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Family, domestic and sexual violence service responses in the time of COVID-19

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Family, domestic and sexual violence is a major health and welfare issue in Australia and can have lifelong impacts on victims and perpetrators. It can affect people of all ages and backgrounds, but predominantly affects women and children.

Since early 2020, there has been growing concern about the impact of the COVID-19 pandemic on family, domestic and sexual violence (FDSV). The impacts of a pandemic can be wide-ranging and situational stressors, such as victims and perpetrators spending more time together, or increased financial or economic hardship, can be associated with increased severity or frequency of violence (Nancarrow 2020; Payne et al. 2020).

Pandemics can also affect the 'responses' to violence—the actions taken after an incident of violence has occurred. These responses include informal support (such as disclosure to a friend or family) and formal support (such as assistance from police, legal services, health professionals or housing assistance). While data on formal service responses only capture part of the picture, understanding how these services have been affected by the pandemic can shed light on changes in demand for services and possible service gaps.

This report brings together data from a range of national sources to show how service responses to FDSV changed at the onset, and during, the COVID-19 pandemic. The report focuses on data from January to June 2020, to cover the initial period of the pandemic in Australia. While the pandemic is ongoing, observing the changes made in these initial phases can provide insight into how FDSV services respond to shocks. Where available, data from previous years, as well as the latest available, are included to provide additional context to these findings.

This report complements the large body of research on COVID-19 impacts, and also highlights key gaps in service response data. The findings also complement other national reporting on FDSV, such as the AIHW web product, *Family, domestic and sexual violence data in Australia*, which compiles up-to-date data from a range of sources for timely reporting.



A survey of more than 10,000 women aged 18 and over found that around **1 in 10 (9.6%) women had experienced physical violence from their partner since the beginning of the COVID-19 pandemic.**



One in 4 women (26%) who had experienced physical or sexual violence in the 12 months since the start of the pandemic said they had been **unable to seek assistance on at least one occasion due to safety concerns.**



Available data on FDSV service use during the pandemic show that the picture is mixed. Service use can change for a number of reasons, including due to public awareness campaigns or changes to availability or accessibility of services.

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What is family, domestic and sexual violence?

Violence can be described in many ways, and definitions vary according to the legislation in each state and territory. Broadly speaking, family violence and domestic violence (FDV) are terms used to describe violence between family members, including partners (or previous partners), parents, siblings, and other family members or kinship relationships. This violence can include behaviours such as physical violence, sexual violence, emotional abuse and coercive control. Violence between partners is sometimes referred to as partner violence, or intimate partner violence (IPV), and can cover cohabiting partners and boyfriend/girlfriend/dates. Technology-facilitated abuse and financial abuse are also forms of violence that can occur in the context of family violence, or between intimate partners.

'Sexual violence' refers to types of violence of a sexual nature, which can include assault, harassment and coercion as well as other forms of harassment and abuse. Sexual violence can occur within a family and domestic violence context, but it can also be perpetrated by other known persons, or strangers (AIHW 2019).

'Family, domestic and sexual violence' is a broad term used to capture forms of violence that occur within family relationships, and sexual violence that occurs in both family and non-family relationships.

How has COVID-19 affected family, domestic and sexual violence?

Since the beginning of the pandemic in March 2020, a range of public health measures have been implemented to limit the spread of COVID-19. These measures have included stay-at-home orders, border closures, and restrictions on the way businesses, schools, and public services operate. These have had an immediate effect on the community and economy, and resulted in significant changes to people's mobility, social interactions and home environments.

During this time, there have been job losses and increased financial stress (ABS 2021a). Home-learning and added caring responsibilities have also resulted in additional pressures in the home (Hand et al. 2020), and the pandemic has had implications for alcohol use and mental health:

- 1 in 5 (20%) adults who usually drank alcohol said their alcohol consumption increased during COVID-19 restrictions, however 27% said it had decreased (AIHW 2021a; AIHW 2021d).
- The prevalence of 'severe' psychological distress rose from 8.4% in February 2017 to 10.6% in April 2020 and younger people aged 18–44 experienced higher average levels of psychological distress than people in older age groups (AIHW 2021g; Biddle et al. 2020).

These factors, combined with increased social isolation and reduced access to sources of support, are not causes of FDSV themselves, but can be seen as situational stressors that can exacerbate the underlying drivers of violence and increase the likelihood, complexity and severity of violence (Boxall & Morgan 2021; Peterman et al. 2020).

How common was FDSV during the COVID-19 pandemic?

It is difficult to capture the full extent of FDSV, as incidents often occur behind closed doors, and can be concealed or denied by perpetrators and sometimes by the victims. However, data on self-reported intimate partner violence (IPV) among women are available from a study conducted by the Australian Institute of Criminology (Box 1). These data cannot be used to show how the prevalence of violence has changed from pre-pandemic levels, but they highlight some key patterns in the forms of violence experienced, and show where violence might have changed in frequency or severity in the survey population.

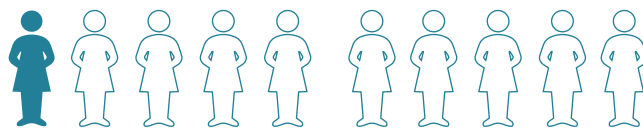
Box 1: Intimate partner violence during the COVID-19 pandemic: a survey of women in Australia

In 2021, the Australian Institute of Criminology (AIC) was funded by Australia's National Research Organisation for Women's Safety to conduct a study of women's experiences of IPV in the 12 months following the start of the COVID-19 pandemic. The aim of the study was to explore the experience of self-reported IPV among women in Australia. An online survey was conducted between 16 February 2021 and 6 April 2021 of more than 10,000 women aged 18 and over who had been in a relationship in the 12 months before the survey. Respondents were asked about their experience of IPV in the last 12 months, as well as their experience of previous IPV. IPV in this context is violence from a person the respondent had a relationship with during the previous 12 months. This includes current and former partners (Boxall & Morgan 2021).

The focus of this study was women's experiences of violence, given the overwhelming evidence that women are over-represented as victims of IPV. The research builds on a previous study by the AIC, conducted in May 2020, in the early stage of the pandemic.

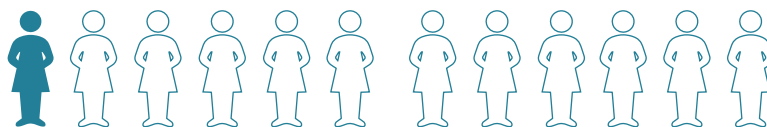
For more information, visit [The impact of the COVID-19 pandemic on experiences of intimate partner violence among Australian women](#).

In the first 12 months of the COVID-19 pandemic:



1 in 10 (9.6%)

respondents experienced **physical violence** from their partner



1 in 12 (7.6%)

respondents experienced **sexual violence** from their partner



1 in 3 (32%)

respondents experienced **emotionally abusive, harassing and controlling behaviours** (Boxall & Morgan 2021).

The majority of women (86%) who experienced physical or sexual violence in the 12 months before the survey had also experienced at least one form of emotionally abusive, harassing and controlling behaviour. The survey also found that more than 1 in 10 (12%) had experienced some form of technology-facilitated IPV.

Many women experienced violence for the first time during COVID-19



Of the women who had been in a relationship longer than 12 months:

3.4% experienced **physical violence** for the first time from their partner

3.2% experienced **sexual violence** for the first time

18% experienced **emotionally abusive, harassing and controlling behaviours** for the first time (Boxall & Morgan 2021).

Many women reported that violence had increased during COVID-19



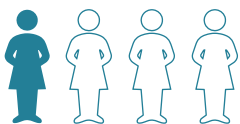
Of the women who had a history of violence from their current or most recent partner:

42% said **physical violence** had increased in frequency or severity, while **32%** said it stayed the same and **26%** said it decreased.

43% said **sexual violence** had increased in frequency or severity, while 32% said it stayed the same and 24% said it decreased.

49% said **emotionally abusive, harassing or controlling behaviours** had increased in frequency or severity, while **37%** said it stayed the same and **22%** said it decreased (Boxall & Morgan 2021).

Many women did not seek help



One in 4 women (**26%**) who had experienced physical or sexual violence in the 12 months before the survey also said they had been **unable to seek assistance on at least one occasion due to safety concerns**. Among these women, 1 in 3 had not sought advice or support from police or government or non-government services (Boxall & Morgan 2021).

How is COVID-19 affecting FDSV service responses?

Since the beginning of the pandemic, there have been numerous reports of increased demand for family, domestic and sexual violence services. These reports have drawn from data sources that include police, domestic violence helplines, specialist crisis services and workforce surveys. FDSV services span a number of sectors and the introduction of COVID-19 restrictions has had differing impacts on the availability and accessibility of these services (Box 2).

Box 2: What are family, domestic and sexual violence services?

There is no single definition of a family, domestic and sexual violence service. In general, these are services that identify and respond to victims and perpetrators of FDSV. Each service will vary in the level of involvement it has with victims and perpetrators. Some services may interact with victims and perpetrators as part of their core business. These include: specialist helpline or counselling services; crisis centres; and specialist perpetrator programs. Other services, such as hospitals, police and homelessness services, may have specialist FDSV responses within their broader service delivery.

The COVID-19 pandemic has also affected the way services are delivered. For example, the move towards remote working in some services may have led to face-to-face contact being replaced by telephone, videoconferencing or other online contact. This may increase the complexity of delivering some forms of service or support. This may also have increased the accessibility of some services.

What do changes in FDSV service responses tell us?

Several factors should be considered when using service data to better understand an important social issue such as FDSV. Changes to service use can be due to circumstances such as increased availability of services, increased awareness of services and FDSV in general, increased need for services, or a combination of these factors.

Service use data provide information about services accessed (where a client both requests and receives a particular service) and rarely include information about unmet demand. Patterns of service use vary across sectors and geographical areas, but these differences have not been included here. Interpretation of data over time should also take into account relevant changes to policy and/or funding arrangements which can occur at the national, state and territory or local level (for example, see Box 3).

Box 3: Australian Government response to COVID-19

In March 2020, the Australian Government announced a \$150 million support package to respond specifically to domestic violence during COVID-19. The package was designed to bolster family, domestic and sexual violence supports during the pandemic.

- \$130 million was provided to state and territory governments to invest in specialist services to ensure the safety of women and children most at risk of violence during the pandemic. This included services that consider the needs of particularly vulnerable cohorts. The funding supported crisis accommodation, frontline services, counselling and outreach, men's behaviour change programs and other perpetrator interventions as well as assisting services to respond to the unique challenges in regional, rural and remote locations.
- \$20 million was directed to boost capacity for national programs like 1800RESPECT, MensLine Australia and the Men's Referral Service. The Government also funded the Help is Here campaign to make it easier for people affected by family, domestic and sexual violence to know where to find help.

Early studies show a mixed picture

In the early months of the pandemic, data were available from a range of sources, mainly at the state and territory level, to report on service use. The data showed that the picture was mixed:

- In New South Wales, police-recorded crime data for March and April 2020 showed no evidence of an increase in reported domestic violence since social distancing was implemented in response to the COVID-19 pandemic (Freeman 2020). Similarly, trends in the number of calls made to NSW Domestic Violence Line, a 24-hour victim assistance service, showed no evidence of COVID-related increase (Freeman 2020).
- In Victoria, studies by the Crime Statistics Agency at different stages of the pandemic provide strong evidence of an increase in recorded rates of family violence (Rmandic et al. 2020). Data from emergency departments in Victoria showed a 91% increase in presentations related to home assault injuries (175 in May 2020) compared with May 2019 (118) proportional to the emergency department caseload. However, there has been a steady growth in emergency department presentations over time (Victorian Injury Surveillance Unit 2020).
- Data from Queensland suggested a rise in breaches of domestic violence protection orders, but this was consistent with a pre-existing upward trend (Payne et al. 2020).
- In the Australian Capital Territory, frontline services reported increases in demand at the early stages of the pandemic. The Domestic Violence Crisis Service (DVCS), a 24-hour specialist family and domestic violence service, reported a 10% increase in contact engagement from March to July 2020 compared with the same period the previous year. DVCS also reported a 310% increase in anonymous clients from March to April 2020. Anonymous clients tend to be first time callers who have not accessed the service before (Domestic Violence Crisis Service 2020).
- A survey of frontline workers across New South Wales, conducted by Women's Safety NSW in April 2020, found that 50% of respondents reported a perceived increase in client numbers since the outbreak of COVID-19, and 75% reported a perceived increase in complexity of client needs (Foster & Fletcher 2020).
 - A follow-up survey in August 2020 found that 45% of frontline specialist service workers stated that their client numbers had continued to rise since COVID restrictions began to lift, and 80% had noticed an increase in the percentage of higher-risk cases since the lifting of COVID restrictions (Foster et al. 2020).
- A nationwide survey of the impact of COVID-19 on the domestic and family violence workforce found that almost two-thirds (62%) of service providers reported that the number of clients seeking assistance for a family or domestic violence matter had increased due to the COVID-19 pandemic (Carrington et al. 2021).

Note that data on service use capture only part of the picture. A large proportion of FDSV goes undisclosed and may never enter into view of services. COVID-19 restrictions can also make it more difficult for victims and survivors to seek assistance or leave abusive relationships and this will not necessarily be reflected in the data. When considering changes in FDSV-related service use following the onset of the COVID-19 pandemic, it is important to be aware of the longer-term trends over time in these measures, some of which have been shown as steadily increasing in recent years (AIHW 2019).

What national data are available to report on FDSV service responses?

Data from nationally consistent sources complement specific data reported by states and territories to provide an overall picture of service use. Data from national collections can also show key patterns over time, provide additional context for changes in demand, and support comparisons between states and territories over time. Box 4 highlights national data sources available to report on FDSV service responses during the COVID-19 pandemic.

Box 4: National data sources on FDSV service responses used in this report

- 1800RESPECT
- ABS Recorded Crime—Offenders, 2019–20 (experimental)
- ABS Recorded Crime—Victims, 2020
- AIHW Child Protection National Minimum Data Set, 2019–20
- AIHW Specialist Homelessness Services Collection, monthly data, 2021–22 (preliminary)
- AIHW Specialist Homelessness Services Collection, 2020–21
- AIHW National Hospital Morbidity Database, 2019–20
- Kids Helpline
- Services Australia Centrelink Data, 2020

In addition to the nationally consistent data described in Box 4, there are other potentially valuable data sources for reporting on FDSV service responses. These include data from services where changes to activity due to COVID-19 might have been delayed (for example, in the criminal courts where proceedings may commence some time after the incident of FDSV has occurred). Data are also available from state and territory sources (for example, in areas such as police, courts, legal aid, health services, selected specialist family and domestic violence, or sexual assault services); however, these data are not nationally comparable and are not included here, but are discussed further in the section on data gaps.

What do the data tell us?

The impacts of the COVID-19 pandemic are ongoing, and the long-term effects of the pandemic on FDSV and FDSV service use are unknown. The following sections present monthly data, where available, with analysis focused particularly on changes that occurred at the onset of the pandemic (March–May 2020). Comparisons are made with previous years for the same month, to account for seasonal effects in service use. Yearly data are also presented to provide additional context for overall changes in patterns of service use over time.

Helplines

Helplines are an important point of first contact for those experiencing family and domestic violence. During the COVID-19 pandemic, helplines were especially important as they provided options to seek help without leaving the home. Data from 2 national providers, Kids Helpline and 1800RESPECT, are available to show changes over time.

Kids Helpline provides support and counselling for children and young people aged 5 to 25. Children and young people contact Kids Helpline about diverse issues, including child abuse, family and relationship issues, and forms of sexual harassment and abuse.

1800RESPECT is a national information, counselling and support service for people affected, or at risk of, family, domestic and sexual violence.

Kids Helpline counselling contacts increased at the onset of the pandemic

In April 2020, the number of contacts provided with counselling for child abuse and family violence rose to 620—a 51% increase on April 2019 (410). The category of ‘child abuse and family violence’ captures the contacts related to the following issues: exploitation by a family member, emotional abuse, physical abuse, sexual abuse, living in care issues, neglect of a child and exposure to family violence. In April 2020, the number of children provided with counselling for family and relationship issues also rose—a 44% increase on April the previous year to 1,574 (Figure 1).

Figure 1: Number of Kids Helpline counselling contacts, January 2018 to August 2021

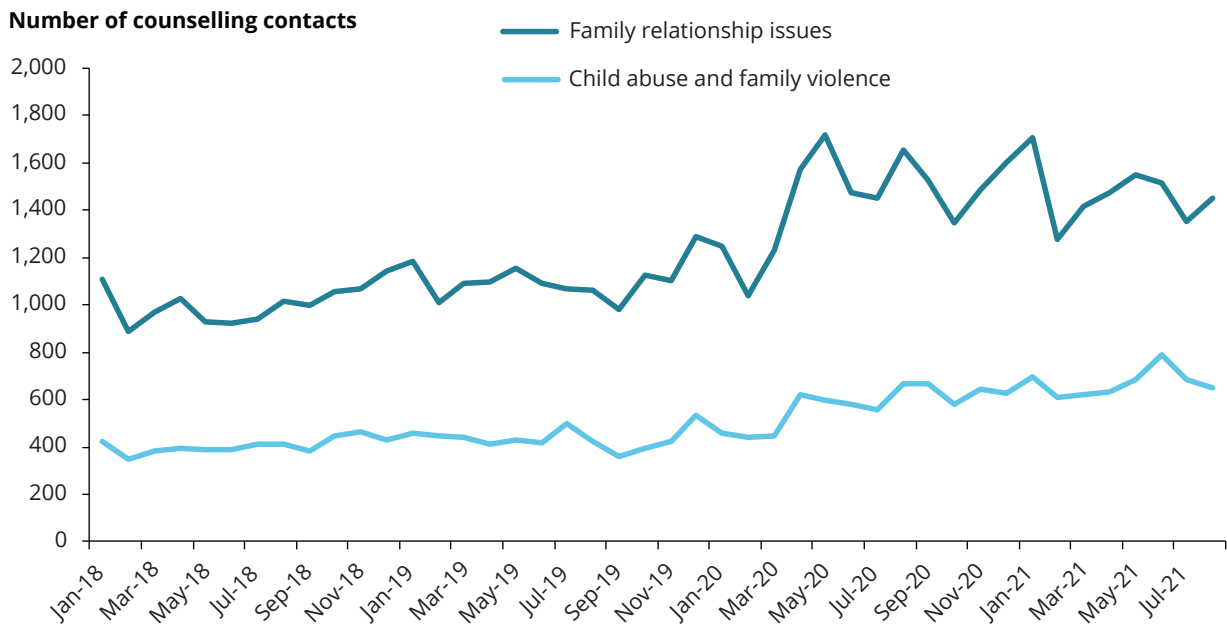


Chart: AIHW. Source: Kids Helpline (unpublished).

After April 2020, the number of counselling contacts (for both categories) was higher each month compared with the previous years. For family relationship issues, there was sharp increase in the number of counselling contacts at the start of the pandemic, which stabilised after a few months, while the number of child abuse and family violence counselling contacts rose steadily over the same period. The rise in counselling contacts in 2020 was consistent overall with the general upward trend in the years prior to COVID. Between 2018 and 2019, the number of counselling contacts increased 7.8% for child abuse and 10% for family relationship issues. Further, as a proportion of total contacts provided with counselling in 2020, counselling contacts related to child abuse and family violence remained relatively stable—7.6% in 2020, compared with 7.2% in 2019 and 7.3% in 2018—while the proportion of counselling contacts related to family and relationship issues increased slightly (from 18% in 2018 to 19% in 2020).

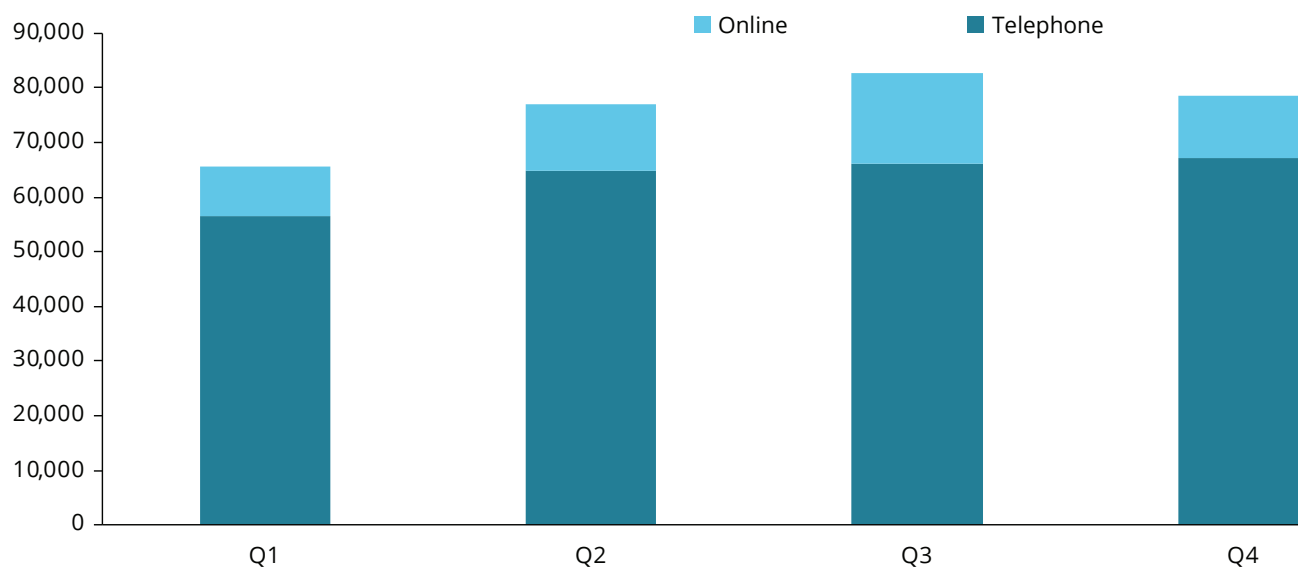
For contacts related to sexual violence and harassment, the number of contacts provided with counselling was similar in April 2020 (126) to April 2019 (131). These contacts include those who received counselling for sexual assault and harassment, including those who committed sexual violence or sexual offences. They do not include child sexual abuse within a family and domestic environment, which is captured in child abuse above. As a proportion of total contacts provided with counselling, the number of contacts related to sexual violence and harassment has remained relatively steady—2.1% in April 2019 and 1.7% in April 2020.

The way users engaged with 1800RESPECT changed during COVID-19

In 2020, there were around 304,000 contacts answered by 1800RESPECT. This included around 255,000 telephone contacts and around 49,000 online contacts. The highest number of contacts were made in the third-quarter (around 82,800). The number of contacts may be influenced by a range of factors, including media reporting of domestic violence incidents, advertising campaigns and service improvements (Figure 2).

Figure 2: Number of 1800RESPECT contacts answered, 2020

Number of contacts answered



Note: These numbers include every contact to the service, including hang ups, pranks and wrong numbers.
Chart: AIHW. Source: Australian Government Department of Social Services 2021 (unpublished data).

Child protection

Child protection services aim to protect children from abuse and neglect in family settings. The COVID-19 pandemic affected the way child protection services were delivered, and changes to people's mobility and interactions may also have affected the way child abuse was detected or reported. Data from child protection services are available between March and August 2020 to show changes at the onset of the pandemic.

Child protection notifications fell during COVID-19 shutdowns and increased when restrictions eased

From March to August 2020, the number of child protection notifications recorded each month fluctuated considerably, and patterns varied across jurisdictions. Child protection notifications are contacts made to an authorised department by people or other bodies (for example, police, schools, neighbours) alleging child abuse or neglect, child maltreatment or harm to a child.

In most jurisdictions, there was a drop in notifications in April 2020 followed by an increase in May or June (once restrictions had eased). In New South Wales, Queensland, South Australia and the Northern Territory, this post-April increase saw higher numbers of notifications than pre-COVID-19 levels (before March 2020). In Victoria, Western Australia and the Australian Capital Territory, the post-April 2020 increase in number of notifications was larger than in the same period in 2019, although the May/June 2020 numbers did not exceed pre-COVID levels (AIHW 2021b).

Similar falls and increases have previously been observed around school holiday periods, suggesting that the reduced opportunities for schools to report suspected child abuse also occurred during the shutdowns.

Child protection substantiations were relatively stable in early stages of the pandemic

The number of substantiations recorded each month remained relatively stable from March to August 2020 for all jurisdictions (data were not available for Tasmania). Substantiations are where notifications have been investigated and it was concluded there was reasonable cause to believe the child had been, was being, or was likely to be, abused, neglected or otherwise harmed. This includes cases of physical abuse, sexual abuse, emotional abuse (including exposure to domestic violence), and neglect (including inadequate supervision and failing to provide appropriate food, clothing, shelter and medical care).

The total number of substantiations for the 6-month period March to August 2020 varied across jurisdictions. Compared with the same period in 2019, the number of substantiations was:

- higher in South Australia (16% higher)
- lower in Victoria (25% lower), Western Australia (14%) and the Australian Capital Territory (31%)
- similar (less than 5% difference) in New South Wales, Queensland and the Northern Territory (AIHW 2021b).

In 6 jurisdictions (Victoria, Queensland, Western Australia, South Australia, the Australian Capital Territory and the Northern Territory), the most common type of abuse for the 6-month period March to August 2020 was emotional abuse, which includes exposure to domestic violence. This pattern is consistent with the same period in 2019.

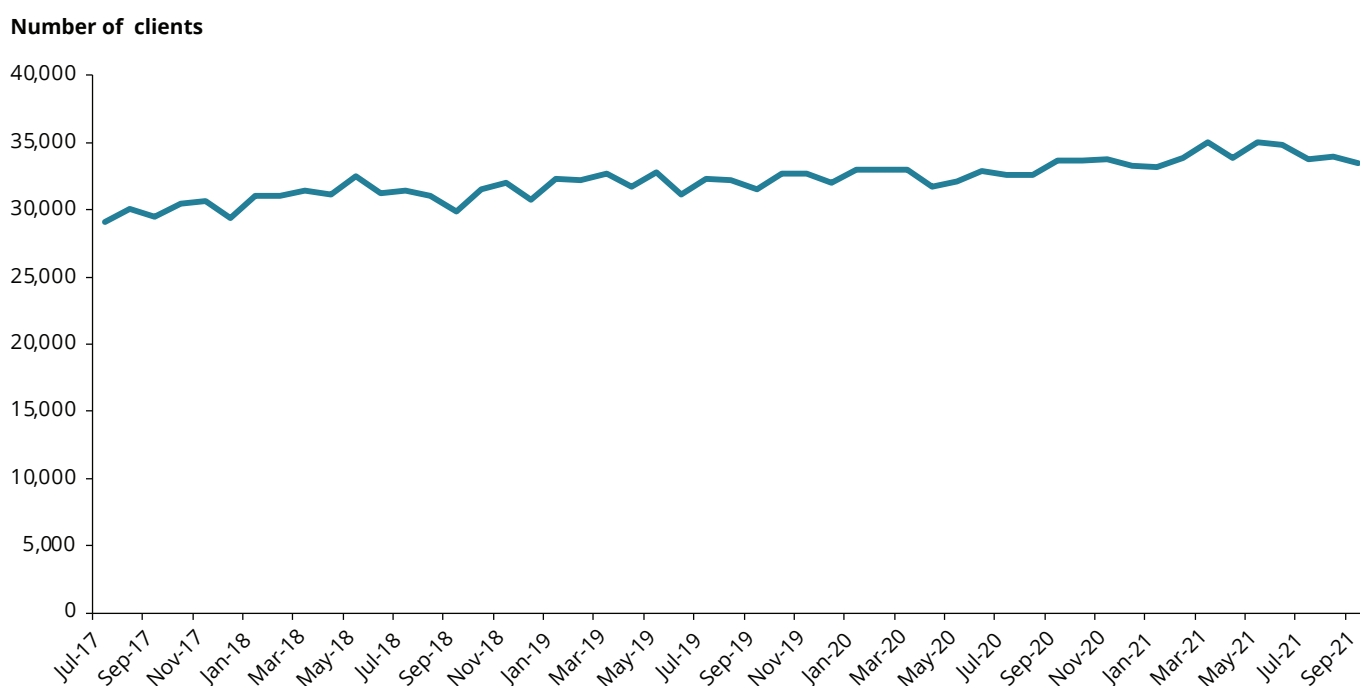
Specialist homelessness services

Family and domestic violence is the most common main reason clients seek assistance from specialist homelessness services (SHS). Monthly data from SHS can be used to identify patterns in service use among clients who identified 'domestic and family violence' as a reason for seeking assistance, or those who required a family and domestic violence service.

The number of SHS clients who have experienced FDV has remained relatively steady

The number of SHS clients who have experienced family and domestic violence was similar in April 2020 compared with previous years (Figure 3) (AIHW 2021f). This number was also relatively steady between January and April of 2020. The number of SHS clients change from one month to the next for many reasons, for example, changes to other sectors may lead to clients seeking alternative support from services beyond the scope of SHS data. These changes are not necessarily due to changes in demand. However, overall the number of SHS clients who have experienced family and domestic violence has increased over time—up from 114,800 clients (or 40% of all SHS clients) in 2016–17 to almost 116,200 (42%) in 2020–21 (AIHW 2021e).

Figure 3: Number of FDV clients receiving assistance from SHS, July 2017 to September 2021



Note: Data from July to September 2021 are preliminary, as SHS agencies are able to update until the end of the financial year.

Chart: AIHW. Source: Specialist Homelessness Services monthly data.

Government payments

FDV crisis payments are available to people receiving income support or ABSTUDY Living Allowance from the Australian government, who have experienced changes to their living circumstances due to FDV. Crisis payments provide support for those in extreme circumstances, and can be used help victims and perpetrators leave the home.

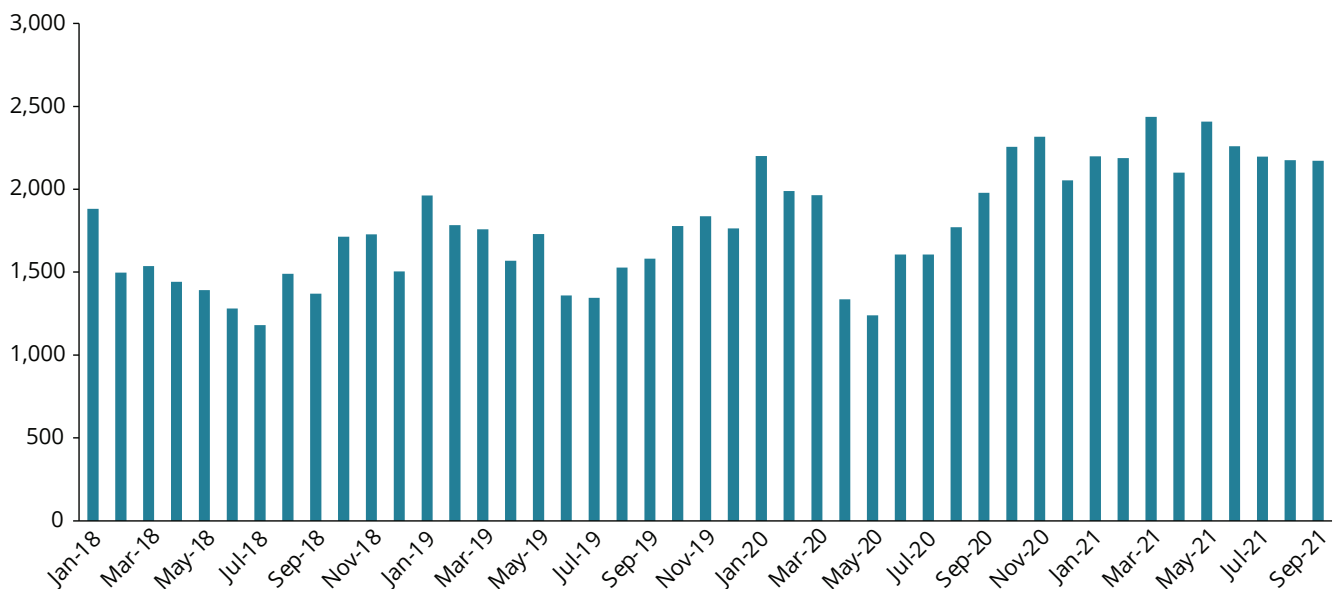
Number of FDV crisis payments granted fell at the onset of the pandemic

The number of FDV crisis payment claims granted was lower in April and May 2020 compared with previous years. There were 1,337 claims granted in April 2020, compared with 1,569 in April 2019 and 1,441 in 2018. Similarly, the number of claims granted in May 2020 (1,239) was lower compared with 2019 (1,730) and 2018 (1,392).

Overall, the number of claims for FDV crisis payments granted has risen since 2018—from 18,018 in 2018 to 19,996 in 2019 and 22,321 in 2020.

Figure 4: Number of claims granted for FDV crisis payments, monthly, January 2018 to September 2021

Number of claims granted



Note: On 13 June 2020, changes were made to the online claims system, which allowed FDV crisis payment claims to be submitted as an online claim rather than as a paper claim form.

Chart: AIHW. *Source:* Services Australia (unpublished).

Note that FDV crisis payments are available to those who receive income support or ABSTUDY Living Allowance payments, and changes to the number of people receiving these payments over time may affect the number of claims for crisis payments made.

Hospitals

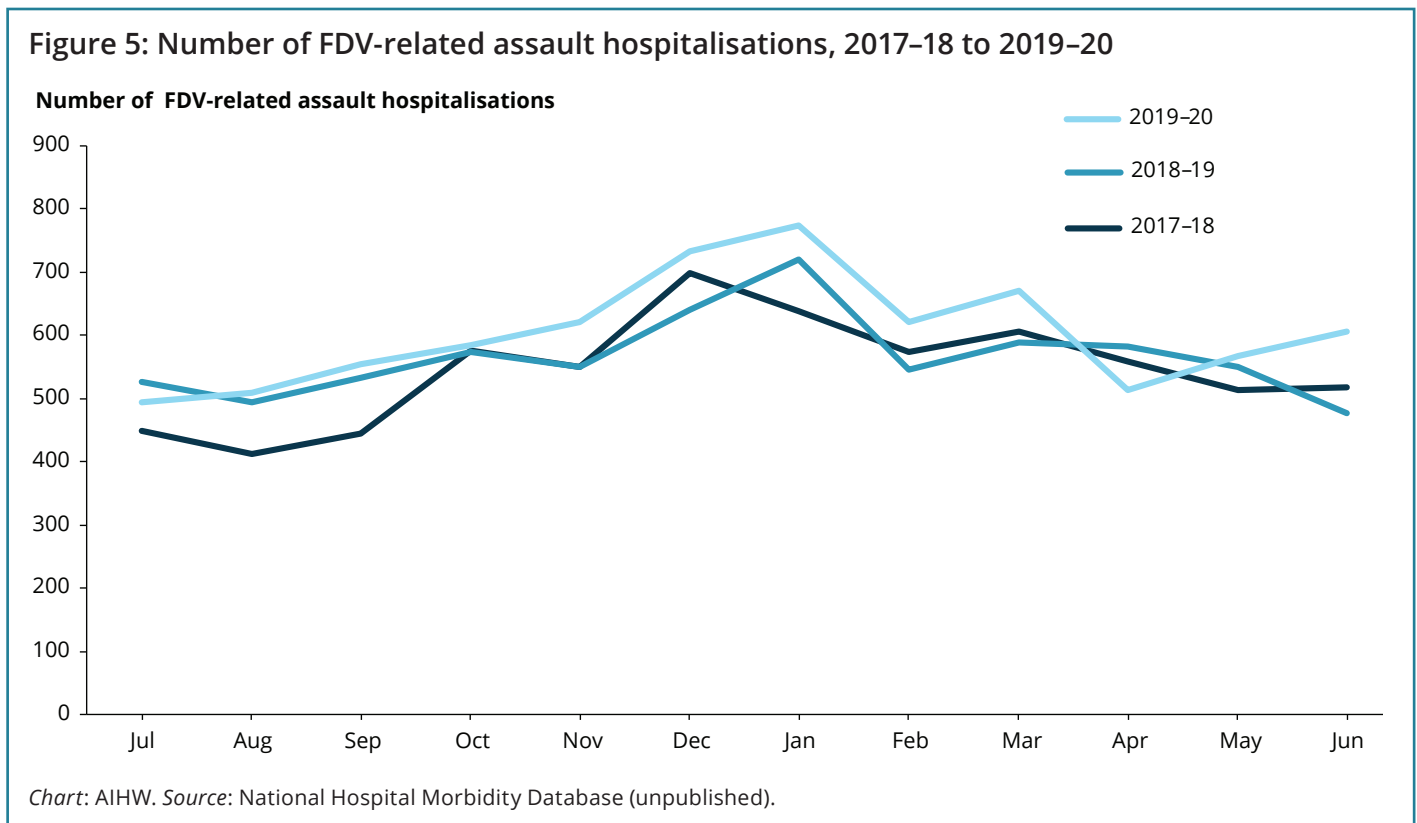
Hospitals provide a mainstream health service, including for victims of assault. Data are available from the AIHW National Hospital Morbidity Database to report on admitted patient care (hospitalisations) for assault injuries related to FDV. These are assaults where the perpetrator was identified as a spouse or domestic partner, or other family member.

People who experience FDV may also receive care in hospital emergency departments only; that activity is not included here as national-level data on external cause of injury, which could be used to capture FDV, are not available (see section Where are the national data gaps?).

The number of hospitalisations for assault injuries for FDV fell in April 2020

Compared with previous years, the number of hospitalisations for FDV-related assault injuries was lower in April 2020—514 assaults related to FDV in 2020, compared with April 2019 (582) and 2018 (558) (Figure 5). This was a decrease of 12% from the previous year.

However, after April, the number of FDV-related assault hospitalisations rose again, and was higher compared with 2019 and 2018. Across the whole of 2019–20, the total number of assault hospitalisations due to FDV (7,256) was still higher compared with 2018–19 (6,786) and 2017–18 (6,538). This is consistent with the general increases in FDV assault hospitalisations over time.



A similar pattern can be seen in hospitalisations due to 'Other assaults'. Other assaults include those that are non FDV-related, and those where the perpetrator was not specified. Other assaults fell sharply at the start of the pandemic compared with previous years—from 1,196 in April 2019 to 770 in April 2020 (Figure 6).

Figure 6: Number and type of assault hospitalisations, July 2017 to June 2020

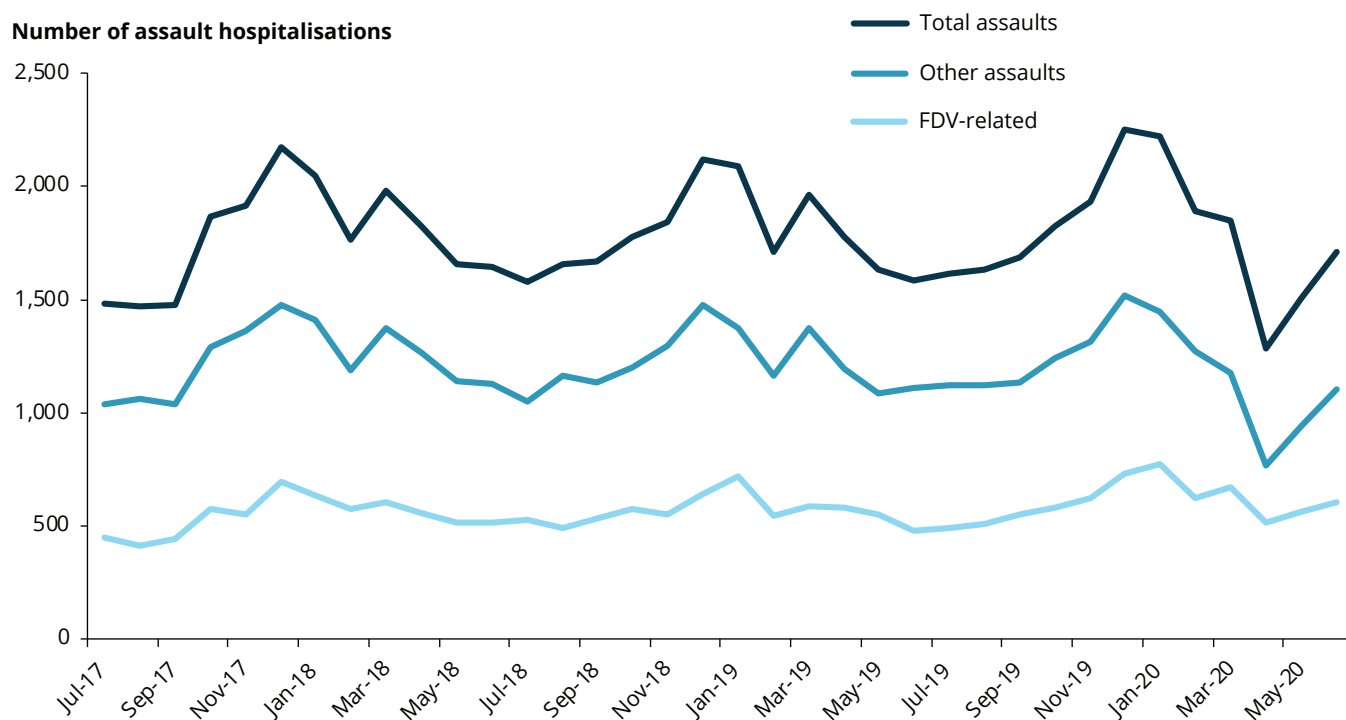


Chart: AIHW. Source: National Hospital Morbidity Database (unpublished).

The decline in assault hospitalisations at the start of the pandemic was larger for Other assaults (36% decline from April 2019) than for FDV-related assaults (12% decline). This is likely to be due to social distancing restrictions that limited contact with people outside the home.

However, the number of hospitalisations for Other assaults has also been gradually decreasing over time, while FDV-related assaults have steadily increased. These changes may be explained by increased disclosure of FDV in hospitals (as a result of increased awareness and/or changes in attitudes) and/or increased identification of FDV by health professionals (as a result of better screening tools and/or training), which leads to better identification of FDV perpetrators who would previously have been unspecified. The proportion of assault hospitalisations with perpetrators unspecified has decreased over time (AIHW 2019). The increase in FDV-related assaults may also be due to more FDV events requiring hospitalisation.

Police

Police responses to family, domestic and sexual violence are recorded in the ABS Recorded Crime—Victims, 2020 and ABS Recorded Crime—Offenders, 2019–20 collections. These data are not available by month, but the data over a 12-month period can be used to show general patterns in police responses over time.

Overall, the number of victims recorded by police for sexual assault, and FDV-related assault (for the states and territories where data are available) have increased over time. Changes between 2019 and 2020 should be viewed in context of this longer term trend. The increase can be due to a number of reasons, including changes to reporting behaviour, increased awareness about forms of violence, or changes to police practices.

Sexual assaults recorded by police continued to rise in 2020



According to data from ABS Recorded Crime—Victims, in 2020, police recorded:

27,505 victims of sexual assault. This was **an increase of 2%** (645 victims) from 2019 to the highest number recorded across the 28-year time series

10,162 victims of FDV-related sexual assault, **an increase of 13%** (1,177 victims) on the previous year.

FDV-related assault increased in most states in 2020



Between 2019 and 2020, FDV-related assaults increased in:

the Northern Territory (**up 27%** to **5,131** victims)

Western Australia (**up 15%** to **22,257** victims)

South Australia (**up 9%** to **8,686** victims)

New South Wales (**up 2%** to **31,411** victims)

Tasmania (**up 1%** to **1,600** victims)

The Australian Capital Territory recorded the only decrease in these offences in 2020 (**down 4%** to **942** victims).

Data on FDV-related assault are not available for Victoria or Queensland.

FDV offenders proceeded against by police rose in most states and territories



According to ABS Recorded Crime—Offenders, the number of offenders proceeded against by police for FDV-related offences rose between 2018–19 and 2019–20 by:

5% in New South Wales, to **27,525** offenders

4% in Victoria, to **16,925** offenders

6% in Queensland, to **13,899** offenders

1% in Tasmania, to **1,337** offenders

5% in the Australian Capital Territory, to **584** offenders.

During the same period, the number of offenders proceeded against for an FDV-related offence in Western Australia and the Northern Territory decreased by less than 1% and 3%, respectively. For context, the number of offenders proceeded against Australia-wide for any offence was lower in 2019–20 than in 2018–19. However, these data reflect only general patterns over a 12-month period, and cannot be attributed specifically to the COVID-19 pandemic. Further, it is important to note that family and domestic violence statistics from the ABS Recorded—Crime, Offenders collection are experimental, with further assessment required to ensure comparability and quality of data.

Where are the national data gaps?

The data presented in this report provide an overview of how some FDSV service responses have changed since the start of the COVID-19 pandemic. However, they capture only part of the picture. Due to data availability, the data in this report primarily relate to the early stages of the pandemic. These findings complement the AIHW web product, *Family, domestic and sexual violence data in Australia*, which provides a platform for regular updating and can be used as a timely source of data on FDSV across a range of areas.

In addition, several key data gaps in the health, community and justice sectors limit the extent to which we can readily understand the impact of COVID-19 on victims and perpetrators of FDSV. Note that work is under way in a number of areas to improve data on FDSV. For example, in police and courts data work is under way to improve the coverage and comparability of FDSV data nationally (AIHW 2021c). This section focuses specifically on health and community service data gaps.

Data from specialist FDSV, including crisis services, are limited

Specialist FDSV, including crisis services, are a critical part of the service response to those who have experienced violence. Some data from states and territories are available to report on these services. However, national data that show the overall volume of service use in this area are not currently available. Specialist services are diverse, and additional work is required to develop definitions and data standards before data from these services can be reported. Under the 2021–22 Federal Budget, a commitment has been made to develop a national specialist FDSV services data collection ('prototype').

Data from ambulance, emergency departments and primary care are limited

Currently, there are limited data about FDSV responses from ambulance, emergency departments and primary health care services. These services may be critical entry points into the health system for those who have experienced FDSV. Some data are available in some states and territories, but there are substantial differences in data collation practices. Some of these data may also be resource-intensive to code from health records, and this may limit how quickly they can be obtained. Data about FDSV from health services may also require additional review and approval processes before release.

Data sharing in the time of COVID-19

Since the start of the COVID-19 pandemic, there have been numerous efforts to increase data sharing and collaboration across governments. This activity has included the rapid collation of data related to FDSV for the purposes of decision-making, facilitated through the Data and Digital Ministers' Meeting (DDMM) (Box 5).

Box 5: FDSV data sharing during COVID-19

The DDMM was established to facilitate better cross-government collaboration on data and digital transformation. During the COVID-19 pandemic, data sharing activities were accelerated through the DDMM so that governments could access more quickly data related to the health and welfare of Australians.

Through the DDMM, states and territories shared data with the Commonwealth on FDSV services responses. These data were provided to highlight where data could potentially be collated rapidly to inform decision-making.

(continued)

Box 5 (continued): FDSV data sharing during COVID-19

Key findings

The cross-government rapid data sharing activities for FDSV data showed that:

- across states and territories, data were most readily available where regular, coordinated reporting at the state and territory level was already under way; in particular, where jurisdiction-specific dashboards were already operational (for example, Victoria's Crime Statistics COVID-19 and Family Violence portal)
- data collated rapidly are not comparable across states and territories, and are often collected to different standards and definitions. Policies and legislative practices vary widely across states and territories, and operational definitions also vary across services. For data collated rapidly, detailed information about data caveats may not be available to assist with comparisons or interpretation across jurisdictions
- the quality and availability of demographic information varies. Data on age, sex, Indigenous status, and other demographic characteristics are critical for understanding how FDSV is experienced differently among different population groups. However, it is not always feasible or appropriate for services to collect detailed demographic data from clients.

Rapidly collated data from services provide only part of the picture. However, they can be viewed alongside data from established national collections, such as those presented in this report, to gain an overall understanding of the patterns in service use.

In addition, in July 2021, an Intergovernmental Agreement on data sharing came into effect between the Commonwealth and all states and territories, committing all jurisdictions to share public-sector data as a default position, where it can be done securely, lawfully and ethically. The agreement recognises the value of creating national data to deliver policies and services for all Australians. In combination, these developments provide a positive platform on which to continue to improve national data collection in this area.

More information

For more information, visit:

- [The first year of COVID-19 in Australia: direct and indirect health effects](#)
- [AIHW releases with COVID-19 related data](#)
- [Family, domestic and sexual violence data in Australia](#)
- [Family, domestic and sexual violence in Australia, 2019: continuing the national story](#)
- [Sexual assault in Australia, 2020](#)

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