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THE AUSTRALIAN **DISABILITY AND VIOLENCE DATA** COMPENDIUM

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ABBREVIATIONS AND ACRONYMS

ABS	Australian Bureau of Statistics
ABDS	Australian Burden of Disease Study
ADA	Australian Data Archive
AGD	Attorney-General's Department
AHRC	Australian Human Rights Commission
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ALSWH	Australian Longitudinal Study on Women's Health
ANROWS	Australia's National Research Organisation for Women's Safety
ATP	Australian Temperament Project
ATSILS	Aboriginal and Torres Strait Islander Legal Services
CALD	Culturally and Linguistically Diverse
CCCMS	Client Contact Case Management System
CLS	Community Legal Services
CLSIS	Community Legal Services Information System
CP NMDS	Child Protection National Minimum Data Set
CRE-DH	Centre of Research Excellence in Disability and Health
CURF	Confidential Unit Record File
DSP	Disability Support Pension
DSS	Department of Social Services
DV Line	Domestic Violence Line
EFLRLCP	Evaluation of the Family Law Reforms Legislation and Courts Project
FVPLS	Family Violence Prevention Legal Services
GSS	General Social Survey
HILDA	Household, Income and Labour Dynamics in Australia
ILAP	Indigenous Legal Assistance Program
ICD	International Classification of Diseases
ICF	International Classification of Functioning, Disability and Health
IRIS	Indicator Reporting Information System
JH	Journeys Home: A Longitudinal Study of Factors Affecting Housing Stability

LGA	Local Government Area
LSAC	Longitudinal Study of Australian Children
LSIC	Longitudinal Study of Indigenous Children
LSSF	Longitudinal Study of Separated Families
MBS	Medicare Benefits Schedule
METeOR	Metadata Online Registry
NAPLAN	National Assessment Program-Literacy and Numeracy
NATSILS	National Aboriginal and Torres Strait Islander Legal Services
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NATSIS	National Aboriginal and Torres Strait Islander Survey
NCAS	National Community Attitudes to Violence Against Women Survey
NCLD	National Centre for Longitudinal Data
NDI	National Death Index
NDIS	National Disability Insurance Scheme
NMD	National Mortality Database
NSSH	National Survey on Sexual Harassment
PBS	Pharmaceutical Benefit Scheme
PNTS	Prefer Not to Say
PSS	Personal Safety Survey
SAAP NDC	Supported Accommodation Assistance Program National Data Collection
SFRSC	Survey of Family Relationship Service Clients Australia
SFVC	Specialist Family Violence Courts
SHSC	Specialist Homelessness Services Collection
SIMS	Safe at Home Information Management System
TMS	Tenancy Management System
VFVD	Victorian Family Violence Database
VLA	Victoria Legal Aid
VSAAP	Victorian Supported Accommodation Assistance Program
WG	The Washington Group Short Set of Questions on Disability

BACKGROUND

The **Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability** was established in April 2019 in response to years of calls for action and mounting evidence that people with disability experience high and sustained levels of violence and abuse.^{1,2} To understand the extent and magnitude of this problem in order to begin addressing these widespread issues requires high-quality, representative longitudinal data on the extent, nature, causes, impacts, prevalence and incidence of violence, abuse, neglect and exploitation of people with disability. However, there is currently no comprehensive strategy or framework that would allow sufficient, reliable and enduring capture of these data in Australia³. The first step is to identify existing data assets that can be used for immediate research to inform policy and to reveal data gaps to inform future data collection or augmentation strategies.

The **Australian Disability and Violence Data Compendium** was produced as part of a Disability and Health Unit project titled *Violence against people with disabilities: maximising the use of data to inform the Royal Commission*. It aims to:

1. comprehensively describe and compare national and state/territory datasets that include both disability and violence data;
2. identify data that is readily available for research and other potentially valuable sources of data that are currently not accessible but may help fill knowledge gaps through future research;
3. demonstrate how these datasets have (if at all) been used for research in this area;
4. indicate the strengths and weaknesses of each dataset, including limitations in the data due to how it is collected;
5. examine whether there is potential to improve datasets using data linkage.

Improving access to these data for research will enable up-to-date estimates of the prevalences of violence and abuse among people with disability, a better understanding of these issues with respect to various forms of violence and types and severity of disability, and identification of key factors (e.g. socio-demographic and spatial differences) that influence these patterns.

Improving knowledge in these areas is critical for reducing violence and abuse directed at people with disability.

The compendium is aimed at two audiences

For academics and researchers investigating disability and violence, this compendium describes currently accessible data sources and who to contact for access, outlines key dataset characteristics that will help determine their suitability to address particular research questions, identifies examples of their use for research in violence and disability, and highlights key findings. *For government and policy makers*, this compendium provides a map of key Australian data resources and could be used to allocate investments to improve their accessibility for research.

1. Frohmader and Sands. (2015) *Australian Cross Disability Alliance (ACDA) Submission to the Senate Inquiry into Violence, abuse and neglect against people with disability in institutional and residential settings*. Australian Cross Disability Alliance (ACDA); Sydney, Australia.

2. *Factsheet: Violence and Abuse Against Persons with Disability*. (2018) Disabled People's Organisations Australia ([link](#)).

3. *Violence, Abuse, Exploitation and Neglect Against People with Disability in Australia - Available Data as at March 2019*. Disabled People's Organisations Australia ([link](#)).

SUMMARY OF FINDINGS

Over half of the datasets identified are not accessible

There is considerable variation in the accessibility of datasets for research, with 15 of 26 datasets (57%) assessed as not accessible (based on no online information describing pathways for data access). This finding correlates with research outputs; highly accessed datasets such as *Household, Income and Labour Dynamics in Australia (HILDA)* are used extensively for research and have produced hundreds of publications. While such datasets are extremely valuable for research, it is important to consider other datasets that capture slightly different sub-populations, processes, time points or aspects of violence and/or disability. Ensuring multiple datasets are accessible for research is critical for addressing important questions.

Definitions of disability and violence

There is large variability in whether disability and violence are adequately defined. Only 15 (57%) and 11 (42%) of the datasets contain sufficient online information to determine how violence and disability variables are defined, respectively (*Table 1*). Types of violence captured in each dataset range from a single measure (e.g. physical violence in the *General Social Survey*) to multiple types in the *Personal Safety Survey*. Disability measures ranged from formal definitions based on the International Classification of Functioning, Disability and Health (ICF)⁴ (e.g. ABS Short Disability Module, Washington Group Short Set of Questions) to informal yes/no questions on whether disability was present or assessed on the basis of services used or requested. This means that prevalence estimates and other statistics derived from these datasets will differ according to the definition used. Congruent definitions of disability are critical for comparison of data across settings or surveys and to improve research accuracy and outcomes for people with disability.

Critical online information on datasets are often missing

Datasets such as the *Australian Temperament Project (ATP)*, those housed by the Australian Bureau of Statistics (ABS) or the *HILDA* survey have clear and comprehensive online documentation. This includes detailed study or survey overview and rationale, up-to-date contact information for those interested in accessing the data, lists of current research outputs and people/organisations involved. In comparison,

many datasets, such as the *Longitudinal Study of Separated Families (LSSF)* and some state/territory datasets, offer little or none of this information. This makes it difficult to assess datasets' availability and how they can be used in research.

Quality of data descriptions vary greatly

Definitions of key variables and data dictionaries vary greatly by dataset (*Table 1*). In national data collections, such as those housed by the ABS or AIHW, these aspects are quite detailed. For example, AIHW has a Metadata Online Registry (METeOR) with technical specifications for variables. ABS provides a downloads tab for each dataset that typically offers the questionnaire, data items list and variable tables. However, many datasets (often state/territory-level collections) lack accompanying data dictionaries, variable lists or surveys. This missing basic documentation prevents full understanding or interpretation of these datasets, hampering assessment of their utility for research.

Data linkage opportunities for some datasets are unclear

We considered whether data linkage was possible for each dataset (*Table 1*) based on whether data linkage had been performed previously or whether dataset custodians provide data linkage services. Six datasets had been subject to data linkage: *Australian Longitudinal Study on Women's Health (ALSWH)*, *ATP*, *Child Protection National Minimum Data Set (CP NMDS)*, *Longitudinal Study of Australian Children (LSAC)*, *Longitudinal Study of Indigenous Children (LSIC)* and *Ten to Men*. AIHW provides a dedicated data linkage service for its datasets, and data linkage potential is currently being assessed for some other datasets, such as *HILDA*. However, for many datasets examined, the potential for data linkage is unknown (*Table 1*).

There are many reasons to consider data linkage for research and policy. Linking data sources can provide many benefits, such as more efficient data collection (lower participant burden and resource costs); information for correction of participant bias due to missing data (reduction in bias); better data utility/quality by adding data that cannot necessarily be obtained from participants; increased coverage and representativeness (geography, sample size); improved potential for disaggregation/study of sub-populations, particularly for individuals not adequately covered by traditional data collection processes; extending the scope of research questions beyond the original study; and greater diversity of research outputs as data utility increases.

4. Note that the ICF is an accepted international framework for conceptualising and classifying disability and the **ABS Short Disability Module** and the **Washington Group Short Set** of Questions on Disability are based on components of the ICF framework. The ABS disability module ([link](#)) uses mostly ICF impairment of body function and also use of environment/activity to identify broad disability. Washington Group questions ([link](#)) focus on difficulties with activities such as tasks or actions by an individual.

DATA SOURCES

Table 1. Broad overview of datasets' accessibility (access and cost), utility (for research, based on sample size, data dictionary/linkage) and whether they provide sufficient information on disability and violence definitions and whether the assessment of disability was based on an underlying formal framework (e.g. ICF, Washington Group).

		Basic data information (dictionary) present?	Sample size adequate?	Data accessible for research?	No cost to access?	Data linkage possible?	Violence data sufficiently defined?	Disability data sufficiently defined?	Disability formally defined?	How was disability defined?*
ABS	GSS									ABS
	NATSISS									ABS
	PSS									ABS
AIHW	ABDS									ICD/medical conditions
	CP NMDS									ICF
	SHSC									ICF, NDIS, DSP
	SAAP NDC									service-related
AIFS	EFLRLCP									yes/no
	LSAC									yes/no
	LSSF									yes/no
	SFRSC									unknown
	T2M									WG
AGD	ATSILS IRIS									service-related
	CLISIS									unknown
OTHER	ALSWH									yes/no, DSP
	HILDA									ICF, NDIS, DSP
	JH									ICF, DSP
	LSIC									yes/no
	NCAS									yes/no
	NSSH									yes/no
VIC	ATP									ICD/medical conditions
VIC	VFVD									service-related
NSW	DV Line									service-related
TAS	SIMS									service-related
NT	TMS									service-related
WA	CCCMS									service-related

rating

yes

likely

unknown

unlikely

no

Table 1. Abbreviations

Aboriginal and Torres Strait Islander Legal Services (**ATSILS**)
Indicator Reporting Information System (**IRIS**)
Australian Burden of Disease Study (**ABDS**)
Australian Bureau of Statistics (**ABS**)
Australian Government Attorney-General's Department (**AGD**)
Australian Institute of Family Studies (**AIFS**)
Australian Institute of Health and Welfare (**AIHW**)
Australian Longitudinal Study on Women's Health (**ALSWH**)
Australian Temperament Project (**ATP**)
Child Protection National Minimum Data Set (**CP NMDS**)
Clients Australia, Survey of Family Relationship Service Clients Australia (**SFRSC**)
Community Legal Services Information System (**CLSIS**)
DV Line (**DV**)
Evaluation of the 2006 Family Law Reforms Legislation and Courts Project, Australia (**EFLRLCP**)
General Social Survey (**GSS**)
Household, Income and Labour Dynamics in Australia (**HILDA**)
Journeys Home: A Longitudinal Study of Factors Affecting Housing Stability (**JH**)
Longitudinal Study of Australian Children (**LSAC**)
Longitudinal Study of Indigenous Children (**LSIC**)
Longitudinal Study of Separated Families (**LSSF**)
National Aboriginal and Torres Strait Islander Social Survey (**NATSISS**)
National Community Attitudes to Violence Against Women Survey (**NCAS**)
National Survey on Sexual Harassment (**NSSH**)
Personal Safety Survey (**PSS**)
Safe at Home Information Management System (**SIMS**)
Specialist Homelessness Services Collection (**SHSC**)
Supported Accommodation Assistance Program National Data Collection (**SAAP NDC**)
Survey of Family Relationship Service Ten to Men (**T2M**)
Tenancy Management System (**TMS**)
Victorian Family Violence Database (**VFVD**)
Victims Support Service Client Contact Case Management System (**CCCMS**)

*How is disability defined?

ABS - ABS Short Disability Module
ICD/medical conditions - disability (and type) may be partially derived from medical conditions or diseases identified under the International Classification of Diseases (ICD)
ICF - ICF-based questions
WG - The Washington Group Short Set of Questions on Disability
service-related - defined from needs of clients, i.e. what type of service/support needed, provided or referred to
yes/no - disability status defined from direct question on whether long-term medical condition or disability is present
NDIS, DSP - disability can also be defined based on whether an individual receives a support such as the National Disability Insurance Scheme (NDIS) or Disability Support Pension (DSP)

GENERAL SOCIAL SURVEY (GSS)

Background

The GSS provides national cross-sectional data about the social circumstances and overall wellbeing of Australians. The Survey is conducted among Australians aged 15 years and over; one person provides information for the selected household. The GSS has been conducted every four years since 2002 (2002, 2006, 2010 and 2014). The most recent survey sampled 12,932 private dwellings across urban and rural areas in all states and territories. The GSS provides data on multiple domains, including social participation, economic factors, education and employment and relationships and family life.

Key facts

Coverage: National, state/territory, city/region, remoteness

Type: Survey (interviews conducted in private)

Population: Representative sample of Australians 15 years and over

Frequency of collection: Every four years (2002, 2006, 2010, 2014)

Start date: 2002

Most recent collection date: 2014

Data custodian: ABS

Data dictionary, description: The Household Survey Questionnaire, Data Item List and summary statistics for variables are available on the ABS website ([link](#))

Data access: Expanded Confidential Unit Record Files (CURFs) are available for all surveys

Contact point: microdata.access@abs.gov.au

Further information: [ABS website](#)

Disability data

Disability is defined with the **ABS Short Disability Module**; disability status is recorded according to type of disability or restrictive long-term health condition. Specific limitation or restriction is further classified by **core activity limitation** (i.e., self-care, mobility or communication), or schooling and/or employment restrictions only. Severity of limitation is classified into profound, severe, moderate or mild.

Violence data

Data on **physical violence** is available. It is defined mainly by the following two questions: "In the last 12 months, did anyone, including people you know, use physical force or violence against you?" (yes/no and how many times did this happen); "In the last 12 months, did anyone, including people you know, try to use or threaten to use physical force or violence against you?" (yes/no and how many times did this happen face-to-face?). Other questions related to violence are asked, including: "What led to you being without a permanent place to live?" (Violence/Abuse/Neglect is one possible answer); "Have any of these been a problem for you or anyone close to you, during the last 12 months?" (possible answers include Witness to violence, Abuse or violent crime, Bullying and/or Harassment).

Other data

Other data are available in the areas of housing and mobility, education (includes parental education), employment, demographic characteristics, transport and mobility, subjective wellbeing and general life satisfaction measures, health, difficulty accessing service providers, family and community involvement, social networks and participation, experiences of homelessness, voluntary work, crime and feelings of safety, sports attendance and participation, attendance at selected cultural and leisure venues, information technology, financial stress, resilience and exclusion, income, housing, assets and liabilities, discrimination, visa status, sexual orientation.

Strengths and weaknesses

Strengths: Individuals from low socio-economic backgrounds are over-sampled because they are usually under-reported in other surveys. Data on multiple themes are collected to provide a broad picture of social aspects of health and wellbeing of Australians. Response rate is consistently high.

Weakness: Only people who are usual residents of private dwellings in Australia are covered by the GSS; those who usually reside in hotels, motels, hostels, hospitals, disability care centres and short-stay caravan parks are excluded. Data are collected from a single household member via face-to-face interviews, which may have implications for underreporting of violence.

Relevant research

ABS (2015). 4159.0 - *General Social Survey: Summary Results, Australia, 2014*. Canberra: ABS.

This summary provides statistics on disability and violence, but does not investigate violence in the population with disability.

NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER SOCIAL SURVEY (NATSISS)

Background

The ABS collects data about the social and emotional wellbeing of Aboriginal and Torres Strait Islander populations in Australia. The NATSISS builds on past ABS survey collections, notably the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS). Information is collected by personal interview with Aboriginal and Torres Strait Islander people aged 15 years and over throughout Australia, including those living in remote areas.

Key facts

Coverage: National, state/territory, city/region, remoteness

Type: Survey (Household Survey Questionnaire – computer-assisted survey)

Population: > 10,000 Aboriginal and Torres Strait Islander persons aged 15 years or over living in private dwellings throughout remote and non-remote areas of Australia

Frequency of collection: Every six years (3 waves of data; 4 waves including the 1994 NATSIS)

Start date: 2002

Most recent collection date: 2014–2015

Data custodian: ABS

Data dictionary, description: The Household Survey Questionnaire, Data Item List and summary statistics for variables are available on the [ABS website](#)

Data access: authorised users can access microdata using the CURF. To apply for access to the CURF, register and apply at [ABS microdata](#)

Contact point: microdata.access@abs.gov.au

Further information: [ABS website](#)

Disability data

Disability is defined with the **ABS Short Disability Module**; disability status is recorded according to type of disability or restrictive long-term health condition. Specific limitation or restriction is further classified by **core activity limitation** (i.e. self-care, mobility or communication), or schooling and/or employment restrictions only. Severity of limitation is classified as profound, severe, moderate or mild.

Violence data

Violence is measured by experiences or threat of **physical violence** in the last 12 months. Physical violence refers to the use of physical force by a person with the intent to harm or frighten another person. It includes being pushed, shoved, hit or attacked with a weapon. Other forms of violence and abuse (e.g. sexual, emotional, psychological) are not included. **Domestic and family violence** is ascertained by the most recent experience of physical violence or threat of physical violence in the last 12 months where at least one of the perpetrators was an intimate partner (e.g. current, former or dating partner) or family member (e.g. parent, child, sibling). Experience of **bullying at school** includes physical and verbal bullying and/or bullying enacted via technology.

Other data

Age, carer status, (un)employment, education, income, financial stress, health risk factors, housing, overcrowding, homelessness, incarceration, cultural connection, psychological distress, remoteness.

Strengths and weaknesses

Strengths: Due to a historic lack of data on these populations, there has been little research and policy on the lived experience of Aboriginal and Torres Strait Islanders, which makes this dataset particularly important for future research. Also, given it is an ABS dataset, there may be potential to link with other ABS datasets and instruments to enhance data utility. There is interest in enhancing datasets related to these populations; for example, ABS is currently comparing Census and Administrative data for these populations to improve data quality and accuracy (see [ABS Data Integration Project Register](#)). Other strengths include good documentation of variables (data item list, questionnaires), well-defined data on disability and violence, and longitudinal data to assess trends over time.

Weaknesses: Research data are only available as summary tables and expanded CURFs (see [ABS available microdata](#)). Data gaps are present in some collections; for example, the 2002 NATSISS may not capture the full extent of disability (see Trewin & Madden 2005, below).

Relevant research

AIHW: Al-Yaman et al. (2006). *Family violence among Aboriginal and Torres Strait Islander Peoples*. Cat. No. IHW 17. Canberra: AIHW, ABS.

Based on the 2002 NATSISS data (and other sources), the survey found that 24% of this population aged 25 years and over reported being victims of physical (or threatened violence by family member) in the 12 months before the survey - twice the estimated age-standardised rate for non-indigenous people. The rate was higher for people with disability.

Cripps et al. (2010). **'Too hard to handle': Indigenous victims of violence with disabilities**. *Indigenous Law Bulletin* 7(21). Data from the 2008 NATSISS indicates that 26,000 (7.9%) of the Indigenous population 15 years and older have a profound disability and 137,000 (41.9%) reported having limitations as a consequence of ill health/impairments.

AIHW: Trewin and Madden (2005). *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*. Cat. No. IHW 14. Canberra: AIHW, ABS.

In the 2002 NATSISS, questions used in remote and non-remote areas differed slightly to take account of language differences/life circumstances: individuals in remote areas were not asked about conditions restricting physical activity or work, mental illness requiring assistance or restrictions due to emotional/nervous conditions. These omissions may have resulted in an underestimate of Indigenous people with psychological and physical disabilities in remote areas.

PERSONAL SAFETY SURVEY (PSS)

Background

The ABS conducts the PSS in a sample of individuals 18 years and over to measure men's and women's experiences of physical and sexual violence since the age of 15, types of perpetrators, and extent and nature of violence in the last year and the effect of violence on their lives. The PSS has been conducted three times (2005, 2012, 2016).

Key facts

Coverage: National, state/territory, city/region, remoteness

Type: Survey (interviews conducted in private)

Population: Persons 18 years and older, one per household across Australia (included 21,242 households where the interview was fully completed in the 2016 PSS)

Frequency of collection: Ad hoc, 3 surveys to date

Start date: 2005

Most recent collection date: 2016

Data custodian: ABS

Data dictionary, description: Data item lists are available for each PSS

Data access: Expanded CURFs available for 2015 and 2012 surveys, detailed microdata available for 2016 survey

Contact point: microdata.access@abs.gov.au

Further information: [ABS microdata website](#)

Disability data

Disability is defined with the **ABS Short Disability Module**; a disability or long-term health condition is defined as having one or more conditions that restricted everyday activities and which had lasted for six months or more. Individuals who required help or supervision with self-care, mobility or communication are identified as having a **core-activity limitation**.

Disability type (physical, psychological, intellectual, sight/hearing/speech, head injury, stroke or brain damage) is also defined.

The PSS captures persons living in private dwellings. Interviews are not conducted when an individual requires the assistance of another person to communicate with the interviewer. Therefore, people with disability in non-private dwellings (care facilities) and those with a profound communication disability are highly likely under-represented in the PSS.

Violence data

Types of violence data captured in the PSS (based on the 2016 survey) are comprehensive and include type of **sexual harassment**, whether violence was witnessed before age 15 (in family setting), violence (any, sexual violence, sexual assault/threat, **physical violence**/assault/threat) since the age of 15, multiple experiences of violence, **partner violence** (current/previous), **emotional abuse**, types of abuse before the age of 15, stalking (most recent, last 20 years). Additional information includes the location in which violence occurred and the relationship between victim and perpetrator.

Other data

The PSS collects a range of other data, including household characteristics (number of people/children in household, household type), geography (state/territory of residence, remoteness area), household income, demographics of respondent and partner (age, sex, country of birth, language spoken), education level, employment of respondent and partner (status, hours worked), income of respondent and partner, (status, hours worked), health (self-assessed).



Strengths and weaknesses

Strengths: The PSS is one of the most comprehensive surveys of types of violence in Australia. Ongoing surveys over time enable temporal comparisons, and unit-level data may allow data linkage.

Weaknesses: The PSS is a general population survey providing limited opportunity to disaggregate data on groups or communities of interest (e.g. ethnicity, remoteness, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse (CALD) people) due to their very small sample sizes that may result in unreliable estimates. One criticism of the survey is that it does not distinguish between patterns of abuse or ongoing patterns of abuse and one-off incidents of violence. This may explain why rates of violence for men tend to be high; they have a high lifetime prevalence of violence, but this often means just one incident (e.g. in the street or outside a pub), whereas women are more likely to experience violence as an ongoing pattern. The PSS does not enable this distinction.

Relevant research

ABS (2018). 4431.0.55.003 - Experiences of violence and personal safety of people with disability, 2016. Canberra: ABS. This publication utilising the PSS focused on violence and personal safety in disability. A key finding was that violence was higher in individuals with disability than individuals without disability. Highest rates of violence were found among people with psychosocial disability and intellectual disability; violence was more common in individuals with disability in younger age groups.

Prevalence of violence during the last 12 months – disability status. In ABS (2014). 4906.0 - *Personal Safety, Australia, 2012*. Canberra: ABS ([link](#)).

This study based on the 2012 PSS data found no difference between those with/without disability or a long-term health condition in the likelihood of experiencing violence in the 12 months prior to the survey. However, several limitations are noted. High sampling error is present in the data for men with disability, meaning that the data are considered unreliable for estimating experience of violence in the last 12 months for men with disability or a long-term health condition. Also, the PSS does not establish whether the current disability/long-term health condition (defined at time of survey) was present when violence was experienced.

Krnjacki et al. (2016). *Prevalence and risk of violence against people with and without disabilities: findings from an Australian population-based study*. *Australian and New Zealand Journal of Public Health*, 40(1).

Using the 2012 PSS, the authors found people with disabilities were significantly more likely to experience all types of violence (past 12 months and since age of 15); women with disabilities were more likely to experience sexual/partner violence; men were more likely to experience physical violence.

Dowse et al. (2016). *Mind the gap: the extent of violence against women with disabilities in Australia*. *The Australian Journal of Social Issues* 51(3).

Using the 2012 PSS study, the authors found 62% of women with disabilities aged less than 50 had experienced violence since the age of 15; in the past 12 months, women with disabilities had experienced three times the rate of sexual violence of those without disabilities.

AUSTRALIAN BURDEN OF DISEASE STUDY (ABDS)

Background

The *ABDS* measures the impact of living with injury, illness and dying prematurely. It uses a DALY (disability-adjusted life years) summary measure representing years of health life lost from these conditions, which include 216 diseases (17 disease groups) and types of injuries, in 2003, 2011 and 2015. The study also investigates how 38 risk factors – such as smoking, obesity, high blood pressure and diabetes – contribute to these diseases. It provides information on health impacts, risk factors and distribution of diseases, which is important for monitoring population health, impact of health interventions and guiding health policy and service planning.

Key facts

Coverage: National

Type: 45 data sources, including the National Mortality Database, National Health Survey, linked hospitals and deaths data

Population: Nationally representative sample covering ages 5–75+ years

Frequency of collection: Ad hoc, three surveys to date (2003, 2011, 2015)

Start date: 2003

Most recent collection date: 2015

Data custodian: AIHW

Data dictionary, description: No data dictionary is available, but methods of data collection and data sources are available in AIHW (2019). **Australian Burden of Disease Study: methods and supplementary material 2015.** Australian Burden of Disease Study no. 20. Cat. no. BOD 23. Canberra: AIHW

Data access: Data are available as statistics in reports, summary tables, client specified tables on request. Unit records are not available

Contact point: [AIHW data request website](#), [data linkage website](#)

Further information: AIHW website ([link](#))

Disability data

Within the 17 disease groups, there is **information on diseases and injuries** (derived from the International Classification of Diseases – ICD) that provide an indication of health problems and type of impairment. For example, this includes neurological conditions (e.g. dementia, epilepsy, multiple sclerosis), mental disorders (e.g. autism spectrum disorders, intellectual disability, schizophrenia, depressive disorders), hearing and vision disorders (e.g. hearing loss, glaucoma).

Violence data

This dataset captures **physical, sexual and emotional violence**. The latest study (2015) improves on previous studies by expanding **child abuse** and **neglect** to include physical abuse, emotional abuse and neglect and sexual abuse, and updating **intimate partner violence** to include emotional abuse.

Other data

Age, sex, area (state/territory, remoteness indicator), mortality data for the *ABDS* 2015 are extracted from AIHW's National Mortality Database (*NMD*, which registers all deaths in Australia since 1964). The *NMD* includes information on causes of death, age at death, Indigenous status and area of usual residence.

Strengths and weaknesses

Strengths: The *ABDS* builds on the methodological approach of previous studies (2003, 2011), which enables valid comparisons over time. While unit records are not available for the *ABDS*, some of the underlying data (i.e. *NMD* and other AIHW data collections, described [here](#)) are available as unit-level data and can be linked with other AIHW datasets.

Weaknesses: Unlike previous versions of the *ABDS* (2003, 2011), the *ABDS* 2015 does not include estimates of burden of disease and injuries on Aboriginal and Torres Strait Islander populations. Disability data are not specifically collected nor defined for the purposes of studying burden of disease in people with disability; while certain types of disability (described above) are captured by ICD-10 codes, these are not used to define disability variables for statistical analysis. Moreover, unit-level data for the *ABDS* is not available, indicating this data may not be suitable for quantitative research on disability and violence.

Relevant research

AIHW (2019). **Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015.** Australian Burden of Disease series no. 19. Cat. No. BOD 22. Canberra: AIHW.

This report includes a section on disease burden attributable to intimate partner violence and how this varied by socioeconomic group, age and time.

CHILD PROTECTION NATIONAL MINIMUM DATA SET (CP NMDS)

Background

The CP NMDS collates information annually on state and territory child support and protection services and some characteristics of those individuals. This includes departments responsible for child protection services regarding care and protection orders, notifications, investigations and substantiations, and out-of-home care. Data on carer households is also available. The CP NMDS was initiated in 2012/2013; AIHW uses it for annual reports and for the Report on Government Services. Prior to this, child protection data was collected nationally from 1990/1991 for statistics and reporting.

Key facts

Coverage: National, state/territory

Type: Administrative

Population: Individuals aged <18 years old involved in child protection services

Frequency of collection: yearly

Start date: 2012–13

Most recent collection date: 2017–18

Data custodian: AIHW

Data dictionary, description: Metadata descriptions of data sources, how child protection data are collected and summary tables of key variables are available on AIHW's METeOR

Data access: Data are available through annual reports; summary tables and restricted unit record data may be available on application and after ethics approval and agreement of state/territory data custodians. Charges may apply for unit record data

Contact point: child.protection@aihw.gov.au

Further information: AIHW website ([link](#))

Disability data

Data on **disability status** (yes/no/not stated/inadequately described) of the individual are collected, based on type of impairment defined by loss of psychological, physiological or anatomical function. This relates to components of the ICF that are defined in relation to a health condition. In some data collections, this may be classified by the person or their carer.

Violence data

Types of violence data captured in this dataset are **physical, sexual, psychological/emotional and verbal violence, and neglect**. The main source for violence data is the Notifications, Investigations and Substantiations file set; this data is derived from allegations of child abuse/neglect/maltreatment/harm reported to an authorised department, and further investigation including interviewing or sighting of the child and potential substantiation that can be classified into four categories (physical abuse, sexual abuse, emotional abuse, neglect).

Other data

Age, sex, area (state/territory, remoteness area), Indigenous status, living arrangements (family care, third-party parental care, home-based out-of-home care, residential care, family group homes, independent living, other).

Strengths and weaknesses

Strengths: There is demonstrated potential to link CP NMDS unit record data; for example, AIHW has previously linked CP NMDS to data from the National Assessment Program-Literacy and Numeracy (NAPLAN) (see AIHW study below).

Weaknesses: Some data availability issues may affect the interpretability of data collections. For example, data for NSW was limited for 2017–18 due to implementation of a new client management system (see AIHW report/summary data [here](#)); the World Health Organization noted this difference in data by jurisdiction as a limitation for obtaining good quality child protection data in Australia⁵. There will be variation in child protection data due to differences in jurisdictional policy, practice, legislation and data systems.

Relevant research

AIHW (2019). *Child protection Australia: 2017–18*. Child welfare series no. 70. Cat. No. CWS 65. Canberra: AIHW.

Children with disability are a particularly vulnerable group, especially those in the out-of-home care system; approximately 14% of children in out-of-home care were reported as having a disability.

AIHW (2015). *Educational outcomes for children in care: linking 2013 child protection and NAPLAN data*. Cat. No. CWS 54. Canberra: AIHW.

This study linked CP NMDS data in 2013 to NAPLAN to assess academic performance of children in care; this demonstrates the potential to link data in the CP NMDS. The study noted that there may be a higher proportion of students with severe or profound disability (including learning/intellectual disability) in the CP NMDS sample than in the non-CP NMDS sample, for whom NAPLAN testing was not considered appropriate.

5. World Health Organisation (2015). *Toolkit on mapping legal, health and social services responses to child maltreatment*. Geneva: World Health Organisation.

SPECIALIST HOMELESSNESS SERVICES COLLECTION (SHSC)

Background

The purpose of the SHSC is to collect assistance data on clients (and their children) accessing government-funded specialist homelessness services. Services collect data continually and submit data to AIHW monthly. The SHSC consists of two collections: client collection, which includes information on adults and children receiving services; and unassisted person collection, which includes adults and children whose request could not be met by an SHS agency. The SHSC supersedes the Supported Accommodation Assistance Program National Data Collection (SAAP NDC, described below) that was discontinued in 2011.

Key facts

Coverage: National, state/territory, city/region, local government area (LGA), remoteness

Type: Administrative

Population: Australians accessing government-funded specialist homelessness services

Frequency of collection: Yearly

Start date: 2011

Most recent collection date: 2019

Data custodian: AIHW

Data dictionary, description: Metadata descriptions of data sources, how client data are collected and summary tables of key variables are available on AIHW's METeOR. The SHS collection manual, summary of data items and data collection materials are available on AIHW's SHS website ([link](#))

Data access: Data are available through publications, data cubes and summary tables. Unit-level data are available upon request (after approval) from AIHW's online customised data request system ([link](#)) at a cost. Data linkage is also possible.

Contact: homelessnessdata@aihw.gov.au

Further information: AIHW website ([link](#))

Disability data

Collection of information about clients with disabilities began in 2013. The measure of disability in the SHSC is based on the **disability flag** cluster variable, which assesses the **functional status** of a person based on a matrix of life areas: three core activities with which the client needs help – self-care, mobility and communication; level of assistance (always/sometimes need help and/or supervision; have difficulty but don't need help/supervision; don't have difficulty, but use aids/equipment; have no difficulty) needed within each area – this is based on the client's perception of whether there has been a long-term (6 months or more) health condition or disability that restricts everyday activities. This assessment is based on a subset of the **'Activities and participation' domains of the ICF**. It is expected that this information will be collected from the client being assessed or a service worker/carer/proxy answering on their behalf. In 2019, whether clients received the DSP or support from the NDIS was included.





Violence data

Violence data are collected in relation to why the client requested assistance from an agency, and includes **sexual abuse** (by family member or non-related individual); **domestic and family violence** (physical or emotional abuse by family member); **non-family violence** (physical/emotional abuse or violence/threat of violence by a non-related individual); and **discrimination** (racial and sexual discrimination).

Other data

Additional data are available on: **client details** – sex, date of birth, presenting unit ID, Aboriginal or Torres Strait Islander origin, facilities/institutions in which the client has lived in the past 12 months, diagnosed mental health issues, country of birth, year first arrived in Australia, main language spoken, source of referral to agency, reason for seeking assistance, address, postcode, state/territory; **client situation** – living arrangement, housing status, type of residence/dwelling, tenure, labour force status, full/part-time employment, source of income, government benefit/pension/allowance, study/training/education, care arrangements.

Strengths and weaknesses

Strengths: Large sample sizes; unit record data are available and data linkage may be possible through AIHW. Data on specific groups (Indigenous clients, remoteness) with disability are available in sufficient sample size for analyses that require this disaggregation; for example, in the *SHSC 2018-19 annual report/data*, of the 6,800 *SHSC* clients with severe or profound disability, approximately 1,600 (or 24%) are Aboriginal and/or Torres Strait Islanders.

Weaknesses: According to the *SHSC 2018-19 annual report*, data on disability may not be comparable across age groups

due to differences in interpretation of *SHSC* disability questions particularly in young children; comparisons between age groups should therefore be made with caution. Collection practices have changed, requiring caution in comparing key variables over time. For example, in the *SHSC 2018-19 annual report*, the 3% decrease (from 2017-18 to 2018-19) in Victorian homelessness clients and 10% decrease in family violence clients was mainly due to a practice correction in recording client information by some family violence agencies.

Relevant research

AIHW (2019). *Specialist homelessness services annual report 2017–18*. Cat. No. HOU 299. Canberra: AIHW.

Three in four SHS clients (74%) with severe or profound disability reported experiencing additional vulnerabilities (i.e. mental health issues, drug/alcohol use, domestic/family violence), compared with 62% of the total SHS population.

AIHW (2019). *Specialist homelessness services annual report 2018–19*. Cat. No. HOU 318. Canberra: AIHW.

In 2018–19, of *SHSC* clients with a disability (based on Table DIS.2), 28% (n=1,566) reported experiencing family and domestic violence; within this group, violence was more common (69%) if individuals also had a mental health issue. Family and domestic violence was the second most common reason for *SHSC* clients with a disability to seek specialist homelessness services.

SUPPORTED ACCOMMODATION ASSISTANCE PROGRAM NATIONAL DATA COLLECTION (SAAP NDC)

Background

The purpose of the (now superseded) *SAAP NDC* was to collect assistance data on clients (and their children) accessing government-funded specialist homelessness services. The dataset is divided into a **Client** collection, including services received and sociodemographic characteristics; a **Demand for accommodation** collection, capturing information on number of people requesting accommodation at SAAP agencies; and an **administrative** collection, including descriptive information about SAAP agencies. Specialist datasets collected less frequently as part of the *SAAP NDC* include the accompanying child in SAAP collection, income issues collection and casual client collection. Note that this is a national collection, but there are similar state/territory data and reports; for example, the Victorian SAAP is included in the Victorian Family Violence Database (VFVD). The *SAAP NDC* was replaced with the *SHSC* (described above) in 2011.

Key facts

Coverage: National, state/territory, city/region

Type: Administrative

Population: Adults/children accessing government-funded specialist homelessness services

Frequency of collection: Yearly (1996-97 to 2010-11)

Start date: 1996

Most recent collection date: 2011

Data custodian: AIHW

Data dictionary, description: Metadata descriptions of data sources, variables and how client data are collected are available on AIHW's METeOR

Data access: Data are available through publications, summary tables, statistics and client-specified tables. Unit-level data are available upon request (after approval) from AIHW's online customised data request system ([link](#)) at a cost

Contact point: homelessnessdata@aihw.gov.au

Further information: AIHW website ([link](#))

Disability data

Disability is defined by the **type(s) of specialist service/assistance needed, provided or referred to** a SAAP client, including physical disability services and intellectual disability services. Data on whether a client has mental health issues or psychiatric illness is collected when a client first presents to a SAAP agency seeking assistance.

Violence data

Violence data are collected in relation to initial presentation to a SAAP agency in order to seek assistance; and include **sexual abuse, domestic/family violence** and **physical/emotional abuse**. Violence data are also defined by **personal support services that SAAP clients needed, are provided or referred to**, including incest/sexual assault support, and domestic/family violence support. Such support typically involves one-on-one discussions with the client to document the violence inflicted. Information is also available on the type of service or assistance provided to an accompanying child of an SAAP client, including sexual/physical abuse support.

Other data

The client collection includes sex, date of birth, case management plan goal status/indicator, service activity type needed, reason for seeking assistance, postcode, suburb, labour force status, employment (full/part-time), country of birth, Indigenous status, dates of service episodes and events, and service provider organisation. The demand for accommodation collection includes accommodation assistance urgency status, contact method, date accommodation was sought, number of people accommodated, and reason accommodation was not given/taken. The administrative collection includes the client's name, address, service provider details (address, identifier, funded service type, funding start/end date, geographic location (LGA, statistical local area), government funding details).

Strengths and weaknesses

Strengths: Unit-level data increases the utility of the data for quantitative research and enables data linkage with AIHW Data Integration Services.

Weaknesses: There have been methodological changes to the *SAAP NDC* over time creating data gaps in certain collection years. For example, the client variables included demographic and support information for children needing assistance from 2000/01 onwards. From 2005/06, a core dataset was introduced that included fewer data items, changes to some definitions and statistical linkage keys. Other known limitations include agencies' ability to report data. For example, some agencies reported that they did not collect information across all specified areas.



Relevant research

AIHW (2004). *Homeless People in SAAP. SAAP National Data Collection annual report 2003-2004 Australia*. Cat. No. HOU 126. Canberra: AIHW (SAAP NDCA Report Series 9).

The annual report briefly describes characteristics of clients accessing SAAP services, including reasons for accessing services (e.g. the most common reason clients gave for seeking assistance was domestic violence, in 20% of support periods).

AIHW (2010). *Needs of clients in the Supported Accommodation Assistance Program: Report on the high and complex needs census, 2008*. Occasional Paper No. 28. Canberra: AIHW.

The AIHW asked SAAP agencies to complete an assessment form for all clients they assisted in one week during June 2008, capturing data from 932 agencies and 10,683 clients. Their questions about disability were: “Does the client currently have a need for assistance relating to disability?” (yes/no); “Please identify the circumstances that relate to the client’s current disability need (boxes ticked for any of: intellectual, learning, physical, acquired brain injury, sensory/speech, psychiatric)”; “What level of support is required to meet the client’s need for assistance in the area of disability?” (low/medium/high); “Can the support needs of the client in the

area of disability be met by your agency?”; “Will you refer this client to other service(s) for their need for assistance related to their disability?” Questions on violence were: “Does the client currently have a need for assistance relating to exposure to/effects of violence?”; “Please identify the circumstances that relate to the client’s current exposure to/effects of violence need” (family/domestic violence, violent and potentially lethal perpetrator, community violence, torture and trauma, affected by previous abuse or violence); “What level of support is required to meet the client’s need for assistance in the area of exposure to/effects of violence?” (low/medium/high); “Can the support needs of the client in the area of exposure to/effects of violence be met by your agency?” (yes/no); “Will you refer (or have you referred) this client to other service(s) for their need for assistance relating to their exposure to/effects of violence?” (yes/no).

EVALUATION OF THE 2006 FAMILY LAW REFORMS LEGISLATION AND COURTS PROJECT (EFLRLCP)

Background

The AIFS collected data to assess the effects of a change in family law legislation on parents and their children in relation to parenting responsibilities and the time children were allocated to parents. Family violence and child abuse data was collected in relation to how courts handle this information.

Key facts

Coverage: Four states (NSW, VIC, QLD, WA)

Type: Survey

Population: Australian parents with family/federal court disputes lodged: 1,724 court files (739 pre-reform, 985 post reform, approximately 28,000 people) on disputes in the Federal Magistrates Court, Family Court of Australia and the Family Court of Western Australia

Frequency of collection: Once only

Start date: 2006

Most recent collection date: NA

Data custodian: [AIFS](#)

Data dictionary, description: Information on how data was collected and the questions asked in each instrument are available as appendices on the AIFS EFLRLCP webpage

Data access: Data are reported in the *Evaluation of the 2006 family law reforms report*

Contact point: [website enquiry](#)

Further information: see AIFS, Evaluation of the 2006 family law reforms page ([link](#))

Disability data

Disability status and carers for people with disability are defined through the following interviewer questions: “Do you (or anyone else in your household) have any medical conditions or disabilities that have lasted, or are likely to last, for six months or more?” (no one with a medical condition or disability, respondent, current partner, focus child, son/daughter, step-son/daughter, sibling, parent/in-law parent, grandparent, other relative/in-law, unrelated person, don't know/can't say, refused); “Do you provide ongoing care for the member/s of your household who have a disability or special needs (including any of your children)?” (yes/no).

Violence data

Violence data are captured from several interviewer questions in court files, including whether **family violence services** were sought (in relation to a question on current relationship problems). Questions about other aspects of violence in relation to individual cases are asked, including whether there were allegations of **family violence** or **child abuse**.

Other data

Age, sex, Indigenous status, country of birth, language spoken, employment status, education, income, services, relationship between parties.

Strengths and weaknesses

Strengths: One of the few sources of data derived from the family law system.

Weaknesses: The EFLRLCP dataset is not readily available for research. There is no information on how to access the data, opportunity for data linkage, data item list or data dictionary.

Relevant research

Kaspiew et al. (2009). *Evaluation of the 2006 family law reforms*. Melbourne: AIFS.

Still one of few sources of information on the study, types and description of data collected in the EFLRLCP.

THE LONGITUDINAL STUDY OF SEPARATED FAMILIES (LSSF)

Background

The LSSF is a nationwide dataset on approximately 10,000 parents who were 18 years and older and separated in 2006–07. AIFS collected the data as part of a study of the wellbeing and circumstances of family members five years after the separation occurred. Wave 1 and 2 telephone interview surveys occurred in 2008–09, and in 2012 the Australian Government AGD performed the third wave, in which parents were followed up.

Key facts

Coverage: National

Type: Survey

Population: Approximately 10,000 parents who separated in 2006–07

Frequency of collection: Three waves of collection between 2008 and 2012

Start date: 2008

Most recent collection date: 2012

Data custodian: AIFS

Data dictionary, description: Data dictionary, data item lists and survey questionnaires are not available

Data access: Unknown – there is no point of contact or information on whether the data are available for research

Contact point: [website enquiry](#)

Further information: [AIFS website](#)

Disability data

Disability **status** is determined during a telephone interview and is not defined formally. In wave 1, respondents were asked if anyone in the household had a disability or medical condition and whether they provide ongoing care for anyone with a disability/special needs in the house.

Violence data

Types of violence data captured in the LSSF are **physical, psychological/ emotional, verbal, economic, social and property damage**. The LSSF definition of family and domestic violence is based on the *Family Law Act*, which describes conduct by a person that causes fear for personal wellbeing or safety, and the *Partnerships Against Domestic Violence* (1997) strategy relating to an abuse of power (physical, psychological) by one partner against another during a relationship and after separation. To determine whether family and domestic violence is a factor in separation between couples, the following questions are asked of respondents about their former partners: have they “tried to prevent you

from contacting family or friends, from using the telephone or car or prevent knowledge of or access to family money?”; “insulted you with the intent to shame, belittle or humiliate?”; “threatened to harm the child/children, other family/friends or you?”; “damaged or destroyed property?”; “threatened to harm or harmed pets or harm themselves?”; “tried to force you into any unwanted sexual activity?”; “monitored your whereabouts?”; “circulated defamatory comments about you?”.

Other data

Age, sex, Indigenous status, country of birth, employment status, education, income.

Strengths and weaknesses

Strengths: Potential to assess reasons for separation. Data on violence collected using a formal framework.

Weaknesses: Data does not appear to be available for research. There is no detailed data description of variables or data dictionary, making it difficult to define the variables and assess the potential of the dataset for research. Data on disability is not formally defined.

Relevant research

Lodge and Alexander (2010). *View of adolescents in separated families: a study of adolescents’ experiences after the 2006 reforms to the family law system*. Report commissioned by the Attorney-General’s Department.

Qu and Weston (2010). *Parenting dynamics after separation: A follow-up study of parents who separated after the 2006 family law reforms*. Report commissioned by the Attorney-General’s Department and Department of Families, Housing, Community Services and Indigenous Affairs.

Both these studies use data from the LSSF.

THE LONGITUDINAL STUDY OF AUSTRALIAN CHILDREN (LSAC)

Background

The LSAC is a longitudinal study of the development and wellbeing of young people and their families in Australia. It is conducted collaboratively by the Australian Government Department of Social Services (DSS), the AIFS and the ABS. Data collection commenced in 2003 with a representative sample of 1000 children across two age cohorts. Study informants include the young person, their parents (both resident and non-resident), carers and teachers. The study links to administrative databases such as Medicare, NAPLAN and Centrelink. Data are collected via face-to-face interviews conducted every two years.

Key facts

Coverage: National, state/territory

Type: Survey

Population: Representative sample of 1000 children and their families. The first cohort of 5,000 children was aged 0–1 year in 2003–04, and the second cohort of 5,000 children was aged 4–5 years in 2003–04

Frequency of collection: Every two years (7 waves of data) with between-wave mail-out questionnaires sent to families (waves 1.5 to 5.5)

Start date: 2004

Most recent collection date: 2017

Data custodian: AIFS

Data dictionary, description: Comprehensive information on data are available, including a data dictionary, study questionnaires, rationale documents, technical papers and data frequencies

Data access: There are two levels at which LSAC data can be accessed: general release, with potentially sensitive information such as postcodes and date of birth removed, and restricted release, with data provided at a more detailed level. Access is via the [National Centre for Longitudinal Data \(NCLD\) Dataverse](#)

Contact point: growingup@updatedetails.growingupinaustralia.gov.au or aifs-lsac@aifs.gov.au

Further information: [AIFS website](#)

Disability data

Data on disability in **parents and children** are obtained from the following questions: “Does parent and child (asked of both parents and study child) have any medical conditions or disabilities that have lasted, or are likely to last, for six months or more?” (yes/no); “If yes, what are these?” (potential responses are sight problems, hearing problems, speech problems, blackouts, fits or loss of consciousness, difficulty learning or understanding things, limited use of arms or fingers, difficulty gripping things, limited use of legs or feet, nerves or emotional conditions that require treatment, any disfigurement or deformity, chronic or recurring pain, any condition that restricts physical activity or physical work, shortness of breath or difficulty breathing, any mental illness

for which help or supervision is required, long-term effects as a result of a head injury, stroke or other brain damage, any other long-term condition such as arthritis, asthma, heart disease; Alzheimer’s disease, dementia etc.; any other long-term condition that requires treatment or medication).

Additional data on children’s disability is sought from **teachers**, using questions: “Does this student receive any additional assistance or specialised services provided within the school because of a diagnosed disability or additional need?” (yes/no); “What is the main reason that this student requires additional assistance or specialised services to enable them to succeed in the regular school program?” (intellectual disability, hearing impairment, vision impairment, physical disability, speech or language impairment, learning disability/learning problems in literacy, learning disability/learning problems in numeracy, emotional or behavioural problems, autism spectrum disorder).

Violence data

Violence against **children** in the study is collected using the following questions: “What is the main reason why child has never seen his/her other parent?” (e.g. drug, alcohol or violence problems; sexual abuse); “What led to you being without a permanent place to live?” (violence/abuse/neglect). Data about violence related to **pregnancy** is collected using this question: “Thinking about first/second/third pregnancy that ended in an abortion/termination, was this for any of the following reasons?” (Was a victim of violence, coercion, sexual assault). **Inter-parental conflict** is measured using a standardised scale that includes **verbal** and **physical** conflict and captured since wave 1 using questions such as: “How often do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving?” (never/rarely/sometimes/often/always); “How often is there anger or hostility between you and child’s other parent?” (ranging from never to almost always). Since wave 4, the question “Have you even been afraid of your partner?” has been included. Data on **parent-child conflict** has been collected since wave 7: “Have you ever been afraid of study child?”; “Are you currently afraid of study child?”; “How often is there anger or hostility between you and study child?”; “How often do you have arguments with study child that end up with people pushing, hitting, kicking or shoving?”.

Data on **violence experienced in parent’s childhood** is also available from wave 7 and collected using the following questions: “During your childhood, did you experience any of the following?” (Your father physically abused your mother (punched, hit, kicked, etc.); your mother physically abused your father (e.g. punched, hit, kicked, etc.); your father verbally abused your mother (e.g. ridiculed, humiliated, etc.); your mother verbally abused your father (e.g. ridiculed, humiliated, etc.); you were verbally abused, ridiculed or humiliated by a parent; you received frequent beatings or too much physical

punishment (e.g. hitting, smacking); you were sexually abused by someone in your family living in the household; you were sexually abused by someone in your family not living in the household.

Other data

Age, gender, household composition, housing conditions, parent education, employment, health and wellbeing, country of birth, ethnicity, parents' relationship history, parenting practices, child health, medical conditions, wellbeing and development, social support, service use, life events, psychological distress and area variables (state, region, remoteness area, Statistical Area Level 2).

Strengths and weaknesses

Strengths: Data are readily accessible for research and includes very detailed tracking of children over time. This could allow for detailed analyses of disability and violence while accounting for important and potentially confounding/interacting variables related to family environment, individual, broader social and environmental factors. Data linkage is advocated.

Weaknesses: Disability is not formally assessed, although the range of disability indicators may allow sufficient representation in the sample. Sample size is relatively small. Data on violence experienced (specific types, location) is limited. Data on direct measures of domestic and family violence is not collected.

Relevant research

Shin et al. (2015). *Domestic violence in the Longitudinal Study of Australian Children (LSAC)*, National Centre for Longitudinal Data. Research summary no. 2. Canberra: Department of Social Services.

Includes statistical comparison of domestic violence by a range of demographic and household characteristics.

Kavanagh et al. (2018). *Gender, parental education, and experiences of bullying victimization by Australian adolescents with and without a disability*. *Child: Care, Health and Development* 44(2).

Using LSAC, this study found that adolescents with disabilities, intellectual disability and borderline intellectual functioning are at higher risk of social bullying victimisation.

King et al. (2018). *To what extent is the association between disability and mental health in adolescents mediated by bullying? A causal mediation analysis*. *International Journal of Epidemiology* 47(5).

This study found that disability exerts a detrimental effect on adolescent mental health, and 46% of this appears to be a result of being bullied.

Soloff et al. (2007). *Enhancing longitudinal studies by linkage to national databases: Growing Up in Australia, the Longitudinal Study of Australian Children*. *International Journal of Social Research Methodology* 10(5).

This article examines data linkage opportunities in LSAC.

SURVEY OF FAMILY RELATIONSHIP SERVICE CLIENTS AUSTRALIA (SFRSC)

Background

The *SFRSC* aimed to quantify the extent of violence among clients of family relationship service providers and from reports of response to violence. It was intended to help assess whether services were contributing to core policy objectives and answer the following questions: For separated parents, have services helped improve their involvement in their children's lives or agree on parenting arrangements for their children? Has the service helped build healthy relationships? Was the service easy to access? Data was collected through an online survey or via telephone interview of a selection of clients who agreed to be contacted for research purposes and had attended services between January 2008 and April 2009.

Key facts

Coverage: National, state/territory

Type: Survey

Population: Family relationship service program clients

Frequency of collection: Once only

Start date: 2009

Most recent collection date: N/A

Data custodian: AIFS

Data dictionary, description: Not available

Data access: Data are reported in the *Evaluation of the 2006*

Family Law Reforms report

Contact: Not available

Further information: [AIFS website](#)

Disability data

Disability **status** is collected, although it is unclear how and by what method (i.e. questions, instruments) because this information is not available online.

Violence data

Types of violence data captured in this dataset are **physical, psychological/emotional, verbal, social and economic violence and property damage**. Violence data are collected using the following questions: "Before you went to the service did your (current partner/ex-partner/family member) ever try to control you by preventing you from contacting friends and family; preventing you from using a car or having knowledge about or access to family money; threaten to harm you, themselves or others (including pets); seriously put you down or insult you; or physically hurt you?". Data on family and domestic violence is also operationally defined during the support and counselling received during contact with Specialised Family Violence Services.

Other data

Age, sex, Indigenous status, language spoken, education, formal support services used.

Strengths and weaknesses

Strengths: Along with other administrative datasets such as *EFLRLCP* and *LSSF*, these datasets permit investigation of shifts in violence (and violence in disability) in relation to the changes in the family law system that the Australian Government introduced in 2006.

Weaknesses: Data does not appear to be available for research. There is no detailed data description of variables or data dictionary, making it difficult to define the variables and assess the potential of the dataset for research. There is no information about how disability was defined.

Relevant research

Kaspiew et al. (2009). *Evaluation of the 2006 family law reforms*. Melbourne: AIFS.

TEN TO MEN: THE AUSTRALIAN LONGITUDINAL STUDY ON MALE HEALTH

Background

Ten to Men is a longitudinal study of male health, commissioned by the Australian Government Department of Health in 2010 with the main aim of understanding the health needs of Australian males. The University of Melbourne conducted the baseline survey in 2013–14 and wave 2 in 2015–16. AIFS will conduct wave 3 in 2020.

Key facts

Coverage: National, state/territory, city/region, remoteness

Type: Longitudinal survey study

Population: Nearly 16,000 men and boys aged 10–55 years in wave 1. By wave 3 all participants will be over the age of 18 years

Frequency of collection: 2–3 yearly

Start date: 2013

Most recent collection date: Wave 2 in 2016. Wave 3 is on-going

Data custodian: AIFS

Data dictionary, description: The data dictionary, data issues document, technical reports and study questionnaires can be found [here](#)

Data access: The data request forms must be submitted to ttmdatamanager@aifs.gov.au

Data request forms can be found [here](#)

Contact point: ttmdatamanager@aifs.gov.au

Further information: [Ten to Men website](#)

Disability data

Disability status is measured using the **Washington Group Short Set** of questions on disability. Disability is classified based on level of difficulty (no – no difficulty, yes – some difficulty, yes – a lot of difficulty, cannot do at all) within six functional domains (vision, hearing, walking, cognition, self-care and communication). Questions are: “Do you have difficulty seeing, even if wearing glasses?”; “Do you have difficulty hearing, even if using a hearing aid?”; “Do you have difficulty walking or climbing steps?”; “Do you have difficulty remembering or concentrating?”; “Do you have difficulty (with self-care such as) washing all over or dressing?”; “Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?”.

Violence data

Participants aged less than 18 years are not asked about violence. All other participants are asked whether in the past 12 months they were a victim of **physical violence** or **sexual assault**, and about **mental, physical and sexual partner violence**. In wave 2, participants were asked if they had experienced any violence in the past two years. Questions on **discrimination** were asked in the baseline survey but not during wave 2. Additional questions relate to both perpetration and victim status, including violence from an intimate partner.

Other data

The *Ten to Men* study captures age, race/ethnicity, relationship status, education, employment, housing, income and financial security, health behaviours, health status, social determinants and health service utilisation.

Strengths and weaknesses

Strengths: *Ten to Men* is a large national representative study utilising numerous health domains based on well-validated measures. Its mental, sexual and physical health behaviour outcome measures can be studied for people with disability. It over-sampled people from regional areas to account for under-representation of remote populations. *Ten to Men* can be linked with external datasets; the data access form lists the Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS) and National Death Index (NDI).

Weaknesses: Response rate at baseline was low (35%); retention at wave 2 was 76%. Emotional functioning is not measured in Washington Group questions. The scale also classifies people with mild and moderate disability as non-disabled. Since data are collected by self-administered surveys, individuals with difficulty reading or writing may be under-represented.

Relevant research

Kavanagh et al. (2016). *Inequalities in socio-economic characteristics and health and wellbeing of men with and without disabilities: A cross-sectional analysis of the baseline wave of the Australian Longitudinal Study on Male Health*. *BMC Public Health* 16(3).

This study found men with disabilities experience poorer health, wellbeing and social and economic disadvantages than those without disability.

Kavanagh et al. (2020). *Violence against people with disability in Australia: maximising the use of data to inform the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*. Centre of Research Excellence in Disability and Health, University of Melbourne. This project uses three datasets (*PSS*, *Ten to Men*, *LSAC*) to provide recent estimates on the prevalence of violence and abuse among people with disability to inform the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*.

ABORIGINAL AND TORRES STRAIT ISLANDER LEGAL SERVICES (ATSILS), INDICATOR REPORTING INFORMATION SYSTEM (IRIS)

Background

The AGD collects data as part of assessing targets for service delivery within the *ATSILS* system. *ATSILS*' primary role is to provide family, criminal and civil law representation and contribute to key service areas such as law and social justice reform, monitoring Indigenous Australian deaths in custody and community legal education.

The peak national body for *ATSILS* is the National Aboriginal and Torres Strait Islander Legal Services (NATSILS), which advocates and provides support for delivery of services by Indigenous legal assistance providers and improvement of the Indigenous Legal Assistance Program (ILAP). The AGD is responsible for managing ILAP funding to *ATSILS*, NATSILS and the maintenance of the *IRIS* national database. *ATSILS* provides electronic records of service data to *IRIS*.

ATSILS includes the following services: Victorian Aboriginal Legal Service Co-operative Limited; Tasmanian Aboriginal Community Legal Services; Queensland Aboriginal and Torres Strait Islander Legal Service; New South Wales and Australian Capital Territory Aboriginal Legal Service; Central Australian Aboriginal Legal Aid Service; North Australian Aboriginal Justice Agency; Western Australian Aboriginal Legal Service of Western Australia; Aboriginal Legal Rights Movement Inc.

Key facts

Coverage: National

Type: Administrative

Population: Aboriginal and Torres Strait Islanders serviced by *ATSILS*

Frequency of collection: Quarterly

Start date: 2004

Most recent collection date: Current year

Data custodian: [AGD](#)

Data dictionary, description: Not available

Data access: De-identified data may be available upon application, see [data.gov.au](#)

Contact: ILASReporting@ag.gov.au

Further information: Not available

Disability data

Disability is recorded as a by-product of ensuring that the client has access to additional supports, including a disability support worker who can provide communication assistance, referrals, emotional support and family assistance.

Violence data

Data on violence is limited in that only **physical abuse** is captured and it is not directly measured in *ATSILS*, but captured through domestic violence orders within state/territory legislative definitions.

Other data

Age, sex, Indigenous status, income, socio-economic status. Note: other variables are available, although this is not clear due to lack of online information.

Strengths and weaknesses

Strengths: A large national longitudinal dataset on Indigenous Australians.

Weaknesses: The value of both disability and violence data are limited by lack of formal definitions and detail. Little detail is available on what data are currently available, the variables and data access. Data are used to generate national reports, but are not commonly used for research.

Relevant research

Cox Inall Ridgeway (2019). *Review of the Indigenous Legal Assistance Program (ILAP) 2015-2020*. Final Report, February 2019, prepared for the AGD.

Provides an overview of the structure of *NATSILS*, *ATSILS* and *IRIS* and the various state and territory collection agencies.

COMMUNITY LEGAL SERVICES INFORMATION SYSTEM (CL SIS)

Background

The CL SIS captures client information from family violence prevention legal services (FVPLS) and community legal services (CLS). This includes the type of legal problem, what assistance had been received, and client demographics. Data are currently only published in relation to CLS programs.

Key facts

Coverage: National, state/territory (all), city/region

Type: Administrative

Population: Australians accessing FVPLS or CLS

Frequency of collection: Monthly

Start date: 2003

Most recent collection date: 2019

Data custodian: [AGD](#)

Data dictionary, description: Not available

Data access: Unknown

Contact: CLCProgram@ag.gov.au

Further information: Not available

Disability data

Disability **status** is collected although it is unclear how and through what methods (i.e. questions, instruments) because this information is not available online.

Violence data

Types of violence data captured in the CL SIS include the following types of abuse: **physical, sexual, psychological/emotional, verbal and social abuse, harassment and stalking, economic abuse and property damage**. Family and domestic violence is defined by legislation in each state or territory in which each FVPLS or CLS operates.

Other data

Age, sex, Indigenous status, country of birth, language spoken.

Note: other variables are available, although this is not clear due to lack of online information.

Strengths and weaknesses

Strengths: A range of types of violence are captured in the data.

Weaknesses: The disability data are limited by lack of formal definitions and detail. Detail about the data currently available, the variables and data access are very limited. Data are not commonly used for research.

Relevant research

Reports are available upon request to the Department, but data are not routinely available for research.



AUSTRALIAN LONGITUDINAL STUDY ON WOMEN'S HEALTH (ALSWH) (WOMEN'S HEALTH AUSTRALIA)

Background

The *ALSWH*, also known as *Women's Health Australia*, is a longitudinal population-based survey of the health of over 57,000 Australian women. It is a collaborative project of the University of Newcastle and University of Queensland and is funded by the AGD. The baseline survey was initiated in 1996 and included over 40,000 women identified using the Medicare database. From this, three cohorts were defined: the 1973–78 (or young) cohort (aged 18–23 years in 1996), the 1946–51 (or mid-age) cohort (aged 45–50 years in 1996), and the 1921–26 (or older-age) cohort (aged 70–75 years in 1996). The three cohorts were surveyed every three years from 1996 to 2011. In 2011, the older-age cohort completed a shortened questionnaire every six months. In 2012–13, a new cohort of women aged 18–23 years (the 1989–95 or new young cohort) were recruited. A total of 17,000 women participated in this survey in 2012–13. Data have been linked to health records, cancer registries and databases that include information on midwives/perinatal visits, emergency departments, aged care, MBS, PBS, NDI, cause of death and admitted patients/hospitals.

Key facts

Coverage: National

Type: Postal survey

Population: Australian women (citizens and permanent residents) 18 years and above

Frequency of collection: Yearly (1996–97 to 2010–11)

Start date: 1996 and 2011 (new young cohort)

Most recent collection date: 2011 for older-age cohort, 2019 for mid-age cohort and new young cohort, 2018 for young cohort

Data custodian: University of Queensland and University of Newcastle

Data dictionary, description: A data dictionary, list of survey variables, data map and technical reports are available [online](#)

Data access: Select a liaison person from [here](#) to discuss proposed project and their availability. Expressions of interest must be submitted to a liaison person

Contact: alswh@uq.edu.au

Further information: [ALSWH website](#)

Disability data

Disability is not formally defined, but status can be determined through the following questions in each cohort. New young cohort – “Do you regularly need help due to illness or disability?” (survey 1). Young cohort – “Do you regularly need help with daily tasks because of illness or disability?” (surveys 6–8); “provide care to ill/disabled/frail?” (survey 1); “have a serious illness/condition/disability?” (surveys 2, 3); “have you used disability services?” (survey 7). Mid-age cohort – “Do you regularly need help with daily tasks because of long-

term illness, disability or frailty?” (surveys 2–8); “In the past 3 years, were you diagnosed/treated for other major illness or disability?” (surveys 4, 8); “How many people with long-term illness, disability, frailty do you provide care for?” (surveys 1, 4–8). Older-age cohort – “Do you need help with daily tasks due to illness/disability/frailty?” (surveys 2, 4–7), and specific difficulties (e.g. grooming, eating, bathing or showering, dressing your body, getting up from a chair, walking inside the house, using the toilet, shopping, doing light/heavy housework, managing money, preparing meals, taking medication, using the telephone, doing leisure activities or hobbies) was further determined; “provide care to ill/disabled/frail?” (surveys 1, 2); “receive the disability support pension?” (survey 4).

Violence data

Partner violence is measured using questions such as “Have you ever been in a violent relationship with a partner/spouse?” and “If you have ever lived with a violent partner or spouse, in which years did you experience violence?”. Partner abuse is measured (using the Composite Abuse Scale) for the young cohort in surveys 4–7 and for the new young cohort in surveys 1–5. Other questions related to abuse are: “Have you ever experienced any form of **physical, mental, emotional or sexual abuse or violence...**?”; “Which of the following events have you experienced?” (being pushed, grabbed, shoved, kicked or hit). These questions are asked of the young cohort in surveys 2 and 3, mid-age cohort in surveys 2, 7 and 8, and new young cohort in surveys 2 and 5.

Other data

The *ALSWH* includes variables in the following domains: sleep difficulties and disturbances, menopausal problems, urinary incontinence, leisure and time use (e.g. paid and unpaid work, social support, overload, independence, leisure), aspirations and financial resources, diabetes, caring, future plans for young women, use and satisfaction with health care services, life stages and key events (e.g. birth, divorce, menopause, widowhood, major illness, moving house, changing jobs, fall and fractures, dementia and bereavement), weight and exercise.

Strengths and weaknesses

Strengths: The *ALSWH* is a large, long-running study based on a nationally representative sample of Australian women. Data are linked to many other sources of health data. The survey captures data on a range of domains – physical health, mental health, lifestyle-related behaviours and outcomes, time use, employment, major life events and utilisation of health services.



Weaknesses: Disability data has to be derived; no direct questions are asked on disability using a validated scale of disability measurement. Violence data are limited to partner violence and abuse.

Relevant research

Schofield et al. (2013). *Mortality and disability outcomes of self-reported elder abuse: A 12-year prospective investigation*. *Journal of the American Geriatrics Society* 61(5).

This study found a negative effect of abusive interpersonal relationships on disability and mortality.

Coles et al. (2015). *Childhood sexual abuse and its association with adult physical and mental health: Results from a cross-sectional national cohort study of young Australian women*. *Journal of Interpersonal Violence* 30(11).

Ferreira et al. (2017). *Intimate personal violence and caregiving: Influences on physical and mental health in middle-aged women*. *Maturitas* 102.

Loxton et al. (2006). *History of domestic violence and physical health in mid-life*. *Violence Against Women* 12(8).

Loxton et al. (2006). *Psychological health in midlife among women who have ever lived with a violent partner or spouse*. *Journal of Interpersonal Violence* 21(8).

This is a selection of four studies that have used the *ALSWH* to investigate the effects of violence on health.

HOUSEHOLD, INCOME AND LABOUR DYNAMICS IN AUSTRALIA (HILDA)

Background

HILDA is a household-based panel study that has followed the lives of 17,000 Australians each year since 2001. Data are collected on income, employment, health, education, household and family relationships. *HILDA* is designed and managed by The Melbourne Institute, with data collected by Roy Morgan and funded by the AGD.

Key facts

Coverage: National

Type: Survey (computer-assisted personal interviewing)

Population: ~17,000 Australians

Frequency of collection: Yearly

Start date: 2001

Most recent collection date: 2018

Data custodian: Melbourne Institute

Data dictionary, description: *HILDA* documentation is comprehensive and includes a user manual, data dictionary, questionnaires and fieldwork manual, data and documentation issues, frequently asked questions and email list

Data access: After confidentiality deeds are sent to NCLD (nclresearch@dss.gov.au) and the Australian Data Archive (ADA) (ada@anu.edu.au), described [here](#), access to de-identified data are available through the ADA ([Dataverse](#))

Contact: hilda-inquiries@unimelb.edu.au

Further information: [Melbourne Institute](#)

Disability data

Disability **status and type** are available and identified through several questions. The main question uses a definition of disability derived from the ICF, and is “Do you have any long-term health condition, disability or impairment that restricts you in your everyday activities, and has lasted or is likely to last, for six months or more?” (measured at waves 1–18, 2001–18). Since wave 3 (2013), if the answer was ‘yes’, individuals have been asked which impairment type they have and the year that it developed. Disability is also present in the following questions: “Do you currently receive a **National Disability Insurance Scheme** (NDIS) agreed package of support?” (wave 17–18 only); “Do you currently receive any of these government pensions or allowances – **Disability Support Pension?**” (waves 1–18, 2001–18).

Violence data

Data are limited to **physical violence**. This is collected through the following items across waves 2–18 (2002–18): Life events in past year – Victim of physical violence?; How long ago life event happened – Victim of violence? (no answer, 0–3 months ago, 4–6 months ago, 7–9 months ago, 10–12 months ago).

Other data

HILDA contains many variables, including family type, income unit, number of persons in household, household type, state, statistical region, country of birth, age, sex, marital status, highest education level obtained, age left school, occupation and industry, income, employment status, health (SF-36, Kessler-10), personality, religion, cause of death.

Strengths and weaknesses

Strengths: *HILDA* has excellent data on income, wealth, general health and socio-demographics; it has data on all household members and has been collected on the same individuals annually since 2001, allowing longitudinal trends in key variables and associations to be examined. Possibilities for linkage of *HILDA* with other key Australian data resources are currently being assessed ([link](#)).

Weaknesses: *HILDA* has a relatively small sample size, meaning analyses of specific groups of interest becomes problematic. Like many longitudinal surveys, *HILDA* is affected by differential non-response and non-random attrition, making it potentially less representative over time. Sample attrition has been high in certain parts of the sample (individuals unemployed or working in low-skilled occupations, from a non-English-speaking country and the young). Data on violence is limited to physical violence.

Relevant research

Emerson et al. (2017). *Physical violence and property crime reported by people with and without disability in New South Wales 2002-2015*. Technical Report, University of Sydney. This report suggests that physical violence is four times more likely in disabled individuals and while physical violence has reduced over time in the whole sample, it has reduced more slowly in disabled individuals, which has increased the gap in physical violence between disabled and non-disabled individuals.

Rachele et al. (2020). *Violence and mental health: Does disability make a difference?* *Epidemiology* 31(1). This short study shows that violence harms mental health, particularly in men and women with long-term disability or who acquired disability during the study period.

JOURNEYS HOME: A LONGITUDINAL STUDY OF FACTORS AFFECTING HOUSING STABILITY

Background

Journeys Home is a six-wave national panel survey that examined living and housing challenges that 1,600 income support recipients across Australia may have faced in 2011–14. Funded by the Australian Government DSS and run by the Melbourne Institute, the study collected data on the diverse social, economic and personal factors related to housing stability.

Key facts

Coverage: National (clustered around 36 geographical areas across Australia where there was sufficient sample within a 10km radius in major cities and a 20km radius in regional centres)

Type: Survey (data collected in face-to-face interviews)

Population: Adults/young people from the Research Evaluation Database, which is drawn from Centrelink's customer database and contains data about people accessing Centrelink, including clients flagged as "homeless" and "at risk of homelessness". An additional "vulnerable to homelessness" group was recruited separately

Frequency of collection: Biannual

Start date: 2011

Most recent collection date: 2014

Data custodian: DSS

Data access: Data from all six waves are available for purchase as four releases, depending on research requirements and location (Australia or international institutions)

Data dictionary, description: User manual available ([link](#)).

Contact: *Journeys Home* data access queries, JH@dss.gov.au; Melbourne Institute, melb-inst@unimelb.edu.au

Further information: [Journeys Home website](#)

Disability data

Disability **status** is derived using the following question: "Do you have any long-term health condition, impairment or disability that restricts you in your everyday activities, and has lasted or is likely to last, for six months or more?" (yes/no/don't know/refused). Health conditions are based on the question "Ever diagnosed with?" (yes/no responses to the following 19 conditions: stroke; any other heart or circulatory condition, like a heart attack, angina or high blood pressure; diabetes; asthma; chronic bronchitis or emphysema; cancer; problems with your liver; arthritis, gout or rheumatism; epilepsy; kidney disease; hepatitis C; chronic neck or back problems; intellectual disability; acquired brain injury; bipolar affective disorder (manic depression); schizophrenia; depression; post-traumatic stress disorder; anxiety disorder). Disability is also present in the following variables: received the **disability support pension**; whether disability interfered

with or is an impeding factor in various life events, such as accessing welfare services, finding housing, leaving or losing a job, leaving school; whether child receives **disability services at school**.

Violence data

Violence data includes **physical** and **sexual violence**. Whether physical or sexual violence had occurred in the last six months is collected at every wave. Waves 1 and 2 collected data on exposure to threats of violence, via a question about whether violence is an explanatory factor for experiences such as homelessness or leaving a home; whether the interviewee used family violence services and number of times used; childhood experiences of violence; and harm resulting from violence.

Other data

The questionnaire has numerous sections, including personal details, work, housing and living arrangements, support services and networks, health and wellbeing, family history, exposure to violence, and income and financial stress.

Strengths and weaknesses

Strengths: Disability is based on a formal definition and there is additional data available on types of health issues present.

Weaknesses: Data are collected via interviews, so some underreporting is likely. An unknown proportion of participants may have opted out of the violence questions (there are at least two opt-out points in each wave).

Relevant research

Diette and Ribar (2018). *A longitudinal analysis of violence and housing insecurity*. *Economic Inquiry* 56(3).

This study found that men experienced higher rates of violence and housing insecurity than women, and that housing insecurity and violence during one time point increased subsequent risk of both.

LONGITUDINAL STUDY OF INDIGENOUS CHILDREN (LSIC)

Background

The *LSIC* is a study of Aboriginal and Torres Strait Islander children aiming to improve knowledge of issues faced by Indigenous children, their families and communities. The study collects quantitative and qualitative data on child and parent health, childhood education, parenting, family relationships, culture and community. Initiated in 2008, the study began with two groups (0–18 months, 3.5–5 years) of Aboriginal/Torres Strait Islander children from over 1,680 families. Subsequent waves occur annually, with over 1,200 children and parents typically followed up.

Key facts

Coverage: National

Type: Survey

Population: ~1700 Aboriginal and Torres Strait Islander children

Frequency of collection: Yearly

Start date: 2008

Most recent collection date: 2019

Data custodian: DSS

Data dictionary, description: A data user guide, data dictionary, questionnaires and technical papers for *LSIC* are available from Dataverse ([link](#))

Data access: Applications for data can be made through the DSS data website ([link](#)) or Dataverse ([link](#))

Contact point: NCLD@dss.gov.au

Further information: DSS website ([link](#))

Disability data

Disability **status** and **type** are identified through several questions asked to the parent during a computer-assisted interview. Specifically, “Has study child had any other health problems in the last 12 months, especially ongoing conditions? Any other health problems? A disability?” If the child is reported to have a disability, the type of disability is ascertained, categorised as intellectual, specific learning, autism spectrum disorder, physical, trauma/injury related (acquired brain injury), neurological, speech, psychiatric, other. These questions are asked in waves 3–6 and 8–9.

Questions on the **disability status of the parent** and **whether the parent provided care to a family member with a disability** are also asked: “In the last 12 months, have you had any other health problems?” (Other illness, disability or condition); “Do you help someone who has a long-term health condition, a disability, or is elderly, with activities that they would have trouble doing on their own?” (Yes – number of persons); “Do they live with you?”; “What is your relationship with them?” (e.g. husband, wife, grandparent); “What sort of help do you provide?” (e.g. transport, communication); “Are you the main carer, or do others help too?”; “How often do you do these caring activities?”; “On average, how many hours do you do these caring activities?” (e.g. every day, once a month); “Do you get any carer payments from Centrelink for looking after someone with a disability or long term health



problem (who is sick or old)?”; “Does study child ever look after someone who has a long-term health condition, a disability, or is elderly, with activities that they would have trouble doing on their own?” (e.g. every day, once a month).

Violence data

Types of violence data captured in this dataset are **physical violence** and **racially motivated violence** in the community. Physical partner violence is identified by the question “How often do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving?” (possible answers: never, rarely, sometimes, often, always). Violence is also defined geographically via asking respondents “which issues are a problem in the area where you live?”, with answer options: racially motivated violence (Indigenous and non-Indigenous fighting); family violence; young people; fighting; adults hurting kids or younger people; young people hurting older people; social media, cyber bullying, nasty phone messages. Another question is “What were the main reasons you were homeless?”, with one response option being domestic/family violence.

Other data

Gender, age, Indigenous status, remoteness area, type of home, number of people in household, diet, highest education, employment status, income. Many other variables are available; see *LSIC* data dictionary on Dataverse

Strengths and weaknesses

Strengths: The *LSIC* sample includes data collected specifically on Aboriginal and Torres Strait Islander children and their parents, which is important considering research on violence and disability is currently lacking in this population. In-depth qualitative and quantitative data are collected. Data are easily accessible after approval. Data linkage is possible and has occurred with both the *Australian Early Development Census* and *NAPLAN*.

Weaknesses: The sample size is relatively small. Violence data are limited to physical violence. Another known limitation of the *LSIC* is lack of representativeness, in that prevalence estimates cannot be extrapolated to all Indigenous children.

Another potential problem is the validity of screening instruments, including those measuring social/emotional wellbeing; these need to be verified in Indigenous populations.

Relevant research

Kneebone (2015). *Partner violence in the Longitudinal Study of Indigenous Children (LSIC)*. Research summary: No.3/2015. National Centre for Longitudinal Data.

Presents key findings related to physical partner violence. For example, education, employment, financial hardship and remoteness were all associated with violence.

Lovett and Thurber (2017). *Health conditions and health service utilisation among children in LSIC*. In ML Walter, K Martin & G Bodkin-Andrews (Eds.), *Indigenous children growing up strong: a longitudinal study of Aboriginal and Torres Strait Islander families* (pp. 209-231). London: Palgrave Macmillan. Includes statistics on *LSIC* study children from wave 6 on developmental delay and disability and variation in prevalence of these by remoteness.

NATIONAL COMMUNITY ATTITUDES TOWARDS VIOLENCE AGAINST WOMEN SURVEY (NCAS)

Background

Australia's National Research Organisation for Women's Safety (ANROWS) conducts NCAS, a periodic survey of knowledge and attitudes to violence against women. It investigates how Australians understand violence against women, their attitudes towards it and influences on these attitudes, understanding of gender equality, willingness to intervene when witnessing violence or its precursors, and if there has been a change in these aspects over time.

ANROWS is an independent national research organisation, initiated as part of *Australia's National Plan to Reduce Violence against Women and their Children 2010-2022*. ANROWS conducts research internally and with Australian researchers in key research areas (core research, perpetrator interventions research, Aboriginal and Torres Strait Islander research, action research and evaluation, community attitudes) through an external grants program under the National Research Agenda.

The NCAS collects information through telephone interviews and face-to-face interviews with over 17,500 Australians 16 years of age and over. Telephone interviews are conducted with people across Australia, including an additional sample of people from CALD backgrounds and face-to-face interviews with Indigenous Australians.

Key facts

Coverage: National, state/territory (all), city/region

Type: Survey

Population: Representative sample of Australians aged 16 years and over

Frequency of collection: Every four years (four waves of data)

Start date: Initially developed in 1995 (on behalf of the Australian Government) and based on a survey conducted in 1987

Most recent collection date: 2017 (next 2021)

Data custodian: [ANROWS](#)

Data dictionary, description: NCAS questionnaires/survey instrument, reports are available through the ADA Dataverse system ([link](#))

Data access: Data can be accessed through ADA Dataverse ([link](#))

Contact: enquiries@anrows.org.au

Further information: The ANROWS website ([link](#)) includes information for researchers, a list of active research projects and information on ANROWS grants ([link](#)) for research

Disability data

Disability status is **self-identified** during telephone interview. This was collected in the two most recent waves of data collection (2013, 2017) using self-report responses to a single question: "Do you have a disability, health condition or injury that has lasted, or is likely to last, six months or more which restricts your everyday activities?"

Violence data

This includes data on knowledge and attitudes towards use of violence against women, including **physical** and **sexual violence**, stalking and harassment, attitudes to gender equality and preparedness to take bystander action.

Specific questions are asked about **violence against women** and **domestic violence**, and as part of a **general violence scale**. The violence against women question is "thinking now about violence against women, do you agree or disagree that violence against women is common in our community?". Questions on domestic violence are "if one partner in a domestic relationship slaps or pushes the other partner to cause harm or fear, is this a form of domestic violence?" and "if one partner in a domestic relationship tries to scare or control the partner by threatening to hurt the other family members, is this a form of domestic violence?". The general violence scale involves questions such as "tell me how much you agree with the following statement: If a person hits you, you should hit them back; if people threaten my family/friends they deserve to get hurt". Similar questions on other types of violence (e.g. sexual abuse, verbal abuse, economic abuse) are asked. Questions on attitudes about **violence in Aboriginal people and/or Torres Strait Islanders** are included in a separate module. Other modules include bystander behaviour, sexual violence and harassment. No data are collected on personal experience of violence victimisation and/or perpetration.

Other data

Age, gender, country of birth, language spoken at home, Aboriginal and Torres Strait Islander status, household composition, social network information, postcode, state/territory, attitudes to gender equality, prejudice measures (e.g. "do you agree or disagree with the following – in general I prefer doing things with people from my own culture?"), demographic correlates (e.g. "how would you describe your household – couple with children, one person, etc.?").



Strengths and weaknesses

Strengths: Data are easily accessible. Being one of the few datasets on knowledge and attitudes to violence, NCAS can support research on factors that may affect personal, spatial or community attitudes.

Weaknesses: Disability is not formally defined and details of disability type and duration are not collected. No aspects of the respondents' personal experience of violence are canvassed; research is limited to respondents' own attitudes.

Relevant research

Harris et al. (2015). *Young Australians' attitudes to violence against women: Findings from the 2013 National Community Attitudes towards Violence Against Women Survey for respondents 16–24 years*. Victorian Health Promotion Foundation, Melbourne, Australia.

This study showed that 43% of young people (16–24 years old) recognise that women with disabilities face a higher risk of violence, with young women being more likely to recognise this than young men (52% vs 33% respectively). This difference is also apparent in an older age group (35–64 years old; 48% and 32% respectively). Forty-one per cent of young people understand that women with disabilities are less likely to be believed when reporting sexual assault; there was no difference in this between young men and women, but older women recognised this more than older men (46% vs 38%).

NATIONAL SURVEY ON SEXUAL HARASSMENT (NSSH)

Background

The Australian Human Rights Commission's (AHRC) *National Survey on Sexual Harassment (NSSH) in Australian Workplaces* aims to collect data on the prevalence and nature of sexual harassment experience in the workplace or elsewhere, characteristics of workplaces and industries in which harassment occurs, outcomes of complaints, impacts on those who experience harassment, and level of awareness of sexual harassment in the workplace. The NSSH is conducted online or by telephone interview. Over 10,000 people aged 15 years and over were surveyed in 2018, more than in previous surveys (2,002 people surveyed in 2012, 2005 in 2008, 1,005 in 2003).

Key facts

Coverage: National

Type: Survey

Population: 10,272 nationally representative respondents, men and women aged 15 and over in 2018

Frequency of collection: Ad hoc, four surveys to date (2003, 2008, 2012, 2018)

Start date: 2003

Most recent collection date: 2018

Data custodian: AHRC

Data dictionary, description: Survey instruments/questionnaires (computer assisted telephone/web interviews), and variables are in the AHRC reports (see 'Relevant Research' for 2018 report)

Data access: Statistical summaries are available in reports, unit-level data are not available for research

Contact point: <https://www.humanrights.gov.au>

Further information: AHRC website ([link](#))

Disability data

Disability status is self-assessed and based on one interview question: "Do you have a disability?" (yes/no).

Violence data

The prevalence of **sexual harassment** is measured in two ways in 2018: first by using a simplified **legal definition** of sexual harassment and asking if respondents had ever been sexually harassed, and second by providing a list of behaviours (**behavioural definition**) covering different types of sexual harassment and asking if respondents had experienced them. The behavioural approach to defining sexual harassment has less under-reporting and is like the approach used in the PSS, which measures the lifetime experiences of sexual harassment of adults since the age of 15. The most significant change between the 2012 and 2018 questionnaires is the expansion of behavioural questions to assess individuals' lifetime experience of sexual harassment.

Questions are: "Have you ever personally experienced sexual harassment? This could be at any time or anywhere – NOT just when you are at work?" (yes/no, don't know, prefer not to say (PNTS)); "Now I would like to ask you about different forms of sexual harassment that some people have experienced. At any time or anywhere, have you ever experienced any of the following behaviours in a way that was unwelcome?" (yes/no, don't know, PNTS): unwelcome touching, hugging, cornering or kissing; inappropriate staring or leering that made you feel intimidated; sexual gestures, indecent exposure or inappropriate display of the body; sexually suggestive comments or jokes that made you feel offended; sexually explicit pictures, posters or gifts that made you feel offended; repeated or inappropriate invitations to go out on dates; intrusive questions about your private life or physical appearance that made you feel offended; inappropriate physical contact; being followed, watched or someone loitering nearby; requests or pressure for sex or other sexual acts; actual or attempted rape or sexual assault; indecent phone calls, including someone leaving a sexually explicit message on voicemail or an answering machine; sexually explicit comments made in emails, SMS messages or on social media; repeated or inappropriate advances on email, social networking websites or internet chat rooms; sharing or threatening to share intimate images or film of you without your consent; any other unwelcome conduct of a sexual nature that occurred online or via some form of technology.

Data on the **context** in which the sexual harassment occurred is also collected, via questions about where the incident occurred, how many people were involved, the gender and age of the harasser, the position of harasser in the workplace, who witnessed it, did anyone intervene, consequences of the harassment, whether a complaint was made and consequences of that, and any support services sought.

Other data

Age, gender, Indigenous status, language spoken at home, sexual orientation, intersex variation, postcode, labour force status, industry, occupation, income.

Strengths and weaknesses

Strengths: While only data on sexual harassment is available, there is a high level of detail on the types of sexual harassment and the context in which they occurred.

Weaknesses: Participants are selected to ensure they represented the Australian population in terms of age, sex and area of residence, but not in terms of occupation, industry or employment status. Data does not appear to be available for research and is only presented in government reports.

Relevant research

AHRC (2018). *Everyone's business: Fourth national survey on sexual harassment in Australian workplaces*. Sydney: AHRC. This report shows that people with disability were more likely than those without disability to have been sexually harassed in the workplace (44% and 32% respectively), and 9 out of 10 (89%) women with disability and 7 out of 10 (68%) men with disability have been sexually harassed in their lifetimes.

AUSTRALIAN TEMPERAMENT PROJECT (ATP)



Background

The *ATP* is a longitudinal study of emotional development from infancy to adulthood and into the next generation. It is one of the longest-running studies of social and emotional development in Australia, based on a representative sample of over 2,000 Victorians born in 1982–83, with data collected for over 30 years on participants, their offspring and their parents. It is a joint project between AIFS, the Royal Children's Hospital, the University of Melbourne and Deakin University.

Key facts

Coverage: Victoria

Type: Survey

Population: Representative sample of >2,000 Victorians born 1982–83

Frequency of collection: 2–4 yearly (15 waves of data)

Start date: 1983

Most recent collection date: Ongoing

Data custodian: [AIFS](#)

Data dictionary, description: A list of variables collected and when these are collected with reference to age group can be found here ([link](#)). A formal data dictionary is not available

Data access: De-identified data are available by application, see lifecourse.melbournechildrens.com

Contact point: [website inquiry](#)

Further information: melbournechildrens.com

Disability data

Disability is not formally defined in the *ATP*, although may partially be derived (see examples in Relevant Research) from questions on general, mental health, medical history, physical health, medical conditions, hearing problems and special health care needs. For further information, see list of [measurements](#).

Violence data

Violence data is collected in waves 14 and 15 and includes any **physical, sexual or verbal abuse** experienced by the victim. Data on the relationship between the victim and perpetrator (e.g. partner, family member) is also available. Data is collected through the same questions asked to each parent: “Do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving?”; “Is there anger and hostility between you and your partner?”; “Do you and your partner argue?”.

Other data

Data across a wide range of domains are collected, including anthropometrics, behavioural problems, birth, demographics, education, general health, medication, mental health, nutrition, parenting, relationships, reproductive health and pregnancy, resilience and wellbeing, sleep, substance use, temperament and personality, and biosamples.

Strengths and weaknesses

Strengths: The *ATP* dataset has been linked to other datasets, including *NAPLAN*. Its wide range of domains increases its utility for research, as evidenced by the large number of publications arising from the dataset.

Weaknesses: Data on disability and violence is not formally defined. No data dictionary is available, making it difficult to obtain details on particular variables.

Relevant research

Vassallo and Sanson (2013). *The Australian Temperament Project: The first 30 years*. Melbourne: AIFS.

This report provides an overview of the study, key findings by life stage. Childhood emotional and behavioural problems are a risk factor for violence in adulthood.

Renda et al. (2011). Bullying in early adolescence and its association with anti-social behaviour, criminality and violence 6 and 10 years later. *Criminal Behaviour and Mental Health* 21(2).

This study shows that bullying in adolescence is a risk factor for adulthood violence.

VICTORIAN FAMILY VIOLENCE DATABASE (VFVD)



Background

The VFVD was developed due to a lack of cohesive and accessible government data to underpin effective policy responses to family violence. To enable comprehensive analysis of the nature and incidence of family violence in Victoria, in 2000 the Victorian Community Council Against Violence established the VFVD, which brings together Victorian family violence data from a range of sources including family violence incident reports (Victoria Police), the Magistrates' and Children's Courts (Court Services Victoria), and the Victorian Supported Accommodation Assistance Program (VSAAP). In 2007, the VFVD was relocated to and administered by the Victims Support Agency in the Department of Justice, and has since expanded to include the following datasets: the Victorian Emergency Minimum Dataset (Department of Health and Human Services); the Victims Assistance and Counselling Program and Victims of Crime helpline (Department of Justice and Community Safety); the Integrated Reports and Information System (Department of Human Services); the Victorian Civil and Administrative Tribunal; Victoria Legal Aid (VLA); Specialist Family Violence Courts (SFVC); the Coroners Court of Victoria; and Ambulance Victoria.

Key facts

Coverage: Victoria

Type: Administrative

Population: Victorians captured in incident reports, legal services, assistance programs, hospital systems

Frequency of collection: 2–4 yearly

Start date: 1999

Most recent collection date: 2019

Data custodian: [Victorian Department of Justice](#)

Data dictionary, description: No data dictionary is available, although the Crime Statistics Agency publishes data tables and descriptions/definitions of key variables ([link](#))

Data access: Aggregate data summary tables are available online through the Crime Statistics Agency, see [crimestatistics.vic.gov.au](#)

Contact point: Family Violence and Sexual Assault Unit, Manager, Community Operations and Victims Support Agency, vsa@justice.vic.gov.au

Further information: Crime Statistics Agency ([link](#))

Disability data

Disability status is recorded differently by data source. For example, disability status has been consistently collected for VSAAP family violence clients, identification of victims with a disability has increased in police data over time, and VLA has increased emphasis on completing client disability information. However, many service providers within VFVD do not consistently collect disability information.

Violence data

Data on various types of violence (**physical, sexual, psychological/emotional, verbal and social violence, and harassment**), victim and perpetrator relationships, location of violence and other information related to violence are available but varies by data source within VFVD. For example, data collected by police and courts requires identification of victim and perpetrator, whereas hospitals and helplines may typically only identify victims.

Other data

Given the various data sources, other types of data in VFVD are diverse and vary by data provider. They include age, gender, area (e.g. LGAs) of residence, CALD status, Aboriginal and Torres Strait Islander status, alcohol and drug use, mental health issues, family structure, language spoken, country of birth, type of injury sustained, and cause of death.

Strengths and weaknesses

Strengths: The dataset brings together data on violence across a wide range of sources in Victoria, making it potentially useful for research.

Weaknesses: The data may not commonly be available for research. Care needs to be taken when comparing statistics across datasets given differences in definitions of violence and disability across data sources.

Relevant research

Department of Justice (Vic) (2009). *Measuring family violence in Victoria. Victorian family violence database (volume 3): seven year trend analysis 1999-2006*.

Melbourne: Department of Justice (Vic). Includes a section on VSAAP family violence clients with disability.

Department of Justice (Vic) (2012). *Measuring family violence in Victoria. Victorian family violence database (volume 5): eleven year trend analysis 1999-2010*. Melbourne: Department of Justice (Vic).

Includes a section on disability based on data from VSAAP family violence clients, police reports and SFVC applicants.

DOMESTIC VIOLENCE (DV) LINE



Background

The NSW *DV Line* provides information, counselling and referrals for individuals experiencing (or who have experienced) domestic violence. It provides a service for women and gay men experiencing intimate partner violence. The *DV Line* database collects information on individuals who have called for support (counselling, information, referrals). Information is used primarily for reporting purposes.

Key facts

Coverage: NSW

Type: Administrative

Population: NSW calls to *DV line*

Frequency of collection: Ad hoc

Start date: 1999

Most recent collection date: Unknown

Data custodian: NSW Department of Family and Community Services

Data dictionary, description: Not available

Data access: Some data are available in published reports. It is unclear whether custom data are available for research.

Contact point: Unknown

Further information: Not available

Disability data

Disability status is derived during the process of assessing the support services needed, but methods of collection of disability data are unknown.

Violence data

Types of violence data captured in this dataset are **physical, sexual, psychological/emotional, social and economic abuse**. The *DV line* captures information on family and domestic violence, and no formal definitions are used. Individuals who call for support self-identify the types of support (e.g. information, counselling, advocacy services) that they require from *DV Line*.

Other data

Gender, Indigenous status, language spoken, mental illness, number of children.

Strengths and weaknesses

Strengths: *DV Line* includes information on people seeking support, which may capture individuals not represented in datasets that are not based on services.

Weaknesses: Data are not currently available for research. Violence and disability are not formally defined.

Relevant research

Not available



SAFE AT HOME INFORMATION MANAGEMENT SYSTEM (SIMS)



Background

The SIMS collects information related to Safe at Home services and is used by Integrated Case Coordination agencies to share and store case management information. It includes data from multiple sources, and combines incident data with data from case managers collected during their weekly Safe at Home services case coordination meetings.

Key facts

Coverage: Tasmania

Type: Administrative

Population: Derived from multiple Tasmanian data sources (Police Prosecution, Family Violence Counselling & Support Service, Child Protection, Defendant Health Liaison Service, Family Violence Offender Intervention Program)

Frequency of collection: Ad hoc

Start date: 2005

Most recent collection date: Unknown

Data custodian: Tasmania Department of Justice

Data dictionary, description: Not available

Data access: Unknown

Contact point: safeathome@justice.tas.gov.au

Further information: Department of Justice ([link](#))

Disability data

Disability status is determined during the process of assessing the support services needed, but methods of collection of disability data are unknown.

Violence data

This dataset captures **physical, sexual and emotional violence, abduction and stalking**. Family and domestic violence are defined in relation to the *Family Violence Act 2004*, including (in)direct violence towards an individual's partner or spouse such as: assault, including sexual assault; threats, coercion, intimidation or verbal abuse; abduction; stalking; economic abuse; emotional abuse or intimidation.

Other data

Age, sex, Indigenous status, main language spoken, country of birth.

Strengths and weaknesses

Difficult to assess given data are not currently available for research.

Relevant research

Not available.

TENANCY MANAGEMENT SYSTEM (TMS)



Background

The *TMS* was introduced in the Northern Territory in 1991 to record public housing tenant information. It captures domestic and family violence-related priority housing applications. Housing Services offers assistance and advice regarding accommodation for individuals escaping violence and abuse.

Key facts

Coverage: Northern Territory

Type: Administrative

Population: People eligible for NT priority housing

Frequency of collection: Ad hoc

Start date: 1991

Most recent collection date: Unknown

Data custodian: Northern Territory Department of Housing

Data dictionary, description: Not available

Data access: Unknown

Contact point: Unknown

Further information: Department of Housing ([link](#))

Disability data

Disability status is available and is likely defined as a by-product of assessing assistance needed, but methods of collection of disability data are unknown.

Violence data

This dataset captures **physical, sexual, psychological/emotional and social violence, harassment, stalking and property damage**. Family and domestic violence used in the collection of this data are defined under the Northern Territory's *Domestic and Family Violence Act 2009*. Incidents are between individuals in a domestic relationship, including intimate partners ((un)married, de facto, boyfriends, girlfriends, gay or straight) and violence within a family, household or community. Incidents are defined under Section 5 of the Act as sexual/physical assault, property damage, emotional abuse, intimidation, financial deprivation, stalking, economic abuse, social isolation, spiritual abuse, child abuse, or neglect. Applications for priority housing (after domestic violence has been established) must include supporting documentation from a social worker, police or hospital report.

Other data

Age, sex, Indigenous status, country of birth, main language spoken, income, residential location.

Strengths and weaknesses

Difficult to assess given data are not currently available for research.

Relevant research

Not available.



VICTIMS SUPPORT SERVICE CLIENT CONTACT CASE MANAGEMENT SYSTEM (CCCMS)



Background

The *Victims Support Service CCCMS* is a Western Australian database that records information on victims of crime and the services that assists them.

Key facts

Coverage: Western Australia

Type: Administrative

Population: People who interact with Western Australia Victim Support Services

Frequency of collection: Ad hoc

Start date: 1997

Most recent collection date: Unknown

Data custodian: WA Department of the Attorney General

Data dictionary, description: Not available

Data access: Unknown

Contact point: Unknown

Further information: Department of Justice ([link](#))

Disability data

Disability status is available and is likely defined as a by-product of assessing services needed, but methods of collection of disability data are unknown.

Violence data

This dataset captures **physical, sexual, psychological/emotional, social and economic violence, harassment and stalking**. The Violence Support Service defines intimate partner/family relationships as including (un)married couples, de facto couples, ex-partners, girlfriends, gay or straight couples, family members, and live-in carers.

Other data

Age, sex, indigenous status, country of birth, main language spoken, employment status, residential location.

Strengths and weaknesses

Unable to assess given data are not available for research purposes.

Relevant research

Not available.

APPENDIX A - METHODS

Data compendium review methods

Dataset reviews were conducted in three main stages: dataset identification, general dataset review and short literature review for the Relevant Research section. In **Stage 1**, national and state/territory datasets were identified from several sources, including surveying: datasets housed by some of the main national data providers including the ABS, available microdata ([link](#)) and Australian Institute of Health and Welfare (AIHW) data collections ([link](#)); online reviews of domestic violence or disability datasets, including the ABS's Directory of Family, Domestic, and Sexual Violence Statistics ([link](#)), AIHW's Family, domestic and sexual violence in Australia datasets ([link](#)), Centre of Research Excellence in Disability and Health (CRE-DH) Data Compendium on Disability and Health ([link](#)); and a Google Scholar search using keywords (disability, violence, data, data linkage etc).

Stage 2 involved collection of information for each section (i.e. Background, Key facts, Disability data, Violence data, Other data). Where possible, primary sources of information (i.e. data custodian websites) that included study description, data dictionary, variable lists and summary tables were reviewed. This was not possible for some datasets, so secondary sources of information (i.e. government reports, other reviews, methods section of publications using that dataset) were used to piece together each section.

Stage 3 involved a brief literature search using Google Scholar, PubMed and Web of Science to check if datasets had been used for violence and disability research and complete the

Relevant Research section. This was primarily to highlight important findings from research on interactions between violence and disability. However, if that was not present then we included any statistics of violence or disability in the sample population or at the very least other sources of information such as reports that often have summary statistics on important variables.

Criteria for dataset inclusion

Administrative datasets, research studies or official surveys were included where measures of both disability and violence were collected as well as other basic demographic information. We aimed to be as comprehensive as possible within resource constraints for this project, however this list is not exhaustive given there are other datasets that are currently under construction or have only recently become accessible for research. For example: the *Private Lives 3* study that was collecting data late 2019 is a national survey of the health and wellbeing of LGBTIQ people and includes measures of violence and disability; the *National Disability Data Asset (NDDA)* that is currently being assembled and planned for future release will include various sources of disability data and domestic violence; the Developmental Pathways Project linked by the *Western Australian Data Linkage System (WADLS)* appears to include disability and violence data.

APPENDIX B - OTHER RESOURCES

ABS - Directory of Family and Domestic Violence Statistics, 2011 ([link](#))

ABS - Directory of Family and Domestic Violence Statistics, 2013 ([link](#))

ABS - Directory of Family, Domestic and Sexual Violence Statistics, 2018 ([link](#))

ABS - 431.0.55.003 - Experiences of Violence and Personal Safety of People with Disability, 2016 ([link](#))

AIHW - Family, domestic and sexual violence in Australia: continuing the national story 2019 ([link](#))

Centre of Research Excellence in Disability and Health – Data Compendium on Disability and Health 2019 ([link](#))

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