/or they spend substantial time supporting clients.

Specialist family, domestic and sexual violence services

The development of a national specialist FDSV data collection would build an evidence base about FDSV services so that policies can better respond to victims and perpetrators.

Specifically, this asset would answer questions such as, what services are provided, where, to whom and with what outcome?

An initial focus of this work could be to define services in scope and produce a list of agreed core set of specialist FDSV services in Australia. This list of services would have broader utility, for example as a sampling frame for surveys of FDSV clients and/or the FDSV workforce. In conjunction with stakeholders, work could then be undertaken to investigate the availability of pre-existing data, understand barriers and readiness for supply from the service perspective, and to develop recommendations for nationally consistent data collection, guided by the DCRF.

Various options for the collection of data exist, including an approach similar to that used for the Specialist Homelessness Services Collection which has been developed through rigorous and extensive stakeholder consultation and has overlap with specialist FDSV services, as some specialist homelessness agencies also provide specialist FDSV services.

Primary health care and ambulance data

The health system is often a first point of contact for people who have experienced FDSV. In addition to improvements to national ED data, national improvements to primary care and ambulance data could assist in providing a more comprehensive and local understanding of patterns of violence in communities and the response of the system.

National funding for a trial to improve health system responses to family violence within select Primary Health Networks provides opportunities to consider the scope and nature of FDSV data collected in primary care which would best meet government and service provider needs. Potential barriers to collection of primary health care data, particularly in relation to patient safety and/or privacy are important considerations, along with broader consequences of data collection related to service delivery, such as training, development, and support of staff to recognise and respond to FDSV.

There is evidence of the utility of ambulance data to inform surveillance of interpersonal violence (Scott et al. 2020). Some states and territories, for example Victoria, capture information about FDSV as part of the administrative data collected by paramedics who have attended an event. Work could be undertaken to consider development of a nationally consistent data set on ambulance attendances related to FDSV, drawing on the work mentioned above.

Data linkage

The AIHW became a Commonwealth Accredited Integrating Authority in mid-2012. Since then, the volume and complexity of data linkage projects has grown substantially. Linkage to national assets, such as hospital data sets, Medicare Benefits Schedule data sets and Commonwealth welfare support payments data, are performed on a regular basis. The AIHW's Data Integration Services Centre provides critical initial advice and support for data linkage projects including assessment of project technical requirements in partnership with ethics committee support services.

Many 'one-off' national linkage projects have been undertaken, for example projects linking data from specialist homelessness services, youth justice and child protection (see Vulnerable young people: interactions across homelessness, youth justice and child protection—1 July 2011 to 30 June 2015).

While such 'one-off' activities are an option, enduring national data assets are also being progressed in a variety of sectors. For example, the AIHW has created the National Integrated Health Services Information (NHISI) Analysis Asset (AA), and is a key partner in the development of a National Disability Data Asset and the Australian Bureau of Statistics is maintaining the Business Longitudinal Analysis Data Environment (BLADE) and the Multi-agency Data Integration Project (MADIP).

To date, at a national level, there have been limited opportunities for linked data to provide additional insights on FDSV. This is mainly due to the fact that the at-risk population (those exposed to FDSV) are not readily identifiable in the underlying national administrative data collections. Where information does exist—such as specialist homelessness services data, admitted hospital data—data represent a sub-set of the total population exposed to family, domestic and sexual violence. The capture of information on FDSV in additional data collections in the future, such as emergency department data, would improve, but not remove, this limitation.

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

- providing greater insight on FDSV within local areas (such as Primary Health Networks) which can assist service providers and governments in understanding their service population, and/or
- providing insights on the pathways of victims and perpetrators of family violence, their longer-term outcomes and the potential impact of services.

4. The efficacy of perpetrator intervention programs and support services for men to help them change their behaviour (ToR g)

The perpetrator intervention system plays a critical role responding to those who use violence, reducing future violence from occurring, and ensuring the safety of victims. Collecting data about perpetrator intervention programs is essential to understanding the effectiveness of these interventions.

National Outcome Standards for Perpetrator Interventions

In 2015, the National Outcome Standards for Perpetrator Interventions (NOSPI) were established so that Commonwealth, state and territory governments could work towards achieving consistent results across the perpetrator interventions system. The intention of the NOSPI were to measure perpetrator outcomes against key indicators across the health, justice, corrections and specialist services sectors. Exploratory national reporting against the NOSPI has been undertaken by DSS in collaboration with the AIHW and state and territory governments, with data published for 2015–16 in the NOSPI Baseline report.

In developing indicators for reporting, consultations were held with a range of government and non-government agencies. Consultations revealed several key challenges, including:

- the fragmented nature of the sector (interventions can occur across justice, police, health and other specialised services)
- inconsistencies in definitions and practices across states and territories.

Perpetrator interventions are also funded by multiple levels of government across different portfolios, leading to a reduction in visibility of common pathways and perpetrator outcomes.

NOSPI Baseline report 2015–16

The NOSPI baseline report presents a framework for reporting against key output and outcome indicators, with data from selected states and territories reported for 7 indicators. The following 4 indicators were reported using data from the ABS's Criminal Courts, Australia publication:

- average time from breach of an order to court outcome for family violence and sexual assault
- proportion of sexual assault charges that result in convictions
- proportion of reported breached family violence intervention orders that have a further legal consequence

- average time from charge to court outcome for family violence breach of order and sexual assault.

The remaining 3 indicators were reported using data from states and territories:

- proportion of police-attended family violence incidents where police issued family violence intervention orders on behalf of the victim
- proportion of perpetrators assessed as suitable and ready to commence community-based behaviour-change programs, but who waited less than 1, 1–3 and 4–6 months
- proportion of perpetrators who commence a behaviour-change program and the proportion of perpetrators who complete a behaviour-change program.

The data in the NOSPI baseline report are exploratory and are not intended to be used for comparisons between states and territories. Data reported against the NOSPI complement information about initiatives being carried out at local, state and territory levels, and highlight where key data gaps remain (DSS 2018).

NOSPI 2019–20

To build on the NOSPI baseline report, the AIHW is undertaking further work to produce a NOSPI report for the 2019–20 reporting period. The new NOSPI report will build on new and existing knowledge and include:

- a range of data sources including, but not limited to, data previously reported
- achievements in perpetrator interventions
- consideration of data gaps, and how these may be filled.

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