Alcohol/Drug-Involved Family Violence in Australia

(ADIVA)

FINAL REPORT

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Prof Peter Miller

Elise Cox

Dr Beth Costa

Richelle Mayshak

Dr Arlene Walker

Dr Shannon Hyder

Prof Andrew Day

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LIST OF TERMS AND ACRONYMS USED IN THE REPORT

Acronym	Definition
ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ADIVA	Alcohol/Drug-Involved Family Violence in Australia
AOD	Alcohol and Other Drugs
ARV	Alcohol-Related Violence
ASGS	Australian Statistical Geography Standard
CCB	Coercive Controlling Behaviour
CCV	Coercive Controlling Violence
CI	Confidence Interval
DASS	Depression Anxiety and Stress Scales
DV	Domestic Violence
DVO	Domestic Violence Order
FDV	Family and Domestic Violence
FV	Family Violence
FVO	Family Violence Order
HED	Heavy Episodic Drinking
IPV	Intimate Partner Violence
IT	Intimate Terrorism
JO	Justice Order
M	Mean
MAPS	Multi-Agency Protection Services
NDLERF	National Drug Law Enforcement Research Fund
NSW	New South Wales
NT	Northern Territory
OR	Odds Ratio
ORU	Online Research Unit
PSS	Personal Safety Survey
QLD	Queensland
SEIFA	Socio-Economic Indexes for Areas
SA	South Australia
SCV	Situational Couple Violence
SD	Standard Deviation
TAS	Tasmania
WA	Western Australia

1. INTRODUCTION

Family and domestic violence (FDV) are significant public health and social issues. According to the 2012 Personal Safety Survey (Australian Bureau of Statistics [ABS], 2013), approximately 11.2% of the Australian population aged over 15 years (1.93 million persons) have experienced physical or sexual violence perpetrated by a current or former partner. The negative consequences of FDV, which includes physical injury, depression, suicide, and post-traumatic stress disorder, have been well documented (Stuart et al. 2013). A range of risk factors have been identified to contribute to FDV, including Alcohol and Other Drug (AOD) use. Of significance, AOD use represent risk factors that can be modified at individual and environmental levels.

1.1. TYPES OF DOMESTIC VIOLENCE

For the purpose of this project, Intimate Partner Violence (IPV) incidents include any instance where the relationship between the parties is of a romantic or spousal nature (e.g. husband, wife, ex-spouse, de facto partner). Family Violence (FV) incidents include any incident involving other family members (e.g. mother, father, sibling etc.).

FDV (incorporating intimate partner violence) can include physical, psychological, sexual, and/or emotional abuse, range from mild threats to severe abusive acts, and occur on a one-time only individual basis or insidious abuse that occurs over an extended period of time (Mitchell 2011). Typologies of IPV distinguish *types* of IPV that differ qualitatively in terms of patterns of behaviour, developmental correlates, severity and harms. Typologies move beyond the physical, sexual, and psychological categorisation typical among violence research (e.g., World Health Organization [WHO], 2002) and instead clusters individuals based on a number of indicator variables. These more complex understandings of IPV have important implications for policy, screening processes for victims, and development of effective treatment programs that target victims' and offenders' specific needs (Day & Bowen 2015; Kelly & Johnson 2008).

In the past few decades there has been a growing understanding of the importance of contextualising IPV experiences within broader patterns of behaviour (Johnson 2005, 2008; Stark 2007). In particular, *coercive controlling behaviour* encapsulates the array of behaviours an individual uses to exert control (e.g. economic/financial, threatening and intimidating behaviour, emotional control, isolation) over an intimate partner. Johnson's (2008) typology of IPV defines four violence types that can be distinguished via experience of coercive controlling behaviour and violence. Within the context of Johnson's typology, 'violence' refers to acts of direct physical harm (e.g., hitting, slapping or kicking someone). Coercive controlling violence (CCV) refers to violence within intimate partnerships that is used to control a relationship (Johnson 2008). Johnson's typology identifies three patterns of CCV and an additional type of IPV whereby

violence does not occur in the context of coercive controlling behaviour (situational couple violence).

The four types of IPV identified by Johnson are:

1. Intimate terrorism referring to partnerships where one partner is violent and controlling and the other is not;
2. Violent resistance referring to partnerships where one partner is violent and controlling, and the other is violent (in reaction to the other's control), but not controlling;
3. Mutual violent resistance referring to partnerships where both partners are violent and controlling; and
4. Situational couple violence (SCV) referring to partnerships that involves no control, only violence. Unlike the three previously defined types of IPV, SCV does not occur in the context of control, but rather occurs most commonly in the context of verbal aggression arising from mundane (i.e. situational) arguments that escalate into physical violence (Johnson, 2008).

It is widely recognised that different data sources and study designs capture different types of domestic violence (DV) (Graham-Kevan & Archer 2003a, 2003b). For example, police records identify a larger proportion of violent DV types, intimate terrorism and violent resistance, while population surveys more commonly identify SCV (Johnson 2006). While general population studies may claim representative samples, in this instance the bias of even minor non-response has critical implications. For example, intimate terrorists may be extremely unlikely to agree to participate in such a survey, and their partners are often isolated and likely to fear reprisals if they answer such questions (Johnson 2005). However, because victims of intimate terrorism are attacked more frequently, are more likely to be injured, and are more likely to seek help from police and medical facilities (Johnson & Leone 2005), it makes sense that samples recruited from police, emergency rooms, and shelters tap this difficult to reach population. Focusing on only one perspective in isolation fails to provide a complete picture of the range and true extent of DV. Therefore, in order to provide a complete picture of the range and extent of DV types it is important to collect data from multiple sources.

1.2. ALCOHOL, DRUGS AND FAMILY VIOLENCE

Alcohol is involved in approximately half of all police reported FDV incidents in Australia (FARE 2015; Grech & Burgess 2011), and likely involved in a substantially greater proportion of all FDV. Evidence from police report and hospital data indicate that the probability of any family violence is increased on days when perpetrators consume alcohol. Physical assault has been found to be over 10 times more likely to occur on a day when any alcohol was consumed, and 12 times more likely

on a heavy drinking day (Stuart et al. 2013). The frequency of intoxication, binge drinking or problem drinking have been shown to be more strongly associated with severity of violence and the likelihood of injury than drinking per se (Braaf 2012). A large cross-national study of FDV across 13 countries found that violence was consistently rated as more severe when alcohol was consumed by one or both partners in comparison to incidents unrelated to alcohol. Further, alcohol-related FDV provokes a greater level of anger and fear, and is more likely to be perceived a crime, reported to police, and lead to arrest, compared to incidents unrelated to alcohol (ABS, 2013; Holder 2007).

Leonard and colleagues have highlighted in laboratory studies of aggressive behaviour that subjects who receive alcohol are more aggressive than subjects who receive no alcohol or subjects who receive placebo beverages (Leonard 2005). In 1979, Taylor et al. (1979) demonstrated that aggression is a function of the interaction of alcohol consumption and level of provocation. Intoxicated and non-intoxicated subjects were given the opportunity to administer a potentially injurious level of shock to an opponent who behaved in either a provocative or an extremely provocative manner. The intoxicated subjects in the extreme provocation condition showed the greatest increase in the use of the potentially injurious shock (Taylor et al., 1979). Several studies of marital behaviour have also shown that alcohol administration to men increases the extent of negative verbal behaviour displayed by the men and their partners (e.g., Leonard & Roberts 1998).

Alcoholic men have also been found more likely to be drinking during violent events according to wives' accounts, and more likely to have consumed six or more drinks prior to violent events, according to husbands' accounts (Murphy et al. 2001). Importantly, blood alcohol content (BAC) appears to influence their behaviour and a BAC of 0.19 was reported in violent events compared to an estimated BAC of 0.11 in conflict events that did not include violence. In addition, several studies have reported that alcohol use is more common among serious physical assault events (Martin & Bachman 1997; Thompson, Saltzman & Bibel 1999).

Alcohol may encourage violence or other antisocial behaviour by disrupting normal brain function. For example, alcohol can weaken brain mechanisms that normally restrain impulsive behaviours, including inappropriate aggression (Gustafson 1994). By impairing information processing, alcohol can also lead a person to misjudge social cues and overreact to a perceived threat (Miczek et al. 1997). At the same time, alcohol narrows attention which may lead to an inaccurate assessment of the situation and potential consequences of acting on an immediate impulse (Cook & Moore 1993). A lack of executive control could also help to explain why adolescents and young adults are so frequently the perpetrators of violent behaviour when drunk. It has been shown that our brains continue to develop well into our 20s and that one of the last parts of the brain to

develop is the prefrontal cortex, the region responsible for reigning in impulses through executive control (Lebel & Beaulieu 2011).

A history of childhood sexual abuse, neglect or exposure to family violence may also be a contributing factor (Miller 1993). Children who witness family violence may learn to imitate the roles of aggressors or victims, setting the stage for alcohol abuse and violence to persist over generations (Brookoff et al. 1997). Even obstetric complications which damage the nervous system at birth, along with subsequent parenting issues, such as those that might occur in an alcoholic family, may predispose one to violence, crime, and other behavioural problems by age 18 (Raine et al. 1996; Raine, Brennan & Mednick 1994; White 2002). Finally, problematic alcohol use and a propensity to violence may stem from common causes, such as antisocial personality disorder (Virkkunen, Goldman & Linnoila 1996), temperamental traits, such as a risk-seeking personality, or a social environment (e.g. delinquent peers or lack of parental supervision) that encourages or contributes to deviant behaviour (Jessor & Jessor 1977; White 2002).

The availability of alcohol within a geographic location has consistently been linked to excessive alcohol consumption and all types of violence (e.g., Day et al. 2012; Livingston 2008). In particular the alcohol outlet density of a geographic region has been associated with rates of police reported FDV (Cunradi, Ames & Duke 2011; Livingston 2011; Roman & Reid 2012). In one study, across a nine year period, each additional off-premise alcohol outlet in an American urban city was associated with a 4% increase in the number of FDV-related calls to police and a 3% increase in the number of FDV incidents attended by police (Cunradi, Ames & Duke 2011). This association appears to vary across the week, with a significant positive relationship during the weekend and no relationship on weeknights (Roman & Reid 2012). An observed negative relationship between on-premise outlets and FDV incidents (Cunradi, Ames & Duke 2011; Livingston 2011) suggests that alcohol consumption at licensed premises may have a protective effect against FDV. The evidence related to alcohol availability and FDV is based on aggregated police records and emergency calls and presentations; individual-level data are not considered. Investigation of the role that alcohol availability in individual FDV incidents is critical and represents a key gap in the current literature.

Research investigating the role drug use plays in FDV is less extensive than the evidence pertaining to alcohol. However, the available evidence indicates that illicit drug use and/or abuse is a factor in FDV. The prevalence of illicit drug use has been found to be higher among those involved in FDV (e.g., Smith et al. 2012). Limited evidence suggests a relationship between drug use/abuse and FDV (Nicholas et al. 2012). For example Stuart et al. (2008) reported that illicit drug use was a stronger predictor of family violence than alcohol abuse among a sample of American males and females arrested for family violence perpetration. In another study, males' use of

stimulant drugs predicted perpetration of physical abuse, and females' use of sedatives was associated with psychological abuse perpetration (Mattson et al. 2012).

Drug use, including licit drugs such as over-the-counter medicines, has also been implicated as a coping mechanism in reaction to FDV (Johnson 2005; Johnson, Leone & Xu 2014). Using drugs as a coping mechanism may influence subsequent victimisation indirectly by contributing to violence triggers, such as financial issues and poor communication. Irrespective of the causal links between drug use and violence, it is clear drug use and misuse should be important considerations in the treatment of both victims and perpetrations of FDV. Further investigation of the association illicit drug use has with FDV and how it is related to alcohol use is needed, particularly in the Australian context.

1.3. ROLE OF POLICE

It has been estimated that more than 60% of FDV is unreported to police (Morgan & Chadwick 2009), however, Australian evidence indicates an increasing willingness among victims to report FDV incidents to police (Marcus et al. 2009).

The police are the first contact for many FDV victims, particularly following severe alcohol-related FDV. The initial police response and subsequent intervention are critical and can impact the risk of subsequent victimisation. Across Australia, FDV constitutes a significant proportion of police work. For example, approximately 40% of all assaults NSW police attended in 2010 were FDV incidents (Grech & Burgess 2011).

1.4. PROJECT OBJECTIVES

To address the identified gaps in the current knowledge about the role of alcohol and other drug use in family violence, the project sought to address the following four key research questions:

1. What is the relationship between AOD use and FDV in the general population?
2. What role do key demographic, social, and environmental factors play in the occurrence and severity of different types of FDV?
3. How do variables differ in people who experience FDV where AOD use is involved compared to those where AOD use is not involved?
4. What are the major trends in FDV in relation to incidents attended by police and the factors common to them across states and territories?

1.5. CONTEXT: NATIONAL LEVEL

Addressing FDV in Australia is a Commonwealth Government national priority. The *National Plan to Reduce Violence against Women and their Children 2010-2022* was released by the Council of Australian Governments (COAG) in February 2011 as a long-term overarching plan to guide Commonwealth, State and Territory governments and community level efforts to reduce FDV across Australia. The six key outcomes of the plan are to ensure:

1. Communities are safe and free from violence;
2. Relationships are respectful;
3. Indigenous communities are strengthened;
4. Services meet the needs of women and their children experiencing violence;
5. Justice responses are effective; and
6. Perpetrators stop their violence and are held to account.

The National Plan is being delivered through a series of four 3-year action plans. The current project was conducted during implementation of the second action plan. The Second Action Plan *Moving Ahead 2013-2016* was released on 27 June 2014 and supported with more than $100 million of allocated Commonwealth funds across four years. The second Action Plan described five national priorities:

1. Drive whole of community action to prevent violence;
2. Understand diverse experiences of violence;
3. Support innovative services and integrated systems;
4. Improve perpetrator interventions; and
5. Continue to build the evidence base (Department of Social Services, 2014).

A *Second Action Plan* priority was the development and implantation of a national Domestic Violence Order (DVO) scheme to enable courts and police across jurisdictions to share information related to active DVOs in real time. CrimTrac was provided $3.35 million to develop and test a national DVO scheme through the National Domestic Violence Order Information Sharing Scheme (NDVIOSS).

1.6. CONTEXT: STATE AND TERRITORY LEVEL

The below sections provide brief summary information on the current responses in place across Australia's states and territories to respond to FDV, and in particular, their relevance for policing.

1.6.1. AUSTRALIAN CAPITAL TERRITORY

Aligned with the *National* Plan, the *ACT Prevention of Violence Against Women and Children Strategy 2011-2017* articulates the ACT Government's commitment to address FDV in the ACT. The primary objectives of the Strategy are to ensure:

- Women and children are safe;
- Aboriginal and Torres Strait Islander women and children are supported and safe in their communities;
- Women and children's needs are met through coordinated systems and services; and
- Men who use violence are held accountable and supported to change their behaviours.

Development of the second implementation plan took place during the study period and was launched 17 August 2015.

ACT Policing is responsible for investigating all reported incidents of FV and take a pro-charge, pro-arrest approach. Established in 1998, the *Family Violence Intervention Program (FVIP)* is the ACT's coordinated inter-agency response to police reported FDV incidents that aims to provide protection and justice, options for women, and prevent violence. The FVIP is based on collaboration between ACT Policing, and relevant FV government departments and non-governments services.

The *Family Violence Incident Review* was introduced in February 2009 and it involves weekly collaborative review by ACT police and the ACT Domestic Violence Crisis Service of all police-attended FV incidents. The aims of the *Review* are to provide: an early identification, intervention and prevention approach to FV; an accurate record of FV incidents; increased victim and community confidence in responses to FV and; a picture of FV trends in the ACT.

In an expansion of the *FVIP*, ACT Policing introduced two specialised family violence and community safety teams dedicated to responding to FV in October 2015. Community safety teams support operational police, providing victim support and early intervention responses to recidivist perpetrators. The domestic violence team is charged with coordinating ACT Policing's response to FV.

1.6.2. NEW SOUTH WALES

The New South Wales state government launched the Domestic and Family Violence Framework for Reform (DFV Reforms) in February 2014 to improve responses to prevent and address FDV within NSW (NSW Department of Justice, 2014). Prior to the launch of the Reforms, the approach to FDV adopted within NSW was fragmented, complex and inconsistent (New South Wales Government 2012). The DFV Reforms sought to provide a consistent, integrated and collaborative response to FDV focused on supporting FDV victims. The reforms are being rolled out in a staged approach, which began in September 2014 in two locations. The DFV Reforms are being implemented through five priority elements:

1. A strategic approach to prevention and early intervention;
2. Streamlined referral pathways to secure victims' safety and recovery;
3. Accessible, flexible, person-centre service responses that make the best use of resources;
4. A strong, skilled and capable workforce; and
5. A strengthened criminal justice system response (NSW Department of Justice, 2014).

The second element of the Reforms focusses on NSW police responses to FDV and is outlined in the *Safer Pathway* framework document. *Safer Pathway* outlines five key components to strengthen interagency collaboration. Two of these components have direct impact for NSW police. These are the Domestic Violence Safety Assessment Tool (DVSAT) and information sharing legislation. The common DVSAT assesses FDV risk level and enables early identification of FDV victims. NSW police are mandated and service providers are encouraged to use the DVSAT for all FDV incidents. Legislative amendments to the *Crimes (Domestic and Personal Violence) Act 2007* provided exceptions to NSW privacy laws to enable service providers to share information about individuals involved in FDV.

1.6.3. NORTHERN TERRITORY

The *Northern Territory Domestic and Family Violence Reduction Strategy 2014-17: Safety is everyone's right* is a whole-of-government comprehensive strategy to address FDV in the NT that is closely aligned with the national plan to reduce violence against women and their children. The overarching aims of the Strategy are to:

- Increase the safety of FDV victims and their children;
- Reduce rates of intergenerational trauma as a result of exposure to FDV;
- Increase perpetrators' accountability; and
- Establish a sustainable integrated FDV service delivery system (Submission 158).

The Strategy centres on an integrated coordinated approach involving government departments and non-government services that is underpinned by detailed action plans. Key components of the Strategy include:

- The Domestic Violence Directorate to provide leadership and support;
- Specialised services for FDV victims and children;
- An integrated information management and referral system – SupportLink
- The Family Safety Framework to protect high risk FDV victims
- FDV training and improved information sharing for frontline staff;
- Funding for men's programs and sexual assault support workers;
- A FDV prevention framework; and
- Review of FDV legislation.

The *Family Safety Framework* (FSF) is an action-based, crisis intervention response that targets FDV victims and their families at high risk of serious injury or death. In July 2012 the FSF was introduced in Alice Springs as part of an Integrated Response to Family and Domestic Violence project established through the *Alice Springs Transformation Plan* with state and federal government support. Following the successful trial, the FSF was extended to Katherine in April 2015, and Darwin and Tennant Creek (May 2015), and now forms a key part of the state-wide FDV Strategy. The FSF includes: a common risk assessment tool, inter-agency referral process, information sharing protocol, and fortnightly family safety meetings. The FSF also provides for 'cross border' information sharing between NT and SA to ensure FDV victims and their families located in remote regions of NT and SA are appropriately supported. The FSF is led by the Northern Territory police Domestic Violence Prevention Unit in partnership with relevant government and non-government agencies.

In addition to its leadership role in the FSF, NT police developed *Project Respect* in 2012. *Project Respect* aims to reduce the incidence of FDV and hold perpetrators accountable via a three-dimensional strategy of enforcement, engagement, and empowerment. At an operational level, NT police have established a number of strike forces to target recidivist FDV perpetrators across major regions of the NT.

In 2009 the NT government amended the *Domestic and Family Violence Act (NT)* to introduce mandatory reporting of FDV for all individuals over the age of 18 years. The *Act* now requires any adult in NT to notify police if another person has caused, or is likely to cause, harm to a person with whom they are in a domestic relationship and/or the safety of another person is under threat due to a committed or probable act of FDV.

1.6.4. QUEENSLAND

The Queensland *Domestic and Family Violence Protection Act 2012* aims to protect people from FDV and hold perpetrators accountable. At the time of writing this report, the Queensland government response to FDV was undergoing reform. This includes review of the *Domestic and Family Violence Protection Act*. The Special Taskforce on Domestic and Family Violence in Queensland, established on 10 September 2014, led to the Taskforce report *Not now, Not Ever: Putting an End to Domestic and Family Violence in Queensland* released February 2015. The Taskforce report outlines the Queensland government's commitment to leading a program of reform to establish a long term FDV prevention strategy centred on an integrated approach to addressing FDV. The QLD government committed $1.3 million over four years in the 2015-16 budget to implement the first stage of FDV reforms. This includes investment in the following:

- Providing additional FDV crisis support;
- Enhancing and integrating FDV service delivery;
- Building the research evidence base;
- Enhancing FDV justice system responses; and
- Enhancing FDV police responses.

Changes to Queensland police responses to FDV as a result of the current wave of reforms includes:

- Appointment of FDV leadership roles;
- Reestablishment of a Queensland police service Domestic, Family Violence and Vulnerable Persons Unit;
- The QPS is also undertaking a review to improve the culture of police within the FDV space, as recommended by the *Bryce Report*; and
- Trialling of different service delivery models to enhance police FDV response services.

1.6.5. SOUTH AUSTRALIA

The South Australia Police Domestic Violence Strategy was developed in 2005 and led to establishment of the best practice model, the South Australia police Domestic Violence Policing (DVP) Model from November 2007. The core elements of the DVP Model are:

- Provision of a minimum response framework to manage DV investigations and provide support to victims;
- Reinforcement of the criminal investigation process for all DV incidents;
- Compulsory utilisation of a risk assessment process;

- A requirement to make a child abuse notification where a child is witness to or resides at an address where DV occurs;
- Use of safety planning processes to reduce the risk of harm to victims and families; and
- Establishment of a corporate Victim Policy Unit to support Local Service Areas.

The Multi-Agency Protection Service (MAPS) was introduced in South Australia in July 2014 by the Commissioner with government support. MAPS is a collaborative inter-agency information sharing model to manage FDV and child protection across South Australia and involves the Department of Education and Childhood Development, SA Health, Families SA, Department of Corrections, and Victim Support Services. Based on a model in operation in the United Kingdom, MAPS is a police-led initiative with South Australia police the key organisation within the model.

MAPS participating agencies are co-located within the same building to facilitate real-time information sharing, risk assessment and task allocation. MAPS aims to:

- Provide a holistic risk assessment of DV and child protection matters through a multi-agency approach;
- Share information to improve service delivery across agencies;
- Provide a collaborative approach to protect DV victims;
- Reduce duplication of DV and child protection responses to improve efficiency across agencies;
- Identify the most appropriate agency or agencies to act to ensure the protection of individuals exposed to DV and child protection issues; and
- Provide a multi-agency Summary Document to the identified appropriate agency to support timely and efficient outcomes.

1.6.6. TASMANIA

In line with the National Plan, the Tasmanian government developed the *Tasmanian Implementation Plan*. *Taking Action: Tasmania's Primary Prevention Strategy to Reduce Violence against Women and Children 2012-2022* strategy as part of *The Tasmanian Implementation Plan*. The strategy adopts a public health, social justice approach to prevent FDV in Tasmania.

Since November 2004, Tasmania has adopted an integrated criminal justice response to FDV through the *Safe at Home* service system. The system is operated collaboratively by the Police and Emergency Management, Justice, Health and Human Services, Education, and Premier and Cabinet departments. *Safe at Home* adopts a pro-arrest, pro-prosecution approach that prioritises the safety of FDV victims.

Tasmania police are often the first to respond to FV incidents. Operational police are responsible for determining the most appropriate response in each FDV case to enhance the safety of victims. Where appropriate, operational police issue Police Family Violence Orders (PFVOs), make application for Family Violence Orders (FVOs) through the Magistrates Court, determine bail, and notify Children and Youth Services when any child/ren are impacted by FDV. Under *Safe at* Home, The Department of Police and Emergency Management additionally operates a 24 hour telephone Family Violence Response and Referral Line, manages three Victim Safety Response Teams across the state, and employs six specialist police prosecutors and one Police Safe at Home co-ordinator.

1.6.7. VICTORIA

Since 2006 the Victorian government has implemented policy and legislative reform to its FDV response, including *Changing lives: A new approach to family violence in Victoria* (2006-2009), the *Family Violence Protection Act (FVPA) 2008, A right to safety and justice: Strategic framework to guide continuing violence reform in Victoria 2010-2020, A right to respect: Victoria's plan to prevent violence against women 2010-2020*, and *Strong culture, strong people, strong families: Towards a safer future for Indigenous families and communities*. The reforms adopt an integrated holistic approach to FDV to prioritise the safety of women and children, hold perpetrators accountable, and prevent FDV. A key outcome of the reforms was the development of the Victorian Integrated Family Violence Service System - an integrated collaborative approach to FDV among police, justice and human services as well as involvement of non-government FDV organisations. The Integrated Service System provides for effective and timely referral pathways between services and includes common risk assessment tools, protocols, accreditation and funding models.

FV is a priority area for Victoria Police, as set out in its strategic forward plan *The way ahead 2008-2013*, strategy *Living free from violence – upholding the right: Victoria Police strategy to reduce violence against women and children 2009-2014*, and Code of Practice. As a key partner in Victoria's integrated FDV system, Victoria Police adopts a pro-arrest approach which aims to ensure the:

- Safety of all individuals affected by FDV;
- Needs of children are considered and addressed;
- Needs of diverse communities are considered;
- Appropriate referrals are made;
- Accountability of perpetrators; and
- Cycle of violence is disrupted.

Operational police respond to all reported FDV incidents, conduct a risk assessment and take appropriate civil and/or criminal responses. The Victoria police response to FDV is underpinned by FV liaison officers at every 24 hour police station, FV advisors and teams across the state, and the FV coordination unit (FVCU). FV liaison officers provide a coordinated, consistent approach to FDV, monitor and report on FV incidents, provide a contact and maintain relationships with other services and coordinate police responses to complex or repeat FV incidents. FV advisors train operational police in FV issues, maintain relationships and networks with the community, FV services, and the FVCU. FV teams provide a specialist response and expert point of reference to FV incidents, case manage complex recidivist FV offenders and repeat victims, and investigate criminal cases. The FVCU has principal responsibility for supporting and advising Victoria police employees on FV matters and developing state-wide FV police policy and strategy.

1.6.8. WESTERN AUSTRALIA

At the time of the project, Western Australian Police were involved in seven strategies to prevent and interrupt FDV. These are briefly described below.

1. Consultation on the Department for the Attorney General's National Domestic Violence Order Information Sharing Scheme (NDVIOSS)
2. Involvement in the Family Violence Court Case Management, a collaborative case management model involving the Department of the Attorney General, Department of Corrective Services, Western Australia Police, and Department for Child Protection.
3. Participation in data exchange with government and non-government agencies involved in FDV case management since December 2013
4. Police representation on Family and Domestic Violence Response Teams (FDVRT), providing coordinated interagency responses to FDV incidents involving common assessment processes, triage of responses and shared responsibility for initiating and coordinating case management of *at risk* FDV cases.
5. Development and use of the Domestic Violence Incident Report (DVIR1-9) risk assessment tool to standardise information attending police officers record and is shared with agencies
6. Development and delivery of the Constable Care Domestic Violence School Program in collaboration with the Constable Care Child Safety Foundation (Inc.) from October 2014 to raise awareness and increase protective behaviours among primary school age children.
7. Development of a perpetrator intervention initiative in partnership with the Men's Domestic Violence Helpline from December 2014, which aims to increase or promote the safety of women and children through actions, initiative, strategies and responses involving men at risk of or currently using violence. A pilot program, initiated in January

2015 involving Police Auxiliary Officers at Perth Watch House, aimed to facilitate contact between male offenders in custody and Men's Domestic Violence Helpline.

1.7. SUMMARY

FDV is a significant social issue that causes major social harm across Australia. In response, Commonwealth and State and Territory governments have implemented policy interventions which vary in the degree to which there is cross-agency collaboration and the way in which data is collected. To date, we have little or no evidence about what approach is most effective at reducing FDV, nor do we have evidence about what interventions are most cost-effective for state or federal governments. Similarly, there remains very little research into how specific agencies like police can intervene on specific contributing factors of FDV, especially those that might be preventable, and what impact such interventions might have. For example, while evidence indicates that numerous factors influence the prevalence and severity of FDV, AOD is one factor that can be modified at both an individual and environmental level. However, there is a lack of information about how interventions that address this issue might be used by police or other agencies to reduce violence, despite the extensive evidence demonstrating the role that alcohol and, to a lesser extent, illicit and other drug use/abuse plays in FDV. Further information is needed in relation to the role of AOD in individual FDV incidents, at both population and police record levels. This study provides a background for future interventions, research to focus on such interventions, and documents the role of AOD in violence in some Australian populations with the aim of informing future responses to this complex relationship.

2. METHODS

The Alcohol/Drug-Involved Family Violence in Australia (ADIVA) project was funded for two years in 2014 by the National Drug Law Enforcement Research Fund (NDLERF).

The project sought to provide an overview of family violence in Australia, with a focus on alcohol and other drug related violence. The two arms of the project were:

1. An Australia-wide 'personal safety' survey, focussing on AOD use; and
2. Retrospective offending studies of police offence data.

2.1. AUSTRALIA-WIDE 'PERSONAL SAFETY' SURVEY

A 'personal safety' survey was conducted to describe the relationship between AOD and family violence in a sample of the general Australian population. The survey explored:

- Key demographic, social, and environmental factors of people involved in family violence;
- How variables differ in people who experience family violence where alcohol and other drug use is involved compared to those where alcohol and other drugs are not involved; and
- The source(s) and types of alcohol involved in family violence incidents.

2.1.1.1. PILOT SURVEY

The survey was piloted in August-September 2014 using a mail survey design. Surveys were mailed to 9,000 Australian adults randomly identified through the White Pages telephone directory. The number of participants sampled from each State and Territory was roughly based on population proportions, with the highest proportion of names drawn from Victoria and New South Wales (n = 1,875 per state), followed by Queensland (n = 1,500), and the remaining States and Territories (n = 750 each).

The pilot sample comprised 923 respondents aged 18-92 years (M = 57.90, SD = 15.05), and included 438 males (48.0%) and 485 females (52%), an overall response rate of 11.5%. The majority (56%) of participants were employed either part- or full-time, and 70% held post-secondary education qualifications. The majority of the pilot sample (81.9%) resided in an Australian Statistical Geography Standard (ASGS) classified metropolitan or regional area. Lifetime experience of violence was reported by half (50%) the sample, while 8% reported violence in the past three months. Of those who reported lifetime violence, 38% experienced IPV,

16% experienced FV, and 46% experienced 'Other violence' as their most recent violent incident (refer to section 3.1.3 for further details on types of violence).

The pilot sample was not representative of the Australian general population; the median age was substantially older and metropolitan regions were over represented compared to the Australian population. Further, 11% of surveys were returned unopened due to inaccurate, incomplete or out-of-date addresses indicating inaccuracies in the Australian White Pages as a sampling source.

The postal survey methodology used, which led to a low response rate and a non-representative sample, was not ideal. However, this pilot phase informed our decisions about survey design and sampling for the main survey study. We unsuccessfully sought access to the electoral roll and the Australian Bureau of Statistics data as alternative sampling sources during the pilot phase. Additionally, the Deakin University Human Research Ethics Committee did not approve use of the commercially available *Australia on Disc* to recruit a population sample.

2.1.1.2. ONLINE PANEL SURVEY

In response to the identified pilot study sampling issues, we modified the survey instrument and methodology used in the main survey. The survey instrument was reduced from 113 to 98 questions. Nine gambling behaviour items were removed from the final survey because we did not find a statistically significant association between either gambling frequency or problematic gambling and experience of violence. One item on changes made to the respondent's usual routine as a result of their most recent violence experience was also dropped from the survey. The survey was conducted wholly online. Finally, we oversampled individuals aged 18-25 years and those from rural and remote Australia to provide a representative sample.

Online panel surveys are an increasingly popular method to collect social research data, owing to their reach, cost-effectiveness and speed (Greenlaw & Brown-Welty 2009) Additionally, they provide a solution to the decreasing telephone survey response rates due in part to the trend towards mobile phones replacing residential landlines and greater use of call screening technologies (Farrell & Petersen 2010). Evidence from comparison studies indicates comparable findings from web-based surveys and more traditional laboratory studies (Birnbaum 2004). Furthermore, online surveys have been shown to have a higher response rate and data quality for under 35 year olds compared to mail-out surveys (Shin, Johnson & Rao 2012).

An Australian online social research company, *Online Research Unit (ORU)*, was contracted to conduct the survey. *ORU* has ISO accreditation, the international standard for social, market and opinion research, which indicates use of quality assured data management, recruitment, and confidentiality processes. ORU use multiple, mostly offline, recruitment sources, and adopt

primarily an invitation-only policy. These strategies maximise representation across demographics and minimise self-selection bias.

2.1.2. SAMPLE

The sample comprised Australian residents aged 18 years and older. A stratified random sampling design was used to obtain a proportionally representative sample of the population in each Australian State and Territory, according to ABS (2014) figures (Australian Bureau of Statistics 2014). Substantial evidence indicates rates of violence to be disproportionately higher among young compared to older adults (e.g., Kruger et al. 2007). Young adults (18-25 years) were underrepresented in the pilot sample. Therefore, in the panel sample, individuals aged 18-25 years were oversampled to represent a minimum 20% of the final sample.

Additionally, individuals residing in outer regional, remote and very remote areas with populations < 10,000 according to the ASGS were oversampled to represent at least 20% of the final sample.

Completed surveys were received from 5,155 individuals. Thirty-seven cases were removed from the dataset due to nonsensical or illegitimate responses. The final sample comprised 5,118 respondents, including 1,141 (22.3%) 18-25 year olds and 1,047 (20.5%) residents of outer regional, remote and very remote Australia.

2.1.3. PROCEDURE

Respondents were recruited through the Australian online research panel *Online Research Unit* (*ORU*). In order to capture a range of demographics *ORU* uses multiple online (e.g., banner ads, search engines) and offline (e.g., print and radio advertising) channels to recruit a research panel. *ORU* conducts regular profiling of their panel to ensure it is representative of ABS population estimates. Of note the *ORU* research panel is comparable to ABS estimates on age and geographic location.

A stratified random sample of 5000 *ORU* research panel members who were Australian residents aged 18 years and older were surveyed between 16 January and 22 February 2015. The sample was stratified by age and geographic location, such that 20% of the total sample would reside in rural locations and a further 20% were aged 18-25 years. Further, each Australian state and territory were proportionally sampled. An invitation to participate in the current study was emailed to a random 48,200 *ORU* panel members during the data collection period. The email directed invited individuals to the online Plain Language Statement (PLS) and Personal Safety Survey hosted securely on the *ORU* website. Respondents signalled their consent to participate by selecting a check box after reading the PLS. Respondents subsequently completed the survey. Of the 48,200

ORU panel members randomly emailed a study invitation; 5,339 panel members responded to the invitation email; 5,155 completed the online survey and 184 were screened out prior to completion due to not meeting eligibility criteria or failing to provide consent. The final sample represents a response rate of 10.7%.

ORU works on a reward-based system whereby research panel members receive loyalty points per completed survey. Once they have earned $20.00 in loyalty points (typically requiring completion of several surveys), panel members exchange points for Coles Myer vouchers. The number of loyalty points panel members earn per survey is dependent on survey length and complexity. Panel survey respondents received a total of $2.50 in loyalty points following completion of the current *Personal Safety Survey*.

2.1.4. SURVEY INSTRUMENT

The survey was developed for the purposes of the study and incorporated key items from previous surveys and validated measures.

The final survey consisted of 98 questions and took approximately 20 minutes to complete. The final survey can be found in Appendix I. Information was collected primarily about the respondent. Where applicable, respondents provided information about their current or most recent partner. The survey included five key sections.

2.1.4.1. DEMOGRAPHICS

Demographic information collected included postcode, household composition, household income, age, sex, marital status, current relationship status, sex of current or most recent partner, migrant status, Indigenous status, and employment status and educational attainment of both respondent and partner.

2.1.4.2. EXPERIENCE OF CONTROLLING BEHAVIOUR, AGGRESSION OR VIOLENCE

Information was collected regarding respondents' lifetime and most recent experience of violence. Respondents were asked to indicate whether they had experienced violence in their lifetime, more than 12 months ago, and within the past 12 months. Information on the frequency and location at which violence was experienced in the past 12 months was collected separately for experiences of physical violence, sexual violence, verbal aggression, unwanted sexual attention, intimidation, and other types of violence.

Respondents who had ever had a partner provided information on their experience of coercive control behaviours in the context of their current or most recent relationship. The Coercive Control Scale (CCS; Johnson, Leone & Xu 2014) was used to assess perpetration and victimisation of nine coercive controlling behaviours indicative of domestic violence. The original CCS assessed control tactics that may be used by a current or former partner, such as "provokes arguments". Johnson et al. (2014) reported that the scale possessed good internal consistency for ex-husbands (r = .91), ex-wives (r = .83), current husbands (r = .75) and current wives (r = .70). Respondents reported the frequency (never, sometimes, often, almost always) their partner engaged in each behaviour towards them. Respondents additionally reported the frequency they engaged in each control tactic towards their (current or ex-) partner using a modified version of the CCS. CCS items were reworded to assess respondents' behaviour, for example "I provoke arguments".

Detailed information was collected in relation to respondents' most recent experience of violence, including:

- Time since incident occurred;
- Type and nature of violence experienced, including whether respondent perpetrated, was victimised or retaliated to provocation;
- Other person/s involved, including relationship to respondent;
- Location of incident;
- Injuries sustained;
- Support/help-seeking following the incident;
- Witnesses to incident;
- Outcome of incident, including whether it was reported to police; and
- Impact on work and life in general.

2.1.4.3. SUBSTANCE USE AT THE MOST RECENT INCIDENT

Seven questions related to AOD use at the most recent experience of violence. Information was collected about:

- Nature of alcohol/other drug use by respondent and other person/s
- Alcohol place of purchase and consumption, including distance from respondents' home and from the most recent incident location.

2.1.4.4. SUBSTANCE USE

Information was collected on usual AOD use, and the frequency with which AOD use were involved in the respondents' experiences of violence.

Alcohol use was measured using the 3-item AUDIT-C (Bush et al. 1998). The AUDIT-C identifies hazardous alcohol use and is scored on a scale of 0-12. A score of 4 or more in men and 3 or more in women is indicative of hazardous drinking. The AUDIT-C has demonstrated good psychometric properties with high sensitivity (.90), indicating accuracy in assessing problems with alcohol consumption (Bush et al., 1998). Respondents completed the AUDIT-C in relation to their own and their current or most recent partner's alcohol use, in addition to drinking together.

For respondents who indicated past 12-month illicit drug use, their level of drug dependence was assessed using the 5-item Severity of Dependence Scale (SDS; Gossop et al. 1995). In previous research, the SDS has been found to possess high internal consistency (r = .83) and test-retest reliability (interclass correlation coefficient = .88) (Martin et al. 2006).

2.1.4.5. FEELINGS OF PERSONAL SAFETY & WELLBEING

Respondents were asked whether they had ever felt unsafe during the past 12 months in five situations assessed in the ABS Personal Safety Survey (2006). The situations included using public transport alone at night, walking alone at night, being home with only their partner, being home alone at night, and being home alone during the day. Respondents were also asked whether they had ever avoided each of these situations during the past 12 months due to feeling unsafe or other reason/s.

Respondents' level of distress over the past week was measured using the Depression Anxiety Stress Scales short form (DASS-21; Henry & Crawford 2005). The 21-item scale measures depression, anxiety, and stress, and is used to assess emotional disturbance. Cut-off scores of 4, 3 and 7, on the depression, anxiety and stress subscales, respectively, indicate disturbance beyond normal levels found within the population. Previous research has reported the DASS-21 to possess acceptable to high internal consistency (e.g., Antony et al. 1998).

2.1.5. DATA ANALYSIS

Survey data were analysed based on frequency counts and percentages. Bivariate (chi-square and t-tests) and multivariate (logistic regression) statistics were conducted to explore group differences on key variables of interest.

2.1.6. LIMITATIONS

The online panel survey suffers from several limitations which must be acknowledged. The sampling methodology used limits the representativeness of the sample. Individuals with a computer and access to the internet, who were literate in the English language, and who were

members of the online panel company *ORU* were sampled. This strategy excluded individuals who did not meet these criteria, including homeless, disabled, and incarcerated individuals, new migrants, and those with low SES and education levels. It is possible that experiences of violence among these groups are systematically different compared to those of the current sample. We attempted to achieve a representative sample of the Australian population by seeking to access the electoral roll. However, this was not possible. The sampling method used – online panel survey – was the best approach given the project time and financial constraints. Furthermore, we oversampled individuals aged 18-25 years and those from rural locations in an effort to increase sample representativeness.

Whilst the survey was anonymous, we recognise the highly subjective nature of recounting a violent experience, especially FDV. Survey results are based on responses of only one individual present at the incident, which may be biased by recall and response errors to an unknown extent. This survey did not consider the perspective of other person/s involved in violent incidents and any third party witnesses.

Recall error may lead to underreporting of violence. Individuals may have forgotten to report one or more experiences of violence or may have reported the most serious incident that may not have been their most recent violent incident. Additionally AOD use can affect individuals' memories and, in some cases, can substantially reduce the amount of incident detail committed to memory.

Response errors may have limited accuracy of responses to some or all the survey. Respondents may have reported inaccurately due to misunderstanding survey questions or deliberately responding incorrectly to protect their integrity, safety or to protect someone else. To minimise this possibility the survey was conducted wholly online using an anonymous self-report design.

Controlling behaviour is very hard to capture as one particular incident. This was clear from recoding qualitative descriptions of the type of violence experienced at 'the most recent incident'. Respondents often described general controlling and psychologically-damaging behaviours, for example 'controlling the relationship' or 'psychological-being made to feel inferior by spouse' or 'partner told people (my parents) I was mentally ill'.

The survey did not distinguish perpetrators from victims, but survey items were biased towards victims. For example, when asking the most recent incident location or the place of alcohol consumption, response options included 'at the perpetrators home', 'at my home'. If the respondent was the perpetrator, technically they should have selected both options but multiple responses were not possible. Items relating to alcohol consumption assumed that perpetrator and victim were known to each other or drank together. However, this does not accurately capture instances where perpetrators and victims were strangers.

Finally, we have only questioned respondents in detail about their *most recent* violent experience, and thus we cannot infer that details of that incident is indicative of all incidents of violence experienced by the respondent. As we included the CCB scale, however, we are able to infer whether the respondent has experienced a pattern of coercive controlling behaviour in their current or most recent intimate relationship.

2.2. OFFENCES REPORTED TO POLICE

The project originally proposed analysis of data sourced from Tasmania, New South Wales and Western Australia to profile the demographic and personal factors involved in police reported FV incidents, and to identify the types of incidents that involve AOD. Data was subsequently sourced from the Australian Capital Territory (ACT), Northern Territory (NT), South Australia (SA), Queensland (QLD), Western Australia (WA) and Victoria to provide a national picture of police responses to FDV. It is important to note that data from different states should not be compared directly as each state has different protocols regarding what information is recorded, how that information is classified, and how different offences are classified. Three key research questions guided this arm of the project:

1. What are the major trends in family violence in relation to incidents attended by police, and what are the common factors across States and Territories?
2. What are the key predictors of repeat incidents attended by police? and
3. What role do alcohol and other drugs play in breaches of family violence orders?

2.2.1.1. AUSTRALIAN CAPITAL TERRITORY

FDV offence data were obtained from the Australian Capital Territory police database for the period 1 July 2009 and 30 June 2014. Across the reporting period there were 5,064 FDV offences. ACT Policing define an incident as any activity reported to or by police that involves the use of police resources. Each incident has a unique PROMIS number and may or may not result in an offence or police attendance. Offences (as reported in this document) are any act committed which breaches criminal legislation. Offences are always linked to a recorded incident and are unique; therefore a single offence should not be recorded against more than one incident. An offender is not always identified for every offence.

2.2.1.2. NEW SOUTH WALES

Data for the study was obtained from the New South Wales police database for the period 1 January 2009 to 31 December 2013. Across the reporting period there were 119,833 FDV incidents.

2.2.1.3. NORTHERN TERRITORY

Northern Territory police data were obtained for the period 1 January 2010 to 31 December 2014. Across the reporting period, there were 87,806 FDV incidents.

2.2.1.4. QUEENSLAND

FDV data were obtained from Queensland police for the period 1 January 2010 to 1 December 2015. Across the reporting period there were 330,702 FDV incidents.

2.2.1.5. SOUTH AUSTRALIA

FDV data were obtained from the South Australian police database for the period 1 January 2010 to 31 December 2014. Across the reporting period there were 12,907 incidents.

2.2.1.6. TASMANIA POLICE DATA

FDV data were obtained retrospectively from the Tasmanian Police (incident data) and Department of Justice (offender and victim data) databases for the period 1 July 2009 to 30 June 2014. There were 12,975 FDV incidents during the reporting period.

On 15 October 2011 Tasmanian police implanted a new reporting system for the recording of police attended FDV incidents. In comparison to the original system, the current system includes:

- Systematic recording of disability status, AOD dependence, and language/s spoken;
- Mandatory recording of risk assessment;
- Recording of one or more victim and one or more offender per report;
- Ability to indicate whether a child of the relationship was not present at the time of incident; and
- Two incident category types, ‘incident’ and ‘argument’. The original system included an additional ‘other’ category for the purpose of a restraining order application.

2.2.1.7. WESTERN AUSTRALIA POLICE DATA

Data for the study were obtained from Western Australia Police for the period 1 January 2010 to 31 December 2014. A total of 102,167 FDV incident records were extracted.

A new reporting system was implemented in Western Australia in August 2013. Systematically captured in the new reporting system are data relating to: location of alcohol consumption, AOD

history, any financial issues, any mental health issues, and whether any children were present during the incident. Prior to August 2013, such information could only be captured in free text.

2.2.2. DATA CLEANING & ANALYSIS

Raw offence-based data was converted to incident-based data whereby information specific to each incident (e.g. alcohol presence, drug presence, child witnesses, repeat victims, recidivist offenders) was aggregated into each incident record. Thus, each incident may contain a number of separate offences (e.g. assault, property damage) and multiple victims and/or perpetrators. Incident characteristics, for example whether or not alcohol was present, were coded as "yes" where any offence record within that incident indicated alcohol was present, otherwise "no". This method of summarising the data accounts for why the data presented here may not match official statistics which tend to refer to offence-based data, rather than incident-based data.

Often datasets contained records where the offence was *reported* within the reference period of the dataset, but *occurred* before the time of reference. These records were removed from the datasets.

Police data were analysed based on frequency counts and percentages. Bivariate (chi-square and t-tests) and multivariate (logistic regression) statistics were conducted to explore group differences on key variables of interest.

Incidents were classified as IPV or FV where a flag was made available by police, or relationship between offender and victim was available. Data from Western Australia and Tasmania was not able to be classified into IPV or FV as relationship between offender and victim was not available. Incidents are classified as IPV where the offender relationship is described as a spouse, husband, wife, ex-spouse, or any similar title, whereas FV incidents were any involving other family members (eg. mother, father, sibling etc.).

The Australian Bureau of Statistics developed the Socio-Economic Indexes for Areas (SEIFA) from the 2011 Census data to determine areas of socio-economic advantage and disadvantage. SEFIA scores of disadvantage is based on areas defined by the Australian Statistical Geography Standard and measures resources, such as economic resources and education and occupation opportunities, to calculate the disadvantage within each defined area. Each area is given an index score as to how disadvantaged it is socio-economically. This is not a rating of the individuals in these areas, but are an indication of allocation of funds, jobs and education prospects within these areas. These index scores are then able to be transformed into ordinal measures, such as quintiles, for better interpretation. The analyses in this report use quintiles of socio-economic disadvantage

where 0-20% are areas that are the most socio-economically disadvantaged to 81-100% are areas that are the most socio-economically advantaged. SEIFA quintiles were linked for each state where postcode was available (see Table 306 in Appendix II).

2.2.3. LIMITATIONS

There are a number of limitations with the offending studies that must be acknowledged. Only a proportion of all FDV is reported to police. Therefore, the data reported does not represent all FDV incidents that occurred within each of the States and Territories during the study period.

There were substantial missing data both across and within jurisdictions. This was likely due to several reasons. A number of data fields across reporting systems were optional rather than mandatory. Attending police may focus on the most critical aspect of an incident and/or collect information for a specific purpose (i.e. court report). The prevalence of AOD-related incidents in the data likely do not reflect the number of all AOD-related FDV incidents police attend where alcohol was consumed, or was a contributory factor to the incident. Attending police officers make a judgement on key incident details to record based on a risk assessment of the situation and the purpose or likely outcome of the incident (i.e. court report). Further AOD involvement is recorded differently across jurisdictions, including offenders' and victims' level of intoxication, presence of alcohol at an incident, police judgement that alcohol was involved in an incident, and individuals' alcohol use history. This limits generalisability and comparison of AOD-related FDV across jurisdictions.

Tasmania and Western Australia experienced changes in the incident reporting systems used to collect FDV data during the study period. This led to changes in the specific data recorded and available for the current study and has limited our ability to track changes in the nature of police-attended FDV incidents over time. Of note, AOD use data have been systematically captured only since implementation of the new systems in both Tasmania and Western Australia.

The type of violence at FDV incidents was not differentiated in all jurisdictions. In three states (ACT, NSW, SA) IPV and FV incidents were coded separately, while in TAS only IPV incidents were included, and in WA IPV and FV incidents were combined into a single DV category. This limited our ability to examine differences in IPV and FV incidents to three states.

Finally, due to the substantial differences in the nature and type of data recorded in each jurisdiction comparisons of FDV incidents across states and territories was not possible.

3. SURVEY RESULTS

3.1. PILOT SURVEY

A total of 953 respondents completed the pilot survey; 878 surveys were returned through the mail and 76 electronically. Thirty cases were removed due to substantial missing data resulting in a final sample of 923.

3.1.1. DEMOGRAPHICS

3.1.1.1. AGE AND SEX

Table 1 displays the proportion of all, male, and female respondents within five age groups. Respondents were aged 19 -92 years (*M* = 58, *SD* = 15.05). The sample was skewed towards older respondents, with substantially fewer respondents aged ≤ 35 years compared to those aged > 36 years. There were 438 (47.5%) males, 475 (51.5%) females, and 10 respondents (1.1%) who failed to disclose their sex.

Table 1 Proportion of all, male, and female respondents in five age groups (n = 923)

Age (years)[a]	Total % (n)	Males % (n)	Females % (n)
18-25	1.4 (13)	1.4 (6)	1.5 (7)
26-35	7.0 (65)	4.6 (20)	9.7 (45)
36-50	22.2 (205)	18.5 (80)	26.7 (124)
51-65	34.1 (315)	34.5 (149)	35.3 (164)
66+	33.2 (904)	41.0 (177)	26.9 (125)

Note. [a]19 respondents did not indicate their birth year.

3.1.1.2. ETHNICITY

There were six (0.7%) indigenous respondents within the pilot sample. The majority of the sample identified as Australian (85.9%), followed by British (6.2%), and New Zealander (1.8%). Twenty-one percent of the sample were born outside Australia.

3.1.1.3. SOCIOECONOMIC INDICATORS

Table 2 presents socioeconomic indicators of the pilot sample.

Table 2 Pilot sample socioeconomic indicators (n = 923)

SES Indicator	n	%
Highest level of education[a]		
Year 11 or below	198	21.5
Year 12 or equivalent	67	7.3

SES Indicator	n	%
Vocational qualification	288	31.2
Tertiary qualification	360	39.0
Gross annual household income[b]		
$25,000 or less	118	12.8
$25,001-$50,000	181	19.6
$50,001-$100,000	270	29.3
$100,001 or above	316	34.2
Employment status[c]		
Part-time	195	21.1
Full-time	321	34.8
Home duties	72	7.8
Unemployed	29	3.1
Not in the labour force (e.g., retired)	264	28.6

Notes. [a]Two respondents 'did not know' their highest level of education and 8 did not provide a response to this question; [b]38 respondents did not indicate their annual household income; [c]43 respondents indicated that they either 'did not know' their employment status, preferred not to answer, or did not provide a response to this question.

As shown in Table 2, 39.0% of the pilot sample held tertiary qualifications and just over 20% had completed Year 11 or below. The modal gross annual household income of the pilot sample was $100,001 or above followed by $50,000-$100,000. A third of the sample were employed full-time, while 20% were employed part-time, and almost 30% were not currently in the labour force.

3.1.1.4. RESIDENTIAL LOCATION

Table 3 displays the proportion of the pilot sample from each Australian State and Territory compared to the ABS (2014) population estimate. Compared to the general population, respondents from the Australian Capital Territory and Tasmania were over-represented and those from Queensland and New South Wales were underrepresented.

Table 3 Proportion of pilot sample within each jurisdiction compared with ABS 2014 population estimates (n = 923)

State/Territory[a]	n	%	ABS population estimate % *
Western Australia	68	7.4	10.9
New South Wales	171	18.5	32.0
Tasmania	125	13.5	2.2
Victoria	215	23.3	24.9
Northern Territory	47	5.1	1.0
South Australia	71	7.7	7.2
Australian Capital Territory	104	11.3	1.6
Queensland	107	11.6	20.1

Note. [a]15 respondents did not provide a postcode or provided an invalid postcode and therefore could not be categorised into a jurisdiction.

*Source: 3101.0 Australian Demographic Statistics, June 2014
http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3101.0Main+Features1Jun%202014?OpenDocument

Table 4 shows the proportion of respondents residing within each Australian Statistic Geography Standard (ASGS) region. Overall, 80.6% of the sample were from metropolitan regions and 17.8% were from rural or regional areas of Australia.[1]

Table 4 Pilot sample geographical location according to Australian Statistic Geography Standard (ASGS) regions (n = 923)

ASGS classification	% (n)[a]	2006 ABS census population estimates %[b]
Metropolitan		
Major city	503 (54.5)	68.4
Inner regional	241 (26.1)	19.7
Regional		
Outer regional	141 (15.3)	9.5
Remote	18 (2.0)	1.5
Very remote	5 (0.5)	0.8

Notes. [a]15 respondents did provide a postcode or provided an invalid postcode and therefore could not be categorised into as ASGS category; ASGS = Australian Statistical Geography Standard. [b] see http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter3002008

3.1.1.5. MARITAL STATUS AND HOUSEHOLD COMPOSITION

The majority of the sample (70.5%) described their current marital status as married or de facto. Nine percent had never been married and 19.8% were either separated, divorced, or widowed. Figure 1 displays respondent marital status across five age groups.

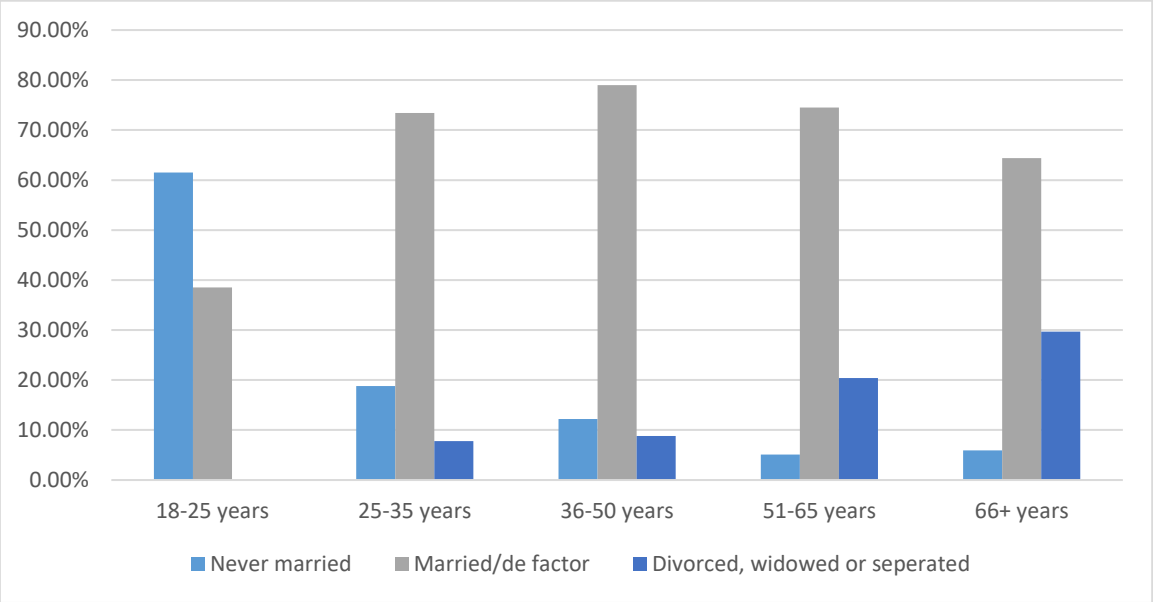


Figure 1 Pilot sample age group by marital status

[1] We collapsed the "major city" and "inner regional" regions to form "Metro" and the "Outer regional", "Remote", and "Very remote" regions to form "Regional".

Generally, as shown in Figure 1, the proportion of respondents in a marital/de facto relationship was consistent across age groups. The proportion of respondents never married decreased across age groups, and the proportion of respondents widowed, divorced, or separated increased across groups.

The mode household composition was 'couple only' (39.5%) followed by 'couple with dependent children' (26.7%), and 'lone person household (19.5%). The remaining 14.0% of the sample comprised respondents living as a couple with dependent children and other persons, multiple family households, one parent families, and in shared accommodation.

3.1.2. EXPERIENCE OF VIOLENCE

Of the total pilot sample, 50.9% (n = 470) reported experiencing violence in their lifetime, and 6.1% (n = 56) reported violence in the past 12 months.

3.1.2.1. DEMOGRAPHICS

As shown in Table 5, respondents aged 18-25 years were more likely to report violence in the past 12 months, while respondents aged 36-50 years were more likely, and those > 66 years less likely to report either past 12 months or lifetime violence. Those who held tertiary level qualifications were significantly more likely and those with a Year 11 or lower level of education were significantly less likely to report lifetime violence. Sex, being born in Australia, geographical location, and area level of disadvantage were not associated with experience of either lifetime or past 12 months violence.

Table 5 Pilot sample characteristics according to lifetime and past 12 months experience of violence (n=923)

Variable	Lifetime violence % (n)	Chi square	Past 12 months violence % (n)	Chi square
All	50.9 (47)		6.1 (56)	
Age group (years)[b]				
18-25	46.2 (6)	0.11	7.5 (4)	14.82**[f]
26-35	58.5 (38)	1.66	6.2 (4)	0.01[f]
36-50	62.4 (128)	14.43***	9.3 (19)	5.57*
51-65	55.9 (176)	5.03*	5.1 (16)	0.54
66+	36.3 (111)	38.91***	3.3 (10)	5.64*
Males[a]	50.1 (234)	1.74	52.7 (29)	0.53
Females	49.9 (233)		47.3 (26)	
Born in Australia	50.8 (362)	0.00	6.5 (46)	2.32
Born outside Australia	50.5 (99)		3.6 (7)	
Highest level of education[c]				
Year 11 or below	33.8 (67)	29.53***	5.1 (10)	0.33
Year 12 or equivalent	50.7 (34)	0.00	7.5 (5)	0.32[f]

Variable	Lifetime violence % (n)	Chi square	Past 12 months violence % (n)	Chi square
Vocational qualification	51.4 (148)	0.04	6.3 (18)	0.09
Tertiary qualification	60.3 (217)	20.76***	5.8 (21)	0.00
Gross household income[d]				
$25,000 or less	47.5 (56)	1.11	5.1 (6)	0.15
$25,001-$50,000	45.3 (82)	4.06*	2.2 (4)	5.53*
$50,001-$100,000	54.1 (146)	0.68	7.8 (21)	2.54
$100,001 or more	55.7 (176)	2.72	6.6 (21)	0.53
Resides in metro location[e]	49.7 (370)	2.18	6.0 (45)	0.01
Resides in regional location	56.1 (92)		6.1 (10)	
SEIFA disadvantage index[g]		2.36		3.28
1	52.7 (69)		6.9 (9)	
2	52.6 (71)		5.9 (8)	
3	47.6 (79)		7.8 (13)	
4	54.3 (95)		6.9 (12)	
5	48.8 (143)		4.1 (12)	

*Notes.**p<.05 **p<.01 ***p<.001 [a]10 respondents did not indicate their sex. [b]19 respondents did not indicate the year they were born. [c]8 respondents did not indicate the highest education level. [d]38 respondents did not indicate their household income. [e]15 respondents did not provide a valid postcode. [f]Analysis contains cell(s) with expected count of <5, Fisher's Exact Test is reported [g]10 respondents' postcodes could not be classified into SIEFA nationwide ranking scores, 13 respondents did not provide a postcode.

3.1.2.2. BY SUBSTANCE USE

Most (84.3%) of the pilot sample had consumed alcohol in the past 12 months, 65.7% had engaged in binge drinking at least once, and 52.3% drank at hazardous levels.[2] The mode number of standard drinks per occasion was 1-2 at least once in the past 12 months. Males were significantly more likely than females to binge drink (44.5% versus 25.1%, Phi = -0.20, p<.001) and drink at a hazardous level (51.9% versus 31.4%, p<.001)[3]. Few respondents (3.5%) had used an illicit substance in the past 3 months.

Table 6 indicates substance use behaviour by experience of violence. Binge drinking in the past 12 months was associated with experience of violence, with 60.5% of those who binge drank reporting experience of lifetime violence compared to 45.2% of those who did not binge drink (Phi = 19.10, p<.001). No drinking variables were associated with experience of violence in the past 12 months. Illicit substance use in the past 3 months was associated with experience of lifetime violence (Phi = -0.15, p<.001) and experience of violence in the past 12 months (Phi = -0.10, p<.01).

[2] Past 12 month drinking behaviour was assessed via the AUDIT-C.
[3] Scale scores were only calculated for respondents with complete data on all three items of the AUDIT-C (n = 879).

Table 6 Pilot sample experience of violence by substance use (n=923)

Variable	Lifetime violence % (n)	Statistic	Past 12 months violence % (n)	Statistic
Current drinker[a]		0.95		0.26
No	46.9 (67)		4.9 (7)	
Yes	51.3 (394)		6.0 (46)	
Binge drinker[b]		19.10***		2.05
No	45.2 (267)		5.1 (30)	
Yes	60.5 (187)		7.4 (23)	
Hazardous drinker[c]		3.13		0.32
No	47.7 (201)		5.2 (22)	
Yes	53.7 (246)		6.1 (28)	
Illicit substance use[d]		21.37***		9.66**[e]
No	90.6 (29)		18.8 (6)	
Yes	49.0 (428)		5.5 (48)	

*Notes.**p<.05 **p<.01 ***p<.001 [a]12 respondents did not indicate their current drinking status. [b]23 respondents did not indicate their binge drinking status [c]AUDIT-C scores could not be calculated for 44 respondents [d]18 respondents did not indicate if they consumed an illicit substance in the past 3 months respondents did not indicate their household income. [e]Analysis contains cell(s) with expected count of <5, Fisher's Exact Test is reported.

3.1.2.3. MENTAL HEALTH

The pilot survey included the Depression and Anxiety subscales of the DASS-21 (Lovibond & Lovibond, 1995). Total scale scores[4] were categorised as either within 'normal', 'mild', 'moderate', 'severe', or 'extremely severe' ranges. Table 7 presents severity of depression and anxiety symptoms by experience of violence. The association between experience of violence and DASS scale classification was statistically significant across all comparisons (ps<.001). For each comparison, compared to those who did not experience violence, a smaller proportion of respondents who reported violence were categorised as within 'normal' ranges, and a greater proportion were classified in all other categories (i.e. experienced more severe depression and anxiety symptoms). Experience of lifetime violence accounted for 21% (p<.001) of the variance in depression and 18% (p<.001) of the variance in anxiety. Keeping in mind the low cell sizes for comparisons with past 12 month violence and mental health, experience of past 12 month violence was associated with 16% (p<.001) of the variance in depression and 19% (p<.001) of the variance in anxiety.

[4] Scale scores were only calculated for respondents with complete data on scale items, n = 875 for Depression, n = 888 for Anxiety

Table 7 Pilot sample depression and anxiety severity classification by experience of violence (n=923)

DASS scale classification	Lifetime violence % (n)		Past 12 months violence % (n)	
	No	Yes	No	Yes
Depression[a]				
Normal	90.5 (391)	75.8 (336)	84.3 (697)	62.5 (30)
Mild	4.6 (20)	9.0 (40)	6.8 (56)	8.3 (4)
Moderate	3.7 (16)	7.7 (34)	5.1 (42)	16.7 (8)
Severe	0.2 (1)	2.7 (12)	1.3 (11)	4.2 (2)
Extremely severe	0.9 (4)	4.7 (21)	2.5 (21)	8.3 (4)
Anxiety[b]				
Normal	93.6 (408)	83.0 (375)	89.0 (743)	75.5 (40)
Mild	3.2 (14)	7.1 (32)	5.3 (44)	3.8 (2)
Moderate	1.4 (6)	4.4 (20)	2.8 (23)	5.7 (3)
Severe	1.4 (6)	1.5 (7)	1.4 (12)	1.9 (1)
Extremely severe	0.5 (2)	4.0 (18)	1.6 (13)	13.2 (7)

Notes. [a]n=875 [b]n=888

3.1.3. MOST RECENT EXPERIENCE OF VIOLENCE

Most recent experience of violence was analysed among respondents who reported lifetime experience of violence[5]. Of those who reported lifetime violence, 38.0% (n = 166) reported IPV, 15.6% (n = 68) reported FV, and 46.5% (n = 203) reported other violence at the *most recent* incident.

3.1.3.1. DEMOGRAPHICS

As shown in A significantly greater proportion of those who experienced other violence resided in a regional location compared to FV (Phi = -0.13, p<.001). A significantly smaller proportion of those who experienced FV were located in areas of greatest disadvantage compared to respondents who reported either IPV (Phi = -0.16, p<.05) and other violence (Phi = -0.17, p<.01) incidents. Further, a significantly greater proportion of those who experienced FV were located in areas of least disadvantage compared to IPV (Phi = 0.18, p<.01). Country of birth or education were not significantly associated with incident type.

As table 8 shows males were significantly more likely to report other violence compared to both IPV (Phi = 0.52, p<.001) and FV (Phi = 0.31, p<.001). Significantly greater and smaller proportions of those who experienced IPV reported a household income range of $50,001-

[5] 33 respondents indicated experience of lifetime violence but did not indicate who was involved in the most recent experience of violence and were therefore excluded from analyses regarding *most recent* experience of violence. Thus, the analytic sample for this section is n = 437.

$100,000 and $100,000 plus, respectively, compared to other violence (Phi = 0.11, p<.05; Phi = -0.14, p<.01).

A significantly greater proportion of those who experienced other violence resided in a regional location compared to FV (Phi = -0.13, p<.001). A significantly smaller proportion of those who experienced FV were located in areas of greatest disadvantage compared to respondents who reported either IPV (Phi = -0.16, p<.05) and other violence (Phi = -0.17, p<.01) incidents. Further, a significantly greater proportion of those who experienced FV were located in areas of least disadvantage compared to IPV (Phi = 0.18, p<.01). Country of birth or education were not significantly associated with incident type.

Table 8 Pilot sample characteristics according to most recent violent incident type (n=437)

	IPV % (n)	FV % (n)	Other % (n)	IPV vs FV	IPV vs Other	FV vs Other
Age group (years)[b]						
18-25	1.2 (2)	0.0 (0)	2.0 (4)	ns[g]	ns[g]	ns[g]
26-35	10.6 (17)	6.1 (4)	8.5 (17)	ns	ns	ns
36-50	30.4 (49)	14.8 (18)	27.5 (55)	ns	ns	ns
51-65	39.8 (64)	15.2 (25)	38.0 (76)	ns	ns	ns
66+	18.0 (29)	19.8 (19)	24.0 (48)	ns	ns	ns
% male[a]	21.8 (36)	40.3 (27)	74.8 (151)	**	***	***
% born in Australia	83.5 (132)	74.2 (49)	76.7 (155)	ns	ns	ns
Highest level of education[c]				ns[g]	ns	ns[g]
Year 11 or below	15.2 (25)	14.7 (10)	11.9 (24)			
Year 12 or equivalent	6.7 (11)	4.4 (3)	6.9 (14)			
Vocational	30.7 (62)	34.1 (56)	30.9 (21)			
Tertiary qualification	43.9 (72)	50.0 (34)	50.5 (102)			
Gross household income[d]						
$25,000 or less	15.1 (24)	10.3 (7)	11.4 (23)	ns	ns	ns
$25,001-$50,000	17.0 (27)	17.6 (12)	16.9 (34)	ns	ns	ns
$50,001-$100,000	37.1 (59)	35.3 (24)	26.9 (54)	ns	*	ns
$100,001 or more	30.8 (49)	36.8 (25)	44.8 (90)	ns	***	ns
% resides in regional location[e]	17.7 (29)	11.9 (8)	24.1 (48)	ns	ns	*
SEIFA disadvantage index[g]						
1	14.6 (24)	3.1 (2)	16.2 (32)	*	ns	**
2	17.7 (29)	13.8 (9)	14.7 (29)	ns	ns	ns
3	19.5 (32)	16.9 (11)	15.7 (31)	ns	ns	ns
4	22.0 (36)	21.5 (14)	20.3 (40)	ns	ns	ns
5	26.2 (43)	44.6 (29)	33.0 (65)	**	ns	ns

*Notes.**p<.05 **p<.01 ***p<.001 [a]3 respondents did not indicate their sex. [b]11 respondents did not indicate the year they were born. [c]4 respondents did not indicate the highest education level. [d]10 respondents did not indicate their household income. [e]8 respondents did not provide a valid postcode. [f]9 respondents did not indicate if they were born in Australia [g]Analysis contains cell(s) with expected count of <5, Fisher's Exact Test is reported. [g] SEIFA disadvantage quintile was not classified for 11 respondents, n=426.

3.1.3.2. BY SUBSTANCE USE

There were no significant differences between the proportion of respondents who experienced IPV and FV, and the proportion of respondents who were current, binge, or hazardous drinkers (see Table 9). A significantly greater proportion of those who experienced other violence indicated they were a current drinker compared to those who reported IPV (Phi = -0.11, p<.05) and a significantly greater proportion of those who reported other violence were binge drinkers compared to respondents who reported a FV incident (Phi = -0.16, p<.01). Although a significantly greater proportion of respondents who reported IPV (Phi = 0.14, p<.05) and other violence (Phi = 0.15, p<.05) reported illicit substance use compared to FV, the analyses contained low cell sizes and should therefore be interpreted with caution.

Table 9 Pilot sample substance use according to most recent violent incident type (n=437)

	IPV % (n)	FV % (n)	Other % (n)	IPV vs FV	IPV vs Other	FV vs Other
Current drinker (yes)[a]	81.1 (133)	90.9 (60)	89.0 (178)	ns	*	ns
Binge drinker (yes)	40.0 (64)	29.2 (19)	47.5 (94)	ns	ns	**
Hazardous drinker (yes)	55.7 (88)	49.2 (31)	59.0 (115)	ns	ns	ns
Illicit substance use (yes)	6.8 (11)	0.0 (0)	9.0 (0)	*[e]	ns	**[e]

*Notes.**p<.05 **p<.01 ***p<.001 [a]7 respondents did not indicate their current drinking status. [b]14 respondents did not indicate their binge drinking status [c]AUDIT-C scores could not be calculated for 21 respondents [d]11 respondents did not indicate if they consumed an illicit substance in the past 3 months respondents did not indicate their household income; [e]Analysis contains cell(s) with expected count of <5, Fisher's Exact Test is reported.

3.1.3.3. BY SUBSTANCE INVOLVEMENT

Alcohol was consumed at less than half (39.5%), and other drugs used at 12.5%, of most recent incidents[6]. The proportion of alcohol- or drug- related incidents did not significantly vary among IPV, FV, and other violence incidents. As shown in Table 10, respondents were significantly more likely to use alcohol at IPV (Phi = -0.18, p<.01) and other violence (Phi = -0.22, p<.001) incidents compared with FV incidents.

Table 10 Pilot sample substance use at most recent incident (n=437)

	IPV % (n)	FV % (n)	Other % (n)	IPV vs FV	IPV vs Other	FV vs Other
Alcohol use at most recent incident[a]						
Any (yes)	39.5 (64)	42.9 (27)	38.6 (78)	ns	ns	ns
Respondent (yes)	13.6 (22)	1.6 (1)	20.3 (41)	**	ns	***
Other person(s) (yes)	32.7 (53)	41.3 (26)	31.2 (63)	ns	ns	ns
Drug use at most recent incident[b]						
Any (yes)	14.1 (22)	16.4 (10)	10.2 (20)	ns	ns	ns
Respondent (yes)	4.5 (7)	0.0 (0)	2.0 (4)	ns	ns[c]	ns[c]

[6] Alcohol use at most recent incident was not indicated by 7 respondents. Drug use at the most recent incident was not indicated by 20 respondents.

Other person(s) (yes)	10.9 (17)	16.4 (10)	8.1 (16)	ns	ns	ns

*Notes.**p<.05 **p<.01 ***p<.001 [a]Alcohol use at most recent incident was not indicated by 7 respondents. [b]drug use at most recent incident was not indicated by 20 respondents [c]contains cell(s) with expected count of <5, Fisher's Exact Test is reported.

3.1.3.4. POLICE INVOLVEMENT

Of the most recent incidents, 21.8% were reported to the police[7]. There were no significant differences in the proportion of IPV (17.2%), FV (22.4%) and other violence (25.6%) incidents that were reported to the police.

Compared to other violence, IPV incidents were more likely to result in a police order being put in place (Phi = -0.33, p<.01), a referral to support services to be made (Phi = -0.24, p<.05), and emergency/safe accommodation to be organised (Phi = -0.37, p<.01). FV incidents were also more likely to result in a police order (Phi = -0.42, p<.01) compared to other violence incidents.

Table 11 Pilot sample police actions according to most recent violent incident type (n=95)

Police action[a] [b]	**IPV % (n)**	**FV % (n)**	**Other % (n)**	**IPV vs FV**	**IPV vs Other**	**FV vs Other**
Someone was arrested	16.0 (4)	21.4 (3)	28.6 (12)	ns[c]	ns	ns[c]
Someone was removed	20.0 (5)	40.0 (6)	16.3 (7)	ns[c]	ns[c]	ns[c]
Someone was detained	9.5 (2)	15.4 (2)	19.0 (8)	ns[c]	ns[c]	ns[c]
Someone was charged	24.0 (6)	28.6 (4)	31.0 (13)	ns[c]	ns	ns[c]
A police order was put in place	44.0 (11)	57.1 (8)	14.6 (6)	ns	**	**[c]
Referral to support services was made	42.3 (11)	35.7 (5)	20.0 (9)	ns	*	ns[c]
Information about violence was provided	36.0 (9)	42.9 (6)	20.0 (9)	ns	ns	ns[c]
Emergency/safe accommodation was organised	19.2 (5)	6.7 (1)	0.0 (0)	ns[c]	**[e]	ns[c]
Attended the scene, but no action was taken	23.1 (6)	28.6 (4)	27.1 (13)	ns[c]	ns	ns[c]
Attended the scene, but perceived that it was something that 'just happened'	23.1 (6)	0.0 (0)	23.9 (11)	ns[c]	ns	ns[c]

Notes. *p<.05 **p<.01 ***p<.001 [a] Comparison's exclude respondents who answered 'I don't know' for an action on a pair-wise basis. [b]5 respondents did not indicate the actions taken by the police. [c]analysis contains 1 cell with expected count <5, Fisher's Exact Test is reported.

Alcohol and drug use at an incident were not significantly associated with police involvement (yes versus no) for IPV, FV, or other violence (ps>0.05).[8]

[7] 4 respondents did not indicate if the incident was reported to the police

[8] Due to low cell sizes preventing meaningful interpretation of analyses comparing police actions (e.g., someone was arrested, someone was removed) by drug and alcohol involvement for the pilot data, please refer to the panel data.

3.1.3.5. MENTAL HEALTH

Table 12 presents respondents' severity of depression and anxiety symptom scores for responses to the most recent violent incident type[9]. Keeping in mind that all comparisons contained some cells with a count of less than 5, only the comparisons between other violence and IPV were significant for severity of depression and anxiety. A greater proportion of those who reported other violence were classified within the 'normal' depression range; therefore, those who experienced IPV reported more severe depression symptoms compared to those who experienced other violence.

For anxiety, the difference in proportion classified within the 'normal' range was not as pronounced as it was for depression. Nevertheless, 9.6% of those who reported IPV at the most recent incident reported severe or extremely severe levels of anxiety compared to only 2.5% of those who reported other violence incident.

Table 12 Pilot sample depression and anxiety severity classification according to most recent violent incident type (n=437)

DASS scale classification	IPV % (n)	FV % (n)	Other % (n)	IPV vs FV	IPV vs Other	FV vs Other
Depression[a]				ns[c]	**[c]	ns[c]
Normal	65.2 (101)	79.7 (51)	81.6 (160)			
Mild	12.3 (19)	6.3 (4)	7.1 (14)			
Moderate	8.4 (12)	9.4 (6)	7.1 (14)			
Severe	4.5 (7)	3.1 (2)	1.5 (3)			
Extremely severe	9.7 (15)	1.6 (1)	2.6 (5)			
Anxiety[b]				ns[c]	*[c]	ns[c]
Normal	80.3 (126)	80.0 (52)	86.1 (173)			
Mild	7.6 (12)	9.2 (6)	6.5 (13)			
Moderate	2.5 (4)	4.6 (3)	5.0 (10)			
Severe	3.2 (5)	1.5 (1)	0.0 (0)			
Extremely severe	6.4 (10)	4.6 (3)	2.5 (5)			

Notes. *p<.05 **p<.01 ***p<.001 [a]n=415 [b]n=423 [c]Analysis contains cell(s) with expected count of <5, Fisher's Exact Test is reported.

3.1.3.6. COERCIVE CONTROLLING BEHAVIOUR

Respondents and their partner(s) engagement in Coercive Controlling Behaviours (CCBs) was measured via a modified version of the CCS (Johnson, Leone & Xu 2014)[10]. Using the same cut-

[9] The pilot survey included two subscales of the DASS (Lovibond & Lovibond, 1995): Depression and Anxiety. Total scale scores were categorised as either within 'normal', 'mild', 'moderate', 'severe', or 'extremely severe' ranges.

[10] In the pilot survey the respondents were asked to "please rate the extent to which each statement applies to your behaviour toward your current partner and previous partners (if you have had any)" and to "please rate the extent to which your current partner and previous partners' (if you have had any) behaviour toward you". This language differs from the panel survey in which respondents were asked to rate their behaviour toward their current or most recent partner (rather than their current and previous partner(s)) and their current or most recent partners'(rather than their current and previous partner(s)) behaviour toward them.

off to distinguish low and high CCB defined by Johnson, Leone and Xu (2014), respondents' and partners' CCBs were categorised as either 'no', 'low' or 'high' CCB (see Table 13). There were no significant differences in the proportion of male and female respondents classified as engaging in no, low, and high CCB (ps > 0.05).

Table 13 Pilot sample respondent and partners(s) coercive controlling behaviour (n=923)

Coercive controlling behaviour	Respondent % (n)[a]	Partner(s) % (n)[a]
No	23.2 (194)	26.6 (221)
High	66.8 (560)	49.9 (415)
Low	10.0 (84)	23.6 (196)

Notes. [a]Scale scores where only calculated for respondents with full data on all 9 items of the CCS, n=838 for the respondent and n=832 for their current and previous partners'.

Table 14 below compares incident type according to level of CCB engagement. Respondents who reported either FV or other violence were significantly more likely to engage in 'no' CCBs compared to those who reported an IPV incident, while respondents who reported IPV were significantly more likely to engage in a high level of CCBs compared to those who reported other violence incident. Compared to FV and other violence incidents, a significantly smaller proportion of respondents who reported an IPV incident also reported that their partner(s) engaged in either no or a low level of CCBs, and a significantly greater proportion reported that their partners engaged in a high level of CCBs.

Table 14 Pilot sample respondent and partner(s) engagement in coercive controlling behaviours according to most recent incident type (n=437)

Coercive controlling behaviour	IPV % (n)	FV % (n)	Other % (n)	IPV vs FV	IPV vs Other	FV vs Other
Respondent[a]						
No	6.6 (10)	18.3 (11)	16.8 (31)	**	**	ns
Low	74.3 (113)	66.7 (40)	72.8 (134)	ns	ns	ns
High	19.1 (29)	15.0 (9)	10.3 (19)	ns	*	ns
Partner(s)[a]						
No	5.4 (8)	23.3 (14)	18.7 (34)	***	***	ns
Low	25.7 (38)	53.3 (32)	61.0 (111)	***	***	ns
High	68.9 (102)	23.3 (14)	20.3 (37)	***	***	ns

Notes. *p<.05 **p<.01 ***p<.001 [a]Scale scores were only calculated for respondents with full data on all 9 items of the CCS, n=396 for the respondent and n=390 for their current and previous partners'.

3.1.3.7. BY SUBSTANCE USE

As shown in Table 15, a similar proportion of respondents who engaged in either no or a high level of CCBs were current drinkers. A significantly greater proportion of respondents who engaged in a low level of CCBs were current drinkers compared to those who engaged in either no or a high level of CCB. Respondents who engaged in either no or a low level of CCB were significantly less

likely to report binge drinking in the past 12 months compared to those who engaged in a high level of CCBs.

The proportion of respondents who had used an illicit substance in the past 3 months was significantly greater among those who engaged in no versus a high level of CCB, but not a low level of CCB.

Table 15 Pilot sample respondent coercive controlling behaviour by substance use (n=923)

	No CCB % (n)	Low CCB % (n)	High CCB % (n)	No vs Low CCB	Low vs High CCB	No vs High CCB
Respondent drinking behaviour[a]						
Current drinker (yes)	80.6 (154)	87.9 (487)	78.6 (66)	*	*	ns
Binge drinker (yes)	27.4 (52)	35.8 (195)	47.0 (39)	*	*	**
Hazardous drinker (yes)	48.4 (90)	52.7 (281)	56.3 (45)	ns	ns	ns
Illicit substance use (yes)	1.1 (2)	4.0 (22)	6.0 (5)	ns[b]	ns	*

Notes. *p<.05 **p<.01 ***p<.001 [a]n=892 for current drinker, n=818 for binge drinker, n=799 for hazardous drinker, n=823 for illicit substance use [b]p=0.52

3.1.3.8. MENTAL HEALTH

Table 16 presents respondents' severity of depression and anxiety symptom scores according to partners' level of CCB engagement. All comparisons were statistically significant. The proportion of respondents within the 'normal' depression and anxiety range decreased from experience of no through high CCB. Therefore, generally, an increase in experience of CCB was associated with a greater severity of depression and anxiety symptoms.

Table 16 Pilot sample depression and anxiety severity according to partners' level of CCB engagement (n=923)

DASS scale classification	No CCB % (n)	Low CCB % (n)	High CCB % (n)	No vs Low CCB	Low vs High CCB	No vs High CCB
Depression[a]				*[c]	***[c]	***[c]
Normal	93.8 (196)	84.4 (340)	68.6 (129)			
Mild	2.4 (5)	6.2 (25)	10.6 (20)			
Moderate	2.4 (5)	6.5 (26)	9.0 (17)			
Severe	0.0 (0)	0.7 (3)	4.3 (8)			
Extremely severe	1.4 (3)	1.7 (7)	7.4 (14)			
Anxiety[b]				*[c]	**[c]	***[c]
Normal	94.8 (201)	89.1 (360)	79.3 (153)			
Mild	2.8 (6)	5.4 (22)	6.2 (12)			
Moderate	0.0 (0)	3.2 (13)	6.2 (12)			
Severe	0.5 (1)	0.7 (3)	3.6 (7)			
Extremely severe	1.9 (4)	1.5 (6)	4.7 (9)			

Notes. [a]n=801 [b]n=815 [c] contains cell(s) with expected count of <5, Fisher's Exact Test is reported.

3.2. PANEL SURVEY RESULTS

We received 5,155 completed surveys. Thirty-seven surveys contained unreliable responses and were removed from the dataset. The final panel sample comprised 5,118 respondents.

3.2.1. DEMOGRAPHICS

3.2.1.1. AGE AND SEX

Of the panel sample, there were 2,450 males (47.9%), 2,652 (51.8%) females, and 16 (0.3%) transgender[11] respondents. Respondents were aged 18 to 89 years (M = 48, SD =18.95). As shown in Table 17, there were approximately twice as many females as males in the youngest age group, and nearly twice as many males as females in the oldest age group.

Table 17 Proportion of total sample and males and females in five age groups (n = 5118)

Age group (years)	Total % (n)	Males % (n)	Females % (n)
18-25[a]	22.1 (1130)	15.4 (378)	28.4 (753)
26-35	10.6 (542)	8.7 (212)	12.4 (330)
36-50	17.1 (872)	16.2 (397)	17.9 (475)
51-65	28.3 (1445)	31.1 (761)	25.8 (684)
66+	21.8 (1113)	28.7 (702)	15.5 (411)

Note. [a] Respondents aged 18-25 years were oversampled to represent a minimum 20% of the sample.

3.2.1.2. ETHNICITY

Eighty-four respondents (1.6%) were of Aboriginal or Torres Strait Islander status. The proportion of Indigenous Australians in our sample was lower than the estimated proportion within the Australian population (approximately 2.5-3.0%). The structure of the Indigenous population in Australia is young, with approximately 35% of Indigenous Australians aged 0-14 years (compared to 19% in the total population) (Australian Bureau of Statistics 2014). As we excluded individuals younger than18 years of age it is expected that we sampled a lower proportion of Indigenous respondents than is represented in the total Australian population.[12] Twenty-five percent of the sample were born outside Australia.

[11] Transgender respondents were excluded from all subsequent analyses regarding gender due to insufficient numbers.

[12] The number of Indigenous Australian respondents surveyed is too few to undergo reliable analyses. We are sensitive to the fact that domestic and family violence among the Indigenous population is qualitatively different from that experienced in the general population. Family and domestic violence among Indigenous Australians is the target of specific policy interventions tailored to the unique risk factors experienced by this population. We recognise that domestic and family violence among Indigenous Australians is an important issue worthwhile of exploration; however such exploration is beyond the key aims and scope of this report.

3.2.1.3. SOCIOECONOMIC INDICATORS

We collected information on education, gross annual household income and current employment status to provide a snapshot of respondent socioeconomic status (Table 18). Area level of relative socioeconomic disadvantage was calculated from respondent postcode.

As shown in Table 18, the majority (61.1%) of the sample held post-secondary qualifications. The mode household income of the sample was $50,001-$100,000. A quarter of the sample (25.8%) were employed full-time, but the mode employment status was "Not in the labour force" (29.6%) which corresponds similarly with the proportion of the sample at retirement age. Approximately equal proportions of the sample were classified into each SEIFA socioeconomic disadvantage quintile.

Table 18 Panel sample socioeconomic indicators (n = 5118)

SES Indicator	**n**	**%**
Highest level of education		
Year 11 or below	939	18.3
Year 12 or equivalent	1053	20.6
Vocational qualification	1269	24.8
Tertiary qualification	1857	36.3
Gross annual household income[a]		
$25,000 or less	741	14.5
$25,001-$50,000	1395	27.3
$50,001-$100,000	1543	30.1
$101,000 or above	903	17.6
Employment status[b]		
Casual	467	9.1
Part-time	750	14.7
Full-time	1320	25.8
Home duties	496	9.7
Unemployed	471	9.2
Not in the labour force (e.g., retired)	1516	29.6
SEIFA disadvantage index[cd]		
1	1072	21.0
2	1044	20.5
3	1000	19.6
4	1043	20.5
5	940	18.4

Notes. [a]526 respondents declined to provide their household income; [b]87 respondents declined to provide their employment status and 11 answered they 'don't know' their employment status. [c]SEIFA quintiles range in descending order of disadvantage where 1= areas of most disadvantage and 5= areas of least disadvantage; [d] SEIFA disadvantage index could not be calculated for 178 respondents due to 159 respondents not providing their postcode and postcodes of 19 respondents could not be classified into SEIFA disadvantage quintiles.

3.2.1.4. RESIDENTIAL LOCATION

The proportion of respondents from each Australian state and territory compared to ABS (2014) population estimates is shown in Table 19. The proportion of respondents from each jurisdiction corresponds similarly to ABS population estimates.

Table 19 Proportion of Panel Sample within each Jurisdiction compared with ABS 2014 Population Estimates (n = 5118)

State/Territory[a]	n	%	% ABS population estimate[b]
Western Australia	448	8.8	10.95
New South Wales	1320	25.8	32.00
Tasmania	234	4.6	2.19
Victoria	1181	23.1	24.87
Northern Territory	63	1.3	1.04
South Australia	533	10.5	7.18
Australian Capital Territory	64	1.3	1.64
Queensland	1097	21.5	20.10

Note. [a]159 respondents declined to provide their postcode and 19 respondents provided an invalid postcode; [b]ABS population estimates based on 2014 figure (Australian Bureau of Statistics 2014).

Table 20 shows the proportion of respondents within Australian Statistic Geography Standard (ASGS) regions. The majority of the sample (75.0%) resided in a metropolitan location[13].

Table 20 Proportion of Panel Sample within ASGS Regions (n =5118)

ASGS classification[a]	% (n)[a]	2006 ABS census population estimates %[b]
Metropolitan		
Major city	58.6 (3000)	68.4
Inner regional	17.4 (893)	19.7
Regional		
Outer regional	16.6 (851)	9.5
Remote	2.9 (146)	1.5
Very remote	1.0 (50)	0.8

Notes. [a]159 respondents declined to provide their postcode and 19 respondents provided an invalid postcode; ASGS = Australian Statistical Geography Standard. [b] see http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter3002008

[13] We oversampled respondents who resided in regional locations, approximately doubling the proportion within the Australian population (10%) to comprise at least 20.0% of our total sample. We classified "major city" and "inner regional" regions as "Metro" and "Outer regional", "Remote", and "Very remote" as "Regional".

3.2.1.5. MARITAL STATUS AND HOUSEHOLD COMPOSITION

The majority of respondents (70.2%) were in a current relationship. At the time of the survey a small proportion (7.5%) of the sample had never been in a relationship.

Respondents aged 18-25 years (55.0%) were least likely and those aged 26-35 years (81.4%) were most likely to be in a current relationship (see Figure 2). For 5.5% of respondents their current or most recent relationship was with a partner of the same sex.

The mode household composition was 'couple only' (25.6%), followed by 'couple with dependent children' (18.2%), 'couple with non-dependent children (18.6%), and 'lone person household' (17.4%). The remaining 20.0% of the sample comprised those living as a couple with dependent children and other persons, multiple family households, one parent families, and in shared accommodation.

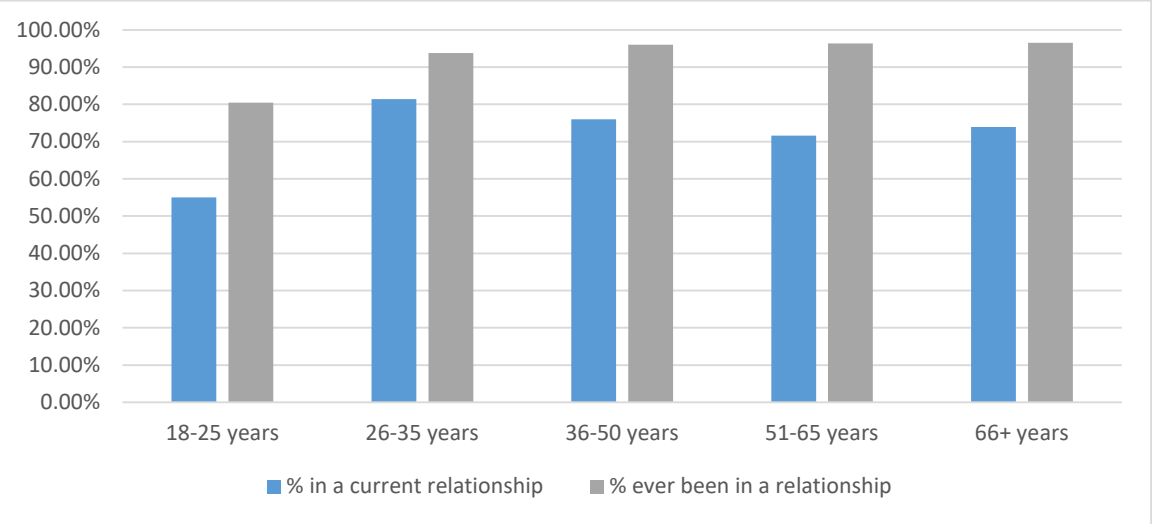


Figure 2 Age group by relationship status (n = 5118)

3.2.2. EXPERIENCE OF VIOLENCE

This section presents findings related to respondents' lifetime and past 12 month experiences of violence.

3.2.2.1. LIFETIME VIOLENCE

Just under half (44.5%; 2278) of the sample reported that they had experienced violence in their lifetime. Sample characteristics according to lifetime experience of violence are shown in Table 21.

Table 21 Sample characteristics according to lifetime experience of violence

	Experienced lifetime violence		Statistic
	Yes % (n)	**No % (n)**	
M age (*SD*)	47.54 (17.75)	47.81 (19.87)	*U*=3170895.00
Age group (years)[b]			
18-25	39.2 (447)	60.8 (694)	$\chi^2_{(1,5118)}$=16.91***
26-35	45.0 (245)	55.0 (299)	$\chi^2_{(1,5118)}$=0.07
35-50	51.0 (446)	49.0 (428)	$\chi^2_{(1,5118)}$=18.14***
51-65	51.3 (742)	48.7 (704)	$\chi^2_{(1,5118)}$=37.78***
66+	35.8 (398)	64.2 (715)	$\chi^2_{(1,5118)}$=44.01***
Male[a]	43.5 (1066)	56.5 (1384)	$\chi^2_{(1,5102)}$=1.70
Female	45.3 (1202)	51.2 (1450)	
Born in Australia	45.8 (1753)	54.2 (2071)	$\chi^2_{(1,5118)}$=10.87***
Born outside of Australia	40.6 (525)	59.4 (769)	
Aboriginal/Torres Strait	71.4 (60)	28.6 (24)	$\chi^2_{(1,5118)}$=25.05***
Highest level of education[b]			
Year 11 or below	43.9 (412)	56.1 (527)	$\chi^2_{(1,5118)}$=0.19
Year 12 or equivalent	38.2 (402)	61.8 (651)	$\chi^2_{(1,5118)}$=21.53***
Vocational qualification	51.1 (649)	48.9 (620)	$\chi^2_{(1,5118)}$=30.06***
Tertiary qualification	43.9 (815)	56.1 (1042)	$\chi^2_{(1,5118)}$=0.46
Gross annual household income			$\chi^2_{(3,4582)}$=1.32
$25,000 or less	46.3 (343)	398 (741)	
$25,001-$50,000	46.6 (650)	53.4 (745)	
$50,001-$100,000	44.8 (691)	55.2 (852)	
$101,000 or above	44.9 (405)	55.1 (498)	
Relationship status[b]			
In a current relationship (yes)	44.4 (1593)	55.6 (1998)	$\chi^2_{(1,5118)}$=0.11
Ever been in a relationship	45.9 (2174)	54.1 (2561)	$\chi^2_{(1,5118)}$=50.49***
Never been in a relationship	27.2 (104)	72.8 (279)	
Residential location[b]			
Western Australia	49.8 (225)	50.2 (223)	$\chi^2_{(1,4940)}$=4.24*
New South Wales	43.1 (569)	56.9 (751)	$\chi^2_{(1,4940)}$=3.07
Tasmania	50.4 (118)	49.6 (116)	$\chi^2_{(1,4940)}$=2.75
Victoria	42.5 (502)	57.5 (679)	$\chi^2_{(1,4940)}$=4.42*
Northern Territory	54.0 (34)	46.0 (29)	$\chi^2_{(1,4940)}$=2.00
South Australia	45.0 (240)	55.0 (293)	$\chi^2_{(1,4940)}$=0.00
Australian Capital Territory	45.3 (29)	54.7 (35)	$\chi^2_{(1,4940)}$=0.00
Queensland	47.0 (516)	53.0 (581)	$\chi^2_{(1,4940)}$=2.00
Geographical location[c]			$\chi^2_{(1,4940)}$=15.99***
Metropolitan	43.7 (1701)	56.3 (2192)	
Regional	50.6 (530)	49.4 (517)	
SEIFA Disadvantage index[cd]			
1	45.4 (487)	54.6 (585)	$\chi^2_{(1,5099)}$=0.40
2	48.9 (510)	51.1 (534)	$\chi^2_{(1,5099)}$=9.70**
3	43.2 (232)	56.8 (568)	$\chi^2_{(1,5099)}$=0.95
4	45.9 (479)	54.1 (564)	$\chi^2_{(1,5099)}$=0.96
5	38.8 (365)	61.2 (575)	$\chi^2_{(1,5099)}$=15.41***

Notes. *p=.05 **p=.01 ***p=.001. [a]Respondents who identified as transgender (n=14) or other (n=3) were excluded; [b] analyses used dummy coded variables (0=no; 1=yes); [c]159 respondents declined to provide their postcode and 19 respondents provided an invalid postcode; [d]SEIFA quintiles range in descending order of disadvantage where 1= areas of most disadvantage and 5= areas of least disadvantage.

Mean age did not significantly differ between those who reported lifetime experience of violence compared to those who did not. A comparison of the five age groups revealed that a smaller

proportion than expected of those in the youngest (18-25 years) and oldest (66+) age groups reported lifetime violence, with 39.2% and 35.8% within these age groups, respectively, compared to 44.5% of the total sample. There was no difference in the proportion of males and females who experienced lifetime violence. Additional analyses revealed that for the 36-50 year age group only, a significantly greater proportion of females reported lifetime violence compared to males (55.2% vs 45.8%, OR = 1.45; 95%CI = 1.11-1.90; $p<.01$). This interaction is displayed in Figure 3.

Respondents in a current relationship were not significantly more likely to experience lifetime violence. However, a significantly greater proportion of respondents who had ever been in a relationship reported lifetime violence compared to respondents who had never been in a relationship (45.9% vs 27.2%).

A significantly greater proportion of respondents from regional locations reported lifetime violence compared to those from metropolitan locations (50.6% vs 43.7%), and this was similar for both males and females. A comparison between age groups revealed that the effect of residential location was significant only among the 25-35 and 36-50 year age groups, with those residing in regional locations within each age group 1.80 times (OR = 1.80; 98%CI = 1.15-2.81) and 1.61 times (OR = 1.61; 98%CI = 1.17-2.22) more likely to report lifetime violence, respectively ($p<.01$) (see Figure 4).

A significantly greater proportion of respondents residing in areas of relative disadvantage (2nd SEIFA quintile) and a significantly smaller proportion of those in areas of least disadvantage (5th SIEFA quintile) reported lifetime violence.

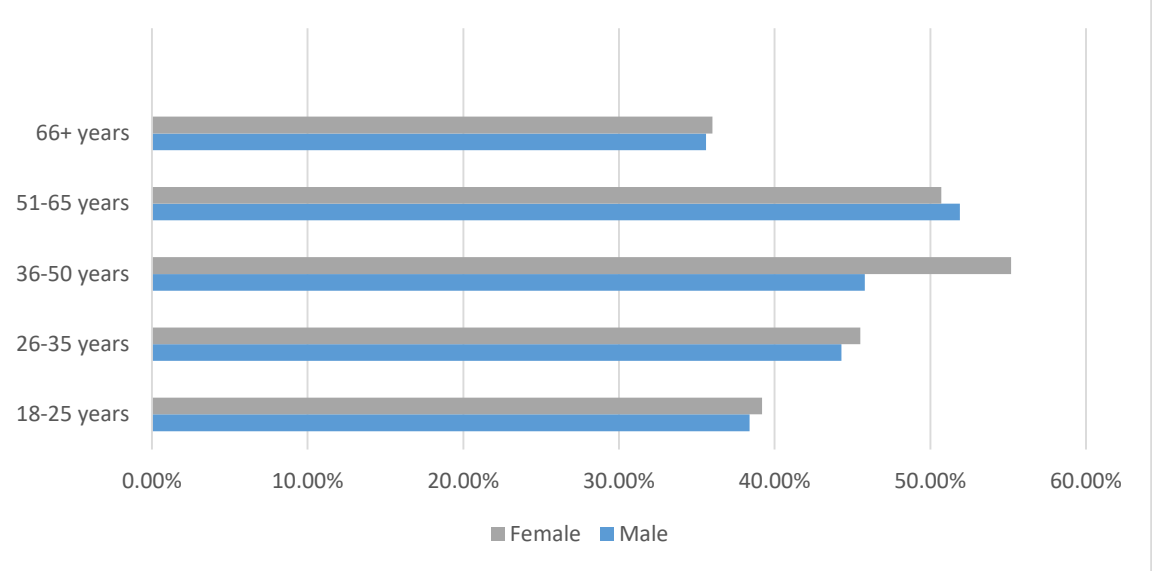


Figure 3 Percentage of males and females in five age groups who reported lifetime violence (n = 2278)

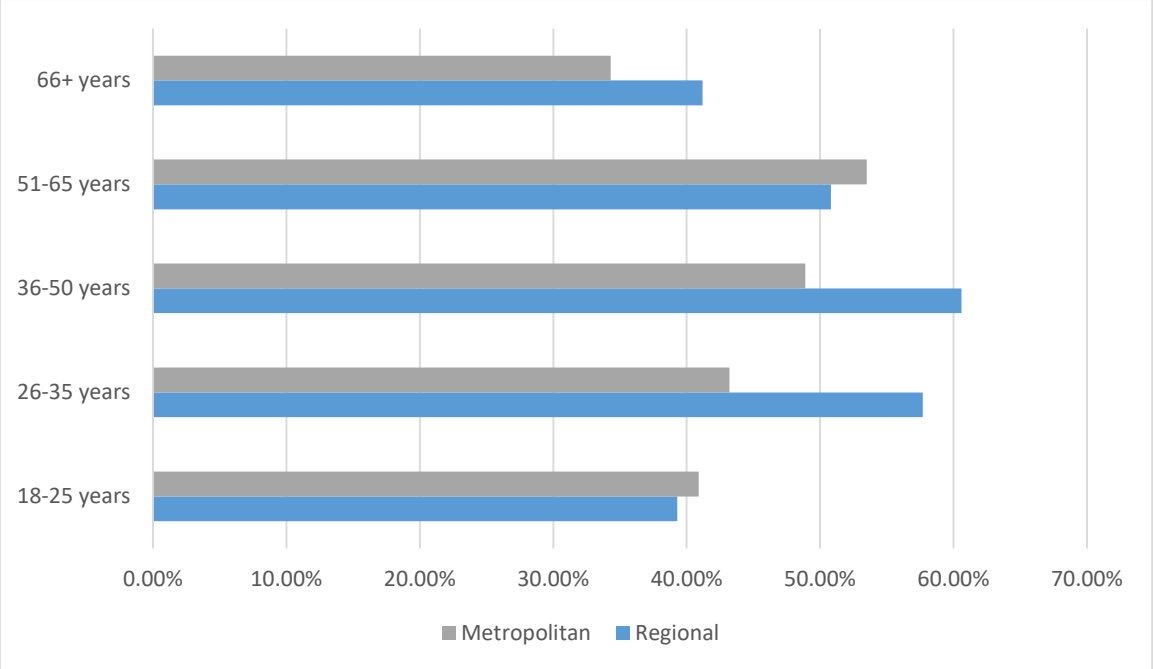


Figure 4 Percentage of respondents residing in metropolitan and regional geographical locations who reported lifetime violence (n = 2278)

3.2.2.2. RECENT VIOLENCE

Of respondents who reported lifetime violence, 13.5% (n = 307, or 6.0% of the total sample) reported that they had experienced violence in the past 12 months (recent violence).

The mean age of respondents who reported recent violence (*M* = 36 years; *SD* = 16.71 years) was 12 years younger than respondents who did not, p<.001. Figure 5 shows a decrease in the proportion of respondents who reported recent violence across age groups. Respondents aged 18-25 years comprised 42.0% of the group that reported recent violence, yet represented only 22.3% of the total sample.

Females were more likely to report recent violence compared to males (6.9% vs 4.9%, respectively; OR = 1.43; 95%CI = 1.13-1.82; p<.01). However, the trend of a decrease in the likelihood of reporting violence with increasing age was similar for males and females (see Figure 5). As shown in Table 22, there were few statistically significant differences in demographic characteristics between respondents who reported recent violence and those that did not.

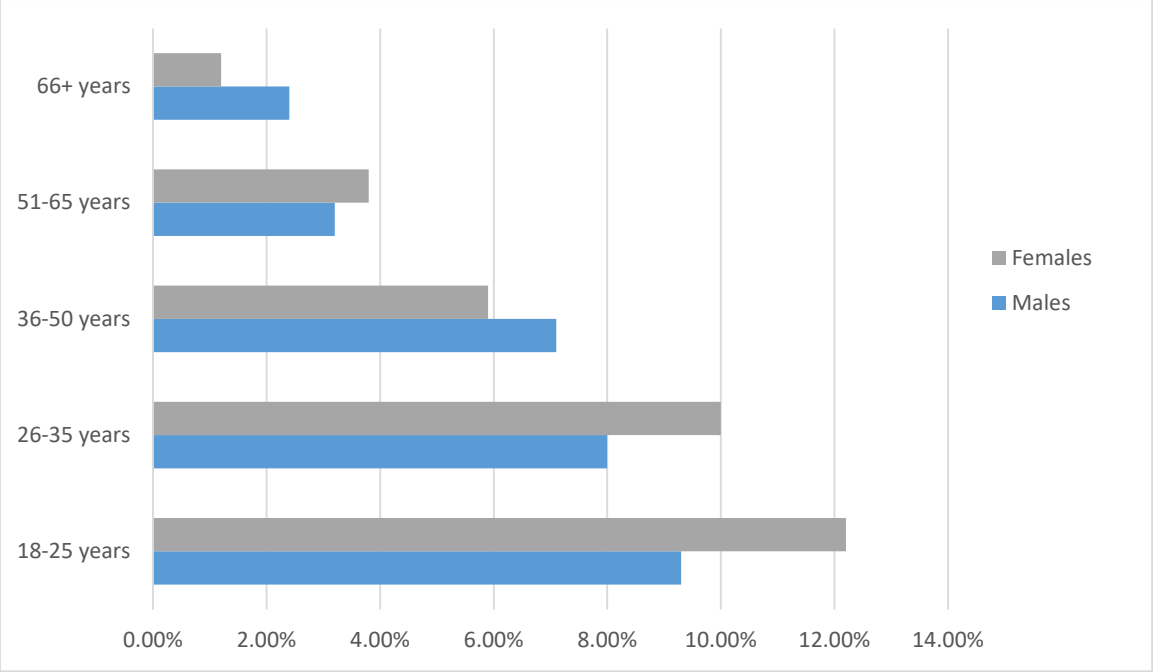


Figure 5 Percentage of males and females in five age groups who reported recent violence in the past 12 months (n = 307)

Table 22 Sample characteristics according to recent experience of violence (n = 5118)

	Recent violence experience		Statistic
	Yes % (n)	No % (no)	
M age (SD)	36.35 (16.71)	48.41 (18.86)	*U*=469812.00***
Age group (years)[b]			
18-25	11.3 (129)	88.7 (1012)	$\chi^2_{(1,5118)}$ =75.35***
26-35	9.2 (50)	90.8 (494)	$\chi^2_{(1,5118)}$ =11.04***
35-50	6.4 (56)	93.6 (818)	$\chi^2_{(1,5118)}$ =0.31
51-65	3.5 (50)	96.5 (1396)	$\chi^2_{(1,5118)}$ =23.07***
66+	2.0 (22)	98.0 (1091)	$\chi^2_{(1,5118)}$ =40.80***
Sex[a]			$\chi^2_{(1,5102)}$ =9.06**
Male	4.9 (121)	95.1 (2329)	
Female	6.9 (184)	93.1 (2468)	
Born in Australia	6.5 (250)	93.5 (3574)	$\chi^2_{(1,5118)}$ =7.80**
Born outside of Australia	4.4 (57)	95.6 (1237)	
Aboriginal/Torres Strait	6.0 (5)	94.0 (79)	$\chi^2_{(1,5118)}$ =0.00
Highest level of education[b]			
Year 11 or below	4.2 (39)	95.8 (900)	$\chi^2_{(1,5118)}$ =6.94**
Year 12 or equivalent	7.1 (75)	92.9 (978)	$\chi^2_{(1,5118)}$ =0.07
Vocational qualification	6.1 (79)	93.9 (1191)	$\chi^2_{(1,5118)}$ =0.07
Tertiary qualification	6.2 (117)	93.8 (1742)	$\chi^2_{(1,5118)}$ =0.20
Gross annual household income			$\chi^2_{(3,4582)}$ =5.80
$25,000 or less	5.0 (37)	95.0 (704)	
$25,001-$50,000	5.4 (75)	94.6 (1320)	
$50,001-$100,000	6.4 (98)	93.6 (1445)	
$101,000 or above	7.4 (67)	92.6 (836)	
Relationship status[b]			
In a current relationship (yes)	6.0 (215)	94.0 (3376)	$\chi^2_{(1,5118)}$ =0.03
Ever been in a relationship	6.1 (288)	93.9 (4447)	$\chi^2_{(1,5118)}$ =0.79
Never been in a relationship	5.0 (19)	95.0 (364)	
Residential location[b c]			

	Recent violence experience		Statistic
	Yes % (n)	No % (no)	
Western Australia	8.5 (38)	91.5 (410)	$\chi^2_{(1,4940)}$ =5.53*
New South Wales	6.3 (83)	93.7 (1237)	$\chi^2_{(1,4940)}$ =0.32
Tasmania	2.1 (5)	97.9 (229)	$\chi^2_{(1,4940)}$ =6.43*
Victoria	5.8 (69)	94.2 (1112)	$\chi^2_{(1,4940)}$ =0.05
Northern Territory	6.3 (4)	93.7 (59)	$\chi^2_{(1,4940)}$ =0.02
South Australia	4.3 (23)	95.7 (510)	$\chi^2_{(1,4940)}$ =2.92
Australian Capital Territory	6.3 (4)	93.8 (60)	$\chi^2_{(1,4940)}$ =0.01
Queensland	6.3 (69)	93.7 (1028)	$\chi^2_{(1,4940)}$ =0.25
Geographical location[c]			$\chi^2_{(1,4940)}$ =0.01
Metropolitan	6.0 (233)	94.0 (3660)	
Regional	5.9 (62)	94.1 (985)	
SEIFA disadvantage index[d]			
1	4.5 (48)	95.5 (1024)	$\chi^2_{(1,5099)}$ =5.85*
2	6.8 (71)	93.2 (973)	$\chi^2_{(1,5099)}$ =1.49
3	6.8 (68)	93.2 (932)	$\chi^2_{(1,5099)}$ =1.41
4	6.4 (67)	93.6 (976)	$\chi^2_{(1,5099)}$ =0.41
5	5.5 (52)	94.5 (888)	$\chi^2_{(1,5099)}$ =0.45

Notes. *p=.05 **p=.01 ***p=.001; [a] participants identifying as transgender (n=14) and other (n=3) were excluded from this analysis; [b] Analyses used dummy coded variables (0=no; 1=yes); [c] 159 respondents declined to provide their postcode and 19 respondents provided an invalid postcode; [d] SEIFA quintiles range in descending order of disadvantage where 1= areas of most disadvantage and 5= areas of least disadvantage.

3.2.2.2.1. RECENT VIOLENCE TYPE

Most respondents who experienced recent violence (93.2%) reported at least one incidence of verbal aggression in the past 12 months, corresponding to 5.6% of the entire sample. Physical aggression (57.3%) and intimidation (59.3%) were reported by over half of those who reported recent violence. As shown in Figure 6, among those reporting recent violence, a significantly greater proportion of women reported recently experiencing sexual violence (13.6% vs 4.1%, OR = 3.65, 95%CI = 1.36-9.81; p<.01), unwanted sexual attention (39.7% vs 12.4%, OR = 4.65, 95%CI = 2.51-8.61, p<.001), and intimidation (64.7% vs 51.2%, OR = 1.74, 95%CI = 1.09-2.78, p<.05), compared to men.

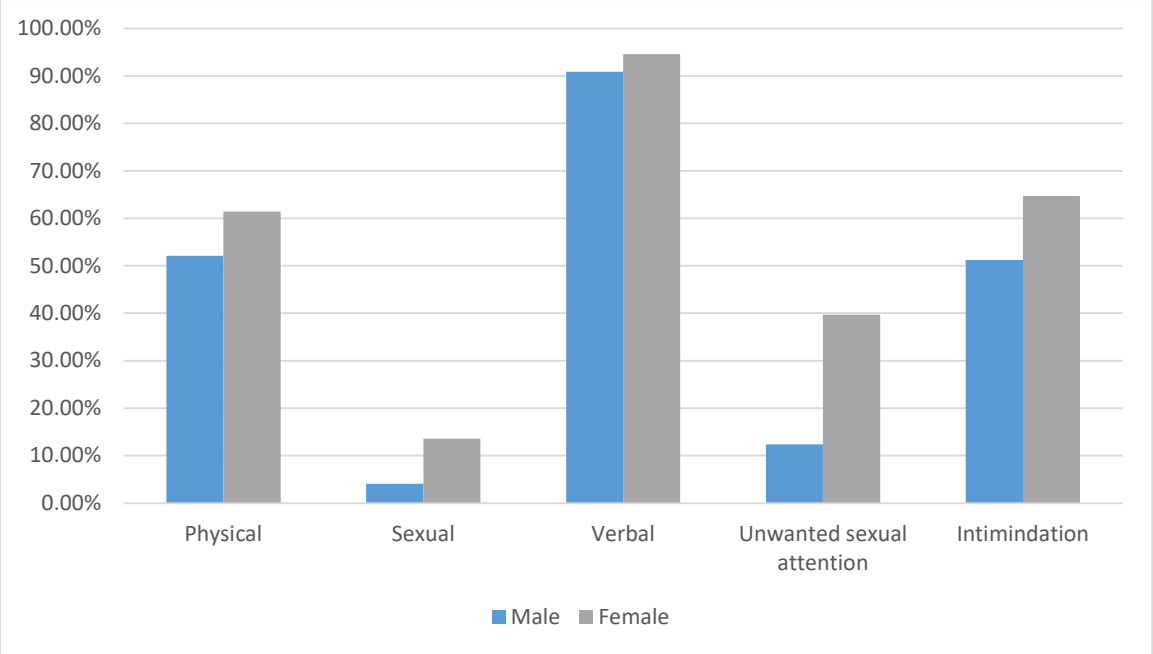


Figure 6 Violence types experienced by males and females who reported recent violence (n = 307)

As shown in Table 23 below, regardless of violence type, recent experiences of violence most frequently occurred at the respondent's home. Sexual violence incidents frequently occurred at the perpetrator's home, while physical violence, verbal aggression, and intimidation often occurred outdoors.

Table 23 Characteristics of recent violence experiences according to violence type (n = 307)

	Physical (n = 176)	**Sexual (n = 31)**	**Verbal (n = 286)**	**Unwanted sexual attention[b] (n = 89)**	**Intimidation[b] (n = 182)**
% sample[a]	57.3 (3.4)	10.1 (0.6)	93.2 (5.6)	29.0 (1.7)	59.3 (3.6)
% males (n)	52.1 (63)	4.1 (5)	90.9 (110)	12.4 (15)	51.2 (62)
% female (n)	61.4 (113)	13.6 (25)	94.6 (174)	39.7 (73)	65.7 (119)
Location % (n)					
At my home	64.2 (113)	48.4 (15)	59.4 (170)	17.7 (32)	44.9 (40)
At perpetrators home	12.5 (22)	32.3 (10)	11.0 (34)	5.5. (10)	16.9 (15)
At another person's home	9.7 (17)	16.1 (5)	15.7 (45)	7.7 (14)	18.0 (16)
Outdoors	23.3 (41)	16.1 (5)	29.0 (83)	17.1 (31)	28.1 (25)
At my workplace	11.4 (20)	6.5 (2)	18.9 (54)	10.5 (19)	27.0 (24)
Inside a licensed premise	7.4 (13)	6.5 (2)	12.2 (35)	17.1 (31)	18.0 (16)
Outside a licensed premise	8.5 (15)	3.2 (1)	9.1 (26)	9.4 (17)	7.9 (7)
In a private vehicle	11.9 (21)	6.5 (2)	21.3 (61)	3.3 (6)	18.0 (16)
On public transport	5.1 (9)	9.7 (3)	7.7 (22)	14.4 (26)	13.5 (12)
At a sporting venue	4.0 (7)	0 (0)	4.2 (12)	1.7 (3)	3.4 (3)
Other	3.4 (6)	3.2 (1)	4.9 (14)	40.3 (73)	7.9 (7)

Notes. [a]Proportion of sample who reported past 12 month experience of violence (proportion of the total sample); [b]The high n of respondents indicating 'other' as location for unwanted sexual attention, and low n for location of intimidation are due to a survey coding error; therefore, percentages are only indicative of trends rather than representing an actuality of this sample.

3.2.2.3. USUAL SUBSTANCE USE

This section presents findings related to usual (past 12 month) alcohol and illicit drug use.

3.2.2.3.1. RESPONDENT ALCOHOL USE

Forty-three percent (n = 2,200) of the sample were classified as hazardous drinkers according to the AUDIT-C criteria. Males were significantly more likely to drink at hazardous levels; 46.3% of males compared to 40.1% of females were classified as hazardous drinkers, p<.001. Less than half the sample (37.7%) engaged in heavy episodic drinking in the past 12 months.

As shown in

Table 24 and Table 25, hazardous alcohol consumption was significantly associated with recent but not lifetime violence. However, there was a gender interaction effect whereby a significantly greater proportion of male hazardous drinkers also reported lifetime violence compared to males who did not drink at hazardous levels (46.4% vs 41.0%, Phi = 0.5, p<.01). Among females, hazardous drinking and HED were not significantly associated with lifetime violence, but were associated with a significantly greater likelihood of recent violence (Phi = 0.05, p<.05; Phi = 0.06, p<.001, respectively).

Table 24 Respondent patterns of usual alcohol use according to experience of lifetime violence (n = 5,118)

	Lifetime violence experience		
	Yes	**No**	**Chi square**
Full sample			
Hazardous alcohol use			
Yes	45.7 (1006)	54.3 (1194)	2.32
No	43.6 (1272)	56.4 (1646)	
HED			
Yes	46.8 (905)	53.2 (1027)	6.84**
No	43.1 (1373)	56.9 (1813)	
Males			
Hazardous alcohol use			
Yes	46.4 (526)	53.6 (608)	7.10**
No	41.0 (540)	59.0 (774)	
HED			
Yes	48.2 (525)	51.8 (565)	17.10***
No	39.8 (541)	60.2 (819)	
Females			
Hazardous alcohol use			
Yes	44.9 (477)	55.1 (586)	0.15
No	45.6 (725)	54.4 (864)	
HED			
Yes	44.9 (375)	55.1 (461)	0.11
No	45.5 (827)	54.5 (989)	

Notes. *p<.05 **p<.01 ***p<.001; HED = Heavy episodic drinking (consumption of 6 or more drink on one occasion at least once in the past 12 months).

Table 25 Respondent patterns of usual alcohol use according to experience of recent violence (n = 5,118)

	Recent violence experience		Chi square
	Yes	**No**	
Full sample			
Hazardous alcohol use			
Yes	6.9 (151)	93.1 (2049)	5.12*
No	5.3 (156)	94.7 (2762)	
HED			
Yes	7.5 (145)	92.5 (1787)	12.40***
No	5.1 (162)	94.9 (3024)	
Males			
Hazardous alcohol use			
Yes	5.4 (61)	94.6 (1073)	0.87
No	4.6 (60)	95.4 (1256)	
HED			
Yes	6.1 (66)	93.9 (1024)	5.21*
No	4.0 (55)	96.0 (1305)	
Females			
Hazardous alcohol use			
Yes	8.4 (89)	91.6 (974)	5.65*
No	6.0 (95)	94.0 (1494)	
HED			
Yes	7.5 (144)	92.5 (1782)	10.82***
No	5.1 (161)	94.9 (3015)	

Notes. *p<.05 **p<.01 ***p<.001; HED = Heavy episodic drinking (consumption of 6 or more drink on one occasion at least once in the past 12 months).

3.2.2.3.2. ILLICT DRUG USE

Of the total sample, 5.6% (n = 286) reported that they had used an illicit substance in the past 12 months. Illicit drug use was significantly associated with both lifetime (Table 26) and recent (Table 27) violence. Specifically, 8.5% of respondents who reported lifetime violence and 17.6% of those who reported recent violence had used illicit drugs. This corresponds to 67.8% and 18.9% of respondents who reported illicit drug use reporting lifetime and recent violence, respectively. Illicit drug use accounted for 11% (Phi = -.11, p<.001) of the variance in lifetime violence and 13% (Phi = -.13, p<.001) in recent violence.

Gender. The effect of illicit drug use on experience of violence was stronger for females than males, especially in relation to recent violence. Illicit drug use accounted for 12% (Phi = -.12, p<.001) and 17% (Phi = -.17, p<.001) of the variance in females' experiences of lifetime and recent violence, respectively, and 10% (Phi = -.10, p<.001) and 7% (Phi = -.07) of the variance in males' experiences of lifetime and recent violence, respectively.

Severity of drug dependence. Illicit drug users' severity of drug dependency was not significantly different for those that did (*M* = 6.57, *SD* = 9.72) and did not (*M* = 7.84, *SD* = 11.34) experience recent violence. Illicit drug users who experienced lifetime violence reported a significantly higher

mean level of drug dependency (*M* = 8.51, *SD* = 11.96) compared to users who did not experience lifetime violence (*M* = 5.71, *SD* = 8.56), p<.05.

A significantly smaller proportion of drug users who reported recent violence were classified as having a high level of drug dependency (15.9%) compared to users who did not experience recent violence (5.6%).[14] This finding was only marginally significant (p = 0.47) and opposite trends were evident with regard to lifetime violence (see Table 26).

For both males and females, there were no significant differences in the proportion of drug users who reported either lifetime or recent violence classified with a low versus high level of drug dependency (ps >.05). Thus, although any illicit drug use was associated with an increased likelihood of reporting lifetime violence, the relationship between severity of dependency and experience of violence is less clear.

Table 26 Respondent illicit drug use according to experience of lifetime violence (n = 5,118)

	Lifetime violence experience		
	Yes % (n)	**No % (n)**	**Chi square statistic**
Full sample			
Illicit substance use past 12 months – yes	8.5 (194)	3.2 (92)	66.71***
Dependency classification[a]			
Low	84.0 (163)	90.2 (83)	2.00
High	16.0 (31)	9.8 (9)	
Males			
Illicit substance use past 12 months- yes	7.0 (75)	2.8 (39)	24.14***
Dependency classification[a]			
Low	80.0 (60)	84.6 (33)	0.36
High	20.0 (15)	15.4 (6)	
Females			
Illicit substance use past 12 months - yes	9.6 (115)	3.7 (63)	38.72***
Dependency classification[a]			
Low	87.0 (100)	94.3 (50)	2.07
High	13.0 (15)	5.7 (3)	

Notes. *p<.05 **p<.01 ***p<.001; [a] based on Severity of Dependency Scale.

Table 27 Respondent illicit drug use according to experience of recent violence (n = 5,118)

	Recent violence		
	Yes % (n)	No % (n)	Chi square statistic
Full sample			
Illicit substance use past 12 months - yes	17.6 (54)	4.8 (232)	89.16***
Dependency classification[a]			
Low	94.4 (51)	84.1 (195)	3.93*
High	5.6 (3)	15.9 (37)	
Males (n=114)			

[14] A two-step cluster analysis was used to classify illicit substance users as having a low or high level of drug dependency symptoms. Respondents with SDS total scores 1-18 were classified as 'low' and respondents with total scores 19-47 classified as 'high'. Chi-square analyses were conducted to determine if lifetime or past 12 month violence experiences varied by SDS classification and sex.

	Recent violence		
	Yes % (n)	No % (n)	Chi square statistic
Illicit substance use past 12 months – yes	11.6 (14)	4.3 (100)	13.73***
Dependency classification[a]			
Low	92.9 (13)	80.0 (80)	1.25[b]
High	7.1 (1)	20.0 (20)	
Females (n=168)			
Illicit substance use past 12 months – yes	21.2 (39)	5.2 (129)	73.59***
Dependency classification[a]			
Low	94.9 (37)	87.6 (113)	1.65[b]
High	5.1 (2)	12.4 (16)	

Notes. *p<.05 **p<.01 ***p<.001; [a] based on Severity of Dependency Scale [b]analyses include cells with expected count <05, Fisher's Exact Test is reported.

Drug of choice. Of the 286 respondents who reported illicit drug use, 241 nominated a 'drug of choice'.[15] Drug users' nominated drug of choice had no association with any experience of violence.

3.2.2.3.3. ALCOHOL AND DRUG INVOLVEMENT IN GENERAL EXPERIENCES OF VIOLENCE

Current drinkers (respondents who reported alcohol consumption in the past 12 months) were more likely than non-drinkers to indicate that alcohol was involved in their experiences of violence (Phi = .13, p<.001). A greater proportion of non-drinkers (8.7%) believed that alcohol contributed to the violence they had experienced on a daily or almost daily basis compared to current drinkers (3.6%). This indicates that others' alcohol use had an impact on the violence experienced by non-drinkers.

Respondents who did not use illicit drugs were more likely to believe that drugs were involved in the violence they experienced, compared to those who used illicit drugs (Phi = .19, p<.001).

3.2.2.4. MENTAL HEALTH AND EXPERIENCE OF VIOLENCE

The following section presents results relating to the impact of violence on mental health and feelings of safety.

3.2.2.4.1. MENTAL HEALTH

Lifetime and recent violence were associated with significantly higher mean depression, anxiety and stress scores (see Section 2).

[15] Open ended responses were coded as either 'marijuana or other depressants' or 'methamphetamines, MDMA and other stimulants'.

Table 28 Mean depression, anxiety and stress score according to experience of lifetime and recent violence (n = 5118)

	Lifetime violence			Recent violence		
DASS[a] scale	**Yes M(SD)**	**No M(SD)**	**Mann-Whitney *U* Test**	**Yes M(SD)**	**No M(SD)**	**Mann-Whitney *U* Test**
Depression[b]	4.46 (5.24)	2.32 (3.75)	15.59***	6.76 (5.98)	3.00 (0.06)	10.81***
Anxiety[b]	2.83 (4.20)	1.53 (2.96)	12.47***	4.87 (5.16)	1.93 (3.43)	9.82***
Stress[b]	4.25 (4.58)	2.35 (3.40)	16.49***	6.58 (5.31)	2.98 (3.89)	11.65***

Notes. ***p<.001; [a] Depression, Anxiety Stress Scale; [b] total scale score ranges 1-21.

Overall, the majority of the sample scored within the 'normal' range for symptoms of depression (73.3%), anxiety (79.8%), and stress (87.1%). As shown in Figure 7 and Figure 8, experience of violence was associated with scoring above the normal range for each mental health symptom.

Table 29 presents the severity of mental health symptoms according to lifetime violence and Table 30 presents these according to recent violence. A greater proportion of respondents who reported any violence met criteria for 'severe' or 'extremely severe' levels of all three symptoms. The association between experience of violence and DASS classification was statistically significant across all comparisons (ps <.001), with small to medium effect sizes indicating that DASS classification accounted for 17-21% of the variance in lifetime violence, and 18-19% in recent violence.

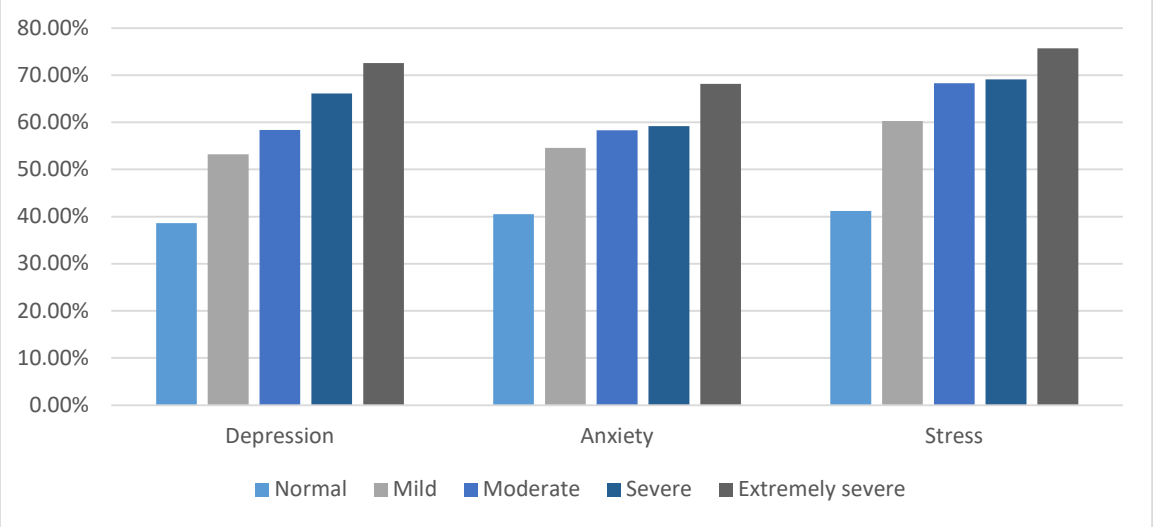


Figure 7 Proportion of respondents within DASS severity classifications who reported lifetime violence (n = 2278)

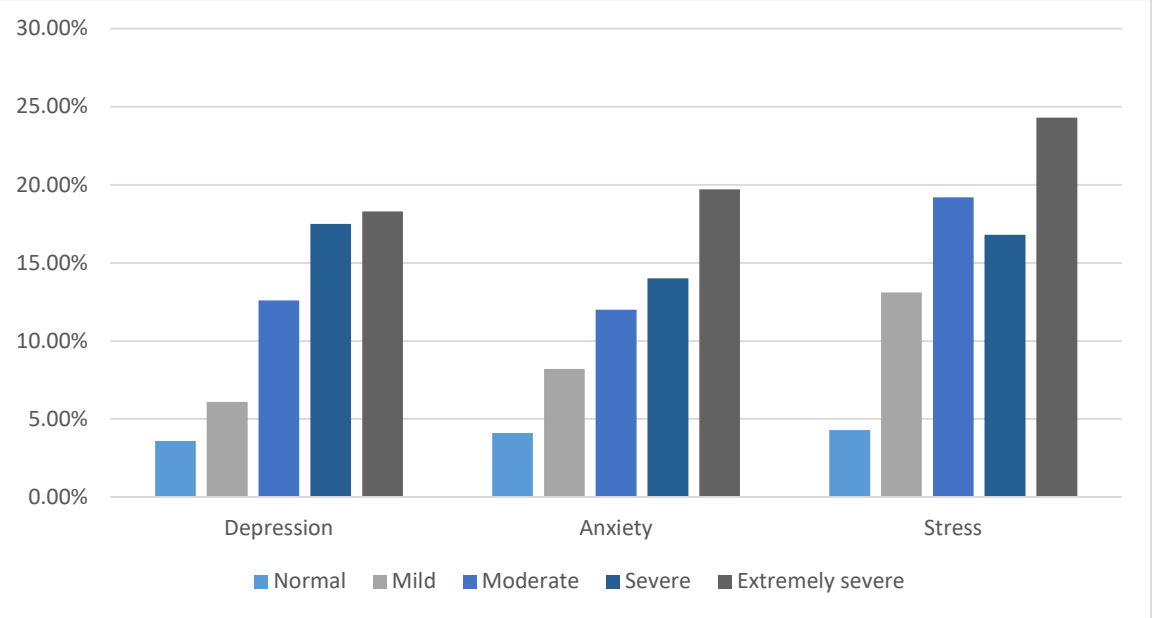


Figure 8 Proportion of respondents classified according to DASS severity levels who reported recent violence (n = 307)

Table 29 Depression, anxiety and stress severity classification according to experience of lifetime violence (n = 5118)

	Lifetime violence experience		
	Yes % (n)	**No % (n)**	**Chi square (Cramer's V)**
Depression			223.20*** (.21***)
Normal	63.6 (1449)	81.1 (2305)	
Mild	8.4 (192)	6.0 (169)	
Moderate	14.5 (330)	8.3 (235)	
Severe	5.1 (117)	2.1 (60)	
Extremely severe	8.3 (190)	2.6 (73)	
Anxiety			142.29*** (.17***)
Normal	72.7 (1655)	85.5 (2429)	
Mild	7.3 (167)	4.9 (139)	
Moderate	6.8 (155)	3.9 (111)	
Severe	4.1 (93)	2.3 (64)	
Extremely severe	9.1 (208)	3.4 (97)	
Stress			158.13*** (.18***)
Normal	80.6 (1837)	92.3 (2620)	
Mild	5.7 (129)	3.0 (85)	
Moderate	6.7 (153)	2.5 (71)	
Severe	4.5 (103)	1.6 (46)	
Extremely severe	2.5 (56)	0.6 (18)	

Note. ***p<.001

Table 30 Depression, anxiety and stress severity classification according to experience of recent violence (n = 307)

	Recent violence experience		
	Yes % (n)	**No % (n)**	**Chi square (Cramer's V)**
Depression			193.22*** (.19***)
Normal	44.0 (135)	75.2 (3617)	
Mild	7.2 (22)	7.0 (339)	
Moderate	23.1 (71)	10.3 (494)	
Severe	10.1 (31)	3.0 (146)	
Extremely severe	15.6 (48)	4.5 (218)	
Anxiety			164.47*** (.18***)
Normal	54.7 (168)	81.4 (3916)	
Mild	8.1 (25)	5.8 (281)	
Moderate	10.4 (32)	4.9 (234)	
Severe	7.2 (22)	2.8 (135)	
Extremely severe	19.5 (60)	5.1 (245)	
Stress			134.87*** (.19***) [a]
Normal	62.9 (193)	88.6 (4264)	
Mild	9.1 (28)	3.9 (186)	
Moderate	14.0 (43)	3.8 (181)	`
Severe	8.1 (25)	2.6 (124)	
Extremely severe	5.9 (18)	1.2 (56)	

Notes. ***p<.001 [a]Fisher's Exact Test

3.2.2.4.2. FEELINGS OF PERSONAL SAFETY

As shown in Figure 9, a large proportion (60-65%) of respondents who experienced violence reported feeling unsafe on public transport, when alone at night, and when walking in the local area at night and also avoided being in these situations. Conversely, approximately 20% of respondents who experienced violence and reported feeling unsafe at home (either alone with partner, alone at night, or alone during the day) avoided being in that situation due to feeling unsafe.

There were no significant differences in the proportion of respondents who did and did not report violence and who avoided each situation due to feeling unsafe, with the exception of 'being home alone with my partner'. Specifically, among respondents who felt unsafe at home alone with their partner, 28.8% of those who also reported recent violence compared to 17.4% of who did not report recent violence avoided being in this situation (p<.05).[16]

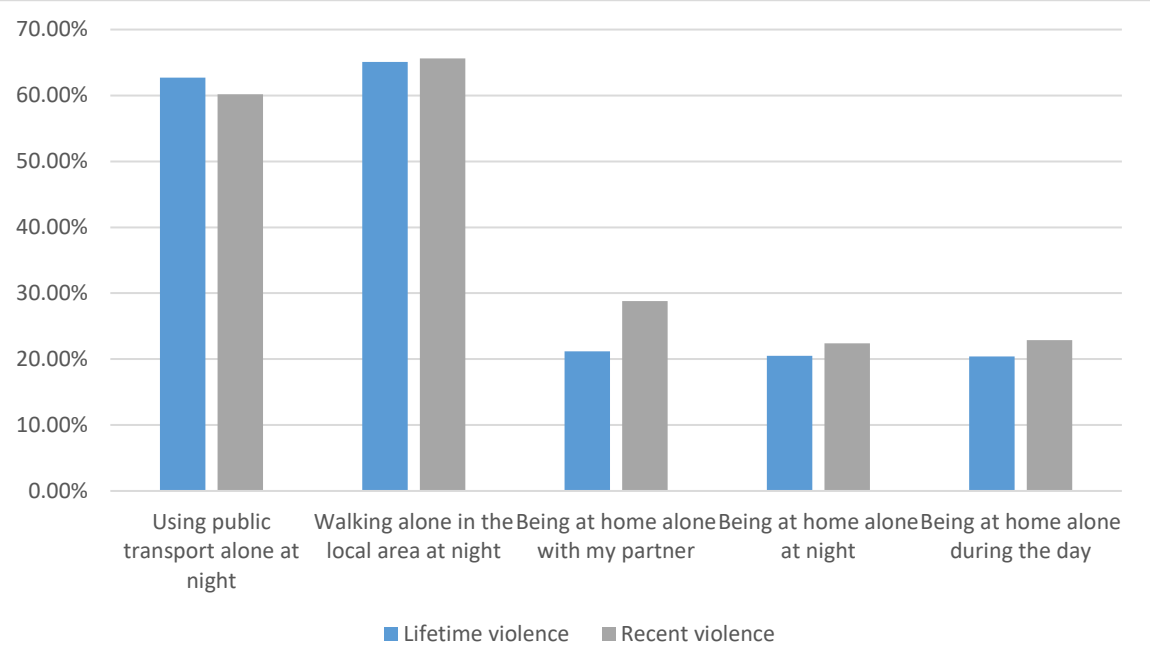


Figure 9 Proportion of respondents who experienced lifetime (n = 2278) or recent violence (n = 307) and avoided five situations due to feeling unsafe

[16] The size of this effect was small (Phi = 0.11, p<.05) and was based on only a small number of cases within the sample (n = 312).

3.2.2.5. MULTIVARIATE PREDICTORS OF VIOLENCE

To determine which of the factors discussed in the proceeding sections contributed unique variance to the prediction of lifetime and recent violence, two hierarchical logistic regressions were conducted with experience of violence (no versus yes) as the outcome variable. Demographic factors (age, sex, education, and geographic location) were entered in the first step[17], alcohol and drug use variables were entered in the second step, and interaction terms (with sex) were entered in the third step.

Lifetime violence. As shown in Table 31, in the fully adjusted model (Step 3), low and high substance dependency levels remained significant predictors of lifetime violence, with ORs increasing to 2.93 (95%CI = 2.01-4.27) and 7.06 (95%CI = 2.01-24.81), respectively. The only significant interaction was between HED and Sex. Sex also became a significant independent predictor. Taken together, while males were significantly less likely to report lifetime violence (OR = 0.78, 95%CI = 0.69-0.92), HED increased males' likelihood of lifetime violence, but not females likelihood of lifetime violence (OR = 1.47, 95%CI = 1.07-2.03)(see Figure 10 below).

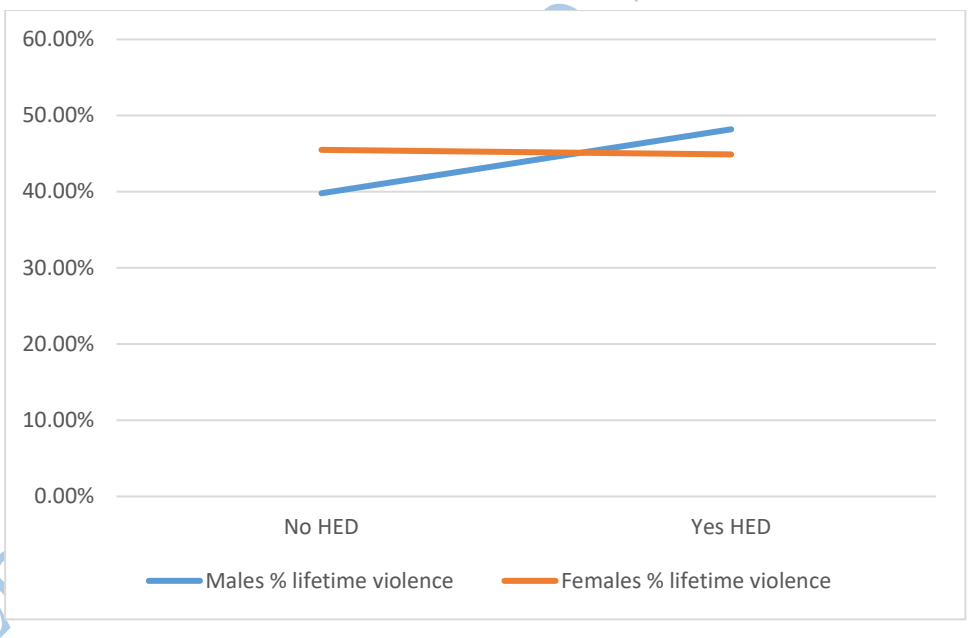


Figure 10 Interaction effect of HED on experience of lifetime violence for males versus females

Overall the model accounted for 4-6% of the variance associated with lifetime violence (Cox & Snell R Square = 0.05; Nagelkerke R Square = 0.06). The classification of participants was biased towards no experience of lifetime violence, with 76.5% of respondents who did not and 38.7% of those who did experience lifetime violence correctly classified.

[17] Household income was not included in these analyses as a control due to high levels of missing data on this variable (n = 536).

Recent violence. As shown in Table 32, age was significantly associated with recent violence at each step. In the fully adjusted model (Step 3), respondents aged 18-25 years were 6 times more likely to report recent violence compared to respondents aged 66 years and older (OR = 6.03, 95%CI = 3.62-10.04). The odds of violence decreased across age groups. No other demographic factors were significant at any step.

The addition of substance use variables at Step 2[18] added significant variance to the model ($\chi^2_(11, 4932_) = 34.46$, p<.001), however, only illicit drug use uniquely predicted recent violence. Illicit drug users were 2.8 times likely than non-users to report recent violence (OR = 2.83, 95%CI = 1.27-31.53, p<.001). The addition of interaction effects between drug use and sex at Step 3 added no significant variance to the model ($\chi^2(3, 4932_) = 12.76$, p>.05); however, the addition of the interaction effects increased the odds ratio associated with illicit drug use from 2.83 to 3.55 (95%CI = 2.28-5.53, p<.001).

While the fully adjusted model added significant variance to the prediction of recent violence ($\chi^2_(17, 4932_) = 166.97$, p<.001), the model correctly classified 100% of respondents who did not report recent violence but 0% of respondents who did report recent violence. The final variance accounted for by the model ranged 3-9% (Cox & Snell R Square = 0.03; Negelkerke R Square = 0.09).

[18] Given the low number (n = 20) of respondents classified with a high level of illicit drug dependency (see 3.2.2.3.2) among those who experienced recent violence, only illicit drug use (yes versus no) was included in the model predicting recent violence.

Table 31 Hierarchical logistic regression model predicting experience of lifetime violence

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Age (years)												
18-25[a]												
26-35	0.12	1.11	1.13	0.90-1.40	0.15	1.71	1.16	0.93-1.45	0.14	1.51	1.15	0.92-1.44
36-50	0.32	10.57	1.38***	1.13-1.67	0.40	15.76	1.49***	1.22-1.81	0.38	14.56	1.47***	1.21-1.79
51-65	0.30	11.63	1.35***	1.14-1.61	0.42	20.43	1.52***	1.27-1.82	0.39	17.83	1.48***	1.23-1.78
66+	-0.30	9.68	0.74**	0.61-0.89	-0.15	2.18	0.86	0.70-1.05	-0.17	2.90	0.84	0.69-1.03
Male	-0.05	0.75	0.95	0.84-1.07	-0.07	1.16	0.93	0.83-1.06	-0.24	8.76	0.78**	0.69-0.92
Born outside Australia	-0.17	6.40	0.84*	0.73-0.96	-0.16	5.57	0.85*	0.74-0.98	-0.16	5.21	0.85*	0.74-0.98
Never been in a relationship	-0.68	29.20	0.51***	0.39-0.65	-0.62	23.57	0.54***	0.42-0.69	-0.61	23.16	0.54***	0.42-0.69
Highest level of education												
Year 11 or below	-0.07	0.86	0.93	0.78-1.10	-0.10	1.44	0.90	0.76-1.07	-0.11	1.61	0.89	0.75-1.06
Year 12 or equivalent	-0.16	3.85	0.85	0.72-1.00	-0.17	4.07	0.84*	0.71-0.99	-0.18	4.64	0.83*	0.70-0.98
Vocational qualification	0.24	10.19	1.27***	1.10-1.48	0.24	9.60	1.27**	1.09-1.47	0.24	9.63	1.27**	1.09-1.47
Tertiary qualification[a]												
Resides in regional location	0.22	9.69	1.25**	1.09-1.44	0.21	8.80	1.24**	1.08-1.43	0.21	8.68	1.24**	1.07-1.43
HED					0.08	0.83	1.08	0.91-1.28	-0.14	1.36	0.87	0.68-1.10
Hazardous drinker					-0.08	0.90	0.93	0.79-1.08	-0.12	1.29	0.88	0.71-1.09
No illicit drug use[a]												
Low severity dependency					0.92	38.62	2.52***	1.88-3.38	1.07	31.37	2.93***	2.01-4.27
High severity dependency					1.47	14.59	4.35***	2.04-9.27	1.95	9.28	7.06**	2.01-24.81
HED*Male									0.39	5.57	1.47*	1.07-2.03
Hazardous*Male									0.11	0.54	1.12	0.82-1.53
Low severity dependency*Male									-0.25	0.68	0.78	0.43-1.41
High severity dependency*Male									-0.78	0.94	0.46	0.09-2.22

Notes. *p<.05 **p<.001 ***p<.001 [a]Reference category OR=Odds Ratio 95% CI = 95% Confidence Interval for odds ratio

Table 32 Hierarchical logistic regression model predicting experience of recent violence

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Age												
18-25	1.86	55.25	6.40***	3.92-10.44	1.78	46.96	5.96***	3.57-9.92	1.78	47.66	6.03***	3.62-10.04
26-35	1.59	34.59	4.91***	2.89-8.34	1.54	30.23	4.67***	2.70-8.10	1.55	30.52	4.71***	2.72-8.15
36-50	1.20	20.93	3.32***	1.99-5.56	1.18	19.76	3.27***	1.94-5.52	1/19	19.90	3.30***	1.95-5.56
51-65	0.58	4.76	1.78*	1.06-2.99	0.57	4.59	1.77*	1.05-2.97	0.57	4.61	1.77*	1.05-2.98
66+[a]												
Male	-0.11	0.81	0.89	0.69-1.14	-0.07	0.32	0.93	0.72-1.20	-0.15	0.63	0.86	0.59-1.24
Born outside Australia	-0.24	2.32	0.79	0.58-1.07	-0.20	1.57	0.82	0.60-1.12	-0.19	1.48	0.82	0.60-1.13
Not in a current relationship	-0.11	0.67	0.89	0.68-1.17	-0.10	0.54	0.90	0.69-1.18	-0.09	0.45	0.91	0.69-1.19
Highest level of education												
Year 11 or below	-0.30	2.15	0.74	0.49-1.11	-0.33	2.48	0.72	0.48-1.08	-0.33	2.50	0.72	0.48-1.08
Year 12 or equivalent	-0.02	0.02	0.98	0.7101.35	-0.01	0.00	1.01	0.73-1.39	-0.01	0.00	0.99	0.72-1.34
Vocational qualification	-0.06	0.14	1.06	0.7801.45	-0.07	0.17	1.07	0.78-1.46	0.06	0.15	1.07	0.78-1.45
Tertiary qualification[a]												
Resides in regional location	0.11	0.50	1.11	0.83-1.50	-0.08	0.30	1.09	0.80-1.47	0.08	0.28	1.09	0.80-1.47
HED					-0.24	1.71	0.78	0.54-1.13	-0.46	3.54	0.63	0.39-1.02
Hazardous drinker					0.30	2.89	1.35	0.95-1.92	0.36	2.53	1.43	0.92-2.23
Illicit drug use (yes)					1.04	33.07	2.84***	1.99-4.05	1.27	31.53	3.55***	2.28-5.53
HED*Male									0.45	1.53	1.56	0.77-3.17
Hazardous*Male									-0.11	0.10	0.89	0.45-1.78
Illicit drug use*Male									-0.57	2.08	0.57	0.26-1.23

Notes. *p<.05 **p<.001 ***p<.001 [a]Reference category OR=Odds Ratio 95% CI = 95% Confidence Interval for odds ratio

3.2.3. MOST RECENT VIOLENT INCIDENT

This section presents findings related to respondents' most recent experience of violence.

Of the 2,278 respondents who indicated lifetime violence, 41.8% of the most recent incidents were IPV and 13.1% were FV. Of the incidents that involved an intimate partner, 42.5% involved a current and 57.5% an ex-partner. In total, 54.9% of incidents involved a (current or ex-) partner or other family member. Incidents with persons other than intimate partners or family members (e.g., friends, acquaintances, teachers, employers, co-workers) were classified as 'Other violence'.

3.2.3.1. DEMOGRAPHICS

Demographic characteristics of respondents who reported IPV, FV and Other incident types at the most recent experience are presented in the table below.

Table 33 Sample characteristics according to most recent incident type (n = 2278)

	IPV % (n)	FV % (n)	Other % (n)	IPV vs FV	IPV vs Other	FV vs Other
All	41.8 (952)	13.1 (299)	45.1 (1027)			
Age M (sd)	47.97 (16.67)	44.11 (18.94)	48.13 (18.24)	**	ns	***
Age group (years)						
18-25	16.2 (154)	29.4 (88)	20.0 (205)	***	*	***
26-35	10.3 (98)	9.7 (29)	11.5 (118)	ns	ns	ns
36-50	23.8 (227)	18.4 (55)	16.0 (164)	*	***	ns
51-65	34.3 (327)	27.1 (81)	32.5 (334)	*	ns	ns
66 +	15.3 (146)	15.4 (146)	20.1 (206)	ns	**	ns
% Female[a] (yes)	76.0 (720)	65.6 (196)	28.0 (736)	***	***	***
Born in Australia	78.9 (751)	75.6 (226)	75.6 (776)	ns	ns	ns
Aboriginal/Torres Strait	2.5 (24)	2.7 (8)	2.7 (28)	ns	ns	ns
Highest level of education						
Year 11 or below	22.7 (216)	14.4 (43)	14.9 (153)	**	***	ns
Year 12 or equivalent	16.1 (153)	23.7 (71)	17.3 (178)	ns	ns	ns
Vocational	29.9 (285)	26.8 (80)	27.7 (284)	ns	ns	ns
Tertiary qualification	31.3 (298)	35.1 (105)	40.1 (412)	ns	***	ns
Gross annual household income (000s)						
$25 or less	20.1 (180)	17.1 (44)	12.7 (119)	ns	***	ns
$25-$50	33.3 (298)	28.8 (74)	29.6 (278)	ns	ns	ns
$50-$100	29.8 (266)	35.4 (91)	35.6 (334)	ns	**	ns
$100 +	16.8 (150)	18.7 (48)	22.1 (207)	ns	**	ns
In a current relationship	67.2 (640)	72.2 (216)	71.8 (737)	ns	*	ns
Residential location						
Western Australia	9.2 (87)	10.1 (30)	10.3 (106)	ns	ns	ns
New South Wales	26.2 (249)	25.5 (76)	23.8 (244)	ns	ns	ns
Tasmania	6.2 (59)	4.0 (12)	4.6 (47)	ns	ns	ns
Victoria	20.2 (192)	22.5 (67)	23.7 (243)	ns	*	ns
Northern Territory	1.2 (11)	1.3 (4)	1.9 (19)	ns	ns	ns
South Australia	9.9 (94)	9.1 (27)	11.6 (119)	ns	ns	ns

	IPV % (n)	FV % (n)	Other % (n)	IPV vs FV	IPV vs Other	FV vs Other
Australian Capital Territory	1.3 (12)	1.3 (4)	1.3 (13)	ns	ns	ns
Queensland	24.8 (236)	23.8 (71)	20.4 (209)	ns	*	ns
From a regional location (yes)	25.6 (241)	18.9 (55)	23.4 (234)	*	ns	Ns
SEIFA disadvantage index[b,c]						
1	21.7 (206)	18.1 (54)	22.1 (227)	ns	ns	ns
2	23.7 (225)	21.5 (64)	21.6 (221)	ns	ns	ns
3	18.8 (179)	21.1 (63)	18.5 (190)	ns	ns	ns
4	23.3 (212)	21.1 (63)	19.9 (204)	ns	ns	ns
5	13.5 (128)	18.1 (54)	17.9 (183)	*	**	ns

Notes. *p<.05 **p<.01 ***p<.001 ns=non-significant (p>.05) [a]Respndents who identified as transgender (n=14) and other (n=3) were excluded from this analysis. [b]Excludes 5 respondents who declined to provide their postcode; [c]SEIFA quintiles range in descending order of disadvantage where 1= areas of most disadvantage and 5= areas of least disadvantage.

Intimate Partner Violence vs. Family Violence. Respondents who reported FV at the most recent incident were significantly younger (*M* = 44 years) than those who reported IPV (*M* = 48 years), p<.01. This age difference was also reflected in the finding that 18-25 year olds comprised almost twice the proportion of respondents who reported FV (29.4%) compared to IPV (16.2%, Phi = .14, p<.001,). Similarly, significantly greater proportions of older age groups (36-50 and 51-65 age groups) were represented among those reporting IPV compared to FV (Phi = .06, p<.05; Phi = .07, p<.05,).

Significantly more females than males reported either IPV or FV. A significantly greater proportion of those who experienced IPV reported their highest level of education was Year 11 or below (22.7%) compared to those who experienced FV (14.4%, p<.01, Phi = .09). Finally, a significantly greater proportion of those reporting IPV were from regional locations (25.6%) compared to those reporting FV (18.9%; p<.05, Phi = .07). A significantly smaller proportion of those who reported IPV (13.5%) were located in areas of least disadvantage (5th SEIFA quintile) compared to those reporting FV (18.1%; p<.05, Phi = 0.06).

In summary, these differences indicate that respondents who experienced an IPV compared to a FV incident were more likely to be older females with a low level of education who resided in regional Australia. Nevertheless, the effect sizes indicated that these differences were small, accounting for approximately 5-14% in the variance in the experience of IPV versus FV.

Intimate Partner Violence vs. Other Violence. There was no mean age difference between respondents who reported an IPV incident compared to other violence incident. However, a greater proportion of 36-50 year olds reported IPV (23.8%) compared to other violence (16.0%; p<.001, Phi = .10); while smaller proportions of 18-25 year olds (16.2%; p<.05, Phi = -.05) and those aged 66 years and older (15.3%; p<.01, Phi = -.06) reported IPV compared to other violence (20.0%; 20.1%, respectively). A significantly greater proportion of respondents who reported other violence

were male (72.0%) compared to those who reported IPV (24.0%; p<.001, Phi = .48). Sex accounted for 48% of the variance associated with the incident type. Respondents who reported IPV were less educated and reported lower household incomes, with a significantly greater proportion of respondents reporting IPV within the lowest educational bracket (Year 11 or below, 22.7% vs 14.9%; p<.001, Phi = .10) and household income category ($25,000 or below, 20.1% vs 12.7%; p<.001, Phi = .10). Conversely, a significantly greater proportion of respondents who reported other violence were within the highest educational bracket (tertiary, 40.1% vs 31.3%; p<.001, Phi = -.09) and household income category ($100,001+, 22.1% vs 16.8%; p<.01, Phi = -.07). Significantly fewer Victorians reported IPV compared to other violence (20.2% vs 23.7%; p<.05, Phi = -.05), while significantly more Queenslanders reported IPV than other violence (24.8% vs 20.4%, p<.05, Phi = .05). The size of these effects however were small. Finally, those who reported IPV were significantly less likely to be in a current relationship than those who reported other violence (67.2% vs 71.8%, p<.05, Phi = .05).

Family Violence vs. Other Violence. There were few significant differences between respondents who reported FV compared to other violence. Respondents who reported FV were significantly younger (M = 44.11 years) than those who reported other violence (*M* = 48.13 years, p<.001); accordingly 29.4% of those who reported FV were aged 18-25 years compared to 20.0% of those who reported other violence (p<.001, Phi = .09). Like IPV, respondents who reported FV were significantly less likely to be male, 34.4% of respondents who reported FV compared to 72.0% of those who reported other violence were male (p<.001, Phi = .33).

Age and sex differences. For IPV only, there was a significantly higher proportion of women from regional locations compared to metropolitan locations (82.0% vs 74.2%, OR = 1.59, 95%CI = 1.09-2.30). As shown in Figure 11 the proportion of respondents reporting IPV, FV, and other violence who were female decreased with increasing age group.

Table 34 presents characteristics of the most recent IPV, FV and other violence incidents.

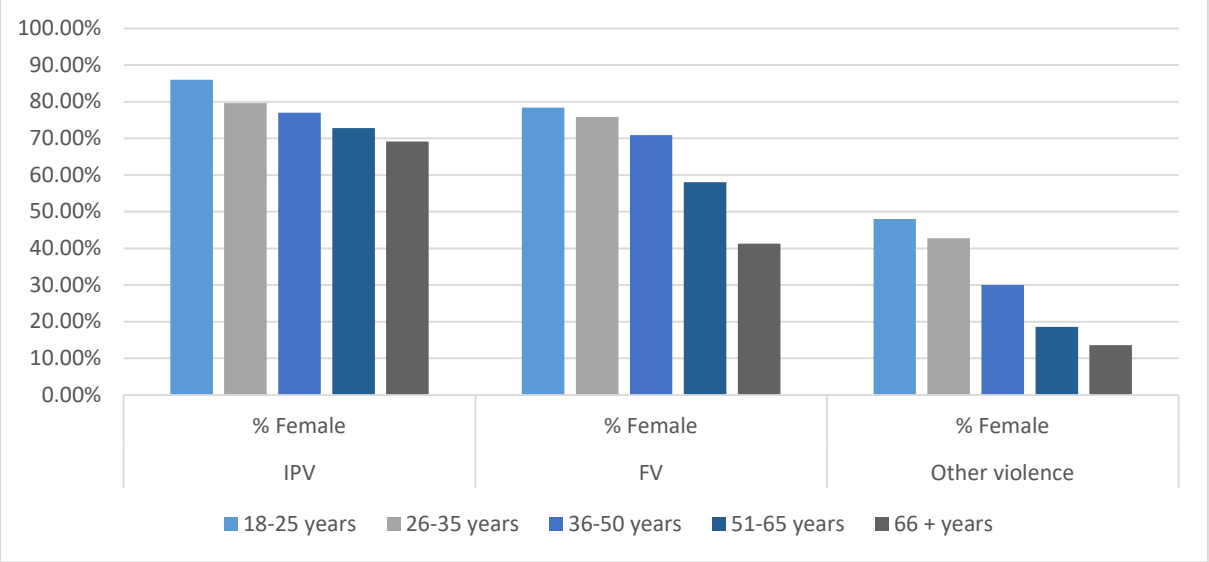


Figure 11 Proportion of respondents reporting IPV, FV, and other violence who were female

Table 34 Incident characteristics according to most recent incident type (n = 2278)

	IPV % (n)	FV % (n)	Other % (n)	Significance		
				IPV vs FV	IPV vs Other	FV vs Other
Time since incident						
Less than 1 mth	9.1 (87)	10.4 (31)	4.6 (47)	ns	***	***
1 mth- 6 mth	8.8 (84)	4.0 (12)	6.3 (65)	**	*	ns
6 mth - 12 mth	6.1 (58)	3.3 (10)	7.2 (74)	ns	ns	*
1 year or more	75.9 (723)	82.3 (246)	81.9 (841)	*	***	ns
Experienced similar incidents before (yes)	79.9 (761)	75.6 (226)	38.2 (392)	ns	***	***
Involve more than 1 other person (yes)	11.4 (108)	28.8 (86)	38.2 (392)	***	***	**
Location						
My home	75.5 (719)	61.2 (183)	11.2 (115)	***	***	***
Perpetrators home	9.6 (91)	17.7 (53)	2.3 (24)	***	***	***
Another person's home	3.6 (24)	12.4 (37)	5.1 (52)	***	ns	***
Outdoors	3.8 (36)	3.7 (11)	27.1 (278)	ns	***	***
My workplace	0.9 (9)	1.0 (3)	19.6 (201)	ns	***	***
Inside licensed premise	0.6 (6)	0.7 (2)	7.4 (76)	ns	***	***
Outside licensed premise	0.5 (5)	0 (0)	7.4 (76)	ns	***	***
In a private vehicle	3.2 (30)	0.7 (2)	2.9 (30)	*	ns	*
Public transport	0.2 (2)	0.3 (1)	4.3 (44)	ns	***	***
Sporting venue	0.1 (1)	0 (0)	1.9 (19)	ns	***	*
School/university	0.2 (2)	0.3 (1)	4.8 (49)	ns	***	***
Online/over phone	0.7 (7)	1.0 (3)	0.9 (9)	ns	ns	ns
Other	1.1 (10)	1.0 (3)	5.3 (54)	ns	***	***
Type of violence						
Physical	48.8 (465)	46.2 (138)	50.0 (514)	ns	ns	ns

	IPV % (n)	FV % (n)	Other % (n)	Significance		
				IPV vs FV	IPV vs Other	FV vs Other
Sexual	10.0 (95)	9.7 (29)	7.5 (77)	ns	ns	ns
Verbal	72.2 (687)	62.2 (186)	43.4 (446)	***	***	***
Intimidation	42.2 (402)	29.1 (87)	27.8 (286)	***	***	ns
Unwanted sexual attention	7.1 (68)	4.3 (13)	6.0 (62)	ns	ns	ns
Psychological/controlling	3.2 (30)	2.0 (6)	0.3 (3)	ns	***	**

Note. *p<.05 **p<.01 ***p<.001 ns=non-signifiant.

Time since most recent incident. Compared to Other violent incidents, IPV and FV were significantly more likely to have occurred in the past month (p<.001, Phi = .09; p<.001, Phi = .10). For IPV and Other incidents, there were significant age-group by time since incident interactions, with a general trend for an increase in the time since incident across age group (p<.001, Phi = .34; p<.001, Phi = .34). Figure 12 displays this effect for IPV. For 18-25 year olds, 50% of IPV incidents occurred in the past 12 months compared to 13.0% of IPV incidents reported by respondents aged 66 years and older.

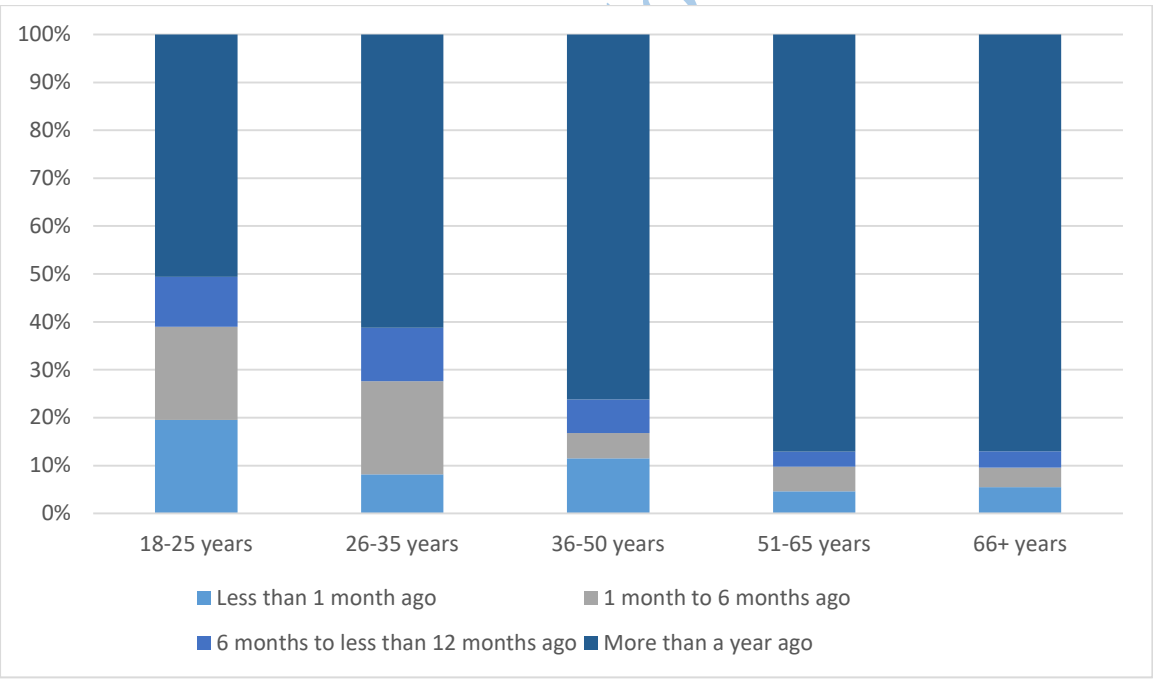


Figure 12 Time since most recent IPV incident according to age group (n = 2278)

Other person/s. Respondents who reported IPV or FV as the most recent incident were significantly more likely to have previously experienced similar incidents with the same person(s) (p<.001, Phi = .42; p<.001, Phi = .31) compared to respondents who reported other violence.

Further, IPV and FV incidents were significantly less likely to involve more than one other person (other than the respondent) compared to other violent incidents (p<.001, Phi = .31; p<.01, Phi = .08). When compared to FV, IPV incidents were significantly less likely to involve more than one other person, with 11.8% of IPV and 28.8% of FV incidents involving at least two other persons (p<.001, Phi = -.20).

Location of most recent incident. IPV (p<.001, phi=.65; p<.001, phi=.15) and FV (p<.001, phi=.50; p<.001, phi=.27) incidents were significantly more likely to occur at the home of respondents or perpetrators compared to other violence incidents. While IPV was more likely to occur at the respondent's home than FV (p<.001, Phi = -.14), FV was more likely to occur at the home of a perpetrator (p<.001, Phi = .11) or another person (p<.001, Phi = .16). In contrast, other violence incidents were significantly more likely to occur at public locations (ps range from <.05 to .001). Figure 13 displays the proportion of IPV, FV and other violence incidents that occurred at each of 13 locations.

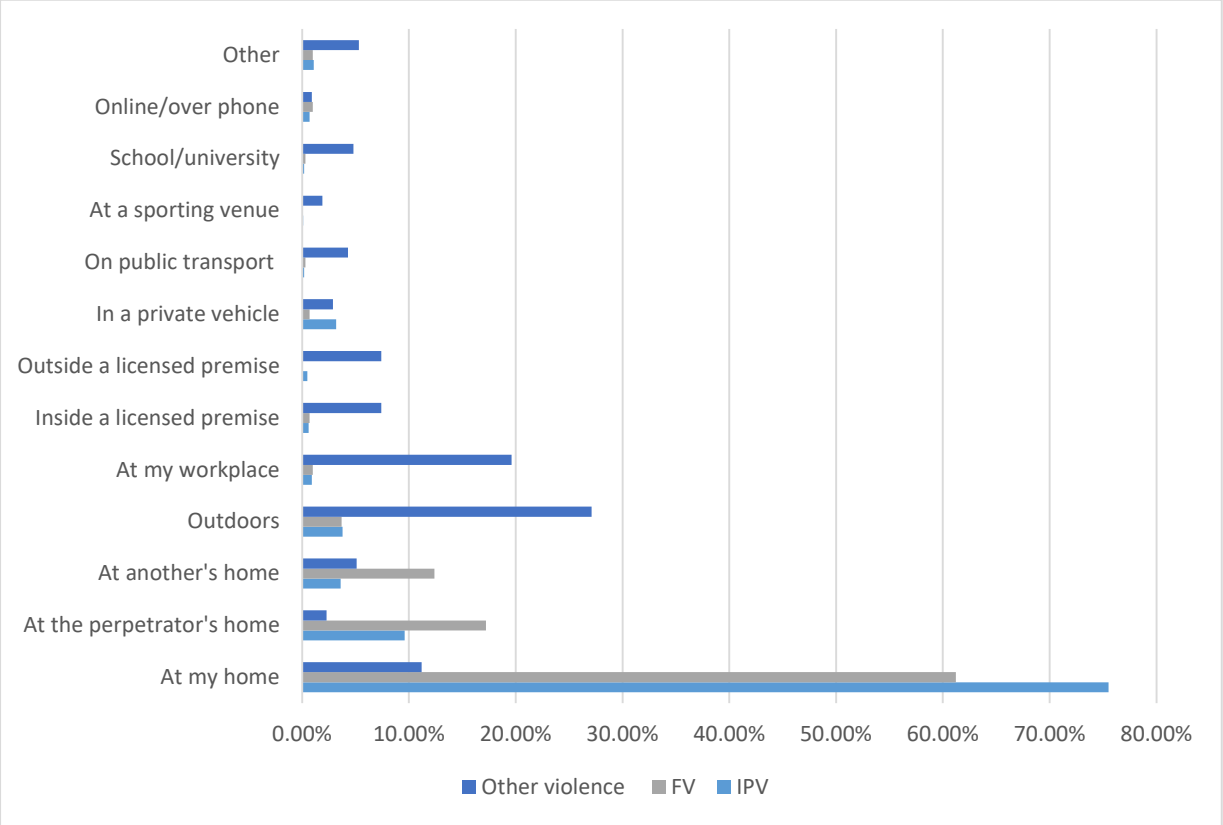


Figure 13 Proportion of most recent IPV, FV and Other incidents that occurred in 13 locations (n = 2278)

Type of violence at most recent incident. As shown in the bottom of Table 34 and in Figure 14 below, there were similar trends in the type of violence experienced at the most recent incident, regardless of incident type. The most frequently reported behaviours were physical and verbal

violence, while sexual violence, unwanted sexual attention, and psychological violence/controlling violence were least frequently reported. There were no significant differences in the proportion of respondents reporting IPV, FV and other violence incidents who experienced physical violence, sexual violence, and unwanted sexual attention (p>.05). However, IPV and FV incidents were more likely to involve verbal violence compared to other violence (p<.001, Phi = .29; p<.001, Phi = .16). In addition, intimidation was more frequently reported in relation to IPV compared to both FV and other violence (p<.001, Phi=-.11; p<.001, Phi = .15). Psychological/controlling behaviours were more frequently reported in relation to IPV and FV compared to other violence (p<.001, Phi = .11; p<.001, Phi = .09) incidents.

As shown in

Table 35 below, the females who experienced IPV incidents at their most recent incident were significantly more likely than males to report physical violence, sexual violence, intimidation, and unwanted sexual attention. Females who reported FV at their most recent incident were significantly more likely to report sexual violence and significantly less likely to report physical violence.

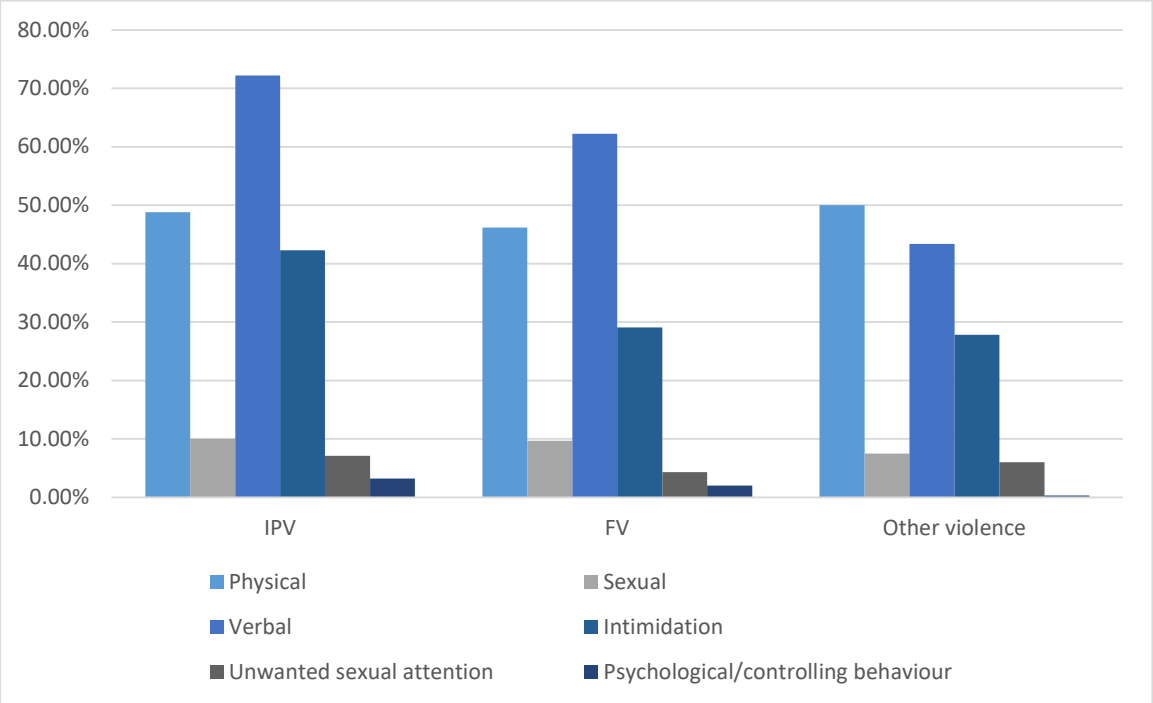


Figure 14 Type of violence experienced at the most recent IPV, FV, and other violence incidents (n = 2278)

Table 35 Proportion of females and males reporting IPV and FV at the most recent incident by type of violence experienced (n = 1246)

	IPV		FV	
	% of females	% of males	% of females	% of males
Physical	51.1 (368)	41.9 (95)*	41.3 (81)	55.3 (57)*
Sexual	11.1 (80)	4.8 (11)**	12.8 (25)	3.9 (4)*
Verbal aggression	72.9 (525)	70.9 (161)	65.8 (129)	55.3 (57)
Intimidation	49.2 (354)	20.3 (46)***	31.6 (62)	24.3 (25)
Unwanted sexual attention	8.6 (62)	2.2 (5)***	5.6 (11)	1.9 (2)[a]
Psychological/controlling behaviour	3.6 (26)	1.8 (4)	2.6 (5)	1.0 (1)[a]

Notes. *p<.05; **p<.01; ***p<.001 [a]Analysis contains cells with expected count <5, Fisher's Exact Test is reported.

3.2.3.2. RESPONDENT AND OTHER PERSON(S) BEHAVIOUR

Behaviours of persons involved in the most recent are shown in Table 36[19].

Table 36 Behaviours of persons involved in the most recent incident (n =2278)

	IPV % (n)	FV % (n)	Other % (n)	Significance level		
				IPV vs FV	IPV vs Other	FV vs Other
Nature of violence						
Assault	19.0 (181)	22.7 (68)	29.5 (303)	ns	***	*
Threat	48.3 (460)	47.8 (143)	50.4 (518)	ns	ns	ns
Assault and threat	32.7 (311)	29.4 (88)	20.1 (206)	ns	***	***
Violence instigator[a]						
Respondent	7.2 (65)	2.8 (8)	2.9 (28)	**	***	ns
Other person(s)	88.7 (803)	96.5 (275)	95.4 (922)	***	***	ns

[19] There are several reasons why we chose not to categorise participants as either victims or perpetrators of the most recent incident they experienced. Firstly, we only obtained reports of experiences of violence from the respondent, without obtaining descriptions of the same incident with the other person(s) involved to verify the respondents account. Whilst the survey was anonymous, we recognise the highly subjective nature of recounting a violent experience, especially those relating to FV and IPV. Furthermore, the questions that could be used to categorise victimisation and perpetration only refer to violence of a physical (i.e., "Did you hit the other person(s)? and 'Were you hit by the other person(s)?') or verbal (e.g., 'Did you yell or swear at the other person(s)?' and 'Were you yelled or sworn at by the other person(s)') nature, and thus do not capture more covert types of violence or behaviours that cannot be characterised as a specific "incident" (e.g., controlling behaviours over extended periods of time). Indeed, 73 of respondents who reported IPV answered 'no' to perpetrating or being the victim of all four of the behaviours listed. The question, 'Who instigated (started) the most recent incident?' was also deemed an unreliable (i.e. highly subjective) classification tool with 92.8% of respondents indicating the 'other person(s)' instigated the incident, 4.7% of respondents indicating they instigated the incident, and 1.1% of respondents indicating it was instigated mutually. Finally, we have only questioned respondents about their *most recent* violent experience, and thus we cannot infer that such an incident is indicative of a pattern of behaviours.

	IPV % (n)	FV % (n)	Other % (n)	Significance level		
				IPV vs FV	IPV vs Other	FV vs Other
Mutual	4.1 (37)	0.7 (2)	1.7 (16)	**	**	ns
Violent actions						
Victim physical violence	43.1 (210)	42.5 (127)	39.9 (410)	ns	ns	ns
Perpetrate physical violence	10.7 (102)	9.4 (28)	17.8 (183)	ns	***	***
Victim verbal aggression	86.3 (822)	83.6 (250)	75.5 (777)	ns	***	**
Perpetrate verbal aggression	48.5 (462)	33.8 (101)	29.6 (304)	***	***	ns
Retaliate	39.7 (378)	32.8 (98)	35.8 (368)	*	ns	ns

Notes. *p<.05 **p<.01 ***p<.001 ns = non-significant. [a]122 respondents reported that they don't know/can't remember who instigated the most recent incident and were excluded from this analysis.

Nature of violence. There were no significant differences in the nature of violence experienced at IPV and FV incidents (p>.05). Other violence incidents were significantly more likely to involve assault (p<.001, Phi = -.12; p<.05, Phi = -.06), while IPV and FV were more likely to involve assault and threat p<.001, Phi = .14; p<.001, Phi = .09). Approximately 50% of all incidents were characterised as involving threatening behaviour.

Instigator of violence. There were significant differences across incident types with regards to the instigator of violence. The majority of IPV incidents (88.7%) were instigated by the other person(s) involved, and this proportion was significantly smaller than for FV (96.5%; p<.001, Phi = .11) and other violence (95.4%; p<.001; Phi = .10). Conversely, IPV incidents were more likely to be instigated by the respondent (7.2%) or mutually (4.1%) compared to both FV (2.8%; 0.7%; p<.01, Phi = -.08; p<.01, Phi = -.08;) and other violence incidents (2.9%; 1.7%; p<.001, Phi = -.12; p<.001, Phi = .07).

Violent actions. There were no significant differences in the proportion of respondents across incident type who were hit by other person(s) during the incident (p>.05); however, respondents were more likely to report that they perpetrated physical violence during other violence incidents compared to IPV (p<.001, Phi = .10) and FV (p<.001, Phi = .10) incidents. FV (p<.01, Phi = -.08) and IPV (p<.001, Phi = -.14) incidents were more likely to involve victimisation of verbal violence compared to other violence incidents. A significantly greater proportion of respondents who reported IPV perpetrated verbal violence during the incident compared to both FV (p<.001, Phi = .13) and other violence (p<.001, Phi = -.19) incidents. A significantly greater proportion of respondents of IPV incidents retaliated to provocation or assault compared to those at FV incidents (p<.05, Phi = .06), but not other violence incidents (p>.05).

Gender. Compared to females, male respondents at FV and other violence incidents were more likely to perpetrate (p<.05, Phi = .13; p<.001, Phi = .18), or be a victim of (p<.05, Phi = .06; p<.001, Phi = .18) physical violence. In contrast, there were no significant differences in the

proportion of males and females who were either perpetrators or victims of physical violence at the most recent IPV incident (p>.05). In addition, regarding IPV, males were more likely to have instigated (p<.001, Phi = -.18), and less likely to report that the other person(s) instigated (p<.001, Phi = .17) the incident. Males were also more likely to perpetrate verbal violence at IPV (p<.05, Phi = .06), but not FV or other violence (p>.05) incidents. Finally, for other violence only, males were more likely to have retaliated to the other person(s) provocation (p<.001, Phi = .11).

Table 37 Male and female respondents' reports of violent behaviours at the most recent incident (n = 2278)

	Males % (n)	**Females % (n)**	**Significance**
IPV			
Violence instigator[a]			
Respondent	15.6 (33)	4.7 (32)	***
Other person(s)	78.8 (167)	91.7 (631)	***
Mutual	5.7 (12)	67.6 (25)	ns
Were you hit by other person(s)? (yes)	39.6 (90)	44.0 (317)	ns
Did you hit the other person(s)? (yes)	12.3 (28)	10.3 (74)	ns
Were you yelled at or sworn at by the other person(s)? (yes)	83.3 (189)	87.5 (630)	ns
Did you yell or swear at the other person(s)? (yes)	56.8 (129)	46.0 (331)	**
Did you react (retaliate) to the other person(s) provocation or assault? (yes)	43.2 (98)	38.5 (277)	ns
FV			
Violence instigator[a]			
Respondent[b]	5.3 (5)	1.6 (3)	ns
Other person(s)[b]	0.0 (0)	1.1 (2)	ns
Mutual[b]	94.7 (90)	97.4 (185)	ns
Were you hit by other person(s)? (yes)	52.4 (54)	37.2 (73)	*
Did you hit the other person(s)? (yes)	14.6 (15)	6.6 (13)	*
Were you yelled at or sworn at by the other person(s)? (yes)	85.4 (88)	82.7 (162)	ns
Did you yell or swear at the other person(s)? (yes)	37.9 (39)	31.6 (62)	ns
Did you react (retaliate) to the other person(s) provocation or assault? (yes)	36.9 (38)	30.6 (60)	ns
Other violence			
Violence instigator[a]			
Respondent	3.2 (22)	2.2 (6)	ns
Other person(s)	95.4 (659)	95.6 (258)	ns
Mutual[b]	1.4 (10)	2.2 (6)	ns
Were you hit by other person(s)? (yes)	45.4 (334)	26.2 (75)	***
Did you hit the other person(s)? (yes)	22.0 (162)	7.0 (20)	***
Were you yelled at or sworn at by the other person(s)? (yes)	77.3 (569)	71.3 (204)	*
Did you yell or swear at the other person(s)? (yes)	30.7 (226)	25.9 (74)	ns
Did you react (retaliate) to the other person(s) provocation or assault? (yes)	39.0 (287)	27.3 (78)	***

Notes. *p<.05 **p<.01 ***p<.001 ns = non-significant [a]122 respondents reported that they don't know/can't remember who instigated the most recent incident and were excluded from this analysis. [b]Analyses include cells with expected count <5, Fisher's Exact Test is reported.

3.2.3.3. INJURIES

Of the 2,278 respondents who reported lifetime violence, 23.4% (n = 534) received an injury at the most recent incident. IPV was significantly more likely to lead to an injury compared to FV incidents; respondents sustained an injury in 25.6% of IPV and 18.7% of FV incidents (p<.05, Phi = .07). There was no significant difference between IPV and other violence, and FV and other violence in the proportion of respondents reporting an injury (25.6% vs 22.8%; 18.7% vs 22.8%, p>.05). Table 28 compares the nature of injuries received at IPV, FV and other violence incidents. Overall, respondents reported the lowest incidence of physical injury at FV incidents (17.4%); significantly lower than the proportion reported at IPV (24.6%, p<.01, Phi = -.07), but not other violence (20.8%, p>.05) incidents. A similar proportion of psychological/emotional injuries were sustained at IPV (15.5%) and FV (11.0%) incidents. In contrast, a significantly smaller proportion of other violence (8.1%) than IPV incidents led to psychological/emotional injuries (p<.001, Phi = .12). The incidence of penetrative injuries (e.g., gunshot wound, stab wound), broken teeth, and miscarriage were too low to allow sufficient power to detect differences between IPV, FV, and Other violence.

Table 38 Injuries received according to the most recent incident type (n = 2278)

				Significance		
	IPV % (n)	**FV % (n)**	**Other violence % (n)**	**IPV vs FV**	**IPV vs Other**	**FV vs Other**
Bruises	21.8 (208)	15.4 (46)	16.0 (164)	*	***	ns
Cuts	8.7 (83)	5.0 (15)	8.5 (87)	*	ns	*
Penetrative injury	1.1 (10)	0.7 (2)	1.8 (18)	ns[b]	ns	ns[b]
Broken teeth	1.1 (10)	0.7 (2)	1.4 (14)	ns[b]	ns	ns[b]
Fractured/broken bones	3.7 (35)	1.7 (5)	4.6 (47)	ns	ns	*
Miscarriage[a]	1.1 (10)	0.0 (0)	0.0 (0.0)	ns[b]	ns[b]	-
Other physical[c]	0.9 (9)	0.7 (2)	1.0 (10)	ns	ns	ns
Psychological/emotional	15.5 (148)	11.0 (33)	8.1 (83)	ns	***	ns

Notes. *p<.05 **p<.01 ***p<.001 ns = non-significant; [a]women only; [b] analyses include cells with expected count <5, Fisher's Exact Test is reported; [c] includes concussions, damage to eye sight, hearing.

A significantly greater proportion of respondents sought medical attention for an injury received at other violence incident (59.4%) compared to both IPV (38.1%; p<.001, Phi = .21) and FV (25.0%; p<.001, Phi = .27) incidents.

Table 39 Injuries received according at IPV and FV incidents by sex (n=1246)

	IPV		**FV**	
	% of females (n)	**% of males (n)**	**% of females (n)**	**% of males (n)**
Any injury	27.6 (199)	19.4 (44)*	16.3 (32)	23.3 (24)
Physical injury	26.9 (194)	17.2 (39)**	14.8 (29)	22.3 (23)

	IPV		FV	
	% of females (n)	**% of males (n)**	**% of females (n)**	**% of males (n)**
Psychological/emotional injury	17.5 (126)	9.7 (22)**	9.7 (19)	13.6 (14)

Notes. *p<.05 **p<.01 ***p<.001ns = non-significant

3.2.3.4. WITNESSES

Just over half of all recent incidents (51.5%, n = 1174) were witnessed by one or more persons. Overall, a significantly greater proportion of FV (61.9%) and other violence (64.9%) incidents were witnessed by other person/s compared to IPV incidents (34.7%; p<.001, Phi = .24; p<.001, Phi = -.29). As shown in Table 40, children were more likely to witness IPV than either FV (p<.001, Phi = -.11) or other violence (p<.001, Phi = .17) incidents. Conversely, other family members were more likely to witness FV than either IPV (p<.001, Phi = -.51) or other violence (p<.001, Phi = .47) incidents. Strangers, friends/acquaintances, and work colleagues were more likely to witness other violence incidents than either IPV (p<.001, Phi = -.30; p<.001, Phi = -.24; p<.001, Phi = -.18) or FV (p<.001, Phi = -.24; p<.001, Phi = -.23; p<.001, Phi = -.13) incidents.

For IPV only, a significantly greater proportion of witnessed incidents resulted in an injury (37.0%) compared to incidents not witnessed by at least one other person (19.6%; Phi = -.19). An injury was sustained in 37.3% of IPV incidents witnessed by children.

Table 40 Witnesses to the most recent incident (n = 2278)

				Significance		
Witness	**IPV % (n)**	**FV % (n)**	**Other violence % (n)**	**IPV vs FV**	**IPV vs Other**	**FV vs Other**
Child/ren	19.4 (185)	10.0 (30)	7.9 (81)	***	***	ns
Other family member/s	6.7 (64)	52.8 (158)	8.7 (89)	***	ns	***
Stranger/s	5.5 (52)	4.3 (13)	28.6 (294)	ns	***	***
Friend/s/acquaintance/s	9.0 (15)	5.0 (15)	27.8 (285)	*	***	***
Work colleague	0.1 (1)	0.0 (0)	7.0 (72)	ns[a]	***	***

Notes. *p<.05 **p<.01 ***p<.001 ns = non-significant [a]Analyses include cells with expected count <5, Fisher's Exact Test is reported.

3.2.3.5. POLICE INVOLVEMENT

One in five incidents (21.6%, n = 492) were reported to police. A significantly greater proportion of other violence (26.9%) than IPV (17.5%, p<.001, Phi = -.11) and FV (16.4%, p<.001, Phi = -.10) incidents were reported to police. As shown in Table 42 female respondents who experienced IPV were significantly more likely to indicate that they reported the most recent incident to police themselves; conversely, male respondents were more likely to indicate that a family member (which may include an intimate partner) reported the incident to police. For FV, although there were no statistically significantly differences between males and females, a higher proportion of

males indicated they reported the incident to the police than females, and a higher proportion of females than males indicated a family member reported the incident to police.

Table 41 displays the proportion of incidents reported by different persons according to incident type. While incidents were most frequently reported by the respondent, regardless of incident type, there were a number of significant differences. Respondents were more likely to report IPV than FV (p<.01, Phi = -.18) and other violence (p<.05, Phi = .09) incidents, while family members were more likely to report FV than IPV (p<.01, Phi = -.20) and other violence (p<.001, Phi = .31) incidents. Finally, strangers were more likely to report other violence incidents than IPV (p<.01, Phi = -.14), but not FV (p>.05).

As shown in Table 42 female respondents who experienced IPV were significantly more likely to indicate that they reported the most recent incident to police themselves; conversely, male respondents were more likely to indicate that a family member (which may include an intimate partner) reported the incident to police. For FV, although there were no statistically significantly differences between males and females, a higher proportion of males indicated they reported the incident to the police than females, and a higher proportion of females than males indicated a family member reported the incident to police.

Table 41 Person/s responsible for reporting the most recent incident to police (n = 492)

				Significance level		
Who reported incident	**IPV % (n)**	**FV % (n)**	**Other violence % (n)**	**IPV vs FV**	**IPV vs Other**	**FV vs Other**
Respondent	71.3 (119)	51.0 (25)	62.0 (171)	**	*	ns
Family member[a]	15.6 (26)	34.7 (17)	7.2 (20)	**	**	***
Friend	4.2 (7)	0.0 (0)	10.5 (29)	ns[b]	*	*
Stranger	1.8 (2)	2.0 (1)	8.7 (24)	ns[b]	**	ns
Neighbour	3.6 (6)	10.2 (5)	3.6 (10)	ns[b]	ns	*
Someone else	3.6 (6)	2.0 (1)	8.0 (22)	ns[b]	ns	ns[b]

Notes. *p<.05 **p<.01 ***p<.001 ns = non-significant [a]includes when incident was reported by partner or family member involved in incident as well as other members of family not involved in the incident. [b]Analyses include cells with expected count <5, Fisher's Exact Test is reported.

Table 42 Person/s responsible for reporting the most recent IPV and FV incident to police by sex (n=490)

	IPV		FV	
Who reported incident	**% of females**	**% of males**	**% of females**	**% of males**
Respondent	76.9 (100)	51.4 (19)**	47.2 (17)	61.5 (8)
Family member[a]	10.8 (14)	32.4 (12)***	38.9 (14)	23.1 (3)
Friend	3.8 (5)	5.4 (2)[b]	-	-[c]
Stranger	1.5 (2)	2.7 (1)[b]	2.8 (1)	0.0 (0)[a]
Neighbour	3.8 (5)	2.7 (1)[b]	8.3 (3)	15.4 (2)[a]
Someone else	3.1 (4)	5.4 (2)[b]	2.8 (1)	0.0 (0)[a]

Notes. *p<.05 **p<.01 ***p<.001 ns = non-significant [a]includes when incident was reported by partner or family member involved in incident as well as other members of family not involved in the incident. [b]Analyses include cells with expected count <5, Fisher's Exact Test is reported. [c]Zero respondents who

reported FV at the most recent incident indicated it was reported by a friend, thus no analysis could be performed.

Police actions. Table 43 shows the actions police took at police-reported incidents (n = 492). Police actions differed by incident type. For reported IPV incidents, police most frequently issued a police order (59.9%), removed someone (47.9%), and provided information about violence (44.9%). The most frequent police actions at FV incidents were provision of information about violence (57.1%), referral to support services (46.9%), and issue of a police order (49.0%). Conversely, in relation to reported other violence incidents, police most frequently arrested (34.8%) and charged (37.7%) someone. Compared to other violent incidents, police were significantly more likely to issue a police order, provide referral to support services, provide information about violence, and organise emergency/safe accommodation following IPV (p<.001, Phi = .45; p<.001, Phi = .26; p<.001, Phi = .18; p<.001, Phi = .26) and FV (p<.001, Phi = .29; p<.001, Phi = .30; p<.001, Phi = .23; p<.01, Phi = .16) incidents. Compared to FV, IPV incidents were more likely to involve someone being arrested (p<.05, Phi = -.16), removed (p<.05, Phi = -.16), or detained (p<.05, Phi = -.16), but not charged (p>.05). Police were also more likely to attend the scene but 'take no action' for FV compared to IPV (p<.05, Phi = .17).

Of incidents reported to police, 8.8% (n = 84) of IPV, 7.7% (n = 23) of FV, and 10.6% (n = 109) of other violence incidents were subject to a court hearing (p>.05).

Table 43 Police action(s) at most recent incidents reported to police (n = 492)

				Significance level		
Police action[b]	**IPV % (n)**	**FV % (n)**	**Other violence % (n)**	**IPV vs FV**	**IPV vs Other**	**FV vs Other**
Someone was arrested	35.9 (60)	18.4 (9)	34.8 (96)	*	ns	*
Someone was removed	47.9 (80)	28.6 (14)	30.1 (83)	*	***	ns
Someone was detained	31.1 (52)	14.3 (7)	29.0 (80)	*	ns	*
Someone was charged	35.9 (60)	22.4 (11)	37.7 (104)	ns	ns	*
Issue of police order (e.g., PFVO)	59.9 (95)	46.9 (23)	14.5 (40)	ns	***	***
Referral to support services	37.7 (63)	49.0 (24)	14.9 (41)	ns	***	***
Provision of information about violence	44.9 (75)	57.1 (28)	27.2 (75)	ns	***	***
Organisation of emergency/safe accommodation	20.4 (34)	14.3 (7)	4.0 (11)	ns	***	**[c]
Attended scene, no action was taken	24.6 (41)	42.9 (21)	23.6 (65)	*	ns	**
Attended scene, perceived incident as something that 'just happened'	19.8 (33)	28.6 (14)	16.3 (45)	ns	ns	*
Other action (e.g., formal/non formal warning)	10.2 (17)	2.0 (1)	12.3 (34)	ns[c]	ns	*

Notes. *p<.05 **p<.01 ***p<.001 ns = non-significant [a]includes when incident was reported by partner or family member involved in incident as well as other members of family not involved in the incident. [b]Answer options 'no' and 'don't know' were collapsed for analyses. [c]Analyses include cells with expected count <5, Fisher's Exact Test is reported

Non-reported incidents. Overall, the most frequently reported reason for not reporting an incident to police was 'Did not regard as a serious offence' (46.4%, n = 829), followed by 'I felt I could deal with it myself' (40.9%, n = 730). Table 44 below presents the reasons incidents were not reported to police. A significantly greater proportion of IPV incidents were not reported due to shame/embarrassment, not wanting to ask for help, and respondents believing they could deal with it themselves compared to FV (p<.01, Phi = -.09; p<.001, Phi = -.10; p<.001, Phi = -.13). Cultural reasons and being too young at the time of incident were reasons more frequently cited for not reporting FV compared to IPV (p<.001, Phi = .10; p<.001, Phi = .22). Compared to other violence, a significantly greater proportion of IPV (p<.001, Phi = .19; p<.001, Phi = .15; p<.001, Phi = .15; p<.01, Phi = .08; p<.001, Phi = .16) and FV (p<.01, Phi = .08; p<.001, Phi = .16; p<.05, Phi = .07; p<.001, Phi = .12) incidents were not reported due to shame/embarrassment, not wanting the other person/s arrested, not knowing what to do, and fear of the other persons/negative consequences.

Table 44 Reasons most recent incidents were not reported to police (n = 1786)

				Significance		
Reason	**IPV % (n)**	**FV % (n)**	**Other violence % (n)**	**IPV vs FV**	**IPV vs Other**	**FV vs Other**
Shame/embarrassment	27.1 (213)	18.4 (46)	12.0 (90)	**	***	**
Did not want other person/s arrested	16.9 (133)	18.0 (45)	6.9 (52)	ns	***	***
Did not regard it as a serious offence	45.4 (356)	43.2 (108)	48.6 (365)	ns	ns	ns
Did not think the police could do anything	19.7 (155)	21.1 (53)	23.0 (173)	ns	ns	ns
Did not think the police would do anything	22.0 (173)	20.8 (52)	25.0 (188)	ns	ns	ns
Did not think I would be believed	9.4 (74)	7.6 (19)	5.7 (43)	ns	**	ns
Did not know what to do	14.5 (114)	14.0 (35)	9.3 (70)	ns	**	*
Fear of legal processes	8.4 (66)	5.2 (13)	4.8 (36)	ns	**	ns
Cultural reasons	1.9 (15)	6.0 (15)	3.2 (24)	***	ns	*
Language reasons	0.5 (4)	1.2 (3)	1.1 (8)	ns[a]	ns	ns[a]
Did not want to ask for help	15.5 (122)	7.6 (19)	6.4 (48)	***	***	ns
Felt I could deal with it myself	47.9 (376)	32.8 (82)	36.2 (272)	***	***	ns
Fear of the other person/s/other negative consequences	17.7 (139)	15.6 (39)	7.3 (55)	ns	***	***
Reported to other body	0.0 (0)	0.8 (2)	2.0 (15)	ns[a]	***	ns[a]
I was a child/too young	0.0 (0)	6.4 (16)	1.9 (14)	***[a]	***	***
Other	2.8 (22)	4.7 (35)	3.2 (8)	ns	ns	ns

Notes. *p<.05 **p<.01 ***p<.001 ns = non-significant. [a]Analyses include cells with expected count <5, Fisher's Exact Test is reported.

3.2.3.5.1. PERSON AND INCIDENT CHARACTERISTICS BY POLICE INVOLVEMENT

Respondent and incident characteristics of incidents that were reported to police (21.6%, n = 492) compared to those that were not (78.4%, n = 1786) are presented in Table 45 and Table 46.

There were few significant differences by demographic characteristics of respondents (age, location, and disadvantage) and police involvement in the most recent incident. A significantly lower proportion of 18-25 year olds reported other violence incidents to police, and a significantly lower proportion of 66 plus year olds reported IPV incidents to police. There were no significant differences between the respondents' location (regional versus metropolitan) and whether an incident was reported to police across each violence type. Finally, a significantly lower proportion of IPV incidents where respondents resided in the 5th (least disadvantaged) SEIFA quintile were reported to police.

For other violence incidents only, respondents were less likely to have experienced a similar incident in the past with the same person(s) when the incident was reported to police than when the incident was not reported to police. Across each violence type a significantly higher proportion of incidents that were reported to the police involved more than one other person (i.e. three or more people) than incidents not reported to the police. Further, across each violence type a significantly higher proportion of incidents reported to police were witnessed by children compared to incidents not reported to police.

Whether the incident was reported to police was not significantly associated with location where IPV incidents took place. For other violence, a higher proportion of incidents that were reported to the police occurred within the respondents' home than incidents that were not reported to police, and for FV a higher proportion of incidents that were reported to police took place outside than incidents not reported to the police.

IPV and other violence incidents that were reported to the police were 1.45 (95%CI = 1.03-2.05) and 1.46 (95%CI = 1.10-1.95) times, respectively, more likely to involve alcohol and 1.85 (95%CI = 1.19-2.89) and 3.76 (95%CI = 2.37-5.95) times, respectively, more likely to involve drugs than incidents that were not reported to police. FV incidents reported to police were not more likely to involve alcohol, but were significantly more likely to involve drugs (OR = 3.05; 95%CI = 1.41-6.63).

In regards to type of violence, IPV incidents reported to police were significantly more likely to involve either physical violence or intimidation, and the respondent was more likely to report any injuries, physical injuries, or psychological injuries than incidents not reported to police. FV incidents reported to the police were significantly more likely to involve intimidation and the

respondent was more likely to report any or physical injuries. Other violence incidents were significantly more likely to involve physical violence and the respondent was more likely to report any injuries, physical injuries, or psychological injuries than incidents not reported to police. Other violence incidents reported to police were significantly less likely to involve either verbal aggression or unwanted sexual attention than incidents not reported to the police.

Table 45 Respondent and incident characteristics according to police involvement at most recent incident (n = 2278)

	IPV		FV		Other violence	
	Police involved		Police involved		Police involved	
	No % (n)	Yes % (n)	No % (n)	Yes % (n)	No % (n)	Yes % (n)
Age group (years)						
18-25	16.6 (130)	14.4 (24)	28.4 (71)	34.7 (17)	21.8 (164)	14.9 (41)*
25-35	9.6 (75)	13.8 (23)	10.4 (26)	6.1 (3)	11.3 (85)	12.0 (33)
36-50	22.9 (180)	28.1 (47)	18.0 (45)	20.4 (10)	16.0 (120)	15.9 (44)
51-65	34.4 (270)	34.1 (57)	27.2 (68)	26.5 (13)	30.9 (232)	37.0 (102)
66 +	16.6 (130)	9.6 (16)*	16.0 (40)	12.2 (6)	20.0 (150)	20.3 (56)
From a regional location[cd]	25.0 (194)	28.5 (47)	17.4 (42)	26.5 (13)	24.4 (179)	20.6 (55)
SEIFA disadvantage quintile[d]						
1 (most disadvantaged)	20.8 (163)	25.7 (43)	16.5 (41)	26.5 (13)	21.8 (163)	23.2 (64)
2	24.3 (19)	21.0 (35)	20.9 (52)	24.5 (12)	22.2 (166)	19.9 (55)
3	17.8 (139)	24.0 (40)	22.1 (55)	16.3 (8)	17.8 (133)	20.7 (57)
4	22.6 (177)	21.0 (35)	21.7 (54)	18.4 (9)	19.9 (149)	19.9 (55)
5 (least disadvantaged)	14.6 (114)	8.4 (14)*	18.9 (47)	14.3 (7)	18.4 (138)	16.3 (45)
Experienced incidents with same person(s) before	80.4 (631)	77.8 (130)	76.4 (191)	71.4 (35)	40.9 (307)	30.8 (85)**
Involved more than 1 other person(s)	8.8 (69)	23.4 (39)***	23.9 (59)	55.1 (27)***	32.9 (247)	52.5 (145)***
Child/ren witnessed	16.1 (126)	35.3 (59)***	7.6 (19)	22.4 (11)***	6.1 (46)	12.7 (35)***
Other family witnessed	5.9 (46)	10.8 (18)*	52.8 (132)	53.1 (26)	7.3 (55)	12.3 (34)*
Location						
Respondent home	76.3 (599)	71.9 (120)	61.2 (153)	61.2 (30)	9.3 (70)	16.3 (45)***
Perpetrator home	9.4 (74)	10.2 (17)	18.8 (47)	12.2 (6)	2.5 (19)	1.8 (5)
Other person home	3.3 (26)	4.8 (8)	12.4 (31)	12.2 (6)	5.3 (40)	4.3 (12)
Outdoors	3.4 (27)	5.4 (9)	2.4 (6)	10.2 (5)[a]*	26.0 (195)	30.1 (83)
Workplace	0.8 (6)	1.8 (3)[a]	1.2 (3)	0.0 (0)[a]	20.5 (154)	17.0 (47)
Inside licensed premises	0.4 (3)	1.8 (3)[a]	0.8 (2)	0.0 (0)[a]	8.3 (62)	5.1 (14)
Outside licensed premises	0.5 (4)	0.6 (1)[a]	0 (0)	0 (0)[b]	9.4 (26)	6.7 (50)
Private vehicle	3.4 (27)	1.8 (3)	0.4 (1)	2.0 (1)[a]	2.5 (19)	4.0 (11)
Public transport	0.1 (1)	0.6 (1)[a]	0.4 (1)	0.0 (0)[a]	2.9 (8)	4.8 (36)
Sporting venue	0.1 (1)	0.0 (0)[a]	0.0 (0)	0.0 (0)[b]	1.7 (13)	2.2 (6)
School/university	0.3 (2)	0.0 (0)[a]	0.4 (1)	0.0 (0)[a]	6.1 (46)	1.1 (3)
Online/over phone	0.9 (7)	0.0 (0)[a]	0.8 (2)	2.0 (1)[a]	1.1 (8)	0.4 (1)[a]

Notes. *p<.05 **p<.01 ***p<.001. [a]Analysis contains cells with expected count <5, Fisher's Exact Test is reported [b]Crosstabulation could not be performed as no cases within 'yes' [c]versus a metropolitan location [d]n = 2273

Table 46 Type of violence experienced, injuries received, and substance involvement according to police involvement at the most recent incident (n = 2278)

	IPV		FV		Other violence	
	Police involved		Police involved		Police involved	
	No % (n)	Yes % (n)	No % (n)	Yes % (n)	No % (n)	Yes % (n)
Incident involved alcohol	32.1 (252)	40.7 (68)*	28.8 (72)	32.7 (16)	30.5 (229)	39.1 (108)**
Incident involved drugs	11.3 (89)	19.2 (32)**	9.6 (24)	24.5 (12)**	4.9 (37)	16.3 (45)***
Violence type						
Physical	43.4 (341)	74.3 (124)***	45.6 (114)	49.0 (24)	69.9 (193)	42.7 (321)***
Sexual	9.8 (77)	10.8 (18)	8.8 (22)	14.3 (7)[a]	7.3 (55)	8.0 (22)
Verbal aggression	73.2 (575)	67.1 (112)	62.0 (155)	63.3 (31)	47.8 (359)	31.5 (87)***
Intimidation	40.6 (319)	49.7 (83)*	26.8 (67)	40.8 (20)*	28.2 (212)	26.8 (74)
Unwanted sexual attention	7.1 (56)	7.2 (12)	4.8 (12)	2.0 (1)[a]	6.9 (52)	3.6 (10)*
Psychological/emotional	3.2 (25)	3.0 (5)	2.4 (6)	0.0 (0)[a]	0.3 (2)	0.4 (1)[a]
Injury type						
Any	19.5 (153)	54.5 (91)***	15.2 (38)	36.7 (18)***	14.8 (111)	44.6 (123)***
Physical	18.7 (147)	52.1 (87)***	13.6 (34)	36.7 (18)***	12.9 (97)	42.4 (117)***
Psychological/emotional	11.0 (86)	37.1 (62)***	9.6 (24)	18.4 (9)	5.3 (40)	15.6 (43)***

Notes. *p<.05 **p<.01 ***p<.001. [a]Analysis contains cells with expected count <5, Fisher's Exact Test is reported.

3.2.3.6. HELP-SEEKING BEHAVIOURS

Reporting of violence. Nine-hundred and eighty-eight (43.4%) most recent incidents were reported to someone other than police. As shown in Figure 15, IPV incidents were significantly more likely than FV incidents to have been reported to a friend (p<.001, Phi = -.11), and FV were more likely than IPV to have been reported to another family member (p<.001, Phi = -.11). Other violence incidents were more likely to be reported to a friend (p<.05, Phi = -.05; p<.001, Phi = -.15) or work colleague/employer (p<.001, Phi = -.17; p<.001, Phi = -.12) than IPV and FV, and more likely to be reported to a family member than IPV (p<.01, Phi = -.06).

IPV and FV were significantly more likely to have been reported to no one (else) than other violence incidents (p<.001, Phi = .13; p<.001, Phi = .10). The effect size of the difference in reporting to no one else increased when excluding participants who reported the most recent incident to police from this group, with 32.3% of other violence, compared to 46.5% of FV and 46.1% of IPV incidents reported to no one at all (p<.001, Phi = .14; p<.001, Phi = .12).

A significantly higher proportion of males who experienced IPV and FV told 'no-one' about the most recent incident (58.6%; 60.2%) compared to females (46.0%; p<0.001, Phi = -.11; 42.3%, p<.01, Phi = -.17). There was no significant difference in the proportion of males and females who told a friend, neighbour, health professional, or a work colleague/employer, but a higher proportion of females who experienced IPV (27.8 vs 19.4%) or FV told a family member (43.4% vs 26.2%).

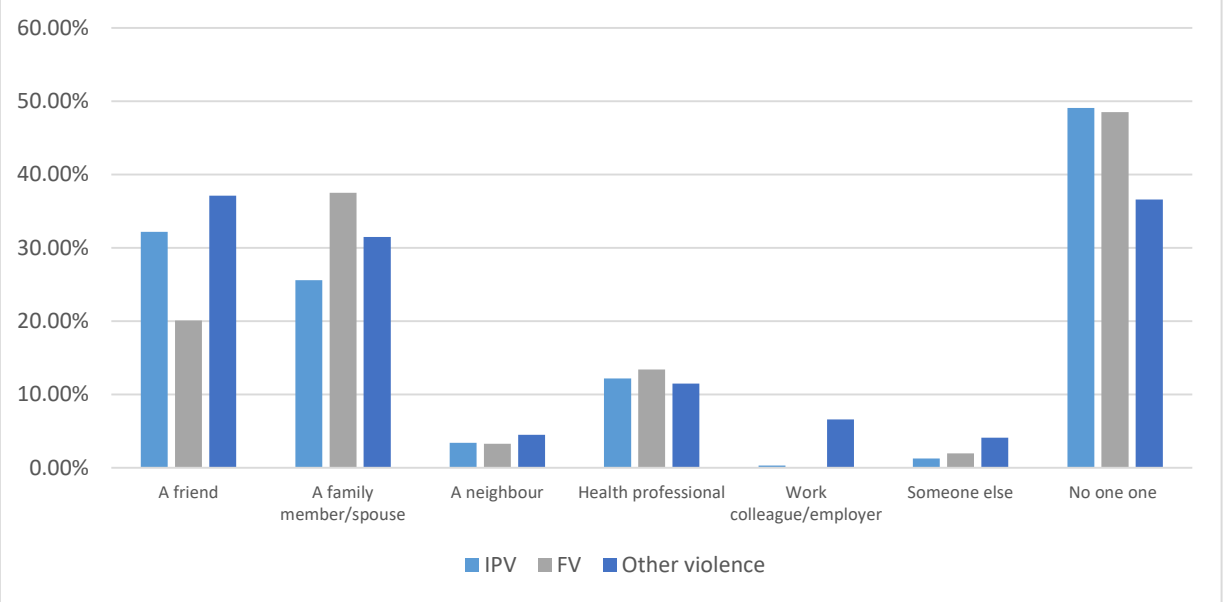


Figure 15 Person/s to whom the respondent reported the most recent IPV FV and Other incident (n = 988)

Help-seeking. A little over a third (37.6%, n = 849) of respondents sought help from someone following the most recent incident (

Figure 16).[20] There were no significant differences between IPV and FV incidents regarding seeking help from a psychologist/counsellor, legal help, workplace[21], medical/GP, or community service or refuge (ps >.05). However, respondents were more likely to seek help from friends following IPV (p<.001, Phi = -.10), and family following FV (p<.001, Phi = .13). Compared to other violence, following IPV or FV respondents were more likely to seek help from a counsellor or psychologist (p<.001, Phi = .09; p<.01, Phi = .07), family for FV only (p<.001, Phi = .17), friends for IPV only (p<.01, Phi = .06) but less likely to seek help from the workplace (p<.001, Phi = -.15; p<.001, Phi = -.09) or a medical service/GP (p<.001, Phi = -.08; p<.001, Phi = -.09).

There were no significant differences between IPV, FV, and other violence in the proportion of respondents who did not seek help from anyone, with 62.0%, 58.6%, and 63.7% of respondents indicating they sought help from no one, respectively (ps>.05). Compared with females, males who reported IPV (71.2% versus 59.1%; p<.001, Phi = -11) and FV (72.5% vs 51.3%, p<.001, Phi = -.20) were significantly more likely to report that they sought help from no one. Compared with females, males who reported FV were significantly less likely to seek help from a psychologist/counsellor (11.9% vs 3.9%, p<.05, Phi = .13) and family (29.5% vs 10.8%, p<.001, Phi = .20). Compared with females, males who reported IPV were significantly less likely to seek help from friends (14.1% vs 7.5%, p<.01, Phi = .08) and family (13.9% versus 7.1%, p<.01, Phi = .09).

[20] An open-ended question asked respondents 'Who did you seek help from after the most recent incident?'. Responses were coded as either 'psychologist or counsellor', 'legal help', 'friends (including neighbours)', 'family', 'workplace', 'medical/GP', 'community service or refuge', 'Other' and 'none'. 23 respondents did not provide answers that could be coded into a category or indicated they were unsure or did not remember if they sought help from anyone and were coded as missing data. The total analytic sample for this question was therefore n = 2255.

[21] Only 1 respondent who reported IPV and 1 respondent who reported FV sought help from within the workplace.

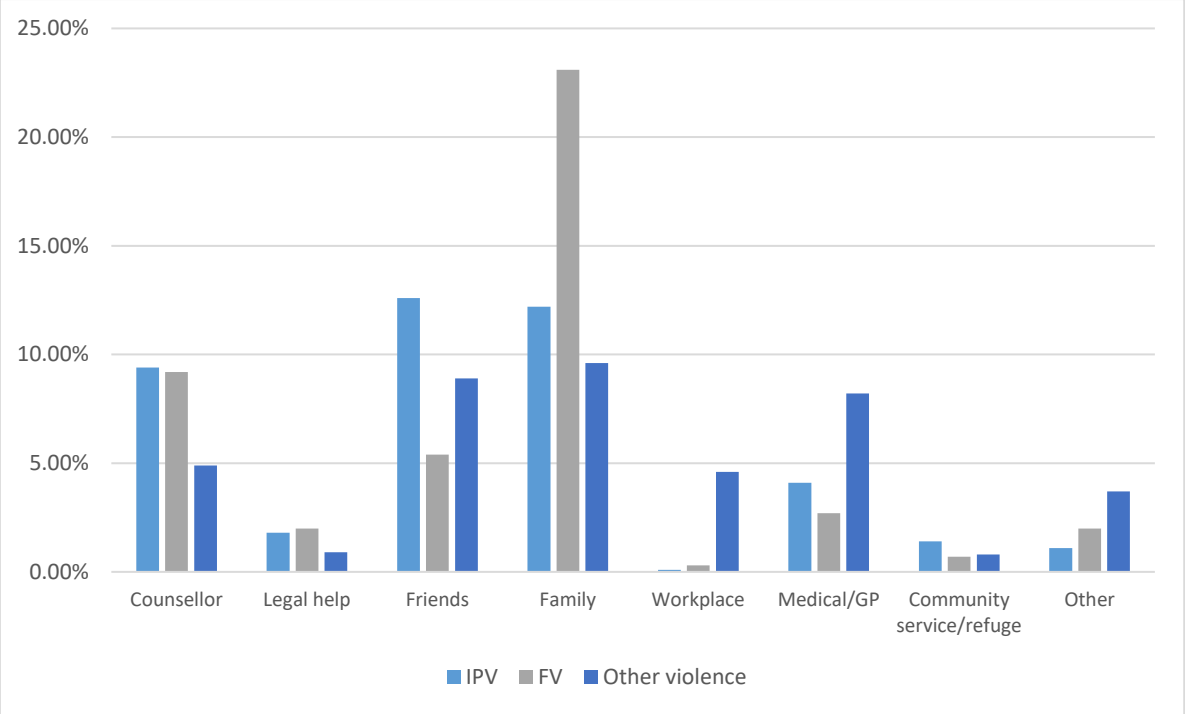


Figure 16 Support services accessed after the most recent incident (n = 849)

Support services. Few (9.6%, n = 219) respondents accessed support service following the most recent incident (see Figure 17).[22] Respondents were more likely to seek 'crisis' ($p<.05$, Phi = -.06; $p<.001$, Phi = .10) and legal ($p<.05$, Phi = -.06; $p<.001$, Phi = .09) support following an IPV incident than FV or other violence incidents, and more likely to use 'financial help' ($p<.05$, Phi = .05) following IPV than other violence incidents. There were no significant differences in the type of support services accessed following FV and other violence incidents (ps >.05).

There was no significant differences between males and females who experienced IPV and FV at the most recent incident and the proportion who reported seeking a help service of any kind (legal help, crisis help, financial help, counselling). However, for FV in particular the number of respondents who reported seeking help at a support service was very low (n=21, 7.0%).

[22] Response options were 'none', 'crisis help', 'legal help' 'financial help' and 'any other support service including telephone helpline'. Responses indicating a telephone/website helpline or counselling service (e.g., lifeline, AA) were coded as 'counselling (including telephone)'. Responses that could not be coded into a category were coded as 'other' but were omitted from the graph/analyses due to too few cases (n = 4). 'none' was not included in the graph as this was the overwhelming response from respondents (n = 2059, 90%) which would have reduced the interpretability of the graph.

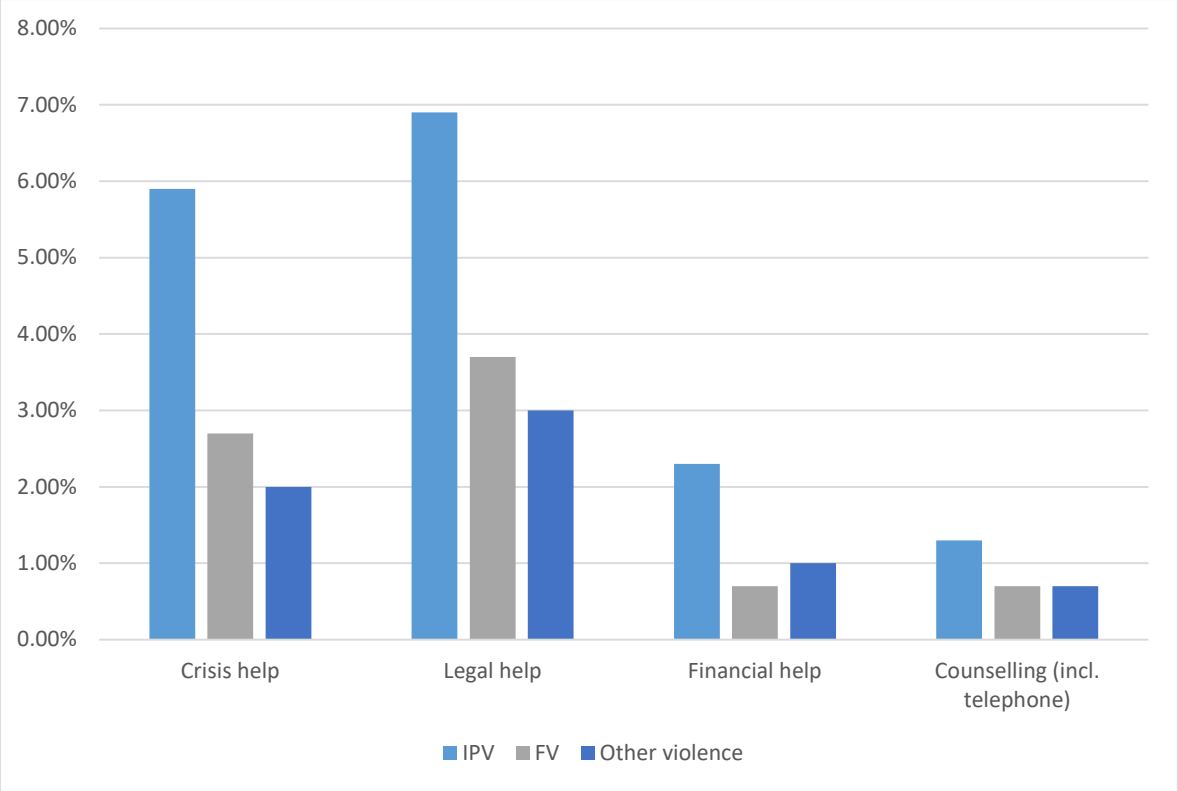


Figure 17 Types of support services accessed in relation to the most recent IPV, FV and other violence incident (n = 2278)

Summary. Altogether, 64.8% (n = 1471) of respondents engaged in help-seeking behaviour (including reporting to the police) following the most recent incident. A smaller proportion of respondents sought help following IPV (59.1%) and FV (60.2%) than other violence incidents (71.4%). This difference was significant, p<.001, Phi = -.13; p<.001, Phi = -.10. Females who reported IPV (62.4% vs 49.1%, p<.001, Phi = .11) and FV (67.9% vs 45.6%, p<.001, Phi = .22) were significantly more likely to engage in any help seeking behaviour following the most recent incident than males.

3.2.4. ALCOHOL USE

Overall, alcohol was consumed (by one or more persons) at 32.7% (n = 745) of incidents. There were no significant differences between incident type and alcohol involvement; alcohol was consumed at 33.6% of IPV, 29.4% of FV, and 32.8% of other violence incidents.

Alcohol was consumed by the respondent at 11.9% of incidents, by other person(s) at 28.0% of incidents, and by respondent and other person(s) at 7.2% of incidents (see Table 47). Respondents were less likely to consume alcohol at IPV than at other violence (p<.001, Phi = -.09) incidents and more likely to consume alcohol at IPV than at FV (p<.001, Phi = -.10) incidents. There were no significant differences between IPV and FV in regards to alcohol consumption by other person(s); however, other person(s) were more likely to consume alcohol at IPV incidents than at other violence (p<.05, Phi = .05) incidents. Given the significantly greater proportion of those who reported other violent incidents (16.8%) that did not know about the other person's alcohol use compared those who reported IPV (2.4%) and FV (6.4%), the proportion of alcohol-related other incidents may be underestimated[23]. Compared to FV, both respondent and other person(s) were more likely to consume alcohol at IPV (p<.001, Phi = -.11) and other violence (p<.001, Phi = -.13) incidents.

Table 47 Alcohol use at the most recent incident (n = 2278)

				Significance level		
Alcohol Involvement	**IPV % (n)**	**FV % (n)**	**Other violence % (n)**	**IPV vs FV**	**IPV vs Other**	**FV vs Other**
Respondent[b] (any)	10.2 (97)	3.3 (10)	16.1 (165)	***	***	***
I was drinking but not drunk	6.7 (64)	2.0 (6)	11.4 (117)	**	***	***
I was drunk	3.2 (30)	0.3 (1)	4.3 (44)	**	ns	***
I believe alcohol was added to my drink without my consent	0.5 (5)	1.0 (3)	0.5 (5)	ns[a]	ns[a]	ns[a]
Other person[c] (any)	30.5 (290)	27.1 (81)	25.9 (266)	ns	*	ns
The other person(s) had been drinking but wasn't drunk	10.8 (103)	9.4 (28)	8.1 (83)	ns	*	ns
The other person(s) was drunk	19.6 (187)	17.7 (53)	18.0 (185)	ns	ns	ns
Both consumed alcohol	7.0 (67)	1.0 (3)	9.2 (94)	***	ns	***
Either consumed alcohol	33.6 (320)	29.4 (88)	32.8 (337)	ns	ns	ns

Notes. *p<.05 **p<.01 ***p<.001 ns = non-significant. [a]Analyses include cells with expected count <5, Fisher's Exact Test is reported. [b]Three respondents indicated that they were drunk and that they believe alcohol was added to their drink without their consent; [c]Two respondents indicated that the other person(s) were both 'drinking but not drunk' and 'drunk' and involved multiple persons other than the respondent.

[23] Given this question asks about perception of the other person's alcohol use, it is also plausible that these figures might also be an *overestimation* of the other persons alcohol use.

3.2.4.1. ALCOHOL USE DEMOGRAPHIC DIFFERENCES

There were no significant differences in mean age between respondents who reported alcohol consumption at the most recent incident (*M* = 46 years, *SD* = 17.7 years) and those who did not (*M* = 48 years, *SD* = 17.74 years, p>.05). A significantly greater proportion of male respondents (16.0%, n = 171) and male other person(s) (30.0%, n = 540) consumed alcohol compared to female respondents (8.2%, n = 99) and female other person(s) (20.5%, n = 71), respectively (p<.001).[24]

A comparison of incident types revealed that these differences were statistically significant only for IPV incidents. Specifically, for IPV only male respondents (16.3%, n = 37) and male other person(s) (33.9%, n = 250) were significantly more likely to consume alcohol than female respondents (8.2%, n = 59) and female other person(s) (19.1%, n = 36), respectively (p<.001).

3.2.4.2. PLACE OF ALCOHOL PURCHASE AND CONSUMPTION

Respondents who reported alcohol consumption at the most recent incident (n = 745) were asked to indicate where the alcohol was purchased and consumed, and the place of purchase distance from incident location and respondent's home.

Place of purchase. Figure 18 shows the place of purchase of alcohol consumed at the most recent incident. Alcohol consumed at FV and Other incidents was most frequently purchased from a pub or bar (36.4% and 48.1%, respectively). Alcohol involved in IPV incidents was significantly more likely to be purchased at a supermarket liquor store (37.2%), compared to alcohol involved in FV (25.0%, n = 22; p<.05, Phi = -.10) and other violence (8.6%, n = 29; p<.001, Phi = .34) incidents.

[24]Among (most recent) incidents involving either males or female (not both), n = 2150.

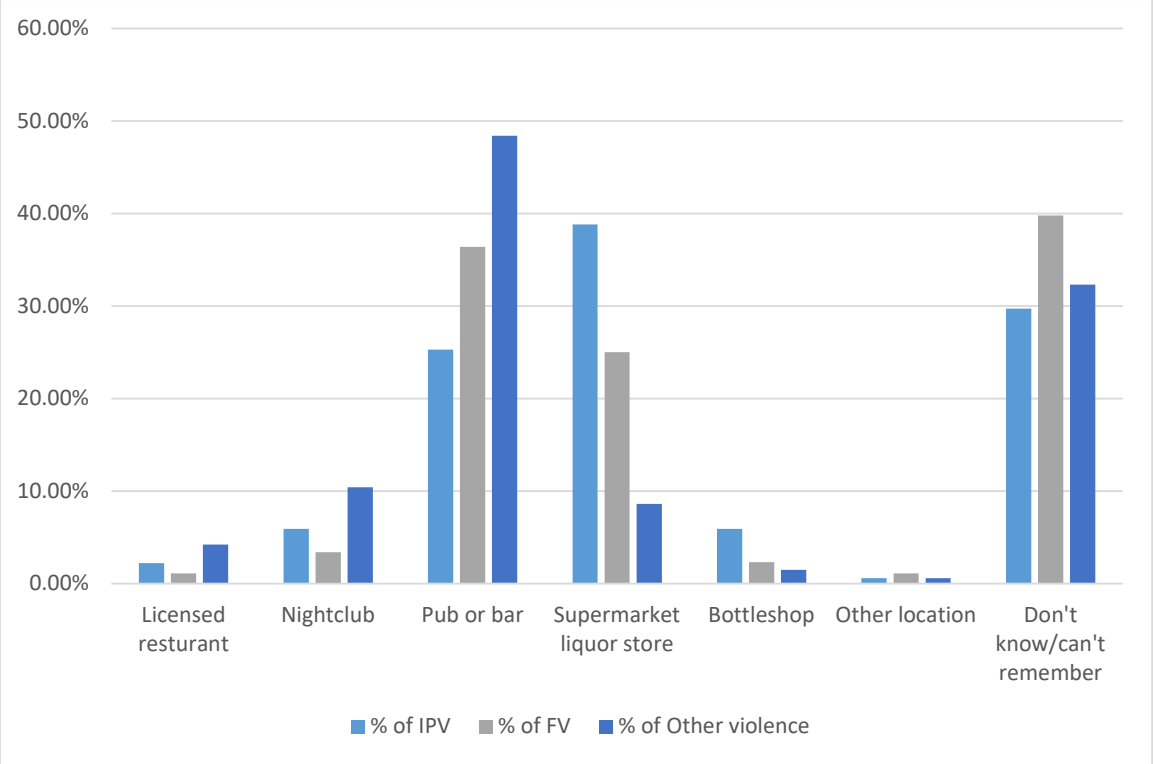


Figure 18 Alcohol place of purchase (n = 745)

Alcohol place of consumption. There were significant differences in the place of alcohol consumption across incident types (see Figure 19). Alcohol involved in IPV and FV incidents was most frequently consumed at the respondent's home, with 55.9% and 40.9% of respondents who reported an alcohol-related incident indicating this location, respectively, compared to 10.4% of respondents who reported an alcohol-related other violence incident ($p<.001$, Phi = .49; $p<.001$, Phi = .33). The proportion of respondents who reported drinking at home was significantly higher for IPV compared to FV ($p<.05$, Phi = -.12); while the proportion of respondents who reported alcohol was consumed at 'the other person(s) home' was significantly higher for FV (30.7%) compared to IPV (13.4%; $p<.001$, Phi = .19). There were no other significant differences in drinking location for IPV versus FV.

Alcohol involved in other violence incidents was most frequently consumed at a licensed premise, followed by outdoors.

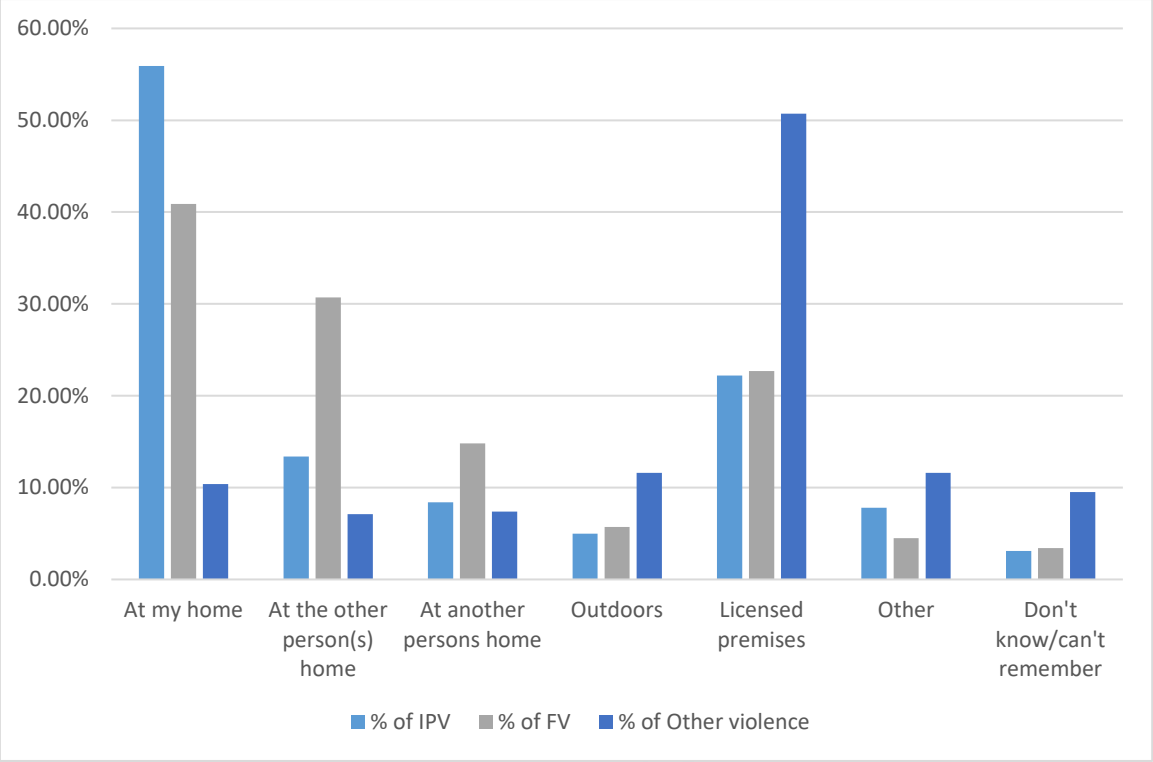


Figure 19 Place of consumption of alcohol involved in most recent incident[25] (n = 745)

Distance from respondent home. Alcohol consumed at IPV and FV incidents was significantly most likely to be purchased 500 metres to 1 kilometre from the respondent's home (see Figure 20). In contrast, alcohol consumed at other violence incidents was most often purchased from a location more than 10 kilometres from the respondent's home[26].

[25] Locations that accounted for less than 5% of the data (i.e., other [1.2%], private vehicle [2.8%], sporting venue [1.7%], my workplace [1.6%], in an institution [0.5%], on public transport [1.5%] were combined to create the 'Other' category.

[26] Excluding respondents who indicated that they 'did not know' the distance (n = 206).

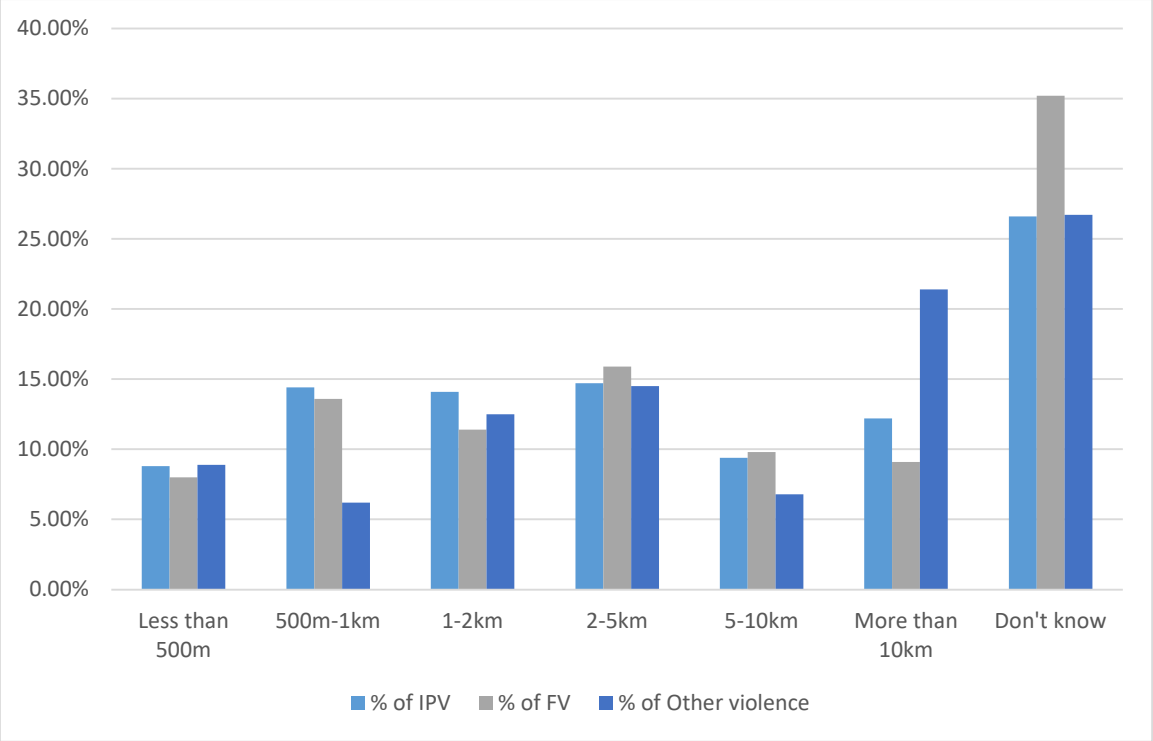


Figure 20 Alcohol place of purchase: distance from respondent home (n = 745)

Distance from incident location. Consistent with the differences found in relation to place of alcohol purchase and consumption, there were differences in the distance of place of purchase from incident location across incidents. Compared to IPV and FV, alcohol involved in other violence incidents was most often purchased 500 metres or less from the incident location. This is consistent with the finding that alcohol involved in other violence incidents was often purchased at pubs/clubs and licensed premises.

Similar trends were also found in relation to the distance of place of purchase from respondent's home and location of IPV and FV incidents. In cases of alcohol-related IPV and FV incidents, alcohol was predominantly consumed at the respondent's home. The majority of such incidents took place in the respondent's home. The distance between place of alcohol purchase and incident location was not significantly different for IPV and FV incidents (ps>.05).

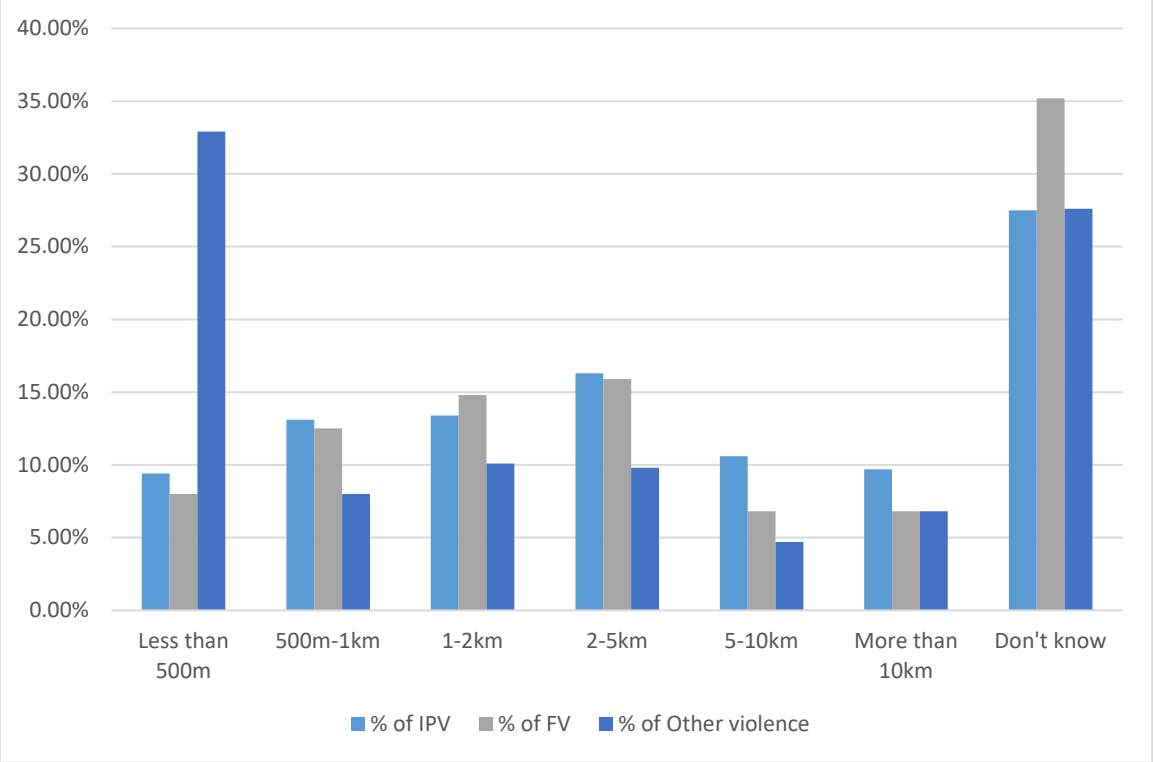


Figure 21 Alcohol place of purchase: distance from incident location (n = 745)

Figure 22 and Figure 23 display the frequency of IPV and other violence incidents within each distance range from the place of purchase to where the incident took place[27].

Across each distance range, alcohol consumed at IPV incidents was most frequently purchased from a supermarket liquor store followed by a pub or bar. For Other violence, across each distance range, alcohol consumed was most frequently purchased at a pub or bar. Thus, regardless of the distance, respondents who experienced IPV were most likely to have purchased the alcohol from a supermarket liquor store and respondents who experience other violence were most likely to have purchased the alcohol from a pub or bar

[27] This graph was not produced for FV incidents because there were too few cases within each cell to allow meaningful interpretation.

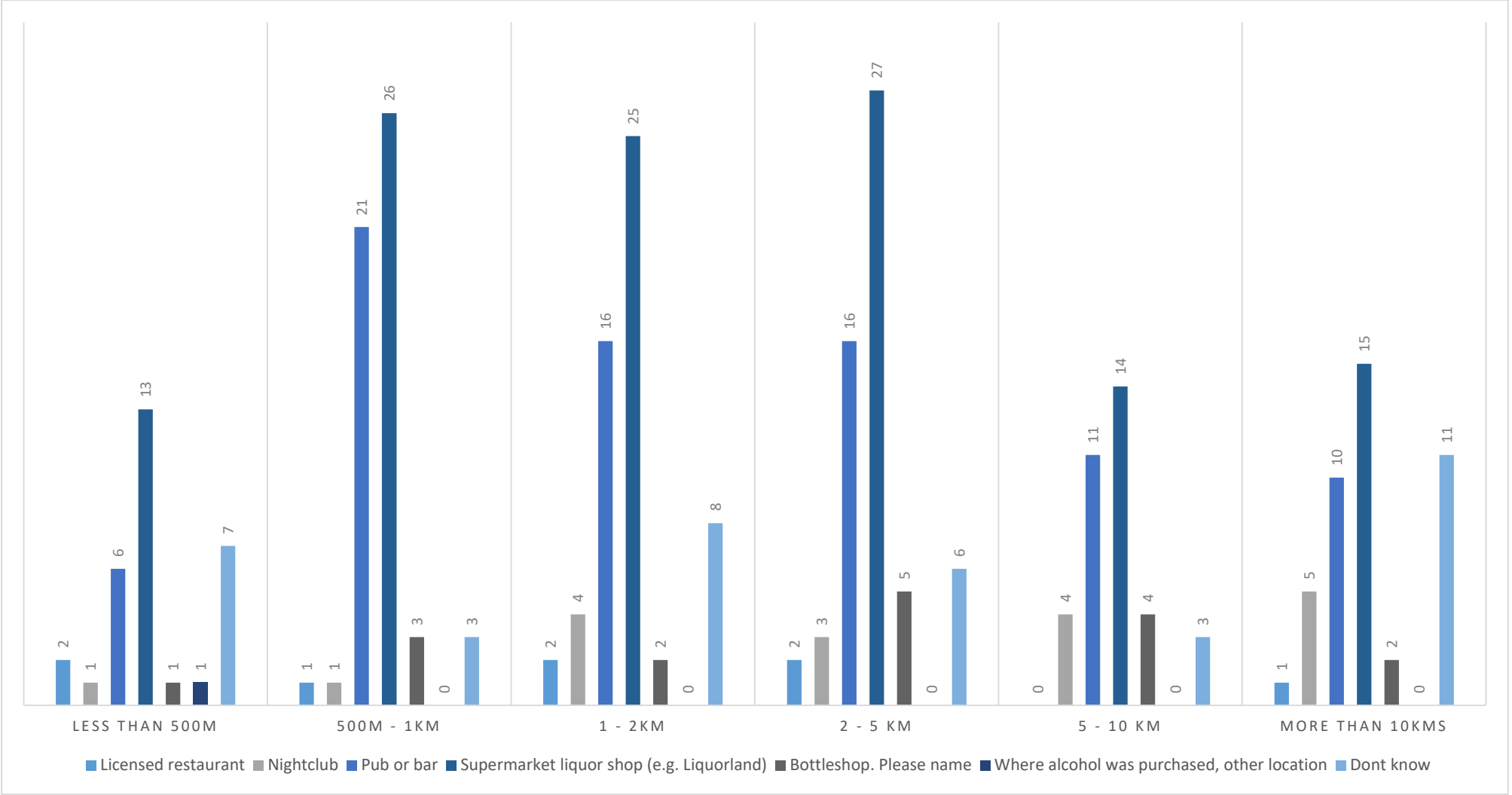


Figure 22 Frequencies of distance from purchase location to where incident took place – IPV (n = 282)

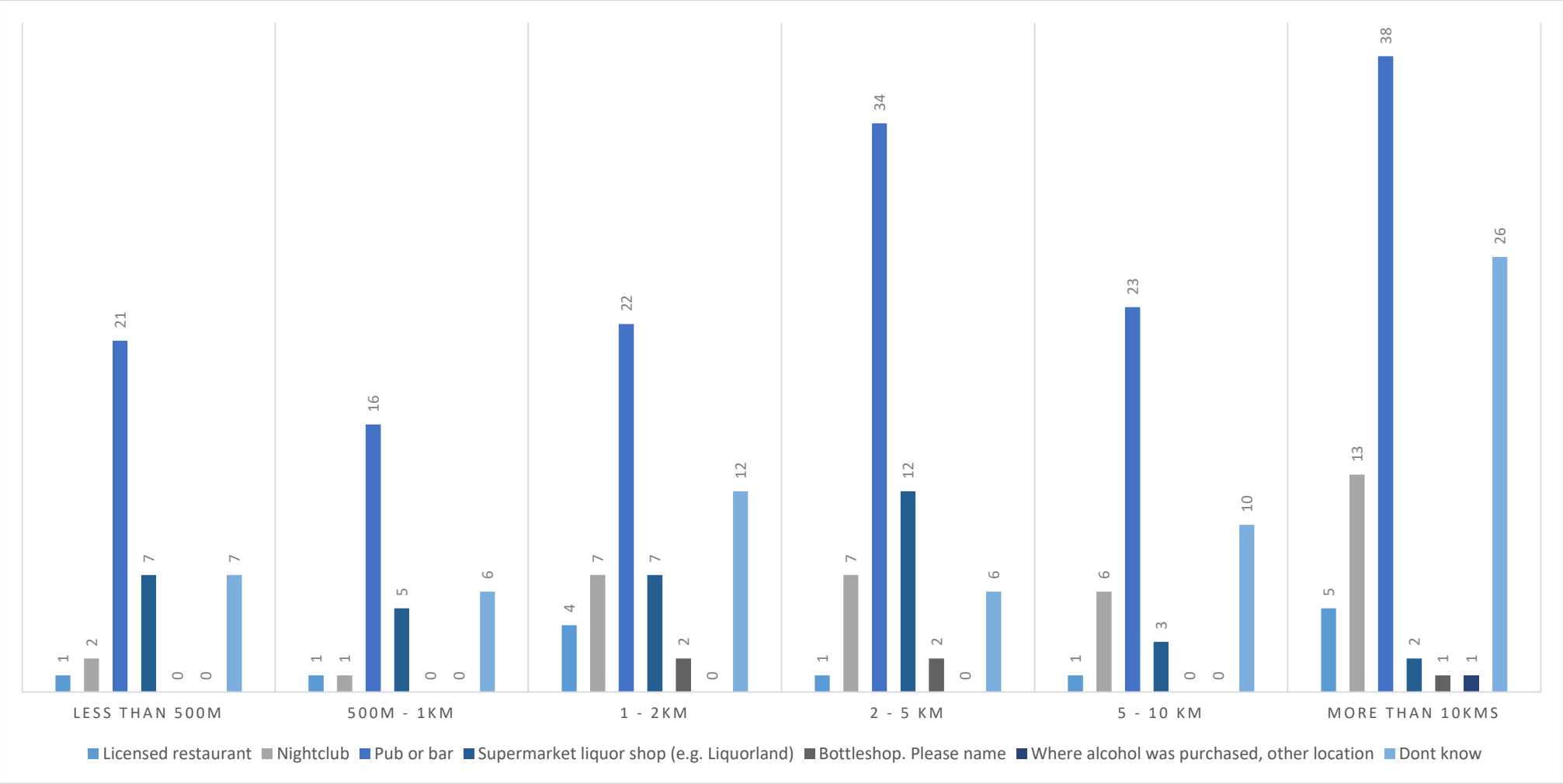


Figure 23 Frequencies of distance from purchase location to where incident took place – Other violence (n = 312)

3.2.5. DRUG USE

Overall, drugs were used (by one or more persons) in 10.5% (n = 239) of most recent incidents, including 12.7% of IPV, 12.0% of FV, and 8.0% of other violence incidents. While there was no significant difference in drug use between IPV and FV incidents (p>.05), drugs were more likely to be used at either IPV or FV compared to other violence incidents (p<.05-001).

Table 48 presents the nature of drug use according to incident type. Drugs were used by the respondent in 2.3% of incidents, by other person(s) in 9.1% of incidents, and both respondent and other person(s) in 1.0% of incidents. There were no significant differences between FV and IPV in drug use by either respondent or the other person(s) (ps >.05).

Compared to other violence incidents, both IPV and FV were significantly more likely to involve the other person(s) using (any) drugs, and for respondents to have used drugs without being heavily affected by drugs. The smaller proportion of other violence incidents with indicated drug use may be due to the greater proportion of other violence incidents in which the other person/s drug use was unknown (36.6%), compared to 6.1% of IPV and 12.0% of FV (p<.001). Thus, although a significantly greater proportion of IPV and FV incidents involved drug use of the other person(s) compared to other violence, it may be that drug use of other person(s) involved in other violence incidents were not known.

Table 48 Drug use at the most recent incident (n = 2278)

				Significance		
How other drugs were involved	**IPV % (n)**	**FV % (n)**	**Other violence % (n)**	**IPV vs FV**	**IPV vs Other**	**FV vs Other**
Respondent[b] (any)	2.7 (26)	2.0 (6)	2.0 (21)	ns	ns	ns
I had been taking drugs but wasn't heavily affected	2.0 (19)	2.0 (6)	0.6 (6)	ns	**	*[a]
I was heavily affected by drugs	0.5 (5)	0.0 (0)	0.6 (6)	ns[a]	ns	ns[a]
I believe drugs were added to my drink without my consent	0.4 (4)	0.0 (0)	1.0 (10)	ns[a]	ns	ns[a]
Other person (any)	11.6 (110)	10.7 (32)	6.4 (66)	ns	***	*
The other person(s) had been taking drugs but weren't heavily affected	6.8 (65)	5.4 (16)	2.1 (22)	ns	***	**
The other person(s) were heavily affected by drugs	4.7 (45)	5.4 (16)	4.3 (44)	ns	ns	ns
Both consumed other drugs	1.6 (15)	0.7 (2)	0.5 (5)	ns[a]	*	ns[a]
Either consumed other drugs	12.7 (121)	12.0 (36)	8.0 (82)	ns	***	*

Notes. *p<.05 **p<.01 ***p<.001 ns = non-significant [a]Analyses include cells with expected count <5, Fisher's'Exact Test is reported. [b]Three respondents indicated that they were heavily affected by other drugs and that they believe drugs were added to their drink without their consent.

3.2.5.1. DRUG USE: DEMOGRAPHIC DIFFERENCES

Respondents who used drugs at IPV (*M*=40.8 years, *SD*=15.2 years) and other violent (*M*=44.8 years, *SD*=17.6 years) incidents were significantly younger than those who did not (IPV: *M* = 49 years, *SD* = 16.6 years, p<.001; other violence: *M*=48.5 years, *SD*=18.3 years, p<.05). There were no significant differences in the overall proportion of male and female respondents who used drugs at the most recent incident (1.7%, n = 18, 2.8%, n = 34, respectively, p>.05), or the proportion of male and female other person(s) who used drugs at the most recent incident[28] (9.5%, n = 172, 6.3%, n = 22, p>.05).

There were significant differences in the gender of respondent and other person(s) who used drugs across incident type. In relation to other violence incidents, a greater proportion of female (3.5%) compared to male respondents (1.4%) used drugs at the most recent incident (p<.05, Phi = .07). For IPV only, a significantly greater proportion of male other person(s) (12.9%, n = 95) used drugs compared to females other person(s) (6.9%, n = 13) (p<.05, Phi = -.07). This interaction is displayed in

Figure 24 and Figure 25.

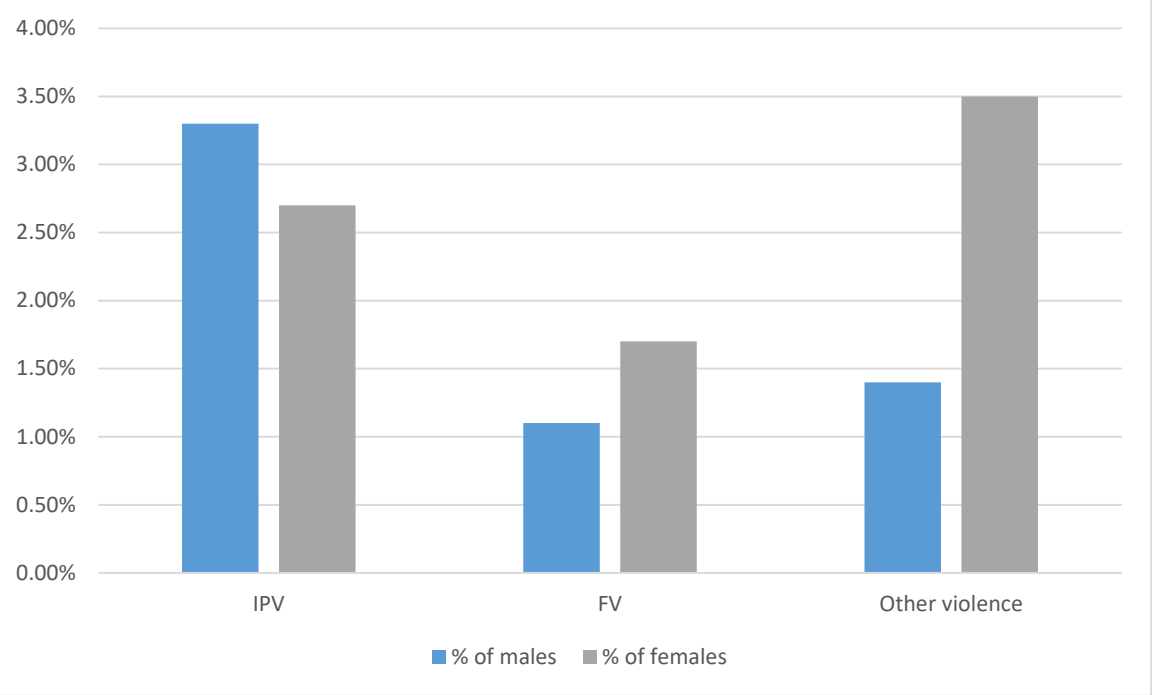


Figure 24 Proportion of males and female respondents who used drugs at the most recent incident (n = 2150)

[28]Among (most recent) incidents involving either males or females (not both), n = 2150.

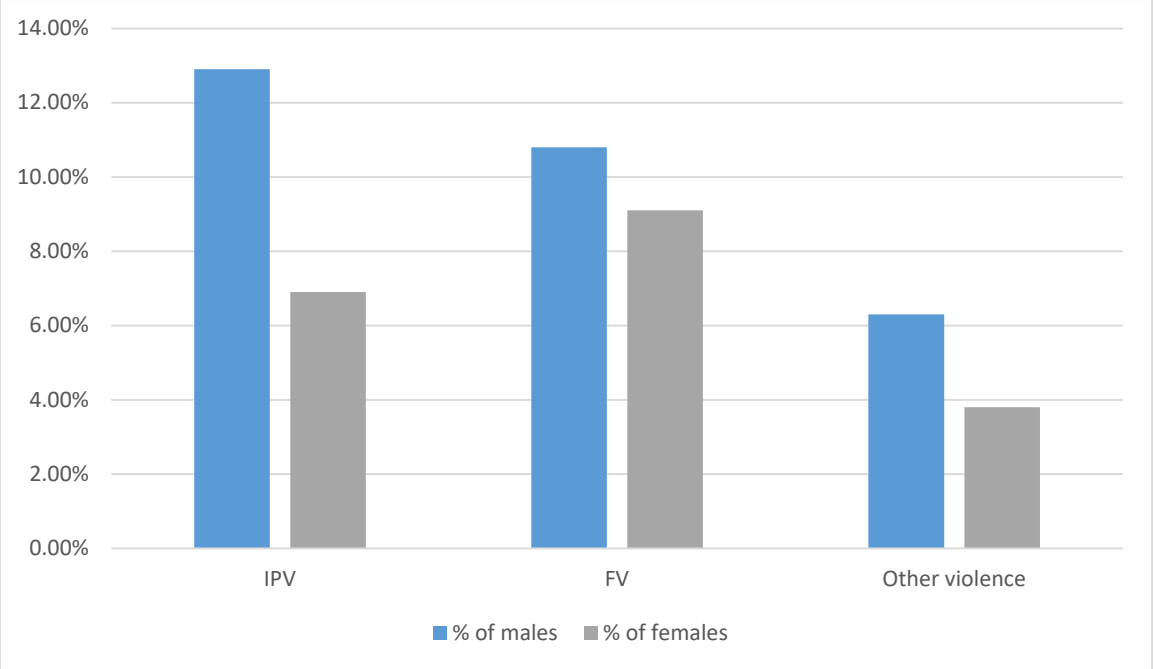


Figure 25 Proportion of males and female 'other person(s)' who used drugs at the most recent incident (n = 2150)

3.2.6. INCIDENT CHARACTERISTICS: IMPACT OF ALCOHOL AND DRUG USE

Respondent and incident characteristics according to alcohol use at the most recent incident are shown in Table 49 and according to drug use at the most recent incident in Table 50.

There were significant differences across age groups in the likelihood of substance use at IPV incidents. Specifically, 18-25 year olds were significantly less likely to experience an alcohol-related and more likely to experience a drug-related IPV incident. Those aged 26-35 years were more likely to experience alcohol- and drug-related than unrelated IPV incidents. Finally, respondents in the two oldest age categories were least likely to experience a drug-related IPV incident. Drug-related IPV incidents were more likely than other types to be witnessed by either family or children.

A significantly greater proportion of respondents involved in alcohol-related Other incidents were from a regional location than respondents not involved in alcohol-related Other incidents and a significantly greater proportion of respondents involved in drug-related IPV incidents were from a regional location than IPV incidents that were not drug-related. Generally, the proportion of respondents within the most disadvantaged and least disadvantaged quintiles was higher and lower, respectively, for alcohol- and drug-related incidents compared to non-alcohol- and drug-related

incidents. However, there were few significant differences by level of relative disadvantage. A significantly lower proportion of respondents reporting alcohol-related IPV resided in the 5th (least disadvantaged) disadvantage quintile compared to those who did not report an alcohol-related IPV incident, and a significantly higher proportion of respondents reporting alcohol-related other violence incident resided in the 2nd disadvantage quintile compared to those who did not report an alcohol-related other violence incident.

Drug-related other violence incidents most often occurred at the respondent's home and least often at school/university. In contrast, alcohol-related other incidents most often occurred at another person's home or a licensed premise, and least often outdoors, at the respondent's home, at a school/university or online/telephone.

A significantly greater proportion of alcohol-related than unrelated Other incidents involved only one other person with whom the respondent had not previously experienced similar incidents.

Characteristics of the most recent FV incident did not differ by substance use.

Table 49 Respondent and incident characteristics according to alcohol use at most recent incident (n = 2278)

	IPV		FV		Other violence	
	Alcohol use		Alcohol use		Alcohol use	
	No % (n)	Yes % (n)	No % (n)	Yes % (n)	No % (n)	Yes % (n)
Age group (years)						
18-25	18.5 (117)	11.6 (37)**	31.8 (67)	23.9 (21)	20.0 (138)	19.9 (67)
25-35	8.7 (55)	13.4 (43)*	11.8 (25)	4.5 (4)	11.2 (77)	12.2 (41)
36-50	25.5 (161)	20.6 (66)	17.5 (37)	20.5 (18)	16.8 (116)	14.2 (48)
51-65	32.8 (207)	37.5 (120)	24.2 (51)	34.1 (30)	31.0 (214)	35.6 (120)
66 +	14.6 (92)	16.9 (54)	14.7 (31)	17.0 (15)	21.0 (145)	18.1 (61)
From a regional location[cd]	23.9 (149)	29.1 (92)	16.7 (34)	24.1 (21)	20.5 (138)	29.3 (96)**
SEIFA disadvantage quintile[d]						
1 (most disadvantaged)	20.2 (127)	24.7 (79)	16.1 (34)	23.0 (20)	20.8 (143)	24.9 (84)
2	22.9 (144)	25.3 (81)	19.9 (42)	25.3 (22)	19.9 (137)	24.9 (84)
3	20.5 (129)	15.6 (50)	22.3 (47)	18.4 (16)	19.0 (131)	17.5 (59)
4	21.3 (134)	24.4 (78)	22.7 (48)	17.2 (15)	20.8 (143)	18.1 (61)
5 (least disadvantaged)	15.2 (96)	10.0 (32)*	19.0 (40)	16.1 (14)	19.5 (143)	14.5 (49)
Experienced incidents with same person(s) before	80.1 (506)	79.7 (255)	78.2 (165)	69.3 (61)	42.5 (293)	29.4 (99)***
Involved more than 1 other person(s)	10.3 (65)	13.4 (43)	27.5 (58)	31.8 (28)	34.6 (239)	45.4 (153)***
Child/ren witnessed	19.6 (124)	19.1 (61)	10.4 (22)	9.1 (8)	9.0 (62)	5.6 (19)
Other family witnessed	6.5 (41)	7.2 (23)	49.8 (105)	60.2 (53)	8.8 (61)	8.3 (28)
Location						
Respondent home	75.3 (476)	75.9 (243)	61.1 (129)	61.4 (54)	11.4 (79)	10.7 (36)
Perpetrator home	9.7 (61)	9.4 (30)	16.1 (34)	21.6 (19)	2.0 (14)	3.0 (10)
Other person home	3.3 (21)	4.1 (13)	12.8 (27)	11.4 (10)	4.1 (28)	7.1 (24)*
Outdoors	4.1 (26)	3.1 (10)	4.7 (10)	1.1 (1)[a]	29.1 (201)	22.8 (77)*
Workplace	1.1 (7)	0.6 (2)[a]	0.9 (2)	1.1 (1)[a]	25.2 (174)	8.0 (27)***
Inside licensed premises	0.5 (3)	0.9 (3)[a]	0.5 (1)	1.1 (1)[a]	2.0 (14)	18.4 (62)***
Outside licensed premises	0.3 (2)	0.9 (3)[a]	0.0(0)	0.0(0)[b]	1.3 (9)	19.9 (67)***
Private vehicle	3.0 (19)	3.4 (11)	0.5 (1)	1.1 (1)[a]	3.3 (23)	2.1 (7)
Public transport	0.3 (2)	0.0 (0)[a]	0.5 (1)	0.0 (0)[a]	4.5 (31)	3.9 (13)
Sporting venue	0.2 (1)	0.0 (0)[a]	0.0(0)	0.0(0)[b]	1.9 (13)	1.8 (6)
School	0.2 (1)	0.3 (1)[a]	0.5 (1)	0.0 (0)[a]	7.1 (49)	0.0 (0)***
Online/over phone	0.8 (5)	0.6 (2)[a]	1.4 (3)	0.0 (0)[a]	1.3 (9)	0.0 (0)[a]*

Notes. *p<.05 **p<.01 ***p<.001. [a]Analysis contains cells with expected count <5, Fisher's Exact Test is reported [b] Crosstabulation could not be performed as no cases within 'yes' [c]versus a metropolitan location [d]n = 2273

Table 50 Respondent and incident characteristics according to drug use at most recent incident (n = 2278)

	Intimate Partner Violence		Family violence		Other violence	
	Drug use		Drug use		Drug use	
	No % (n)	Yes % (n)	No % (n)	Yes % (n)	No % (n)	Yes % (n)
Age group (years)						
18-25	15.0 (125)	24.0 (29)*	28.1 (74)	38.9 (14)	19.6 (185)	24.4 (20)
26-35	9.4 (78)	16.5 (20)*	10.3 (27)	5.6 (2)[a]	11.0 (104)	17.1 (14)
36-50	22.9 (190)	30.6 (37)	19.4 (51)	11.1 (4)	16.1 (152)	14.6 (12)
51-65	36.0 (299)	23.1 (28)**	27.0 (71)	27.8 (10)	32.8 (310)	29.3 (24)
66 +	16.7 (139)	5.8 (7)**	15.2 (40)	16.7 (6)	20.5 (194)	14.6 (12)
From a regional location[cd]	24.3 (199)	35.0 (42)*	18.8 (48)	19.4 (7)	22.8 (210)	30.0 (24)
SEIFA disadvantage quintile[d]						
1 (most disadvantaged)	22.0 (182)	19.8 (24)	18.7 (49)	13.9 (5)	22.3 (210)	20.7 (17)
2	22.9 (190)	28.9 (35)	21.0 (55)	25.0 (9)	20.8 (196)	30.5 (25)*
3	18.7 (155)	19.8 (24)	20.6 (54)	25.0 (9)	18.6 (175)	18.3 (15)
4	22.7 (188)	19.8 (24)	22.1 (58)	13.9 (5)	20.4 (192)	14.6 (12)
5 (least disadvantaged)	13.8 (114)	11.6 (14)	17.6 (46)	22.2 (8)	18.0 (170)	15.9 (13)
Experienced incidents with same person(s) before	79.8 (663)	81.0 (98)	75.3 (198)	77.8 (28)	37.9 (358)	41.5 (34)
Involved more than 1 other person(s)	10.6 (88)	16.5 (20)	27.4 (72)	38.9 (14)	37.0 (350)	51.2 (42)*
Child/ren witnessed	18.1 (150)	28.9 (35)**	9.5 (25)	13.9 (5)[a]	8.0 (76)	6.1 (5)
Other family witnessed	6.0 (50)	11.6 (14)*	51.3 (135)	63.9 (23)	8.4 (79)	12.2 (10)
Location						
Respondent home	75.6 (628)	75.2 (91)	61.2 (161)	61.1 (22)	10.2 (96)	23.2 (19)***
Perpetrator home	9.0 (75)	13.2 (16)	17.5 (46)	19.4 (7)	2.1 (20)	4.9 (4)[a]
Other person home	4.0 (33)	0.8 (1)[a]	12.2 (32)	13.9 (5)[a]	5.0 (47)	6.1 (5)[a]
Outdoors	3.5 (29)	5.8 (7)[a]	4.2 (11)	0.0 (0)[a]	27.1 (256)	26.8 (22)
Workplace	1.0 (8)	0.8 (1)[a]	0.8 (2)	2.8 (1)[a]	19.9 (188)	15.9 (13)
Inside licensed premises	0.6 (5)	0.8 (1)[a]	0.8 (2)	0.0 (0)[a]	7.4 (70)	7.3 (6)
Outside licensed premises	0.6 (5)	0.0 (0)[a]	0.0(0)	0.0(0)[b]	7.5 (71)	6.1 (5)
Private vehicle	3.4 (28)	1.7 (2)[a]	0.8 (2)	0.0 (0)[a]	2.8 (26)	4.9 (4)[a]
Public transport	0.2 (2)	0.0 (0)[a]	0.0 (0)	2.8 (1)[a]	4.6 (43)	1.2 (1)[a]
Sporting venue	0.1 (1)	0.0 (0)[a]	0.0(0)	0.0(0)[b]	2.0 (19)	0.0 (0)[a]
School	0.1 (1)	0.8 (1)[a]	0.4 (1)	0.0 (0)[a]	5.2 (49)	0.0 (0)[a]*
Online/over phone	0.8 (5)	0.6 (2)[a]	1.0 (3)	0.0 (0)[a]	1.0 (9)	0.0 (0)[a]

Notes. *p<.05 **p<.01 ***p<.001. [a]Analysis contains cells with expected count <5, Fisher's Exact Test is reported [b]Crosstabulation could not be performed as no cases within 'yes' [c]versus a metropolitan location [d]n = 2273

Table 51 shows the type of violence and injuries received at alcohol-related and unrelated incidents, while Table 52 shows this for drug-related and unrelated incidents. Physical violence occurred most often at alcohol- or drug-related IPV incidents, while psychological/emotional violence occurred least often at alcohol-related incidents and intimidation occurred most often at drug-related incidents. In relation to FV incidents, verbal aggression was most likely to occur at drug-related incidents. Other violence incidents where alcohol was used were more likely to involve physical violence, and less likely to involve verbal aggression or intimidation. Drug-related compared to unrelated other incidents were significantly more likely to involve sexual violence.

Injuries received. An injury was most likely to occur at either alcohol or drug-related IPV and other violence incidents. Alcohol use significantly increased the likelihood of psychological/emotional injury at IPV incidents, while drug use increased the likelihood of psychological/emotional injury at IPV and other violence incidents.

Table 51 Type of violence experienced and injuries received according to alcohol use at the most recent incident (n = 2278)

	IPV		FV		Other violence	
	Alcohol use		Alcohol use		Alcohol use	
	No % (n)	Yes % (n)	No % (n)	Yes % (n)	No % (n)	Yes % (n)
Violence type						
Physical	44.6 (282)	57.2 (183)***	43.6 (92)	52.3 (46)	41.4 (286)	67.7 (228)***
Sexual	10.0 (63)	10.0 (32)	8.5 (18)	12.5 (11)	8.1 (21)	6.2 (21)
Verbal aggression	73.1 (462)	70.3 (225)	61.1 (129)	64.8 (57)	47.8 (330)	34.4 (116)***
Intimidation	41.3 (261)	44.1 (141)	30.3 (64)	26.1 (23)	30.4 (210)	22.6 (76)**
Unwanted sexual attention	7.3 (46)	6.9 (22)	3.8 (8)	5.7 (5)[a]	6.4 (44)	5.3 (18)
Psychological/emotional	4.3 (27)	0.9 (3)**	2.8 (6)	0.0 (0)[a]	0.4 (3)	0.0 (0)[a]
Injury type						
Any	20.9 (132)	35.0 (112)***	19.9 (42)	15.9 (14)	19.3 (133)	30.0 (101)***
Physical	19.6 (124)	34.4 (110)***	19.4 (41)	12.5 (11)	16.7 (115)	29.4 (99)***
Psychological/emotional	13.0 (82)	20.6 (66)**	10.9 (23)	11.4 (10)	8.3 (57)	7.7 (26)

Notes. *p<.05 **p<.01 ***p<.001. [a]Analysis contains cells with expected count <5, Fisher's Exact Test is reported

Table 52 Type of violence experienced and injuries received according to drug use at the most recent incident (n = 2278)

	IPV		FV		Other violence	
	Drug use		Drug use		Drug use	
	No % (n)	Yes % (n)	No % (n)	Yes % (n)	No % (n)	Yes % (n)
Violence type						
Physical	47.3 (393)	59.5 (72)*	45.6 (120)	50.0 (18)	49.4 (467)	57.3 (47)
Sexual	9.4 (78)	14.0 (17)	9.9 (26)	8.3 (3)[a]	6.6 (62)	18.3 (15)***
Verbal aggression	72.3 (601)	71.1 (86)	60.1 (158)	77.8 (28)*	43.1 (407)	47.6 (39)
Intimidation	40.9 (340)	51.2 (62)*	29.7 (78)	25.0 (9)	27.8 (263)	28.0 (23)
Unwanted sexual attention	6.7 (56)	9.9 (12)	4.2 (11)	5.6 (2)[a]	5.9 (56)	7.3 (5)[a]
Psychological/emotional	3.0 (25)	4.1 (5)	1.9 (5)	2.8 (1)[a]	0.3 (3)	0.0 (0)[a]
Injury type						
Any	23.1 (192)	43.0 (52)***	18.3 (48)	22.2 (8)	21.2 (200)	41.5 (34)***
Physical	21.9 (182)	43.0 (52)***	16.7 (44)	22.2 (8)	19.3 (182)	39.0 (32)***
Psychological/emotional	13.8 (115)	27.3 (33)***	11.4 (20)	8.3 (3)	7.0 (66)	20.7 (17)***

Note. *p<.05 **p<.01 ***p<.001.

.

Police involvement. Police were more likely to be involved in alcohol- and drug-related than unrelated incidents (see Table 53 and Table 54).

Either alcohol or drug use at IPV incidents did not significantly impact police actions at the most recent incident nor the likelihood that the matter would be heard at court.

Police were more likely to remove someone from a FV incident and the matter was more likely to be subject to a court hearing when drugs had been used.

In relation to other violence incidents, police most often detained and charged someone at either alcohol or drug-related incidents, and more often provided a referral to support service/s and provided information about violence at drug-related incidents, compared to incidents where substances were not used. Both alcohol and drug related incidents were subject to a court hearing more often than substance-unrelated incidents.

Table 53 Police involvement and actions at most recent incident according to alcohol use (n = 2278)

	IPV		FV		Other violence	
	Alcohol use		Alcohol use		Alcohol use	
	No % (n)	Yes % (n)	No % (n)	Yes % (n)	No % (n)	Yes % (n)
Police involved (yes)	15.7 (99)	21.3 (68)*	15.6 (33)	18.2 (16)	24.3 (168)	32.0 (108)**
Police actions						
Arrested person/s	31.3 (31)	42.6 (29)	18.2 (6)	18.8 (3)[a]	30.4 (51)	41.7 (45)
Removed person/s	44.4 (44)	52.9 (36)	24.2 (8)	37.5 (6)[a]	23.2 (39)	40.7 (44)**
Detained person/s	27.3 (27)	36.8 (25)	12.1 (4)	18.8 (3)[a]	22.6 (38)	38.9 (42)**
Charged person/s	33.3 (33)	39.7 (27)	24.2 (8)	18.8 (3)[a]	32.7 (55)	45.4 (49)*
Police order	57.6 (57)	55.9 (38)	48.5 (16)	43.8 (7)	12.5 (21)	17.6 (19)
Referred to support services	41.4 (41)	32.4 (22)	45.5 (15)	56.3 (9)[a]	16.7 (28)	12.0 (13)
Provided Information	45.5 (45)	44.1 (30)	54.5 (18)	62.5 (10)	26.2 (44)	28.7 (31)
Organised Emergency accommodation	17.2 (17)	25.0 (17)	12.1 (4)	18.8 (3)[a]	3.6 (6)	4.6 (5)[a]
Attended scene, no action taken	27.3 (27)	20.6 (14)	42.4 (14)	43.8 (7)	23.2 (39)	24.1 (26)
Attended the scene, perceived as something that 'just happened'	18.2 (18)	22.1 (150	24.2 (8)	37.5 (6)[a]	14.9 (25)	18.5 (20)
Matter subject to court hearing (yes)	8.1 (51)	10.9 (35)	7.6 (16)	8.0 (7)	9.4 (65)	13.6 (46)*

Notes. *p<.05 **p<.01 ***p<.001. [a]Analysis contains cells with expected count <5, Fisher's Exact Test is reported.

Table 54 Police involvement and actions at most recent incident according to drug use (n = 2278)

	IPV		FV		Other violence	
	Other drug use		Other drug use		Other drug use	
	No % (n)	Yes % (n)	No % (n)	Yes % (n)	No % (n)	Yes % (n)
Police involved (yes)	16.2 (135)	26.4 (32)**	14.1 (37)	33.3 (12)**	24.4 (231)	54.9 (45)***
Police actions						
Arrested person/s	36.3 (49)	34.4 (11)	13.5 (5)	33.3 (4)[a]	29.9 (69)	60.0 (27)***
Removed person/s	46.7 (63)	53.1 (17)	18.9 (7)	58.3 (7)[a]*	27.7 (64)	42.2 (19)
Detained person/s	31.9 (43)	28.1 (9)	10.8 (4)	25.0 (3)[a]	26.4 (61)	42.2 (19)*
Charged person/s	35.6 (48)	37.5 (12)	16.2 (6)	41.7 (5)[a]	33.3 (77)	60.0 (27)***
Police order	57.0 (77)	56.3 (18)	40.5 (15)	66.7 (8)	13.4 (31)	20.0 (9)
Referred to support services	39.3 (53)	31.3 (10)	43.2 (16)	66.7 (8)	13.0 (30)	24.4 (11)*
Provided Information	46.7 (63)	37.5 (12)	51.4 (19)	75.0 (9)	24.7 (57)	40.0 (18)*
Organised Emergency accommodation	19.3 (26)	25.0 (8)	18.9 (7)	0.0 (0)[a]	3.0 (7)	8.9 (4)
Attended scene, no action taken	24.4 (33)	25.0 (8)	45.9 (17)	33.3 (4)	23.4 (54)	24.4 (11)
Attended the scene, perceived as something that 'just happened'	17.8 (24)	28.1 (9)	29.7 (11)	25.0 (0)[a]	17.3 (40)	11.1 (5)
Matter subject to court hearing (yes)	8.8 (73)	10.7 (13)	6.1 (16)	19.4 (7)[a]*	8.8 (83)	34.1 (28)***

Notes. *p<.05 **p<.01 ***p<.001. [a]Analysis contains cells with expected count <5, Fisher's Exact Test is reported.

3.2.6.1. ALCOHOL AND OTHER DRUG USE

Among substance-related incidents (n = 898), 69.3% involved only alcohol, 17.0% only drugs, and 13.7% alcohol and drugs. Drugs were more likely to be used at either IPV or FV incidents compared to other violence incidents. Substance use (alcohol, drugs, or both) at FV or IPV incidents was not related to the type of violence experienced (p>.05). Drug use, compared to alcohol use, at other violence incidents increased the likelihood of sexual violence (p<.001) Compared to other violence (4.7%), IPV (8.3%) and FV (8.7%) were more likely to involve drugs only (p<.01, Phi = 0.08; p<.05, Phi = 0.08); however there were no differences between IPV, FV, and other violence with regards to the incident involving alcohol and drugs, alcohol only, or neither alcohol or drugs (p >.05).

The following section compares the likelihood of physical violence, sexual violence, verbal aggression, intimidation, and unwanted sexual attention at the most recent incident across incidents involving alcohol only, drugs only, and alcohol and drugs. As shown Table 55 for IPV and FV there were no significant differences in the proportion of incidents involving alcohol only, drugs only, and alcohol and drugs that also involved physical violence, sexual violence, verbal aggression, intimidation, and unwanted sexual attention (p >.05). For other violence only, a higher proportion of drugs only incidents involved sexual violence (18.8%) compared to incidents involving alcohol only (4.2%; p<.001, Phi = 0.21), and a higher proportion of drug and alcohol incidents involved sexual violence (17.6%; p<.001, Phi = 0.20), verbal aggression (52.9%; p<.01, Phi = 0.16), and intimidation (33.3%; p<.05, Phi = 0.11) compared to incidents involving alcohol only (4.2%, 31.1% and 20.6%, respectively). There were no significant differences in the proportion of incidents involving drugs only compared to drugs and alcohol across all violence types (p>.05).

Table 55 Type of violence experienced at the most recent incident according to substance use (n = 898)

				Significance		
Violence type	**Alcohol % (n)**	**Drugs % (n)**	**Alcohol and drugs % (n)**	**Alcohol vs. drugs**	**Alcohol vs. alcohol and drugs**	**Drugs vs. alcohol and drugs**
All incidents						
Physical violence	61.6 (383)	56.9 (87)	60.2 (74)	ns	ns	ns
Sexual violence	7.1 (44)	13.1 (20)	16.3 (20)	*	***	ns
Verbal aggression	51.9 (323)	64.1 (98)	61.0 (75)	**	ns	ns
Intimidation	31.2 (194)	39.2 (60)	37.4 (46)	ns	ns	ns
Unwanted sexual attention	5.9 (37)	7.8 (12)	6.5 (8)	ns	ns	ns
IPV						
Physical violence	55.7 (147)	58.2 (46)	64.3 (36)	ns	ns	ns
Sexual violence	54.8 (23)	23.8 (10)	21.4 (9)	ns	ns	ns

				Significance		
Violence type	**Alcohol % (n)**	**Drugs % (n)**	**Alcohol and drugs % (n)**	**Alcohol vs. drugs**	**Alcohol vs. alcohol and drugs**	**Drugs vs. alcohol and drugs**
Verbal aggression	72.0 (190)	75.9 (60)	62.5 (35)	ns	ns	ns
Intimidation	43.6 (115)	51.9 (41)	46.4 (26)	ns	ns	ns
Unwanted sexual attention	6.4 (17)	8.9 (7)	8.9 (5)	ns	ns[a]	ns[a]
FV						
Physical violence	52.8 (38)	50.0 (13)	50.0 (8)	ns	ns	ns
Sexual violence	12.5 (9)	3.8 (1)	12.5 (2)	ns[a]	ns[a]	ns[a]
Verbal aggression	61.1 (44)	73.1 (19)	81.3 (13)	ns	ns	ns[a]
Intimidation	27.8 (20)	26.9 (7)	18.8 (3)	ns	ns[a]	ns[a]
Unwanted sexual attention	5.6 (4)	3.8 (1)	6.3 (1)	ns[a]	ns[a]	ns[a]
Other violence						
Physical violence	69.2 (198)	58.3 (28)	58.8 (30)	ns	ns	ns
Sexual violence	4.2 (12)	18.8 (9)	17.6 (9)	***[a]	***[a]	ns
Verbal aggression	31.1 (89)	39.6 (19)	52.9 (27)	ns	**	ns
Intimidation	20.6 (59)	25.0 (12)	33.3 (17)	ns	*	ns
Unwanted sexual attention	5.6 (16)	8.3 (4)	3.9 (2)	ns[a]	ns[a]	ns[a]

Notes. *p<.05 **p<.01 ***p<.001 ns= non-significant [a]Analyses include cells with expected count <5, Fisher's Exact Test is reported.

3.2.7. USUAL SUBSTANCE USE: IMPACT ON MOST RECENT INCIDENT

This section presents findings related to the association past 12 month alcohol use had with the most recent incident[29]. Findings related to respondent alcohol use are presented first, followed by those related to partner alcohol use. Lastly, findings related to when respondent and partner use alcohol together.

3.2.7.1. RESPONDENT ALCOHOL USE

Compared to Other violence, fewer respondents who reported IPV (p<.001, Phi = -.07) or FV (p<.001, Phi = -.15) engaged in heavy episodic drinking, and consumed a lower mean number of standard drinks per typical occasion (p<.05; p<.001) (see Table 56). There were no significant differences in the proportion of hazardous drinkers who reported either IPV or other violence incidents, however a significantly greater proportion of those who reported IPV or other violence incidents were hazardous drinkers compared to FV (p<.01, Phi = -.09; p<.001, Phi = -.11).

[29] Analyses relating to partner alcohol use (separately and with respondent) were restricted to respondents who had ever been in a relationship (n = 4735). This corresponds to 45.9% of respondents who experienced lifetime violence. Respondents completed the AUDIT-C questions referenced to the drinking behaviour of their current or (if they did not have a current partner) most recent partner and drinking behaviour when drinking together. For questions relating to partner alcohol use respondents could indicate that they did not know or could not remember their partners' alcohol use, thus AUDIT-C scores were only calculated when all three scale items were complete (n = 4048 for AUDIT-C, n = 4425 for AUDIT-3)

Table 56 Usual alcohol use patterns according to type and time since most recent incident (n = 2278)

				Significance		
	IPV % (n)	**FV % (n)**	**Other violence % (n)**	**IPV vs FV**	**IPV vs Other**	**FV vs Other**
All incidents (n=2278)						
HED (yes)	37.8 (360)	27.8 (83)	45.0 (462)	**	***	***
Typical standard drinks (M [SD])[a]	2.31 (2.66)	1.72 (2.00)	2.60 (2.95)	***	*	***
Hazardous alcohol use (yes)	44.1 (420)	34.1 (102)	47.1 (484)	***	ns	***
Incidents in the past 12 months (n = 468)						
HED (yes)	45.9 (105)	34.0 (18)	47.8 (89)	ns	ns	ns
Typical standard drinks (M [SD])[a]	2.81 (3.81)	1.77 (2.43)	2.57 (3.89)	*	ns	*
Hazardous alcohol use (yes)	47.6 (109)	39.6 (21)	44.6 (83)	ns	ns	ns

Notes. *p<.05 **p<.01 ***p<.001 HED = Heavy episodic drinking (consumption of 6 or more drink on one occasion at least once in the past 12 months). [a]Mann-Whitney-U Test (non-parametric).

3.2.7.1.1. GENDER DIFFERENCES

Gender differences in past 12 month alcohol use patterns according to type of violence experienced at the most recent incident are presented in Table 57Table 57. Regardless of incident type, a significantly greater proportion of males engaged in each drinking behaviour (and reported a higher mean number of typical standard drinks) than females. Compared to females who reported a FV incident, females who reported IPV or other violence incidents were most likely to engage in heavy episodic drinking (p<.01, Phi = -.10; p<.001, Phi = -.15), to drink at a hazardous level (p<.01, Phi = -.10; p<.01, Phi = -.12), and to report a higher mean number of standard drinks per typical occasion (p<.01).

Males who reported other violence incident consumed a significantly higher mean number of standard drinks per typical occasion compared to those who reported a FV incident (p<.05). Males who reported an IPV incident were most likely to report heavy episodic drinking (p<.01, Phi = -.14) and to consume a higher mean number of standard drinks per typical occasion than those reporting FV (p<.001).

Table 57 Past 12 month alcohol use patterns of male and female respondents according to most recent incident type (n = 2268)

	% of males (n)	**% of females (n)**	**Statistic**
All incidents			
HED	49.2 (525)	31.2 (375)	$\chi^2 = 76.91$***
Typical standard drinks (*M* [*SD*])	2.88 (3.14)	1.90 (2.23)	$U = 49447.5$***
Hazardous alcohol use (yes)	49.3 (526)	39.7 (477)	$\chi^2 = 21.37$***
IPV			
HED	55.1 (125)	32.2 (232)	$\chi^2 = 38.35$***
Typical standard drinks (*M* [*SD*])	3.41 (3.47)	1.97 (2.25)	$U = 56583.5$***
Hazardous alcohol use (yes)	52.4 (119)	41.5 (299)	$\chi^2 = 8.31$**

	% of males (n)	% of females (n)	Statistic
All incidents			
FV			
HED	39.8 (41)	21.4 (42)	$\chi^2 = 11.37$***
Typical standard drinks (*M* [*SD*])	2.20 (2.81)	1.46 (1.79)	*U* = 7960.00**
Hazardous alcohol use (yes)	41.7 (43)	30.1 (59)	$\chi^2 = 4.07$*
Other violence			
HED	48.8 (359)	35.3 (101)	$\chi^2 = 15.08$***
Typical standard drinks (*M* [*SD*])	2.81 (3.11)	2.05 (2.44)	*U* = 86111.00***
Hazardous alcohol use (yes)	49.5 (364)	41.6 (119)	$\chi^2 = 5.09$*

Notes. *p<.05 **p<.01 ***p<.001 HED = Heavy episodic drinking (consumption of 6 or more drink on one occasion at least once in the past 12 months

3.2.7.1.2. USUAL ALCOHOL USE AND ALCOHOL USE AT THE MOST RECENT INCIDENT

Any and respondent use of alcohol at the most recent incident was associated with respondent usual hazardous (p<.001, Phi = .11; p<.001, Phi = .21) and heavy episodic drinking (p<.001, Phi = .12; p<.001, Phi = .25). These differences were consistent across IPV and other violence incidents, however, for FV, there was no significant difference in the proportion of respondents who reported any alcohol use at the most recent incident, who drank at hazardous levels (37.5% versus 32.7%) or who engaged in HED (30.7% vs 26.5%).Respondent HED or hazardous drinking status was also not significantly associated with reporting experience of a similar incident with the same person(s) previously for IPV, FV, or other violence (ps>.05).

3.2.7.2. PARTNER ALCOHOL USE

The majority of partners (77.9%)[30] were current drinkers (i.e. had consumed alcohol within the past 12 months), 40.8%[31] engaged in at least one episode of HED in the past 12 months, and 43.8%[32] were hazardous drinkers.

Compared to males, significantly fewer female[33]partners were current drinkers (p<.001), engaged in HED (p<.001), and were hazardous drinkers (p<.001).

Respondent drinking behaviour predicted partner drinking behaviour; 86.1% of partners of respondents who were current drinkers were also current drinkers (p<.001, Phi = .41), 69.5% of

[30] 138 respondents indicated they 'don't know/can't remember' their partner's drinking behaviour for all three questions and were coded as missing data.
[31] 310 respondents indicated that they 'don't know/can't remember' their partners HED over the past 12 months
[32] Only calculated for partners with no missing data on all three items of the AUDIT-C, n = 4048
[33] Respondents who indicated their partner's sex was transgender (n = 3) or other (n = 1) were excluded from sex comparison analyses.

partners of respondents who engaged in heavy episodic drinking were also heavy episodic drinkers p<.001, Phi = .47), and 67.4% of partners of respondents who were hazardous drinkers also drank at hazardous levels (p<.001, Phi = .43).

Compared to respondents who reported both FV and other violence incidents, current and recent partners of respondents who reported an IPV incident were significantly more likely to be a current drinker (p<.001, Phi = -.10; p<.001, Phi = .09), engage in heavy episodic drinking (p<.001, Phi = -.16; p<.001, Phi = .18), drink at hazardous levels (p<.01, Phi = -.08; p<.01, Phi = .07), and consume a higher mean number of standard drinks (p<.001; p<.001) (see Table 58). Similar trends were found when only current partners' (n = 1440) drinking patterns were considered.

Table 58 Current and most recent partners' alcohol use patterns, alone and with respondent, according to most recent incident type (n = 1837)[34]

				Significance		
	IPV % (n)	**FV % (n)**	**Other violence % (n)**	**IPV vs FV**	**IPV vs Other**	**FV vs Other**
All partners (n = 1837)						
Any alcohol consumption (yes)	80.4 (618)	71.6 (164)	74.1 (622)	**	**	ns
HED (yes)	50.2 (386)	34.1 (78)	34.9 (293)	***	***	ns
Typical standard drinks (*M* [*SD*])[a]	3.20 (3.53)	1.93 (2.47)	2.04 (2.50)	***	***	ns
Hazardous alcohol use (yes)	50.2 (386)	40.2 (92)	43.0 (361)	**	**	ns
Respondent and partner drink together (yes)[c]	67.5 (518)	58.5 (134)	67.2 (563)	*	ns	*
Respondent and partner HED together (yes)[d]	31.3 (236)	22.7 (52)	30.3 (253)	*	ns	*
Current partners (n = 1440)						
Any alcohol consumption (yes)	79.0 (447)	71.4 (140)	74.8 (507)	*	ns	ns
HED (yes)	46.8 (265)	33.7 (66)	33.8 (229)	***	***	ns
Typical standard drinks (*M* [*SD*])[a]	2.91 (3.27)	1.90 (2.51)	1.91 (2.38)	***	***	ns
Hazardous alcohol use (yes)	47.0 (266)	39.8 (78)	42.5 (288)	ns	ns	ns
Respondent and partner drink together (yes)	67.8 (383)	57.7 (113)	48.3 (464)	**	ns	**
Respondent and partner HED together (yes)	31.5 (175)	22.4 (44)	29.0 (196)	*	ns	ns

Notes. *p<.05 **p<.01 ***p<.001 HED = Heavy episodic drinking (consumption of 6 or more drinks on one occasion at least once in the past 12 months). [a]Mann-Whitney-U Test; [c]Drinking behaviour together not indicated by 3 respondents; [d]Binge drinking behaviour together not indicated by 17 respondents.

3.2.7.3. RESPONDENT AND PARTNER ALCOHOL USE

Of the sample that reported having ever been in a relationship, the majority (95.3%) of respondents and partners who were current drinkers drank together, and 41.5% engaged in heavy episodic

[34] n refers to number of respondents who reported lifetime violence, who ever had a partner, and who answered all three AUDIT-C items.

drinking together. Similar trends were found when drinking patterns of respondents who experienced lifetime violence and their partners only were considered.

There were no significant differences in the proportion of respondents who drank with their partner across incident types (ps >.05). A significantly greater proportion of respondents who reported IPV (p<.05, Phi = -.08) or other violence (p<.05, Phi = -.07) incidents engaged in heavy episodic drinking with their partner compared to FV.[35]

Among respondents who drank together with their partner, a small proportion had experienced alcohol-related violence or aggression in the past 12 months with their partner (12.0% Other violence, 30.6% IPV, 9.8% FV). Respondents who reported an IPV incident and who drank with their partner were significantly more likely to experience alcohol-related violence with the partner than those who reported either FV or other violence incidents (p<.001).

3.2.7.3.1. BELIEFS ABOUT ALCOHOL USE AND VIOLENCE

To determine the frequency respondents had experienced alcohol-related incidents in general, they were asked, '*How often do you think alcohol is a cause of violence you have been involved in?'* with response options ranging from Never to Daily or Almost Daily.

Those who reported an IPV incident were significantly more likely to indicate alcohol was a cause of the violence they had experienced compared to those who reported other violence (p<.01, Phi = .06) or FV (p<.01, Phi = -.08) incident.

Respondents who experienced an alcohol-related most recent incident, 17.5%, 20.5%, and 32.3% of respondents reporting IPV, FV, and other violence respectively, indicated that alcohol has never caused violent incidents they have been involved in, thus indicating that involvement of alcohol was not necessarily attributed as a *cause* of the most recent incident. The proportion of respondents reporting that alcohol has caused a violent incident they have been involved in among those that reported alcohol was involved in the most recent incident was significantly higher for those reporting IPV (82.5%; p<.001, Phi = .17) and FV (79.5%; p<.05, Phi = .10) compared to those reporting other violence (67.7%).

3.2.7.4. DRUG USE AND MOST RECENT INCIDENT

[35] When analyses were restricted to respondents in current relationship (for at 12 months) and who experienced their most recent incident within the past 12 months, there were no significant differences in drinking behaviour together and type of violence experienced at most recent incident. However, given the reduced analytic *n* for these analyses, the power to detect a significant difference was substantially reduced.

Of respondents who experienced lifetime violence 8.5% had used an illicit substance in the past 12 months (see Table 59)[36].

Respondents who reported an IPV or other violence incident were more likely than those who reported FV to use illicit drugs (p<.001, Phi = .11; p<.001, Phi = .09). Severity of drug dependence was not found to differ across respondents who experienced each incident type.

Table 59 Drug use and dependency level of male and female respondents according to most recent incident type (n = 2278)

				Significance		
	IPV % (n)	**FV % (n)**	**Other violence % (n)**	**IPV vs FV**	**IPV vs Other**	**FV vs Other**
Illicit drug use past 12 months (yes)	10.2 (97)	3.0 (9)	8.6 (88)	***	ns	***
M SDS Score (*SD*)[b]	8.86 (12.53)	2.78 (4.63)	8.71 (10.48)	ns	ns	ns
Dependency classification						
Low substance use dependency	81.4 (79)	100.0 (9)	85.2 (75)	ns[a]	ns	ns[a]
Within high substance use dependency	18.6 (18)	0.0 (0)	14.8 (13)			
Males (n = 1066)						
Illicit drug use past 12 months (yes)	7.0 (16)	1.9 (2)	7.7 (57)	ns	ns	*
Females (n = 1202)						
Illicit drug use past 12 months (yes)	11.0 (79)	3.6 (7)	10.1 (29)	**	ns	**

Notes. *p<.05 **p<.01 ***p<.001 [a]Analyses include cells with expected count <5, Fisher's Exact Test is reported [b]Mann-Whitney-U test. SDS=Severity of Dependency Scale *M* = mean

3.2.7.4.1. BELIEFS ABOUT DRUG USE AND VIOLENCE

The general frequency respondents had experienced drug-related violence did not differ according to the most recent incident type[37] (ps>.05). Specifically 19.7% of those who reported an IPV incident, 20.1% who reported a FV incident and 23.9% who reported other violence incident believed drugs were a cause of the violence they had experienced at least once.

In relation to drug-related recent incidents, 34.1% of respondents who reported IPV, 24.0% who reported FV and 22.2% who reported Other violence, stated that drugs had never been a cause of the violence they had experienced in general. This suggests that respondents did not necessarily

[36] Due to 0 respondents within FV classified as 'high substance dependency', comparisons to FV are not reported.

[37] To determine the general frequency respondents had experienced drug-related violence, they were asked, '*How often do you think drugs are a cause of violence you have been involved in?'* with response options ranging from Never to Daily or Almost Daily. This question did not specify that the drugs were illicit.

attribute drugs as a cause of the most recent drug-related violent incident. In contrast, considering drug-unrelated incidents, a significantly greater proportion of respondents who reported other violence incident (20.2%) stated that drugs were a cause of the violence they had experienced in general compared to both IPV (11.6%; p<.001, Phi = -.17) and FV (12.2%; p<.01, Phi = -.09).

3.2.8. MENTAL HEALTH

Overall, respondents who reported either an IPV or FV incident had higher depression, anxiety and stress levels, and were more likely to have a higher than normal level of all three symptoms, than those who reported other violence incident (see Table 60). This difference was significant for men only. Females who experienced other violence incident had a significantly higher mean anxiety compared to females who reported an IPV incident.

Table 60 Mean depression, anxiety and stress scale scores according to most recent incident type (n = 2278)

				Significance		
	IPV *M* (sd)	**FV *M* (sd)**	**Other violence *M* (SD)**	**IPV vs FV**	**IPV vs Other**	**FV vs Other**
Total (n = 2278)						
Depression	5.07 (5.57)	4.85 (5.44)	3.56 (4.73)	ns	***	***
Anxiety	3.12 (4.36)	3.40 (4.55)	2.38 (3.88)	ns	***	***
Stress	4.77 (4.73)	4.81 (4.80)	3.61 (4.29)	ns	***	***
Males (n=1066)						
Depression	5.11 (5.28)	4.85 (5.73)	2.98 (4.18)	ns	***	**
Anxiety	2.93 (4.06)	3.51 (4.87)	1.79 (3.14)	ns	***	***
Stress	4.62 (4.54)	4.69 (5.09)	2.98 (3.72)	ns	***	***
Females (n=1202)						
Depression	5.03 (5.67)	4.86 (5.30)	4.99 (5.67)	ns	ns	ns
Anxiety	3.17 (720)	3.35 (4.39)	3.86 (5.04)	ns	ns	ns
Stress	4.80 (4.80)	4.87 (4.65)	5.22 (5.14)	ns	ns	ns

Notes. *p<.05 **p<.01 ***p<.001 Kruskal-Wallis post-hoc tests.

3.2.8.1.1. IMPACT ON LIFE

The most recent FV and IPV incidents had a similarly moderately high impact on respondents' lives (*M* = 5.92, *SD* = 2.94; *M* = 6.06, *SD* = 3.02), and was significantly higher than the impact of other violence incidents (*M* = 3.83, *SD* = 2.95) (p<.001; p<.001). Females reported significantly higher impact on life scores than males for Other violent incidents (*M* = 5.10 vs *M* = 3.33, p<.001), IPV (*M* = 6.28 vs *M* = 5.29, p<.001), and FV (*M* = 6.18 vs *M* = 5.42, p<.05).

To determine the unique impact key respondent and incident characteristics had on the most recent incident impact on life, a binary logistic regression model was conducted with impact on life (low

versus high[38]) as outcome variable (see Table 61). To determine if alcohol and drug involvement associated differently by type of violence experienced, interaction terms between alcohol and drug involvement and type of violence were added to the model. Addition of these interactions added no significant variance to the model ($\chi^2(4)=2.93$, p=0.57), and thus they were removed from the final model presented in the table below.

The model accounted for 19%-25% of the variance in prediction of impact on life (Cox & Snell R Square = 0.19; Nagelkerke R Square = 0.25) and correctly predicted 68.3% of cases. The odds of being classified in the 'high' impact on life group was significantly increased for respondents aged 25-35 years (compared to those aged 66 years or older), females, experience of IPV or FV at the most recent incident (compared to Other violence), receiving a physical or psychological injury as a result of the incident, and drug-related incident. Alcohol involvement in the incident significantly decreased the odds of being classified in the high impact on life group.

Table 61 Logistic regression model predicting experience of lifetime violence (n = 2268)

	B	Wald χ^2	OR	95% CI
Age (years)				
18-25	0.07	0.22	1.08	0.79-1.47
26-35	0.52	8.02	1.68**	1.17-2.40
36-50	0.29	3.46	1.34	0.98-1.82
51-65	0.25	3.15	1.29	0.97-1.70
66+[a]				
Females	0.81	59.11	2.26***	1.83-2.28
Type of violence				
Other[a]				
IPV	0.80	51.20	2.22***	1.78-2.76
FV	0.89	36.02	2.43***	1.82-3.25
Physical injury (yes)	0.33	5.77	1.40*	1.06-1.83
Psychological injury (yes)	1.92	81.39	6.86***	4.51-10.42
Alcohol involved (yes)	-0.29	7.97	0.75**	0.61-0.91
Drugs involved (yes)	0.50	9.77	1.65**	1.20-2.25

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference group.

3.2.8.1.2. FEELINGS OF PERSONAL SAFETY

Figure 26 below displays the proportion of respondents who reported an IPV, a FV or other violence incident and indicated feeling unsafe in each of five situations.

There were no significant differences between respondents who reported either an IPV or FV incident in feelings of safety in each situation with the exception of 'being home with only my partner'. Specifically, 13.6% of respondents who reported IPV compared to 4.6% who reported FV indicated they felt unsafe in this situation (p<.001, Phi = .12). Compared to those who reported other violence incident, respondents who reported IPV were more likely to report feeling unsafe

[38] A k-means cluster analysis was performed resulting in two categories we termed 'low' (0-5) and 'high' (6-10) impact on life. 54.3% of respondents were classified as 'low'.

using public transport alone at night (p<.05, Phi = -.07), walking in the local area alone at night (p<.001, Phi = -.09), being alone with their partner (p<.001, Phi = -.11) and being home alone at night (p<.001, Phi = -.07).

Compared to those who reported other violent incident, respondents who reported FV were more likely to report feeling unsafe walking alone in the local area at night (p<.001, Phi = -.11) and being home alone at night (p<.05, Phi = -.07).

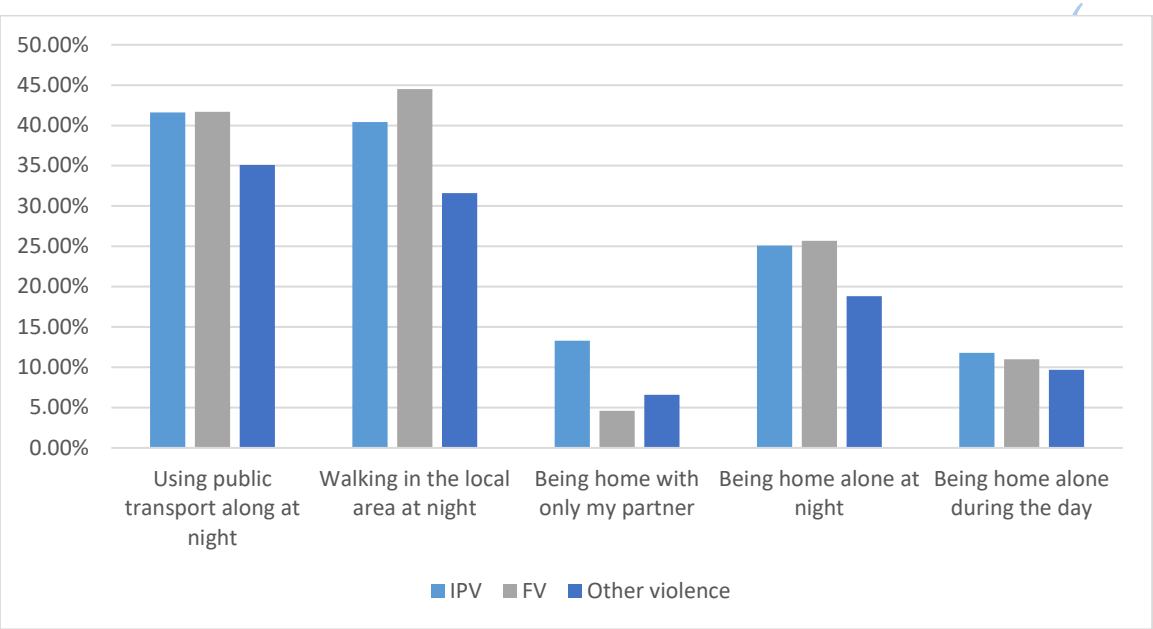


Figure 26 Proportion of respondents who felt unsafe in five situations according to most recent incident type[39]

Figure 27 below displays the proportion of respondents who reported a recent incident and avoided each situation due to feeling unsafe. There was no significant differences in avoiding each situation due to feeling unsafe across most recent incident types (ps>.05).

[39] Cross tabulations exclude respondents who indicated N/A for each situation

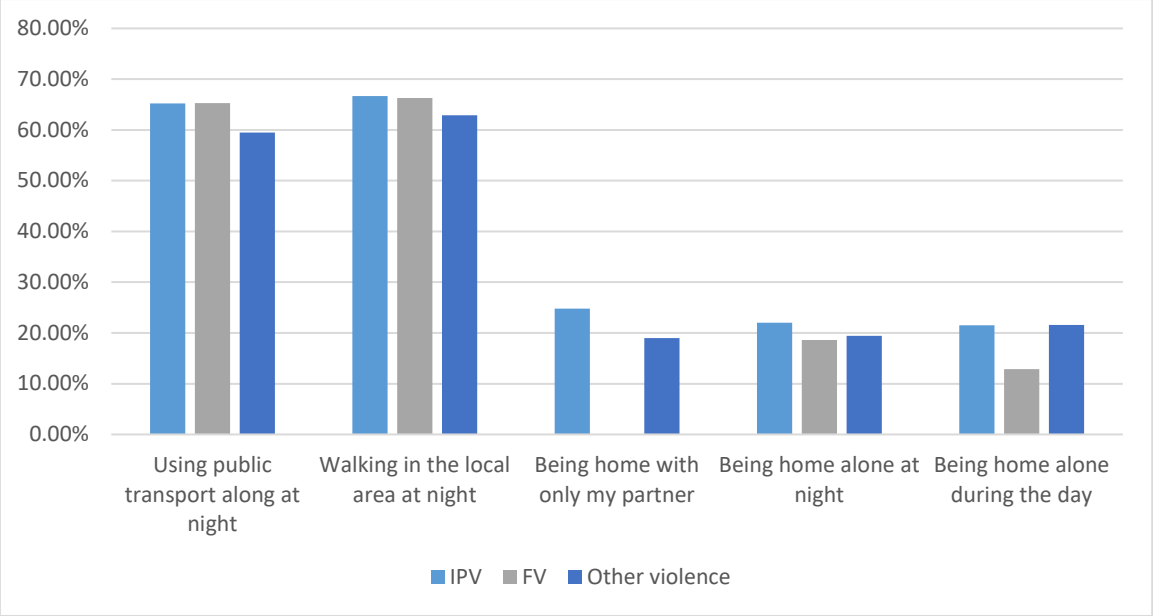


Figure 27 Proportion of respondents who reported IPV, FV and Other violence who reported avoiding situations due to feeling unsafe[40]

3.2.9. MULTIVARIATE PREDICTORS OF MOST RECENT INCIDENT TYPE

To determine which factors predicted IPV versus FV, IPV versus Other violence, and FV versus Other violence, three hierarchical logistic regression analyses were performed with type of violence experienced at the most recent experience as the outcome variable. Demographic factors that were significant bivariate predictors of violence types (age group, sex, education, and geographic region) were entered in the first step, respondent alcohol and drug use variables in the second step, and partner alcohol use variables in the third step. Although significant at the bivariate level, due to high levels of missing data, household income was not included in the models.

IPV versus Other Violence. Table 62 displays the logistic regression model predicting experience of IPV compared to other violence at the most recent incident. In the fully adjusted model (Step 3), respondents aged 18-25 years were significantly less likely to report an IPV compared to other violence incident (OR = 0.62, 95%CI = 0.41-0.96), and females (OR = 10.33, 95%CI = 7.40-14.43), those whose highest education level was Year 11 or below (OR = 1.46, CI = 1.06-2.01) or Year 12 (OR = 1.45, CI = 1.03-2.04), and those with partners who engaged in heavy episodic drinking (OR = 1.95, 95%CI = 1.44-2.66) were significantly more likely to report an IPV compared to other violence incident. Thus, partner heavy drinking behaviour was the only variable found to predict experience of IPV versus other violence over and above demographic factors. The

[40] Crosstabulation excludes respondents who indicated N/A or that they did not feel unsafe in each situation

final model accounted for 26%-45% of the variance in experience of IPV versus other violence (Cox & Snell R Square = 0.26; Nagelkerke R Square = 0.34) and correctly classified 75.7% of IPV cases and 74.7 of other violence cases.

FV versus Other Violence. Partner drinking variables added at Step 3 did not add significant variance to the model over and above demographic factors and respondent substance use behaviour added in Steps 1 and 2. The final model accounted for 12%-19% of the variance in the prediction of FV versus other violence incidents (Cox & Snell R Square = 0.12; Nagelkerke R Square = 0.19) and correctly predicted 79.4% of cases (18.5% of FV and 96.3% of other violence).

IPV versus FV. As shown in at Step 1, in the fully adjusted model, being female, using illicit drugs, and having a partner who engages in heavy episodic drinking were significantly associated with the experience of IPV, while being aged 18-25 years was significantly associated with a decreased likelihood of IPV. While the final model correctly predicted 77.8% of cases, it was poor at classifying FV, with only 3.3% of cases correctly classified. The total variance accounted for by the model ranged between 7%-11% (Cox & Snell R Square = 0.07; Nagelkerke R Square = 0.11).

Table 62 Logistic regression predicting experience of IPV compared to other violence at most recent incident (n = 1719)

	Step 1			Step 2			Step 3		
	B	**OR**	**95% CI**	**B**	**OR**	**95% CI**	**B**	**OR**	**95% CI**
Age (years)									
18-25	-0.35	0.70	0.47-1.04	-0.44	0.64*	0.42-0.98	-0.50	0.61*	0.40-0.93
26-35	-0.25	0.78	0.51-1.18	-0.33	0.71	0.46-1.12	-0.41	0.88	0.42-1.04
36-50	0.46	1.58*	1.10-2.27	0.42	1.52*	1.04-2.20	0.34	1.41	0.97-2.05
51-65	0.25	1.28	0.93-1.77	0.23	1.26	0.91-1.74	0.22	1.24	0.90-1.73
66+[a]									
Female	2.29	9.84***	7.80-12.42	2.32	10.15***	7.97-12.94	2.21	9.11***	7.12-11.65
Highest level of education									
Year 11 or below	0.42	1.51**	1.10-2.08	0.40	1.50*	1.09-2.06	0.38	1.46*	1.06-2.02
Year 12 or equivalent	0.43	1.53*	1.09-2.14	0.42	1.52*	1.08-2.13	0.38	1.46*	1.04-2.06
Vocational qualification	0.26	1.30	0.99-1.71	0.26	1.29	0.98-1.70	0.23	1.26	0.95-1.67
Tertiary qualification[a]									
Resides in regional location	-0.17	0.84	0.65-1.09	-0.18	0.83	0.64-1.08	-0.20	0.82	0.63-1.07
HED				0.12	1.13	0.80-1.58	-0.11	0.90	0.61-1.31
Hazardous drinker				-0.00	1.00	0.73-1.37	0.00	1.00	0.73-1.38
Illicit drug use (yes)				0.17	1.19	0.80-1.77	0.14	1.15	0.77-1.72
Partner HED							0.69	1.99***	1.46-2.70
Drinking together HED							-0.15	0.86	0.60-1.24

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category OR=Odds Ratio 95% CI = 95% Confidence Interval for odds ratio

Table 63 Logistic regression predicting experience of FV compared to other violence at most recent incident (n = 1115)

	Step 1			Step 2			Step 3		
	B	**OR**	**95% CI**	**B**	**OR**	**95% CI**	**B**	**OR**	**95% CI**
Age (years)									
18-25	0.00	1.00	0.60-1.68	0.27	1.31	0.76-2.25	0.26	1.30	0.75-2.23
26-35	-0.40	0.67	0.37-1.21	-0.20	0.82	0.44-1.51	-0.20	0.82	0.44-1.51
36-50	0.18	1.20	0.72-1.99	0.29	1.34	0.80-2.24	0.28	1.32	0.79-2.21
51-65	-0.03	0.96	0.61-1.53	0.03	1.03	0.65-1.64	0.03	1.03	0.65-1.63
66+[a]									
Female	1.63	5.10***	3.70-7.03	1.54	4.65***	3.34-6.47	1.52	4.59***	3.29-6.41
Highest level of education									
Year 11 or below	-0.12	0.89	0.55-1.42	-0.08	0.92	0.57-1.48	-0.09	0.91	0.56-1.47
Year 12 or equivalent	0.43	1.53	0.99-2.35	0.45	1.57*	1.01-2.43	0.44	1.56*	1.01-2.24
Vocational qualification	0.06	1.06	0.72-1.55	0.09	1.09	0.74-1.60	0.08	1.09	0.74-1.60
Tertiary qualification[a]									
Resides in regional location	-0.49	0.61*	0.42-0.90	-0.47	0.63*	0.42-0.93	-0.48	0.62*	0.42-0.92
HED				-0.46	0.63	0.39-1.01	-0.47	0.63	0.37-1.06
Hazardous drinker				0.04	1.04	0.66-1.62	0.04	1.04	0.66-1.62
Illicit drug use (yes)				-1.05	0.35**	0.16-0.77	-1.05	0.35**	0.16-0.78
Partner HED							0.14	1.15	0.75-1.77
Drinking together HED							-0.11	0.89	0.53-1.49

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category OR= Odds Ratio 95% CI = 95% Confidence Interval for odds ratio

Table 64 Logistic regression predicting experience of IPV compared to FV at most recent incident (n = 1090)

	Step 1				Step 2				Step 3			
	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI
Respondent age												
18-25 years	-0.41	2.58	0.67	0.41-1.09	-0.74	7.61	0.48**	0.28-0.81	-0.80	8.80	0.45**	0.26-0.76
26-35 years	0.02	0.01	1.02	0.57-1.82	-0.27	0.77	0.77	0.42-1.39	-0.35	1.26	0.71	0.39-1.29
36-50 years	0.12	0.25	1,12	0.69-1.83	-0.01	0.00	0.99	0.60-1.62	-0.05	0.04	0.95	0.58-1.57
51-65 years	0.21	0.83	1,23	0.7801.94	0.18	0.60	1.20	0.76-1.89	0.17	0.50	1.18	0.74-1.87
66+ years[a]												
Female	0.63	15.58	1.89***	1.38-2.59	0.78	20.92	2.18***	1.56-3.05	0.67	14.75	1.95***	1.39-2.75
Respondent education												
Year 11 or below	0.46	4.16	1.59*	1.02-2.47	0.39	2.88	1.46	0.94-2.31	0.36	2.40	1.43	0.91-2.25
Year 12 or equivalent	-0.15	0.51	0.86	0.57-1.30	-0.15	0.47	0.86	0.57-1.31	-0.18	0.67	0.84	0.55-1.28
Vocational qualification	0.18	0.89	1.19	0.83-1.72	0.14	0.56	1.15	0.79-1.68	0.11	0.34	1.12	0.77-1.63
Tertiary qualification[a]												
Resides in rural location	0.28	2.20	1.33	0.91-1.92	0.25	1.67	1.28	0.88-1.87	0.23	1.45	1.26	0.86-1.85
HED					0.58	6.05	1.79*	1.12-2.84	0.31	1.31	1.36	0.80-2.32
Hazardous drinker					-0.02	0.01	0.99	0.64-1.49	-0.00	0.00	1.00	0.6501.52
Illicit drug use (yes)					1.21	9.73	3.37**	1.57-7.23	1.21	9.55	3.36**	1.56-7.26
Partner HED									0.65	10.93	1.92***	1.30-2.84
Drinking together HED									-0.06	0.05	0.94	0.56-1.57

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category OR = Odds Ratio 95% CI = 95% Confidence Interval for odds ratio

A final model predicting experience of alcohol-related violence (ARV) among respondents who drank together with their partner (see Table 65) dichotomised as never (0) versus ever (1).

The effect of respondent heavy episodic drinking was no longer significant with the addition of partner drinking variables in Step 3, where partners' heavy episodic drinking, alone and together with respondents, was associated with 6.25 and 2.78 times greater odds of ARV, respectively. Finally, there was a significant interaction between sex and heavy episodic drinking, whereby male respondents who engaged in heavy episodic drinking were 2.60 times more likely to report ARV compared to female respondents who drank heavily. As shown in Figure 28, for male and female respondents a significantly greater proportion of those who engaged in heavy episodic drinking reported ARV with a partner when drinking together. Post-hoc bivariate analyses indicated that the size of this effect was greater for males (OR = 2.60, 95%CI = 2.02-3.34; Phi = 0.23) than females (OR = 1.32, 95%CI = 1.04-1.69; Phi = 0.19).

Although the final model accounted for 13%-23% of the variance in ARV (Cox & Snell R Square = 0.13; Nagelkerke R Square = 0.23), overall the model was a poor predictor of experience of ARV, with only 1% of ARV cases correctly classified compared to 99.8% of those who did not report ARV.

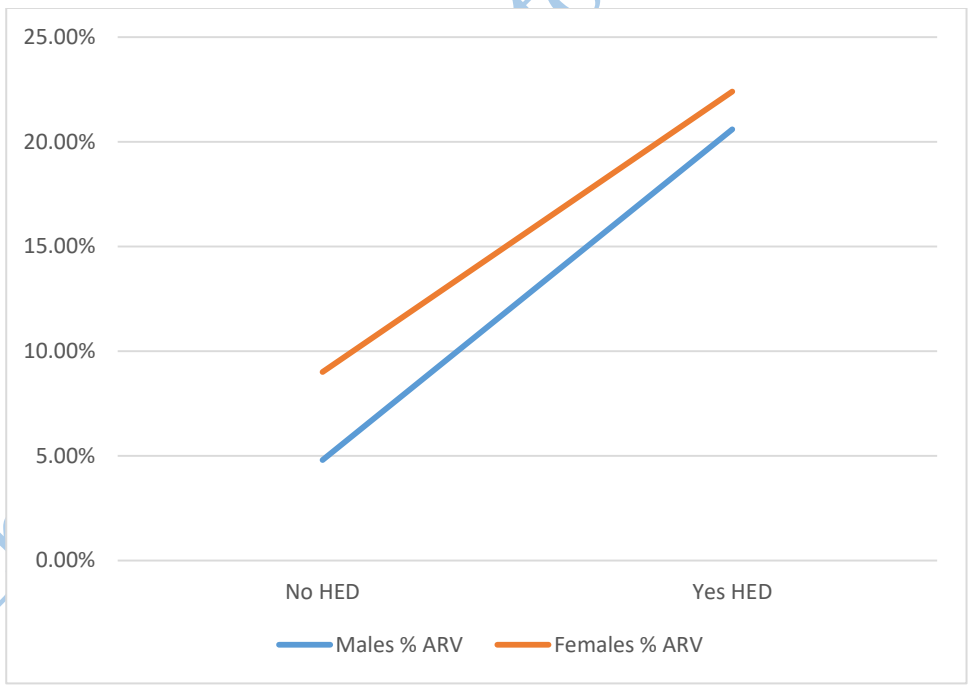


Figure 28 Interaction effect of HED on experience of ARV with current or most recent partner for males versus females

Table 65 Logistic regression predicting experience of ARV (ever) with Current or most recent partner versus never

	Step 1				Step 2				Step 3				Step 4			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Respondent age																
18-25 years	1.48	52.00	4.39***	2.94-6.56	0.93	17.79	2.53***	1.64-3.89	0.53	5.49	1.70*	1.09-2.64	0.52	5.37	1.68*	1.08-2.62
26-35 years	1.71	64.56	5.54***	3.65-8.42	1.26	21.32	3.53***	2.27-5.49	0.90	14.79	2.45***	1.55-3.87	0.90	14.98	2.47***	1.56-2.89
36-50 years	0.95	20.83	2.58***	1.72-3.88	0.67	9.86	1.96**	1.29-2.99	0.37	2.78	1.45	0.94-2.25	0.36	2.66	1.44	0.93-2.23
51-65 years	0.73	14.51	2.08***	1.43-3.03	0.59	9.26	1.81**	1.24-2.66	0.52	6.55	1.68**	1.13-2.51	0.50	5.96	1.65*	1.10-2.46
66+ years[a]																
Male	0.20	3.03	1.23	0.97-1.54	-0.01	0.01	0.99	0.78-1.26	0.17	1.75	1.18	0.92-1.52	-0.15	0.30	0.86	0.50-1.47
Respondent education																
Year 11 or below	0.23	1.91	1.27	0.91-1.77	0.13	1.27	1.14	0.80-1.60	-0.01	0.01	0.98	0.69-1.40	-0.01	0.00	0.99	0.70-1.41
Year 12 or equivalent	0.15	0.92	1.16	0.85-1.59	0.10	0.54	1.10	0.80-1.52	0.03	0.04	1.03	0.74-1.44	0.03	0.04	1.03	0.74-1.44
Vocational qualification	0.22	2.30	1.24	0.94-1.64	0.15	0.38	1.16	0.88-1.55	0.12	0.64	1.13	0.84-1.52	0.14	0.81	1.15	0.85-1.54
Tertiary qualification[a]																
Resides in rural location	0.12	0.81	1.13	0.87-1.47	0.02	1.11	1.02	0.78-1.34	-0.04	0.07	0.96	0.73-1.27	-0.05	0.012	0.95	0.73-1.26
HED					1.15	0.03	3.18***	2.28-4.41	-0.06	0.09	0.94	0.63-1.40	-0.46	3.50	0.63	0.39-1.02
Hazardous drinker					-0.07	47.37	0.66	0.67-1.27	-0.21	1.56	0.81	0.59-1.12	0.02	0.00	1.02	0.66-1.57
Illicit drug use (yes)					0.33	0.19	1.39	0.97-1.98	1.25	1.80	1.28	0.89-1.84	0.42	3.28	1.52	0.97-2.39
Partner HED									1.83	68.66	6.25***	4.05-9.64	1.76	62.64	5.80***	3.75-8.96
Drinking together HED									1.02	28.89	2.78***	1.92-4.04	1.08	30.90	2.95***	2.01-4.32
HED*Male													0.96	7.12	2.60**	1.29-5.27
Hazardous*Male													-0.51	2.50	0.60	0.21-1.13
Illicit drug use*Male													-0.38	0.97	0.68	0.32-1.45

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category OR = Odds Ratio 95% CI = 95% Confidence Interval for odds ratio

3.2.10. COERCIVE CONTROL

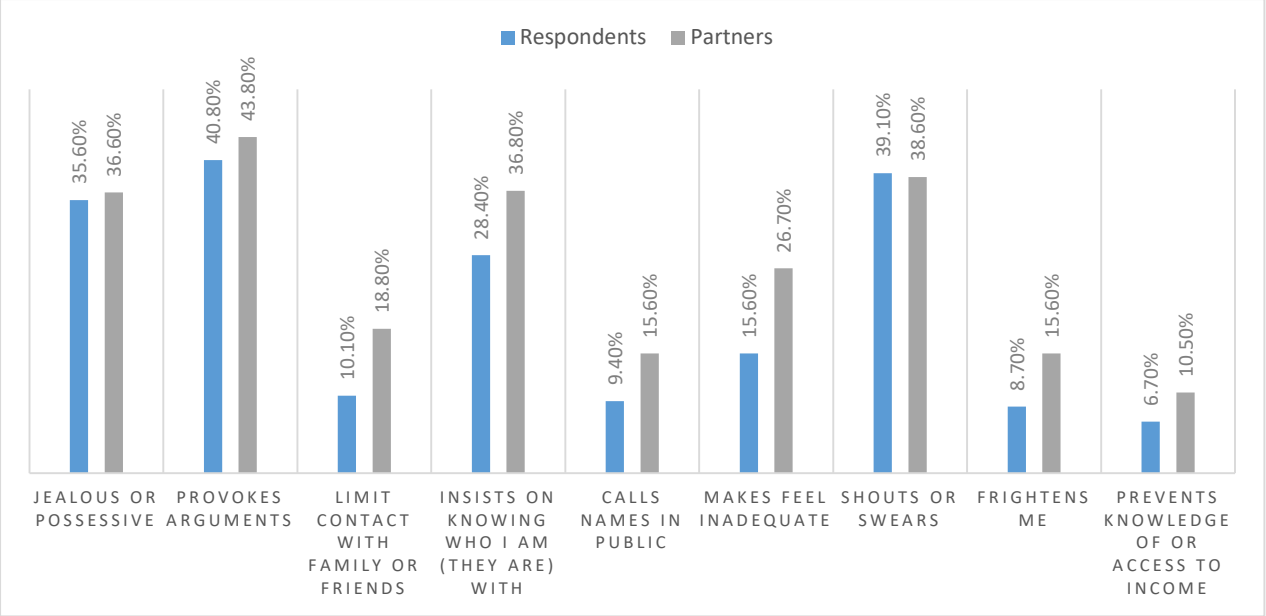
This section presents survey findings related to coercive control. Coercive control was not explicitly identified as a key variable in the research questions guiding this study. However, analyses indicated differences in FDV patterns influenced by levels of coercive control between intimate partners. For this reason it was considered important to include this section.

Respondents who had ever had a partner provided information regarding the coercive controlling behaviours they and their partner engaged in towards each other.[41]

As shown in Table 66, male respondents were significantly more likely to engage in five or more coercive controlling behaviours than female respondents. Female partners were more likely than male partners to engage in one to four behaviours. On average, partners engaged in 2.43 controlling behaviours (*SD* = 2.64) and respondents 1.95 (*SD* = 2.12).[42] The three most frequent coercive controlling behaviours respondents and partners engaged in were 'provokes arguments', 'shouts or swears', and 'is jealous or possessive' (see Figure 29) . A greater proportion of partners than respondents engaged in each behaviour, with the exception of 'shouts or swears'.

[41] The Coercive Control Scale (CCS, Johnson et al., 2014, see Appendix A) scale scores were dichotomised into yes versus no, and then classified according to Johnson et al. (2014) whereby a score of five or more indicated 'high coercive control' and scores of 1-4 indicated 'low coercive control'. Scores of 0 were classified as 'no coercive control'.

[42] Partner and respondent coercive control were highly positively skewed[42]; 31.8% and 33.4% of partners and respondents engaged in zero coercive controlling behaviours, respectively, and 47.5% and 51.3% of partners and respondents engaged in a single coercive control behaviour 'sometimes'. Inspection of correlation matrices revealed moderate to strong positive correlations (r = .40-.65) between partners' CCS scales items. Respondent CCS items were less strongly correlated, but were still small to moderate (r = .25-.52). Taken together, these analyses suggested that approximately half of all respondents and partners engaged in no or very low frequencies of coercive controlling behaviours, and that a higher frequency of engaging in any one coercive controlling behaviour were associated with engaging in other coercive controlling behaviours more frequently. Therefore, we subsequently dichotomised respondent and partner CCS scale items such that 1 = yes and 0 = no. A score of 1 indicated a respondent or partner engaged in a CCB at least sometimes and a score of 0 indicated a respondent/partner never engaged in a CCB.



Note. Excludes 383 respondents who had never been in a relationship.

Figure 29 Proportion of respondents (n = 4735)[1] and partners (n = 4735) who engaged in each coercive controlling behaviour

Following Johnson et al.'s (2014) approach, one to four coercive controlling behaviours were classified a low level and five or more behaviours were classified as a high level of coercive control. According to this classification, 33.3% of respondents and 34.4% of their partners engaged in no coercive control, while 55.2% of respondents and 45.2% of partners engaged in a low, and 11.4% of respondents and 20.5% of partners engaged in a high level of coercive control. A similar proportion of males and females were classified as engaging in no, low, and high levels of coercive control (Table 66). Although significantly greater proportions of male respondents engaged in a high level, and female partners a low level of coercive control, these represent differences of only 2.6% and 3.1% respectively.

Table 66 Proportion of male and female respondents (n = 4721) and partners (n = 4719) classified as perpetrating no, low, and high levels of coercive control[1]

Level of coercive control	Total n	Males % (n)	Females % (n)	Chi square statistic
Respondent				
None	1583	33.2 (755)	33.6 (823)	0.06
Low	2612	54.1 (1228)	56.3 (1380)	2.42
High	540	12.7 (288)	10.1 (247)	7.93**
Any	3152	48.2 (1516)	66.4 (1627)	0.06
Partner				
None	1626	35.0 (867)	33.6 (753)	0.96
Low	2138	43.7 (1083)	46.8 (1049)	4.57*
High	971	21.3 (529)	19.6 (438)	2.30
Any	3509	65.0 (1612)	66.4 (1487)	0.96

Notes. *p<.05 **p<.01 ***p<.001. CCB = Coercive Controlling Behaviour; [1] excludes 14 respondents and 16 partners whose gender was described as *other* (i.e., not male or female).

A greater proportion of ex partners (33.1%) engaged in a high level of coercive control than current partners (16.5%). Current versus ex- partner status accounted for 18% of the variance in level of coercive control (p<.001).

3.2.10.1. COERCEIVE CONTROL AND EXPERIENCE OF VIOLENCE

Table 67 presents respondent and partner level of coercive control according to respondent experience of lifetime and recent violence.

Table 67 Respondent experience of violence according to respondent and partner engagement in no, low, and high CCB (n = 4735)

	Respondent coercive control[a]		
	None	**Low level**	**High level**
Lifetime			
Yes % (n)	25.6 (556)***	58.9 (1280)***	15.5 (338)***
No % (n)	40.1 (1027)	52.0 (1332)	7.9 (202)
Recent			
Yes % (n)	18.1 (52)***	57.3 (165)	24.7 (71)***
No % (n)	34.4 (1531)	55.0 (2447)	10.5 (469)
Most recent experience (n = 2174)[1]			
IPV % (n)	21.9 (208)***	61.4 (583)**	16.7 (159)
FV % (n)	34.0 (90)	58.6 (562)	15.1 (40)
Other violence % (n)	26.9 (258)	50.9 (135)	14.5 (139)
	Partner coercive control[a]		
	None	Low level	High level
Lifetime			
Yes % (n)	26.2 (570)***	43.7 (951)	30.0 (653)***
No % (n)	41.2 (1056)	46.3 (1187)	12.4 (318)
Recent			
Yes % (n)	16.7 (48)***	29.9 (86)***	53.5 (154)***
No % (n)	35.5 (1578)	46.1 (2052)	18.4 (817)
Most recent experience (n = 2174)[1]			
IPV % (n)	18.9 (180)***	37.4 (355)***	43.7 (215)***
FV % (n)	37.4 (99)	47.2 (125)	15.5 (41)
Other violence % (n)	30.3 (291)	49.1 (471)	20.5 (197)

Notes. *p<.05 **p<.01 ***p<.001. CCB = Coercive controlling behaviour [a] No CCB, low CCB, and High CCB were dummy coded as 1 = yes, 0 = no; [1] excludes respondents who had never had a partner.

As shown Table 67, respondents who engaged in any coercive control, compared to those who did not, were more likely to have experienced violence, and those who did not engage in any coercive control were less likely to report violence.

Respondent experience of violence was significantly related to partners' level of coercive control. Respondents whose partner did not engage in any coercive control were less likely to have

experienced lifetime and recent violence, while respondents whose partners engaged in a high level of coercive control were more likely to report violence.

Most recent incident type. Respondents who reported IPV at the most recent incident were significantly more likely to engage in a low level and less likely to engage in no coercive control (see Figure 39). There were no significant differences in the proportion of respondents who engaged in a high level of coercive control across incident types.

Almost half (43.7%) of partners of respondents who reported an IPV incident engaged in a high level of coercive control, more than double the proportion of partners of respondents who reported a FV (15.5%) or other violence (20.5%) incident. The size of this effect was moderate (Cramer's V = 0.26, p<.001). Nevertheless,

Figure 30 shows that partners of respondents who reported an IPV incident were more likely to engage in *any* coercive control compared to partners of respondents who reported either FV or Other violence.

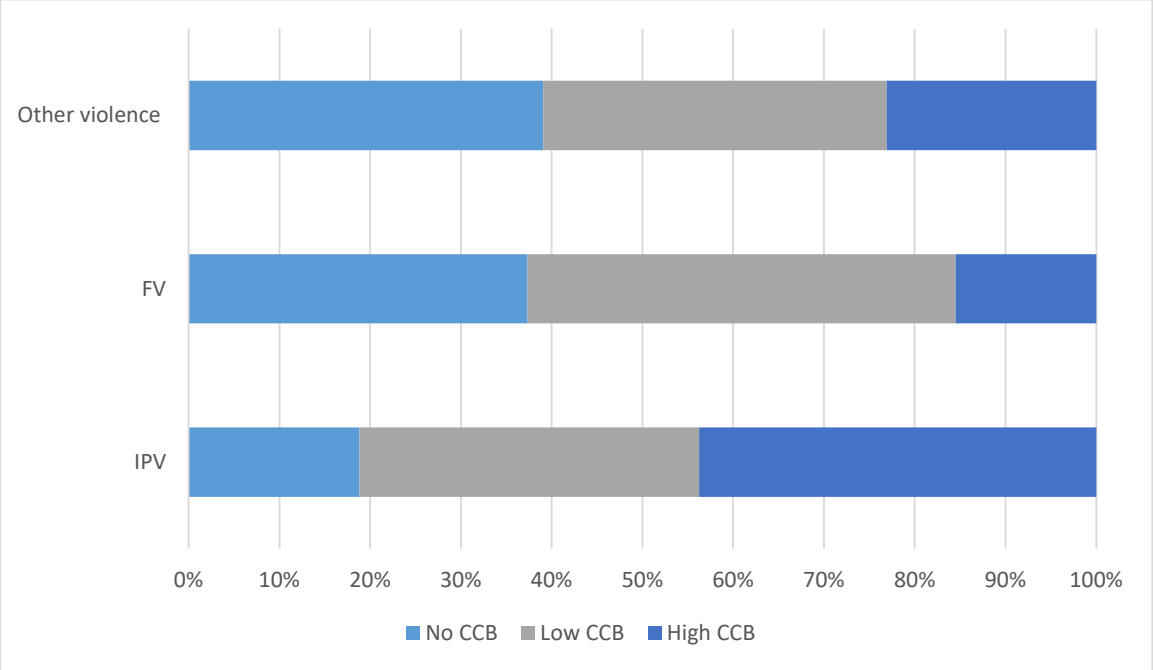


Figure 30 Proportion of respondents' current or most recent partners classified as no CCB, low CCB and high CCB by type of violence experienced at most recent incident (n = 2174)

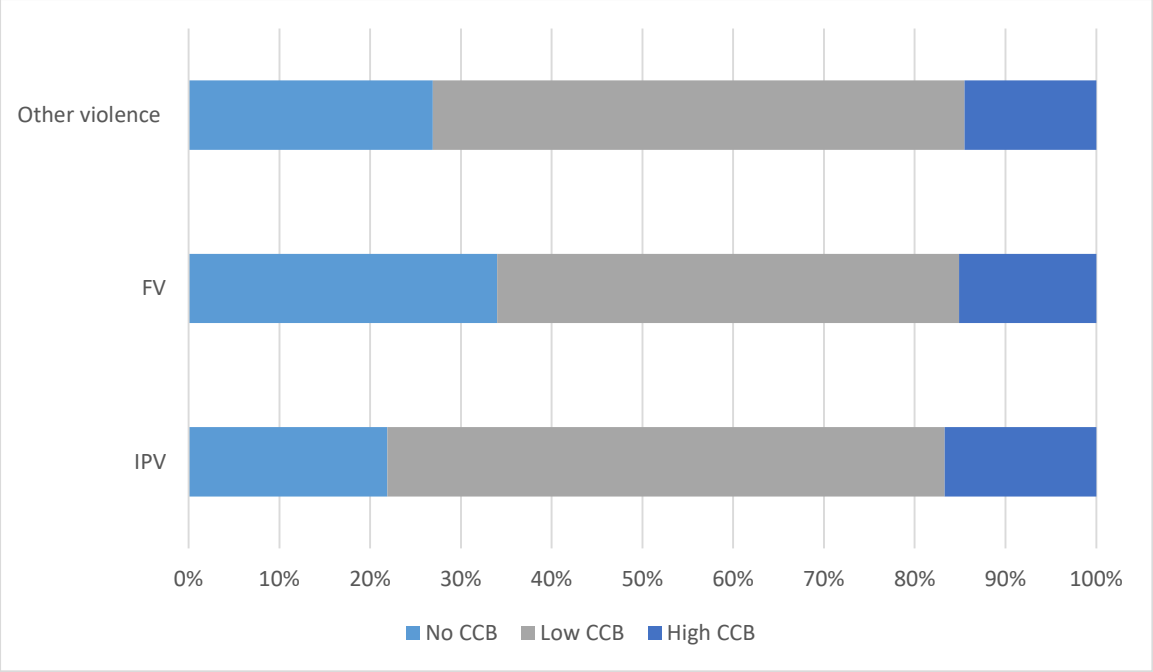


Figure 31 Proportion of respondents classified as no CCB, low CCB and high CCB by type of violence experienced at most recent incident (n = 2174)

Coercive control and Substance use Table 68 presents respondents' and partners' usual alcohol use patterns according to level of coercive control.

The proportion of respondents who engaged in each drinking behaviour (and the mean number of standard drinks consumed per typical per occasion) was higher among those who engaged in a low level compared to no coercive control, and then higher again for respondents who engaged in a high level compared to no coercive control. The exception to this trend was in relation to respondents who were current drinkers and who drank at hazardous levels; there was no significant difference between those who engaged in a low versus a high level of coercive control. The finding of increased severity of coercive control was also evident in relation to partners' drinking behaviour. All comparisons were statistically significant, with the exception of the comparison between low versus high and current drinker status.

A similar proportion of respondents and partners drank together, regardless of level of coercive control engagement. However, those who engaged in a high level of coercive control reported the highest incidence of engaging in heavy episodic drinking together.

Table 68 Respondent and partner drinking behaviours according to level of coercive control (n = 4735)

	Level of coercive control % (n)			**Significance**		
	None	**Low**	**High**	**None vs low**	**Low vs high**	**High vs none**
Respondent						
Current drinker (yes)	75.2 (1190)	84.0 (2194)	83.5 (451)	***	ns	***
Standard drinks M (SD)[a]	1.98 (3.03)	2.37 (2.47)	2.88 (3.40)	***	*	***
HED (yes)	30.6 (484)	40.4 (1054)	54.1 (292)	***	***	***
Hazardous drinker (yes)	39.9 (631)	46.4 (1213)	49.4 (267)	***	ns	***
Drink together (yes)	59.1 (898)	70.3 (1776)	70.1 (365)	***	ns	***
HED together (yes)	21.9 (336)	30.5 (775)	41.9 (216)	***	***	***
	Level of coercive control % (n)			Significance		
Partner (n = 4048)[b]	None	Low	High	None vs low	Low vs high	High vs none
Current drinker (yes)	70.3 (1013)	76.5 (1408)	79.5 (610)	***	ns	***
Standard drinks *M* (*SD*)[a]	1.72 (2.15)	2.13 (2.27)	3.27 (3.71)	***	***	***
HED (yes)	28.9 (416)	38.9 (716)	56.8 (436)	***	***	***
Hazardous drinker (yes)	37.7 (543)	43.6 (803)	55.7 (427)	***	***	***
Drink together (yes)	62.6 (981)	69.8 (1452)	65.8 (606)	***	*	ns
HED together (yes)	22.6 (357)	29.8 (622)	37.7 (348)	***	***	***

Notes. *p<.05 ***p<.001. [a]Mann-Whitney U Test. [b] only includes partners with complete AUDIT-C data.

The association between respondent drug use and coercive control is shown in Table 69.[43] The proportion of respondents who used illicit drugs significantly increased across levels of coercive control; 2.6%, 6.1%, and 14.3% of respondents who used drugs engaged in no, low, and high levels of coercive control, respectively.

Drug using respondents who engaged in a high level of coercive control had a significantly higher mean level of substance dependence compared to those who engaged in a low level of coercive control. However, comparisons between respondents with a high versus a low level of substance dependency indicated that, while a significantly greater proportion of respondents who engaged in a high level of coercive control had a high level of substance dependency, there was no significant difference in level of dependency between those who engaged in no versus a high level of coercive control[44].

[43] Partners' drug use behaviours were not surveyed and thus relationships with partners' CCB could not be analysed.

[44] The analytic sample for this comparison was 118, suggesting insufficient power to detect a significant difference.

Table 69 Respondent illicit drug use according to level of coercive control (n = 4735)

	Level of coercive control % (n)			Significance		
	None	**Low**	**High**	**None vs low**	**Low vs high**	**High vs none**
Illicit drug use (yes)	2.6 (41)	6.1 (159)	14.3 (77)	***	***	***
SDS *M* (*SD*)[ac]	5.36 (7.97)	6.16 (9.57)	10.67 (13.44)	ns	***	*
High dependency severity (versus low dependency severity)[a]	12.2 (5)	9.4 (15)	24.7 (19)	ns	**	ns
Drug of choice						
Marijuana and other depressants[b]	88.6 (31)	81.3 (113)	73.8 (45)	ns	ns	ns
Methamphetamine, MDMA and other stimulants[b]	11.4 (4)	18.7 (26)	26.2 (16)			

Notes. *p<.05 **p<.01 ***p<.001 SDS=Severity of Dependency Scale [a]Proportion of those who indicated illicit drug use over the past 12 months (n = 277) [b]Proportion of those who indicated a drug of choice (n = 235) [c]Mann-Whitney-U test.

3.2.10.2. COUPLE-LEVEL COERCIEVE CONTROL TYPES

Respondents were classified into four types of coercive controlling behaviour based on their own and their partner's level of coercive controlling behaviour as shown in Table 70. A significantly greater proportion of females (14.4%) were classified as CCB victims than males (10.1%, p<.001) and a significantly greater proportion of males (9.2%) were classified as Mutual CCB compared to females (7.0%, p<.01). There were no significant differences in the proportion of males and females classified as engaging in No CCB or as CCB victims. As shown in Figure 32, a significantly greater proportion of respondents who were not in a current relationship were classified as CCB victims (24.1%) compared to respondents in a current relationship (8.6%, p<.001, Phi = 0.20). Conversely, a significantly greater proportion of those in current relationships were classified as No CCB (79.8% versus 64.9%, p<.001, Phi = -0.15) or as CCB perpetrators (3.7% versus 1.9%, p<.01, Phi = -0.04). Classification as Mutual CCB did not significantly vary by relationship status.

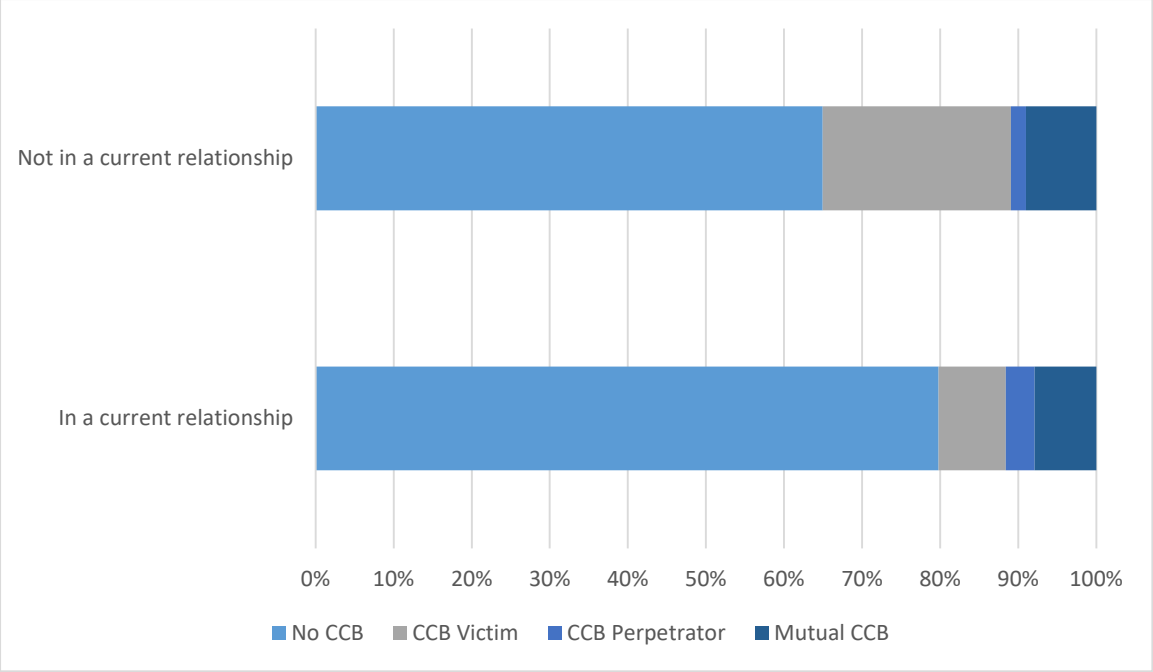


Figure 32 CCB type by relationship status (n = 4735)

Demographic characteristics comparing the three CCB types to those classified as No CCB are presented in Table 71. CCB perpetrators were more likely to be aged 26-50 years, and less likely to be aged 66 or older. Further, the gross household income of CCB perpetrators was less likely to be $25,001-$50,000 and more likely to be $100,001 or more. Conversely, CCB victims were more likely to report a gross household income of $25,000-$50,000 and less likely to report a gross household income of $50,001 or higher. CCB victims were also significantly more likely to report their highest education level was a vocational qualification and significantly less likely to indicate they had a tertiary qualification. Finally, CCB victims were also significantly less likely to be male than those who were categorised as No CCB. Those classified as Mutual CCB were significantly more likely to be younger than age 50 and significantly less likely to be aged 51 or older. There were no significant differences in regards to place of birth (Australia versus other), location (regional versus metropolitan) and SEIFA disadvantage quintile.

Table 70 Couple-level coercive control types (n = 4735)

	Level of Coercive Controlling Behaviour		
	Respondent	**Their partner**	**% (n)**
No CCB	Low/no	Low/no	76.2 (3609)
CCB victim	Low/no	High	12.4 (586)
CCB perpetrator	High	Low/no	3.3 (155)
Mutual CCB	High	High	8.1 (385)

Note. CCB = Coercive Controlling Behaviour.

Table 71 Demographic characteristics of coercive control types (n=4735)

	No CCB % (n)[a]	CCB perpetrator % (n)	CCB victim % (n)	Mutual CCB % (n)
Age group (years)				
18-25	17.8 (641)	21.9 (34)	18.3 (107)	35.3 (136)***
26-35	9.5 (342)	18.7 (29)***	11.4 (67)	18.7 (72)***
36-50	16.8 (605)	23.2 (36)*	19.5 (114)	21.8 (84)*
51-65	30.1 (1088)	23.2 (36)	34.8 (204)*	17.1 (66)***
66+	25.9 (933)	12.9 (20)***	16.0 (94)***	7.0 (27)***
% male[b]	48.7 (1753)	50.6 (78)	39.5 (230)***	55.1 (210)*
% born in Australia	73.6 (2655)	76.1 (118)	76.3 (447)	75.1 (289)
Highest level of education				
Year 11 or below	18.3 (662)	16.1 (25)	21.3 (125)	16.1 (62)
Year 12 or equivalent	19.0 (684)	18.1 (28)	19.5 (114)	21.8 (84)
Vocational qualification	25.0 (904)	25.8 (40)	29.7 (174)*	23.6 (91)
Tertiary qualification	37.7 (1359)	40.0 (62)	29.5 (173)***	38.4 (148)
Gross household income[c]				
$25,000 or less	14.2 (459)	11.4 (16)	22.3 (121)***	16.0 (57)
$25,001-$50,000	31.6 (1023)	15.0 (21)***	32.6 (177)	28.6 (102)
$50,001-$100,000	34.8 (1126)	37.1 (52)	29.5 (160)*	33.9 (121)
$100,001 or more	19.5 (631)	36.4 (51)***	15.7 (85)*	21.6 (77)
% resides in regional location[d]	21.3 (746)	22.1 (33)	23.7 (136)	19.5 (72)
SEIFA disadvantage index[e]				
1	20.6 (740)	21.3 (33)	21.2 (124)	23.6 (90)
2	20.3 (731)	16.1 (25)	23.3 (136)	22.3 (85)
3	19.1 (689)	21.3 (33)	18.8 (110)	21.8 (83)
4	20.9 (752)	22.6 (35)	20.9 (122)	17.1 (65)
5	19.1 (688)	18.7 (29)	15.8 (92)	15.2 (58)

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference group. [b]n = 4721 [c]n = 4279 [d]n = 4593 [e]n = 4720.

3.2.10.2.1. SUBSTANCE USE

Alcohol use patterns of respondents and partners, alone and together, according to CCB classification are presented in Table 72. CCB perpetrators were significantly more likely to be a current drinker (p<.05, Phi = 0.04) and to engage in HED with their partner (p<.05, Phi = 0.03). CCB victims were significantly more likely to engage in HED alone and with their partner (p<.05, Phi = 0.04; p<.001, Phi = 0.05). Further, CCB victims' partners consumed a significantly higher mean number of standard drinks per typical occasion (p<.001), and were more likely to be a current drinker (p<.001, Phi = 0.06), engage in HED (p<.001, Phi = 0.13), and to be classified a hazardous drinker (p<.001, Phi = 0.09). Respondents classified as engaging in mutual CCB consumed a significantly higher mean number of standard drinks per typical occasion (p<.001),

and were significantly more likely to engage in HED alone and together with their partner (p<.001, Phi = 0.14; p<.001, Phi = 0.12), and to be classified as a hazardous drinker (p<.001, Phi = 0.05). Partners of respondents classified as engaging in Mutual CCB consumed a significantly higher mean number of standard drinks per typical occasion (p<.001), and were significantly more likely to engage in HED (p<.001, Phi = 0.16) and to be classified as a hazardous drinker (p<.001, Phi = 0.09).

Table 72 Respondent and partner drinking behaviours according to coercive controlling type (n = 4568)

	No CCB % (n)[a]	CCB perpetrator % (n)	CCB victim % (n)	Mutual CCB % (n)
Respondent				
Current drinker (yes)	81.0 (2992)	88.4 (137)*	78.8 (462)	81.6 (314)
Standard drinks *M* (*SD*)[b]	2.17 (2.59)	2.46 (2.56)	2.55 (3.27)	3.05 (3.68)***
HED (yes)	36.0 (1298)	42.6 (66)	41.0 (240)*	58.7 (226)***
Hazardous drinker (yes)	43.7 (1577)	41.3 (64)	45.6 (267)	52.7 (203)***
Partner (n = 4048)[a]				
Current drinker (yes)	73.5 (2312)	80.1 (109)	81.0 (357)***	77.6 (253)
Standard drinks *M* (*SD*)[c]	1.93 (2.23)	2.31 (2.76)	3.33 (2.79)***	3.24 (3.79)***
HED (yes)	34.2 (1077)	40.4 (55)	54.7 (237)***	61.0 (199)***
Hazardous drinker (yes)	40.9 (1287)	43.4 (59)	54.9 (242)***	56.7 (185)***
Together (n = 4589)				
Drink together (yes)	66.4 (2320)	73.9 (113)	64.0 (354)	68.5 (252)
HED together (yes)	26.4 (927)	34.4 (52)*	32.9 (184)***	45.1 (164)***

Notes. *p<.05 ***p<.001. HED = Heavy episodic drinking (consumption of 6 or more drinks on one occasion at least once in the past 12 months). [a]Reference group [b]Mann-Whitney U Test. [c] only includes partners with complete AUDIT-C data.

Respondent illicit drug use according to CCB classification is presented in Table 73. CCB victims (p<.001, Phi = -0.06), perpetrators (p<.001, Phi = -0.10), and Mutual CCB (p<.001, Phi = -0.13) were all significantly more likely to have used illicit substances in the past 12 months compared to those classified as No CCB. Among illicit substance users, a significantly greater proportion of Mutual CCB were classified as having a high level of drug dependency compared to No CCB (p<.01, Phi = 0.22).

Table 73 Respondent illicit drug use according to coercive control type (n = 4735)

	No CCB % (n)[a]	CCB perpetrator % (n)	CCB victim % (n)	Mutual CCB % (n)
Illicit drug use (yes)	4.3 (154)	14.8 (23)***	7.8 (46)***	14.0 (54)***
SDS M (sd)[b]	5.5 (8.6)	8.9 (12.4)	6.9 (10.5)	13.9 (14.8)***
High dependency severity (versus low dependency severity)[c]	9.1 (14)	21.7 (5)	13.0 (6)	25.9 (14)**

Notes. *p<.05 **p<.01 ***p<.001 SDS = Severity of Dependency Scale [a]Reference group [b]Mann-Whitney-U test [c]Proportion of those who indicated illicit drug use over the past 12 months (n = 277) [d]Proportion of those who indicated a drug of choice (n = 235) [e]Analysis contains at least one cell with an expected count of <5, Fisher's Exact Test is reported.

3.2.10.2.2. MENTAL HEALTH

Depression, anxiety and stress symptoms of the three CCB types compared to those classified as No CCB are presented in Table 72. Each mental health symptom was most severe for those classified as Mutual CCB, while CCB victims and CCB perpetrators reported similar levels of depression, anxiety, and stress. Generally, each of the three CCB types reported more severe symptoms compared to those reporting No CCB. The below figures (Figure 33, Figure 34, and Figure 35) show the severity of depression, anxiety, and stress symptoms by coercive control type.

Table 74 Severity of Depression, Anxiety and Stress Symptoms by Coercive Control Type (n = 4735)

	No CCB % (n)[a]	CCB perpetrator % (n)	CCB victim % (n)	Mutual CCB % (n)
Depression				
Normal	82.5 (2979)	59.4 (92)***	52.9 (310)***	31.9 (123)***
Mild	6.0 (217)	11.6 (18)**	11.1 (65)***	7.5 (29)
Moderate	7.1 (257)	15.5 (24)***	17.1 (100)***	33.5 (129)***
Severe	2.1 (75)	6.5 (10)***	7.2 (42)***	10.1 (39)***
Extremely severe	2.2 (81)	7.1 (11)***	11.8 (69)***	16.9 (65)***
Anxiety				
Normal	87.6 (3161)	69.0 (107)***	65.7 (385)***	41.3 (159)***
Mild	5.0 (179)	11.6 (18)***	8.4 (49)***	9.4 (36)***
Moderate	3.0 (109)	8.4 (13)***	9.4 (55)***	14.5 (56)***
Severe	1.7 (62)	4.5 (7)*[b]	6.0 (35)***	9.9 (38)***
Extremely severe	2.7 (98)	6.5 (10)*[b]	10.6 (62)***	24.9 (96)***
Stress				
Normal	93.0 (3356)	77.4 (120)***	75.4 (442)***	57.4 (221)***
Mild	2.7 (97)	7.1 (11)**[b]	7.3 (43)***	12.2 (47)***
Moderate	2.4 (86)	7.7 (12)***[b]	8.5 (50)***	14.5 (56)***
Severe	1.2 (45)	5.8 (9)***	6.1 (36)***	10.6 (41)***
Extremely severe	0.7 (25)	1.9 (3)	2.6 (15)***	5.2 (20)***[a]

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference group [b]Analysis contains at least one cell with an expected count of <5, Fisher's Exact Test is reported.

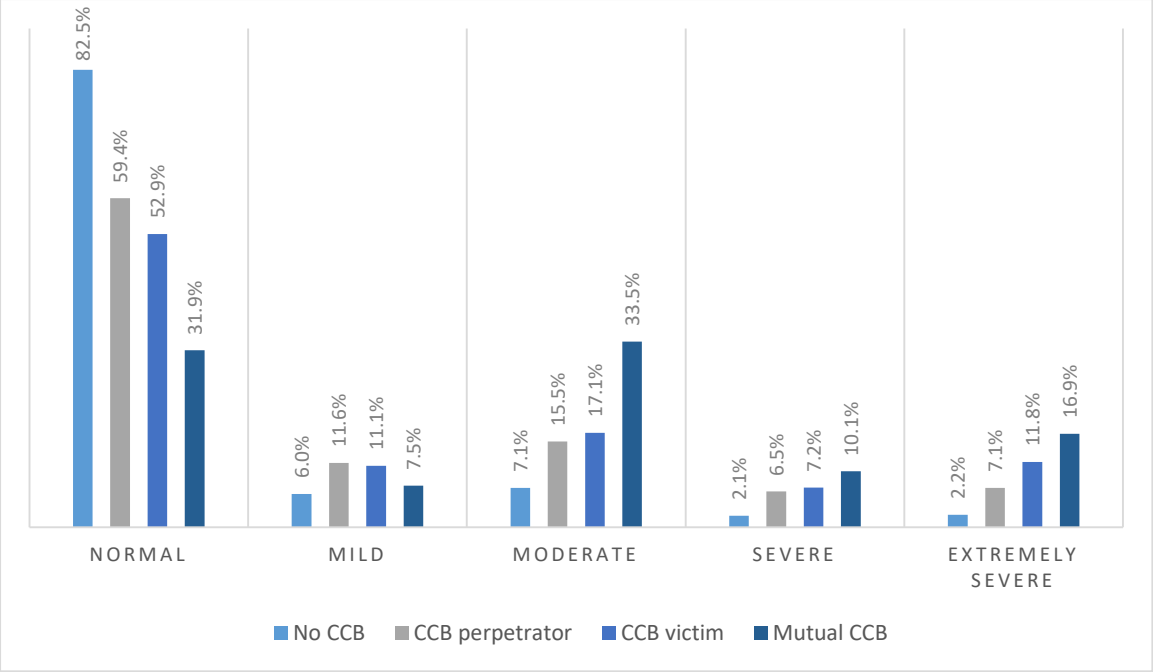


Figure 33 Severity of Depression Symptoms by Coercive Control Type (n = 4735)

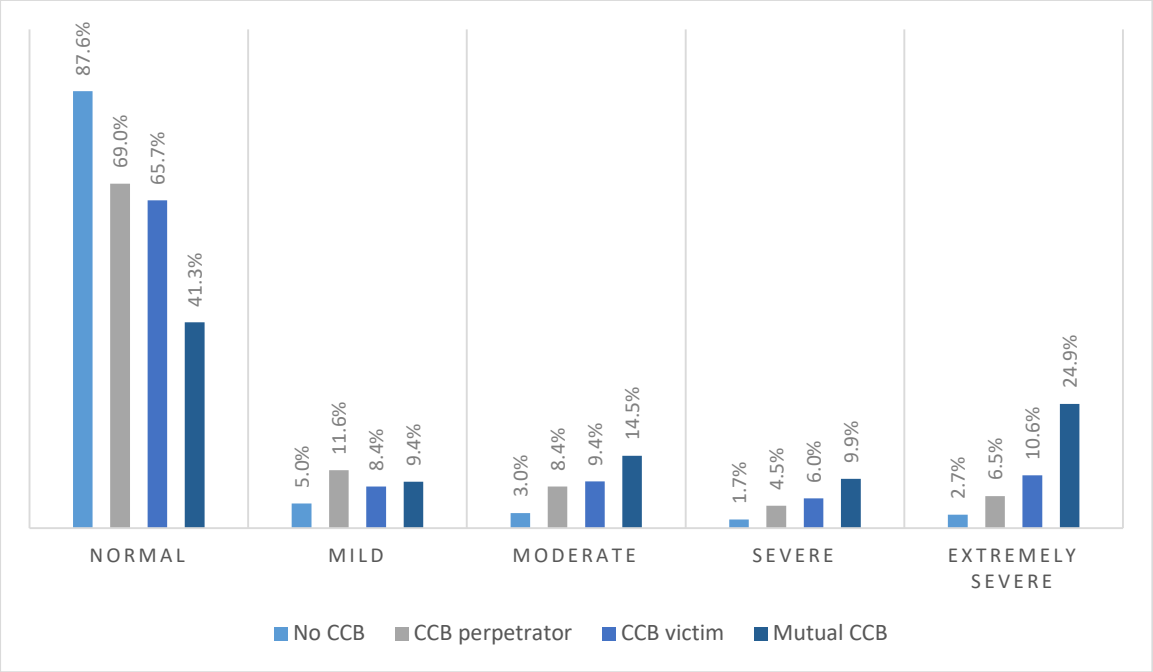


Figure 34 Severity of Anxiety Symptoms by Coercive Control Type (n = 4735)

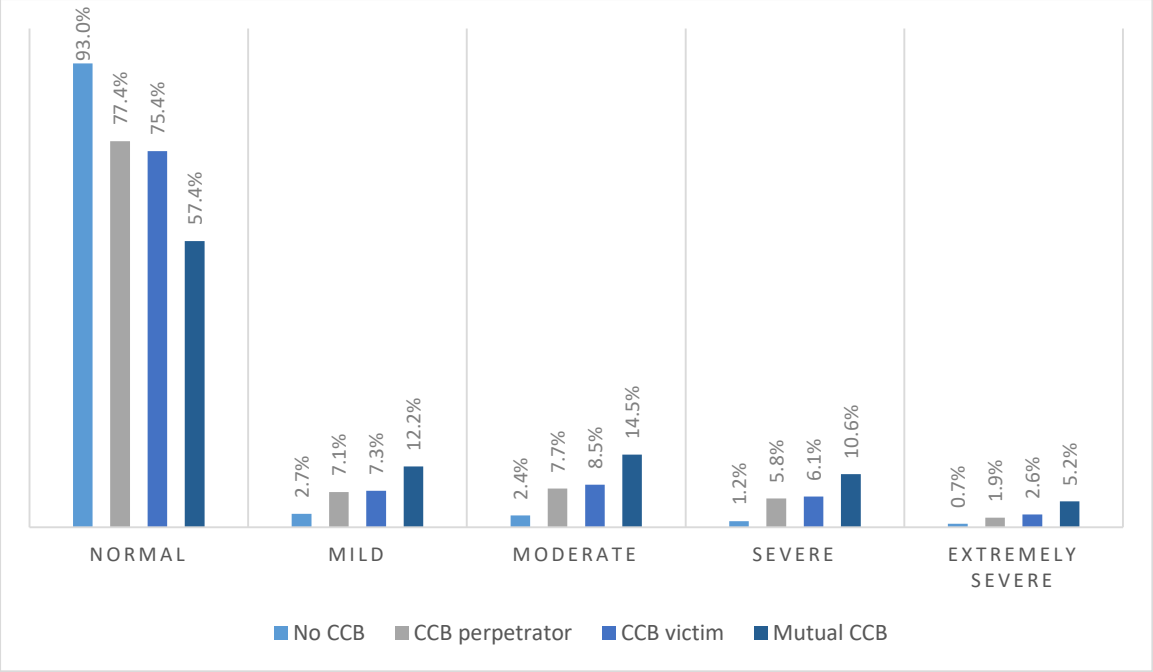


Figure 35 Severity of Stress Symptoms by Coercive Control Type (n = 4735)

3.2.11. COMPARISON OF PILOT AND PANEL SAMPLES

To determine if there were any statistically significant differences between the pilot and panel data, a series of bivariate analyses were run on key demographic and outcome variables (lifetime violence, IPV, FV) with panel versus pilot case as the outcome variable.

Table 75 Bivariate analyses comparing pilot (n = 923) and panel (n = 5118) samples

Variable	Pilot % (n)	Panel % (n)	Statistic
Age (*M*[*SD*])	57.90 (15.05)	47.69 (1895)	*U* = 1629034.5***
Age group (years)			χ^2 = 256.0*** Cramer's V = .21***
18-25	1.4 (13)	22.1 (1130)	
26-35	7.2 (65)	10.6 (544)	
36-50	22.7 (205)	17.1 (874)	
51-65	34.8 (315)	28.3 (1446)	
66+	33.8 (306)	21.7 (1113)	
% male	48.0 (438)	48.0 (2450)	χ^2 = 0.00 Phi = .00
% born in Australia	78.5 (713)	74.7 (3824)	χ^2 = 6.01* Phi = -.03*
Highest level of education			χ^2 = 93.43*** Cramer's V = .12***
Year 11 or below	21.7 (198)	18.2 (939)	
Year 12 or equivalent	7.3 (67)	20.7 (1053)	
Vocational qualification	31.5 (288)	24.8 (1269)	
Tertiary qualification	39.4 (360)	36.3 (1857)	
Gross annual household income			χ^2 = 116.89*** Cramer's V = .15***
$25,000 or less	13.3 (118)	16.2 (741)	
$25,001-$50,000	20.5 (181)	30.4 (1395)	

Variable	Pilot % (n)	Panel % (n)	Statistic
$50,001-$100,000	30.5 (270)	33.7 (1543)	
$100,001 or more	35.7 (316)	19.7 (903)	
Marital status			χ^2 = 149.44*** Cramer's V = .16***
Never married	8.9 (81)	27.6 (1411)	
Married/ de facto or otherwise in a relationship	71.1 (651)	58.1 (2967)	
Separated, widowed, divorced	20.0 (183)	14.2 (727)	
% residing in a regional location	18.1 (164)	21.2 (3893)	χ^2 = 4.58* Phi = -.03*
% experienced lifetime violence	50.9 (470)	44.5 (2278)	χ^2 = 12.96*** Phi=.05***
% experienced IPV[a]	38.0 (166)	41.8 (952)	χ^2 = 2.19 Phi = -.03
% experienced FV[a]	15.6 (68)	13.1 (299)	χ^2 = 1.86 Phi = .03
% of most recent incidents involved alcohol[a,b]	39.5 (170)	32.7 (745)	χ^2 = 7.54** Phi = .05**
% of most recent incident involved drugs[a,b]	12.5 (52)	10.6 (241)	χ^2 = 1.30 Phi = .02

Notes. *p<.05 **p<.01 ***p<.001. [a]Analysis excludes participants who did not report lifetime violence; [b] The results related to general alcohol and other drug use were not included. The reference periods used to assess general alcohol and drug use in the pilot and panel surveys differed, and therefore the data on these variables could not be combined; *M* = Mean; *SD* = Standard Deviation.

As shown in Table 75 there were statistically significant differences between the pilot and panel samples on a number of demographic and violence variables. In the panel survey we deliberately oversampled younger persons aged 18-25 years and respondents from regional locations so each demographic group comprised at least 20% of the final sample. To determine if the bivariate differences in demographic and key variables were associated with the oversampling methodology, a series of separate hierarchical binary logistic regressions were run controlling for location (metro versus regional) and age in the first step, and each significant variable within in the second step. The results of these analyses are presented in Table 76.

Table 76 Hierarchical logistic regressions of key demographic and predictor variables predicting pilot survey (versus panel) controlling for age and geographic region[a]

Variable	OR	95%CI
Born in Australia (yes)	0.69***	0.58-0.82
Highest level of education		
Year 11 or below (reference)		
Year 12 or equivalent	0.43***	0.32-0.58
Vocational qualification	1.23*	1.00-1.52
Tertiary qualification	1.15	0.94-1.41
Gross annual household Income		
$25,000 or less (reference)		
$25,001-$50,000	0.73*	0.57-0.96
$50,001-$100,000	1.40**	1.09-1.80
$100,000 or more	3.48***	2.70-4.49
Marital Status		
Never married (reference)		0.33-0.62

Variable	OR	95%CI
Married/ de facto	2.25***	1.73-2.93
Separated, divorced, widowed	2.18***	1.60-2.98
Experience lifetime violence (yes)	1.37***	1.18-1.59
Alcohol involved in incident (yes)	1.32*	1.06-1.65

Notes. [a]Controlling for age and location in step 1. OR=Odds Ratio 95%CI = 95% Confidence Interval.

After controlling for age and location, respondents who completed the pilot survey were less likely to have been born outside Australia, were more highly educated, were more likely to report a higher household income, to report they were currently or previously (i.e., currently separated, divorced or widowed) married or in a de facto relationship, were more likely to report lifetime violence, and were more likely to report that their most recent experience of violence involved alcohol.

Taken together, the results suggest that the pilot and panel samples were systematically different. In addition, changes to the content or phrasing of several key survey questions meant that combining the two samples on these questions would not allow meaningful interpretation. Given that we used different recruitment methodologies in the pilot and panel survey phases, and the results provided evidence that the samples were unique, it was decided that the pilot and panel data would not be combined.

4. POLICE DATA RESULTS

4.1. AUSTRALIAN CAPITAL TERRITORY POLICE DATA RESULTS

In this section, trends for DV incidents attended by ACT police between 1 July 2009 and 30 June 2014 are presented separately for persons and incidents. Data include DV incidents involving intimate partners and other family members and compares IPV and FV.

4.1.1. PERSONS

4.1.1.1. OFFENDERS

Data regarding DV offenders in the ACT were not linked to specific DV victims or incidents and therefore were not available for analyses.

4.1.1.2. VICTIMS

A total of 5,581[45] episodes of victimisation were recorded across all DV incidents in the ACT during the reporting period, including 1,978 (35.4%) FV and 3,082 (55.2%) IPV victims[46]. Table 77 presents the number of victims recorded as present at FV and IPV incidents. The majority of incidents involved only one victim.

Table 77 Number of victims recorded at FV and IPV incidents, ACT (n = 5064)

	FV[a]		IPV[a]		All incidents	
	n	%	n	%	n	%
1	1,525	89.3	2,760	92.2	4,623	91.3
2	163	9.5	208	6.9	390	7.7
3	15	0.9	20	0.7	37	0.7
4+	5	0.3	7	0.2	14	0.3

Note. [a] n = 4703

While the majority of victims (74.6%) were female, a significantly greater proportion of FV victims were male (35.3%) compared to IPV victims (16.2%, p<.001, Phi = -0.22). Table 78 shows the proportion of male and female victims across age groups.

[45] Includes 4474 unique victims and 699 repeat victims.
[46] The relationship between the victim and the offender was a non-family member for 521 victims.

Table 78 Proportion of male and female victims by age group, ACT (n = 5581)

	Male		Female		All Victims	
Age (years)	**n**	**%**	**n**	**%**	**n**	**%**
0-4	42	51.2	40	48.8	82	1.5
5-11	113	45.7	134	54.3	247	4.4
12-17	134	27.6	352	72.4	486	8.7
18-24	196	16.7	976	83.3	1172	21.0
25-34	265	19.5	1095	80.5	1360	24.4
35-49	412	26.4	1146	73.6	1558	27.9
50-59	163	36.1	289	63.9	452	8.1
60-69	62	40.8	90	59.2	152	2.7
70-84	31	44.3	39	55.7	70	1.3
85+	1	50.0	1	50.0	2	<0.1

A higher proportion of child victims of FV (60.3%) and IPV (92.1%) were female, with the majority of child victims involved in FV related incidents (Table 79).

Table 79 Proportion and gender of FV and IPV incidents involving a child victim per year, ACT (n = 5064)

	FV				IPV			
	Female		**Male**		**Female**		**Male**	
	n	%	n	%	n	%	n	%
2009	40	51.9	32	41.6	5	6.5	0	0.0
2010	74	50.0	48	32.4	25	16.9	1	0.7
2011	92	54.4	58	34.3	17	10.1	2	1.2
2012	71	51.8	43	31.4	19	13.9	4	2.9
2013	76	55.9	41	30.1	18	13.2	1	0.7
2014	34	44.7	33	43.4	9	11.8	0	0.0

The area level relative socioeconomic disadvantage of victim residential location is presented in Table 80. Generally, the proportion of episodes of victimisation was greatest in areas of greatest disadvantage (1st SEIFA quintile) and steadily decreased thereafter. However, especially for FV, the proportion of victims in the 3rd quintile was greater compared to the 2nd quintile.

Table 80 Proportion of FV and IPV victims residing within each socioeconomic disadvantage quintile, ACT (n = 4658)[47]

	FV		IPV		All Victims[a]	
SEIFA disadvantage index[b]	**n**	**%**	**n**	**%**	**n**	**%**
1 (most disadvantaged)	500	30.3	701	27.0	1307	23.4
2	326	19.8	620	23.9	1040	18.6
3	440	26.7	661	25.5	1209	21.7
4	261	15.8	358	13.8	682	12.2
5 (least disadvantaged)	121	7.3	252	9.7	420	7.5

Notes. [a]Postcodes of 923 victims could not be classified into a quintile; [b] SEIFA quintiles range in descending order of disadvantage, where 1 = most disadvantaged and 5 = least disadvantaged.

[47] Only postcodes for victim residence were given so disadvantage is a person-level variable for ACT. As some victims involved in the same incident live in multiple quintiles it could not be aggregated to incident level.

4.1.2. INCIDENTS

ACT police attended 5,064 DV incidents across the reporting period, including 2,995 IPV and 1,708 FV incidents[48]. Table 81 shows the proportion of FV and IPV incidents per year. Across all years, there was a greater proportion of IPV than FV incidents.

Table 81 Proportion of FV and IPV incidents per year, ACT (n = 5064)

	FV[b]		IPV[b]		All incidents[a]	
Year	**n**	**%**	**n**	**%**	**n**	**Rate per 10,000**
2009	175	36.8	301	62.7	469	NA
2010	359	35.5	653	63.7	1,002	30.5
2011	346	36.2	609	63.1	940	27.6
2012	349	38.2	565	60.9	901	25.6
2013	319	36.5	554	62.8	865	24.1
2014	160	33.8	313	65.5	469	NA

Notes. [a]=the proportion of all incidents [b]n = 4703 NA = not applicable (only 6months of data available for these years)

Figure 36 below shows the rates of all FDV incidents per 10,000 people has decreased between 2009 and 2014. This trend is consistent for alcohol related incidents and drug related incidents.

[48] 361 incidents could not be classified as IPV or FV with the relationship between the victim/s and offender/s (all) identified as either: 'known non-family-other', 'person not known to victim', 'relationship is not known', or 'no offender involved'. Thus, 'all incidents' includes these incidents that were unable to be classified in addition to all FV and IPV incidents.

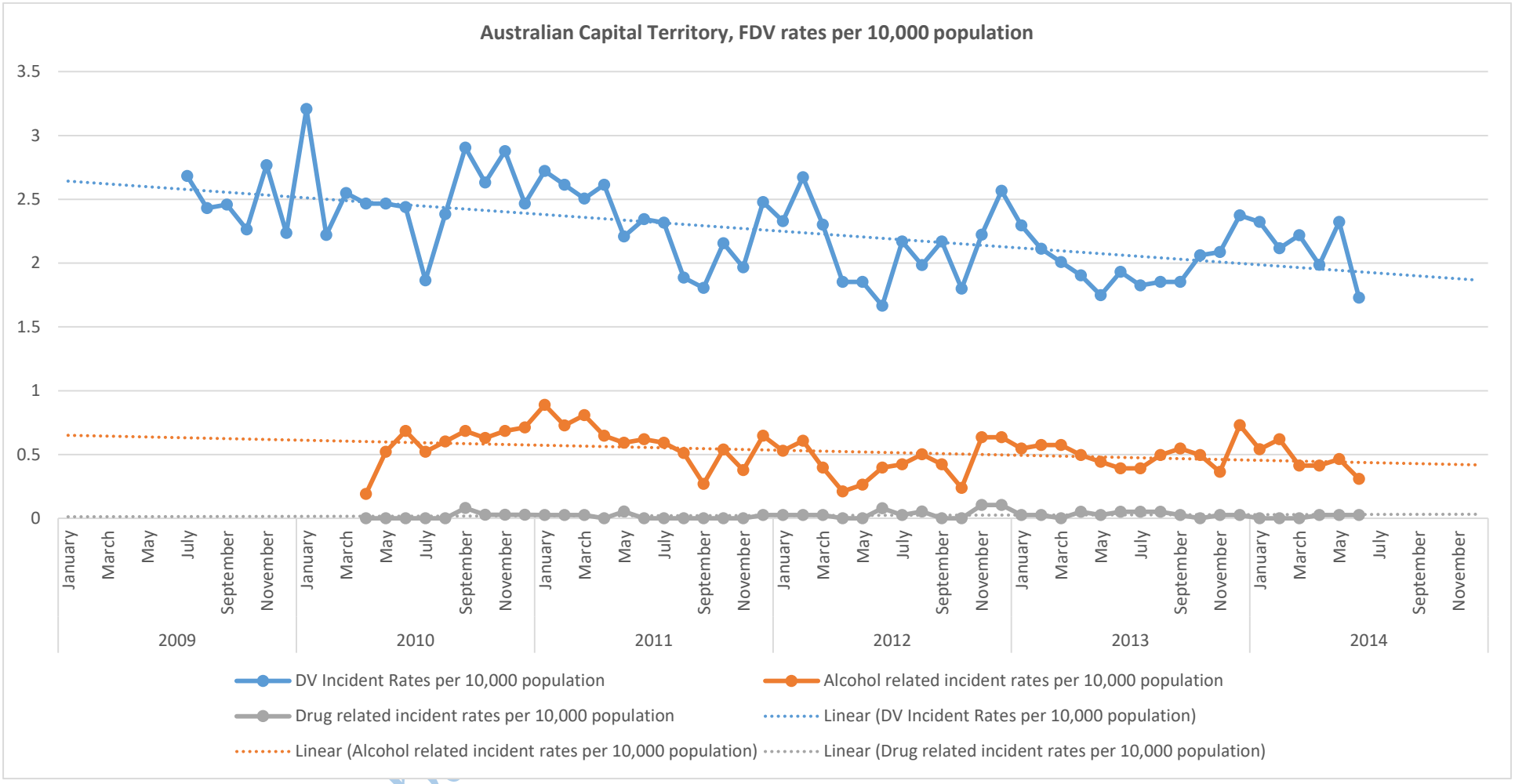


Figure 36: Alcohol, drug, and all incident rates per 10,000 population over reporting period, ACT

4.1.2.1. ALCOHOL-RELATED INCIDENTS

Of the total incidents, 23.9% were alcohol-related. Across the reporting period there was a significantly greater proportion of alcohol-related IPV (27.6%) compared to alcohol-related FV (18.3%, p<.001; Phi = 0.10) incidents (Table 82).

Table 82 Proportion of alcohol-related FV and IPV incidents per year, ACT (n = 4186)

	FV[b]		IPV[b]		All incidents[a]	
Year	**n**	**%**	**n**	**%**	**n**	**%**
2009[a]	-	-	-	-	-	-
2010	37	14.6	144	32.4	179	25.9
2011	71	20.5	183	30.1	250	26.6
2012	53	15.2	134	23.5	182	20.2
2013	71	22.3	148	26.7	215	24.9
2014	29	18.2	75	24.1	103	22.0

Notes. [a]Alcohol use not available for 2009 and up until April 2010 (n = 896 incidents). [b]n = 3908

4.1.2.2. DRUG-RELATED INCIDENTS

There were few drug-related DV incidents (1.1%). There was no significant difference in the proportion of drug-related IPV (1.1%) and FV (1.1%) incidents (p>.05) (Table 83).

Table 83 Proportion of drug-related FV and IPV incidents per year, ACT (n = 5062)

	FV[a]		IPV[a]		All incidents	
Year	**n**	**%**	**n**	**%**	**n**	**%**
2009	1	0.6	3	0.7	3	0.6
2010	2	0.6	6	0.9	8	0.8
2011	3	0.9	2	0.3	5	0.5
2012	6	1.7	11	2.0	17	1.9
2013	7	2.2	7	1.3	14	1.6
2014	0	0.0	3	1.0	3	0.6

Notes. [a]n = 4701

4.1.2.3. CHILD INVOLVEMENT (VICTIM)

Child-witnessed DV incidents were identified by the involvement of victims younger than age 18. Overall, 14.7% of incidents involved a child victim, including 32.2% of FV and 4.8% of IPV incidents (p<.001, Phi = -0.37). The proportion of incidents involving a child victim did not significantly vary across the reporting period (ps>.05) (Table 84).

Table 84 Proportion of FV and IPV incidents involving a child victim per year, ACT (n = 5064)

	FV[a]		IPV[a]		All incidents	
Year	**n**	**%**	**n**	**%**	**n**	**%**
2009	60	34.3	12	4.0	77	14.2
2010	107	29.8	37	5.7	149	13.4
2011	124	35.8	30	4.9	173	16.9
2012	105	30.1	27	4.8	141	14.6
2013	98	30.7	26	4.7	134	14.5
2014	56	35.0	13	4.2	71	14.3

Note. n = 4703

A smaller proportion of IPV and FV incidents involving a child victim or breach of JOs were alcohol-related compared to incidents not involving a child. This difference was significant for FV only (p<.001, Phi = -0.17). Only five DV incidents involving a child victim were drug-related (drugs were seized at the incident).

4.1.2.4. BREACH OF FAMILY VIOLENCE ORDERS

Few DV incidents involved either breach of a FVO (7.9%) or a JO[49] (5.0%)[50]. A significantly greater proportion of IPV incidents involved breach of a FVO (11.5% versus 2.6%, p<.001, Phi = 0.16) or JO (6.6% versus 2.7%, p<.001, Phi = 0.09) compared to FV incidents. The proportion of incidents involving breach of FVOs and JOs did not vary significantly across the reporting period (p>.05).

As shown in Table 85 and Table 86, a smaller proportion of incidents involving breach of FVOs or JOs were alcohol-related compared to incidents not involving breaches. These differences were significant for IPV only (p<.001, Phi = -0.16; p<.001, Phi = -0.11). Only two incidents involving breach of a FVO and three incidents involving breach of a JO were drug-related (drugs were seized at the incident).

Table 85 Proportion of FV and IPV incidents that involved a Family Violence Order breach that were alcohol-related, ACT (n = 4078)

	No FVO Breach		FVO Breach	
	n	**%**	**n**	**%**
FV[a]	253	18.5	3	8.6
IPV[a]	646	30.1	20	7.1
All incidents	950	25.3	24	7.3

Note. [a]n = 3825

[49] Includes breach of bail, restraining order, parole, and other order.
[50] Offence category was not available for 111 incidents.

Table 86 Proportion FV and IPV incidents that involved a Justice Order breach that were alcohol-related , ACT (n = 4078)

	No JO Breach		JO Breach	
	n	%	n	%
FV[a]	251	18.4	5	14.3
IPV[a]	653	28.8	13	8.3
All incidents	955	24.6	19	9.5

Notes. [a]n = 3825 JO = Justice Order

4.1.2.5. OFFENCE AGAINST THE PERSON

A large proportion (65.3%) of incidents involved an offence against the person (i.e. homicide and related offences, acts to cause injury, sexual assault and related offences, dangerous or negligent acts endangering persons, abduction, harassment and other offences against the person). A significantly smaller proportion of IPV (64.1%) than FV (71.9%) incidents involved an offence against the person ($p<.001$, Phi = -0.08). The proportion of incidents involving an offence against the persons did not vary significantly across the reporting period ($p>.05$).

As shown in Table 87, a third of all IPV incidents involving an offence against the person were alcohol-related. A significantly greater proportion of IPV incidents involving an offence against the person were alcohol-related compared to incidents not involving an offence against the person ($p<.001$, Phi = 0.18). There was no significant difference in the proportion of alcohol-related and unrelated FV incidents that involved an offence against the person ($p>.05$). Of drug-related incidents (n = 52), 32 involved an offence against the person.

Table 87 Proportion of alcohol-related FV and IPV incidents that involved an offence against the person, ACT (n = 4168)

	No offence against person		Offence against person	
	n	%	n	%
FV[a]	77	19.3	184	17.9
IPV[a]	150	16.8	534	33.6
All incidents	245	17.2	752	27.4

Note. [a]n = 3908

4.1.2.6. DAY AND TIME OF INCIDENT

The day and time at which DV incidents occurred are shown in Figure 37 and Figure 38, respectively.

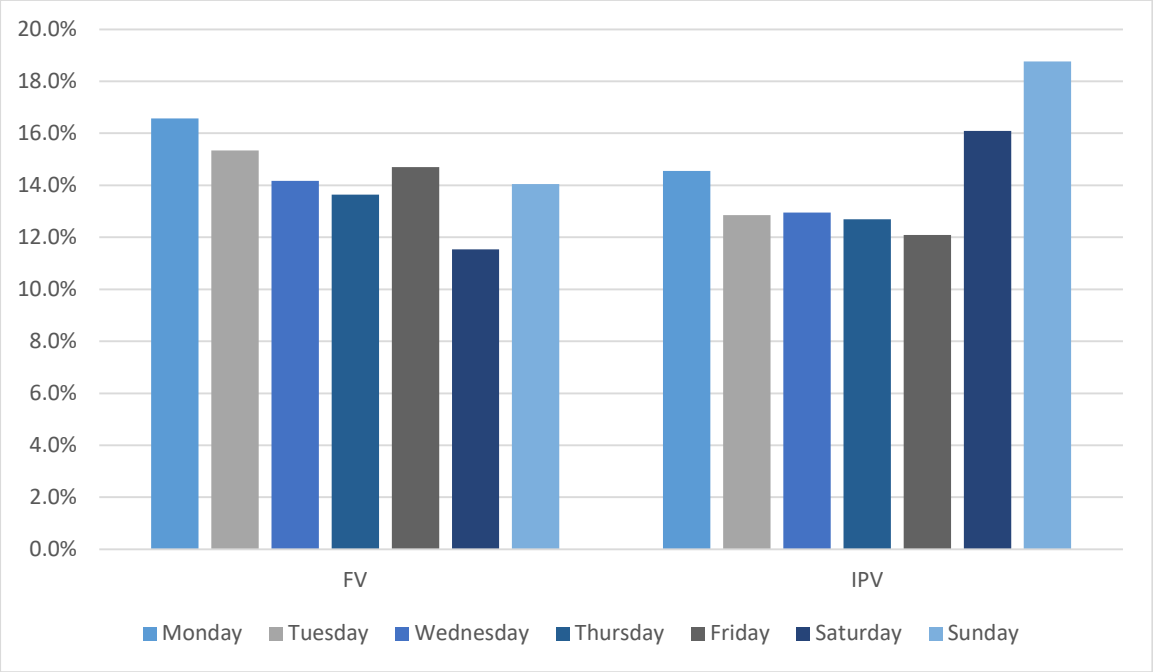


Figure 37 Proportion of FV and IPV incidents that took place on each day of the week, ACT (n = 5064)

IPV incidents most frequently took place Sunday (18.8%) and Saturday (16.1%), while FV incidents most frequently took place Monday (16.6%) and Tuesday (15.3%). A significantly greater proportion of FV incidents took place Tuesday ($p<.05$, Phi = -0.03) and Friday ($p<.05$, Phi = -0.04) compared to IPV incidents, and a significantly greater proportion of IPV incidents took place Saturday ($p<.001$, Phi = 0.06) and Sunday ($p<.001$, Phi = 0.06) compared to FV incidents. There were no significant differences in the proportion of FV and IPV incidents that took place Monday, Wednesday, and Thursday.

As shown in Table 88 the proportion of any alcohol-related incidents was greatest Saturday and Sunday. A significantly greater proportion of alcohol-related IPV incidents than FV incidents took place each day of the week with the exception of Monday and Thursday ($p<.05$, Phi = 0.09-0.13).

Table 88 Proportion of IPV and FV incidents that were alcohol-related by day of the week, ACT (n = 4168)

	FV[a]		IPV[a]		All incidents	
Day	**n**	**%**	**n**	**%**	**n**	**%**
Monday	45	19.1	70	19.3	126	19.9
Tuesday	30	13.5	67	20.8	102	17.7
Wednesday	30	14.6	72	22.3	110	19.5
Thursday	36	18.2	76	24.9	115	21.7
Friday	35	16.4	78	25.8	120	21.6
Saturday	40	25.5	151	37.7	199	33.0
Sunday	45	23.1	170	36.5	225	31.9

Notes. [a]n = 3908

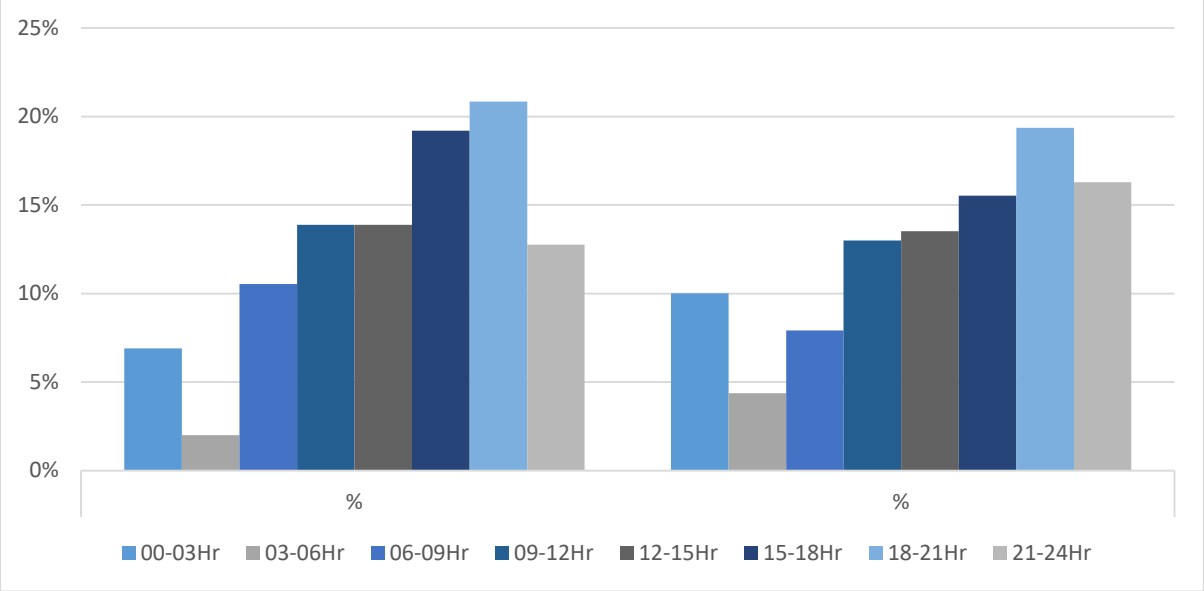


Figure 38 Proportion of FV and IPV incidents that took place during each three-hour interval, ACT (n = 5064)

DV incidents least often took place 12am - 9am, and most often 3pm - 9pm. IPV incidents were significantly more likely to take place between 9pm and 6am (p<.01), and FV incidents were significantly more likely to take place 6am - 9am (p<.01, Phi = -0.04) and 3pm - 6pm (p<.001, Phi = -0.05).

As shown in Table 89 alcohol-related IPV incidents least often occurred 9am – 3pm, and more often occurred later in the day, with more than half of all incidents occurring between 12am and 6am. IPV incidents that occurred 6am - 9am (p<.001, Phi = 0.19), 3pm - 6pm (p<.05, Phi = 0.08), and 6pm - 9pm (p<.001, Phi = 0.13) were significantly more likely to be alcohol-related compared to FV incidents occurring during these times.

Table 89 Proportion of IPV and FV incidents that were alcohol-related by each three-hour interval, ACT (n = 4168)

	FV[b]		IPV[b]		All incidents[a]	
Hours	**n**	**%**	**n**	**%**	**n**	**%**
00-03	45	43.3	130	52.8	183	49.5
03-06	18	64.3	65	58.6	87	56.1
06-09	7	4.5	32	16.4	41	10.9
09-12	14	7.1	21	6.4	38	6.8
12-15	13	6.7	28	8.0	43	7.3
15-18	33	12.4	72	18.5	107	15.5
18-21	69	23.0	167	35.8	247	30.5
21-24	62	34.8	169	42.9	251	40.7

Notes. [a]Alcohol use not available for 2009 and up until April 2010 (n = 896 incidents). [b]n = 3908

4.1.2.7. REPEAT VICTIMS

Of the 5,064 incidents ACT police attended across the reporting period, 34.9% involved a repeat victim. A significantly greater proportion of IPV (41.1%) than FV (26.9%; p<.001, Phi = 0.14) involved a repeat victim. The proportion of DV incidents involving repeat victims was significantly smaller in 2009 (p<.01, Phi = -0.4) and 2010 (p<.05, Phi = -0.03) compared to all other years.

Table 90 Proportion of FV and IPV incidents involving recidivist offenders, ACT (n = 5064)

	FV[a]		IPV[a]		All incidents	
Year	**n**	**%**	**n**	**%**	**n**	**%**
2009	38	21.7	114	37.9	157	29.0
2010	90	25.1	245	37.5	358	32.2
2011	96	27.7	266	43.7	376	36.7
2012	103	29.5	237	41.9	355	36.7
2013	84	26.3	243	43.9	342	37.1
2014	48	30.0	125	39.9	180	36.2

Note. [a]n = 4703

Substance involvement. The proportion of alcohol-related incidents involving repeat victims is presented in Table 91. For IPV only, a significantly smaller proportion of incidents involving repeat victims were alcohol-related compared to those that did not involve repeat victims (p<.01, Phi = -0.06).

Table 91 Proportion of FV and IPV incidents involving repeat victims that were alcohol-related, ACT (n=4168)

	No Repeat Victim		Repeat Victim	
	n	%	n	%
FV[b]	178	17.2	83	21.1
IPV[b]	430	29.9	254	24.3
All incidents[a]	649	24.3	348	23.2

Notes. [a]Alcohol use information was available from May 2010 (n = 896 incidents). [b]n = 3908

Child victimisation. The proportion of incidents involving repeat victims that also involved a child victim is presented in Table 92. For FV only, a significantly smaller proportion of incidents that involved repeat victims involved a child victim compared to those that did not involve repeat victims (p<.001, Phi = -0.14).

Table 92 Proportion of FV and IPV incidents involving repeat victims that involved child victims, ACT (n = 5064)

	No Repeat Victim		Repeat Victim	
	n	%	n	%
FV[a]	453	36.3	97	21.1
IPV[a]	87	4.9	58	4.7
All incidents	583	17.7	162	9.2

Notes. [a]n = 4703

Time of day and day of the week. There was no significant difference in the proportion of FV and IPV incidents involving repeat victims that occurred across day of the week (ps<.05). Compared to other times, FV incidents involving repeat victims were significantly more likely to occur 3am - 6am (p<.01, Phi = 0.06), and less likely to occur 6am - 9am (p<.05, Phi = -0.05), while IPV incidents involving repeat victims were significantly more likely to occur 12pm - 3pm (p<.01, Phi = 0.05).

4.1.2.8. WEAPONS

Of the 5,064 incidents ACT police attended across the reporting period, 14.0% involved weapons. The proportion of weapon-related incidents did not vary significantly across the reporting period (p<.05), and was more likely for FV (15.9%) than IPV (12.6%) incidents (p<.01, Phi = -0.05).

Substance involvement. A significantly greater proportion of DV incidents involving a weapon (28.0%) were alcohol-related than incidents not involving a weapon (23.3%, p<.05, Phi = 0.04). This difference was significant for IPV only, 34.1% of IPV incidents involving a weapon were alcohol-related compared to 26.6% of incidents not involving a weapon (p<.01, Phi = 0.05).

Child victimisation. There was no significant difference in the proportion of incidents that involved a weapon and whether they also involved a child victim or not (15.8% versus 14.5%, p>.05).

Breach of an intervention order. A significantly lower proportion of DV incidents that involved a weapon resulted in a breach of an FVO (9.0% versus 1.5%, p<.001, Phi = -0.09) or a breach of a Justice Order (0.9% versus 5.7%, p<.001, Phi = -0.07). These were significant for FV (ps<.05) and IPV (ps<.001) incidents.

Time of day and day of week. There was no significant difference in the proportion of incidents that involved a weapon by day of week or time of day (ps<.05).

4.1.3. MULTIVARIATE CORRELATES OF INCIDENT CHARACTERISTICS

In this section multivariate correlates of DV incident characteristics are presented. A series of multivariate models were conducted to examine key incident characteristics that are unique correlates of 1) alcohol involvement; 2) child victimisation; 3) breach of FVOs; 4) breach of Justice Orders; and 5) repeat victimisation. Multivariate logistic regression models were conducted for all incidents and separately for FV and IPV incidents.

4.1.3.1. ALCOHOL INVOLVEMENT

Three separate binary logistic regressions were performed to examine if child victimisation, repeat victimisation, breach of FVOs, breach of Justice Orders, and the presence of weapons at the incident were uniquely associated with alcohol-related incident (no vs. yes) at all incidents (Table 93), IPV incidents (Table 94) and FV incidents (Table 95).

All incidents. Incidents involving a child victim (OR = 0.33), breach of a FVO (OR = 0.20), or breach of a Justice Order (OR = 0.27) were significantly less likely to involve alcohol. Repeat victimisation and the presence of weapons at the incident were not uniquely associated with alcohol involvement at the incident.

Overall the model accounted for 5%-7% of the variance in alcohol involvement at the incident (Cox & Snell R Square = 0.05; Negelkerke R Square = 0.07) and, although there was indication of adequate model fit (Hosmer and Lemeshow Test >.05), 0% of alcohol-related incidents were correctly predicted.

IPV incidents. Incidents involving either breach of an FVO (OR = 0.17) or Justice Order (OR = 0.20) were significantly less likely to involve alcohol. Involvement of a child victim, a repeat victim, or the presence of a weapon were not uniquely associated with alcohol use at IPV incidents.

Overall the model accounted for 5%-8% of the variance in alcohol involvement at the incident (Cox & Snell R Square = 0.05; Negelkerke R Square = 0.08). Although there was indication of adequate model fit (Hosmer and Lemeshow Test >.05), 0% of alcohol-related IPV incidents were correctly predicted.

FV incidents. The only significant predictor was child victimisation which significantly decreased the odds that an incident was alcohol-related (OR = 0.31). Overall the model accounted for 4%-6% of the variance in alcohol involvement at the incident (Cox & Snell R Square = 0.04; Negelkerke R Square = 0.06). Although there was indication of adequate model fit (Hosmer and Lemeshow Test >.05), 0% of alcohol-related FV incidents were correctly predicted.

Table 93 Binary logistic regression associated with alcohol involvement in incident, ACT (n = 4078)

	B	Wald χ^2	OR	95% CI
Child victim (yes)	-1.12	71.16	0.33***	0.25-0.42
Repeat victim (yes)	0.02	0.09	1.02	0.88-1.20
Breach FVO (yes)	-1.62	55.26	0.20***	0.13-0.30
Breach Justice Order (yes)	-1.31	28.22	0.27***	0.17-0.44
Weapon present (yes)	0.11	1.22	1.12	0.91-1.38

Notes. *p<.05 **p<.01 ***p<.001; FVO = Family Violence Order.

Table 94 Binary Logistic Regression Associated with Alcohol Involvement at Intimate Partner Violence Incidents, ACT (n = 2425)

	B	Wald χ^2	OR	95% CI
Child victim (yes)	-0.27	1.49	0.77	0.50-1.17
Repeat victim (yes)	-0.07	0.53	0.93	0.77-1.13
Breach FVO (yes)	-0177	54.42	0.17***	0.11-0.27
Breach Justice Order (yes)	-1.60	29.20	0.20***	0.11-0.36
Weapon present (yes)	0.15	1.21	1.26	0.89-1.51

Notes. *p<.05 **p<.01 ***p<.001; FVO = Family Violence Order.

Table 95 Binary Logistic Regression Associated with Alcohol Involvement at Family Violence Incidents, ACT (n = 1400)

	B	Wald χ^2	OR	95% CI
Child victim (yes)	-1.16	39.04	0.31***	0.22-0.45
Repeat victim (yes)	0.16	1.02	1.17	0.86-1.58
Breach FVO (yes)	-1.11	3.26	0.33	0.10-1.10
Breach Justice Order (yes)	-0.62	1.58	0.54	0.20-1.42
Weapon present (yes)	0.07	0.16	1.08	0.75-1.56

Notes. *p<.05 **p<.01 ***p<.001; FVO = Family Violence Order.

4.1.3.2. CHILD VICTIM

Three separate binary logistic regressions were performed to examine if repeat victimisation, breach of FVOs, breach of Justice Orders, presence of weapons, and alcohol involvement were uniquely associated with child victimisation (no vs. yes) at all incidents (Table 96), IPV incidents (Table 97) and FV incidents (Table 98).

All incidents. In the final model, repeat victimisation (OR=0.53), breach of FVOs (OR = 0.14), breach of Justice Orders (OR = 0.27), and involvement of alcohol (OR = 0.33) were significantly associated with decreased odds that the incident involved a child victim. The final model accounted for 5%-9% of the variance in child victimisation at the incident (Cox & Snell R Square = 0.05; Negelkerke R Square = 0.09) and had adequate model fit (Hosmer and Lemeshow Test >.05). However, the model was biased to the prediction of no child victimisation with 0% of incidents involving child victims correctly predicted.

IPV incidents. In the final model, the only significant predictor was breach of FVOs, which significantly decreased the odds that an incident involved alcohol (OR = 0.23). Overall the model accounted for approximately 1% of the variance in child victimisation in IPV incidents (Cox & Snell R Square = 0.005; Negelkerke R Square=0.02). Although model fit indices indicated adequate model fit (Hosmer and Lemeshow Test >.05), the low variance accounted for by the model suggests that overall the variables were poor predictors of child victimisation at IPV incidents.

FV incidents. In the adjusted model, repeat victimisation (OR = 0.49), breach of FVOs (OR = 0.32), breach of Justice Orders (OR = 0.14), and alcohol involvement (OR = -0.31) were each associated with decreased odds that an incident involved a child victim. The final model accounted for 7%-10% of the variance in child victimisation at the incident (Cox & Snell R Square = 0.07; Negelkerke R Square = 0.10) and had adequate model fit (Hosmer and Lemeshow Test >.05), but nevertheless correctly predicted 0% of FV incidents involving child victims.

Table 96 Binary Logistic Regression Associated with Child Victimisation at Incident, ACT (n = 5064)

	Step 1				Step 2			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Repeat victim (yes)	-0.64	37.44	0.53***	0.43-0.65	-0.64	36.44	0.53***	0.43-0.65
Breach FVO (yes)	-1.77	26.53	0.17***	0.09-0.33	-1.93	31.64	0.14***	0.07-0.28
Breach Justice Order (yes)	-1.14	12.02	0.32***	0.17-0.61	-1.29	15.31	0.27***	0.14-0.52
Weapon present (yes)	-0.06	0.24	0.94	0.73-1.20	-0.05	0.15	0.69	0.74-1.22
Alcohol involvement (yes)					-1.12	71.20	0.33***	0.25-0.42

Notes. *p<.05 **p<.01 ***p<.001; FVO = Family Violence Order.

Table 97 Binary Logistic Regression Associated with Child Victimisation at Intimate Partner Violence Incidents, ACT (n = 2295)

	Step 1				Step 2			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Repeat victim (yes)	0.10	0.27	1.11	0.76-1.61	0.10	0.24	1.10	0.75-1.61
Breach FVO (yes)	-1.40	7.33	0.25**	0.09-0.68	-1.46	7.89	0.23**	0.08-0.64
Breach Justice Order (yes)	-0.22	0.30	0.58	0.36-1.77	-0.28	0.47	0.76	0.34-1.68
Weapon present (yes)	0.21	0.65	0.42	0.74-2.05	0.22	0.70	1.24	0.75-2.07
Alcohol involvement (yes)					-0.27	1.49	0.22	0.50-1.17

Notes. *p<.05 **p<.01 ***p<.001; FVO = Family Violence Order.

Table 98 Binary Logistic Regression Associated with Child Victimisation at Family Violence Incidents, ACT (n = 1708)

	Step 1				Step 2			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Repeat victim (yes)	-0.73	26.66	0.48***	0.36-0.63	-0.71	24.10	0.49***	0.37-0.65
Breach FVO (yes)	-1.04	4.47	0.35*	0.13-0.93	-1.13	5.27	0.32*	0.12-0.85
Breach Justice Order (yes)	-1.93	6.90	0.14**	0.03-0.61	-1.98	7.27	0.14**	0.03-0.58
Weapon present (yes)	-0.26	2.57	0.77	0.56-1.06	-0.26	2.47	0.77	0.56-1.07
Alcohol involvement (yes)					-1.16	38.73	0.31***	0.22-0.45

Notes. *p<.05 **p<.01 ***p<.001; FVO = Family Violence Order.

4.1.3.3. BREACH OF FVOS

Three separate binary logistic regressions were performed to examine if child victimisation, presence of weapons, and alcohol involvement in the incident contributed were uniquely associated with breach of FVO at an incident (no vs. yes) at all incidents (Table 99), IPV incidents (Table 100) and FV incidents (Table 101). Repeat victimisation was not included in the model due to the necessity of the victim being involved in another offence for a Justice Order to in place.

All incidents. In the adjusted model, child victimisation (OR = 0.25), presence of weapons (OR=0.13), and alcohol involvement (OR = 0.30) were all associated with decreased odds that an incident involved breach of an FVO. The model accounted for 2%-7% of the variance in breach of FVOs (Cox & Snell R Square=0.02; Negelkerke R Square=0.07) and had adequate model fit (Hosmer and Lemeshow Test >.05), but nevertheless correctly predicted 0% of incidents involving an FVO breach.

IPV incidents. In the adjusted model child victimisation (OR = 0.24), presence of weapons (OR = 0.20), and alcohol involvement (OR = 0.18) were all associated with decreased odds that an incident involved breach of an FVO. The model accounted for 5%-10% of the variance in breach of FVOs at IPV incidents (Cox & Snell R Square = 0.05; Negelkerke R Square = 0.10) and had adequate model fit (Hosmer and Lemeshow Test >.05), but nevertheless correctly predicted 0% of IPV incidents involving breach of an FVO.

FV incidents. The presence of weapons was removed as a predictor in this model since zero incidents involving breach of an FVO involved a weapon (making this variable a constant). Child victimisation was associated with decreased odds (OR = 0.30) of an incident involving breach of an FVO, while alcohol involvement was not uniquely associated with prediction of FVO breaches. The model accounted for 1%-3% of the variance in breach of FVOs at FV incidents (Cox & Snell R Square = 0.01; Negelkerke R Square = 0.03) and had adequate model fit (Hosmer and Lemeshow Test >.05), but nevertheless correctly predicted 0% of FV incidents involving an FVO breach.

Table 99 Binary Logistic Regression Associated with Breach of a Family Violence Order at all Incidents, ACT (n = 5064)

	Step 1				Step 2			
	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI
Child victim (yes)	-1.25	14.58	0.29***	0.15-0.54	-1.38	17.62	0.25***	0.13-0.48
Weapon present (yes)	-2.09	16.97	0.12***	0.05-0.33	-2.06	16.45	0.13***	0.05-0.34
Alcohol involvement (yes)					-1.20	23.90	0.30***	0.19-0.49

Notes. *p<.05 **p<.01 ***p<.001.

Table 100 Binary Logistic Regression Associated with Breach of a Family Violence Order at Intimate Partner Violence Incidents, ACT (n = 2995)

	Step 1				Step 2			
	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI
Child victim (yes)	-1.36	6.97	0.26**	0.09-0.70	-1.43	7.69	0.24**	0.09-0.66
Weapon present (yes)	-1.66	20.67	0.19***	0.09-0.39	-1.61	19.35	0.20***	0.10-0.41
Alcohol involvement (yes)					-1.71	52.01	0.18***	0.11-0.29

Notes. *p<.05 **p<.01 ***p<.001.

Table 101 Binary Logistic Regression Associated with Breach of a Family Violence Order at Family Violence Incidents, ACT (n = 1708)

	Step 1				Step 2			
	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI
Child victim (yes)	-1.08	4.92	0.34*	0.13-0.88	-1.19	5.91	0.30*	0.12-0.79
Alcohol involvement (yes)					-1.07	3.07	0.34	0.10-1.13

Notes. *p<.05 **p<.01 ***p<.001.

4.1.3.4. BREACH OF JUSTICE ORDERS

Three separate binary logistic regressions were performed to examine if child victimisation and alcohol involvement contributed were uniquely associated with breach of JOs at an incident (no vs. yes) at all incidents (Table 102), IPV incidents (Table 103) and FV incidents (Table 104). The presence of weapons was not included as a correlate due to its low frequency in incidents involving breach of JOs (e.g., 1 for FV and 4 for IPV) making it an unstable predictor. Furthermore, repeat victimisation was also not included in the model due to the necessity of the victim being involved in another offence for a JO to be put in place.

All incidents. In the adjusted model child victimisation (OR = 0.25) and alcohol involvement (OR = 0.29) were both associated with decreased odds that an incident involved breach of a JO. The model accounted for 1%-4% of the variance in breach of JOs at incidents (Cox & Snell R Square = 0.01; Negelkerke R Square = 0.04) and had adequate model fit (Hosmer and Lemeshow Test >.05), but nevertheless correctly predicted 0% of incidents involving breach of a JO.

IPV incidents. Alcohol involvement was associated with decreased odds (OR = 0.22), and involvement of a child victim was not uniquely associated with, breach of a JO. The model accounted for 2%-4% of the variance in breach of JOs at IPV incidents (Cox & Snell R Square = 0.02; Negelkerke R Square = 0.04) and had adequate model fit (Hosmer and Lemeshow Test >.05), but nevertheless correctly predicted 0% of IPV incidents involving breach of a JO.

FV incidents. Child victimisation was associated with decreased odds (OR = 0.11) of an incident involving breach of a JO, and alcohol involvement was not uniquely associated with breach of JOs. The model accounted for 1%-6% of the variance in breach of JOs at FV incidents (Cox & Snell R Square = 0.01; Negelkerke R Square = 0.06) and had adequate model fit (Hosmer and Lemeshow Test >.05), but nevertheless correctly predicted 0% of FV incidents involving breach of a JO.

Table 102 Binary Logistic Regression Associated with Breach of a Justice Order at all Incidents, ACT (n = 5064)

	Step 1				Step 2			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Child victim (yes)	-1.25	14.67	0.28***	0.15-0.54	-1.38	17.70	0.25***	0.13-0.48
Alcohol involvement (yes)					-1.22	47.91	0.29***	0.18-0.48

Notes. *p<.05 **p<.01 ***p<.001.

Table 103 Binary Logistic Regression Associated with Breach of a Justice Order at Intimate Partner Violence Incidents, ACT (n = 2995)

	Step 1				Step 2			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Child victim (yes)	-0.13	0.10	0.88	0.40-1.92	-0.16	0.15	0.85	0.39-1.87
Alcohol involvement (yes)					-1.50	26.17	0.22***	0.13-0.40

Notes. *p<.05 **p<.01 ***p<.001.

Table 104 Binary Logistic Regression Associated with Breach of a Justice Order at Family Violence Incidents, ACT (n = 1708)

	Step 1				Step 2			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Child victim (yes)	-2.10	8.27	0.12**	0.03-0.51	-2.17	8.76	0.11**	0.03-0.48
Alcohol involvement (yes)					-0.55	1.27	0.58	0.22-1.50

Notes. *p<.05 **p<.01 ***p<.001.

4.1.3.5. OFFENCE AGAINST THE PERSON (VIOLENT OFFENCE)

Three separate binary logistic regressions were performed to examine if child victimisation, repeat victimisation, the presence of weapons and alcohol involvement were uniquely associated with an offence against the person at an incident (no vs. yes) at all incidents (Table 105), IPV incidents (Table 106) and FV incidents (Table 107).

All incidents. In the adjusted model, child victimisation and alcohol involvement were associated with 9.27 and 2.13 greater odds that the incident involved an offence against the person, respectively. Repeat victimisation was associated with decreased odds that the incident involved an offence against the person (OR = 0.59). The presence of weapons did not uniquely predict an offence against the person at all DV incidents. The model accounted for 10%-14% of the variance in prediction of an offence against the person at FV incidents (Cox & Snell R Square = 0.10; Negelkerke R Square = 0.14) and had adequate model fit (Hosmer and Lemeshow Test >.05). The model was biased toward prediction of incidents involving a violent offence, correctly predicting 84.3% of incidents that involved an offence against the person and 35.0% of IPV incidents not involving an offence against the person (overall percentage correct = 67.4%).

IPV incidents. In the adjusted model, child victimisation, the presence of weapons, and alcohol involvement were associated with 2.83, 1.34, and 2.45 greater odds that the incident resulted in an offence against the person, respectively. Incidents involving repeat victims were significantly less likely to involve an offence against the person (OR = 0.51). The model accounted for 7%-9% of the variance in prediction of an offence against the person at IPV incidents (Cox & Snell R Square = 0.07; Negelkerke R Square = 0.09) and had adequate model fit (Hosmer and Lemeshow Test >.05). The model was biased toward prediction of incidents that involved an offence against the person, and correctly predicted 80.3% of IPV incidents involving an offence against the person and 41.5% of IPV incidents not involving an offence against the person (overall percentage correct = 66.3%).

FV incidents. In the adjusted model, child victimisation was associated with 15.22 greater odds that the incident involved an offence against the person, and repeat victimisation was associated with decreased odds that the incident involved an offence against the person (OR = 0.73). The presence of weapons and alcohol did not uniquely predict an offence against the person at FV incidents. The model accounted for 16%-23% of the variance in prediction of an offence against the person at FV incidents (Cox & Snell R Square = 0.16; Negelkerke R Square = 0.23) and had adequate model fit (Hosmer and Lemeshow Test >.05). The model was biased toward prediction of incidents involving an offence against the person with 100% of FV incidents that involved an offence against the person correctly predicted, compared to 0% of those that did not.

Table 105 Binary Logistic Regression Associated with an Offence Against the Person at All Incidents, ACT (n = 5064)

	Step 1				Step 2			
	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI
Child victim (yes)	2.12	166.76	8.30***	6.02-11.45	2.23	182.89	9.27***	6.71-12.80
Repeat Victim (yes)	-0.53	59.11	0.59***	0.51-0.67	-0.52	54.83	0.59***	0.52-0.68
Weapon present (yes)	0.11	1.33	1.12	0.92-1.36	0.08	0.68	1.09	0.89-1.32
Alcohol (yes)					0.75	79.85	2.13***	1.80-2.51

Table 106 Binary Logistic Regression Associated with an Offence Against the Person at Intimate Partner Violence Incidents, ACT (n = 2995)

	Step 1				Step 2			
	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI
Child victim (yes)	1.00	17.30	2.73***	1.70-4.38	1.04	18.35	2.83***	1.76-4.56
Repeat Victim (yes)	-0.69	65.27	0.50***	0.42-0.59	-0.66	58.53	0.51***	0.43-0.61
Weapon present (yes)	0.34	6.38	1.41*	1.08-1.83	0.29	4.48	1.34*	1.02-1.75
Alcohol (yes)					0.89	71.85	2.45***	1.99-3.01

Table 107 Binary Logistic Regression Associated with an Offence Against the Person at Family Violence Incidents, ACT (n = 1708)

	Step 1				Step 2			
	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI
Child victim (yes)	2.68	120.90	14.63***	9.07-23.60	2.72	123.37	15.22***	9.41-24.60
Repeat Victim (yes)	-0.29	4.71	0.74*	0.57-0.97	-0.29	4.70	0.73*	0.57-0.97
Weapon present (yes)	-0.12	0.56	0.88	0.64-1.22	-0.13	0.62	0.88	0.63-1.22
Alcohol (yes)					0.28	3.25	1.33	0.97-1.81

4.1.3.6. REPEAT VICTIMS

Three separate binary logistic regressions were performed to examine if child victimisation, presence of weapons, and alcohol involvement were uniquely associated with involvement of a repeat victim (no vs. yes) at all incidents (Table 108), IPV incidents (Table 109) and FV incidents (Table 110). Breach of FVOs and JOs were not included in the models due to the necessity of repeat victimisation for breach of FVOs or JOs to take place.

All incidents. In the adjusted model child victimisation (OR = 0.44) was associated with significantly decreased odds of the incident involving a repeat victim. Presence of weapons and alcohol involvement were not significantly associated with repeat victimisation. The model accounted for approximately 2% of the variance in involvement of a repeat victim (Cox & Snell R Square = 0.02; Negelkerke R Square = 0.02) and had adequate model fit (Hosmer and Lemeshow Test >.05), but nevertheless correctly predicted 0% of incidents involving repeat victims.

IPV incidents. In the adjusted model alcohol involvement (OR = 0.76) was associated with significantly decreased odds of the incident involving a repeat victim. Presence of weapons and child victimisation were not significantly associated with repeat victimisation. The model accounted for less than 1% of the variance in involvement of a repeat victim (Cox & Snell R Square = 0.005; Negelkerke R Square = 0.007) and had adequate model fit (Hosmer and Lemeshow Test >.05), but nevertheless correctly predicted 0% of IPV incidents involving repeat victims.

FV incidents. In the adjusted model child victimisation (OR = 0.46) was associated with a significantly decreased odds of the incident involving a repeat victim. Presence of weapons and alcohol involvement were not significantly associated with repeat victimisation. The model accounted for less than 2%-3% of the variance in involvement of a repeat victim (Cox & Snell R Square = 0.02; Negelkerke R Square = 0.03) and had adequate model fit (Hosmer and Lemeshow Test >.05), but nevertheless correctly predicted 0% of FV incidents involving repeat victims.

Table 108 Binary Logistic Regression Associated with Repeat Victimisation at all Incidents, ACT (n = 5064)

	Step 1				Step 2			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Child victim (yes)	-0.80	60.36	0.45***	0.37-0.55	-0.81	62.44	0.44***	0.36-0.54
Weapon present (yes)	-0.17	3.15	0.84	0.70-1.02	-0.16	2.93	0.85	0.70-1.02
Alcohol involvement (yes)					-0.13	2.82	0.88	0.76-1.02

Notes. *p<.05 **p<.01 ***p<.001.

Table 109 Binary Logistic Regression Associated with Repeat Victimisation at Intimate Partner Violence Incidents, ACT (n = 2995)

	Step 1				Step 2			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Child victim (yes)	-0.03	0.03	0.97	0.67-1.40	-0.04	0.04	0.96	0.67-1.39
Weapon present (yes)	-0.23	3.28	0.80	0.62-1.02	-0.21	2.72	0.81	0.64-1.04
Alcohol involvement (yes)					-0.27	8.84	0.76**	0.63-0.91

Notes. *p<.05 **p<.01 ***p<.001.

Table 110 Binary Logistic Regression Associated with Repeat Victimisation at Family Violence Incidents, ACT (n = 1708)

	Step 1				Step 2			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Child victim (yes)	-0.79	32.09	0.45***	0.34-0.60	-0.78	30.16	0.46***	0.35-0.61
Weapon present (yes)	-0.05	0.10	0.95	0.69-1.21	-0.05	0.11	0.95	0.69-1.30
Alcohol involvement (yes)					0.11	0.54	1.12	0.83-1.50

Notes. *p<.05 **p<.01 ***p<.001.

4.1.4. ACT SUMMARY

In the ACT, the majority of IPV victims were female (74.6%) most commonly in 18-34 year age category, however there was a significantly greater proportion of male FV victims (35.3%) than female FV victims. Most ACT victims resided in areas of SEIFA disadvantage, however the proportion of victims in the 3rd quintile was greater than the 2nd quintile.

Between 2009 and 2014, of the 5,064 DV incidents attended by police, 2,995 (59.1%) were IPV related and 1,708 (33.7%) were FV related. The highest proportions of both IPV and FV incidents were recorded in 2010, with incidents slightly reducing by 2013. Alcohol related incidents were highest in 2011, remaining relatively stable over time, with greater proportions in IPV (27.6%). A very small proportion of incidents involved drugs (1.1%) between 2009 and 2014 in ACT, with highest incidence in 2012 and 2013. Child involvement in incidents was more likely to occur in FV (32.2%) than IPV (4.8%), with the highest proportions occurring in 2011 (FV) and 2010 (IPV). Weapon involvement in ACT incidents was relatively stable across time, however there was a slight increase (14% of total incidence) in 2013. FV (15.9%) incidents were more likely to involve weapons than IPV (12.6%). Incidents involving repeat victims were relatively stable between 2009 and 2014, with slightly higher proportions in 2011 and 2012.

A significantly greater proportion of IPV (41.1%) than FV (26.9%) involved a repeat victim. Higher proportions of DV incidents occurred between 6pm and 9pm. This trend was similar in FV and IPV incidents, with the exception of slightly more IPV occurring in the 9pm-3am timeframe than FV.

4.1.4.1. KEY CORRELATES OF DV

Incidents involving a child victim (OR = 0.33), breach of a FVO (OR = 0.20), or breach of a Justice Order (OR = 0.27) were significantly less likely to involve alcohol. IPV incidents involving either breach of an FVO (OR = 0.17) or Justice Order (OR = 0.20) were significantly less likely to involve alcohol. In FV incidents, the only significant predictor was the involvement of a child victim which significantly decreased the odds that an incident was alcohol-related (OR = 0.31).

When predicting child victimisation across all incidents, repeat victimisation (OR = 0.53), breach of FVOs (OR = 0.14), breach of Justice Orders (OR = 0.27), and involvement of alcohol (OR = 0.33) were all significantly associated with decreased odds that the incident involved a child victim. In IPV incidents, the only significant predictor was breach of FVOs, which significantly decreased the odds that an incident involved alcohol (OR = 0.23). In FV incidents, repeat victimisation (OR = 0.49), breach of FVOs (OR = 0.32), breach of Justice Orders (OR = 0.14), and

alcohol involvement (OR-0.31) were each associated with decreased odds that an incident involved a child victim.

When predicting repeat victimisation across all incidents, child victimisation (OR = 0.44) was associated with significantly decreased odds of the incident involving a repeat victim. In IPV, alcohol involvement (OR = 0.76) was associated with significantly decreased odds of the incident involving a repeat victim. In FV, child victimisation (OR = 0.46) was associated with a significantly decreased odds of the incident involving a repeat victim.

4.2. NEW SOUTH WALES POLICE DATA RESULTS

In this section, trends for DV incidents attended by NSW police between 2009 and 2013 are presented separately for persons and incidents. These findings relate to DV incidents involving intimate partners and other family members and compares data related to IPV and FV.

4.2.1. PERSONS

Demographic and alcohol intoxication level are presented for offenders and victims.

4.2.1.1. OFFENDERS

Across the study period, there were 120,094 episodes of offending recorded at DV incidents attended by NSW police, including 92,714 unique offenders[51]. The majority of incidents (88.5%) involved one offender, while on a small number of occasions there were up to 11 offenders recorded at an incident (see Table 111). FV incidents were significantly more likely to involve multiple offenders compared to IPV incidents (p<.001).

Table 111 Number of offenders recorded at FV, IPV and all incidents, NSW (n = 112.937)

	FV		IPV		All incidents	
	n	**%**	**n**	**%**	**n**	**%**
0[1]	3525	7.4	3132	4.3	6762	5.3
1	40051	84.4	65901	91.3	106071	88.5
2	3373	7.1	2955	4.1	6337	5.6
3	371	0.8	124	0.2	499	0.4
4	87	0.2	24	< 0.1	113	0.1
5	26	0.1	8	< 0.1	34	< 0.1
6+	14	< 0.1	3	< 0.1	17	< 0.1

Notes. [1] Among these incidents, 68.8% (n = 4653) only had one victim recorded, 28.7% (n = 1944) had two victims recorded, and 2.28% (n = 165) had more than two victims recorded. 47.2% of incidents with 1 victim and 0 offenders recorded and 48.7% of incidents with 2 victims and 0 offenders recorded were IPV.

The majority of offenders were male (77.0%) across all age groups (see Table 112). The greatest proportion of offenders were aged 35-49 (33.8%), while the lowest proportion were aged 5-11 years (0.4%). A slightly greater proportion of male offenders (64.1%) than female offenders (57.0%) were aged 25-49 years.

[51] There were 17,984 (19.4%) recidivist offenders involved in multiple incidents across the reporting period. Person and incident characteristics related to recidivist offenders and repeat victims are discussed in greater detail in section 1.2.7.

Table 112 Proportion of female, male and all offenders by age group, NSW (n = 120,775)[1]

	Female[2]		Male[2]		All Offenders[3]	
Age (years)	**n**	**%**	**n**	**%**	**n**	**%**
5-11	89	19.8	361	80.2	450	0.4
12-17	3799	36.9	6504	63.1	10303	8.5
18-24	5623	24.5	17320	75.5	22943	19.0
25-34	7248	20.9	27495	79.1	34743	28.8
35-49	8781	21.5	32063	78.5	40844	33.8
50-59	1677	20.3	6573	79.7	8250	6.8
60-69	448	18.6	1961	81.4	2409	2.0
70-84	132	17.8	608	82.2	740	0.6
85+	30	32.3	63	67.7	93	0.1

Notes. [1] Excludes offenders aged 0-4 (n = 194); [2] The sex of 29 offenders was either unknown or not recorded. [3] The n and % refer to the total number of offenders within this age group.

Table 113 presents the proportion of offenders in nine age groups separately for those involved in FV and IPV incidents. While the greatest proportion of offenders of both FV and IPV incidents were aged 25-49 years, a greater proportion of offenders involved in FV compared to IPV incidents were aged 12-17 years.

Table 113 proportion of FV and IPV offenders in nine age groups, NSW (n = 120,633)

	FV		IPV	
Age (years)	**n**	**%**	**n**	**%**
5-11	443	0.9	7	< 0.1
12-17	8817	18.2	1476	2.0
18-24	10152	21.0	12739	17.6
25-34	10509	21.7	24197	33.5
35-49	13408	27.7	27407	37.9
50-59	3513	7.3	4731	6.5
60-69	1120	2.3	1280	1.8
70-84	343	0.7	398	0.6
85+	43	0.1	50	0.1

Notes. Type of violence was not categorised for 171 offenders. 193 offenders who were recorded as aged between 0 and 4 years were excluded from this tabulation.

Figure 4.4 and Figure 4.5 below show age group the trends over time for offenders involved in FV or IPV related incidence. For FV related incidents, the rate of offenders per 10,000 population was highest in the 12-17 years age group, beginning at 30.4 in 2009 and rising to 33.7 in 2013. For IPV related incidents, the rate of offenders per 10,000 population was highest in the 25-34 years age group, beginning at 48.2 in 2009 and lowering to 46.8 in 2013.

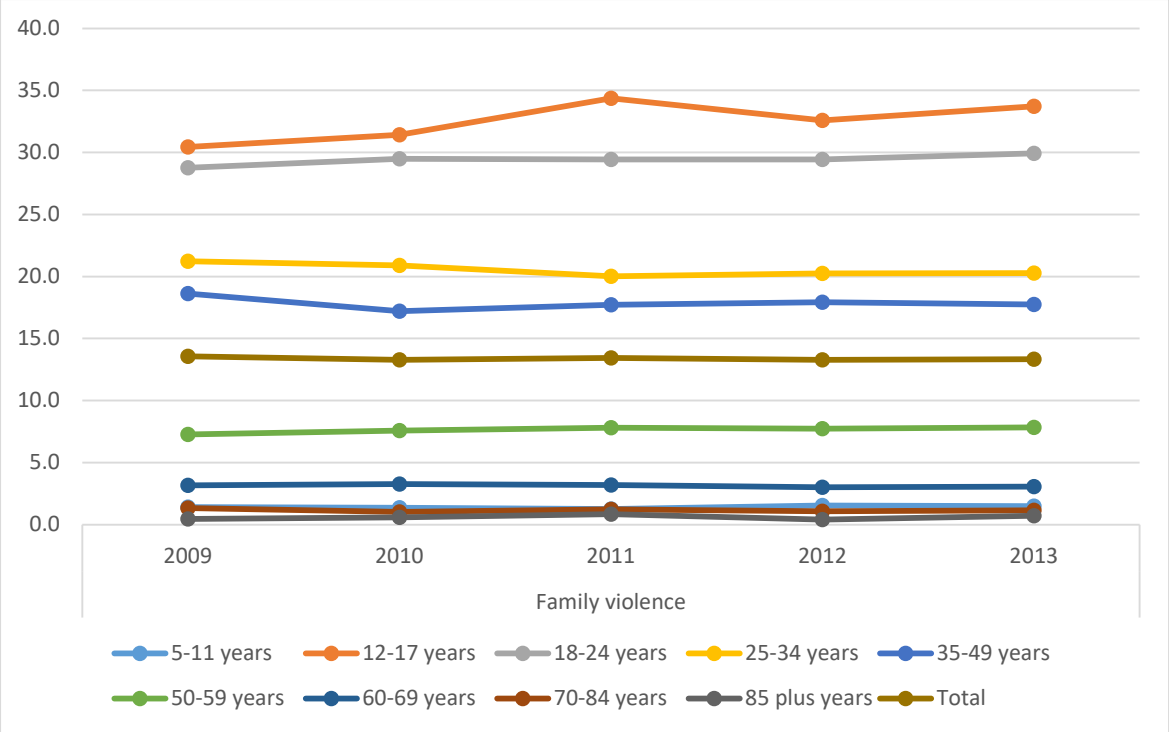


Figure 39 Offender age groups of FV rates per 10,000 population over reporting period, NSW

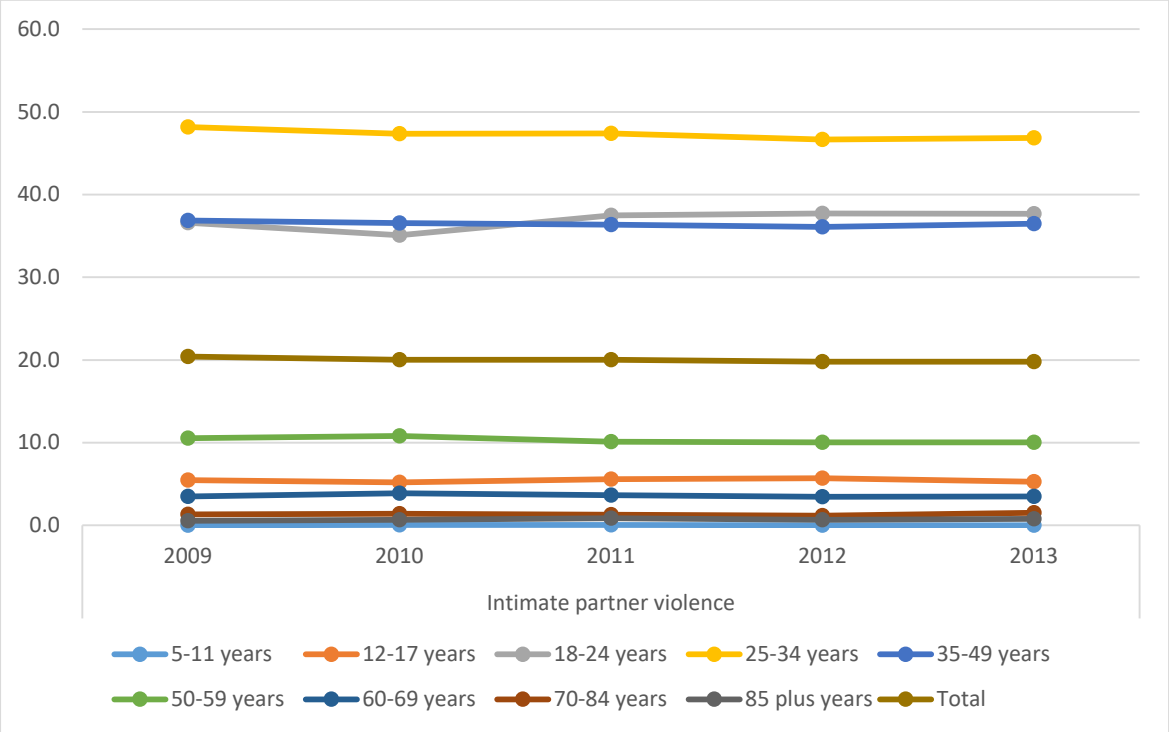


Figure 40 Offender age groups of IPV rates per 10,000 population over reporting period, NSW

4.2.1.2. VICTIMS

A total of 144,053[52] episodes of victimisation were recorded across all DV incidents in NSW during the reporting period, including 61,447 victims of FV and 82,313 victims of IPV[53]. The majority of incidents involve one victim (86.5%), while less than one percent of cases involved more than 3 victims. Multiple victims were more likely to be recorded as being present at FV than IPV incidents (p<.001). Refer to Table 114.

Table 114 Number of victims recorded at FV, IPV and all incidents, NSW (n = 144,053)

	FV		IPV		All incidents	
	n	%	n	%	n	%
1	37980	80.0	65420	90.7	103400	86.5
2	7971	16.8	6038	8.4	14009	11.7
3	1093	2.3	482	0.7	1575	1.3
4	273	0.6	149	0.2	422	0.4
5	89	0.2	35	< 0.1	124	0.1
6+	41	0.1	23	< 0.1	64	0.1

Table 115 presents the proportion of female and male victims across age groups, while Table 116 shows the proportion of FV and IPV victims across age groups. The majority of victims were female (68.3%). In comparison to female victims, male victims are not concentrated in the 18-49 age group but are much more spread out and in most age groups, female victims outnumber male victims, however in the 0-11 age group male victims outnumber female victims.

Table 115 Proportion of female, male and all victims in 10 age groups, NSW (n = 143,941)

	Female[a]		Male[a]		All victims[b]	
Age (years)	n	%[a]	n	%[a]	n	%
0-4	925	46.0	1060	52.8	2009	1.4
5-11	1641	42.7	2195	57.2	3839	2.7
12-17	8745	63.1	5104	36.8	13852	9.6
18-24	20686	75.1	6859	24.9	27559	19.1
25-34	26176	73.9	9251	26.1	35444	24.6
35-49	29729	69.3	13113	30.6	42880	29.8
50-59	6900	58.9	4810	41.1	11717	8.1
60-69	2376	52.7	2127	47.2	4508	3.1
70-84	1077	55.2	872	44.7	1950	1.4
85+	178	60.3	117	39.7	295	0.2

[52] Includes 115,418 unique victims and 18,636 repeat victims involved in multiple incidents across the reporting period. Person and incident characteristics related to repeat victims are presented in section 1.2.7.
[53] The incident type (IPV or FV) was unknown or not recorded for 293 victims.

Notes. [a]The sex of 122 victims was either unknown or not recorded. [b]Refers to the proportion of all victims within this age group.

Table 116 Proportion of FV and IPV victims by age group, NSW (143,760)

	FV		IPV	
Age (years)	**n**	**%**	**n**	**%**
0-4	1104	1.8	888	1.1
5-11	3027	4.9	810	1.0
12-17	10134	16.5	3708	4.5
18-24	10180	16.6	17329	21.1
25-34	9121	14.8	26234	31.9
35-49	15604	25.4	27188	33.0
50-59	7160	11.7	4532	5.5
60-69	3331	5.4	1168	1.4
70-84	1553	2.5	396	0.5
85+	233	0.4	60	0.1

Note. Incident type was not recorded for 293 victims.

Figure 4.6 and Figure 4.7 below show age group the trends over time for victims involved in FV or IPV related incidence. For FV related incidents, the rate of victims per 10,000 population was highest in the 18-24 years age group, beginning at 36.9 in 2009 and rising to 37.0 in 2013. For IPV related incidents, the rate of victims per 10,000 population was highest in the 35-49 years age group, remaining relatively stable at 52.2 between 2009 and 2013.

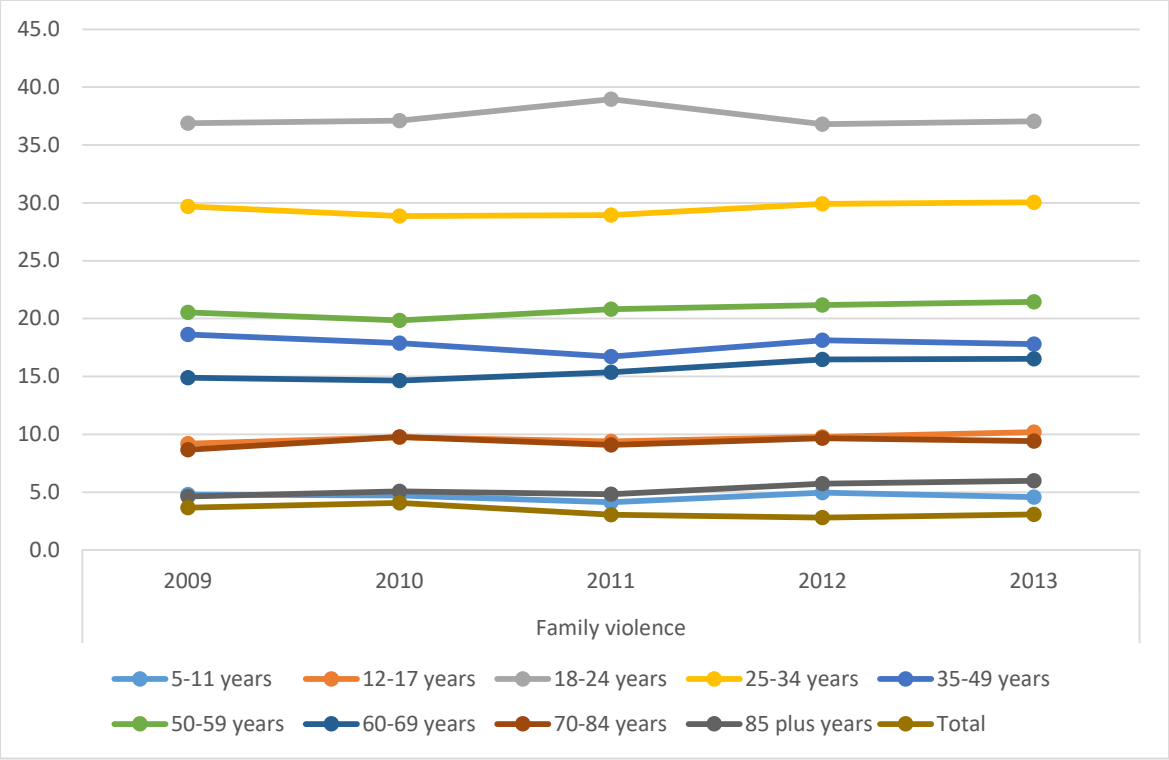


Figure 41 Victim age groups of FV rates per 10,000 population over reporting period, NSW

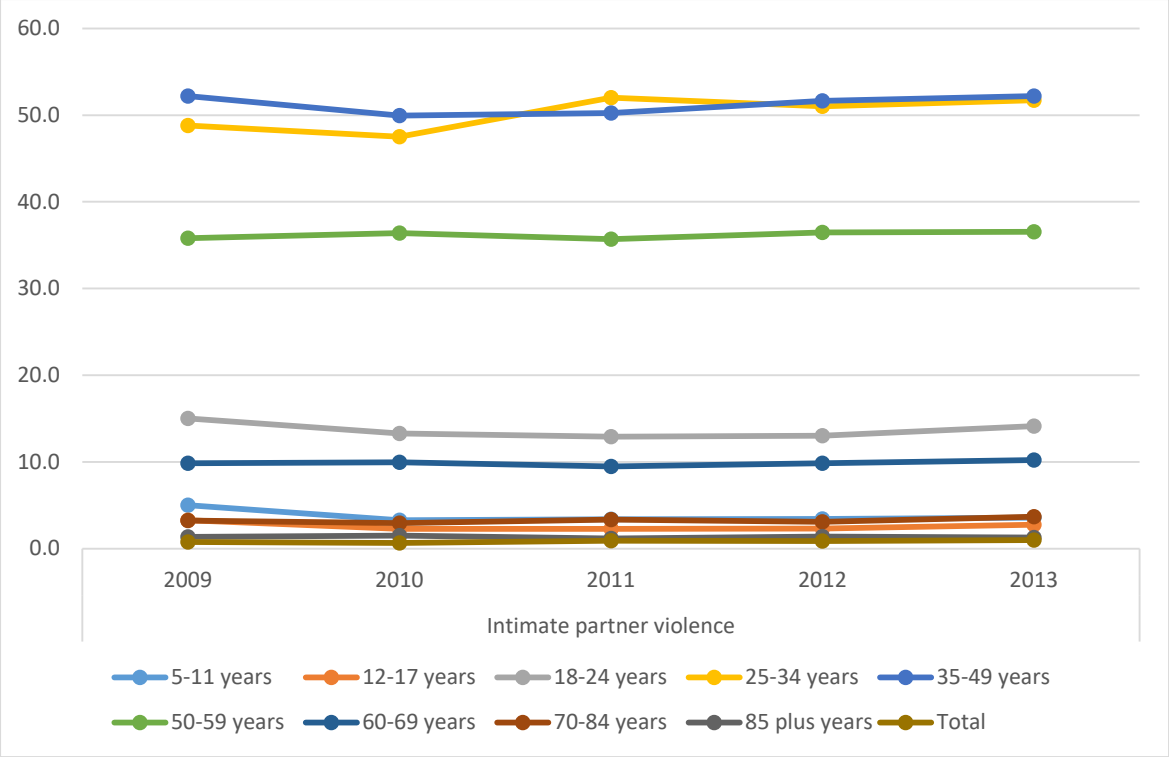


Figure 42 Victim age groups of IPV rates per 10,000 population over reporting period, NSW

A higher proportion of child victims of FV (52.5%) and IPV (70.7%) were female, with the majority of child victims involved in FV related incidents.

Table 117 Proportion and gender of FV and IPV incidents involving a child victim per year, NSW (n = 19,700)

	FV				IPV			
	Female		Male		Female		Male	
	n	%	n	%	n	%	n	%
2009	1,510	37.3	1,280	31.6	886	21.9	363	9.0
2010	1,506	39.0	1,328	34.4	728	18.9	289	7.5
2011	1,526	39.1	1,370	35.1	707	18.1	293	7.5
2012	1,470	37.9	1,378	35.5	717	18.5	299	7.7
2013	1,465	36.5	1,418	35.3	780	19.4	336	8.4

Note. Child victim gender was not recorded for 60 victims, and violence type was not recorded for 58 victims.

As shown in Figure 39, IPV victims were most likely to be aged 18-49 years. A small proportion of IPV victims were younger than 18 years (6.6%), and likely indicates presence at IPV incidents primarily involving parents/guardians. Compared to IPV, FV victims were spread more evenly across age groups and included a greater proportion of victims younger than 18 years.

Overall, females comprised 55.0% of FV victims and 78.3% of IPV victims. Figure 39 and Figure 40 shows the proportion of female and male FV and IPV victims according to age group. The proportion of male victims was greater for FV compared to IPV in all age groups, except for those aged 85 years and older.

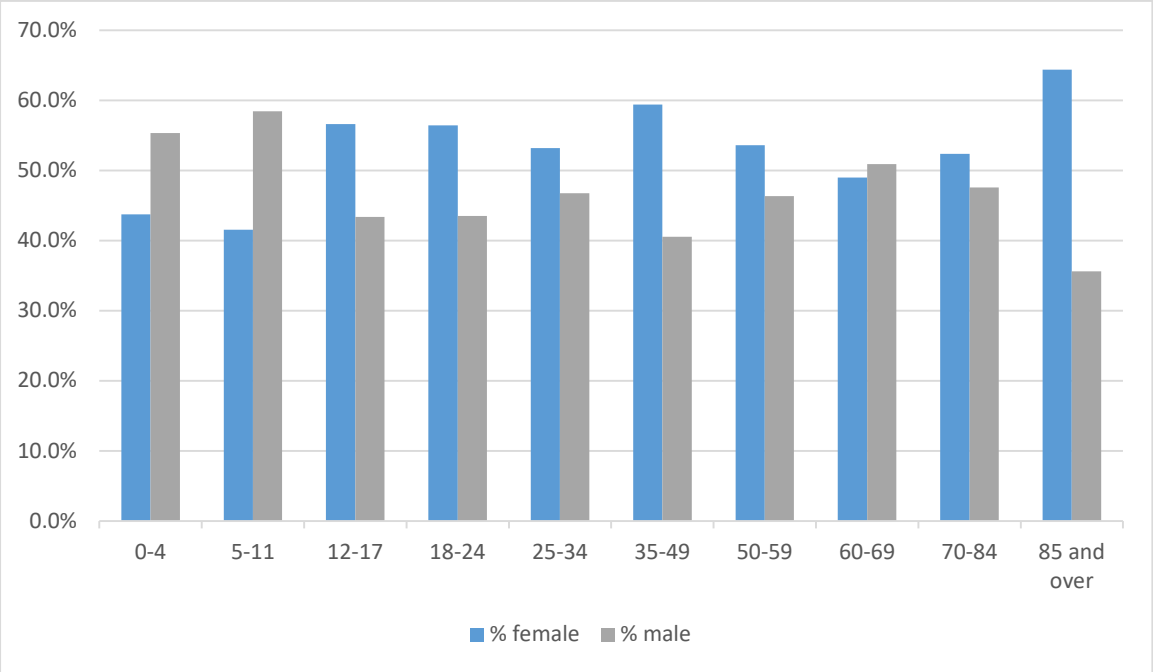


Figure 43 Proportion of female and male FV victims in 10 age groups, NSW (n = 144,053)

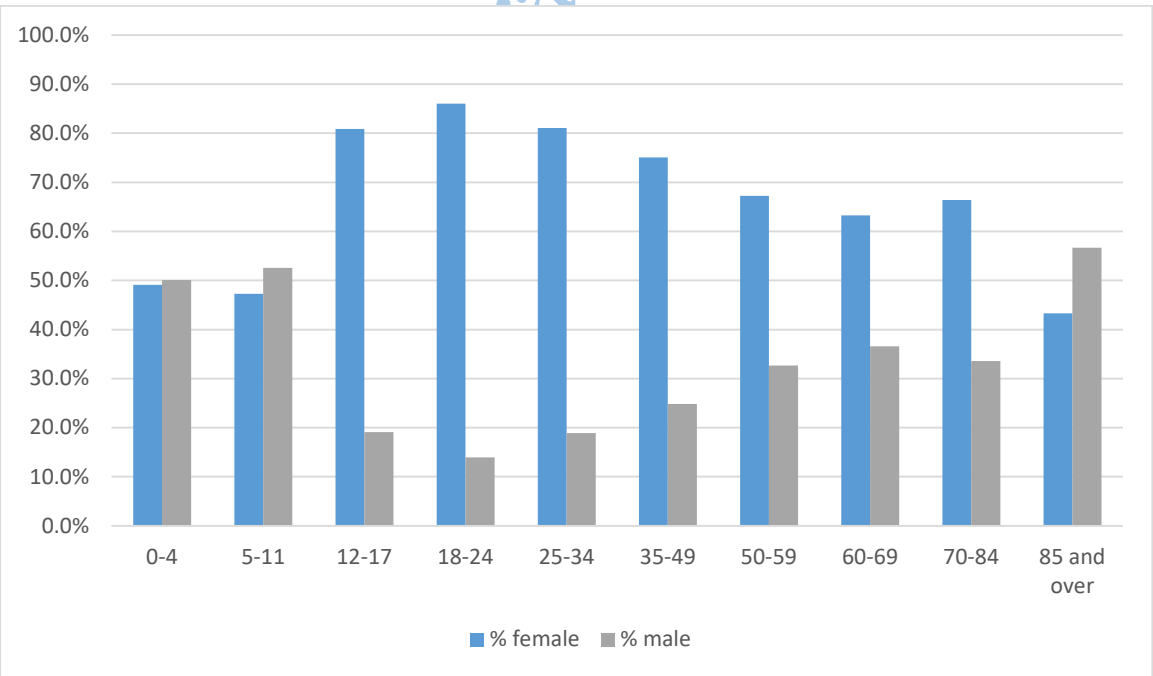


Figure 44 Proportion of female and male IPV victims in 10 age groups, NSW (n = 144,053)

4.2.2. INCIDENTS

NSW police attended 119,833 DV incidents across the reporting period, including 72,147 IPV and 47,447 FV incidents[54]. Table 118 shows that the proportion of FV and IPV incidents slightly increased across the 5 year period. This is most evident for FV incidents. At all years, there was a greater proportion of IPV than FV incidents. A 2X1 analysis to test the difference in the proportions per year found a significant difference ($p<.001$). Comparing 2009 and 2013 also showed a significant increase ($p<.001$).

Table 118 Proportion of FV, IPV and all incidents per year, NSW (n = 119,594)[1]

	FV		IPV		All incidents	
	n	%	n	%	n	Rate per 10,000
2009	9,055	39.1	14,132	60.9	23,187	32.7
2010	9,213	39.5	14,099	60.5	23,312	32.5
2011	9,530	39.7	14,477	60.3	24,007	33.1
2012	9,716	39.9	14,616	60.1	24,332	33.2
2013	9,933	40.1	14,823	59.9	24,756	33.3

Note. [1] The incident type (IPV or FV) was unknown or not recorded for 239 incidents.

Figure 41 below shows the rates of all FDV incidents per 10,000 people has remained consistent between 2009 and 2013. This trend is similar for alcohol related incidents and drug related incidents.

[54] 239 incidents were flagged as DV, but the relationship between the victim and offender was unknown/not recorded.

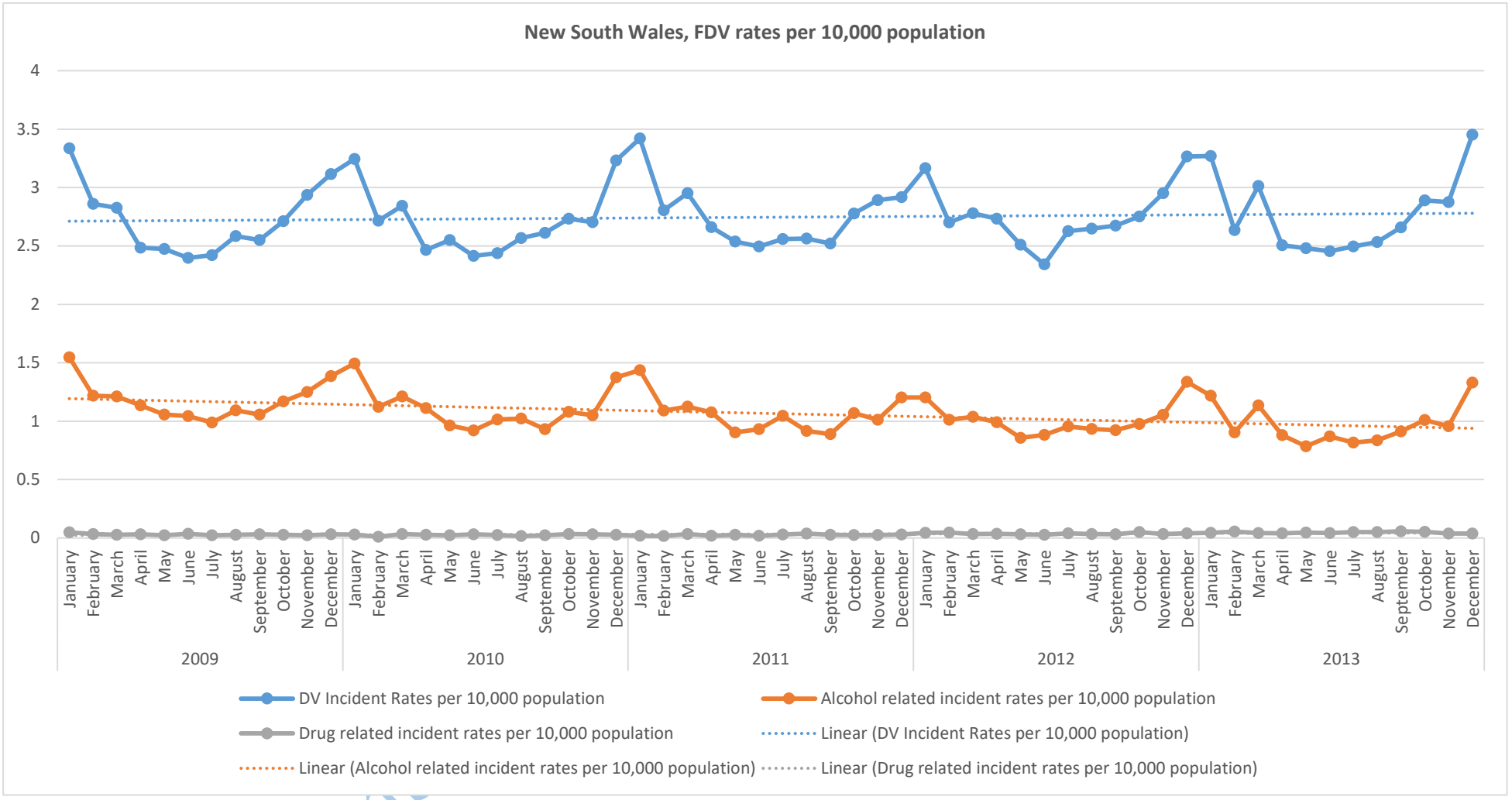


Figure 45: Alcohol, drug, and all incident rates per 10,000 population over reporting period, NSW

4.2.2.1. SOCIO-ECONOMIC DISADVANTAGE

Incident locations were classified into one of five levels of socioeconomic disadvantage according to the ABS Socio-Economic Indexes for Areas (SEIFA) (refer to Table 119).

Table 119 Proportion of FV, IPV and all incident locations according to socioeconomic disadvantage (n = 119,594)

	FV		IPV		All Incidents[2]	
SEIFA Disadvantage index[1]	**n**	**%**	**n**	**%**	**n**	**%**
1	12418	26.2	18554	25.8	31036	25.9
2	10246	21.6	15818	22.0	26114	21.8
3	12018	25.4	18635	25.9	30714	25.7
4	7642	16.1	11446	15.9	19128	16.0
5	5062	10.7	7567	10.5	12653	10.6

Notes. [1]SEIFA quintiles range in descending order of disadvantage, where 1 = most disadvantaged and 5 = least disadvantaged; [2] Postcodes were either unavailable or invalid for 188 (0.2%) incidents, reducing the analytic sample to 119,645.

Just over a quarter of all incidents (25.9%) took place in areas with the greatest socioeconomic disadvantage, and the smallest proportion of incidents (10.6%) in the least disadvantaged areas of NSW. There was no significant difference in the proportion of IPV versus FV incidents according to area level of socioeconomic disadvantage of ($p>.05$).

4.2.2.2. ALCOHOL-RELATED INCIDENTS

As shown in Table 120, 38.8% of all FDV incidents were flagged as alcohol-related[55]. At each year, a significantly greater proportion of IPV (43.7%) than FV (31.3%) incidents were alcohol-related ($p<.001$, Phi = 0.12). The proportion of alcohol-related incidents gradually decreased across the reporting period from 43.3% of all incidents in 2009 to 35.1% in 2013.

Table 120 Proportion of alcohol-related FV, IPV and all incidents per year, NSW (n = 46,460)

	FV		IPV		All incidents	
Year	**n**	**%**	**n**	**%**	**n**	**%**
2009	3,173	35	6,859	48.5	10,051	43.3
2010	3,013	32.7	6,515	46.2	9,549	41.0
2011	2,876	30.2	6,328	43.7	9,221	38.4
2012	2,922	30.1	6,010	41.1	8,949	36.8
2013	2,859	28.8	5,805	39.2	8,693	35.1

[55] 'Alcohol-related' incidents were indicated when attending officer/s flagged either the 'Associated Factor' or 'Additional Factor' fields of the reporting system as 'Alcohol Related'. All other incidents were coded as not alcohol-related.

As shown in Figure 42, IPV incidents were more likely to be alcohol-related, across all levels of socioeconomic disadvantage. The largest difference can be seen in relation to incidents that took place in the least disadvantaged areas of NSW, where 43.8% of IPV compared to 27.9% of FV incidents were flagged as alcohol-related.

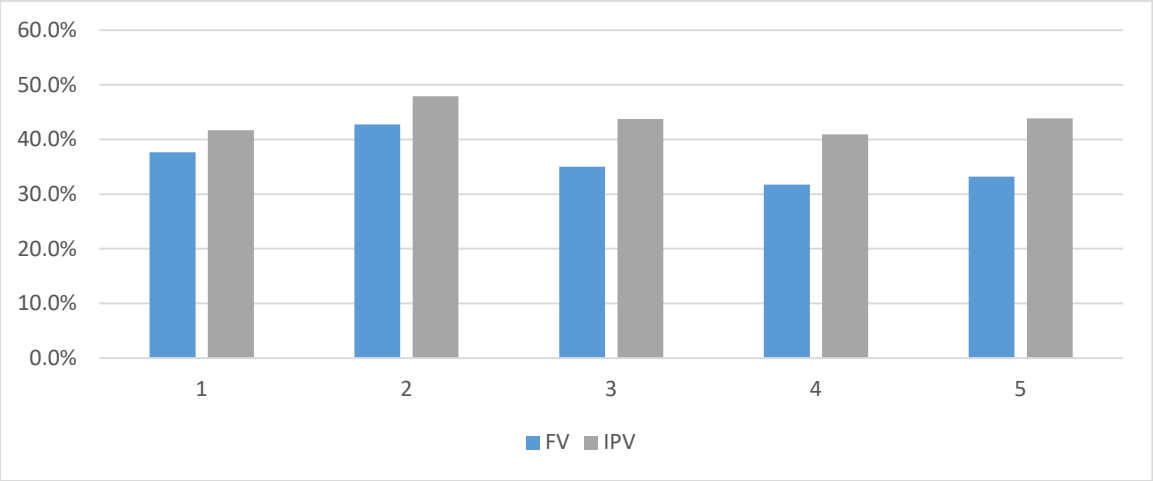


Figure 46 Proportion of alcohol-related FV and IPV incidents according to area level of socioeconomic disadvantage, NSW (n = 119,406)

As shown in Table 121, victim(s) were affected by alcohol in 19.3% of incidents and offenders in 32.7% of all incidents[56]. Both victim and offender were affected by alcohol in 15.4% of incidents. A significantly greater proportion of IPV incidents involved either victim (p<.001, Phi = 0.10), offender (p<.001, Phi = 0.12), or both victim and offender (p<.001, Phi = 0.11) affected by alcohol compared to FV incidents.

Table 121 Proportion of FV, IPV and all incidents where victim and/or offender were affected by alcohol, NSW (n = 119,833)

	FV		IPV		All incidents	
Person/s affected by alcohol	**n**	**%**	**n**	**%**	**n**	**%**
Victim	6935	14.6	16150	22.4	23166	19.3
Offender[a]	11260	25.6	25658	37.2	36956	32.7
Victim and offender[a]	4631	10.5	12711	18.4	17365	15.4

Note. [a]Analysis excludes incidents where no offenders were recorded (n = 6762).

[56] Victims and offenders whose level of intoxication was classified as either 'slightly affected', 'moderately affected', 'well affected' or 'seriously affected' were classified as 'affected', those classified as either 'not affected' (that is, they had been drinking but don't appear to be affected), or who indicated they had not consumed alcohol prior to the incident, were classified as 'not affected'.

4.2.2.3. DRUG-RELATED INCIDENTS

There were few drug-related DV incidents (1.2%; n = 1,465)[57]. As shown in Table 122, while the proportion of drug-related incidents increased from 1.1% in 2009 to 1.7% in 2013, the smallest proportion of drug-related incidents (0.9%) was recorded in 2011. There was no significant difference in the proportion of drug-related IPV (1.2%) compared to FV (1.2%) incidents (p>.05).

Table 122 Proportion of drug-related FV, IPV and all incidents per year, NSW (n = 119,833)

	FV		IPV		All incidents	
Year	**n**	**%**	**n**	**%**	**n**	**%**
2009	114	1.3	149	1.1	263	1.1
2010	81	0.9	145	1.0	226	1.0
2011	94	1.0	132	0.9	226	0.9
2012	135	1.4	196	1.3	331	1.4
2013	159	1.6	255	1.7	414	1.7

Figure 4.12 shows the proportion of drug-related FV and IPV incidents that took place in areas of most to least socioeconomic disadvantage.

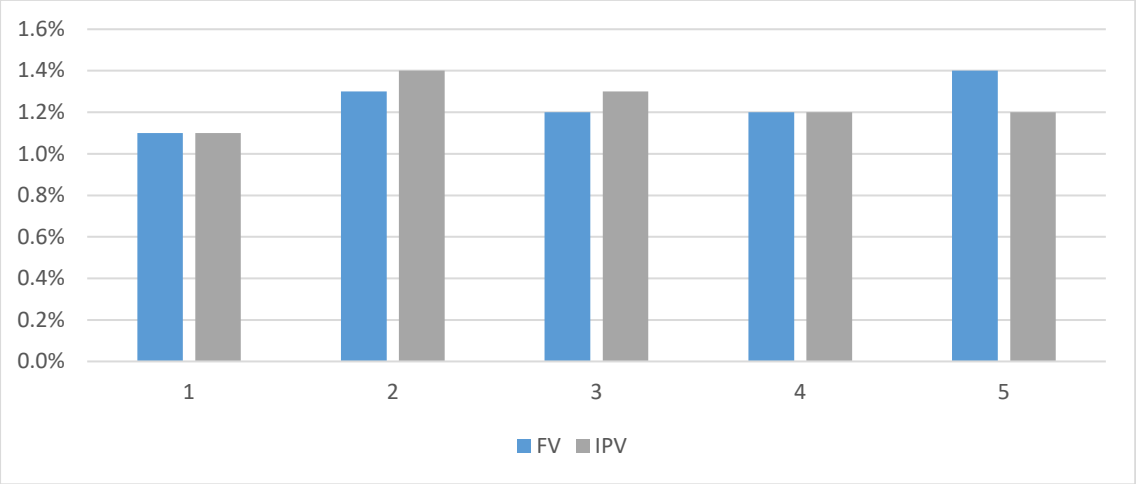


Figure 47 Proportion of drug-related FV, IPV and all incidents according to area socioeconomic disadvantage level, NSW (n = 119,645)[58]

The proportion of drug-related incidents was consistent across areas of relative disadvantage (p>.05). Similarly, there was no significant difference between drug-related FV and IPV incidents across area levels of disadvantage (p>.05).

[57] 'Drug-related' incidents were indicated when attending officer/s flagged either the 'Associated Factor' or 'Additional Factor' fields as 'Drug Related'.

[58] ISEIFA quintiles range in descending order of disadvantage, where 1 = most disadvantaged and 5 = least disadvantaged.

4.2.2.4. CHILD WITNESSES

Children were present at almost half (47.8%, n = 57,227) of all DV incidents. As Table 124 shows the proportion of child-witnessed FV and IPV incidents increased by more than 6% from 2009 to 2010, and then remained steady between 2010 and 2013. This initial increase is especially evident for FV incidents where there was a 10.6% rise between 2009 and 2010 in the number of incidents witnessed by one or more children.

Table 123 Proportion of child-witnessed FV, IPV and all incidents per year, NSW (n = 57,227)

	FV		IPV		All incidents	
Year	**n**	**%**	**n**	**%**	**n**	**%**
2009	3354	37.0	6446	45.6	9805	42.2
2010	4381	47.6	6961	49.4	11347	48.6
2011	4674	49.0	7115	49.1	11797	49.1
2012	4798	49.4	7262	49.7	12072	49.5
2013	4870	49.0	7328	49.4	12206	49.2

Table 125 shows the proportion of alcohol-related and drug-related incidents children witnessed.

Table 124 Proportion of alcohol-related (46,460) and drug- related (n = 1,460) incidents according to presence of child/ren, NSW

	Alcohol-related incidents				Drug-related incidents			
	No child witnesses		Child witnesses		No child witnesses		Child witnesses	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
FV	9968	39.3	4875	22.1	392	1.5	191	0.9
IPV	18645	50.3	12872	36.7	474	1.3	403	1.1

Children were significantly less likely to witness alcohol related incidents in comparison to those that were not alcohol-related (p<.001).

In relation to FV incidents only, children were significantly more likely to witness drug-unrelated incidents than those involving illicit drugs (p<.001, Phi = -0.03).

Table 126 presents the proportion of child-witnessed incidents that took place across areas of relative disadvantage.

Table 125 Proportion of child-witnessed FV, IPV and all incidents according to area level of socioeconomic disadvantage, NSW (n = 57,227)

	FV		IPV		All incidents	
SEIFA disadvantage index[1]	n	%	n	%	n	%
1	5812	46.8	9876	53.2	15699	50.6
2	4959	48.4	7994	50.5	12963	49.6
3	5551	46.2	8705	46.7	14264	46.4
4	3488	45.6	5350	46.7	8844	46.2
5	2244	44.3	3138	41.5	5385	42.6

Note. [1]ISEIFA quintiles range in descending order of disadvantage, where 1 = most disadvantaged and 5 = least disadvantaged.

The proportion of child-witnessed incidents decreased across areas of relative disadvantage. Compared to FV, child-witnessed IPV incidents were significantly more likely to occur in the two most socioeconomically disadvantaged areas of NSW (p<.001, Phi = 0.06; p<.01, Phi = 0.02), and least likely in the most advantaged areas (p<.001, Phi = -0.03).

4.2.2.5. DAY AND TIME OF INCIDENT

The day and time at which DV incidents occurred are shown in Figure 43and Figure 44, respectively.

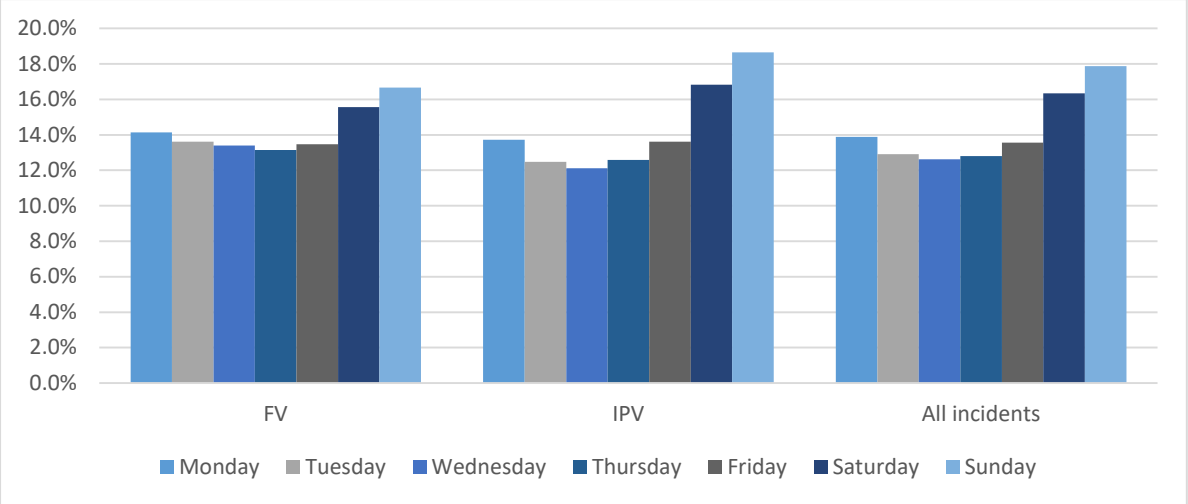


Figure 48 Proportion of FV, IPV and all incidents that took place on each day of the week, NSW (n = 114,594)

FDV incidents were more likely to take place Saturday (16.3%) and Sunday (17.9%) than weekdays (12.6%-13.9%). This trend was consistent for both IPV and FV incidents. While significantly greater proportions of FV incidents took place Monday - Thursday, and significantly greater proportions of IPV incidents took place Saturday-Sunday, the effect size of each comparison was small (Phi = 0.01 – 0.02).

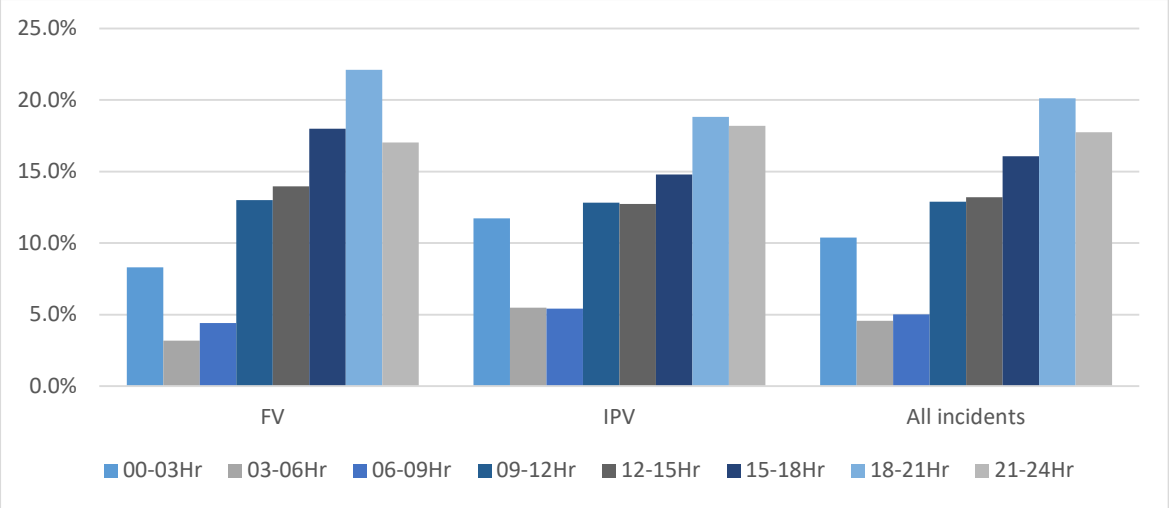


Figure 49 Proportion of FV, IPV and all incidents that took place during each three-hour interval, NSW (n = 114,594)

The proportion of incidents that took place during each 3-hour interval generally increased over the daytime hours from 6am to 9pm, decreased somewhat between 9pm and 12am, and decreased again thereafter. Incidents were least likely to occur 3am-6am, and most likely to occur 6pm-12am.

Compared to FV, IPV incidents were significantly more likely to take place late in the day, between 9pm and 9am (Phi = 0.02-0.05); FV incidents were significantly more likely to take place earlier, between 12pm and 9pm (Phi = -0.02-0.04).

When day of the week and time of day are considered together, the greatest proportion of FV incidents took place 6pm-9pm regardless of day. IPV incidents that took place Sunday-Wednesday were most likely 6pm-9pm; while IPV incidents on Thursday – Saturday most often took place 9pm-12am.

Alcohol-related incidents. Alcohol-related incidents were least likely Monday, and most likely Saturday. Further, alcohol-related incidents most often occurred 3am-6am, closely followed by 12am - 3am, and least often 12pm - 3pm (see Table 128). There was a significantly greater proportion of alcohol-related IPV compared to FV incidents across each day of the week ($p<.001$) and 3-hour interval ($p<.001$).

Table 126 Proportion of alcohol-related FV, IPV and all incidents that took place on each day of the week, NSW (n = 46,460)

	FV		IPV		All incidents	
Day	**n**	**%**	**n**	**%**	**n**	**%**
Monday	1551	23.1	3327	33.6	4889	29.4
Tuesday	1587	24.6	3171	35.2	4766	30.8
Wednesday	1740	27.4	3329	38.1	5081	33.6
Thursday	1888	30.3	3823	42.1	5722	37.3

	FV		IPV		All incidents	
Day	**n**	**%**	**n**	**%**	**n**	**%**
Friday	2151	33.7	4530	46.1	6697	41.2
Saturday	3072	41.6	6625	54.5	9718	49.6
Sunday	2854	36.1	6712	49.9	9591	44.8

Table 127 Proportion of alcohol-related FV, IPV and all incidents that took place during 3-hour intervals, NSW (n = 46,460)

	FV		IPV		All incidents	
Hours	**n**	**%**	**n**	**%**	**n**	**%**
0000-0300	2707	68.6	6269	74.0	9000	72.3
0300-0600	1104	73.3	2958	74.8	4076	74.3
0600-0900	493	23.6	1427	36.4	1925	31.9
0900-1200	779	12.6	1959	21.2	2741	17.8
1200-1500	805	12.2	1743	19.0	2556	16.1
1500-1800	1574	18.4	3018	28.3	4599	23.9
1800-2100	3453	32.9	6104	45.0	9575	39.7
2100-2400	3928	48.6	8039	61.2	11992	56.4

Alcohol-related IPV incidents Monday- Friday most often took place 9pm - 12am, while alcohol-related incidents on Saturdays most often took place 9pm - 3am, and 12am-3am on Sundays. The highest proportion of alcohol-related assaults occur between the hours of 00:00 and 06:00.

There were similar trends in the timing of alcohol-related FV incidents, except for incidents that occurred Monday and Tuesday where alcohol-related FV incidents most often occurred 6pm-12am. These trends indicate that alcohol-related incidents were most likely to take place during night time hours between 6pm and 3am. Approximately two-thirds (61.5-68.6%) of all alcohol-related DV incidents occurred during these hours.

Drug-related incidents. There was no difference in the proportion of drug-related incidents across day of the week or time of day (p>.05).

Socioeconomic disadvantage. There were no differences in the day or time incidents occurred according to area level of socioeconomic disadvantage (p>.05).

Child witnesses. Child-witnessed incidents most often occurred Monday and Tuesday and least often Friday and Saturday. Except for incidents that occurred on Mondays, a significantly greater proportion of IPV incidents were witnessed by children compared to FV (ps<.05, Phi = 0.02-0.03) (refer to Figure 45).

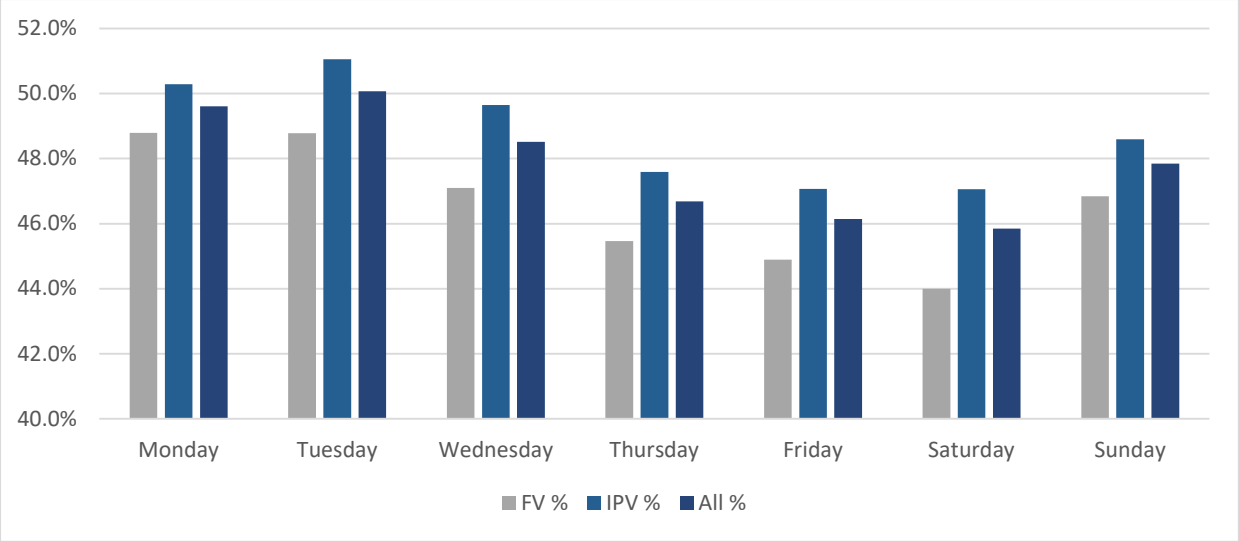


Figure 50 Proportion of child-witnessed FV, IPV and all incidents per day of the week, NSW (n = 119,833)

Child-witnessed incidents least often occurred 12am-6am. With the exception of incidents that occurred either 6am-9am or 3pm-6pm, a significantly greater proportion of IPV incidents occurring at all other times were witnessed by children compared to FV incidents (ps<.05, Phi = 0.02-0.07) (refer to Figure 46).

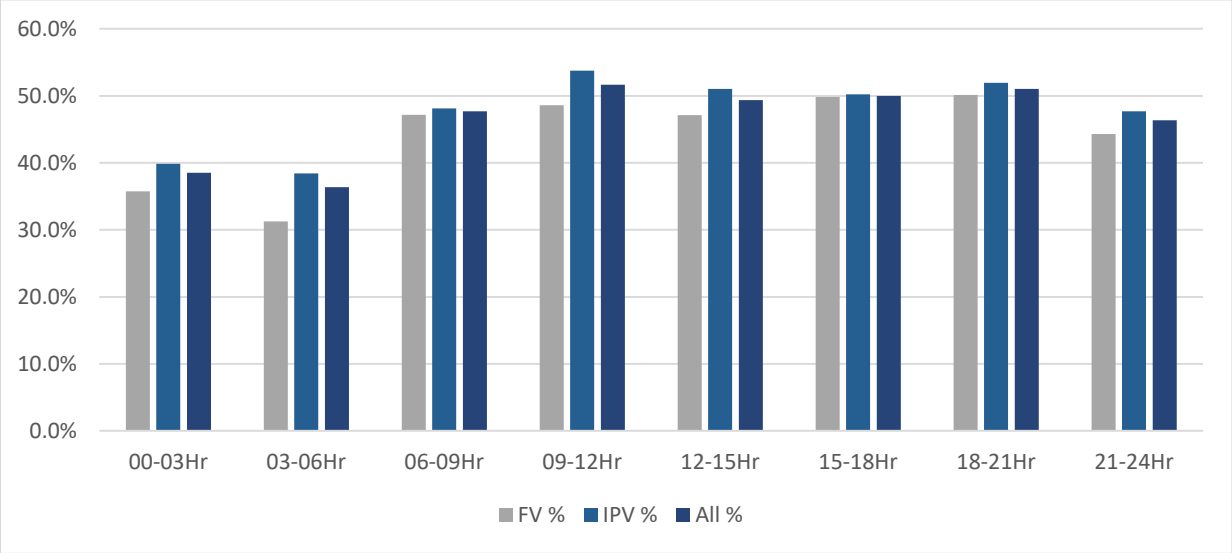


Figure 51 Proportion of child-witnessed FV, IPV and all incidents per time of day, NSW (n = 119,833)

4.2.2.6. OFFENDER RECIDIVISM AND REPEAT VICTIMISATION

Less than half of all incidents involved recidivist offenders (37.5%)[59] or repeat victims (35.6%)[60]. Most incidents that involved a recidivist offender also involved a repeat victim (78.5%), compared to 21.5% of incidents that involved a repeat victim. Twenty-eight percent of incidents involved recidivist offenders and repeat victims who had been involved in at least one other incident together. Table 129 and Table 130 shows that the proportion of incidents involving either a recidivist offender or repeat victim was greatest in 2011 and 2012, and smallest in 2009. IPV incidents were significantly more likely to involve recidivist offenders ($p<.001$, Phi = 0.05) and repeat victims ($p<.001$, Phi = 0.11), than FV incidents ($p<.001$).

Table 128 Proportion of FV, IPV and all incidents involving recidivist offenders, NSW (n = 44,987)

	FV		IPV		All incidents	
Year	n	%	n	%	n	%
2009	2995	33.1	5363	37.9	8364	36.0
2010	3078	33.4	5531	39.2	8616	36.9
2011	3332	35.0	5902	40.8	9247	38.5
2012	3507	36.1	6130	41.9	9651	39.6
2013	3320	33.4	5774	39.0	9109	36.7

Table 129 Proportion of FV, IPV and all incidents involving repeat victims, NSW (n = 42,617)

	FV		IPV		All incidents	
Year	n	%	n	%	n	%
2009	2526	27.9	5268	37.3	7808	33.6
2010	2591	28.1	5461	38.7	8065	34.5
2011	2818	29.6	5947	41.1	8783	36.5
2012	2987	30.7	6231	42.6	9235	37.9
2013	2833	28.5	5870	39.6	8726	35.2

Substance involvement. Compared to incidents not flagged as substance-related, a significantly greater proportion of alcohol-related ($p<.001$, Phi = 0.04; $p<.001$, Phi = 0.05) and drug-related ($p<.001$, Phi = 0.03; $p<.001$, Phi = 0.04) incidents involved a recidivist offender or repeat victim ($p<.001$). As shown in Table 131 and Table 132, alcohol use by either/or both victim and offender significantly increased the likelihood that the incident involved a recidivist offender or repeat victim (ps<.001), with one exception. Alcohol use of offenders at FV incidents was not associated with involvement of repeat victims ($p>.05$).

[59] There was no offender recorded for 6762 incidents. Recidivism was indicated when an offender was involved in at least one other incident during the reporting period, 2009 - 2013.

[60] Repeat victimisation was indicated when a victim was involved in at least one other incident, 2009 - 2013.

Table 130 Proportion of FV, IPV and all incidents involving recidivist offenders according to victim and offender alcohol use, NSW (n = 113,071)

	Victim Affected by Alcohol				Offender Affected by Alcohol				Both Affected by Alcohol			
	No		Yes		No		Yes		No		Yes	
	n	%	n	%	n	%	n	%	n	%	n	%
FV[a]	3701	13.4	2491	15.3	6683	24.1	4577	28.2	2704	9.8	1927	11.9
IPV[a]	8186	20.3	7064	24.6	14233	35.3	11425	39.8	6771	16.8	5940	20.7
All	11905	17.5	9576	21.3	20936	30.8	16020	35.6	9485	13.9	7880	17.5

Notes. [a]n = 112,937.

Table 131 Proportion of FV, IPV and all incidents involving repeat victims according to victim and offender alcohol use, NSW (n = 119,833)

	Victim Affected by Alcohol[a]				Offender Affected by Alcohol[b]				Both Affected by Alcohol[b]			
	No		Yes		No		Yes		No		Yes	
	n	%	n	%	n	%	n	%	n	%	n	%
FV	4496	13.3	2439	17.7	7949	25.5	3311	26.0	3040	9.7	1591	12.5
IPV	8783	20.3	7367	25.6	14763	35.6	10895	39.5	6859	16.6	5852	21.2
All	13328	17.3	9838	23.1	22737	31.3	14219	35.2	9913	13.6	7452	18.5

Notes. [a] For FV and IPV comparisons n = 119,594, [b] For FV and IPV comparisons n = 112,937.

Socioeconomic disadvantage. The proportion of incidents involving recidivist offenders or repeat victims varied across areas of relative socioeconomic disadvantage. Incidents involving recidivist offenders most often took place in areas of most disadvantage and least often in least disadvantaged areas. Incidents involving repeat victims showed a similar pattern.

The proportion of IPV incidents involving recidivist offenders or repeat victims was significantly greater compared to FV only for incidents occurring in areas of relative disadvantage (SEIFA quintiles 1-3; ps<.001). Similarly, the proportion of IPV incidents involving repeat victims was significantly greater compared to FV across areas of relative disadvantage (ps<.001). The size of this effect was largest for incidents occurring in areas of disadvantage (Phi = 0.13, 0.13, 0.12, respectively) than more advantaged areas (Phi = 0.09, 0.04).

Child witnesses. Less than half (40.5%) of child-witnessed incidents involved either a recidivist offender or repeat victim. Children were significantly more likely to witness FV than IPV incidents involving recidivist offenders or repeat victims (p<.001, Phi = 0.04-0.06).

Day of week. The proportion of incidents involving a recidivist offender was generally consistent across day of the week, and ranged 38.4% (Sunday) to 41.6% (Thursday). Consistently, the proportion of incidents involving repeat victims was similar across day of the week, and ranged 34.1% (Sunday) to 37.2% (Thursday).

Time of day. The proportion of incidents involving either a recidivist offender or repeat victim was greatest 3am-9am and relatively similar at all other times. The proportion of incidents involving a

recidivist offender (p<.01, Phi = 0.03-0.07) or repeat victim (p<.001, Phi = 0.10-0.13) was greater for IPV compared to FV across time of day.

4.2.3. MULTIVARIATE CORRELATES OF INCIDENT CHARACTERISTICS

In this section multivariate predictors of DV incident characteristics are presented. A series of multivariate models were conducted to examine key person and incident characteristics that contributed unique variance to the prediction of: 1) alcohol involvement; 2) drug involvement; 3) child witnesses; 4) offender recidivism; and 5) repeat victimisation. Multivariate logistic regression models were conducted for all incidents and separately for FV and IPV incidents.[61]

4.2.3.1. ALCOHOL INVOLVEMENT

Three separate binary logistic regressions were performed to examine if SEIFA disadvantage quintile, drug use, child presence at the incident, repeat offender, and repeat victim contributed unique variance to the association between whether an incident was flagged as alcohol-related (no vs. yes) at all incidents (Table 133), IPV incidents (Table 134) and FV incidents (Table 135).

All incidents. In the fully adjusted model (Step 3), incidents that involved repeat victims or offenders were 1.13 and 1.15 times more likely to be flagged as alcohol-related, while child presence at the incident decreased likelihood that an incident was alcohol-related by almost half (OR = 0.53). Compared to those in the 5th (least disadvantaged) SEIFA quintile, incidents that that took place within the 1st-3rd (disadvantaged) quintiles were significantly more likely to be alcohol-related, while those in the 4th quintile were significantly less likely to be alcohol-related.

Overall the model accounted for 3%-4% of the variance in whether or not an incident was alcohol-related (Cox & Snell R Square = 0.03; Negelkerke R Square = 0.04) and correctly predicted 12.6% of alcohol-related incidents (but 92.8% of incidents where alcohol was not reported). While Steps one and two accounted for significant variance (p<.001), the addition of drug use at Step 3 did not significantly contribute to the prediction of alcohol-related incidents (p>.05).

IPV incidents. In the fully adjusted model (Step 3), incidents that involved repeat victims or offenders were 1.09 and 1.14 times more likely to be alcohol-related, while child presence at the incident decreased likelihood that an incident involved alcohol by almost half (OR = 0.57). Compared to those in the 5th (least disadvantaged) SEIFA quintile, incidents that that took place

[61] Due to increased sensitivity of the Hosmer and Lemshow Test of model fit with larger sample sizes, we referred to the Omnibus Tests of Model Coefficients to interpret model fit for all models.

within the 1st-3rd (disadvantaged) quintiles were significantly more likely to be alcohol-related, while those in the 4th quintile were significantly less likely to involve alcohol.

Overall the model accounted for 2%-3% of the variance in whether or not an incident was alcohol-related (Cox & Snell R Square = 0.02; Negelkerke R Square = 0.03) and correctly predicted 33.9% of alcohol-related IPV incidents (but 77.3% of alcohol-unrelated incidents). While Steps one and two accounted for significant variance ($p<.001$), the addition of drug use at Step 3 did not significant contribute to the prediction of alcohol-related IPV incidents ($p>.05$).

FV incidents. In the fully adjusted model (Step 3), incidents that involved repeat offenders were 1.22 times more likely to be alcohol-related, while child presence at the incident decreased likelihood that an incident involved alcohol by more than half (OR = 0.43). Unlike the overall model and the model predicting IPV incidents, involvement of repeat victims was not significantly associated with alcohol involvement, and drug use by either victim or offender increased likelihood that the incident involved alcohol by 1.45 times. Only the 3rd SEIFA disadvantage quintile predicted a greater likelihood of alcohol involvement, with the 1st (most disadvantaged) and 4th (second least disadvantaged) quintiles associated with significantly lower likelihood of alcohol involvement.

Overall the model accounted for 4%-5% of the variance in whether or not a FV incident was alcohol-related (Cox & Snell R Square = 0.04; Negelkerke R Square = 0.05) and correctly predicted only 0.6% of alcohol-related FV incidents (but 99.7% of alcohol-unrelated incidents). All three steps accounted for significant variance in the prediction of alcohol-related FV incidents ($p<.001$).

Table 132 Binary Logistic Regression Associated with Victim or Offender Alcohol Use at Incident (n = 119,833)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.03	1.48	1.03	0.98-1.07	0.04	3.84	1.05	1.00-1.09	0.04	3.90	1.05*	1.00-1.09
2	0.21	87.58	1.24***	1.18-1.29	0.23	99.64	1.26***	1.20-1.32	0.23	99.66	1.26***	1.20-1.32
3	0.05	5.03	1.05*	1.01-1.10	0.05	5.40	1.05*	1.01-1.10	0.05	5.42	1.05***	1.01-1.10
4	-0.07	8.08	0.93**	0.89-0.98	-0.06	6.18	0.94*	0.89-0.99	-0.06	6.15	0.94*	0.90-0.99
5[a]												
Child present at incident (yes)					-0.64	2629.75	0.53***	0.51-0.54	-0.64	2626.53	0.53***	0.51-0.54
Repeat offender (yes)					0.14	83.05	1.15***	1.12-1.19	0.14	82.27	1.15***	1.12-1.19
Repeat victim (yes)					0.12	60.50	1.13***	1.10-1.17	0.12	60.42	1.13***	1.10-1.17
Drugs present at incident (yes)									0.08	2.32	1.09	0.98-1.21

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 133 Binary Logistic Regression Associated with Victim or Offender Alcohol Use at Intimate Partner Violence Incidents (n = 72,147)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	-0.09	9.51	0.92**	0.87-0.97	-0.06	4.02	0.94*	0.89-1.00	-0.06	4.07	0.94*	0.89-1.00
2	0.16	32.12	1.18***	1.11-1.24	0.18	39.52	1.20***	1.13-1.28	0.18	39.54	1.20***	1.13-1.27
3	0.00	0.00	1.00	0.95-1.06	0.00	0.02	1.00***	0.95-1.06	0.00	0.02	1.00	0.95-1.06
4	-0.12	14.81	0.89***	0.84-0.94	-0.10	11.33	0.90***	0.85-0.96	-0.10	11.35	0.90***	0.85-0.96
5[a]												
Child present at incident (yes)					-0.56	1301.12	0.57***	0.55-0.59	-0.56	1301.64	0.57***	0.55-0.59
Repeat offender (yes)					0.13	324.52	1.14***	1.09-1.19	0.13	34.86	1.14***	1.09-1.19
Repeat victim (yes)					0.08	14.63	1.09***	1.04-1.13	0.08	14.70	1.09***	1.04-1.13
Drugs present at incident (yes)									-0.93	1.71	0.91	0.79-1.05

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 134 Binary Logistic Regression Predicting Victim or Offender Alcohol Use at Family Violence Incidents (n = 47,447)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.23	36.41	1.26***	1.17-1.36	0.24	38.19	1.27***	1.18-1.37	0.24	38.78	1.27***	1.18-1.37
2	0.31	61.42	1.36***	1.26-1.46	0.33	70.58	1.40***	1.29-1.51	0.33	70.85	1.40***	1.29-1.51
3	0.13	10.94	1.14***	1.05-1.22	0.14	12.317	1.15***	1.06-1.24	0.14	12.51	1.15***	1.06-1.24
4	0.01	0.04	1.01	0.93-1.09	0.01	0.06	1.01	0.93-1.10	0.01	0.08	1.01	0.93-1.10
5[a]												
Child present at incident (yes)					-0.84	1502.81	0.43***	0.41-0.45	-0.83	1491.91	0.43***	0.42-0.45
Repeat offender (yes)					0.20	70.54	1.22***	1.16-1.28	0.20	68.50	1.22***	1.16-1.27
Repeat victim (yes)					0.03	1.44	1.03	0.98-1.08	0.03	1.45	1.03	0.98-1.08
Drugs present at incident (yes)									0.37	17.62	1.45***	1.22-1.72

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.2.3.2. CHILD WITNESS

Three separate binary logistic regressions were performed to examine if SEIFA disadvantage quintile, whether or the victim or offender were alcohol affected, whether or not an incident was drug-related, involved a repeat offender, or involved a repeat victim contributed unique variance to the association between child presence (no vs. yes) at all incidents (Table 136), IPV incidents (Table 137) and FV incidents (Table 138).

All incidents. In the fully adjusted model (Step 3), all variables except involvement of a repeat offender were significantly associated with child presence. Compared to incidents that occurred in areas of least disadvantage, those that occurred in areas with more socio-economic disadvantage were significantly more likely to be witnessed by children, with the size of the odds ratio increasing with greater disadvantage. If the incident involved a repeat victim, the odds of a child being present were increased by 1.14. The victim (OR = 0.41) and offender (OR = 0.79) being affected by alcohol and drug involvement (OR = 0.69) decreased the likelihood that a child was present at the incident.

The final model accounted for 4%-6% of the variance in child presence at the incident (Cox & Snell R Square = 0.04; Negelkerke R Square = 0.06) and correctly predicted 69.8% of incidents children witnessed (and 45.9% of incidents that children did not witness). Each step accounted for significant variance in the prediction of child presence at incidents (ps<.001).

IPV incidents. In the fully adjusted model (Step 3), compared to incidents that occurred in areas of least disadvantage, incidents that occurred in areas of greater disadvantage were significantly more likely to be witnessed by children, with the size of the odds ratio generally increasing with greater disadvantage. Involvement of a repeat victim or offender was not significantly associated with child presence. If either the victim or the offender were affected by alcohol, or if the incident involved drugs, odds of the incident being witnessed by a child decreased (OR = 0.89; OR = 0.39; OR = 0.83).

The final model accounted for 5%-6% of the variance in child presence at the incident (Cox & Snell R Square = 0.05; Negelkerke R Square = 0.06) and correctly predicted 75.3% of incidents witnessed by children (and 42.1% of incidents children did not witness). Each step accounted for significant variance in the prediction of child presence at incidents (ps<.001).

FV incidents. In the fully adjusted model (Step 3), all predictors except the 4th SEIFA disadvantage quintile were significantly associated with child presence. Compared to incidents that occurred in areas of least disadvantage, children were significantly more likely to witness incidents that occurred in disadvantaged areas, with the size of the odds ratio increasing across areas of greater

relative disadvantage. If the incident involved a repeat victim or a repeat offender, the odds of a child being present were increased by 1.33 and 1.13, respectively. If either the victim or the offender were affected by alcohol, or if the incident involved drugs, odds of the incident being witnessed by a child decreased (OR = 0.42; OR = 0.59; OR = 0.53).

The final model accounted for 5%-7% of the variance in child presence at the incident (Cox & Snell R Square = 0.05; Negelkerke R Square = 0.07) and correctly predicted 56.5% of incidents children witnessed (and 60.4% of incidents children did not witness). Each step accounted for significant variance in the prediction of child presence at incidents (ps<.001).

Table 135 Binary Logistic Regression Associated with Child Presence at Incident (n = 119,833)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.33	229.01	1.39***	1.33-1.45	0.32	213.98	1.38***	1.32-1.44	0.34	234.17	1.41***	1.35-1.47
2	0.29	163.58	1.33***	1.28-1.39	0.28	152.88	1.32***	1.26-1.38	0.32	198.17	1.38***	1.32-1.45
3	0.16	55.65	1.18***	1.13-1.23	0.16	51.19	1.17***	1.12-1.22	0.17	60.41	1.19***	1.14-1.24
4	0.15	39.38	1.16***	1.11-1.22	0.15	37.41	1.16***	1.10-1.21	0.14	31.18	1.14***	1.09-1.20
5[a]												
Repeat offender (yes)					-.01	0.15	0.99	0.96-1.02	0.01	0.58	1.01	0.98-1.04
Repeat victim (yes)					0.08	25.89	1.08***	1.05-1.11	0.13	69.05	1.14***	1.10-1.18
Offender alcohol affected (yes)									-0.24	257.01	0.79***	0.76-0.81
Victim alcohol affected (yes)									-0.90	2312.34	0.41***	0.39-0.42
Drugs present at incident (yes)									-0.37	45.36	0.69***	0.62-0.77

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 136 Binary Logistic Regression Associated with Child Presence at Intimate Partner Violence Incidents (n = 72,147)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.47	279.70	1.60***	1.52-1.70	0.48	290.97	1.62***	1.56-1.72	0.49	281.96	1.63***	1.54-1.72
2	0.36	156.36	1.43***	1.36-1.52	0.37	164.75	1.45***	1.37-1.54	0.41	186.87	1.50***	1.41-1.59
3	0.21	56.30	1.24***	1.17-1.31	0.22	60.60	1.25***	1.18-1.32	0.23	62.33	1.26***	1.19-1.33
4	0.21	48.27	1.24***	1.16-1.31	0.22	50.35	1.24***	1.17-1.32	0.20	40.71	1.22***	1.15-1.30
5[a]												
Repeat offender (yes)					-0.03	2.01	0.97	0.93-1.01	-0.02	0.52	0.98	0.94-1.03
Repeat victim (yes)					-0.04	3.49	0.96	0.92-1.00	0.00	0.01	1.00	0.96-1.05
Offender alcohol affected (yes)									-0.11	34.96	0.87***	0.86-0.93
Victim alcohol affected (yes)									-0.95	1778.82	0.39***	0.37-0.40
Drugs present at incident (yes)									-0.18	6.79	0.83**	0.72-0.95

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 137 Binary Logistic Regression Predicting Child Presence at Family Violence Incidents (n = 47,447)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.11	10.67	1.12***	1.05-1.20	0.09	6.06	1.09***	1.02-1.17	0.15	17.98	1.16***	1.08-1.25
2	0.17	22.94	1.19***	1.11-1.27	0.15	17.22	1.16***	1.08-1.25	0.22	36.81	1.25***	1.16-1.34
3	0.09	6.65	1.09**	1.02-1.17	0.08	4.73	1.08***	1.01-1.16	0.11	9.70	1.12**	1.04-1.20
4	0.05	1.86	1.05	0.98-1.13	0.04	1.28	1.04	0.96-1.12	0.05	1.50	1.05	0.97-1.13
5[a]												
Repeat offender (yes)					0.08	14.85	1.09***	1.04-1.13	0.12	27.95	1.13***	1.08-1.18
Repeat victim (yes)					0.25	118.10	1.29***	1.23-1.35	0.28	141.18	1.33***	1.27-1.39
Offender alcohol affected (yes)									-0.53	426.10	0.59***	0.56-0.62
Victim alcohol affected (yes)									-0.86	625.47	0.42***	0.40-0.45
Drugs present at incident (yes)									-0.63	46.51	0.53***	0.44-0.64

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.2.3.3. OFFENDER RECIDIVISM

Three separate binary logistic regressions were performed to examine if SEIFA disadvantage quintile, whether the victim or offender being alcohol affected, child presence, and repeat victim contributed unique variance to the involvement of repeat offenders (no vs. yes) at all incidents (Table 139), IPV incidents (Table 140) and FV incidents (Table 141).

All incidents. In the fully adjusted model (Step 3), all predictors except child presence were significantly associated with involvement of a repeat offender. Compared to incidents that occurred in areas of least disadvantage, incidents that occurred in areas of greater disadvantage were significantly more likely to involve a repeat offender, with the size of the odds ratio increasing across areas of greater relative disadvantage. If the incident involved a repeat victim, the odds of the incident involving a repeat offender were increased by 16.13 times. The offender(s) being affected by alcohol increased likelihood that the incident involved a repeat offender (OR = 1.23), while the victim(s) being affected by alcohol decreased likelihood that the incident involved a repeat offender (OR = 0.93). Drug involvement (OR = 1.76) was associated with a greater likelihood that the incident involved a repeat offender.

The final model accounted for 31%-41% of the variance in predicting whether or not the incident involved a repeat offender (Cox & Snell R Square = 0.31; Negelkerke R Square = 0.41) and correctly predicted 70.5% of incidents that involved repeat offenders (and 87.3% of incidents that did not involve repeat offenders). Each step accounted for significant variance in the prediction of involvement of a repeat offender (ps<.001).

IPV incidents. In the fully adjusted model (Step 3), compared to incidents that occurred in areas of least disadvantage, incidents that occurred in areas of relative disadvantage were significantly more likely to involve a repeat offender. If the incident involved a repeat victim, the odds of the incident involving a repeat offender were increased 30.87 times. If the offender was affected by alcohol and if the incident involved drugs, odds of the incident involving a recidivist offender increased by 1.17 and 1.77 times, respectively. Child presence at the incident and victim intoxication were not significantly associated with the incident involving a repeat offender.

The final model accounted for 41%-55% of the variance in predicting incidents involving a repeat offender (Cox & Snell R Square = 0.41; Negelkerke R Square = 0.55) and correctly predicted 80.2% of incidents that involved repeat offenders (and 88.6% of incidents that did not involve repeat offenders). Each step accounted for significant variance in involvement of a repeat offender (ps<.001).

FV incidents. In the fully adjusted model (Step 3), all predictors were significantly associated with the incident involving a repeat offender. Compared to incidents that occurred in areas of least disadvantage, those that occurred in areas of relative disadvantage were significantly more likely to involve a repeat offender. If the incident involved a repeat victim, the odds of the incident involving a repeat offender increased by 6.61 times. If a child was present at the incident, odds of the incident involving a repeat offender increased by 1.13 times. If the offender was affected by alcohol odds of the incident involving a repeat offender increased (OR = 1.34), but if the victim was affected by alcohol odds of the incident involving a repeat offender decreased (OR = 0.94). Drug involvement (OR = 1.67) also was associated with a greater likelihood that the incident involved a repeat offender.

The final model accounted for 18%-24% of the variance in predicting whether or not a FV incident involved a repeat offender (Cox & Snell R Square = 0.18; Negelkerke R Square = 0.24) and correctly predicted 54.5% of incidents involving repeat offenders (and 85.3% of incidents not involving repeat offenders). Each step accounted for significant variance in the prediction in involvement of a repeat offender (ps<.001).

Table 138 Binary Logistic Regression Predicting Repeat Offender Involvement in All Incidents (n = 199,833)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.58	623.32	1.78***	1.71-1.87	0.34	145.04	1.41***	1.33-1.49	0.34	144.86	1.41***	1.33-1.49
2	0.56	548.77	1.74***	1.67-1.83	0.36	157.77	1.44***	1.36-1.52	0.36	151.41	1.43***	1.35-1.51
3	0.42	323.96	1.52***	1.45-1.59	0.28	95.31	1.32***	1.25-1.39	0.28	94.07	1.32***	1.25-1.39
4	0.24	87.50	1.27***	1.21-1.33	0.15	22.36	1.16***	1.09-1.23	0.15	23.03	1.16***	1.09-1.23
5[a]												
Child present at incident (yes)					-0.01	0.14	0.99	0.96-1.02	0.01	0.58	1.01	0.98-1.04
Repeat victim (yes)					2.78	32203.85	16.13***	15.65-16.63	2.78	31956.71	16.13***	15.65-16.63
Offender alcohol affected (yes)									0.20	122.35	1.23***	1.18-1.27
Victim alcohol affected (yes)									-0.07	10.75	0.93***	0.89-0.97
Drugs present at incident (yes)									0.56	71.49	1.76***	1.54-2.00

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 139 Binary Logistic Regression Predicting Repeat Offender Involvement in Intimate Partner Violence Incidents (n = 72,147)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.70	547.56	2.01***	1.90-2.13	0.35	76.44	1.43***	1.32-1.54	0.36	77.30	1.43***	1.32-1.55
2	0.69	508.70	1.99***	1.87-2.11	0.42	103.09	1.52***	1.40-1.65	0.41	100.20	1.51***	1.40-1.64
3	0.52	305.45	1.69***	1.59-1.79	0.30	53.57	1.35***	1.24-1.46	0.30	53.25	1.34***	1.24-1.46
4	0.27	70.45	1.31***	1.23-1.40	0.10	5.45	1.11*	1.02-1.21	0.11	5.76	1.11*	1.02-1.21
5[a]												
Child present at incident (yes)					-0.03	1.98	0.97	0.93-1.01	-0.02	0.54	0.98	0.94-1.03
Repeat victim (yes)					3.43	25189.35	30.93***	29.65-32.27	3.43	25045.52	30.87***	29.59-32.21
Offender alcohol affected (yes)									0.16	37.66	1.17***	1.11-1.23
Victim alcohol affected (yes)									-0.03	0.96	0.97	0.91-1.03
Drugs present at incident (yes)									0.57	34.57	1.77***	1.46-2.14

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 140 Binary Logistic Regression Predicting Repeat Offender Involvement in Family Violence Incidents (n = 47,447)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.39	112.53	1.48***	1.38-1.59	0.28	48.65	1.32***	1.22-1.43	0.28	46.43	1.32***	1.22-1.43
2	0.34	82.11	1.41***	1.31-1.52	0.26	38.74	1.29***	1.19-1.40	0.25	35.78	1.28***	1.18-1.39
3	0.25	45.44	1.29***	1.19-1.38	0.21	26.74	1.23***	1.14-1.34	0.21	25.78	1.23***	1.14-1.33
4	0.18	19.73	1.20***	1.11-1.29	0.16	13.22	1.17***	1.08-1.28	0.16	13.44	1.18***	1.08-1.28
5[a]												
Child present at incident (yes)						14.97	1.09***	1.04-1.13	0.12	38.63	1.13***	1.08-1.18
Repeat victim (yes)						6568.76	6.57***	6.28-6.88	1.89	6549.04	6.61***	6.32-6.92
Offender alcohol affected (yes)									0.29	109.28	1.34***	1.27-1.41
Victim alcohol affected (yes)									-0.10	8.40	0.90**	0.84-0.97
Drugs present at incident (yes)									0.52	30.41	1.68***	1.39-2.01

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.2.3.4. REPEAT VICTIMS

Three separate binary logistic regressions were performed to examine if SEIFA disadvantage quintile, whether the victim(s) or offender(s) being affected by alcohol, drug involvement, child presence, and involvement of repeat offenders contributed unique variance to the prediction of involvement of repeat victims (no vs. yes) at all incidents (Table 142), IPV incidents (Table 143) and FV incidents (Table 144).

All incidents. In the fully adjusted model (Step 3), all predictors except drug involvement were significantly associated with involvement of a repeat victim. Compared to incidents that occurred in areas of least disadvantage, those that occurred in areas of relative disadvantage were significantly more likely to involve a repeat victim, with the size of the odds ratio increasing across areas of greater disadvantage. If the incident involved a repeat offender, the odds of the incident involving a repeat victim increased by 16.13 times. If the victim was affected by alcohol the odds of the incident involving a repeat victim increased by 1.50 times. Conversely, if the offender was affected by alcohol, the likelihood the incident involved a repeat victim decreased (OR=0.92).

The final model accounted for 31%-42% of the variance in predicting whether or not the incident involved a repeat victim (Cox & Snell R Square = 0.31; Negelkerke R Square = 0.42) and correctly predicted 78.5% of incidents involving repeat victims (and 81.7% of incidents not involving repeat victims). Each step accounted for significant variance in the prediction of involvement of a repeat victim (ps<.001).

IPV incidents. In the fully adjusted model (Step 3), all predictors except child presence and drug involvement were significantly associated with whether or not an incident involved a repeat victim. Compared to incidents occurring in areas of least disadvantage, those that occurred in areas of greater disadvantage were significantly more likely to involve a repeat victim, with the size of the odds ratio increasing with greater disadvantage. If the incident involved a repeat offender, the odds of the incident involving a repeat victim increased by 30.87 times. If the victim was affected by alcohol the odds of the incident involving a repeat victim increased by 1.35 times, while the incident involving a repeat offender decreased likelihood that the incident involved a repeat victim (OR = 0.93). Drug involvement increased likelihood that the incident involved a repeat victim by 1.21 times.

The final model accounted for 41%-55% of the variance in predicting incidents involving a repeat victim (Cox & Snell R Square = 0.41; Negelkerke R Square = 0.55) and correctly predicted 83.4% of incidents that involved repeat victims (and 86.2% of incidents that did not involve repeat victims). Each step accounted for significant variance in the prediction of involvement of a repeat (ps<.001).

FV incidents. In the fully adjusted model (Step 3), compared to incidents that occurred in the least disadvantaged areas, incidents that occurred in areas of disadvantage significantly more likely to involve a repeat victim, with the size of the odds ratio increasing across areas of greater relative disadvantage. There was no significant difference between incidents that took place in the 4th and 5th (least disadvantaged) quintiles and whether or not a repeat victim was involved. If the incident involved a recidivist offender, the odds of the incident involving a repeat victim increased by 6.61 times. If the victim was affected by alcohol the odds of the incident involving a repeat victim increased by 1.60 times, while the incident involving a repeat offender decreased likelihood that the incident involved a repeat victim (OR = 0.81). Drug involvement in the incident was not significantly associated with involvement of a repeat victim.

The final model accounted for 16%-23% of the variance in predicting whether or not an incident involved a repeat victim (Cox & Snell R Square = 0.16; Negelkerke R Square = 0.23) and correctly predicted 51.2% of incidents involving repeat victims (and 83.2% of incidents not involving repeat victims). Each step accounted for significant variance in the prediction of involvement of a repeat (ps<.001).

Table 141 Binary Logistic Regression Predicting Repeat Victim Involvement in All Incidents (n = 119,833)

	Step 1				Step 2				Step 3			
	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI
SEIFA disadvantage quintile												
1	0.62	675.77	1.87***	1.78-1.96	0.45	200.31	1.51***	1.43-1.60	0.40	190.65	1.50***	1.42-1.59
2	0.56	517.59	1.75***	1.67-1.84	0.34	126.25	1.40***	1.32-1.49	0.32	116.42	1.38***	1.30-1.47
3	0.42	302.26	1.52***	1.45-1.60	0.25	73.48	1.29***	1.21-1.36	0.25	69.93	1.28***	1.21-1.36
4	0.25	91.60	1.29***	1.22-1.35	0.16	25.77	1.18***	1.10-1.25	0.16	26.54	1.18***	1.11-1.26
5[a]												
Child present at incident (yes)					0.08	26.63	1.08***	1.05-1.12	0.13	70.59	1.11***	1.11-1.18
Repeat offender (yes)					2.78	32204.22	16.13***	15.65-16.63	2.78	31955.66	16.13***	15.65-16.63
Offender alcohol affected (yes)									-0.09	21.43	0.92***	0.88-0.95
Victim alcohol affected (yes)									0.41	325.52	1.50***	1.44-1.57
Drugs present at incident (yes)									0.11	2.92	1.12	0.98-1.28

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 142 Binary Logistic Regression Predicting Repeat Victim Involvement in Intimate Partner Violence Incidents (n = 72,147)

	Step 1				Step 2				Step 3			
	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI
SEIFA disadvantage quintile												
1	0.76	620.47	2.13***	2.01-2.26	0.52	158.23	1.68***	1.55-1.82	0.52	157.15	1.68***	1.55-1.82
2	0.69	495.53	1.99***	1.88-2.12	0.40	92.77	1.50***	1.38-1.63	0.40	89.74	1.49***	1.37-1.62
3	0.54	318.36	1.72***	1.62-1.83	0.34	69.88	1.41***	1.30-1.53	0.34	68.10	1.41***	1.30-1.52
4	0.33	97.80	1.39***	1.30-1.48	0.26	33.66	1.30***	1.19-1.42	0.26	34.75	1.30***	1.19-1.42
5[a]												
Child present at incident (yes)					-0.04	3.46	0.96	0.92-1.00	0.00	0.15	1.00	0.96-1.05
Repeat offender (yes)					3.43	25189.30	30.93***	29.65-32.27	3.43	25045.17	30.87***	29.59-32.21
Offender alcohol affected (yes)									-0.07	8.12	0.93**	0.88-0.98
Victim alcohol affected (yes)									0.30	98.21	1.35***	1.27-1.44
Drugs present at incident (yes)									0.19	4.13	1.21*	1.01-1.47

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 143 Binary Logistic Regression Predicting Repeat Victim Involvement in Family Violence Incidents (n = 47,447)

	Step 1				Step 2				Step 3			
	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI
SEIFA disadvantage quintile												
1	0.41	105.82	1.50***	1.39-1.62	0.28	42.88	1.33***	1.22-1.45	0.26	37.21	1.30***	1.20-1.42
2	0.33	66.60	1.39***	1.29-1.51	0.21	23.11	1.24***	1.13-1.35	0.20	19.81	1.22***	1.12-1.33
3	0.20	24.34	1.22***	1.13-1.32	0.10	5.63	1.11*	1.02-1.21	0.09	4.65	1.10*	1.01-1.20
4	0.12	7.56	1.13**	1.03-1.23	0.05	1.07	1.05	0.96-1.15	0.05	0.92	1.05	0.95-1.15
5[a]												
Child present at incident (yes)					0.25	120.25	1.29***	1.23-1.35	0.28	142.85	1.33***	1.27-1.39
Repeat offender (yes)					1.88	6570.21	6.57***	6.28-6.88	1.89	6549.45	6.61***	6.32-6.92
Offender alcohol affected (yes)									-0.21	48.05	0.81***	0.76-0.86
Victim alcohol affected (yes)									0.47	163.52	1.60***	1.49-1.72
Drugs present at incident (yes)									0.04	0.13	1.04	0.85-1.26

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.2.4. NSW SUMMARY

4.2.4.1.

In NSW, the majority of offenders were male (77.0%) falling into the 35-49 year age category, and the majority of victims were female (68.3%) falling into the 18-49 year age category.

Offenders were mostly involved in IPV related incidences (60.2%), with the majority involving only one offender (88.5%). The majority of victims were involved in incidences that were IPV related (60.3%), with most incidences involving one or two victims (98.2%).

SEIFA disadvantage index shows the proportion of NSW incidents was greatest in areas of greatest disadvantage (1st quintile 25.9%, 5th quintile 10.6%).

4.2.4.2. INCIDENT TRENDS

Between 2009 and 2013, of the 119,833 DV incidents attended by police, 72,147 (60.2%) were IPV related and 47,447 (39.6%) were FV related. The highest proportions of both IPV and FV incidents were recorded in 2013, with incidents slightly increasing across time.

Alcohol related incidents were highest in 2009, gradually decreasing across the reporting period from 43.3% of all incidents in 2009 to 35.1% in 2013. IPV incidents (26.3%) were more likely to be alcohol related than FV related incidents (12.4%). Victims were affected by alcohol in 19.3% of all incidents and offenders in 32.7% of all incidents. Of note, NSW is the only state to report a reduction in the number of alcohol-related IPV incidents attended.

A very small proportion of incidents involved drugs (1.2%) between 2009 and 2013 in NSW, with highest incidence in 2013 (1.7%) and the lowest in 2009 (0.9%). Drug involvement was more likely to occur in arears of greater socioeconomic disadvantage.

Child witness to DV incidents occurred at comparable levels across FV and IPV, however there was a 10.6% rise between 2009 and 2010 in the number of FV incidents witnessed by one or more children. The highest proportions of child-witnessed incidents occurred in 2012 (49.4% FV, 49.7% IPV). Children were significantly more likely to witness unrelated alcohol incidents compared to those that were alcohol-related.

Less than half of all incidents involved recidivist offenders (37.5%) or repeat victims (35.6%), with the higher proportions of incidents involving a recidivist offender in 2011 and 2012 (35.0-36.1 FV, 40.8-41.9 IPV), and smallest in 2009 (33.1 FV, 37.9 IPV). Compared to incidents not flagged as

substance-related, a significantly greater proportion of alcohol-related and drug-related incidents involved a recidivist offender or repeat victim.

DV incidents were more likely to take place Saturday (16.3%) and Sunday (17.9%). Alcohol-related IPV incidents Monday- Friday most often took place 9pm - 12am, while alcohol-related incidents on Saturdays most often took place 9pm - 3am, and 12am-3am on Sundays.

4.2.4.3. KEY CORRELATES OF DV

Repeat victims or offenders were 1.13 and 1.15 times more likely to be flagged as alcohol-related, while child presence at the incident decreased likelihood that an incident was alcohol-related by almost half (OR = 0.53). Compared to those in the 5th (least disadvantaged) SEIFA quintile, incidents that that took place within the 1st-3rd (disadvantaged) quintiles were significantly more likely to be alcohol-related, while those in the 4th quintile were significantly less likely to be alcohol-related. IPV incidents involving repeat victims or offenders were 1.09 and 1.14 times more likely to be alcohol-related, while child presence at the incident decreased likelihood that an incident involved alcohol by almost half (OR = 0.57). In FV incidents, repeat offenders were 1.22 times more likely to be alcohol-related, while child presence at the incident decreased likelihood that an incident involved alcohol by more than half (OR = 0.43).

All variables except involvement of a repeat offender (repeat victim OR = 1.14, offender alcohol affected OR = 0.79, victim alcohol affected OR = 0.41, drugs present OR = 0.69) were significantly associated with child presence. Compared to incidents that occurred in areas of least disadvantage, those that occurred in areas with more socio-economic disadvantage were significantly more likely to be witnessed by children, with the size of the odds ratio increasing with greater disadvantage. IPV incidents involving alcohol or drugs decreased the odds of the incident being witnessed by a child (OR = 0.89; OR = 0.39; OR = 0.83). In FV incidents, if the incident involved a repeat victim or a repeat offender, the odds of a child being present were increased by 1.33 and 1.13, respectively. If either the victim or the offender were affected by alcohol, or if the incident involved drugs, odds of the incident being witnessed by a child decreased (OR = 0.42; OR = 0.59; OR = 0.53).

If the incident involved a repeat victim, the odds of the incident involving a repeat offender were increased by 16.13 times. The offender(s) being affected by alcohol increased likelihood that the incident involved a repeat offender (OR = 1.23), while the victim(s) being affected by alcohol decreased likelihood that the incident involved a repeat offender (OR = 0.93). Drug involvement (OR = 1.76) was associated with a greater likelihood that the incident involved a repeat offender. Compared to incidents that occurred in areas of least disadvantage, incidents that occurred in areas of greater disadvantage were significantly more likely to involve a repeat offender, with the size of

the Odds Ratio increasing across areas of greater relative disadvantage. IPV incidents involving repeat victims increased the odds of the incident involving a repeat offender 30.87 times. If the offender was affected by alcohol and if the incident involved drugs, odds of the incident involving a recidivist offender increased by 1.17 and 1.77 times, respectively. In FV incidents, if the incident involved a repeat victim, the odds of the incident involving a repeat offender increased by 6.61 times. If a child was present at the incident, odds of the incident involving a repeat offender increased by 1.13 times. If the offender was affected by alcohol odds of the incident involving a repeat offender increased (OR = 1.34), but if the victim was affected by alcohol odds of the incident involving a repeat offender decreased (OR = 0.94). Drug involvement (OR = 1.67) also was associated with a greater likelihood that the incident involved a repeat offender.

All factors except drug involvement (child present OR = 1.11, repeat offender OR = 16.13, offender alcohol affected OR = 0.92, victim alcohol affected OR = 1.50) were significantly associated with involvement of a repeat victim. Compared to incidents that occurred in areas of least disadvantage, those that occurred in areas of relative disadvantage were significantly more likely to involve a repeat victim, with the size of the odds ratio increasing across areas of greater disadvantage. IPV incidents involving a repeat offender increased the odds of the incident involving a repeat victim by 30.87 times. If the victim was affected by alcohol the odds of the incident involving a repeat victim increased by 1.35 times, while the incident involving a repeat offender decreased likelihood that the incident involved a repeat victim (OR = 0.93). Drug involvement increased likelihood that the incident involved a repeat victim by 1.21 times. In FV incidents, if the incident involved a recidivist offender, the odds of the incident involving a repeat victim increased by 6.61 times. If the victim was affected by alcohol the odds of the incident involving a repeat victim increased by 1.60 times, while the incident involving a repeat offender decreased likelihood that the incident involved a repeat victim (OR = 0.81).

4.3. NORTHERN TERRITORY POLICE DATA RESULTS

In this section, trends for DV incidents attended by NT police between 2010 and 2014 are presented separately for persons and incidents. These findings relate to DV incidents involving intimate partners and other family members and compares data related to IPV and FV.

4.3.1. PERSONS

Demographic and alcohol intoxication are presented for offenders and victims.

4.3.1.1. OFFENDERS

Across the study period, there were 28,192 episodes of offending recorded at DV incidents attended by NT police, including 12,001 unique offenders. Of all incidents recorded, 68.8% did not include offender or victim information due to state recording practices.

The majority of incidents (88.5%) involved one offender, and were IPV related (77.7%) while up to 8 offenders were recorded per incident (see Table 145). A slightly higher proportion of FV incidents (4.1%) involved 2 offenders in comparison to IPV incidents.

Table 144 Number of offenders recorded at incidents, NT (n = 87,809)

	FV		IPV		All Offenders	
	n	**%**	**n**	**%**	**n**	**%**
0	-	-	-	-	60,198	68.6
1	3,813	95.4	20,782	97.4	26,724	30.4
2	165	4.1	538	2.5	840	1.0
3	12	0.3	8	<0.1	35	<0.1
4	3	0.1	0	<0.1	8	<0.1
5	1	<0.1	0	<0.1	1	<0.1
6+	1	<0.1	2	<0.1	3	<0.1

Notes. Type of violence was not categorised for 2439 offenders.

The majority of offenders were male (82.3%) across all age groups (see Table 146). The greatest proportion of offenders were aged 25-34 (36.3%), while the lowest proportion were aged 5-11 and 70-84 years (0.1%).

Table 145 Proportion of female, male and all offenders by age group, NT (n = 28,192)

	Female		Male		All Offenders[1]	
Age (years)	**n**	**%**	**n**	**%**	**n**	**%**
5-11	1	4.5	21	95.5	22	0.1
12-17	224	24.0	709	76.0	933	3.3
18-24	959	16.2	4,959	83.8	5,918	21.0
25-34	1,700	16.6	8,538	83.4	10,238	36.3
35-49	1,828	19.2	7,691	80.8	9,519	33.8
50-59	248	19.2	1,046	80.8	1,294	4.6
60-69	13	7.1	169	92.9	182	0.6
70-84	7	20.0	28	80.0	35	0.1
85+	16	31.4	35	68.6	51	0.2

Notes. [1] The n and % refer to the total number of offenders within this age group.

Table 147 presents the proportion of offenders in nine age groups separately for those involved in FV and IPV incidents. While the greatest proportion of offenders of both FV and IPV incidents were aged 25-49 years, a greater proportion of offenders involved in FV compared to IPV incidents were aged 12-24 years.

Table 146 proportion of FV and IPV offenders in nine age groups, NT (n = 25,753)

	FV		IPV	
Age (years)	**n**	**%**	**n**	**%**
5-11	9	0.2	1	<0.1
12-17	373	9.0	419	1.9
18-24	1,080	26.1	4,248	19.7
25-34	1,374	33.2	8,054	37.3
35-49	1,075	26.0	7,727	35.7
50-59	166	4.0	1,008	4.7
60-69	33	0.8	127	0.6
70-84	10	0.2	13	0.1
85+	16	0.4	20	0.1

Notes. Type of violence was not categorised for 2439 offenders.

4.3.1.2. VICTIMS

A total of 27,583[62] episodes of victimisation were recorded across all DV incidents in the NT during the reporting period. The majority of incidents were IPV related (77.3%) and involve one victim (29.1%), while less than one percent of cases involved more than 3 victims.

Table 147 Number of victims recorded at incidents, NT (n = 87,778)

	FV		IPV		All Victims	
	n	%	n	%	n	%
0	-	-	-	-	60,195	68.6
1	3,181	79.6	20,467	95.9	25,529	29.1
2	650	16.3	832	3.9	1,800	2.1
3	105	2.6	26	0.1	181	0.2
4	45	1.1	4	<0.1	54	0.1
5	9	0.2	1	<0.1	12	<0.1
6+	5	0.1	1	<0.1	7	<0.1

Table 149 presents the proportion of female and male victims across age groups. The majority of victims were female (68.3%). Female victims tended to be older and concentrated in the 18-49 year age brackets, while male victims were younger concentrated in the 0-11 year age groups.

Table 148 Proportion of female, male and all victims in 10 age groups, NT (n = 29,539[1])

	Female		Male		All Victims[2]	
Age (years)	n	%	n	%	n	%
0-4	170	44.0	216	56.0	386	1.3
5-11	201	49.4	206	50.6	407	1.4
12-17	1,323	83.9	253	16.1	1,576	5.3
18-24	5,544	90.4	589	9.6	6,133	20.8
25-34	8,062	85.8	1,336	14.2	9,398	31.8
35-49	7,539	80.0	1,884	20.0	9,423	31.9
50-59	1,066	65.0	573	35.0	1,639	5.5
60-69	243	51.8	226	48.2	469	1.6
70-84	44	59.5	30	40.5	74	0.3
85+	26	78.8	7	21.2	33	0.1

Notes. [1]The sex of 1 victim was either unknown or not recorded. [2]Refers to the proportion of all victims within this age group.

[62] Includes 27,213 unique victims and 1,990 repeat victims involved in multiple incidents across the reporting period.

A higher proportion of child victims of FV (34.6%) and IPV (28.2%) were female, with the majority of child victims involved in FV related incidents.

Table 149 Proportion and gender of incidents involving a child victim per year, NT (n = 19,700)

	FV				IPV			
	Female		Male		Female		Male	
	n	%	n	%	n	%	n	%
2010	127	29.3	92	21.2	149	34.4	6	1.4
2011	139	28.8	101	20.9	183	37.9	6	1.2
2012	125	26.4	90	19.0	190	40.2	7	1.5
2013	139	27.3	130	25.5	166	32.5	15	2.9
2014	140	29.8	120	25.5	132	28.1	5	1.1

Note. Type of violence was not recorded for 307 child victims.

4.3.2. INCIDENTS

NT police attended 87,806 DV incidents across the reporting period, including 21,331 IPV, 3,995 FV incidents, and 62,480 uncategorised incidents. Table 151 shows that the proportion of FV and IPV incidents increased across the 5 year period. This is most evident for the incidents without offender or victim details that are unable to be categorised into FV of IPV incidents. At all years, there was a greater proportion of IPV than FV incidents.

Table 150 Proportion of FV, IPV and all incidents per year, NT (n = 87,806)[1]

	FV		IPV		Uncategorised		All incidents	
	n	%	n	%	n	%	n	Rate per 10,000
2010	675	4.4	3,826	25.2	10,695	70.4	15,196	659.8
2011	732	4.4	3,912	23.5	11,994	72.1	16,638	715.0
2012	752	4.6	4,098	25.0	11,530	70.4	16,380	684.5
2013	964	5.0	4,959	25.7	13,349	69.3	19,272	793.6
2014	872	4.3	4,536	22.3	14,912	73.4	20,320	833.7

Figure 47 below shows the rates of all FDV incidents per 10,000 people has increased between 2010 and 2014. This trend is consistent for alcohol related incidents and drug related incidents.

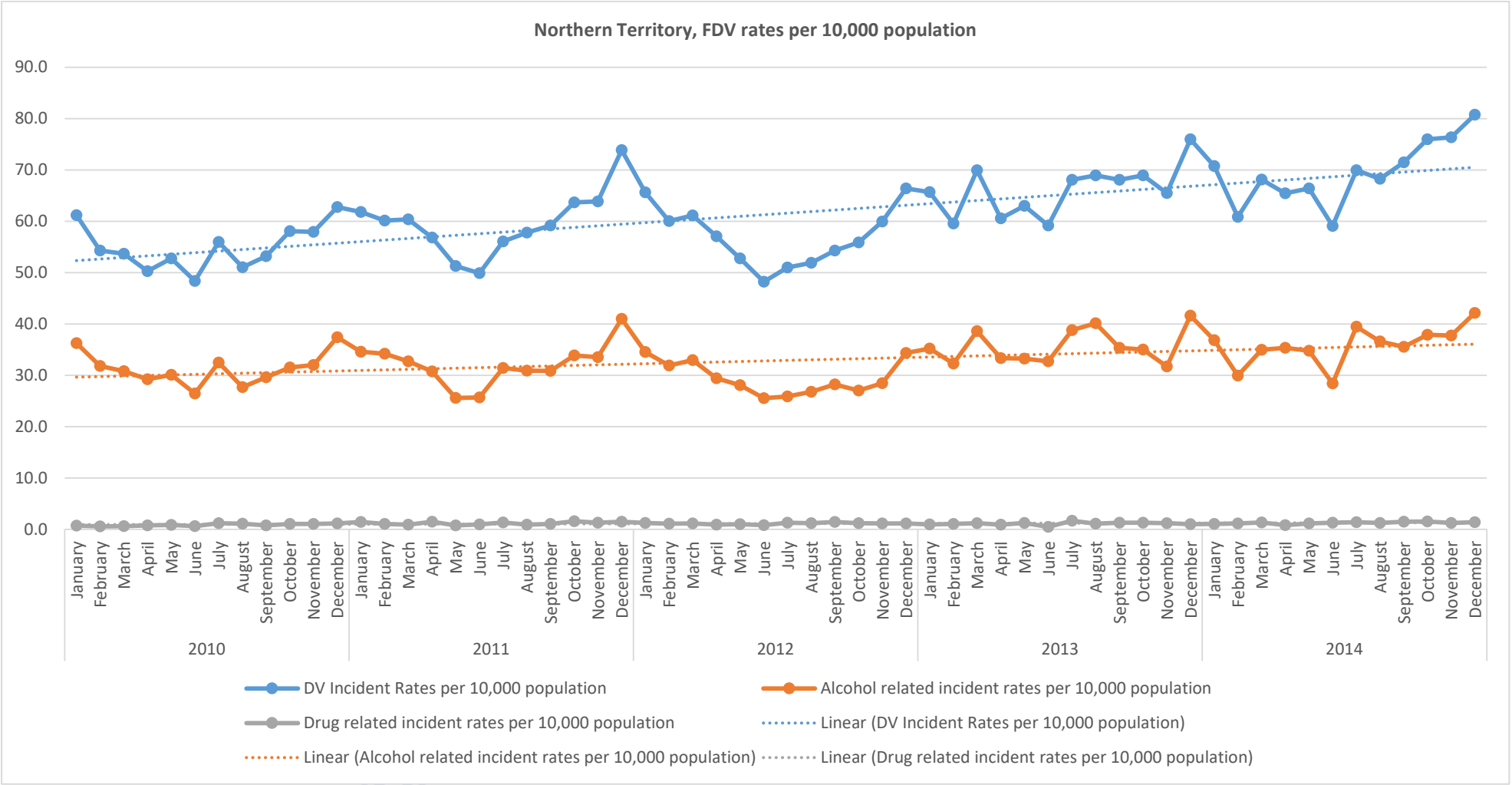


Figure 52 Alcohol, drug, and all incident rates per 10,000 population over reporting period, NT

4.3.2.1. SOCIO-ECONOMIC DISADVANTAGE

Incident locations were classified into one of five levels of socioeconomic disadvantage according to the ABS Socio-Economic Indexes for Areas (SEIFA) (refer to Table 152).

Table 151 Proportion of FV, IPV and all incident locations according to socioeconomic disadvantage (n = 85,401)

	FV		IPV		Uncategorised		All incidents	
Year	n	%	n	%	n	%	n	%
1	878	22.9	4,024	19.5	9,704	15.9	14,606	17.1
2	829	21.7	5,331	25.8	12,735	20.9	18,895	22.1
3	374	9.8	1,671	8.1	7,527	12.4	9,572	11.2
4	1,445	37.8	7,572	36.6	23,908	39.3	32,925	38.6
5	301	7.9	2,072	10.0	7,030	11.5	9,403	11.0

Notes. [1]ISEIFA quintiles range in descending order of disadvantage, where 1 = most disadvantaged and 5 = least disadvantaged; [2] Postcodes were either unavailable or invalid for 2,408 (2.7%) incidents, reducing the analytic sample to 85,401.

Over a third of all incidents (39.2%) took place in areas with the greatest socioeconomic disadvantage, and the smallest proportion of incidents (11%) in the least disadvantaged areas of NT. There was a significant difference in the proportion of IPV versus FV incidents according to area level of socioeconomic disadvantage of ($p < .001$, Phi = 0.05).

4.3.2.2. ALCOHOL-RELATED INCIDENTS

As shown in Table 153, 53.6% of all DV incidents were flagged as alcohol-related. At each year, a significantly greater proportion of IPV (67.2%) than FV (55.2%) incidents were alcohol-related ($p<.001$, Phi = -0.09). The proportion of alcohol-related incidents gradually decreased across the reporting period from 57.0% of all incidents in 2010 to 51.6% in 2014.

Table 152 Proportion of alcohol-related FV, IPV and all incidents per year, NT (n = 46,943)

	FV		IPV		Uncategorised		All incidents	
Year	n	%	n	%	n	%	n	%
2010	389	57.6	2,672	69.8	5,585	52.4	8,646	57.0
2011	401	54.8	2,619	67.0	5,946	49.7	8,966	54.0
2012	408	54.3	2,696	65.8	5,351	46.5	8,455	51.7
2013	559	58.0	3,368	67.9	6,472	48.6	10,399	54.1
2014	447	51.4	2,973	65.6	7,057	47.4	10,477	51.6

Note: An alcohol related flag was not provided for 165 incidents.

As shown in Figure 48, IPV incidents were more likely to be alcohol-related, across all levels of socioeconomic disadvantage. The largest difference can be seen in relation to incidents that took

place in the least disadvantaged areas of NT, where 60.6% of IPV compared to 48.2% of FV incidents were flagged as alcohol-related.

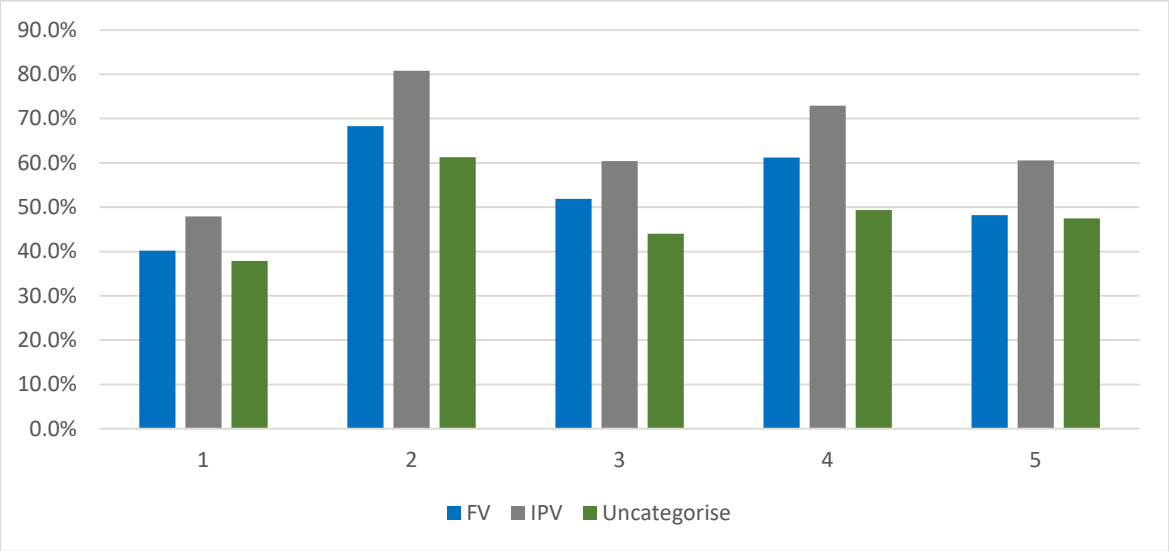


Figure 53 Proportion of alcohol-related FV and IPV incidents according to area level of socioeconomic disadvantage, NT (n = 85,225)

As shown in Table 154, victim(s) were affected by alcohol in only 0.7% of incidents and offenders in 13.3% of all incidents. Incident participants other than the victim and offender were affected by alcohol in 39.5% of incidents.

Table 153 Proportion of FV, IPV and all incidents where victim and/or offender were affected by alcohol, NT (n = 87,630)

	FV		IPV		Uncategorised		All incidents	
Person/s affected by alcohol	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Victim	88	2.2	275	1.3	282	0.5	645	0.7
Offender	1,254	31.4	7,963	37.3	2,452	3.9	11,669	13.3
Other participants	862	21.6	6,090	28.6	27,620	44.3	34,572	39.5

Note: Alcohol involvement was not provided for 176 incidents.

4.3.2.3. DRUG-RELATED INCIDENTS

There were few drug-related DV incidents (1.8%; n = 1,608). As shown in Table 155, the proportion of drug-related incidents increased from 1.6% in 2010 to 1.8% in 2014. There was no significant difference in the proportion of drug-related IPV compared to FV incidents ($p > .05$).

Table 154 Proportion of drug-related FV, IPV and all incidents per year, NT (n = 87,630)

	FV		IPV		Uncategorised		All incidents	
Year	n	%	n	%	n	%	n	%
2010	20	3.0	114	3.0	110	1.0	244	1.6
2011	40	5.5	148	3.8	147	1.2	335	2.0
2012	32	4.3	169	4.1	129	1.1	330	2.0
2013	34	3.5	163	3.3	131	1.0	328	1.7
2014	40	4.6	162	3.6	169	1.1	371	1.8

Table 156 shows the proportion of drug-related FV and IPV incidents that took place in areas of most to least socioeconomic disadvantage.

Table 155 Proportion of drug-related FV, IPV and all incidents according to area socioeconomic disadvantage level, NT (n = 119,645)

	FV		IPV		Uncategorised		All incidents	
Year	n	%	n	%	n	%	n	%
1	27	16.6	108	14.8	96	14.4	231	14.8
2	21	12.9	104	14.2	92	13.8	217	13.9
3	14	8.6	103	14.1	97	14.5	214	13.7
4	82	50.3	301	41.2	293	43.9	676	43.3
5	19	11.7	114	15.6	90	13.5	223	14.3

Note. [1]SEIFA quintiles range in descending order of disadvantage, where 1 = most disadvantaged and 5 = least disadvantaged.

The proportion of drug-related incidents significantly differed across areas of relative disadvantage ($p < .001$, Phi = 0.03), and there was a significant difference between drug-related FV and IPV incidents across area levels of disadvantage ($p < .001$, Phi = 0.05).

4.3.2.4. CHILD WITNESSES

Children were present at a small proportion (15.5%, n = 13,544) of all DV incidents. As Table 157 shows, the proportion of child-witnessed FV and IPV incidents decreased slightly from 2010 to 2014. There was a significant difference in the proportion of child-witnessed IPV compared to FV incidents ($p < .001$, Phi = 0.16).

Table 156 Proportion of child-witnessed FV, IPV and all incidents per year, NT (n = 13,544)

	FV		IPV		Uncategorised		All incidents	
Year	n	%	n	%	n	%	n	%
2010	238	35.3	610	15.9	1,677	15.8	2,525	16.7
2011	254	34.7	638	16.3	1,643	13.8	2,535	15.3
2012	240	31.9	630	15.4	1,479	12.9	2,349	14.4
2013	304	31.5	774	15.6	1,828	13.7	2,906	15.1
2014	311	35.7	798	17.6	2,120	14.3	3,229	15.9

Note: Child present was not provided for 230 incidents.

Table 158 shows the proportion of alcohol-related and drug-related incidents children witnessed.

Table 157 Proportion of alcohol-related (46,880) and drug- related (n = 1,608) incidents according to presence of child/ren, NT

	Alcohol-related incidents				Drug-related incidents			
	No child witnesses		Child witnesses		No child witnesses		Child witnesses	
	n	%	n	%	n	%	n	%
FV	1,615	61.0	589	43.8	113	4.3	53	3.9
IPV	12,470	69.8	1,858	53.9	584	3.3	172	5.0
Uncategorised	27,195	50.8	3,153	36.1	553	1.0	133	1.5

Note: Child present was not provided for 230 incidents. Drug involvement was not provided for 176 incidents.

Incidents witnessed by children were significantly less likely to be alcohol-related than incidents not witnessed by children (p<.001, Phi = -0.10). Table 159 presents the proportion of child-witnessed incidents that took place across areas of relative disadvantage.

Table 158 Proportion of child-witnessed FV, IPV and all incidents according to area level of socioeconomic disadvantage, NT (n = 13,183)

	FV		IPV		Uncategorised		All incidents	
SEIFA disadvantage index[1]	n	%	n	%	n	%	n	%
1	344	39.2	836	20.8	1,271	13.1	2,451	16.8
2	259	31.2	692	13.0	1,476	11.6	2,427	12.8
3	165	44.1	398	23.8	1,570	20.9	2,133	22.3
4	451	31.2	1,127	14.9	3,438	14.4	5,016	15.2
5	78	25.9	288	13.9	790	11.2	1,156	12.3

Note. [1]ISEIFA quintiles range in descending order of disadvantage, where 1 = most disadvantaged and 5 = least disadvantaged.

The proportion of child-witnessed incidents remained steady across areas of relative disadvantage, with the highest proportion in quintile 3. Child-witnessed incidents were significantly more likely to occur in all but the 4th quintile of socioeconomically disadvantage 1st (p<.001, Phi = 0.02), 2nd (p<.001, Phi = -0.04), 3rd (p<.001, Phi = 0.07), 5th (p<.001, Phi = -0.03).

4.3.2.5. DAY AND TIME OF INCIDENT

The day and time at which FDV incidents occurred are shown in Figure 49 and Figure 50, respectively.

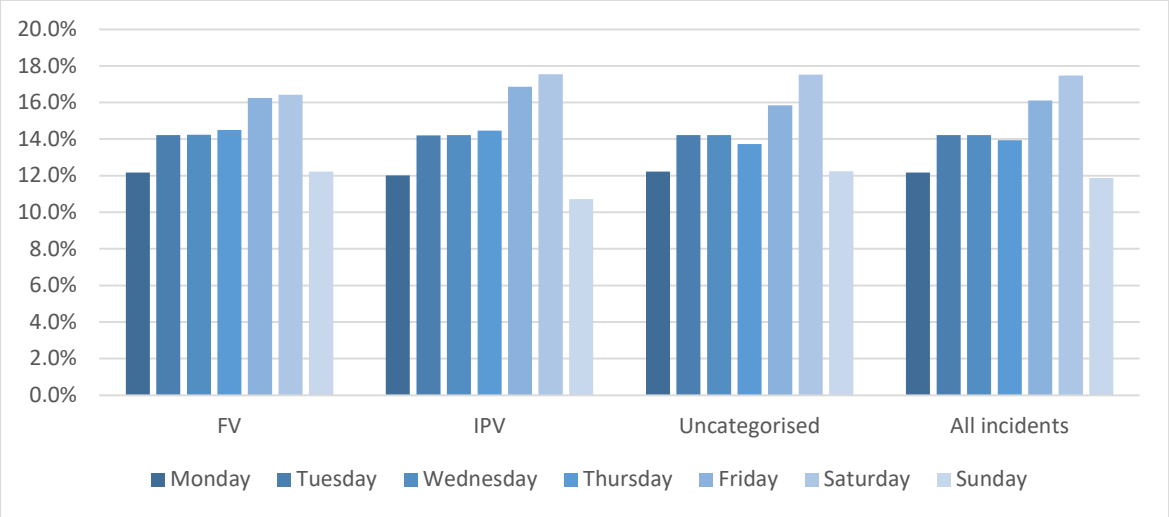


Figure 54 Proportion of FV, IPV and all incidents that took place on each day of the week, NT (n = 87,791)

FDV incidents were more likely to take place Saturday (16.1%) and Sunday (17.5%) than weekdays (11.9-14.2%). This trend was consistent for both IPV and FV incidents.

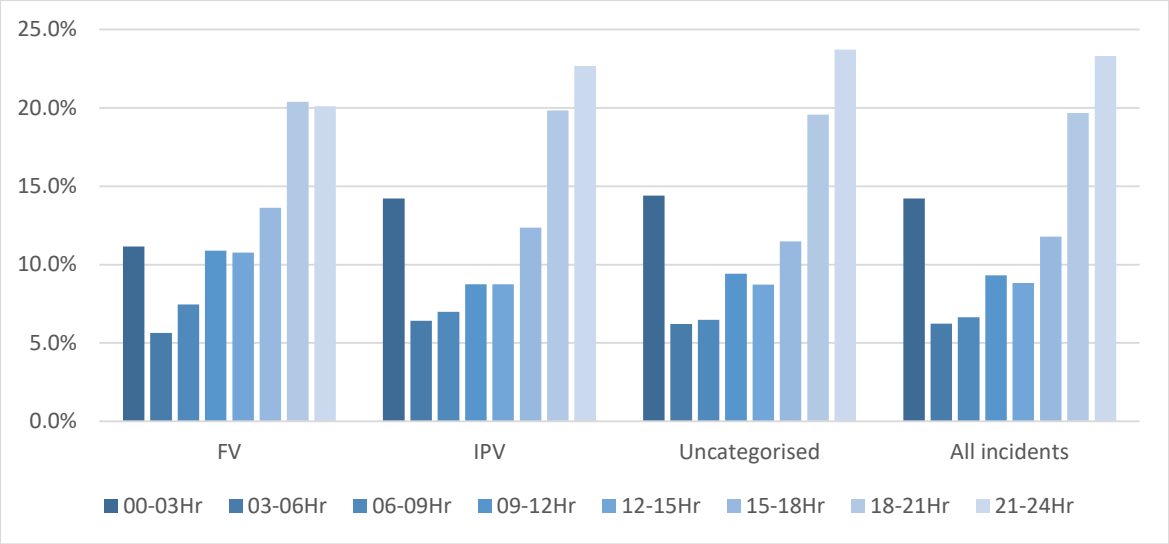


Figure 55 Proportion of FV, IPV and all incidents that took place during each three-hour interval, NT (n = 114,594)

The proportion of incidents that took place during each 3-hour interval generally increased over the daytime hours from 6am to 9pm, peaking at 12am. Incidents were least likely to occur 3am-6am, and most likely to occur 6pm-12am.

When day of the week and time of day are considered together, the greatest proportion of FV incidents took place 9pm-12am regardless of day and type of incident.

Alcohol-related incidents. Alcohol-related incidents were least likely Monday, and most likely Saturday (see Table 160). Further, alcohol-related incidents most often occurred 12am-3am, closely followed by 3am-6am, and least often 9am-12pm (see Table 161). There was a significantly greater proportion of alcohol-related IPV compared to FV incidents across each day of the week ($p<.001$) and 3-hour interval ($p<.001$).

Table 159 Proportion of alcohol-related FV, IPV and all incidents that took place on each day of the week, NT (n = 46,932)

	FV		IPV		Uncategorised		All incidents	
Day	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Monday	199	40.9	1,472	57.5	2,926	38.4	4,597	43.1
Tuesday	324	57.0	1,973	65.2	4,036	45.5	6,333	50.8
Wednesday	309	54.3	2,028	66.9	4,310	48.7	6,647	53.4
Thursday	342	59.2	2,171	70.4	4,372	51.1	6,885	56.3
Friday	393	60.7	2,609	72.6	5,245	53.2	8,247	58.5
Saturday	417	63.6	2,767	74.0	6,289	57.6	9,473	61.8
Sunday	220	45.1	1,308	57.2	3,222	42.2	4,750	45.7

Table 160 Proportion of alcohol-related FV, IPV and all incidents that took place during 3-hour intervals, NT (n = 46,932)

	FV		IPV		Uncategorised		All incidents	
Day	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
00-03Hr	359	80.5	2,502	82.5	6,145	68.4	9,006	72.3
03-06Hr	185	82.2	1,074	78.5	2,674	69.0	3,933	71.9
06-09Hr	122	40.9	709	47.6	1,263	31.3	2,094	36.0
09-12Hr	111	25.6	647	34.7	1,003	17.2	1,761	21.6
12-15Hr	105	24.4	726	38.9	1,005	18.5	1,836	23.8
15-18Hr	209	38.5	1,626	61.6	2,444	34.2	4,279	41.4
18-21Hr	491	60.4	3,132	74.1	6,376	52.3	9,999	58.0
21-24Hr	622	77.5	3,912	80.9	9,490	64.2	14,024	68.7

Drug-related incidents. There was a significant difference in the proportion of drug-related incidents across time of day ($p = .002$, Phi = 0.02), but no difference in day of the week.

Socioeconomic disadvantage. There were differences across the time and day incidents occurred according to area level of socioeconomic disadvantage ($p < .001$, Phi = 0.13, Phi = 0.07).

Child witnesses. Child-witnessed incidents most often occurred Monday and Tuesday and least often Friday and Saturday. Child witness significantly differed across day of the week ($p < .001$, Phi = 0.03) (refer to Figure 51).

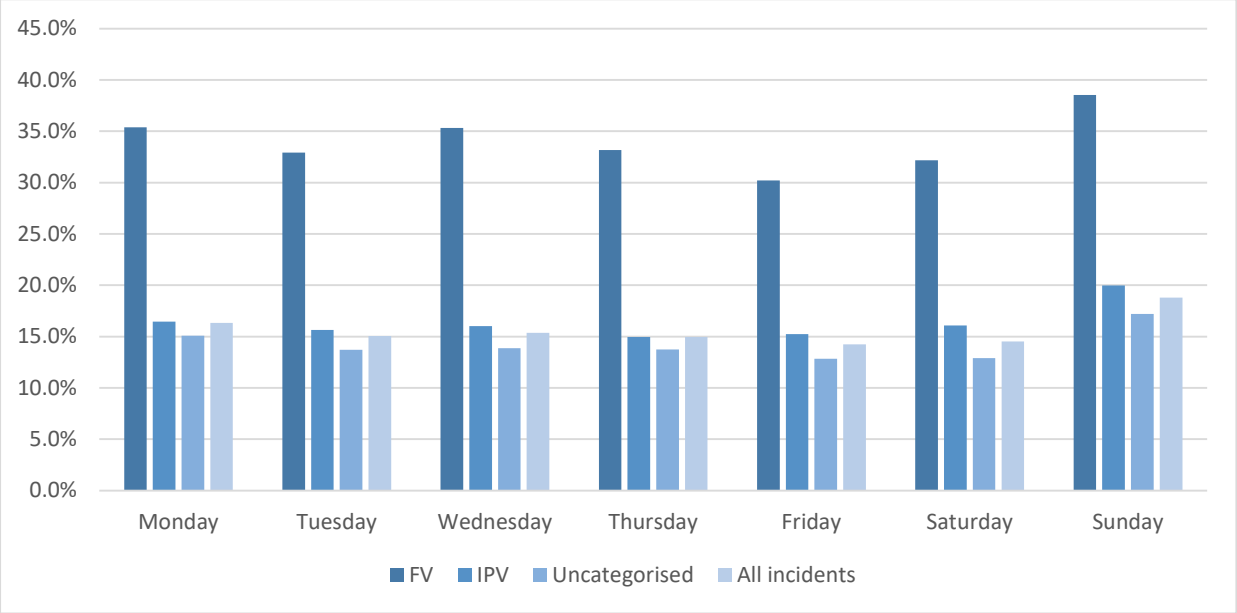


Figure 56 Proportion of child-witnessed FV, IPV and all incidents per day of the week, NT (n = 27,088)

Child-witnessed incidents least often occurred 12am-6am. Child witness significantly differed across time of day ($p < .001$, Phi = 0.09).

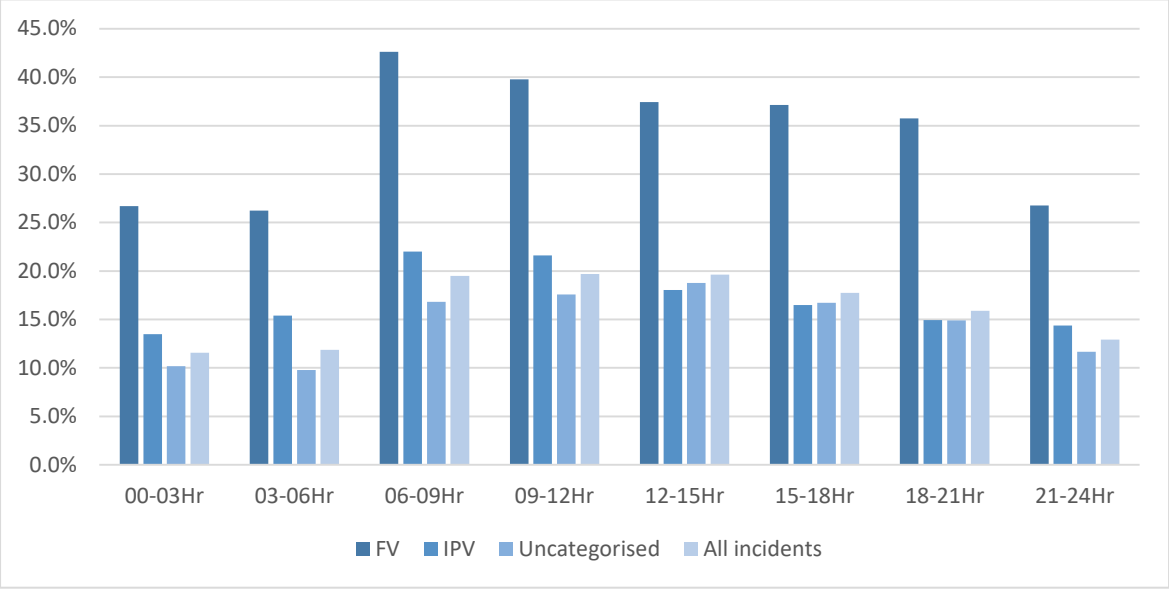


Figure 57 Proportion of child-witnessed FV, IPV and all incidents per time of day, NT (n = 13,544)

4.3.2.6. OFFENDER RECIDIVISM AND REPEAT VICTIMISATION

Less than half of all incidents involved recidivist offenders (24.6%)[63] or repeat victims (23.7%)[64], however of those incidents that did include offender details, 78.4% involved repeat offenders and 75.6% involved repeat victims. Table 162 and

Table 163 show that the proportion of incidents involving either a recidivist offender or repeat victim was greatest in 2013 and 2012, and smallest in 2014.

IPV incidents were significantly more likely to involve recidivist offenders ($p<.001$, Phi = -0.20) and repeat victims ($p<.001$, Phi = -0.24), than FV incidents.

Table 161 Proportion of FV, IPV and all incidents involving recidivist offenders, NT (n = 87,809)

	FV		IPV		Uncategorised		All incidents	
Year	n	%	n	%	n	%	n	%
2010	418	61.9	3,176	83.0	262	2.4	3,856	25.4
2011	450	61.5	3,282	83.9	255	2.1	3,987	24.0
2012	440	58.5	3,473	84.8	257	2.2	4,170	25.5
2013	596	61.8	4,116	83.0	351	2.6	5,063	26.3
2014	535	61.4	3,704	81.7	324	2.2	4,563	22.5

Table 162 Proportion of FV, IPV and all incidents involving repeat victims, NT (n = 87,809)

	FV		IPV		Uncategorised		All incidents	
Year	n	%	n	%	n	%	n	%
2010	366	54.2	3,084	80.6	234	2.2	3,684	24.2
2011	369	50.4	3,226	82.5	208	1.7	3,803	22.9
2012	386	51.3	3,417	83.4	238	2.1	4,041	24.7
2013	544	56.4	4,063	81.9	316	2.4	4,923	25.5
2014	504	57.8	3,605	79.5	282	1.9	4,391	21.6

[63] There was no offender or victim recorded for 60,197 incidents. Recidivism was indicated when an offender was involved in at least one other incident during the reporting period, 2010 - 2014.

[64] Repeat victimisation was indicated when a victim was involved in at least one other incident, 2010 - 2014.

4.3.3. MULTIVARIATE CORRELATES OF INCIDENT CHARACTERISTICS

In this section multivariate predictors of DV incident characteristics are presented. A series of multivariate models were conducted to examine key person and incident characteristics that contributed unique variance to the prediction of: 1) alcohol involvement; 2) drug involvement; 3) child witnesses; 4) offender recidivism; and 5) repeat victimisation. Multivariate logistic regression models were conducted for all incidents and separately for FV and IPV incidents.[65]

4.3.3.1. ALCOHOL INVOLVMENT

Three separate binary logistic regressions were performed to examine if SEIFA disadvantage quintile, drug use, repeat offender, and repeat victim contributed unique variance to the association between whether an incident was flagged as alcohol-related (no vs. yes) at all incidents (Table 164), IPV incidents (Table 165) and FV incidents (Table 166).

All incidents. In the fully adjusted model (Step 3), incidents that involved repeat victims or offenders were 1.37 and 1.46 times more likely to be flagged as alcohol-related, while child presence at the incident decreased likelihood that an incident was alcohol-related by almost half (OR = 0.51). Compared to those in the 5th (least disadvantaged) SEIFA quintile, incidents that took place within the 2nd, 3rd and 5th quintiles were significantly more likely to be alcohol-related, while those in the 1st quintile were significantly less likely to be alcohol-related.

Overall the model accounted for 9%-13% of the variance in whether or not an incident was alcohol-related (Cox & Snell R Square = 0.09; Negelkerke R Square = 0.13) and correctly predicted 85.7% of alcohol-related incidents. All three Steps accounted for significant variance (p<.001) in the prediction of alcohol-related incidents.

IPV incidents. In the fully adjusted model (Step 3), incidents that involved repeat victims or offenders were 1.22 and 1.39 times more likely to be alcohol-related, while child presence at the incident decreased likelihood that an incident involved alcohol by almost half (OR = 0.54).

Overall the model accounted for 8-11% of the variance in whether or not an incident was alcohol-related (Cox & Snell R Square = 0.08; Negelkerke R Square = 0.11) and correctly predicted 94.5% of alcohol-related IPV incidents (but 16% of alcohol-unrelated incidents). All three Steps accounted for significant variance (p<.001) in the prediction of alcohol-related incidents.

[65] Due to increased sensitivity of the Hosmer and Lemshow Test of model fit with larger sample sizes, we referred to the Omnibus Tests of Model Coefficients to interpret model fit for all models.

FV incidents. In the fully adjusted model (Step 3), incidents that involved repeat offenders or victims were 1.43 or 1.67 times more likely to be alcohol-related, while child presence at the incident decreased likelihood that an incident involved alcohol by more than half (OR = 0.51).

Overall the model accounted for 9%-13% of the variance in whether or not a FV incident was alcohol-related (Cox & Snell R Square = 0.09; Negelkerke R Square = 0.13) and correctly predicted 76.8% of alcohol-related FV incidents (but 48.2% of alcohol-unrelated incidents). All three steps accounted for significant variance in the prediction of alcohol-related FV incidents ($p<.001$).

Table 163 Binary Logistic Regression Associated with Victim or Offender Alcohol Use at Incident, NT

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	-0.47	95.22	0.62***	0.57 - 0.69	-0.42	73.85	0.66***	0.59 - 0.72	-0.42	70.95	0.66***	0.6 - 0.73
2	0.97	376.80	2.63***	2.39 - 2.9	0.95	347.28	2.57***	2.33 - 2.84	0.96	353.58	2.6***	2.35 - 2.87
3	-0.01	0.03	0.99	0.88 - 1.11	0.11	3.33	1.12	0.99 - 1.26	0.11	3.35	1.12	0.99 - 1.26
4	0.52	130.76	1.68***	1.54 - 1.84	0.54	133.41	1.71***	1.56 - 1.87	0.54	135.23	1.72***	1.57 - 1.88
5[a]												
Child present at incident (yes)					-0.66	397.89	0.52***	0.48 - 0.55	-0.67	402.23	0.51***	0.48 - 0.55
Repeat offender (yes)					0.32	62.48	1.38***	1.27 - 1.49	0.32	61.69	1.37***	1.27 - 1.49
Repeat victim (yes)					0.38	95.27	1.46***	1.35 - 1.58	0.38	95.15	1.46***	1.35 - 1.58
Drugs present at incident (yes)									0.29	15.27	1.34***	1.16 - 1.55

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 164 Binary Logistic Regression Associated with Victim or Offender Alcohol Use at Intimate Partner Violence Incidents, NT

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	-0.51	87.05	0.6***	0.54 - 0.67	-0.49	76.12	0.62***	0.55 - 0.69	-0.48	73.56	0.62***	0.56 - 0.69
2	1.01	313.78	2.74***	2.45 - 3.06	0.97	286.47	2.64***	2.36 - 2.96	0.98	291.29	2.67***	2.39 - 2.99
3	-0.01	0.00	1	0.87 - 1.14	0.07	1.06	1.07	0.94 - 1.23	0.07	1.02	1.07	0.94 - 1.23
4	0.56	117.55	1.76***	1.59 - 1.94	0.56	113.45	1.75***	1.58 - 1.94	0.56	115.01	1.76***	1.58 - 1.95
5[a]												
Child present at incident (yes)					-0.61	231.67	0.54***	0.5 - 0.59	-0.62	234.84	0.54***	0.50 - 0.59
Repeat offender (yes)					0.20	12.27	1.23***	1.09 - 1.37	0.20	12.13	1.22***	1.09 - 1.37
Repeat victim (yes)					0.33	35.08	1.39***	1.25 - 1.55	0.33	35.04	1.39***	1.25 - 1.55
Drugs present at incident (yes)									0.28	10.49	1.32***	1.12 - 1.57

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 165 Binary Logistic Regression Predicting Victim or Offender Alcohol Use at Family Violence Incidents, NT

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	-0.33	5.84	0.72*	0.56 - 0.94	-0.23	2.67	0.8	0.61 - 1.05	-0.22	2.46	0.81	0.61 - 1.06
2	0.84	37.34	2.32***	1.77 - 3.03	0.87	37.53	2.38***	1.81 - 3.15	0.88	38.40	2.41***	1.83 - 3.18
3	0.15	0.91	1.16	0.86 - 1.57	0.35	4.84	1.42*	1.04 - 1.95	0.36	5.03	1.43*	1.05 - 1.96
4	0.53	17.29	1.7***	1.32 - 2.18	0.58	19.56	1.79***	1.38 - 2.31	0.58	19.74	1.79***	1.39 - 2.32
5[a]												
Child present at incident (yes)					-0.67	85.01	0.51***	0.45 - 0.59	-0.67	84.89	0.51***	0.45 - 0.59
Repeat offender (yes)					0.36	23.22	1.44***	1.24 - 1.66	0.36	22.57	1.43***	1.23 - 1.65
Repeat victim (yes)					0.51	48.98	1.67***	1.45 - 1.93	0.51	48.56	1.67***	1.45 - 1.93
Drugs present at incident (yes)									0.28	2.59	1.32	0.94 - 1.86

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.3.3.2. CHILD WITNESS

Three separate binary logistic regressions were performed to examine if SEIFA disadvantage quintile, whether or the victim or offender were alcohol affected, whether or not an incident was drug-related, involved a repeat offender, or involved a repeat victim contributed unique variance to the association between child presence (no vs. yes) at all incidents (Table 167), IPV incidents (Table 168) and FV incidents (Table 169).

All incidents. In the fully adjusted model (Step 3), all variables except involvement of a repeat offender were significantly associated with child presence. Similar to trends in prediction of alcohol involvement, incidents that occurred in areas of the 3rd quintile were more likely to be witnessed by children than other areas. If the incident involved a repeat victim, the odds of a child being present were decreased by 0.69. Interestingly, alcohol presence also decreased the likelihood that a child was present at the incident (OR = 0.51), while being affected by drugs increased this likelihood (OR = 1.50).

The final model accounted for 5%-8% of the variance in child presence at the incident (Cox & Snell R Square = 0.05; Negelkerke R Square = 0.08), but only correctly predicted 0.3% of incidents children witnessed (and 99.9% of incidents that children did not witness). Each step accounted for significant variance in the prediction of child presence at incidents (ps<.001).

IPV incidents. In the fully adjusted model (Step 3), the 3rd quintile of disadvantage was highly associated with child presence at the incident. Involvement of a repeat offender was not significantly associated with child presence, however repeat victim involvement was (OR = 0.83). If the incident involved drugs, odds of the incident being witnessed by a child increased (OR = 1.59), while alcohol involvement decreased the likelihood (OR = 0.54).

The final model accounted for 2%-4% of the variance in child presence at the incident (Cox & Snell R Square = 0.02; Negelkerke R Square = 0.04), but correctly predicted 0% of incidents witnessed by children (and 100% of incidents children did not witness). Each step accounted for significant variance in the prediction of child presence at incidents (ps<.001).

FV incidents. In the fully adjusted model (Step 3), all predictors except repeat offender and drug involvement were significantly associated with child presence. Both involvement of repeat victims (OR = 0.81) and alcohol presence (OR = 0.51) decreased the likelihood of child presence at the incident. The final model accounted for 4%-5% of the variance in child presence at the incident (Cox & Snell R Square = 0.04; Negelkerke R Square = 0.04) and correctly predicted 7.3% of incidents children witnessed (and 97% of incidents children did not witness). Each step accounted for significant variance in the prediction of child presence at incidents (ps<.001).

Table 166 Binary Logistic Regression Associated with Child Presence at Incident

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.57	79.40	1.77***	1.56 - 2	0.57	78.58	1.76***	1.56 - 2	0.51	62.87	1.67***	1.47 - 1.9
2	0.07	1.02	1.07	0.94 - 1.21	0.11	2.83	1.12	0.98 - 1.27	0.26	15.80	1.3***	1.14 - 1.48
3	0.75	107.10	2.13***	1.84 - 2.45	0.73	100.28	2.08***	1.8 - 2.4	0.75	103.75	2.12***	1.84 - 2.45
4	0.18	8.14	1.19**	1.06 - 1.34	0.19	9.71	1.21**	1.07 - 1.37	0.28	20.38	1.32***	1.17 - 1.49
5[a]												
Repeat offender (yes)					-0.03	0.36	0.97	0.89 - 1.07	0.02	0.17	1.02	0.93 - 1.12
Repeat victim (yes)					-0.43	92.64	0.65***	0.6 - 0.71	-0.37	68.58	0.69***	0.63 - 0.75
Alcohol present at incident (yes)					-1.42	526.97	0.24***	0 - 0	-0.67	402.67	0.51***	0.48 - 0.55
Drugs present at incident (yes)									0.40	26.73	1.50***	1.29 - 1.75

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 167 Binary Logistic Regression Associated with Child Presence at Intimate Partner Violence Incidents

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.49	42.53	1.63***	1.4 - 1.88	0.49	42.85	1.63***	1.41 - 1.89	0.43	32.73	1.54***	1.33 - 1.78
2	-0.08	1.11	0.92	0.8 - 1.07	-0.06	0.59	0.94	0.81 - 1.09	0.09	1.35	1.09	0.94 - 1.27
3	0.66	59.49	1.94***	1.64 - 2.29	0.66	58.44	1.93***	1.63 - 2.28	0.67	59.21	1.94***	1.64 - 2.3
4	0.08	1.26	1.08	0.94 - 1.25	0.09	1.61	1.1	0.95 - 1.26	0.18	6.12	1.2*	1.04 - 1.38
5[a]												
Repeat offender (yes)					-0.01	0.02	0.99	0.86 - 1.14	0.02	0.06	1.02	0.88 - 1.17
Repeat victim (yes)					-0.23	11.57	0.79***	0.7 - 0.91	-0.19	7.46	0.83**	0.72 - 0.95
Alcohol present at incident (yes)					-1.64	478.89	0.19***	0 - 0	-0.62	235.30	0.54***	0.5 - 0.58
Drugs present at incident (yes)									0.46	25.09	1.59***	1.32 - 1.90

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 168 Binary Logistic Regression Predicting Child Presence at Family Violence Incidents

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.61	16.82	1.84***	1.38 - 2.46	0.61	16.58	1.83***	1.37 - 2.46	0.57	14.37	1.77***	1.32 - 2.38
2	0.26	2.99	1.3	0.97 - 1.75	0.29	3.68	1.34	0.99 - 1.8	0.43	7.59	1.53**	1.13 - 2.07
3	0.81	23.54	2.26***	1.63 - 3.14	0.80	22.68	2.23***	1.6 - 3.1	0.86	25.26	2.36***	1.69 - 3.29
4	0.26	3.24	1.29	0.98 - 1.71	0.27	3.62	1.31	0.99 - 1.74	0.37	6.29	1.44*	1.08 - 1.92
5[a]												
Repeat offender (yes)					0.04	0.32	1.04	0.9 - 1.21	0.10	1.73	1.11	0.95 - 1.29
Repeat victim (yes)					-0.29	15.50	0.75***	0.65 - 0.86	-0.21	7.95	0.81**	0.7 - 0.94
Alcohol present at incident (yes)					-0.93	43.86	0.4***	0 - 0	-0.67	84.89	0.51***	0.45 - 0.59
Drugs present at incident (yes)									-0.02	0.01	0.98	0.7 - 1.39

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.3.3.3. OFFENDER RECIDIVISM

Three separate binary logistic regressions were performed to examine if SEIFA disadvantage quintile, whether the victim or offender being alcohol affected, child presence, and repeat victim contributed unique variance to the involvement of repeat offenders (no vs. yes) at all incidents (Table 170), IPV incidents (Table 171) and FV incidents (Table 172).

All incidents. In the fully adjusted model (Step 3), only repeat victim (OR = 24.58) and alcohol involvement (OR = 1.37) were significantly associated with an increased involvement of a repeat offender.

The final model accounted for 11%-15% of the variance in predicting whether or not the incident involved a repeat offender (Cox & Snell R Square = 0.11; Negelkerke R Square = 0.15) and correctly predicted 88.1% of incidents that involved repeat offenders (and 35.5% of incidents that did not involve repeat offenders). Each step accounted for significant variance in the prediction of involvement of a repeat offender (ps<.001).

IPV incidents. In the fully adjusted model (Step 3), only the 2nd quintile of disadvantage (OR = 1.36), repeat victim (OR = 63.86) and alcohol involvement (OR = 1.23) were significantly associated with an increased involvement of a repeat offender.

The final model accounted for 34-57% of the variance in predicting incidents involving a repeat offender (Cox & Snell R Square = 0.34; Negelkerke R Square = 0.57) and correctly predicted 80.2% of incidents that involved repeat offenders (and 94.1% of incidents that did not involve repeat offenders). Each step accounted for significant variance in involvement of a repeat offender (ps<.001).

FV incidents. In the fully adjusted model (Step 3), involvement of a repeat victim (OR = 4.67), drug involvement (OR = 1.57) and alcohol involvement (OR = 1.43) were significantly associated with an increased involvement of a repeat offender. Incidents occurring in the 3rd quintile of disadvantage (OR = 0.70) significantly decreased the likelihood of involvement of a repeat offender.

The final model accounted for 14%-19% of the variance in predicting whether or not a FV incident involved a repeat offender (Cox & Snell R Square = 0.14; Negelkerke R Square = 0.19) and correctly predicted 70.1% of incidents involving repeat offenders (and 66.1% of incidents not involving repeat offenders). Each step accounted for significant variance in the prediction in involvement of a repeat offender (ps<.001).

Table 169 Binary Logistic Regression Predicting Repeat Offender Involvement in All Incidents, NT

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	-0.05	0.82	0.95	0.85 - 1.06	-0.02	0.11	0.98	0.85 - 1.13	0.01	0.02	1.01	0.88 - 1.17
2	0.45	61.28	1.56***	1.4 - 1.75	0.19	7.12	1.21**	1.05 - 1.4	0.14	3.68	1.15	1 - 1.33
3	-0.22	10.71	0.81***	0.71 - 0.92	-0.05	0.38	0.95	0.8 - 1.12	-0.06	0.50	0.94	0.8 - 1.11
4	0.12	5.50	1.13*	1.02 - 1.25	0.02	0.09	1.02	0.9 - 1.16	-0.01	0.04	0.99	0.87 - 1.13
5[a]												
Child present at incident (yes)					-0.03	0.42	0.97	0.89 - 1.06	0.02	0.14	1.02	0.93 - 1.12
Repeat victim (yes)									3.20	6966.11	24.58***	22.8 - 26.5
Alcohol present at incident (yes)									0.32	62.30	1.37***	1.27 - 1.49
Drugs present at incident (yes)									0.18	2.86	1.19	0.97 - 1.47

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 170 Binary Logistic Regression Predicting Repeat Offender Involvement in Intimate Partner Violence Incidents, NT

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.04	0.33	1.04	0.91 - 1.19	0.03	0.08	1.03	0.85 - 1.25	0.06	0.30	1.06	0.87 - 1.29
2	0.60	75.95	1.83***	1.6 - 2.09	0.34	11.68	1.4***	1.16 - 1.7	0.31	9.46	1.36**	1.12 - 1.65
3	-0.09	1.29	0.91	0.78 - 1.07	0.04	0.13	1.04	0.83 - 1.32	0.04	0.12	1.04	0.82 - 1.32
4	0.26	16.94	1.3***	1.15 - 1.47	0.14	2.33	1.15	0.96 - 1.38	0.12	1.68	1.13	0.94 - 1.35
5[a]												
Child present at incident (yes)					-0.01	0.04	0.99	0.86 - 1.13	0.01	0.02	1.01	0.88 - 1.16
Repeat victim (yes)									4.16	5904.87	63.86***	57.43 - 71
Alcohol present at incident (yes)									0.21	12.84	1.23***	1.1 - 1.38
Drugs present at incident (yes)									0.10	0.48	1.11	0.83 - 1.48

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 171 Binary Logistic Regression Predicting Repeat Offender Involvement in Family Violence Incidents, NT

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	-0.14	1.02	0.87	0.66 - 1.14	-0.13	0.71	0.88	0.66 - 1.18	-0.09	0.38	0.91	0.68 - 1.22
2	0.08	0.29	1.08	0.82 - 1.42	-0.09	0.38	0.91	0.68 - 1.23	-0.15	0.92	0.86	0.64 - 1.17
3	-0.40	6.19	0.67*	0.49 - 0.92	-0.34	4.03	0.71*	0.51 - 0.99	-0.36	4.38	0.7*	0.5 - 0.98
4	-0.10	0.55	0.91	0.7 - 1.17	-0.19	1.88	0.82	0.63 - 1.09	-0.24	2.77	0.79	0.6 - 1.04
5[a]												
Child present at incident (yes)					0.04	0.31	1.04	0.9 - 1.21	0.10	1.80	1.11	0.95 - 1.29
Repeat victim (yes)									1.54	445.71	4.67***	4.04 - 5.38
Alcohol present at incident (yes)									0.36	22.75	1.43***	1.23 - 1.66
Drugs present at incident (yes)									0.45	5.43	1.57*	1.07 - 2.28

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.3.3.4. REPEAT VICTIMS

Three separate binary logistic regressions were performed to examine if SEIFA disadvantage quintile, whether the victim(s) or offender(s) being affected by alcohol, drug involvement, child presence, and involvement of repeat offenders contributed unique variance to the prediction of involvement of repeat victims (no vs. yes) at all incidents (Table 173), IPV incidents (Table 174) and FV incidents (Table 175).

All incidents. In the fully adjusted model (Step 3), all predictors except drug involvement and the 1st quintile of disadvantage were significantly associated with involvement of a repeat victim. If the incident involved a repeat offender, the odds of the incident involving a repeat victim increased by 24.58 times. If the victim was affected by alcohol the odds of the incident involving a repeat victim increased by 1.46 times, while if a child was present the odds decreased (OR = 0.69).

The final model accounted for 12%-16% of the variance in predicting whether or not the incident involved a repeat victim (Cox & Snell R Square = 0.12; Negelkerke R Square = 0.16) and correctly predicted 77.3% of incidents involving repeat victims (and 58.1% of incidents not involving repeat victims). Each step accounted for significant variance in the prediction of involvement of a repeat victim (ps<.001).

IPV incidents. In the fully adjusted model (Step 3), the 2nd quintile of disadvantage (OR = 1.35), involvement of a repeat offender (OR = 63.85), and alcohol involvement (OR = 1.4) increased the likelihood of a repeat victim. Child presence decreased this the likelihood (OR = 0.83).

The final model accounted for 34%-56% of the variance in predicting incidents involving a repeat victim (Cox & Snell R Square = 0.34; Negelkerke R Square = 0.56) and correctly predicted 96% of incidents that involved repeat victims (and 73.2% of incidents that did not involve repeat victims). Each step accounted for significant variance in the prediction of involvement of a repeat (ps<.001).

FV incidents. In the fully adjusted model (Step 3), the 2nd quintile of disadvantage (OR = 1.44), involvement of a repeat offender (OR = 4.67), and alcohol involvement (OR = 1.67) increased the likelihood of a repeat victim. Child presence decreased this the likelihood (OR = 0.81).

The final model accounted for 15%-20% of the variance in predicting whether or not an incident involved a repeat victim (Cox & Snell R Square = 0.15; Negelkerke R Square = 0.20) and correctly predicted 77.9% of incidents involving repeat victims (and 58.1% of incidents not involving repeat victims). Each step accounted for significant variance in the prediction of involvement of a repeat (ps<.001).

Table 172 Binary Logistic Regression Predicting Repeat Victim Involvement in All Incidents, NT

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	-0.05	0.99	0.95	0.85 - 1.05	0.00	0.00	1	0.87 - 1.15	0.04	0.34	1.04	0.91 - 1.19
2	0.51	88.59	1.67***	1.5 - 1.86	0.41	35.51	1.51***	1.32 - 1.73	0.34	24.18	1.41***	1.23 - 1.61
3	-0.28	19.13	0.76***	0.67 - 0.86	-0.19	5.36	0.83*	0.71 - 0.97	-0.20	5.75	0.82*	0.7 - 0.97
4	0.17	11.78	1.19***	1.08 - 1.31	0.17	7.23	1.19**	1.05 - 1.35	0.13	4.01	1.14*	1 - 1.29
5[a]												
Child present at incident (yes)					-0.43	93.71	0.65***	0.6 - 0.71	-0.37	67.96	0.69***	0.63 - 0.75
Repeat offender (yes)					3.23	7124.52	25.25***	23.43 - 27.22	3.20	6968.18	24.58***	22.8 - 26.5
Alcohol present at incident (yes)									0.38	96.76	1.46***	1.36 - 1.58
Drugs present at incident (yes)									-0.02	0.03	0.98	0.81 - 1.19

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 173 Binary Logistic Regression Predicting Repeat Victim Involvement in Intimate Partner Violence Incidents, NT

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.04	0.28	1.04	0.91 - 1.18	0.03	0.10	1.03	0.85 - 1.25	0.07	0.55	1.07	0.89 - 1.3
2	0.59	78.02	1.8***	1.58 - 2.05	0.36	13.83	1.43***	1.18 - 1.72	0.30	9.55	1.35**	1.12 - 1.63
3	-0.15	3.51	0.86	0.74 - 1.01	-0.15	1.71	0.86	0.69 - 1.08	-0.15	1.74	0.86	0.69 - 1.08
4	0.26	17.79	1.29***	1.15 - 1.46	0.16	3.34	1.18	0.99 - 1.4	0.13	1.96	1.13	0.95 - 1.35
5[a]												
Child present at incident (yes)					-0.23	11.68	0.79***	0.7 - 0.91	-0.19	7.45	0.83**	0.73 - 0.95
Repeat offender (yes)					4.17	5965.40	64.82***	58.31 - 72.06	4.16	5905.01	63.85***	57.43 - 70.99
Alcohol present at incident (yes)									0.33	36.27	1.4***	1.25 - 1.56
Drugs present at incident (yes)									-0.02	0.02	0.98	0.75 - 1.29

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 174 Binary Logistic Regression Predicting Repeat Victim Involvement in Family Violence Incidents, NT

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	-0.10	0.51	0.91	0.7 - 1.18	-0.01	0.01	0.99	0.74 - 1.31	0.02	0.02	1.02	0.77 - 1.35
2	0.41	9.04	1.5**	1.15 - 1.96	0.46	9.85	1.58**	1.19 - 2.11	0.36	6.02	1.44*	1.08 - 1.92
3	-0.28	3.24	0.76	0.56 - 1.03	-0.10	0.38	0.9	0.65 - 1.25	-0.14	0.71	0.87	0.62 - 1.21
4	0.18	2.03	1.2	0.93 - 1.54	0.27	3.79	1.31	1 - 1.71	0.20	2.00	1.22	0.93 - 1.59
5[a]												
Child present at incident (yes)					-0.29	15.52	0.75***	0.64 - 0.86	-0.21	7.90	0.81**	0.7 - 0.94
Repeat offender (yes)					1.59	480.49	4.88***	4.24 - 5.63	1.54	445.76	4.67***	4.04 - 5.38
Alcohol present at incident (yes)									0.51	48.67	1.67***	1.45 - 1.93
Drugs present at incident (yes)									0.17	0.92	1.19	0.84 - 1.68

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.3.4. NT SUMMARY

Northern Territory (NT) police attended 87.806 FDV incidents across the reporting period (2010-2014), including 21,331 IPV, 3,995 FV, and 62,480 uncategorised incidents. Overall, there was an increase in the rate per 10,000 of FDV incidents across the reporting period from 659.8 per 10,000 in 2010 to 833.7 per 10,000 in 2014, however, this increase was not linear. The majority of offenders were male (82.3%) and the majority of victims were female (68.3%). Both offenders and victims were concentrated within the 18-49 year age bracket.

Over half (53.6%) of FDV incidents were flagged as alcohol-related. IPV incidents were significantly more likely to be flagged as alcohol-related than FV incidents (67.2% vs 55.2%, p<.001, Phi= -0.09). The proportion of alcohol-related incidents gradually decreased across the reporting period from 57.0% of all incidents in 2010 to 51.6% in 2014. Key alcohol-related findings include:

Offenders were affected by alcohol in 13.3% of all incidents (IPV: 37.3%; FV: 31.4%) and victims 0.7% of all incidents (IPV: 1.3%; FV: 2.2%). Incident participants other than the offender and the victim were judged to be affected by alcohol in 39.5% of all incidents (IPV: 28.6%; FV: 21.6%).

Alcohol-related incidents were most likely on a Friday (IPV: 72.6% alcohol-related: FV: 60.7% alcohol-related) and Saturday (IPV: 74.0% alcohol-related; FV: 63.6% alcohol-related) and least likely on a Sunday (IPV: 57.2% alcohol-related; FV: 45.1% alcohol-related) and Monday (IPV: 57.5% alcohol-related; FV: 40.9% alcohol-related). Alcohol-related incidents most often occurred 12am-3am (72.3% alcohol-related) and 3am-6am (71.9% alcohol-related), and least often between 9am-12pm (21.6% alcohol-related).

- Controlling for socioeconomic disadvantage, child presence, and drug presence, incidents involving repeat victims (IPV: OR=1.39, 95%CI=1.25-1.55; FV: OR=1.67, 95%CI=1.45-1.93) or recidivist offenders (IPV: 1.22, 95%CI=1.09-1.37; FV: OR=1.43, 95%CI=1.23-1.65) were associated with increased likelihood that the incident was alcohol-related.
- Controlling for socioeconomic disadvantage, drug presence, repeat victim, and offender recidivism, incidents where a child were present were significantly less likely to involve alcohol (IPV: OR=0.54, 95%CI=0.50-0.59; FV: OR=0.51, 95%CI=0.45-0.59).
- Controlling for socioeconomic disadvantage, repeat victim, offender recidivism, and child presence, IPV incidents (but not FV incident) involving drugs were 1.32 times more likely to involve alcohol (OR=1.32, 95%CI=1.12-1.57).

There were few drug-related incidents (1.8%). The proportion of drug-related incidents increased from 1.6% in 2010 to 1.8% in 2014, but peaked in 2011 (2.0% drug-related) and 2012 (2.0% drug-

related). There was no significant difference in the proportion of drug-related IPV compared to FV incidents ($p > .05$). Key drug-related findings include:

- Controlling for socioeconomic disadvantage, child presence, and alcohol presence, FV incidents (but not IPV incidents) that were drug-related were 1.57 times more likely to involve a recidivist offender (OR=1.57, 95%CI=1.07-2.28). Conversely, drug presence was not significantly associated with whether a repeat victim was involved in the incident.
- Controlling for socioeconomic disadvantage, child presence, recidivist offender, repeat victim, and alcohol presence, IPV incidents (but not FV incidents) that involved drugs were 1.59 times more likely to be witnessed by a child (OR=1.59, 95%CI=1.32-1.90).

4.4. QUEENSLAND POLICE DATA RESULTS

In this section, trends for FDV incidents attended by Queensland police between 1 January 2010 and 11 December 2015 are presented separately for persons and incidents. These findings relate to DV incidents involving intimate partners and other family members and compares data related to IPV and FV.

4.4.1. PERSONS

Demographic and alcohol intoxication level are presented for offenders and victims.

4.4.1.1. OFFENDERS

Across the study period, there were 345,075 episodes of offending at DV incidents attended by Queensland police, including 155,381 unique offenders. There were 63,627 (40.9%) recidivist offenders involved in multiple incidents across the reporting period. The majority of incidents (96.0%) involved one offender, while up to 7 offenders were recorded per incident (see Table 176). FV incidents were significantly more likely to involve multiple offenders compared to IPV incidents (p<.001, Phi=0.01).

Table 175 Number of offenders recorded at FV, IPV and all incidents, Qld (n = 329.013)[1]

	FV		IPV		All incidents	
	n	**%**	**n**	**%**	**n**	**%**
1	45837	95.6	45837	95.6	315784	96.0
2	1969	4.1	1969	4.1	13027	4.0
3+	122	0.2	122	0.2	202	0.1

Notes. [1]Offender data was unavailable for 1688 incidents.

The majority of offenders were male (76.9%) across all age groups (see **Table 177**). The greatest proportion of offenders were aged 35-49 (35.7%), with over 90% of offenders aged between 18 and 24 years.

Table 176 Proportion of female, male and all offenders by age group, Qld (n = 344,749)

	Female[1]		Male[1]		All Offenders[3]	
Age (years)	**n**	**%**	**n**	**%**	**n**	**%**
12-17	1487	34.2	2856	65.8	4344	1.3
18-24	18572	26.1	52534	73.9	71128	20.6
25-34	25301	22.0	89839	78.0	115183	33.4
35-49	27247	22.1	95802	77.9	123099	35.7
50-59	5407	23.6	17492	76.4	22907	6.6
60-69	1277	20.3	5015	79.7	6292	1.8
70-84	295	17.5	1389	82.5	1684	0.5
85+	17	15.2	95	84.8	112	0.0

Notes. [2] The sex of 138 offenders was either unknown or not recorded. [3] The n and % refer to the total number of offenders within this age group.

A significantly higher proportion of IPV offenders (78.8%) were male compared to FV offenders (69.4%, p<.001, Phi=0.08). As shown in Table 178, across each age group, males comprised the majority of offenders for both FV and IPV incidents. Males comprised a significantly higher proportion of IPV offenders compared to FV offenders in all age groups with the exception of the 12-17 year and 85+ year age groups (p>.05).

Table 177 Proportion of DV and IPV offenders that are male, Qld (n = 301,682)

	FV		IPV	
Age (years)	**n**	**%**	**n**	**%**
12-17	344	67.2	1951	64.9
18-24	12436	73.1	33207	74.3
25-34	10260	73.3	69656	79.1
35-49	8385	64.5	76347	80.1
50-59	2434	60.3	12566	81.2
60-69	839	61.0	3353	87.7
70-84	239	66.2	869	89.0
85+	23	74.2	52	89.7

Table 179 presents the proportion of offenders in nine age groups separately for those involved in FV and IPV incidents. The greatest proportion of FV offenders were aged 18-25 years and the greatest proportion of IPV offenders were aged 35-49 years.

Table 178 proportion of FV and IPV offenders in nine age groups, Qld (n = 301,790)

	FV		IPV	
Age (years)	**n**	**%**	**n**	**%**
12-17	513	1.0	3007	1.2
18-24	17017	33.8	44707	17.8
25-34	14000	27.8	88085	35.0
35-49	13014	25.8	95296	37.9
50-59	4038	8.0	15486	6.2
60-69	1376	2.7	3825	1.5
70-84	361	0.7	976	0.4
85+	31	0.1	58	0.0

Notes. Type of violence was not categorised for 138 offenders.

4.4.1.2. VICTIMS

A total of 346,592[66] episodes of victimisation were recorded across all DV incidents in Queensland during the reporting period, including 51,072 victims of FV and 303,085 victims of IPV[67]. The majority of incidents involve one victim (95.7%). Multiple victims were more likely to be recorded as being present at FV than IPV incidents (p<.001, Phi=0.03).

Table 179 Number of victims recorded at FV, IPV and all incidents, Qld (n = 329,573)

	FV		IPV		All incidents	
	n	%	n	%	n	%
1	45437	94.6	231351	96.1	315527	95.7
2	2418	5.0	9317	3.9	13759	4.2
3+	158	0.3	40	0.0	287	0.1

Notes. Victim data not available for 1128 incidents.

Table 181 presents the proportion of female and male victims across age groups, while **Table 182** shows the proportion of FV and IPV victims across age groups. The majority of victims were female (76.2%). Approximately equal proportions of male and females were represented in the 0-4 and 5-11 year age-groups, but females comprised the majority of all other age-groups.

Table 180 Proportion of female, male and all victims in 10 age groups, Qld (n = 346,426)

	Female[a]		Male[a]		All victims[b]	
Age (years)	n	%[a]	n	%[a]	n	%
0-4	37	50.7	36	49.3	74	0.0
5-11	47	56.6	36	43.4	83	0.0
12-17	6436	90.0	712	10.0	7149	2.1
18-24	58912	81.9	13016	18.1	71953	20.8
25-34	84769	78.5	23200	21.5	108044	31.2
35-49	87136	74.1	30483	25.9	117672	34.0
50-59	18405	66.5	9283	33.5	27700	8.0
60-69	6069	61.1	3864	38.9	9934	2.9
70-84	2113	60.7	1369	39.3	3482	1.0
85+	202	60.3	133	39.7	335	0.1

Notes. [a]The sex of 184 victims was either unknown or not recorded. [b]Refers to the proportion of all victims within this age group.

[66] Includes 164,240 unique victims and 64,854 repeat victims involved in multiple incidents across the reporting period.
[67] The incident type (IPV or FV) was unknown or not recorded for 43,507 victims.

Table 181 Proportion of FV and IPV victims by age group, Qld (302,971)

	FV		IPV	
Age (years)	**n**	**%**	**n**	**%**
0-4	30	0.1	23	0.0
5-11	36	0.1	25	0.0
12-17	588	1.2	5307	2.1
18-24	9323	18.3	53374	21.2
25-34	8097	15.9	87868	34.9
35-49	15536	30.4	87933	34.9
50-59	10179	19.9	13347	5.3
60-69	4953	9.7	3218	1.3
70-84	2087	4.1	776	0.3
85+	214	0.4	57	0.0

Note. Incident type was not recorded for 184 victims.

More than two-thirds of IPV victims were aged between 25 and 49 years, while the majority of FV victims were aged between 18 and 59 years.

Figure 53 and Figure 54 show the proportion of female and male FV and IPV victims according to age group. Males comprised the greater proportion of FV victims under 11 years, but females comprised the majority of FV victims in all other age groups. For IPV, males comprised the majority of victims aged 85 and over, but females comprised the majority of IPV victims in all other age groups.

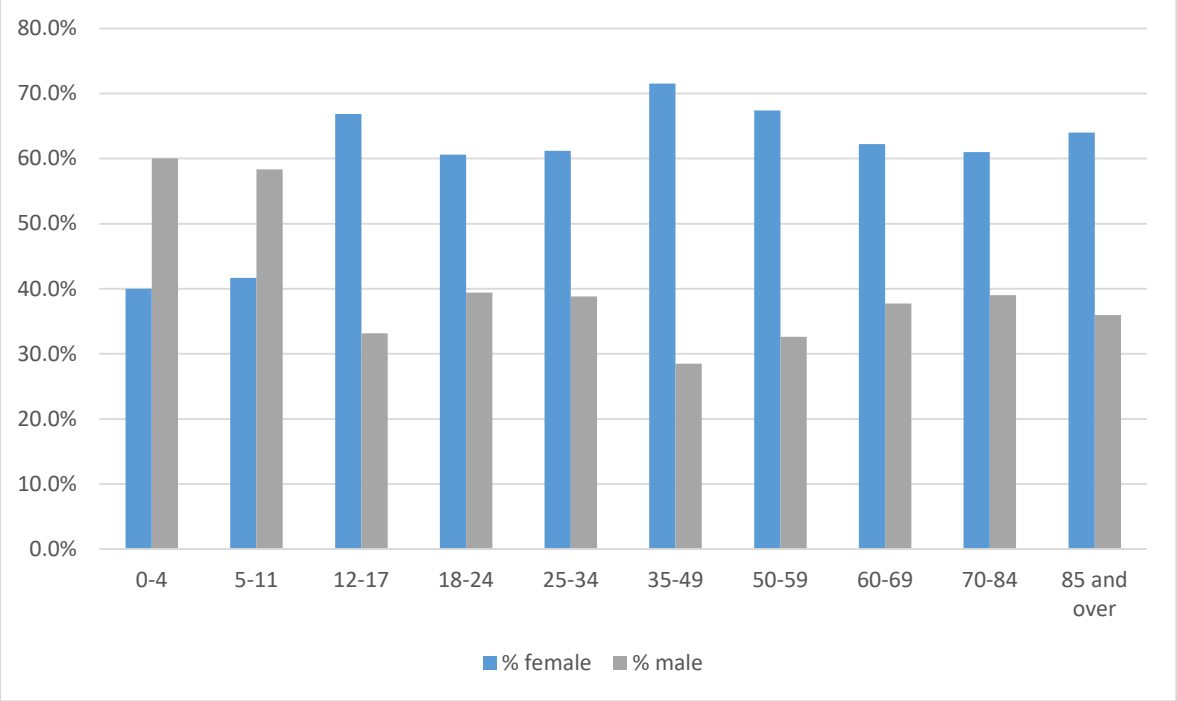


Figure 58 Proportion of female and male FV victims in 10 age groups, Qld (n = 51,030)

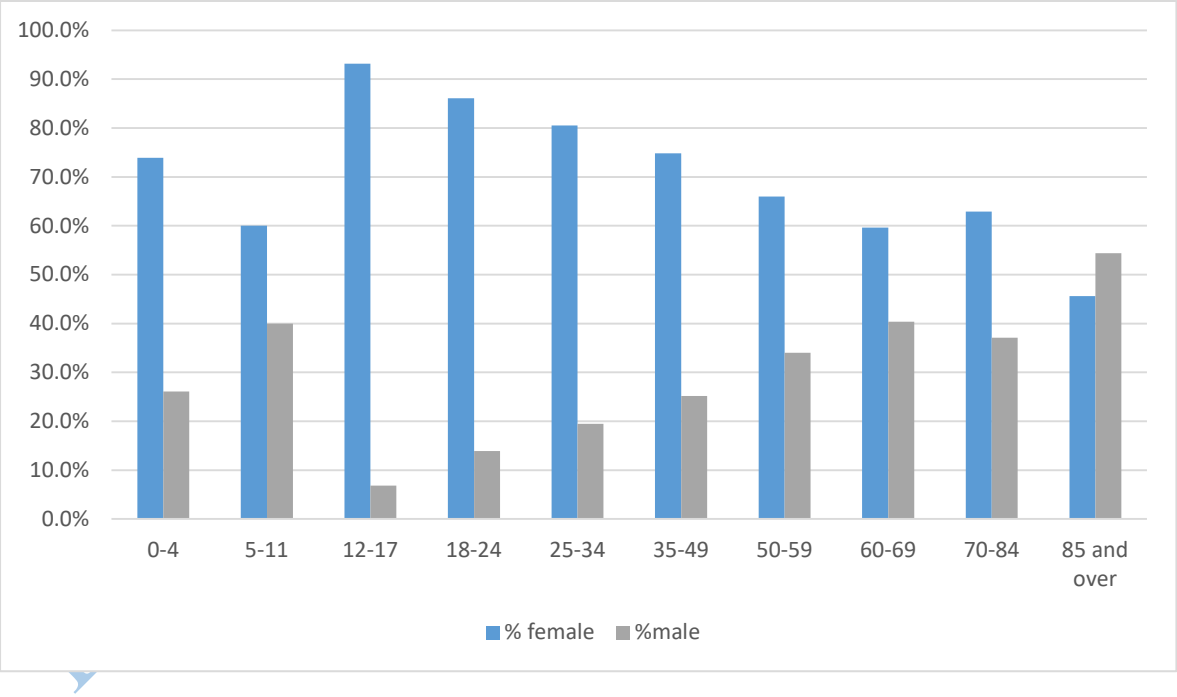


Figure 59 Proportion of female and male IPV victims in 10 age groups, Qld (n = 251,793)

4.4.2. INCIDENTS

Queensland police attended 330,701 DV incidents across the reporting period, including 241,086 IPV and 48,077 FV incidents.[68] **Table 183** shows that the proportion of incidents that were FV increased slightly across the 6 year period. The rate of DV incidents per 10,000 people gradually increased over the reporting period. At all years, there was a greater proportion of IPV than FV incidents (p=<.05-<.001, Phi=-0.01-0.02).

Table 182 Proportion of FV, IPV and all incidents per year, Qld (n = 330,701)[1]

	FV		IPV		All incidents	
	n	%	n	%	n	Rate per 10,000
2010	5,602	14.9	31,975	85.1	42,640	96.1
2011	6,459	15.5	35,131	84.5	47,523	105.2
2012	7,193	15.9	38,103	84.1	51,902	112.6
2013	8,611	17.0	42,093	83.0	57,411	122.5
2014	10,262	17.8	47,343	82.2	63,564	133.8
2015	9,950	17.6	46,441	82.4	67,661	141.9

Note. [1] The rate per '000 includes incidents where the incident type (IPV or FV) was unknown, n=41,538.

Figure 55 below shows the rates of all FDV incidents per 10,000 people has increased between 2010 and 2015. Trends are also presented for alcohol related incidents and drug related incidents.

[68] 41,538 incidents were flagged as DV, but the relationship between the victim and the perpetrator was not recorded/unknown.

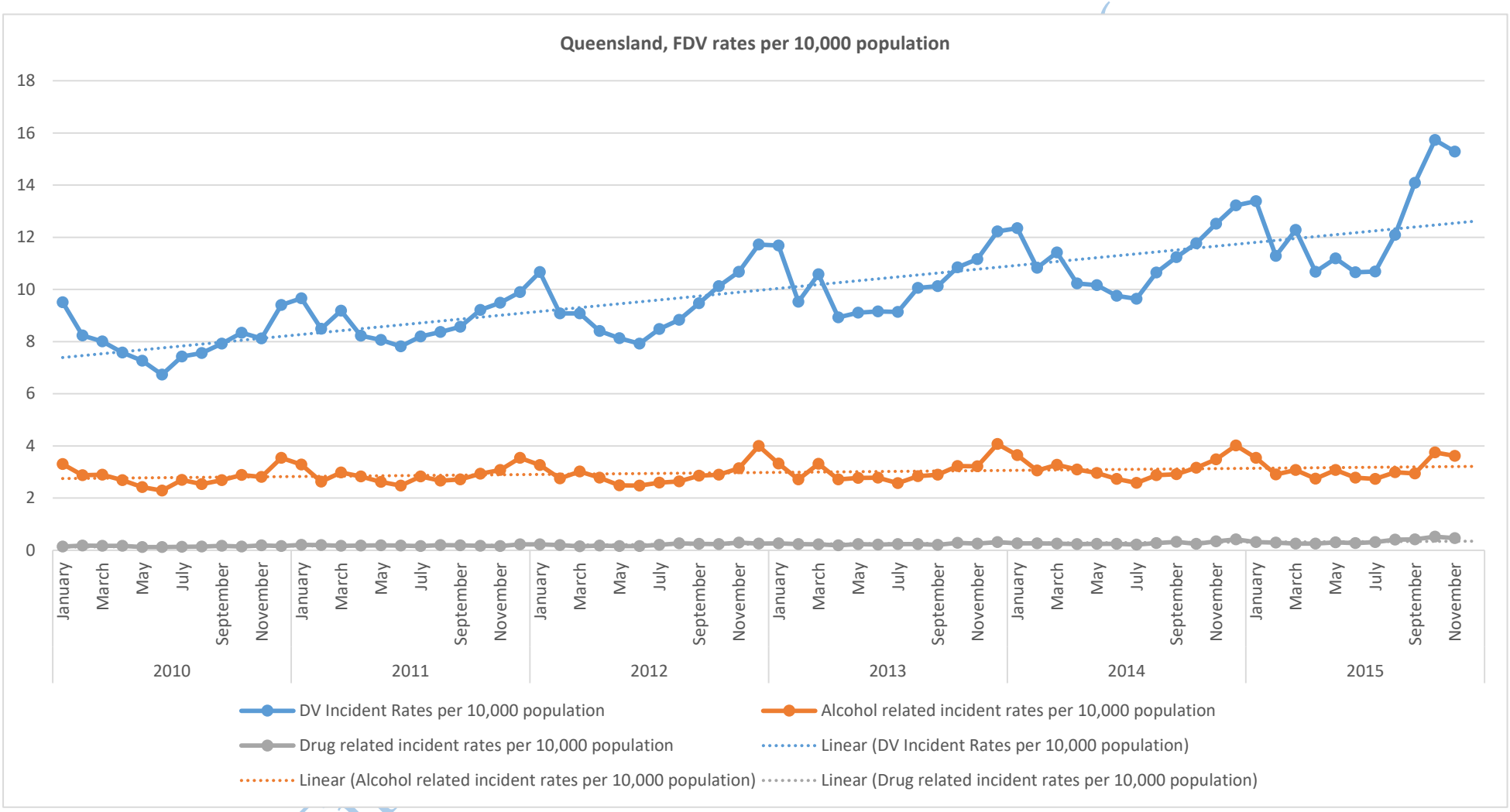


Figure 60 Alcohol, drug, and all incident rates per 10,000 population over reporting period, QLD

4.4.2.1. SOCIO-ECONOMIC DISADVANTAGE

Incident locations were classified into one of five levels of socioeconomic disadvantage according to the ABS Socio-Economic Indexes for Areas (SEIFA) (refer to **Table 184**).

Table 183 Proportion of FV, IPV and all incident locations according to socioeconomic disadvantage, Qld (n = 325,092)

	FV		IPV		All incidents[2]	
SEIFA Disadvantage index[1]	**n**	**%**	**n**	**%**	**n**	**%**
1	10,177	21.6	48,601	20.4	68,202	21.0
2	10,182	21.6	52,297	22.0	70,062	21.6
3	9,956	21.1	49,833	21.0	65,595	20.2
4	11,674	24.7	58,775	24.7	79,970	24.6
5	5,213	11.0	28,202	11.9	41,263	12.7

Notes. [1]SEIFA quintiles range in descending order of disadvantage, where 1 = most disadvantaged and 5 = least disadvantaged; [2] Postcodes were either unavailable or invalid for 5609 (1.7%) incidents, reducing the analytic sample to 325,092.

The smallest proportion of incidents (12.7%) took place in the least disadvantaged areas of Queensland, but almost a quarter (24.6%) of incidents took place in the second-least disadvantaged areas of Queensland. A similar proportion of IPV and FV incidents took place in each area of socioeconomic disadvantage.

4.4.2.2. ALCOHOL-RELATED INCIDENTS

As shown in **Table 185**, 35.4% of DV incidents were flagged as alcohol-related[69]. The proportion of incidents that were alcohol-related gradually decreased across the reporting period from 41.0% in 2010 to 30.3% in 2015; this difference was statistically significant ($p<.001$, Phi=-0.11). Overall, a significantly greater proportion of IPV (35.6%) than FV incidents (34.8%) were alcohol-related ($p<.001$), however the size of the effect was *very* small (Phi=0.006).

Table 184 Proportion of alcohol-related FV, IPV and all incidents per year, Qld (n = 304,937)

	FV		IPV		All incidents	
Year	**n**	**%**	**n**	**%**	**n**	**%**
2010	2,110	40.2	12,618	41.4	16,054	41.0
2011	2,233	36.5	13,152	39.2	17,010	38.7
2012	2,258	33.5	13,512	37.2	17,546	36.7
2013	2,877	35.3	14,211	35.3	18,855	35.4
2014	3,309	34.4	15,010	33.2	19,865	33.5
2015	2,940	31.5	13,148	30.0	18,678	30.3

[69] Victim *and* offender alcohol intoxication was not available for 25,763 (7.8%) of incidents and were excluded from analyses relating to alcohol intoxication. Incidents were flagged as alcohol-related if either the victim or the offender was identified by police officers as alcohol affected. Victim or offender alcohol intoxication marked as 'unknown' or 'not affected' were coded as 'no' for alcohol affected.

As shown in Figure 56 IPV incidents were more likely to be alcohol-related, across all levels of socioeconomic disadvantage (p's<.01) with the exception of the area of most disadvantage where FV incidents were more likely to involve alcohol (p<.001). However, effect sizes were very small (Phi's<.02).

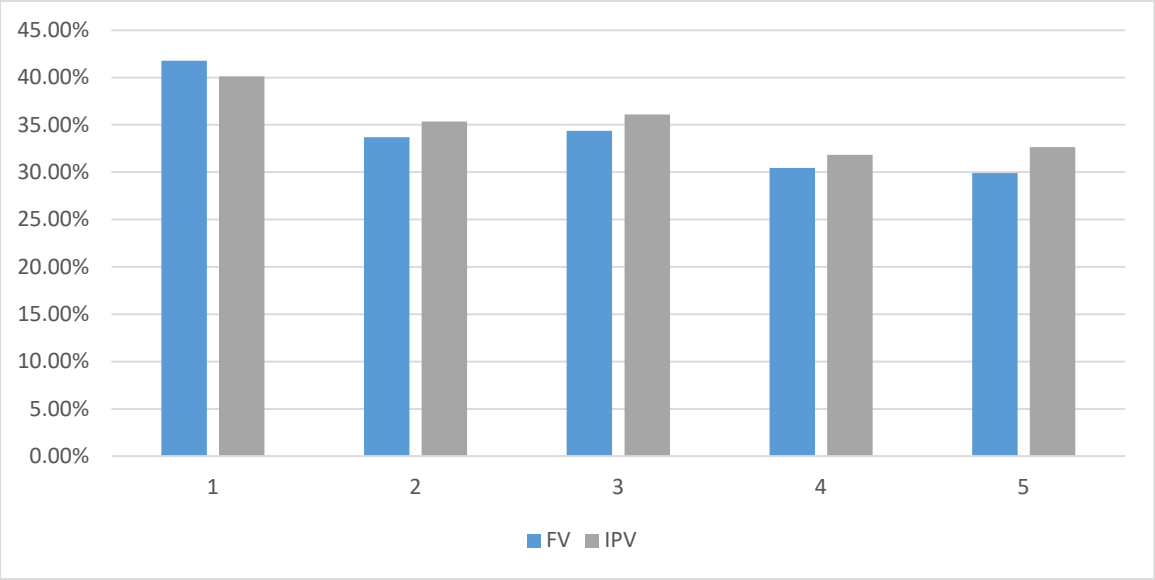


Figure 61: Proportion of alcohol-related FV and IPV incidents according to area level of socioeconomic disadvantage, Qld (n = 271,192)

As shown in Table 186, victim(s) were affected by alcohol in 19.6% of incidents and offenders in 32.3% of all incidents. Both victim and offender were affected by alcohol in 16.4% of incidents. A significantly greater proportion of IPV incidents involved either victim (p<.001, Phi = -0.02), offender (p<.001, Phi = -0.01), or both victim and offender (p<.001, Phi = -0.03) affected by alcohol compared to FV incidents, however, effect sizes were very small.

Table 185 Proportion of FV, IPV and all incidents where victim and/or offender were affected by alcohol, Qld (n = 330,701)

	FV		IPV		All incidents	
Person/s affected by alcohol	**n**	**%**	**n**	**%**	**n**	**%**
Victim	7,861	17.5	45,750	20.1	59,300	19.6
Offender	14,272	31.6	74,482	32.5	98,506	32.3
Victim and offender	6,406	14.2	38,581	16.9	49,798	16.4

4.4.2.3. DRUG-RELATED INCIDENTS

Three percent (n=9,230) of DV incidents were flagged as drug-related[70]. As shown in Table 187, the proportion of drug-related incidents increased significantly from 2010 to 2015 (p<.001, Phi=0.03). This increase was especially apparent for FV which increased 2.1% over the 6 year period (p<.001, Phi=0.04). Overall, a significantly higher proportion of FV incidents (4.6%) were drug-related than IPV incidents (2.7%) (p<.001, Phi=0.04).

Table 186 Proportion of drug-related FV, IPV and all incidents per year, Qld (n = 304,937)

	FV		IPV		All incidents	
Year	**n**	**%**	**n**	**%**	**n**	**%**
2010	211	4.0	667	2.2	953	2.4
2011	235	3.8	835	2.5	1,168	2.7
2012	279	4.1	1,021	2.8	1,429	3.0
2013	390	4.8	1,078	2.7	1,608	3.0
2014	415	4.3	1,309	2.9	1,858	3.1
2015	566	6.1	1,307	3.0	2,214	3.6

As shown in Table 188, victim(s) were affected by drugs in 0.7% of incidents and offenders in 2.4% of all incidents. Both victim and offender were affected by alcohol in 0.4% of incidents. A significantly greater proportion of IPV incidents involved either victim (p<.001, Phi = -0.01) or both victim and offender (p<.001, Phi = -0.01) affected by drugs compared to FV incidents, and a significantly greater proportion of FV incidents involved the offender affected by drugs compared to IPV incidents (p<.001, Phi=.05). However, effect sizes for these comparisons were very small.

Table 187 Proportion of FV, IPV and all incidents where victim and/or offender were affected by drugs, Qld (n = 330,701)

	FV		IPV		All incidents	
Person/s affected by drugs	**n**	**%**	**n**	**%**	**n**	**%**
Victim	202	0.5	1,835	0.8	2,253	0.7
Offender	1,975	4.4	5,306	2.3	8,100	2.4
Victim and offender	81	0.2	924	0.4	1,123	0.4

[70] Victim *and* offender drug intoxication was not available for 25,763 (7.8%) of incidents and were excluded from analyses relating to drug intoxication. Incidents were flagged as drug-related if either the victim or the offender was identified by police officers as drug affected, including by a 'volatile substance'. Victim or offender drug intoxication marked as 'unknown' or 'not affected' were coded as 'no' for alcohol affected.

Table 189 shows the proportion of drug-related FV and IPV incidents that took place in areas of most to least socioeconomic disadvantage.

Table 188 Proportion of drug-related FV, IPV and all incidents according to area socioeconomic disadvantage level, Qld (n=300,682)

	FV		IPV		All incidents	
SEIFA disadvantage index[1]	n	%	n	%	n	%
1 (most disadvantaged)	401	4.2	1189	2.6	1807	2.9
2	430	4.4	1359	2.7	1959	3.0
3	426	4.5	1255	2.6	1830	2.9
4	537	4.9	1585	2.8	2319	3.1
5 (least disadvantaged)	276	5.9	782	3.0	1229	3.5

Note. [1]SEIFA quintiles range in descending order of disadvantage, where 1 = most disadvantaged and 5 = least disadvantaged.

The proportion of drug-related incidents was highest in the area of least disadvantage, especially for FV where there was a 1.7% difference in the proportion of drug-related incidents between the most and least disadvantaged areas (p<.001, Phi=0.04). A significantly higher proportion of FV incidents were drug-related across all levels of disadvantage than IPV (p's<.001, Phi=0.04-0.06).

4.4.2.4. CHILD VICTIM

A child was a victim[71] in 2.2% of DV incidents, including 2.2% of IPV[72] incidents, 1.2% of FV incidents, and 3.0% of incidents where the relationship between the victim and the perpetrator was unknown/not recorded. Table 190 shows the proportion of incidents involving a child victim decreased over the reporting period but only by 0.3% from 2010 to 2015.

Table 189 Proportion of child-witnessed FV, IPV and all incidents per year, Qld (n = 329,411)

	FV		IPV		All incidents	
Year	n	%	n	%	n	%
2010	91	1.6	710	2.2	982	2.3
2011	85	1.3	806	2.3	1101	2.3
2012	96	1.3	955	2.5	1255	2.4
2013	94	1.1	883	2.1	1168	2.0
2014	106	1.0	995	2.1	1263	2.0
2015	123	1.2	906	2.0	1318	2.0

[71] A child victim was defined as a person under the age of 18 years at the time of the incident. Victim age was not available or invalid for 162 incidents.
[72] For IPV the relationship between the child victim and the offender was an intimate partnership (e.g. boyfriend/girlfriend, spouse, ex, etc.).

As shown in Table 191, IPV (p<.001, Phi=-0.04) and FV (P<.01, Phi=-0.01) incidents that involved child victims were significantly less likely to involve alcohol that incidents that did not involve child victims. FV, but not IPV, incidents, were also significantly less likely to involve drugs if the incident was witnessed by a child compared to when an incident was not witnessed by a child (p<.01); however, the size of this effect was very small (Phi=0.01).

Table 190 Proportion of incidents with child victims that were alcohol-related and drug-related, Qld (n=303,864)

	Alcohol-related incidents				Drug-related incidents			
	No child victim		Child victim		No child victim		Child victim	
	n	%	n	%	n	%	n	%
FV	15545	34.9	155	28.4	2081	4.7	12	2.2
IPV	80413	35.9	1085	21.6	6060	2.7	143	2.8
All incidents	106192	35.7	1486	22.9	9020	3.0	180	2.8

Table 192 presents the proportion of incidents that involved child victims that took place across areas of relative disadvantage.

Table 191 Proportion of FV, IPV and all incidents involving child victims according to area level of socioeconomic disadvantage, Qld (n = 57,227)

	FV		IPV		All incidents	
SEIFA disadvantage index[1]	n	%	n	%	n	%
1	147	1.4	1443	3.0	1969	2.9
2	130	1.3	1089	2.1	1483	2.1
3	105	1.1	1165	2.3	1468	2.2
4	143	1.2	1059	1.8	1392	1.7
5	59	1.1	408	1.4	627	1.5

Note. [1]ISEIFA quintiles range in descending order of disadvantage, where 1 = most disadvantaged and 5 = least disadvantaged.

The proportion of IPV incidents that involved a child victim generally increased with increasing disadvantage and was highest in the area of most disadvantage and lowest in the area of least disadvantage (p<.001, Phi=-0.05). Conversely, the proportion of FV incidents involving a child victim was similar across each level of disadvantage (p>.05).

4.4.2.1. CONTRAVENTION OF DOMESTIC AND FAMILY VIOLENCE PREVENTION ACT

Almost one in three (31.2%) of DV incidents involved a contravention of the domestic and family violence prevention act (DFVPA). A higher proportion of IPV incidents (36.6%) involved a contravention of the DFVPA than FV incidents (19.2%, p<.001, Phi=-0.14). As shown in Table 193, the proportion of incidents involving a contravention of the DFVPA increased over the reporting period.

Table 192 Proportion of FV, IPV and all incidents per year by contravention the DFVPA Qld (n = 330,701)

	FV		IPV		All incidents	
Year	**n**	**%**	**n**	**%**	**n**	**%**
2010	917	16.4	10,598	33.1	12,144	28.5
2011	1,034	16.0	12,256	34.9	14,059	29.6
2012	1,258	17.5	13,732	36.0	16,038	30.9
2013	1,624	18.9	15,320	36.4	17,892	31.2
2014	2,115	20.6	17,433	36.8	20,339	32.0
2015	2,293	23.0	18,984	40.9	22,843	33.8

As shown in **Table 194** a smaller proportion of IPV (p<.001, Phi=-0.01) and FV (p<.001; Phi=-0.03) incidents involving a contravention of the DFVPA were alcohol-related compared to incidents not involving breaches. Similarly, a lower proportion of IPV incidents that involved a DFVPA breach were drug-related compared to IPV incidents that did not involve a DFVPA contravention (p<.001, Phi=-0.01). Conversely, a higher proportion of FV incidents involving a DFVPA contravention were drug-related compared to FV incidents that did not involve a DFVPA contravention (p<.01, Phi=0.01) (

Table 195). However, all effect sizes for these comparisons were very small.

Table 193 Proportion of FV and IPV incidents involving a contravention of the DFVPA that were alcohol-related, Qld (n = 304,937)

	No DFVPO Breach		DFVPO Breach	
	n	**%**	**n**	**%**
FV	12770	35.5	2957	32.0
IPV	50978	36.1	30673	34.8
All incidents	72703	32.0	35305	34.2

Table 194 Proportion of FV and IPV incidents involving a contravention of the DFVPA that were drug-related, Qld (n = 304,937)

	No DFVPO Breach		DFVPO Breach	
	n	%	n	%
FV	1611	4.5	485	5.3
IPV	4010	2.8	2207	2.5
All incidents	6383	5.3	2847	2.8

4.4.2.2. DAY AND TIME OF INCIDENT

The day and time at which DV incidents occurred are shown in Figure 57 and Figure 58 respectively.

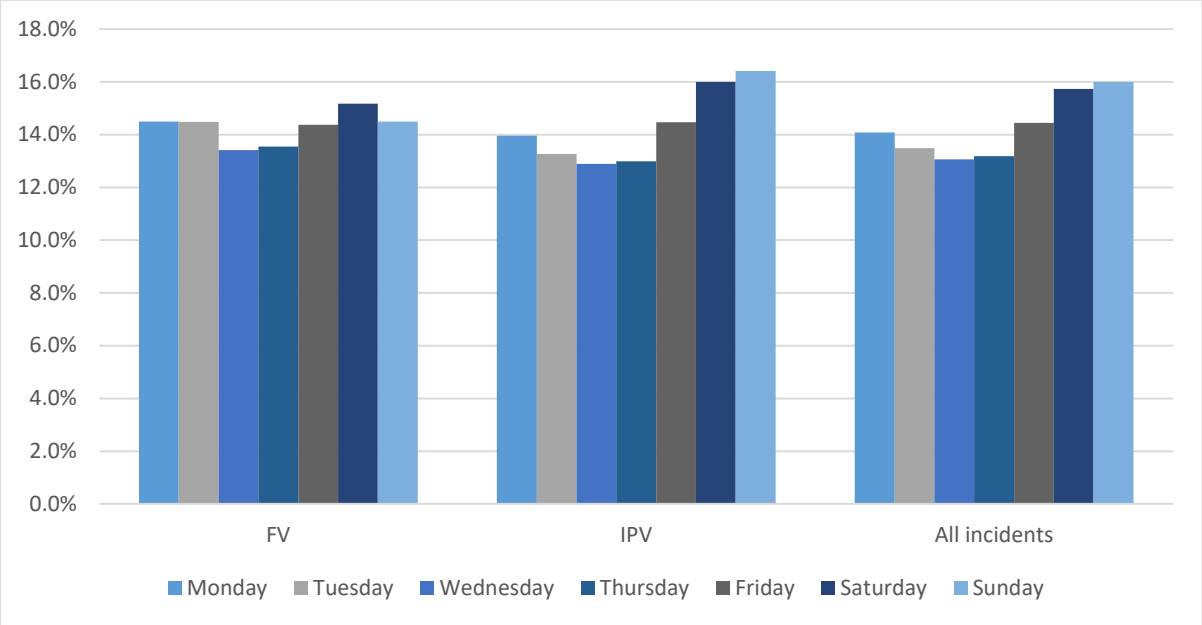


Figure 62 Proportion of FV, IPV and all incidents that took place on each day of the week, Qld (n = 330,701)

DV incidents were more likely to take place on Saturday (15.7%) and Sunday (16.0%) than weekdays (13.1%-14.4%). This trend was consistent for both IPV and FV incidents. While significantly greater proportions of FV incidents took place Monday - Thursday, and significantly greater proportions of IPV incidents took place Saturday and Sunday, the effect size of each comparison was small (Phi = 0.01– 0.02).

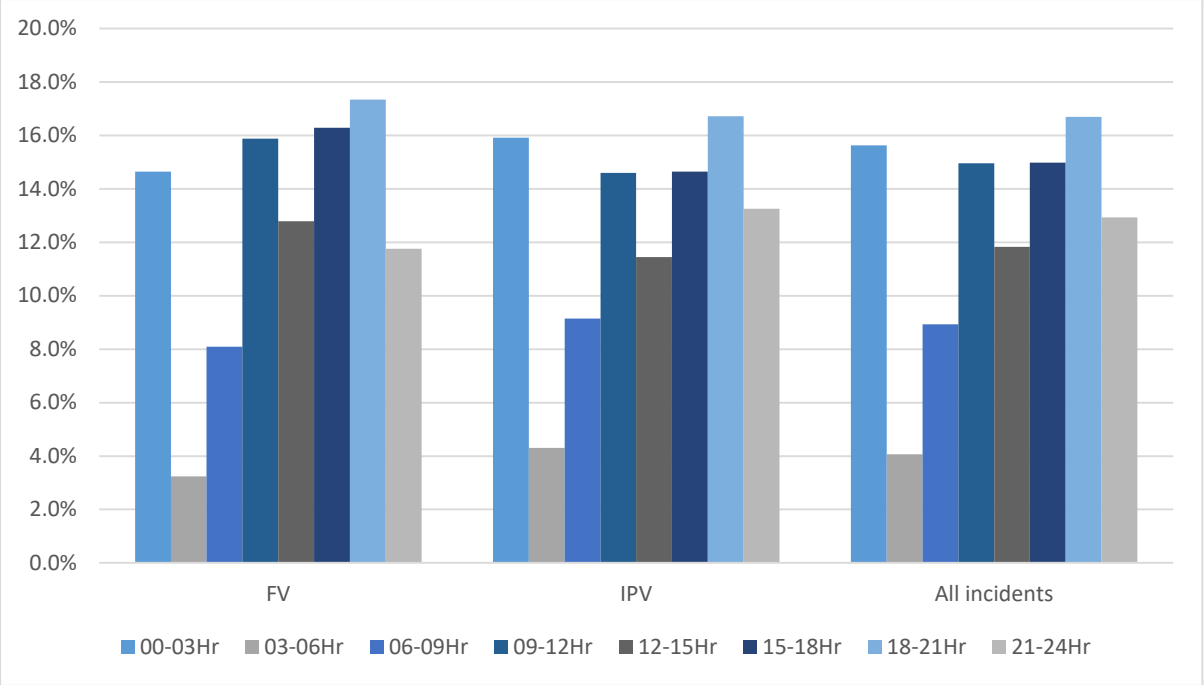


Figure 63 Proportion of FV, IPV and all incidents that took place during each three-hour interval, Qld (n = 330,701)

The proportion of incidents that took place during each three hour interval generally increased over the daytime hours from 9am to 9pm, decreased between 9pm and 12am, increased from 12am to 3am, and was lowest between 3am and 9am. This trend was consistent for IPV and FV incidents.

Compared to FV, IPV incidents were significantly more likely to take place late in the evening and early morning between 9pm and 9am; while FV incidents were significantly more likely to day place during the day from 9am to 9pm. However, all effects sizes were very small (Phi=0.01-0.02).

These trends remained similar when day of the week and time of day were considered together, although a higher proportion of IPV and FV incidents that occurred on Saturday and Sunday took place between 12am-6am than incidents that occurred on Monday-Friday. For FV, the proportion of incidents that took place from 12am-6am increased from 16.4%-17.5% during Monday-Friday to 20.6%-20.8% during Saturday and Sunday. For IPV, the proportion of incidents that took place from 12am-6am increased from 17.6%-19.3% during Monday-Friday to 23.7% during Saturday and Sunday.

Alcohol-related incidents. Alcohol-related incidents were least likely Monday, and most likely Saturday (see Table 196). Further, alcohol-related incidents most often occurred 3am-6am and 9pm-12am, and least often 9am-12pm (see Table 197). A similar proportion of alcohol-related IPV compared to FV incidents occurred across each day of the week apart from on Monday's, where IPV incidents (24.7%) were significantly more likely to be alcohol-related than FV incidents

(23.3%, p<.05); the size of this effect was very small, however (Phi=-0.01). IPV incidents were significantly more likely to be alcohol-related from 12am-3am (p<.001, Phi=-0.03), while FV incidents were significantly more likely to be alcohol-related from 3am-6am (p<.001, Phi=0.04), 6am-9am (p<.01, Phi=0.02) and 9pm-12pm (p<.001, Phi=0.03).

Table 195 Proportion of alcohol-related FV, IPV and all incidents that took place on each day of the week, Qld (n = 304,937)

	FV		IPV		All incidents	
Day	**n**	**%**	**n**	**%**	**n**	**%**
Monday	1530	23.3	7884	24.7	10456	24.5
Tuesday	1734	26.6	8102	26.8	10870	26.7
Wednesday	1882	31.2	9134	31.1	12209	31.1
Thursday	2066	34.0	9896	33.6	13228	33.5
Friday	2446	37.9	12714	38.3	16744	38.0
Saturday	3360	48.4	17905	48.2	23682	48.3
Sunday	2709	40.8	16016	41.9	20819	41.8

Table 196 Proportion of alcohol-related FV, IPV and all incidents that took place during 3-hour intervals, Qld (n = 304,937)

	FV		IPV		All incidents	
Hours	**n**	**%**	**n**	**%**	**n**	**%**
00-03Hr	2326	35.5	14239	39.6	18398	39.4
03-06Hr	1017	68.3	6360	63.1	8174	63.8
06-09Hr	701	19.3	3632	17.3	4793	17.5
09-12Hr	730	10.3	3457	10.5	4650	10.4
12-15Hr	1048	18.3	4554	17.5	6209	17.6
15-18Hr	2378	32.3	10873	32.4	14619	32.2
18-21Hr	3919	49.4	19065	48.8	25518	48.8
21-24Hr	3608	66.7	19471	62.9	25647	63.4

Generally, across all days of the week alcohol-related incidents were least likely to take place between 6am and 12pm, and most likely to take place in the evening/early morning between 6pm and 6am. Alcohol-related IPV and FV incidents occurring Monday-Friday were most likely to occur during 9pm-12am, while alcohol-related IPV and FV incidents occurring Saturday and Sunday were most likely to occur from 3am-6am, with 75%-80% of incidents occurring during this time-frame flagged as alcohol-related.

Drug-related incidents. Drug-related incidents were least likely to occur on Mondays and Wednesdays, and most likely to occur on Saturdays and Sundays (Table 198). Drug-related

incidents were least likely to take place between 12am-3am and 9am-12pm, and most likely to take place between 3am-6am, 6pm-12pm (Table 199).

Table 197 Proportion of drug-related FV, IPV and all incidents that took place on each day of the week, Qld (n = 304,937)

	FV		IPV		All incidents	
Day	**n**	**%**	**n**	**%**	**n**	**%**
Monday	275	4.2	807	2.5	1195	2.8
Tuesday	301	4.6	764	2.5	1178	2.9
Wednesday	260	4.3	723	2.5	1101	2.8
Thursday	285	4.7	760	2.6	1155	2.9
Friday	283	4.4	887	2.7	1301	3.0
Saturday	372	5.4	1134	3.0	1668	3.4
Sunday	320	4.8	1142	3.0	1632	3.3

Table 198 Proportion of drug-related FV, IPV and all incidents that took place during 3-hour intervals, Qld (n = 304,937)

	FV		IPV		All incidents	
Hours	**n**	**%**	**n**	**%**	**n**	**%**
00-03Hr	194	3.0	807	2.2	1096	2.3
03-06Hr	75	5.0	400	4.0	540	4.2
06-09Hr	196	5.4	575	2.7	841	3.1
09-12Hr	264	3.7	672	2.0	1054	2.4
12-15Hr	241	4.2	676	2.6	1026	2.9
15-18Hr	347	4.7	953	2.8	1423	3.1
18-21Hr	435	5.5	1169	3.0	1800	3.4
21-24Hr	344	6.4	965	3.1	1450	3.6

Child victim. IPV incidents that involved a child victim most often occurred on Monday and Tuesday (2.4%) compared to other days of the week (2.0%-2.2%, p<.001), however, the size of this effect was very small (Phi=0.01). There was no significant difference in the proportion of incidents that involved a child victim across each day of the week.

IPV incidents involving a child victim were most likely to take place 9am-12pm and 12pm-3pm and least likely to take place 6pm-9pm. Conversely, FV incidents were least likely to take place 3am-6am and 6am-9am (refer to Figure 59).

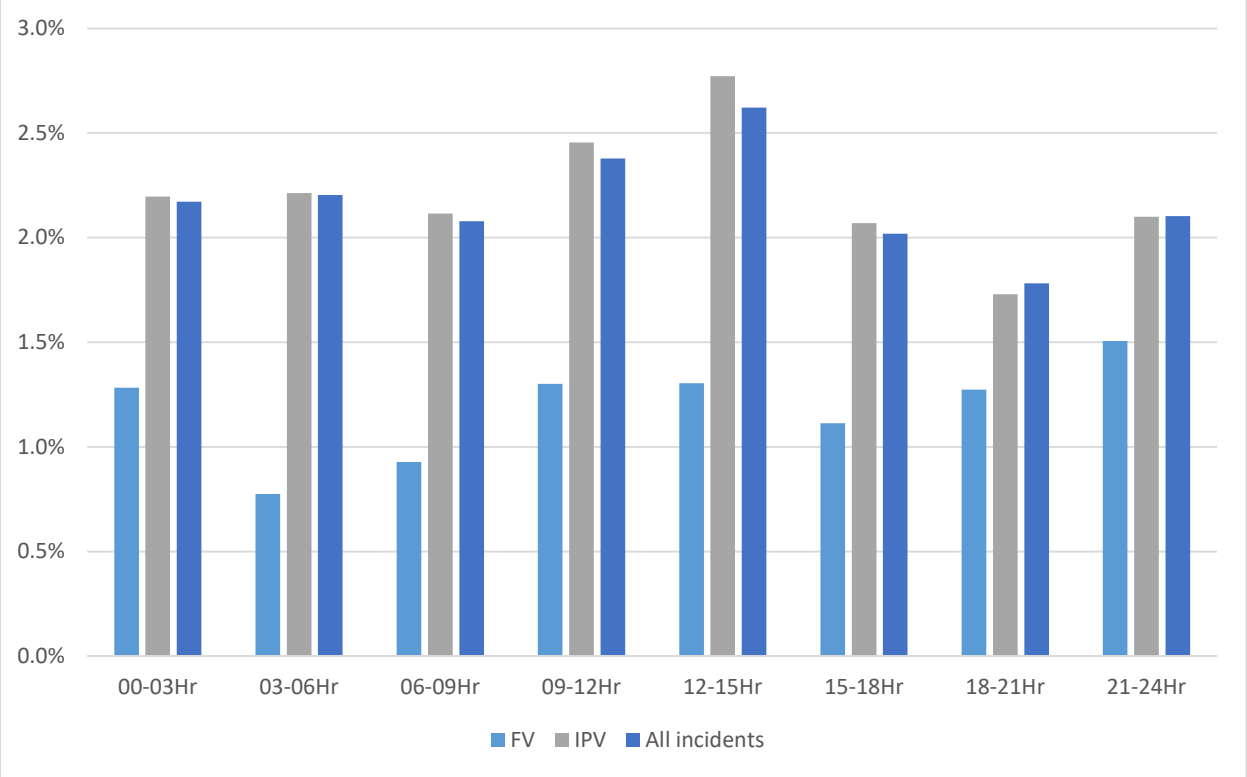


Figure 64 Proportion of FV, IPV and all incidents involving a child victim per time of day, Qld (n = 329,411)

4.4.2.3. OFFENDER RECIDIVISM AND REPEAT VICTIMISATION

Of all DV incidents, 73.4% involved recidivist offenders[73] and 71.5% involved repeat victims[74]. Most (93.2%) of incidents that involved repeat victims involved repeat offenders. IPV incidents compared to FV incidents were significantly more likely to involve either recidivist offenders (77.3% versus 68.2%, p<.001, Phi=-0.08) and repeat victims (76.4% versus 61.3%, p<.001, Phi=-0.13). The proportion of incidents involving either a recidivist offender or repeat victim increased between 2010 and 2012, remained steady until 2014 and significantly decreased in 2015 (p's<.001) (Table 200 and Table 201).

Table 199 Proportion of FV, IPV and all incidents involving recidivist offenders, Qld (n = 329,013)[1]

	FV		IPV		All incidents	
Year	**n**	**%**	**n**	**%**	**n**	**%**
2010	3632	65.0	22961	71.8	29540	69.5
2011	4330	67.1	26947	76.7	34916	73.7
2012	4889	68.9	29672	78.9	38490	75.4
2013	5909	68.7	33129	78.8	42968	75.2
2014	7070	69.0	37061	78.4	47635	75.1
2015	6861	69.0	36100	77.8	49216	72.9

Notes. [1]1688 incidents had no offender data.

Table 200 Proportion of FV, IPV and all incidents involving repeat victims, Qld (n = 329,573)[1]

	FV		IPV		All incidents	
Year	**n**	**%**	**n**	**%**	**n**	**%**
2010	3239	57.8	22703	71.0	28784	67.7
2011	3900	60.4	26577	75.7	33890	71.5
2012	4492	62.7	29556	78.0	37822	73.5
2013	5297	61.5	32692	77.7	41777	73.0
2014	6402	62.5	36610	77.4	46364	73.1
2015	6118	61.6	35648	76.8	47652	70.6

Notes. [1]1128 incidents had no victim data.

Substance involvement. FV incidents involving recidivist offenders were significantly more likely to be flagged as alcohol-related compared with incidents that did not involve recidivist offenders (71.6% versus 66.8%, p<.001, Phi=0.05). As shown in Table 202, FV incidents involving a recidivist offender were significantly more likely to involve an offender affected by alcohol (p<.001, Phi=0.05). For both IPV and FV, a similar proportion of incidents that involved a repeat

[73] Recidivism was indicated when an offender was involved in at least one other incident during the reporting period, 2010 - 2015.
[74] Repeat victimisation was indicated when a victim was involved in at least one other incident, 2010 - 2015.

victim were flagged as alcohol related, and involved either a victim or offender who was alcohol affected, compared to incidents that did not involve repeat victim (Table 203Table 132).

Table 201 Proportion of FV, IPV and all incidents involving recidivist offenders according to victim and offender alcohol use, Qld (n =303,309)

	Victim Affected by Alcohol				Offender Affected by Alcohol				Both Affected by Alcohol			
	No		Yes		No		Yes		No		Yes	
	n	%	n	%	n	%	n	%	n	%	n	%
FV	25142	68.2	5384	68.7	20593	66.8	10242	71.9	26299	68.3	4397	68.8
IPV	141076	77.7	35360	77.5	120346	77.8	57590	77.5	147552	77.8	29659	77.1
All	180970	74.9	44215	74.9	153431	74.7	73854	75.4	189299	75.0	36996	74.7

Table 202 Proportion of FV, IPV and all incidents involving repeat victims according to victim and offender alcohol use, Qld (n = 303,989)

	Victim Affected by Alcohol				Offender Affected by Alcohol				Both Affected by Alcohol			
	No		Yes		No		Yes		No		Yes	
	n	%	n	%	n	%	n	%	n	%	n	%
FV	22685	61.5	4812	61.3	19060	61.7	8724	61.2	23792	61.7	3865	60.4
IPV	139531	76.8	35061	76.8	119274	77.1	56814	76.4	145993	76.9	29375	76.3
All	176204	72.8	43262	73.1	150366	73.1	71162	72.4	184467	72.9	36093	72.7

Socioeconomic disadvantage. As shown in Table 204 and Table 205, the proportion of incidents involving recidivist offenders or repeat victims varied across areas of relative socioeconomic disadvantage. Incidents involving recidivist offenders most often took place in areas of most disadvantage and least often in least disadvantaged areas. Incidents involving repeat victims showed a similar pattern.

Table 203 Proportion of FV, IPV and all incidents involving recidivist offenders according to sociodemographic disadvantage, Qld (n=323,469)

	FV		IPV		All incidents	
SEIFA disadvantage index[1]	n	%	n	%	n	%
1 (most disadvantaged)	2767	72.7	40143	82.9	53488	78.9
2	3171	68.8	41429	79.4	53194	76.3
3	3119	68.6	38643	77.7	48942	75.0
4	4024	65.4	42766	72.9	55569	69.8
5 (least disadvantaged)	1967	62.2	20019	71.2	27195	66.2

Table 204 Proportion of FV, IPV and all incidents involving repeat victims according to sociodemographic disadvantage, Qld (n=324,025)

	FV		IPV		All incidents	
SEIFA disadvantage index[1]	**n**	**%**	**n**	**%**	**n**	**%**
1 (most disadvantaged)	3386	66.7	39860	82.1	52482	77.2
2	3896	61.7	40993	78.5	51785	74.1
3	3799	61.8	38245	76.9	47660	72.9
4	4926	57.7	42175	71.9	53887	67.6
5 (least disadvantaged)	2359	54.7	19671	69.8	26142	63.6

Day of week. The proportion of incidents involving a recidivist offender was generally consistent across day of the week, and ranged from 72.8% (Sunday) to 74.6% (Thursday). Consistently, the proportion of incidents involving repeat victims was similar across day of the week, and ranged from 70.5% (Sunday) to 72.7% (Thursday).

Time of day. The proportion of FV incidents involving either a recidivist offender or repeat victim was greatest 3am-9am, smallest 12am-3am, and relatively similar at all other times. For IPV, the proportion of incidents involving a recidivist offender or repeat victim was relatively similar 3am-12pm and lowest 12am-3am.

4.4.3. MULTIVARIATE CORRELATES OF INCIDENT CHARACTERISTICS

In this section multivariate predictors of DV incident characteristics are presented. A series of multivariate models were conducted to examine key person and incident characteristics that contributed unique variance to the prediction of: 1) alcohol involvement; 2) offender recidivism; 3) repeat victimisation; and 4) contravention of DFVPO. Multivariate logistic regression models were conducted for all incidents and separately for FV and IPV incidents.[75]

4.4.3.1. ALCOHOL INVOLVMENT

Three separate binary logistic regressions were performed to examine if SEIFA disadvantage quintile, drug use, recidivist offender, repeat victim, and contravention of a DFVPO contributed unique variance to the association between whether an incident was alcohol-related (i.e. either the victim and/or the perpetrator was judged to be affected by alcohol, no vs. yes) at all incidents (Table 206), IPV incidents (Table 207) and FV incidents (Table 208).

All incidents. In the fully adjusted model (Step 3), incidents that involved recidivist offenders were 1.11 times more likely to be alcohol-related, while incidents that involved repeat victims were less likely to involve alcohol (OR=0.93). Incidents involving a contravention of the DFVPA were also less likely to be alcohol-related (OR=0.89). Incidents that were drug-related were 1.57 times more likely to be alcohol-related. Finally, compared to those in the least disadvantaged areas, incidents that took place in the most disadvantaged areas were 1.44 times more likely to involve alcohol.

Despite accounting for little variance overall in the prediction of an alcohol-related incident (Cox & Snell R Square = 0.007; Negelkerke R Square = 0.009), each step accounted for significant variance in the prediction of alcohol-related incidents ($p<.001$).

IPV incidents. In the fully adjusted model (Step 3), recidivist offender and repeat victims were not significantly associated with whether incidents were alcohol-related. Incidents involving a contravention of the DFVPA were also less likely to be alcohol-related (OR=0.92). Incidents that were drug-related were 1.60 times more likely to be alcohol-related. Finally, compared to those in the least disadvantaged areas, incidents that took place in the most disadvantaged areas were 1.40 times more likely to involve alcohol.

[75] Due to increased sensitivity of the Hosmer and Lemshow Test of model fit with larger sample sizes, we referred to the Omnibus Tests of Model Coefficients to interpret model fit for all models.

Despite accounting for little variance overall in the prediction of an alcohol-related incident (Cox & Snell R Square = 0.006; Negelkerke R Square = 0.008), each step accounted for significant variance in the prediction of alcohol-related incidents (p<.001).

FV incidents. In the fully adjusted model (Step 3), incidents involving recidivist offenders were 1.33 times more likely to involve alcohol, while incidents involving repeat victims were significantly less likely to involve alcohol (OR=0.91). Incidents involving a contravention of the DFVPA were also less likely to be alcohol-related (OR=0.79). Incidents that were drug-related were 1.54 times more likely to be alcohol-related. Finally, compared to those in three least disadvantaged areas, incidents that took place in the most disadvantaged areas were 1.18-1.66 times more likely to involve alcohol.

Despite accounting for little variance overall in the prediction of an alcohol-related incident (Cox & Snell R Square = 0.01; Negelkerke R Square = 0.02), each step accounted for significant variance in the prediction of alcohol-related incidents (p<.001).

Table 205 Binary Logistic Regression Associated with Victim or Offender Alcohol Use at Incident, Qld (n 298,266)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.35	631.57	1.42***	1.39 - 1.46	0.36	646.15	1.43***	1.39 - 1.47	0.36	658.63	1.44***	1.4 - 1.48
2	0.15	111.40	1.16***	1.13 - 1.19	0.15	114.42	1.16***	1.13 - 1.2	0.15	118.81	1.17***	1.13 - 1.2
3	0.16	133.69	1.18***	1.15 - 1.21	0.17	138.33	1.18***	1.15 - 1.22	0.17	143.12	1.19***	1.15 - 1.22
4	-0.03	4.43	0.97*	0.95 - 1	-0.03	4.73	0.97*	0.94 - 1	-0.03	4.16	0.97*	0.95 - 1
5[a]												
Recidivist offender (yes)					0.11	74.99	1.12***	1.09 - 1.14	0.10	64.69	1.11***	1.08 - 1.14
Repeat victim (yes)					-0.08	40.33	0.92***	0.9 - 0.95	-0.08	38.41	0.93***	0.9 - 0.95
Contravene DFVPA (yes)					-0.12	169.22	0.89***	0.87 - 0.91	-0.11	158.32	0.89***	0.88 - 0.91
Drug-related (yes)									0.45	439.90	1.57***	1.51 - 1.64

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 206 Binary Logistic Regression Associated with Victim or Offender Alcohol Use at Intimate Partner Violence Incidents (n =225,799)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.32	392.51	1.38***	1.34 - 1.43	0.33	411.92	1.39***	1.35 - 1.44	0.34	418.91	1.40***	1.36 - 1.45
2	0.12	56.42	1.13***	1.09 - 1.17	0.13	60.44	1.13***	1.1 - 1.17	0.13	62.36	1.14***	1.1 - 1.17
3	0.15	88.54	1.17***	1.13 - 1.20	0.16	93.05	1.17***	1.13 - 1.21	0.16	95.88	1.17***	1.14 - 1.21
4	-0.04	5.30	0.96*	0.93 - 0.99	-0.04	5.47	0.96*	0.93 - 0.99	-0.04	5.15	0.96*	0.93 - 1
5[a]												
Recidivist offender (yes)					0.02	1.54	1.02	0.99 - 1.06	0.02	0.89	1.02	0.98 - 1.05
Repeat victim (yes)					-0.03	3.58	0.97	0.94 - 1	-0.03	3.75	0.97	0.94 - 1
Contravene DFVPA (yes)					-0.08	69.70	0.92***	0.9 - 0.94	-0.08	63.91	0.92***	0.9 - 0.94
Drug-related (yes)									0.47	322.82	1.60***	1.52 - 1.68

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 207 Binary Logistic Regression Predicting Victim or Offender Alcohol Use at Family Violence Incidents (n =44,266)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.52	185.75	1.68***	1.56 - 1.81	0.50	168.89	1.65***	1.53 - 1.77	0.51	174.89	1.66***	1.54 - 1.79
2	0.18	20.91	1.19***	1.11 - 1.29	0.16	16.72	1.17***	1.09 - 1.26	0.17	18.32	1.18***	1.09 - 1.27
3	0.21	28.18	1.23***	1.14 - 1.32	0.19	23.87	1.21***	1.12 - 1.3	0.20	25.71	1.22***	1.13 - 1.31
4	0.03	0.58	1.03	0.96 - 1.11	0.02	0.16	1.02	0.94 - 1.09	0.02	0.30	1.02	0.95 - 1.1
5[a]												
Recidivist offender (yes)					0.29	141.74	1.34***	1.28 - 1.41	0.28	131.03	1.33***	1.26 - 1.39
Repeat victim (yes)					-0.10	16.94	0.91***	0.87 - 0.95	-0.09	16.10	0.91***	0.87 - 0.95
Contravene DFVPA (yes)					-0.23	73.06	0.79***	0.75 - 0.83	-0.24	73.38	0.79***	0.75 - 0.83
Drug-related (yes)									0.43	87.55	1.54***	1.4 - 1.68

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.4.3.2. OFFENDER RECIDIVISM

Three separate binary logistic regressions were performed to examine if SEIFA disadvantage quintile, whether the victim or offender being alcohol affected, repeat victim, and drug use contributed unique variance to the involvement of repeat offenders (no vs. yes) at all incidents (Table 209), IPV incidents (Table 210) and FV incidents (Table 211). Contravention of DFVPA was also not included in the model due to the necessity of offender recidivism for a contravention of a DFVPA to take place.

All incidents. In the fully adjusted model (Step 3), all predictors were significantly associated with involvement of a recidivist offender. Compared to incidents that occurred in areas of least disadvantage, incidents that occurred in areas of greater disadvantage were significantly more likely to involve a recidivist offender, with the size of the odds ratio increasing across areas of greater relative disadvantage. If the incident involved a repeat victim, the odds of the incident involving a repeat offender were increased by 44.25 times. The offender(s) being affected by alcohol increased likelihood that the incident involved a repeat offender (OR = 1.17), while the victim(s) being affected by alcohol decreased likelihood that the incident involved a repeat offender (OR = 0.86). Drug involvement (OR = 1.68) was associated with a greater likelihood that the incident involved a repeat offender.

The final model accounted for 38%-56% of the variance in predicting whether or not the incident involved a repeat offender (Cox & Snell R Square = 0.38; Negelkerke R Square = 0.56) and correctly predicted 91.0% of incidents that involved repeat offenders (and 81.6% of incidents that did not involve repeat offenders). Each step accounted for significant variance in the prediction of involvement of a repeat offender (ps<.001).

IPV incidents. In the fully adjusted model (Step 3), compared to incidents that occurred in areas of least disadvantage, incidents that occurred in three areas of greatest disadvantage were significantly more likely to involve a recidivist offender, with the size of the Odds Ratio increasing across areas of greater relative disadvantage. If the incident involved a repeat victim, the odds of the incident involving a repeat offender were increased by 95.84 times. The offender(s) being affected by alcohol increased likelihood that the incident involved a repeat offender (OR = 1.04), while the victim(s) being affected by alcohol decreased likelihood that the incident involved a repeat offender (OR = 0.92). Drug involvement (OR = 1.43) was associated with a greater likelihood that the incident involved a repeat offender.

The final model accounted for 43%-66% of the variance in predicting whether or not the incident involved a repeat offender (Cox & Snell R Square = 0.43; Negelkerke R Square = 0.66) and

correctly predicted 94.5% of incidents that involved repeat offenders (and 85.0% of incidents that did not involve repeat offenders). Each step accounted for significant variance in the prediction of involvement of a repeat offender (ps<.001).

FV incidents. In the fully adjusted model (Step 3), compared to incidents that occurred in areas of least disadvantage, incidents that occurred in three areas of greatest disadvantage were significantly more likely to involve a recidivist offender, with the size of the Odds Ratio increasing across areas of greater relative disadvantage. If the incident involved a repeat victim, the odds of the incident involving a repeat offender were increased by 6.88 times. The offender(s) being affected by alcohol increased likelihood that the incident involved a repeat offender (OR = 1.43), while the victim(s) being affected by alcohol decreased likelihood that the incident involved a repeat offender (OR = 0.81). Drug involvement (OR = 1.80) was associated with a greater likelihood that the incident involved a repeat offender.

The final model accounted for 17%-24% of the variance in predicting whether or not the incident involved a repeat offender (Cox & Snell R Square = 0.17; Negelkerke R Square = 0.24) and correctly predicted 78.7% of incidents that involved repeat offenders (and 63.2% of incidents that did not involve repeat offenders). Each step accounted for significant variance in the prediction of involvement of a repeat offender (ps<.001).

Table 208 Binary Logistic Regression Predicting Repeat Offender Involvement in All Incidents (n =295,591)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.63	1690.48	1.88***	1.82 - 1.93	0.34	243.18	1.40***	1.34 - 1.46	0.34	242.30	1.40***	1.34 - 1.46
2	0.45	918.40	1.57***	1.52 - 1.61	0.25	137.23	1.28***	1.23 - 1.34	0.25	139.05	1.28***	1.23 - 1.34
3	0.38	645.58	1.46***	1.42 - 1.5	0.20	84.70	1.22***	1.17 - 1.27	0.20	85.88	1.22***	1.17 - 1.27
4	0.12	78.02	1.13***	1.1 - 1.16	0.06	9.06	1.06**	1.02 - 1.11	0.06	10.01	1.07**	1.03 - 1.11
5[a]												
Repeat victim (yes)					3.78	98947.48	43.90***	42.88 - 44.94	3.79	98675.18	44.25***	43.22 - 45.31
Offender alcohol affected (yes)									0.16	107.19	1.17***	1.14 - 1.21
Victim alcohol affected (yes)									-0.15	65.80	0.86***	0.83 - 0.89
Drug-related (yes)									0.52	198.11	1.68***	1.56 - 1.8

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 209 Binary Logistic Regression Predicting Repeat Offender Involvement in Intimate Partner Violence Incidents (n =223,980)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.68	1319.22	1.98***	1.9 - 2.05	0.34	127.10	1.4***	1.32 - 1.49	0.34	128.02	1.41***	1.32 - 1.49
2	0.44	602.88	1.55***	1.5 - 1.6	0.21	54.55	1.24***	1.17 - 1.31	0.21	54.77	1.24***	1.17 - 1.31
3	0.34	358.93	1.40***	1.35 - 1.45	0.15	28.34	1.17***	1.1 - 1.24	0.16	28.81	1.17***	1.1 - 1.24
4	0.08	21.98	1.08***	1.05 - 1.12	0.03	0.94	1.03	0.97 - 1.08	0.03	0.97	1.03	0.97 - 1.09
5[a]												
Repeat victim (yes)					4.56	77809.36	95.73***	92.71 - 98.85	4.56	77700.29	95.84***	92.81 - 98.96
Offender alcohol affected (yes)									0.04	4.24	1.04*	1.00 - 1.09
Victim alcohol affected (yes)									-0.09	12.50	0.92***	0.87 - 0.96
Drug-related (yes)									0.36	45.54	1.43***	1.29 - 1.59

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 210 Binary Logistic Regression Predicting Repeat Offender Involvement in Family Violence Incidents (n =43,870)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.51	177.54	1.67***	1.54 - 1.79	0.34	65.27	1.41***	1.3 - 1.53	0.34	62.19	1.40***	1.29 - 1.52
2	0.30	64.61	1.35***	1.26 - 1.46	0.21	24.64	1.23***	1.13 - 1.33	0.21	25.41	1.23***	1.14 - 1.34
3	0.30	63.42	1.35***	1.25 - 1.45	0.20	22.41	1.22***	1.12 - 1.32	0.20	22.67	1.22***	1.12 - 1.33
4	0.16	18.34	1.17***	1.09 - 1.26	0.12	8.85	1.13**	1.04 - 1.22	0.13	9.98	1.14**	1.05 - 1.23
5[a]												
Repeat victim (yes)					1.91	7077.15	6.78***	6.48 - 7.09	1.93	7101.34	6.88***	6.58 - 7.19
Offender alcohol affected (yes)									0.36	151.31	1.43***	1.35 - 1.51
Victim alcohol affected (yes)									-0.21	36.64	0.81***	0.76 - 0.87
Drug-related (yes)									0.59	96.86	1.80***	1.6 - 2.03

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.4.3.3. REPEAT VICTIMS

Three separate binary logistic regressions were performed to examine if SEIFA disadvantage quintile, whether the victim(s) or offender(s) being affected by alcohol, drug use, and involvement of recidivist offenders contributed unique variance to the prediction of involvement of repeat victims (no vs. yes) at all incidents (Table 212), IPV incidents (Table 213) and FV incidents (Table 214). Contravention of the DFVPA was also not included in the model due to the necessity repeat victimisation for a contravention of the DFVPA to take place.

All incidents. In the fully adjusted model (Step 3), all predictors were significantly associated with involvement of a repeat victim. Compared to incidents that occurred in areas of least disadvantage, those that occurred in areas of relative disadvantage were significantly more likely to involve a repeat victim, with the size of the odds ratio increasing across areas of greater disadvantage. If the incident involved a repeat offender, the odds of the incident involving a repeat victim increased by 44.26 times. If the victim was affected by alcohol the odds of the incident involving a repeat victim increased by 1.16 times, the offender being affected by alcohol decreased likelihood that the incident involved a repeat victim (OR = 0.82). The incident being drug-related (i.e. either the victim or the offender were judged to be affected by drugs) also decreased the likelihood the incident involved a repeat victim (OR=0.82).

The final model accounted for 38%-55% of the variance in predicting whether or not the incident involved a repeat victim (Cox & Snell R Square = 0.38; Negelkerke R Square = 0.55) and correctly predicted 93.6% of incidents involving repeat victims (and 75.3% of incidents not involving repeat victims). Each step accounted for significant variance in the prediction of involvement of a repeat victim (ps<.001).

IPV incidents. In the fully adjusted model (Step 3), all predictors were significantly associated with involvement of a repeat victim except if the incident was drug-related (i.e. either the victim or the offender were judged to be affected by drugs). Compared to incidents that occurred in areas of least disadvantage, those that occurred in areas of relative disadvantage were significantly more likely to involve a repeat victim, with the size of the Odds Ratio increasing across areas of greater disadvantage. If the incident involved a repeat offender, the odds of the incident involving a repeat victim increased by 95.84 times. If the victim was affected by alcohol the odds of the incident involving a repeat victim increased by 1.10 times, while the offender being affected by alcohol decreased likelihood that the incident involved a repeat victim (OR = 0.89).

The final model accounted for 43%-65% of the variance in predicting whether or not the incident involved a repeat victim (Cox & Snell R Square = 0.43; Negelkerke R Square = 0.65) and correctly

predicted 95.6% of incidents involving repeat victims (and 87.1% of incidents not involving repeat victims). Each step accounted for significant variance in the prediction of involvement of a repeat victim (ps<.001).

FV incidents. In the fully adjusted model (Step 3), all predictors were significantly associated with involvement of a repeat victim. Compared to incidents that occurred in areas of least disadvantage, those that occurred in areas of relative disadvantage were significantly more likely to involve a repeat victim, with the size of the Odds Ratio generally increasing across areas of greater disadvantage. If the incident involved a repeat offender, the odds of the incident involving a repeat victim increased by 6.88 times. If the victim was affected by alcohol the odds of the incident involving a repeat victim increased by 1.07 times, while the offender being affected by alcohol decreased likelihood that the incident involved a repeat victim (OR = 0.81). The incident being drug-related (i.e. either the victim or the offender were judged to be affected by drugs) the also decreased the likelihood the incident involved a repeat victim (OR=0.89).

The final model accounted for 17%-23% of the variance in predicting whether or not the incident involved a repeat victim (Cox & Snell R Square = 0.17; Negelkerke R Square = 0.23) and correctly predicted 83.9% of incidents involving repeat victims (and 56.8% of incidents not involving repeat victims). Each step accounted for significant variance in the prediction of involvement of a repeat victim (ps<.001).

Table 211 Binary Logistic Regression Predicting Repeat Victim Involvement in All Incidents (n = 295,591)

	Step 1				Step 2				Step 3			
	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI
SEIFA disadvantage quintile												
1	0.64	1810.30	1.89***	1.83 - 1.94	0.40	365.88	1.5***	1.44 - 1.56	0.41	375.30	1.51***	1.45 - 1.57
2	0.45	960.60	1.57***	1.52 - 1.61	0.28	181.03	1.32***	1.27 - 1.37	0.28	182.49	1.32***	1.27 - 1.38
3	0.39	705.68	1.47***	1.43 - 1.52	0.25	145.54	1.29***	1.23 - 1.34	0.25	147.25	1.29***	1.24 - 1.34
4	0.13	87.91	1.14***	1.11 - 1.17	0.09	18.98	1.09***	1.05 - 1.13	0.09	18.21	1.09***	1.05 - 1.13
5[a]												
Recidivist offender (yes)					3.78	98947.48	43.9***	42.88 - 44.94	3.79	98668.73	44.26***	43.22 - 45.32
Offender alcohol affected (yes)									-0.20	186.82	0.82***	0.79 - 0.84
Victim alcohol affected (yes)									0.15	71.25	1.16***	1.12 - 1.2
Drug-related (yes)									-0.20	35.99	0.82***	0.77 - 0.87

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 212 Binary Logistic Regression Predicting Repeat Victim Involvement in Intimate Partner Violence Incidents (n =223,980)

	Step 1				Step 2				Step 3			
	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI
SEIFA disadvantage quintile												
1	0.69	1403.90	2***	1.93 - 2.07	0.43	212.82	1.54***	1.45 - 1.63	0.44	215.67	1.55***	1.46 - 1.64
2	0.45	644.25	1.56***	1.51 - 1.62	0.28	96.11	1.32***	1.25 - 1.4	0.28	96.58	1.32***	1.25 - 1.4
3	0.35	393.90	1.42***	1.37 - 1.47	0.23	63.29	1.26***	1.19 - 1.33	0.23	63.93	1.26***	1.19 - 1.33
4	0.09	26.62	1.09***	1.05 - 1.13	0.06	5.57	1.07*	1.01 - 1.13	0.06	5.46	1.07*	1.01 - 1.13
5[a]												
Recidivist offender (yes)					4.56	77809.36	95.73***	92.71 - 98.85	4.56	77700.02	95.84***	92.81 - 98.96
Offender alcohol affected (yes)									-0.12	32.13	0.89***	0.85 - 0.93
Victim alcohol affected (yes)									0.09	14.03	1.10***	1.04 - 1.15
Drug-related (yes)									-0.02	0.17	0.98	0.89 - 1.08

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 213 Binary Logistic Regression Predicting Repeat Victim Involvement in Family Violence Incidents (n =43,870)

	Step 1				Step 2				Step 3			
	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI
SEIFA disadvantage quintile												
1	0.52	198.38	1.68***	1.56 - 1.81	0.38	87.20	1.46***	1.35 - 1.58	0.39	92.91	1.48***	1.37 - 1.61
2	0.30	68.12	1.35***	1.26 - 1.45	0.21	28.43	1.24***	1.15 - 1.34	0.22	29.23	1.24***	1.15 - 1.35
3	0.31	73.34	1.37***	1.27 - 1.47	0.23	32.59	1.26***	1.16 - 1.36	0.23	33.54	1.26***	1.17 - 1.37
4	0.13	13.65	1.14***	1.06 - 1.22	0.08	4.21	1.08*	1 - 1.17	0.08	4.06	1.08*	1 - 1.17
5[a]												
Recidivist offender (yes)					1.91	7077.15	6.78***	6.48 - 7.09	1.93	7099.75	6.88***	6.58 - 7.19
Offender alcohol affected (yes)									-0.21	58.82	0.81***	0.77 - 0.86
Victim alcohol affected (yes)									0.07	4.13	1.07*	1.00 - 1.14
Drug-related (yes)									-0.11	4.99	0.89*	0.81 - 0.99

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.4.3.4. CONTRAVENTION DFVPO

Three separate binary logistic regressions were performed to examine if SEIFA disadvantage quintile, whether the victim(s) or offender(s) being affected by alcohol, and drug involvement contributed unique variance to the prediction of involvement of repeat victims (no vs. yes) at all incidents (Table 215), IPV incidents (Table 216) and FV incidents (Table 217). Repeat victimisation and recidivist offender were not included in the model due to the necessity of these variables for a contravention of the DFVPA to take place.

All incidents. In the fully adjusted model (Step 3), compared to incidents that occurred in areas of least disadvantage, those that occurred in the three areas of greatest relative disadvantage were significantly more likely to involve a contravention of the DFVPA. The incident was less likely to involve a DFVPA contravention if either the incident was drug-related (OR=0.88) or if the offender was affected by alcohol (OR=0.85). Whether the victim was affected by alcohol was not associated with contravention of a DFVPA.

Despite accounting for little variance overall in the prediction of an alcohol-related incident (Cox & Snell R Square = 0.005; Negelkerke R Square = 0.006), each step accounted for significant variance in the prediction of alcohol-related incidents (p<.001).

IPV incidents. In the fully adjusted model (Step 3), all predictors were significantly associated with involvement of a repeat victim. Compared to incidents that occurred in areas of least disadvantage, those that occurred in areas of relative disadvantage were significantly more likely to involve a DFVPA contravention, with the size of the Odds Ratio increasing across areas of greater disadvantage. The incident was less likely to involve a DFVPA contravention if either the incident was drug-related (OR=0.89) or if the offender was affected by alcohol (OR=0.84). Whether the victim was affected by alcohol was associated with increased odds of contravention of the DFVPA (OR=1.06).

Despite accounting for little variance overall in the prediction of an alcohol-related incident (Cox & Snell R Square = 0.007; Negelkerke R Square = 0.009), each step accounted for significant variance in the prediction of alcohol-related incidents (p<.001).

FV incidents. In the fully adjusted model (Step 3), the incident was less likely to involve a DFVPA contravention if the victim was affected by alcohol (OR=0.61), but 1.18 times more likely to involve DFVPA contravention if it was drug-related (i.e. either the victim or the offender were judged to be affected by drugs). Whether the offender was affected by alcohol was not associated contravention of the DFVPA. Finally, compared to incidents that occurred in the area of least disadvantage, those that occurred in the second and fourth most disadvantaged areas were less likely to involve a contravention of the DFVPA.

Despite accounting for little variance overall in the prediction of an alcohol-related incident (Cox & Snell R Square = 0.006; Negelkerke R Square = 0.009), each step accounted for significant variance in the prediction of alcohol-related incidents (p<.01).

Table 214 Binary Logistic Regression Predicting Contravention of the DFVPA in All Incidents (n = 297,935)

	Step 1				Step 2			
	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI
SEIFA disadvantage quintile								
1	0.31	483.27	1.37***	1.33 - 1.41	0.33	516.97	1.38***	1.35 - 1.42
2	0.18	161.59	1.2***	1.17 - 1.23	0.19	169.31	1.20***	1.17 - 1.24
3	0.19	178.14	1.21***	1.18 - 1.25	0.20	186.45	1.22***	1.18 - 1.25
4	-0.01	0.79	0.99	0.96 - 1.02	-0.01	0.92	0.99	0.96 - 1.01
5[a]								
Offender alcohol affected (yes)					-0.16	266.77	0.85***	0.83 - 0.87
Victim alcohol affected (yes)					0.02	2.06	1.02	0.99 - 1.04
Drug-related (yes)					-0.13	28.94	0.88***	0.84 - 0.92

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 215 Binary Logistic Regression Predicting Contravention of the DFVPA in Intimate Partner Violence Incidents (n =224,900)

	Step 1				Step 2			
	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI
SEIFA disadvantage quintile								
1	0.38	549.23	1.46***	1.41 - 1.51	0.39	574.96	1.47***	1.43 - 1.52
2	0.18	121.77	1.19***	1.16 - 1.23	0.18	126.35	1.20***	1.16 - 1.24
3	0.16	101.71	1.18***	1.14 - 1.21	0.17	106.35	1.18***	1.14 - 1.22
4	-0.04	7.55	0.96**	0.93 - 0.99	-0.04	7.81	0.96**	0.93 - 0.99
5[a]								
Offender alcohol affected (yes)					-0.17	221.23	0.84***	0.83 - 0.86
Victim alcohol affected (yes)					0.06	17.45	1.06***	1.03 - 1.08
Drug-related (yes)					-0.12	18.61	0.89***	0.84 - 0.94

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

Table 216 Binary Logistic Regression Predicting Contravention of the DFVPA in Family Violence Incidents (n =44,058)

	Step 1				Step 2			
	B	Wald χ^2	OR	95% CI	B	Wald χ^2	OR	95% CI
SEIFA disadvantage quintile								
1	-0.08	2.99	0.93	0.85 - 1.01	-0.03	0.56	0.97	0.89 - 1.05
2	-0.15	11.86	0.86***	0.79 - 0.94	-0.13	9.07	0.88**	0.8 - 0.95
3	-0.10	4.82	0.91*	0.83 - 0.99	-0.07	2.88	0.93	0.85 - 1.01
4	-0.15	12.57	0.86***	0.79 - 0.93	-0.14	11.02	0.87***	0.8 - 0.94
5[a]								
Offender alcohol affected (yes)					-0.01	0.17	0.99	0.93 - 1.05
Victim alcohol affected (yes)					-0.50	157.54	0.61***	0.56 - 0.66
Drug-related (yes)					0.17	9.58	1.18**	1.06 - 1.32

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.4.4. QUEENSLAND SUMMARY

4.4.4.1. PERSON

In Queensland over three-quarters of all offenders were male (76.9%), and a significantly higher proportion of IPV offenders (78.8%) were male than FV offenders (69.4%). The vast majority of offenders were aged between 18 and 49 years. Three-quarters (76.2%) of victims were female, and while the majority of IPV victims were aged between 18 and 49 years, the majority of IPV victims were aged 18 to 59 years.

4.4.4.2. INCIDENTS

There were a total of 330,701 FDV incidents across the reporting period, including 241,086 IPV and 48,077 FV incidents. The rate of DFV steadily increased over the reporting period, from 96 per 10,000 in 2010 to 141 per 10,000 in 2015. While the smallest proportion (12.7%) of incidents took place in the area of least disadvantage, a similar proportion of incidents took place in the three areas of most disadvantage (20.2%-21.6%), and almost a quarter of incidents took place in the second-least disadvantaged area.

Alcohol-related incidents. The proportion of incidents that were alcohol-related (i.e. either the victim or the offender was judged to be affected by alcohol) gradually decreased across the reporting period, from 41.0% in 2010 to 30.3% in 2015. While a greater proportion of IPV incidents (35.6%) were alcohol-related compared to FV incidents (34.8%), the size of this effect was very small (Phi=0.006, p<.001). Offenders were affected by alcohol in 32.3% of incidents, victims in 19.6%, and both victims and offenders in 16.4% of incidents. In the multivariate model, greater socio-economic disadvantage was associated with increased odds that both IPV and FV incidents were alcohol-related. The incident being drug-related also increased odds that IPV (OR=1.60) and FV (OR=1.54) incidents were alcohol-related, and for FV only, offender recidivism was also associated with increased odds that the incident was alcohol-related (OR=1.33). Conversely, a contravention of the DFVPA decreased odds that an IPV (OR=0.92) or FV (OR=0.79) incident was drug-related.

Drug-related incidents. Drug-related (i.e. either the victim or the offender was judged to be affected by drugs) incidents slightly increased over the reporting period. This trend was especially apparent for FV where the proportion increased from 4.0% in 2010 to 6.1% in 2015. IPV incidents increased from 2.2% in 2010 to 3.0% in 2015. Offenders were judged to be affected by drugs for 2.3% of IPV and 4.4% of FV incidents, while victims were only judged to be affected by drugs for 0.8% of IPV incidents and 0.5% of FV incidents. The proportion of incidents that were drug-related was highest in the area of least disadvantage.

Contravention DFVPA. 36.6% of IPV incidents and 19.2% of FV incidents involved a contravention of a DFVPO. The role of alcohol and drugs in a contravention of the DFVPA was unclear. A smaller

proportion of incidents that involved a DFVPA contravention were alcohol-related compared to those that did not involve a breach, and a greater proportion of incidents that involved a DFVPA contravention were drug-related compared to those that did not; however, the size of these effects were *very* small (Phis=0.01). In the multivariate model, for IPV incidents, increased socio-economic disadvantage and the victim being alcohol-affected increased odds of a contravention of the DFVPA, while the incident being drug-related and the offender's alcohol use decreased odds of the DFVPA breach. For FV incidents, increased socio-economic disadvantage decreased odds of the DFVPA breach, but not consistently across all levels of disadvantage, and while the incident being drug-related increased odds of a DFVPA contravention (OR=1.18), the victim being alcohol-affected decreased odds of a breach (OR=0.61).

Offender recidivism and repeat victimisation. 73.4% of DV incidents involved recidivist offenders and 71.5% of incidents involved recidivist victims. In the multivariate model, greater socio-economic disadvantage was associated with greater odds of IPV and FV incidents involving either a recidivist offender or a repeat victim. The incident involving a repeat victim/recidivist offender increased odds the incident involved a recidivist offender/repeat victim by 95.84 for IPV, but only 6.88 for FV. Offender alcohol use (OR=1.04-1.43) and the incident being drug-related increased likelihood of offender recidivism (OR=1.43-1.80), while victim alcohol use decreased odds of offender recidivism (OR=0.81-0.92). Conversely, while victim alcohol use increased likelihood of victim recidivism (OR=1.07-1.10), while offender alcohol-use decreased odds of victim recidivism (OR=0.81-0.89).

Day and time. DV incidents were more likely to take place on Saturdays and Sundays than on weekdays. For IPV and FV, the proportion of incidents that took place during each three hour interval generally increased over the daytime hours from 9am to 9pm, decreased between 9pm and 12am, increased from 12am to 3am, and was lowest between 3am and 9am. Alcohol-related incidents were most likely to take place on a Saturday, and between 6pm and 6am, regardless of day of the week. Alcohol-related incidents occurring on Saturday and Sunday were most likely to take place between 3am and 6am, with 75%-80% of incidents taking place during this time alcohol-related. Similarly, drug-related incidents were most likely to take place on Saturdays and Sundays between 6pm and 6am.

4.5. SOUTH AUSTRALIA POLICE DATA RESULTS

This section presents trends for DV incidents attended by SA police between 1 January 2010 and 31 December 2014 separately for persons and incidents. Data include DV incidents involving intimate partners and other family members and the following results compare IPV and FV.

4.5.1. PERSONS

Demographic data are presented separately for offenders and victims.

4.5.1.1. OFFENDERS

Across the study period, there were 9,485 unique offenders recorded at DV incidents attended by SA police.

The majority of offenders were male (91.1%) across all age groups (see Table 218). The greatest proportion of offenders were aged 30-34 (18.4%), while the lowest proportion were aged 80-84 years (0.04%). Among female offenders, the greatest proportion were aged 35-39 years (16.8%).

Table 217: Proportion of female, male and all offenders in seven age groups, SA (n = 13,433)

	Female		Male		All incidents	
Age (years)	**n**	**%**	**n**	**%**	**n**	**%**
10-19	95	8.0	626	5.1	721	5.4
20-24	173	14.5	1584	12.9	1757	13.1
25-34	383	32.1	4,502	36.8	4,885	36.4
35-49	453	37.9	4,523	37.0	4,976	37.0
50-59	75	6.3	763	6.2	838	6.2
60-69	12	1.0	208	1.7	220	1.6
70-84	3	0.3	33	0.3	36	0.3

Note. The age of 4 offenders was either unknown or not recorded.

Table 219 presents the proportion of offenders across age groups for those involved in FV and IPV (and other relationship) incidents. The greatest proportion of offenders of FV incidents were aged 40-44 years, while IPV incidents saw a greater proportion aged 30-34 years.

Table 218 Proportion of offenders at FV, IPV and all incidents in seven age groups, SA (n = 13,405)

	FV		IPV		All incidents	
Age (years)	**n**	**%**	**n**	**%**	**n**	**%**
10-19	240	15.4	477	4.0	721	5.4
20-24	158	10.1	1,598	13.5	1,757	13.1
25-34	389	24.9	4,484	37.9	4,885	36.4
35-49	607	38.9	4,357	36.8	4,976	37.0
50-59	117	7.5	718	6.1	838	6.2
60-69	43	2.8	177	1.5	220	1.6
70-84	7	0.4	29	0.2	36	0.3

Note. Type of violence was not categorised for 32 offenders.

Table 219 proportion of offenders by age groups and gender according to incident type, SA (n = 13,405)

	FV				IPV				All incidents			
	Female		Male		Female		Male		Female		Male	
Age (years)	n	%	n	%	n	%	n	%	n	%	n	%
10-19	47	15.7	193	15.3	47	5.3	430	3.9	94	7.9	623	5.1
20 - 24	34	11.3	124	9.8	139	15.7	1,459	13.3	173	14.6	1,583	13.0
25-34	79	26.3	310	24.6	300	33.8	4,184	38.2	379	31.9	4,494	36.8
35-49	120	40.0	487	38.6	330	37.2	4,027	36.8	450	37.9	4,514	36.9
50-59	16	5.3	101	8.0	59	6.7	659	6.0	75	6.3	760	6.2
60-69	3	1.0	40	3.2	9	1.0	168	1.5	12	1.0	208	1.7
70-84	0	0.0	7	0.6	3	0.3	26	0.2	3	0.3	33	0.3

Note. Type of violence was not categorised for 32 offenders.

4.5.1.2. RISK ASSESSMENT

Attending police determined the level of risk offenders posed to victims, from standard to high risk (see Table 221). There were consistent proportions across IPV incidents, and a lower proportion of high-risk offenders for FV.

Table 220 Proportion of offenders at FV, IPV and all incidents according to level of risk, SA (n = 13,394)

	FV		IPV		All incidents	
	n	%	n	%	n	%
Standard Risk	873	55.9	3,895	32.9	4,785	35.6
Medium Risk	432	27.7	4,086	34.5	4,523	33.7
High Risk	256	16.4	3,852	32.5	4,118	30.6

Note. Risk assessment was not included for 12 offenders, and 32 incidents did not include violence type.

4.5.1.3. VICTIMS

A total of 12,980 unique victims were recorded across all DV incidents in SA during the reporting period, including 1,531 victims of FV and 11,420 victims of IPV. The majority of incidents (97.1%) involved one victim, the maximum number of victims recorded per incident was 3. Multiple victims were more likely to be recorded as being present at IPV than FV incidents. Table 222 presents the proportion of female and male victims across age groups, while

Table 223 shows the proportion of FV and IPV victims across age groups. The majority of victims were female (89.1%). Victims tended to be concentrated in the 25-49 year age brackets.

Table 221 Proportion of female, male and all victims in nine age groups, SA (n = 13,437)

	Female		Male		All Victims	
Age (years)	**n**	**%**	**n**	**%**	**n**	**%**
0-9	131	1.1	143	9.8	274	2.0
10-19	1,191	9.9	266	18.2	1,457	10.8
20-24	2,077	17.3	118	8.1	2,195	16.3
25-34	4,248	35.5	282	19.3	4,530	33.7
35-49	3,581	29.9	435	29.8	4,016	29.9
50-59	554	4.6	136	9.3	690	5.1
60-69	141	1.2	51	3.5	192	1.4
70-84	51	0.4	28	1.9	79	0.6
85-94	3	0.0	1	0.1	4	0.0

Table 222 Proportion of FV, IPV and all victims in nine age groups, SA (n = 13,437)

	FV		IPV		All incidents	
Age (years)	**n**	**%**	**n**	**%**	**n**	**%**
0-9	271	17.3	0	0.0	274	2.0
10-19	591	37.8	858	7.2	1,457	10.8
20-24	81	5.2	2,110	17.8	2,195	16.3
25-34	100	6.4	4,428	37.4	4,530	33.7
35-49	244	15.6	3,762	31.8	4,016	29.9
50-59	149	9.5	539	4.6	690	5.1
60-69	82	5.2	108	0.9	192	1.4
70-84	40	2.6	38	0.3	79	0.6
85-94	4	0.3	0	0.0	4	0.0

Note. Type of violence was not categorised for 32 victims.

Table 223 Proportion of FV and IPV victims by age groups and gender, SA (n = 13,437)

	Family Violence				Intimate partner violence				All incidents			
	Female		Male		Female		Male		Female		Male	
Age (years)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
0-9	130	13.1	141	24.8	0	0.0	0	0.0	130	1.1	141	9.7
10-19	348	35.0	243	42.8	838	7.6	20	2.3	1186	9.9	263	18.1
20-24	60	6.0	21	3.7	2015	18.4	95	10.8	2075	17.4	116	8.0
25-34	77	7.7	23	4.0	4170	38.0	258	29.3	4247	35.5	281	19.4
35-49	188	18.9	56	9.9	3385	30.9	377	42.7	3573	29.9	433	29.9
50-59	114	11.5	35	6.2	438	4.0	101	11.5	552	4.6	136	9.4
60-69	53	5.3	29	5.1	86	0.8	22	2.5	139	1.2	51	3.5
70-84	21	2.1	19	3.3	29	0.3	9	1.0	50	0.4	28	1.9
85-94	3	0.3	1	0.2	0	0.0	0	0.0	3	0.0	1	0.1

Note. Type of violence was not categorised for 32 victims.

A higher proportion of child victims of FV (55.5%) and IPV (97.7%) were female, with comparable levels of child victims involved in FV and IPV related incidents. Note that child victims were identified as those aged 0-19 years as data was not available at single age level, therefore high IPV numbers may be related to this classification.

Table 224 Proportion and gender of FV and IPV incidents involving a child victim per year, SA (n = 1,731)

	FV				IPV			
	Female		Male		Female		Male	
	n	%	n	%	n	%	n	%
2010	67	26.2	54	21.1	131	51.2	2	0.8
2011	63	24.8	34	13.4	156	61.4	1	0.4
2012	92	26.2	76	21.7	172	49.0	8	2.3
2013	91	27.7	72	21.9	159	48.3	3	0.9
2014	165	30.5	148	27.4	220	40.7	6	1.1

As shown in Figure 60, IPV victims were most likely to be aged 20-40 years. A small proportion of IPV victims were younger than 20 years (7.2%); this likely represents IPV incidents primarily involving parents/guardians. Compared to IPV, the proportion of FV victims was spread more evenly across age groups and included a greater proportion of victims younger than 18 years.

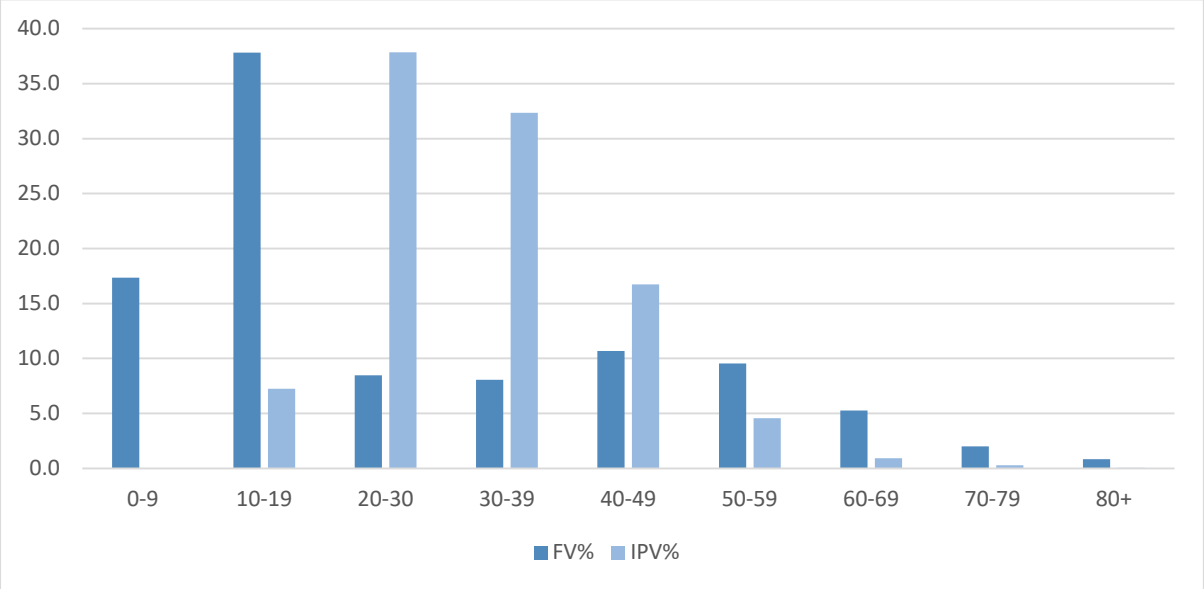


Figure 65 Proportion of male victims at FV, IPV and all incidents in nine age groups, SA (n = 13,437)

4.5.1.4. VICTIM SUBSTANCE USE

Attending police who believed person/s showed signs of being intoxicated of alcohol or drugs indicated victim alcohol and drug use. Just under half of all victims (45.6%) were noted as being unaffected by any substance (See Table 226). Intoxication status was not recorded for a quarter of victims. Attending police did not record offender alcohol and drug use. Drugs or alcohol were significantly more likely to be involved in IPV compared to FV incidents, however the size of the effect was small ($p<.001$, Phi = 0.06).

Table 225 Proportion of FV, IPV and all victims reported as intoxicated by attending police, SA (n = 5,442)

	FV		IPV		All incidents	
	n	%	n	%	n	%
Victim influenced by alcohol	477	30.5	4,471	37.8	4,907	36.5
Victim influenced by Drugs	58	3.7	477	4.0	535	4.0

4.5.2. INCIDENTS

SA police attended 12,907 DV incidents across the reporting period, including 1,525 FV and 11,354 IPV incidents. Table 227 shows the proportion of FV and IPV incidents per year. The proportion of FV incidents increased across the 5-year period, while IPV reduced slightly. At all years, there was a significantly greater proportion of IPV than FV incidents (p<.001, Phi = 0.16).

Table 226 Proportion of FV and IPV incidents per year, SA (n = 12,907)

	FV		IPV		All incidents	
Year	n	%	n	%	n	Rate per 10,000
2010	132	6.4	1,931	93.5	2,065	12.6
2011	127	5.6	2,126	94.4	2,253	13.7
2012	287	11.4	2,220	88.3	2,513	15.1
2013	284	12.0	2,066	87.7	2,357	14.1
2014	695	18.7	3,011	81.0	3,719	22.0

Note. Type of violence was not categorised for 28 incidents.

Figure 61 below shows the rates of all FDV incidents per 10,000 people has increased between 2010 and 2014. This trend is consistent for alcohol related incidents and drug related incidents.

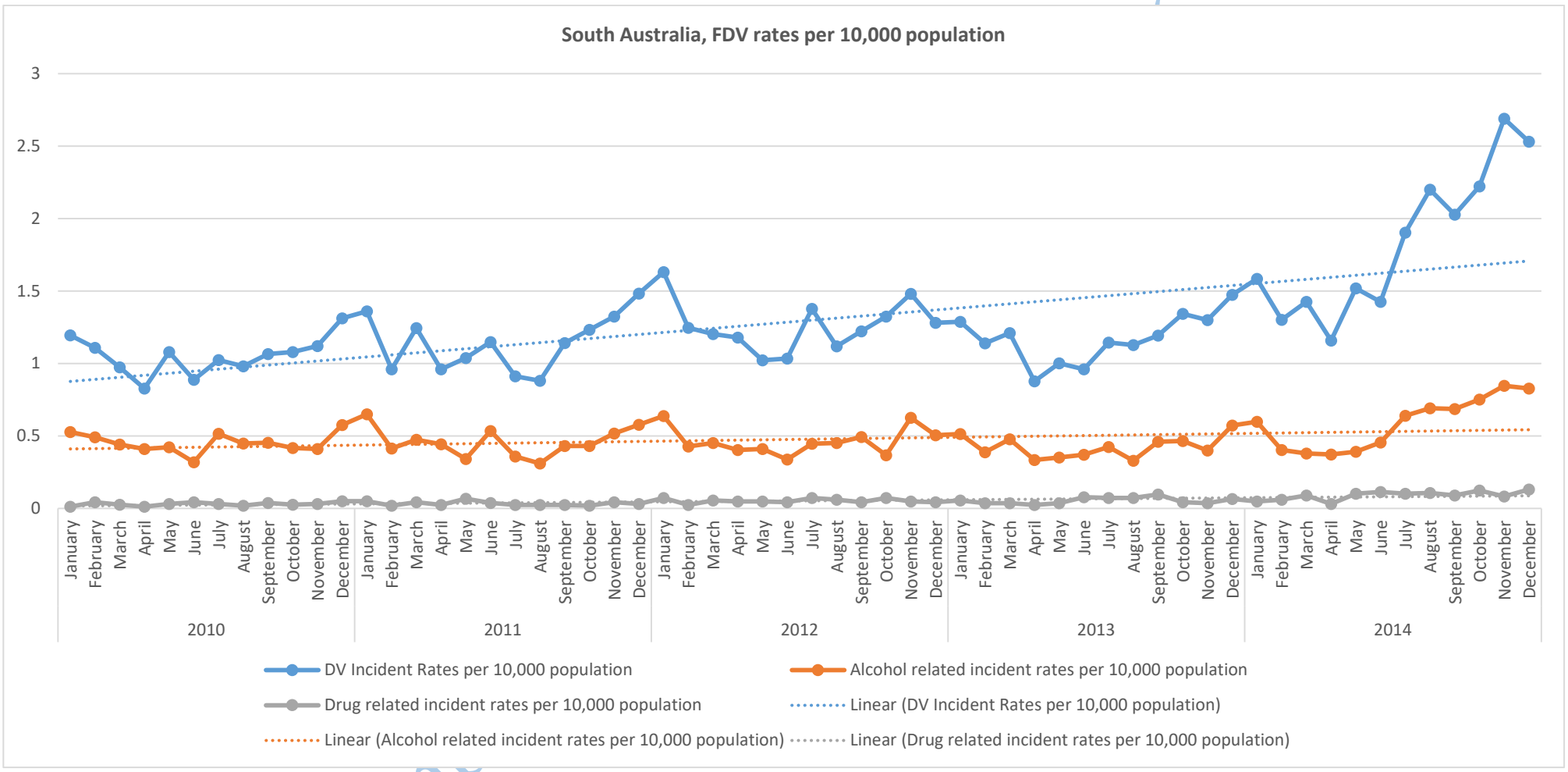


Figure 66: Alcohol, drug, and all incident rates per 10,000 population over reporting period, SA

4.5.2.1. SOCIO-ECONOMIC DISADVANTAGE

Incident locations were classified into one of five levels of socioeconomic disadvantage according to the ABS Socio-Economic Indexes for Areas, Disadvantage scores (SEIFA) (refer to Table 228).

Just under a half of all incidents (47.6%) took place in areas of the greatest socioeconomic disadvantage, and the smallest proportion of incidents (5.9%) in the least disadvantaged areas of SA. There was a significant difference in the proportion of IPV versus FV incidents according to area level of disadvantage (p<.001, Phi = 0.08).

Table 227 Proportion of FV, IPV and all incident locations according to socioeconomic disadvantage, SA (n = 12,897)

	FV		IPV		All incidents	
	n	%	n	%	n	%
1 (most disadvantaged)	673	44.1	5454	48.0	6142	47.6
2	312	20.5	2130	18.8	2448	19.0
3	259	17.0	1702	15.0	1965	15.2
4	177	11.6	1404	12.4	1583	12.3
5 (least disadvantaged)	104	6.8	654	5.8	759	5.9

Notes. [1]Index numbers are in descending order of disadvantage, where 1 = most disadvantaged and 5 = least disadvantaged; [2] Postcodes were either unavailable or invalid for 10 (0.1%) incidents.

4.5.2.2. CHILD WITNESSES

Children were present at almost half of all DV incidents (45.5%, n = 5,877). Children were significantly more likely to witness IPV than FV incidents (p<.001, Phi = -0.07).

Table 228 Proportion of child-witnessed FV, IPV and all incidents, SA (n = 12,944)

	FV		IPV		All incidents	
	n	%	n	%	n	%
Child Present	834	54.5	5,053	44.3	5,887	45.5
No Child Present	696	45.5	6,361	55.7	7,057	54.5

Note. Type of violence was not categorised for 28 incidents.

Table 230 shows that the proportion of child-witnessed FV incidents decreased between 2010 and 2014, however proportions remained constant for IPV incidents.

Table 229 Proportion of child-witnessed FV, IPV and all incidents per year, SA (n = 5,857)

	FV		IPV		All incidents	
Year	n	%	n	%	n	%
2010	105	10.6	881	89.2	988	16.9
2011	86	8.2	958	91.8	1,044	17.8
2012	151	13.2	989	86.4	1,145	19.5
2013	156	14.5	918	85.2	1,078	18.4
2014	332	20.5	1,281	79.2	1,618	27.6

Note. Type of violence was not categorised for 28 incidents.

Table 231 presents the proportion of child-witnessed incidents that took place across areas of relative socioeconomic disadvantage. The proportion of child-witnessed incidents significantly differed across levels of socioeconomic disadvantage (p<.001, Phi = 0.05), with greater numbers of child-witnessed incidents occurring in areas of disadvantage.

Table 230 Proportion of child-witnessed FV, IPV and all incidents according to area level of socioeconomic disadvantage, SA (n = 5,852)

	FV		IPV		All incidents	
Disadvantage index	**n**	**%**	**n**	**%**	**n**	**%**
1	364	54.2	2,403	44.1	2,777	45.3
2	191	61.2	1,027	48.2	1,221	49.9
3	141	54.4	721	42.4	864	44.0
4	90	50.8	591	42.1	681	43.0
5	44	42.3	280	42.8	325	42.8

Note. Type of violence was not categorised for 16 incidents, SEIFA was not classified for 5 incidents. 1 = most disadvantaged; 5 = least disadvantaged.

As shown in Table 232, the proportion of child-witnessed incidents significantly differed across levels of offender risk assessment level (p<.001, Phi = 0.11).

Table 231 Proportion of child-witnessed incidents according to offender risk assessment level, SA (n = 12,969)

	Standard Risk		Medium Risk		High Risk		All incidents	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Child Present	2,887	60.8	2,377	53.9	1,803	47.3	7,067	54.5
No Child Present	1,864	39.2	2,033	46.1	2,005	52.7	5,902	45.5

4.5.2.3. DAY AND TIME OF INCIDENT

The day and time at which DV incidents occurred are shown in Figure 62 and Figure 63, respectively. DV incidents were more likely to take place on Saturdays (17.0%) and Sundays (17.3%) than on weekdays (12.5-13.7%). This trend was consistent for both IPV and FV incidents.

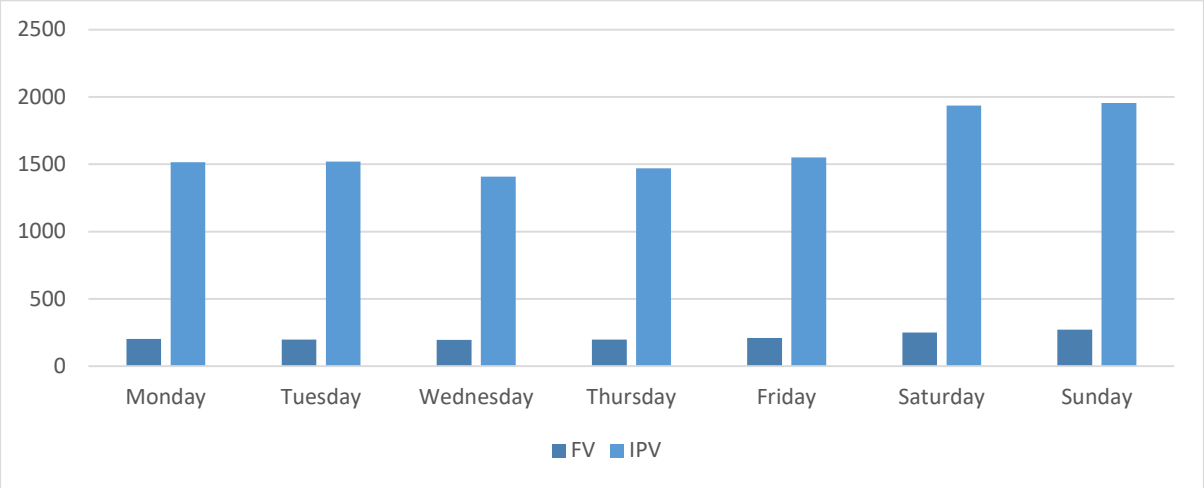


Figure 67 Proportion of FV, IPV and all incidents by day of the week, SA (n = 12,879)

The proportion of incidents that took place during each 3-hour interval generally increased over the afternoon to early morning from 3pm to 3am, and decreased somewhat between 3am and 9am (see Figure 63). Incidents were least likely to occur between 3am and 6am, and most likely to occur 6pm to 9pm.

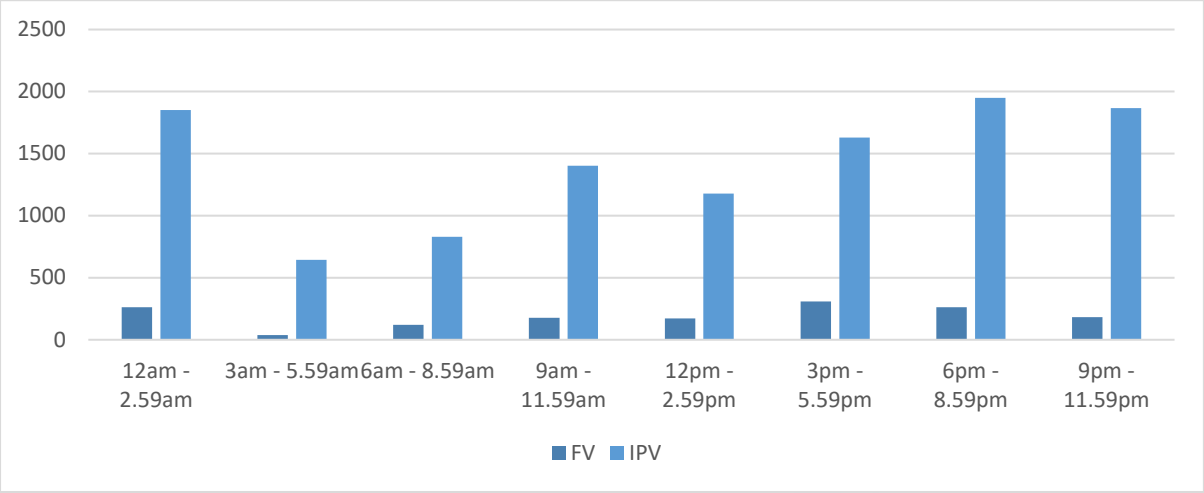


Figure 68 Proportion of FV, IPV and all incidents that took place during each three-hour interval, SA (n = 12,879)

4.5.2.4. OFFENDER RECIDIVISM AND REPEAT VICTIMISATION

Of the 12,908 DV incidents SA police attended across the reporting period, just under half involved recidivist offenders (45.7%)[76] or repeat victims (40.0%)[77]. Table 233 and Table 234 show that the number of incidents involving either a recidivist offender or repeat victim was greatest in 2012 and 2013, and smallest in 2010. The largest number of repeat incidents by an offender was 12 and the largest number of repeat incidents for victims was 14. IPV incidents were significantly more likely than FV incidents to involve repeat victims (p<.001, Phi = 0.19), however this was not reflected in recidivist offenders.

Table 232 Proportion of FV, IPV and all incidents involving recidivist offenders, SA (n = 5,905)

	FV		IPV		All incidents	
Year	**n**	**%**	**n**	**%**	**n**	**%**
2010	74	8.2	828	91.7	903	15.3
2011	60	5.8	982	94.2	1,042	17.6
2012	126	10.5	1,076	89.4	1,204	20.4
2013	123	10.9	997	88.7	1,124	19.0
2014	304	18.6	1,321	80.9	1,632	27.6

Note. Type of violence was not categorised for 14 incidents. All incidents in table reflect recidivist offenders.

[76] There was no offender recorded for 73 incidents. Recidivism was indicated when an offender was involved in at least one other incident during the reporting period, 2010 - 2014.

[77] Repeat victimisation was indicated when a victim was involved in at least one other incident, 2010 - 2014.

Table 233 Proportion of FV, IPV and all incidents involving repeat victims, SA (n = 5,156)

	FV		IPV		All incidents	
Year	**n**	**%**	**n**	**%**	**n**	**%**
2010	20	2.5	776	97.5	796	15.4
2011	17	1.8	946	98.2	963	18.7
2012	43	4.0	1,031	96.0	1,074	20.8
2013	36	3.7	945	96.0	984	19.1
2014	105	7.8	1,237	92.0	1,345	26.1

Note. Type of violence was not categorised for 6 incidents. All incidents in table reflect repeat victims.

Substance involvement. Compared to incidents not flagged as alcohol or drug related, a significantly greater proportion of substance-related incidents involved a recidivist offender ($p<.001$, Phi = 0.07) or repeat victim ($p<.001$, Phi = 0.08).

Socioeconomic disadvantage. As shown in Table 235, incidents involving either recidivist offenders or repeat victims varied across areas of socioeconomic disadvantage. Incidents involving recidivist offenders most often took place in areas of most disadvantage and least often in areas of least disadvantage. Incidents involving repeat victims showed a similar pattern.

Table 234 Proportion of incidents involving repeat victims and repeat offenders according to socioeconomic disadvantage

	Repeat Victim		Repeat Offender	
Disadvantage index[1]	**n**	**%**	**n**	**%**
1	2,818	45.9	3,160	51.4
2	897	36.6	1063	43.4
3	719	36.6	835	42.5
4	509	32.2	585	37.0
5	217	28.6	260	34.3

Note.[1] Index numbers are in descending order of disadvantage, where 1 = most disadvantaged and 5 = least disadvantaged.

Child witnesses. Less than half (45.8%) of child-witnessed incidents involved either a recidivist offender or repeat victim. Children were significantly more likely to witness incidents involving repeat victims ($p<.001$, Phi = -0.05), but not recidivist offenders ($p>0.05$).

Day of the week. The proportion of incidents involving recidivist offenders or repeat victims was generally consistent across day of the week, with slightly higher rates on Saturday and Sunday.

Time of day. The proportion of incidents involving either recidivist offenders or a repeat victims was greatest between 9pm-3am and relatively similar at all other times.

4.5.3. MULTIVARIATE CORRELATES OF INCIDENT CHARACTERISTICS

In this section, multivariate predictors of DV incident characteristics are presented. A series of multivariate models were conducted to examine the key person and incident characteristics that contributed unique variance to the prediction of: 1) alcohol involvement; 2) drug involvement; 3) child witnesses; 4) offender recidivism; and 5) repeat victimisation. Multivariate logistic regression models were conducted for all incidents and separately for FV and IPV incidents.[78]

4.5.3.1. VICTIM ALCOHOL INVOLVMENT

Three separate binary logistic regressions were performed to examine if SEIFA disadvantage quintile, drug use, child presence at the incident, repeat offender, and repeat victim contributed unique variance to the prediction of whether an incident was flagged as victim alcohol-related (no vs. yes) at all incidents (Table 236), IPV incidents (Table 237) and FV incidents (Table 238).

All incidents. In the fully adjusted model (Step 3), incidents that involved repeat victims or offenders were 1.15 and 1.19 times more likely to be flagged as victim alcohol-related, while child presence or drug presence at the incident decreased likelihood that an incident was victim alcohol-related by almost half (OR = 0.62 and OR = 0.01). SEIFA disadvantage quintiles did not predict a greater likelihood of victim alcohol involvement.

Overall the model accounted for 9%-12% of the variance in whether or not an incident was victim alcohol-related (Cox & Snell R Square = 0.09; Negelkerke R Square = 0.12) and correctly predicted 63.6% of victim alcohol-related incidents (53.2% of victim alcohol-unrelated incidents). All three steps significantly contributed to the prediction of victim alcohol-related incidents (p<.001).

IPV incidents. In the fully adjusted model (Step 3), incidents that involved repeat offenders were 1.18 times more likely to be victim alcohol-related, while child presence or drug presence at the incident decreased likelihood that an incident involved alcohol (OR = 0.59 and OR = 0.01). SEIFA disadvantage quintiles did not predict a greater likelihood of victim alcohol involvement.

Overall the model accounted for 9%-12% of the variance in whether or not an incident was alcohol-related (Cox & Snell R Square = 0.09; Negelkerke R Square = 0.12) and correctly predicted 70.0% of victim alcohol-related IPV incidents (47.2% of alcohol-unrelated incidents). All three steps significantly contributed to the prediction of victim alcohol-related incidents (p<.001).

[78] Due to increased sensitivity of the Hosmer and Lemshow Test of model fit with larger sample sizes, we referred to the Omnibus Tests of Model Coefficients to interpret model fit for all models.

FV incidents. In the fully adjusted model (Step 3), incidents that involved repeat offenders or repeat victims were 1.32 and 0.67 times more likely to be victim alcohol-related. SEIFA disadvantage quintiles did not predict a greater likelihood of victim alcohol involvement.

Overall the model accounted for 8%-10% of the variance in whether or not a FV incident was victim alcohol-related (Cox & Snell R Square = 0.08; Negelkerke R Square = 0.10) and correctly predicted only 2.7% of victim alcohol-related FV incidents (but 98.8% of alcohol-unrelated incidents). Only steps 2 and 3 accounted for significant variance in the prediction of victim alcohol-related FV incidents ($p<.001$).

Table 235 Binary Logistic Regression Predicting Victim Alcohol Use at Incident, SA

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.22	5.94	1.25*	1.05 - 1.49	0.17	3.51	1.19	0.99 - 1.42	0.17	3.11	1.18	0.98 - 1.42
2	-0.01	0.01	0.99	0.82 - 1.2	-0.01	0.02	0.99	0.81 - 1.2	-0.01	0.02	0.99	0.81 - 1.2
3	0.03	0.11	1.03	0.85 - 1.26	0.01	0.01	1.01	0.83 - 1.23	0.02	0.02	1.02	0.83 - 1.25
4	-0.11	1.15	0.9	0.73 - 1.1	-0.13	1.63	0.88	0.71 - 1.07	-0.13	1.53	0.88	0.71 - 1.08
5[a]												
Child present at incident (yes)					-0.44	113.41	0.64***	0.59 - 0.7	-0.48	124.79	0.62***	0.57 - 0.67
Repeat offender (yes)					0.15	5.38	1.16*	1.02 - 1.32	0.17	6.61	1.19**	1.04 - 1.35
Repeat victim (yes)					0.11	2.51	1.11	0.98 - 1.27	0.14	3.99	1.15*	1 - 1.31
Victim Drug involvement (yes)									-4.77	112.23	0.01***	0 - 0.02

Notes. * p<.05 ** p<.01 ***p<.001; [a] Reference category.

Table 236 Binary Logistic Regression Predicting Victim Alcohol Use at Intimate Partner Violence Incidents, SA

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.25	6.35	1.28*	1.06 - 1.55	0.19	3.81	1.21	1 - 1.47	0.20	3.76	1.22	1 - 1.48
2	0.03	0.10	1.03	0.84 - 1.27	0.03	0.06	1.03	0.83 - 1.26	0.03	0.06	1.03	0.83 - 1.27
3	0.05	0.21	1.05	0.85 - 1.3	0.02	0.03	1.02	0.82 - 1.26	0.04	0.11	1.04	0.83 - 1.29
4	-0.10	0.82	0.91	0.73 - 1.12	-0.13	1.34	0.88	0.71 - 1.09	-0.12	1.02	0.89	0.71 - 1.12
5[a]												
Child present at incident (yes)					-0.50	127.94	0.61***	0.56 - 0.66	-0.52	133.79	0.59***	0.54 - 0.65
Repeat offender (yes)					0.16	3.77	1.17	1 - 1.37	0.16	3.86	1.18*	1 - 1.38
Repeat victim (yes)					0.08	1.07	1.09	0.93 - 1.27	0.13	2.56	1.14	0.97 - 1.34
Victim Drug involvement (yes)									-4.67	107.42	0.01***	0 - 0.02

Notes. * p<.05 ** p<.01 ***p<.001; [a] Reference category.

Table 237 Binary Logistic Regression Predicting Victim Alcohol Use at Family Violence Incidents, SA

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	-0.06	0.06	0.94	0.56 - 1.58	-0.07	0.07	0.93	0.55 - 1.57	-0.13	0.21	0.88	0.51 - 1.52
2	-0.33	1.36	0.72	0.41 - 1.26	-0.37	1.65	0.69	0.39 - 1.22	-0.37	1.54	0.69	0.38 - 1.24
3	-0.11	0.14	0.9	0.51 - 1.59	-0.12	0.15	0.89	0.5 - 1.58	-0.15	0.25	0.86	0.47 - 1.55
4	-0.33	1.10	0.72	0.39 - 1.33	-0.35	1.21	0.71	0.38 - 1.31	-0.41	1.57	0.67	0.35 - 1.26
5[a]												
Child present at incident (yes)					0.12	0.77	1.12	0.87 - 1.46	0.01	0.01	1.01	0.78 - 1.32
Repeat offender (yes)					0.24	3.19	1.27	0.98 - 1.65	0.28	4.06	1.32*	1.01 - 1.72
Repeat victim (yes)					-0.38	3.85	0.68*	0.47 - 1	-0.40	4.07	0.67*	0.45 - 0.99
Victim Drug involvement (yes)									-20.85	0.00	0	0 - 0

Notes. * p<.05 ** p<.01 ***p<.001; [a] Reference category.

4.5.3.2. CHILD WITNESS

Three separate binary logistic regressions were performed to examine if SEIFA disadvantage quintile, whether or not an incident was alcohol-related, drug-related, involved a repeat offender, or involved a repeat victim contributed unique variance to the prediction of child presence (no vs. yes) at all incidents (Table 239), IPV incidents (Table 240) and FV incidents (Table 241).

All incidents. In the fully adjusted model (Step 3), all predictors except quintiles 1, 3 and 4 of SEIFA disadvantage were significantly associated with child presence. Incidents occurring at quintile 2 of disadvantage were significantly more likely to be witnessed by children (OR = 1.28). If the incident involved a repeat offender, the odds of a child being present were increased by 1.86. However, repeat victim involvement, alcohol and drug involvement decreased the likelihood that a child was present at the incident (OR = 0.50; OR = 0.62; OR = 0.71).

The final model accounted for 3-4% of the variance in child presence at the incident (Cox & Snell R Square = 0.03; Negelkerke R Square = 0.04) and correctly predicted 33.2% of incidents children witnessed (and 78.8% of incidents that children did not witness). Each step accounted for significant variance in the prediction of child presence at incidents (ps<.001).

IPV incidents. In the fully adjusted model (Step 3), involvement of a repeat offender increased the odds of a child being present (OR = 1.50), however the presence of a repeat victim, alcohol, or drugs decreased likelihood that children witnessed the incident (OR = 0.62; OR = 0.59; OR = 0.77).

The final model accounted for 2%-3% of the variance in child presence at the incident (Cox & Snell R Square = 0.02; Negelkerke R Square = 0.03) and correctly predicted 28.0% of incidents witnessed by children (and 80.9% of incidents children did not witness). Each step accounted for significant variance in the prediction of child presence at incidents (ps<.001).

FV incidents. In the fully adjusted model (Step 3), the presence of repeat offenders, repeat victims, and drugs, as well as the 2nd quintile of SEIFA disadvantage were significantly associated with child presence. Compared to incidents that occurred in other areas disadvantage, children in the 2nd quintile were 1.28 more likely to witness incidents. If the incident involved a repeat victim or a repeat offender, the odds of a child being present were increased by 2.50 and 0.34, respectively. Drug involvement decreased likelihood a child witnessed the incident (OR = 0.38).

The final model accounted for 8%-10% of the variance in child presence at the incident (Cox & Snell R Square = 0.08; Negelkerke R Square = 0.10) and correctly predicted 62.5% of incidents children witnessed (and 58.6% of incidents children did not witness). Steps 2 and 3 accounted for significant variance in the prediction of child presence at incidents (ps<.001).

Table 238 Binary Logistic Regression Predicting Child Presence at Incident, SA

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.00	0.00	1	0.84 - 1.2	0.03	0.10	1.03	0.86 - 1.23	0.05	0.27	1.05	0.87 - 1.26
2	0.23	5.60	1.26*	1.04 - 1.53	0.25	6.13	1.28*	1.05 - 1.55	0.24	6.01	1.28*	1.05 - 1.55
3	-0.03	0.08	0.97	0.8 - 1.19	-0.02	0.03	0.98	0.81 - 1.2	-0.02	0.02	0.99	0.81 - 1.2
4	-0.07	0.47	0.93	0.76 - 1.14	-0.06	0.34	0.94	0.77 - 1.16	-0.07	0.50	0.93	0.76 - 1.14
5[a]												
Repeat offender (yes)					0.60	80.76	1.82***	1.6 - 2.08	0.62	84.89	1.86***	1.63 - 2.12
Repeat victim (yes)					-0.71	107.45	0.49***	0.43 - 0.56	-0.69	101.06	0.50***	0.44 - 0.57
Victim Alcohol involvement (yes)					-0.24	7.60	0.79**	0 - 0	-0.48	125.33	0.62***	0.57 - 0.67
Victim Drug involvement (yes)									-0.34	13.18	0.71***	0.59 - 0.85

Notes. * p<.05 ** p<.01 ***p<.001; [a] Reference category.

Table 239 Binary Logistic Regression Predicting Child Presence at Intimate Partner Violence Incidents, SA

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	-0.04	0.18	0.96	0.79 - 1.16	-0.02	0.03	0.98	0.81 - 1.19	0.01	0.01	1.01	0.83 - 1.22
2	0.17	2.74	1.19	0.97 - 1.46	0.19	3.23	1.21	0.98 - 1.49	0.19	3.31	1.21	0.99 - 1.49
3	-0.10	0.92	0.9	0.73 - 1.12	-0.09	0.72	0.91	0.74 - 1.13	-0.09	0.64	0.92	0.74 - 1.14
4	-0.12	1.25	0.88	0.71 - 1.1	-0.12	1.10	0.89	0.72 - 1.11	-0.13	1.35	0.88	0.7 - 1.09
5[a]												
Repeat offender (yes)					0.39	22.90	1.48***	1.26 - 1.73	0.41	24.86	1.50***	1.28 - 1.77
Repeat victim (yes)					-0.49	35.60	0.61***	0.52 - 0.72	-0.47	32.72	0.62***	0.53 - 0.73
Victim Alcohol involvement (yes)					-0.21	5.08	0.81*	0 - 0	-0.53	134.39	0.59***	0.54 - 0.65
Victim Drug involvement (yes)									-0.26	6.49	0.77*	0.63 - 0.94

Notes. * p<.05 ** p<.01 ***p<.001; [a] Reference category.

Table 240 Binary Logistic Regression Predicting Child Presence at Family Violence Incidents, SA

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.39	2.14	1.48	0.88 - 2.49	0.39	2.03	1.48	0.86 - 2.53	0.37	1.82	1.45	0.84 - 2.5
2	0.71	6.24	2.04*	1.17 - 3.56	0.68	5.45	1.98*	1.12 - 3.51	0.70	5.60	2.02*	1.13 - 3.6
3	0.52	3.24	1.68	0.96 - 2.97	0.55	3.42	1.74	0.97 - 3.11	0.54	3.20	1.71	0.95 - 3.09
4	0.44	2.00	1.54	0.85 - 2.82	0.44	1.89	1.55	0.83 - 2.87	0.42	1.73	1.52	0.81 - 2.85
5[a]												
Repeat offender (yes)					0.90	44.52	2.47***	1.89 - 3.22	0.92	45.07	2.50***	1.92 - 3.27
Repeat victim (yes)					-1.09	31.78	0.34***	0.23 - 0.49	-1.09	31.36	0.34***	0.23 - 0.49
Victim Alcohol involvement (yes)					-0.54	4.31	0.58*	0 - 0	0.01	0.01	1.01	0.78 - 1.32
Victim Drug involvement (yes)									-0.98	12.31	0.38***	0.22 - 0.65

Notes. * p<.05 ** p<.01 ***p<.001; [a] Reference category.

4.5.3.3. OFFENDER RECIDIVISM

Three separate binary logistic regressions were performed to examine if SEIFA disadvantage quintile, alcohol involvement, and child presence contributed unique variance to the involvement of repeat offenders (no vs. yes) at all incidents (Table 242), IPV incidents (Table 243) and FV incidents (Table 244). Repeat victim was removed as a predictor due to multicollinearity.

All incidents. In the fully adjusted model (Step 3), all predictors were significantly associated with involvement of a repeat offender. Compared to incidents that occurred in areas of least disadvantage, incidents that occurred in areas of greater disadvantage were significantly more likely to involve a repeat offender, with the size of the Odds Ratio increasing across areas of greater relative disadvantage. Victim alcohol (OR = 1.32), and drug involvement (OR = 1.52), were both associated with a greater likelihood that the incident involved a repeat offender, as well as child presence at the incident (OR = 1.11).

The final model accounted for 2%-3% of the variance in predicting whether or not the incident involved a repeat offender (Cox & Snell R Square = 0.2; Negelkerke R Square = 0.3) and correctly predicted 33.7% of incidents that involved repeat offenders (and 76.8% of incidents that did not involve repeat offenders). Steps 1 and 3 accounted for significant variance in the prediction of involvement of a repeat offender (ps<.001).

IPV incidents. In the fully adjusted model (Step 3), all predictors except child presence and the 4th SEIFA quintile were significantly associated with involvement of a repeat offender. Compared to incidents that occurred in areas of least disadvantage, incidents that occurred in areas of relative disadvantage were significantly more likely to involve a repeat offender. Victim alcohol (OR = 1.31) and victim drug involvement (OR = 1.56), were each associated with a greater likelihood that the incident involved a repeat offender.

The final model accounted for 3%-4% of the variance in predicting incidents involving a repeat offender (Cox & Snell R Square = 0.03; Negelkerke R Square = 0.04) and correctly predicted 34.7% of incidents that involved repeat offenders (and 76.9% of incidents that did not involve repeat offenders). Steps 1 and 3 accounted for significant variance in involvement of a repeat offender (ps<.001).

FV incidents. In the fully adjusted model (Step 3), only child present was significantly associated with a greater likelihood that the incident involved a repeat offender (OR = 2.07).

The final model accounted for 4%-5% of the variance in predicting whether or not a FV incident involved a repeat offender (Cox & Snell R Square = 0.04; Negelkerke R Square = 0.05) and correctly predicted 57.1% of incidents involving repeat offenders (and 60.0% of incidents not involving repeat

offenders). Only step 2 accounted for significant variance in the prediction in involvement of a repeat offender ($p<.001$).

Table 241 Binary Logistic Regression Predicting Repeat Offender Involvement in All Incidents, SA

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.85	75.62	2.34***	1.93 - 2.84	0.85	75.64	2.34***	1.94 - 2.84	0.84	73.46	2.32***	1.91 - 2.81
2	0.53	25.78	1.7***	1.39 - 2.09	0.53	25.41	1.7***	1.38 - 2.08	0.53	25.26	1.69***	1.38 - 2.08
3	0.35	10.48	1.42***	1.15 - 1.75	0.35	10.52	1.42***	1.15 - 1.75	0.35	10.33	1.42***	1.15 - 1.75
4	0.22	3.74	1.24	1 - 1.54	0.22	3.78	1.24	1 - 1.54	0.22	3.97	1.25*	1 - 1.55
5[a]												
Child present at incident (yes)					0.07	2.57	1.07	0.99 - 1.16	0.10	5.68	1.11*	1.02 - 1.2
Victim Alcohol involvement (yes)									0.28	40.98	1.32***	1.21 - 1.43
Victim Drug involvement (yes)									0.42	19.89	1.52***	1.27 - 1.83

Notes. * p<.05 ** p<.01 ***p<.001; [a] Reference category.

Table 242 Binary Logistic Regression Predicting Repeat Offender Involvement in Intimate Partner Violence Incidents, SA

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.90	74.20	2.47***	2.01 - 3.04	0.90	74.17	2.47***	2.01 - 3.04	0.89	71.68	2.44***	1.98 - 3
2	0.54	22.89	1.71***	1.37 - 2.13	0.54	22.95	1.71***	1.37 - 2.13	0.54	22.56	1.71***	1.37 - 2.13
3	0.32	7.65	1.38**	1.1 - 1.73	0.32	7.63	1.38**	1.1 - 1.73	0.32	7.36	1.37**	1.09 - 1.72
4	0.21	3.23	1.24	0.98 - 1.56	0.21	3.21	1.24	0.98 - 1.56	0.22	3.29	1.24	0.98 - 1.57
5[a]												
Child present at incident (yes)					-0.02	0.13	0.98	0.9 - 1.07	0.02	0.17	1.02	0.93 - 1.11
Alcohol present at incident (yes)									0.27	35.40	1.31***	1.2 - 1.44
Drugs present at incident (yes)									0.45	19.29	1.56***	1.28 - 1.9

Notes. * p<.05 ** p<.01 ***p<.001; [a] Reference category.

Table 243 Binary Logistic Regression Predicting Repeat Offender Involvement in Family Violence Incidents, SA

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.48	2.95	1.61	0.94 - 2.78	0.42	2.23	1.52	0.88 - 2.65	0.44	2.39	1.55	0.89 - 2.69
2	0.53	3.24	1.7	0.95 - 3.02	0.42	1.95	1.52	0.85 - 2.73	0.44	2.11	1.55	0.86 - 2.78
3	0.56	3.54	1.76	0.98 - 3.16	0.49	2.56	1.63	0.9 - 2.95	0.50	2.72	1.65	0.91 - 3.01
4	0.34	1.10	1.4	0.75 - 2.61	0.27	0.67	1.3	0.69 - 2.46	0.29	0.82	1.34	0.71 - 2.53
5[a]												
Child present at incident (yes)					0.72	31.44	2.05***	1.59 - 2.63	0.73	31.98	2.07***	1.61 - 2.67
Alcohol present at incident (yes)									0.22	2.61	1.24	0.96 - 1.61
Drugs present at incident (yes)									0.36	1.91	1.44	0.86 - 2.41

Notes. * p<.05 ** p<.01 ***p<.001; [a] Reference category.

4.5.3.4. REPEAT VICTIMS

Three separate binary logistic regressions were performed to examine if SEIFA disadvantage quintile, alcohol involvement, drug involvement, child presence, and involvement of repeat offenders contributed unique variance to the prediction of involvement of repeat victims (no vs. yes) at all incidents (Table 245), IPV incidents (Table 246) and FV incidents (Table 247). Repeat offender was removed as a predictor in repeat victim models due to multicollinearity.

All incidents. In the fully adjusted model (Step 3), all predictors were significantly associated with involvement of a repeat victim. Compared to incidents that occurred in areas of least disadvantage, those that occurred in areas of relative disadvantage were significantly more likely to involve a repeat victim, with the size of the Odds Ratio increasing across areas of greater disadvantage. Victim alcohol (OR = 1.31) or drug involvement (OR = 1.57) were also associated with a greater likelihood that the incident involved a repeat victim, however child presence at the incident reduced the likelihood of the incident involving a repeat victim (OR = 0.82).

The final model accounted for 3%-4% of the variance in predicting whether or not the incident involved a repeat victim (Cox & Snell R Square = 0.03; Negelkerke R Square = 0.04) and correctly predicted 23.4% of incidents involving repeat victims (and 87.1% of incidents not involving repeat victims). Each step accounted for significant variance in the prediction of involvement of a repeat victim (ps<.001).

IPV incidents. In the fully adjusted model (Step 3), all predictors were significantly associated with whether or not an incident involved a repeat victim. Compared to incidents occurring in areas of least disadvantage, those that occurred in areas of greater disadvantage were significantly more likely to involve a repeat victim, with the size of the Odds Ratio increasing with greater disadvantage. Victim alcohol (OR = 1.31) or drug involvement (OR = 1.68) were also associated with a greater likelihood that the incident involved a repeat victim, however child presence at the incident reduced the likelihood of the incident involving a repeat victim (OR = 0.88).

The final model accounted for 3%-4% of the variance in predicting incidents involving a repeat victim (Cox & Snell R Square = 0.03; Negelkerke R Square = 0.04) and correctly predicted 25.4% of incidents that involved repeat victims (and 85.9% of incidents that did not involve repeat victims). Each step accounted for significant variance in the prediction of involvement of a repeat (ps<.001).

FV incidents. In the fully adjusted model (Step 3), only incidents occurring within the 3rd SEIFA quintile (OR = 3.13) and incidents where children were present were significantly associated with

whether or not an incident involved a repeat victim, with child present reducing the likelihood of repeat victim (OR = 0.46).

The final model accounted for 3%-5% of the variance in predicting whether or not an incident involved a repeat victim (Cox & Snell R Square = 0.03; Negelkerke R Square = 0.05) and correctly predicted 0% of incidents involving repeat victims (100% of incidents not involving repeat victims). With only step two accounting for significant variance in the model ($p<.001$).

Table 244 Binary Logistic Regression Predicting Repeat Victim Involvement in All Incidents, SA

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.95	83.48	2.6***	2.12 - 3.19	0.96	83.77	2.6***	2.12 - 3.2	0.95	81.75	2.58***	2.1 - 3.17
2	0.57	25.78	1.76***	1.42 - 2.19	0.58	27.10	1.79***	1.44 - 2.22	0.58	26.98	1.79***	1.44 - 2.22
3	0.42	13.31	1.52***	1.21 - 1.9	0.42	13.24	1.52***	1.21 - 1.9	0.42	13.08	1.52***	1.21 - 1.9
4	0.29	5.80	1.33*	1.06 - 1.68	0.28	5.65	1.33*	1.05 - 1.67	0.29	5.91	1.33*	1.06 - 1.68
5[a]												
Child present at incident (yes)					-0.24	30.48	0.79***	0.73 - 0.86	-0.20	22.40	0.82***	0.75 - 0.89
Victim Alcohol involvement (yes)									0.27	38.46	1.31***	1.21 - 1.43
Victim Drug involvement (yes)									0.45	22.48	1.57***	1.3 - 1.89

Notes. * p<.05 ** p<.01 ***p<.001; [a] Reference category.

Table 245 Binary Logistic Regression Predicting Repeat Victim Involvement in Intimate Partner Violence Incidents, SA

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.96	79.13	2.62***	2.12 - 3.24	0.96	78.99	2.62***	2.12 - 3.24	0.95	76.57	2.59***	2.09 - 3.2
2	0.58	25.43	1.79***	1.43 - 2.25	0.59	26.07	1.81***	1.44 - 2.27	0.59	25.68	1.8***	1.43 - 2.26
3	0.39	10.41	1.47***	1.16 - 1.86	0.38	10.20	1.46***	1.16 - 1.85	0.38	9.88	1.46**	1.15 - 1.84
4	0.26	4.41	1.29*	1.02 - 1.64	0.25	4.25	1.29*	1.01 - 1.64	0.26	4.32	1.29*	1.02 - 1.64
5[a]												
Child present at incident (yes)					-0.16	13.10	0.85***	0.78 - 0.93	-0.13	8.14	0.88**	0.8 - 0.96
Victim Alcohol involvement (yes)									0.27	34.16	1.31***	1.2 - 1.43
Victim Drug involvement (yes)									0.52	25.82	1.68***	1.37 - 2.04

Notes. * p<.05 ** p<.01 ***p<.001; [a] Reference category.

Table 246 Binary Logistic Regression Predicting Repeat Victim Involvement in Family Violence Incidents, SA

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.80	2.72	2.22	0.86 - 5.72	0.88	3.28	2.41	0.93 - 6.25	0.88	3.24	2.4	0.93 - 6.23
2	0.49	0.93	1.64	0.6 - 4.44	0.63	1.52	1.88	0.69 - 5.15	0.61	1.39	1.84	0.67 - 5.03
3	1.04	4.30	2.83*	1.06 - 7.56	1.15	5.22	3.17*	1.18 - 8.54	1.14	5.09	3.13*	1.16 - 8.44
4	0.52	0.92	1.68	0.58 - 4.84	0.61	1.24	1.83	0.63 - 5.32	0.58	1.13	1.78	0.61 - 5.19
5[a]												
Child present at incident (yes)					-0.78	18.42	0.46***	0.32 - 0.65	-0.78	17.90	0.46***	0.32 - 0.66
Victim Alcohol involvement (yes)									-0.32	2.65	0.73	0.5 - 1.07
Victim Drug involvement (yes)									-0.10	0.08	0.9	0.45 - 1.81

Notes. * p<.05 ** p<.01 ***p<.001; [a] Reference c

4.5.4. SA SUMMARY

4.5.4.1. PERSONS

In SA, the majority of offenders were male (91.1%) falling into the 30-34 year age category, and the majority of victims were female (89.1%) falling into the 25-49 year age category.

Offenders were mostly involved in IPV related incidences (88.4%), with the majority of IPV incidents involving males (92.5%). The majority of victims were involved in incidences that were IPV related (88.3%), with most IPV incidences involving female victims (92.6%).

SEIFA disadvantage index shows the proportion of SA incidents was greatest in areas of greatest disadvantage (1st quintile 47.6%, 5th quintile 5.9%).

Alcohol related incidents were only recorded for victims in SA. Just under half of all victims (45.6%) were noted as being unaffected by any substance, with significantly higher proportions of victims in IPV related incidences being affected by alcohol (90.9%).

4.5.4.2. INCIDENT TRENDS

Between 2010 and 2014, of the 12,907 DV incidents attended by police, 11,354 (88.0%) were IPV related and 1,525 (11.8%) were FV related. The highest proportions of both IPV related incidents were recorded in 2011 (94.4%), with incidents decreasing across time, however highest FV proportions were recorded in 2014 (18.7%) with incidents increasing across time.

Child witness to DV incidents occurred at significantly higher levels of IPV (85.8%) compared to FV (14.2%), and were relatively stable across time. The highest proportions of child-witnessed incidents occurred in 2011 for IPV (91.8%), and 2014 for FV (20.5%).

Less than half of all incidents involved recidivist offenders (45.7%) or repeat victims (40.0%), with the higher proportions of incidents involving a recidivist offender in 2014 (27.6&), and smallest in 2010 (15.3%). IPV incidents were significantly more likely than FV incidents to involve repeat victims ($p<.001$, Phi = 0.19), however this was not reflected in recidivist offenders.

DV incidents were more likely to take place Saturdays (17.0%) and Sundays (17.3%) than on weekdays (12.5-13.7%). This trend was consistent for both IPV and FV incidents. The proportion of incidents that took place during each 3-hour interval generally increased over the afternoon to early morning from 3pm to 3am, and decreased somewhat between 3am and 9am.

4.5.4.3. KEY CORRELATES OF DV

When predicting victim alcohol involvement across all incidents, repeat victims or offenders were 1.15 and 1.19 times more likely to be flagged as victim alcohol-related, while child presence or drug presence at the incident decreased likelihood that an incident was victim alcohol-related by almost half (OR = 0.62 and OR = 0.01). IPV incidents involving repeat offenders were 1.18 times more likely to be victim alcohol-related, while child presence or drug presence at the incident decreased likelihood that an incident involved alcohol (OR = 0.59 and OR = 0.01). In FV incidents, if the incident involved a repeat offender or repeat victim, incidents were 1.32 and 0.67 times more likely to be victim alcohol-related.

When predicting child witness across all incidents, all predictors except quintiles 1, 3 and 4 of SEIFA disadvantage were significantly associated with child presence. Incidents occurring at quintile 2 of disadvantage were significantly more likely to be witnessed by children (OR = 1.28). If the incident involved a repeat offender, the odds of a child being present were increased by 1.86. However, repeat victim involvement, alcohol and drug involvement decreased the likelihood that a child was present at the incident (OR = 0.50; OR = 0.62; OR = 0.71). IPV incidents involving a repeat offender increased the odds of a child being present (OR = 1.5), however the presence of a repeat victim, alcohol, or drugs decreased likelihood that children witnessed the incident (OR = 0.62; OR = 0.59; OR = 0.77). In FV incidents, the presence of repeat offenders, repeat victims, and drugs, as well as the 2nd quintile of SEIFA disadvantage were significantly associated with child presence. Compared to incidents that occurred in other areas disadvantage, children in the 2nd quintile were 1.28 more likely to witness incidents. If the incident involved a repeat victim or a repeat offender, the odds of a child being present were increased by 2.50 and 0.34, respectively. Drug involvement decreased likelihood a child witnessed the incident (OR = 0.38).

When predicting offender recidivism across all incidents, victim alcohol (OR = 1.32), and drug involvement (OR = 1.52), were both associated with a greater likelihood that the incident involved a repeat offender, as well as child presence at the incident (OR = 1.11). Compared to incidents that occurred in areas of least disadvantage, incidents that occurred in areas of greater disadvantage were significantly more likely to involve a repeat offender, with the size of the Odds Ratio increasing across areas of greater relative disadvantage. IPV incidents involving victim alcohol (OR = 1.31) and victim drug involvement (OR = 1.56), were each associated with a greater likelihood that the incident involved a repeat offender. In FV incidents, only child present was significantly associated with a greater likelihood that the incident involved a repeat offender (OR = 2.07).

When predicting repeat victimisation across all incidents, all predictors were significantly associated with involvement of a repeat victim. Compared to incidents that occurred in areas of least disadvantage, those that occurred in areas of relative disadvantage were significantly more likely to

involve a repeat victim, with the size of the Odds Ratio increasing across areas of greater disadvantage. Victim alcohol (OR = 1.31) or drug involvement (OR = 1.57) were also associated with a greater likelihood that the incident involved a repeat victim, however child presence at the incident reduced the likelihood of the incident involving a repeat victim (OR = 0.82). IPV incidents involving victim alcohol (OR = 1.31) or drug involvement (OR = 1.68) were associated with a greater likelihood that the incident involved a repeat victim, however child presence at the incident reduced the likelihood of the incident involving a repeat victim (OR = 0.88). In FV incidents, only incidents occurring within the 3rd SEIFA quintile (OR = 3.13) and incidents where children were present were significantly associated with whether or not an incident involved a repeat victim, with child present reducing the likelihood of repeat victim (OR = 0.46).

4.6. TASMANIA POLICE DATA RESULTS

In this section trends for IPV incidents attended by Tasmania police between 1 July 2009 and 30 June 2014 are presented separately for persons and incidents. These findings relate to incidents involving intimate partners only (IPV).

4.6.1. PERSONS

Demographic data are presented firstly for offenders and then victims.

4.6.1.1. OFFENDERS

Across the reporting period there were 13,732 offenders, including 11,419 (83.2%) males and 2305 (16.8%) females, and 8 offenders whose gender was not recorded. Most incidents involved only one offender (96.1%), but the Tasmania Police FVMS system has only allowed more than one offender per report to be recorded since 15 October 2011.

Table 248 presents the proportion of offenders within each age group (excluding offenders with missing or invalid age/sex data, n=90). The majority of offenders were aged 25-49 years.

Table 247 Proportion of female and male offenders by age group, TAS (n=13,642)

	Female		Male		All Offenders	
Age (years)	**n**	**%**	**n**	**%**	**n**	**%**
12-17	40	1.7	76	0.7	116	0.9
18-24	546	23.8	2072	18.3	2619	19.2
25-34	808	35.3	4119	36.3	4928	36.1
35-49	717	31.3	4127	36.4	4847	35.5
50-59	139	6.1	748	6.6	887	6.5
60-69	32	1.4	171	1.5	203	1.5
70-84	8	0.3	36	0.3	44	0.3
85 +	0	0.0	3	<0.1	5	<.01

Figure 64 presents the proportion of offenders who were male and offender within each age group (excluding those aged over 85 as there were only three offenders in this group). Across each age group males comprised the majority of offenders (65-85%).

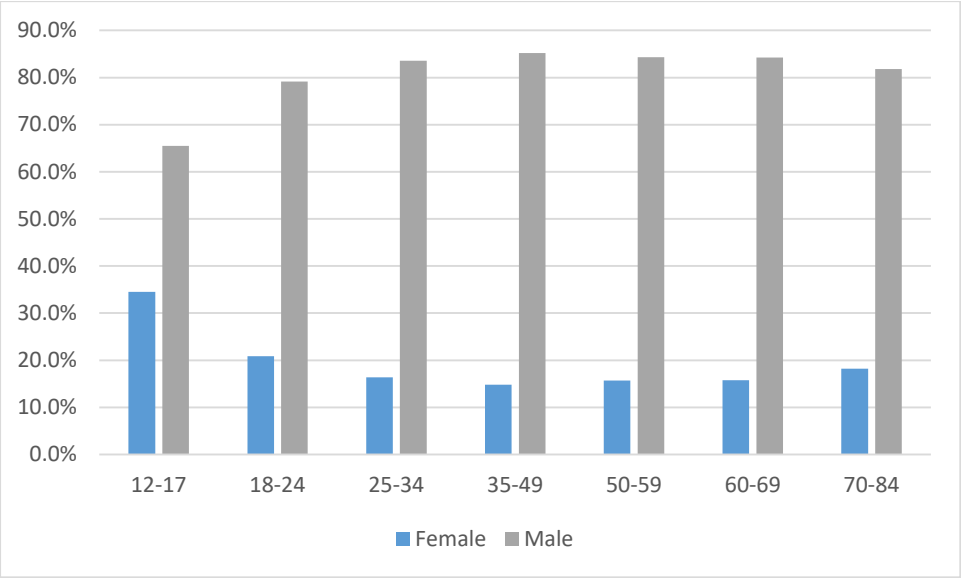


Figure 69 Proportion of male and female offenders by age group and gender, TAS (n=13,639)

4.6.1.2. VICTIMS

There were 12,656 victims recorded at IPV incidents in Tasmania during the reporting period, including 10,796 (85.4%) females, 1,853 (14.6%) males, and 7 victims whose gender was not recorded.

Table 249 shows the proportion of victims within each age group (excluding victim with missing or invalid age/sex data, n=113). The greatest proportion of female victims were aged 25-34, while the greatest proportion of male victims were 35-49 years. The smallest proportion of female and male victims were aged 70-84 years (0.3%).

Table 248 Proportion of female and male victims by age group, TAS (n=12,543)

	Female		Male		All Victims	
Age (years)	**n**	**%**	**n**	**%**	**n**	**%**
Under 18	247	2.3	67	3.7	314	2.5
18-24	2785	26.0	298	16.3	3086	24.6
25-34	3833	35.8	553	30.2	4386	35.0
35-49	3265	30.5	661	36.1	3928	31.3
50-59	455	4.2	171	9.3	626	5.0
60-69	102	1.0	71	3.9	174	1.4
70-84	23	0.2	12	0.7	36	0.3

Figure 65 shows the proportion of victims within each group who were female and male. Females comprised the majority of victims across each age group, however the proportion of victims that were male increased as age group increased.

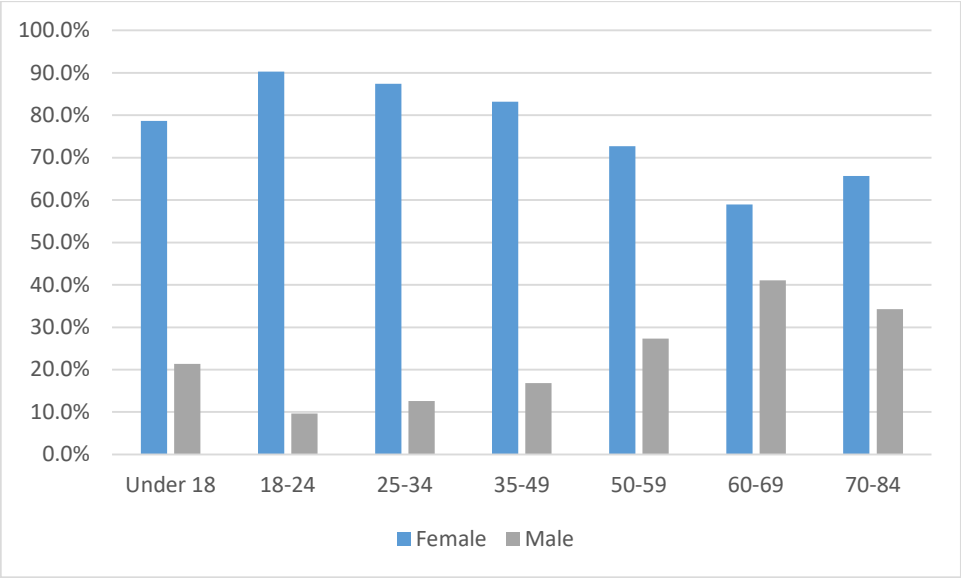


Figure 70 Proportion of victims by age group and gender, TAS (n=12,543)

4.6.2. INCIDENTS

A total of 13,097 IPV incidents were recorded by Tasmania police between 1 July 2009 and 30 June 2014. Table 250 shows the proportion and rate per 10,000 of IPV incidents per year.

Table 249 Proportion of IPV incidents per year, TAS (n=13,097)

Year	n	%	Rate per 10,000
July-Dec 2009	1687	12.9%	n/a[a]
2010	2847	21.7%	54.8
2011	2743	20.9%	52.9
2012	2322	17.7%	45.3
2013	2320	17.7%	45.1
Jan-June 2014	1178	9.0%	n/a[a]

Notes. [a]Rate per 10,000 was not calculated as data were only available for half 2009 and 2014.

Figure 66 below shows the rates of all incidents per 10,000 people has decreased between 2010 and 2014. This trend is consistent for alcohol related incidents and drug related incidents.

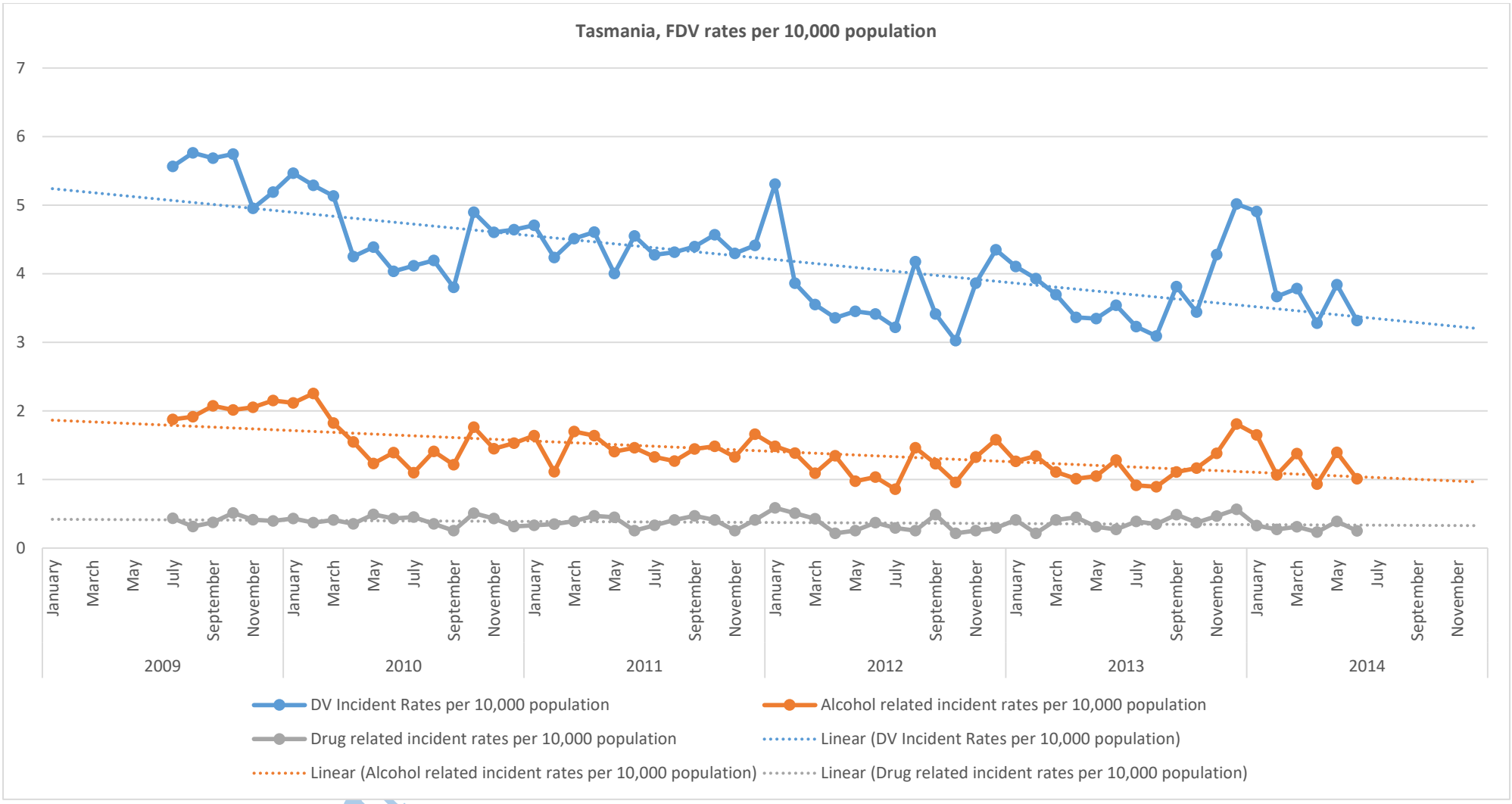


Figure 71: Alcohol, drug, and all incident rates per 10,000 population over reporting period, TAS

4.6.2.1. SOCIOECONOMIC DISADVANTAGE

Incident locations (suburb) were classified according to the ABS Socio-Economic Indexes for Areas (SEIFA) area level of socioeconomic disadvantage (see Table 251). There were a small number of incidents with no incident location available (n=561, 4.3%) which were excluded from analyses.

Table 250 Incident location by level of socioeconomic disadvantage, TAS (n=12,536)

SEIFA Disadvantage index[1]	n	%
1 (most disadvantaged)	3586	28.6
2	3500	27.9
3	1684	13.4
4	2297	18.3
5 (least disadvantaged)	1469	11.7

Notes. [1] The disadvantage index of 574 incidents was not recorded; [2] 1 = most disadvantaged, 5 = least disadvantaged

Over half of all IPV incidents (56.5%) took place in areas of the two greatest levels of disadvantage, while the smallest proportion of incidents took place in the least disadvantaged areas of Tasmania.

4.6.2.2. ALCOHOL-RELATED INCIDENTS

Overall, 33.5% (n=4,382) incidents attended by Tasmania Police were alcohol-related (i.e. either the victim or the offender where judged as affected by alcohol by attending Police Officers). Victims were judged to be affected by alcohol in 12.6% (n=1,650) incidents[79], offenders in 31.3% (n=4,105), and both the victim and the offender in 10.5% (n=1,373) incidents. Table 252 shows that the proportion of incidents that were alcohol-related was highest in the first half of 2009 and gradually decreased until 2013, where there was a slight increase in the first half of 2014. The 4.3% decrease from 2009 to 2014 was significant ($p<.05$, Phi=-.04).

Table 251 Proportion of alcohol-related incidents by year, TAS (n=13,091)[a]

Year	n	%
July-Dec 2009	620	36.8
2010	974	34.2
2011	913	33.3
2012	755	32.5
2013	737	31.8
Jan-June 2014	383	32.5

Notes. [a]Excludes 6 incidents where alcohol involvement was unknown.

Figure 67 shows the proportion of alcohol-related incidents within each socioeconomic disadvantage quintile. The proportion of incidents that were alcohol-related was highest in the area of least relative

[79] No victim data was available for 551 incidents. This is due to records of victims not being mandatory with the current FVMS.

disadvantage (5th quintile, 37.2% incidents were alcohol-related, p>.05), and smallest in the third area of relative disadvantage (3rd quintile, 31.6% incidents were alcohol-related, p<.05).

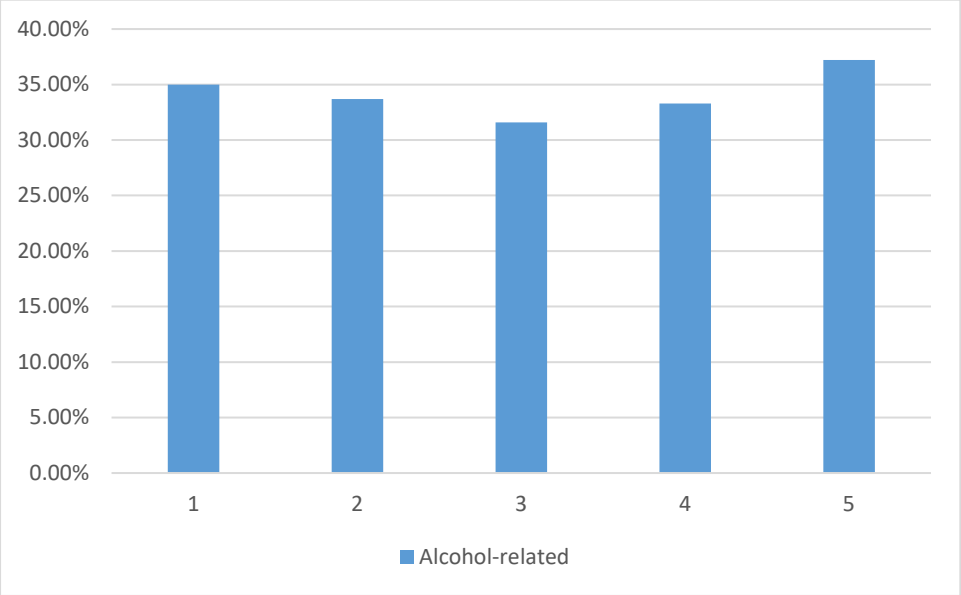


Figure 72 Proportion of alcohol-related incidents according to level of socioeconomic disadvantage, TAS (n=12,534)

Presence of weapons. A significantly higher proportion of incidents that were alcohol-related involved weapons (7.8%), than incidents that were not alcohol-related (5.1%, p<.001, Phi=0.05).

4.6.2.3. DRUG-RELATED INCIDENTS

Overall, 8.9% (n=1,164) incidents attended by Tasmania Police were drug-related (i.e. either the victim or the offender where judged as affected by drugs by attending Police Officers). Victims were judged to be affected by drugs in 1.4% (n=188) incidents[80], offenders in 8.2% (n=1,079), and both the victim and the offender in 0.8% (n=103) incidents. Table 253 shows the proportion of drug-related incidents did not show a linear trend across the reporting period. The greatest proportion of drug-related incidents was reported in 2013, and the smallest proportion in 2009 and 2014.

Table 252 Proportion of drug-related incidents by year, TAS (n=13,097)

Year	n	%
July-Dec 2009	128	7.6
2010	253	8.9
2011	237	8.6
2012	213	9.2
2013	241	10.4
Jan-June 2014	92	7.8

[80] Excludes 551 incidents where victim data was unavailable.

Figure 68 shows the proportion of drug-related incidents within each socioeconomic disadvantage quintile. The proportion of incidents that were drug-related was highest in the area of most relative disadvantage (1st quintile, 9.9% incidents were drug-related, p<.05) and lowest in the third area of relative disadvantage (3rd quintile, 6.4% incidents were drug-related, p<.05).

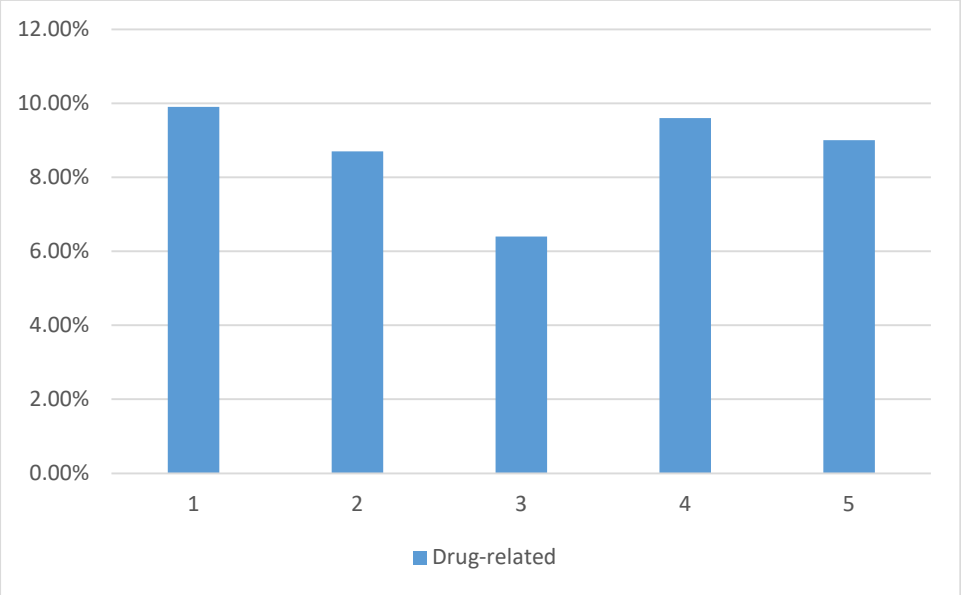


Figure 73 Proportion of drug-related incidents according to level of socioeconomic disadvantage, TAS (n=12,534)

Presence of weapons. A significantly higher proportion of incidents that were drug-related involved weapons (10.5%), than incidents that were not drug-related (5.6%, p<.001, Phi=0.06).

4.6.2.4. CHILD WITNESSES

Tasmania Police have recorded whether children witnessed family violence incidents since 15 October 2011 (before this time children of the relationship were recorded, but there was no option to select whether the child was *present* at the time of the incident). Between 15 October 2011 and 30 June 2014, 52.6% (n=3,359) incidents were witnessed by children. Table 254 shows that the proportion of child-witnessed incidents increased slightly (3.4%) across the measurement period, but this decrease was not statistically significant (p>.05).

Table 253 Proportion of child-witnessed IPV incidents, TAS (n=6,387)

Year	n	%
July-Dec 2009[a]	-	-
2010[a]	-	-
2011[b]	282	49.7
2012	1233	53.1
2013	1218	52.5
Jan-June 2014	626	53.1

Note. [a] Data were not recorded during this time period; [b] data were recorded from 15 October.

Table 255 presents the proportion of incidents witnessed by children that were alcohol-related and drug-related. A significantly higher proportion of incidents not witnessed by children involved alcohol compared to incidents that were witnessed by children (p<.001; Phi = -0.04). A significantly higher proportion of incidents that were witnessed by children were drug-related compared to incidents that did not involve children (p<.01, Phi = 0.03).

Table 254 Proportion of child-witnessed incidents that were substance-related, TAS (n=6,387)

	No child witness		Child witness	
	n	**%**	**n**	**%**
Alcohol-related	1047	34.6	1022	30.4
Drug-related	249	8.2	340	10.1

Figure 69 shows the proportion of incidents that were witnessed by children according to level of socioeconomic disadvantage. The proportion of incidents that were witnessed by children was highest in the most disadvantaged area and lowest in the least disadvantaged area.

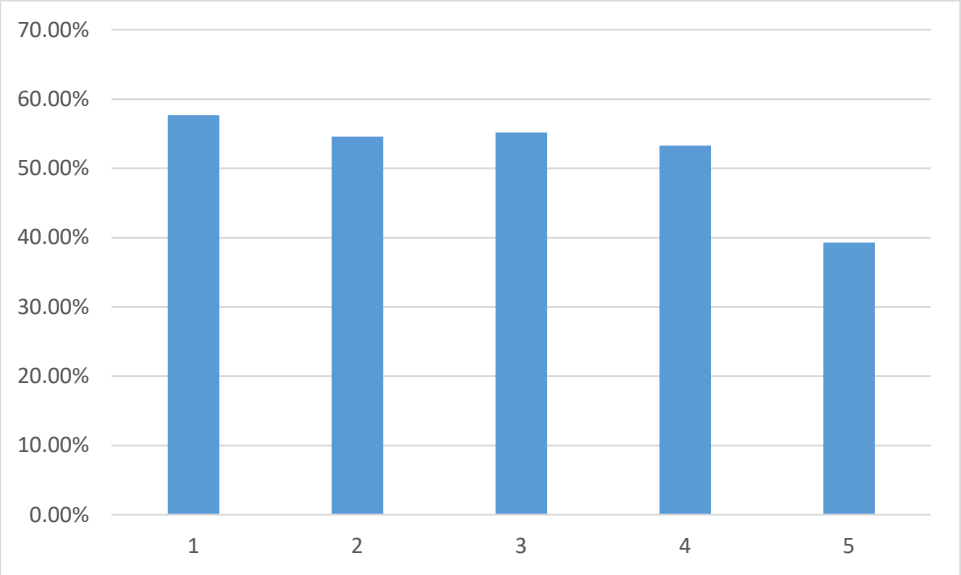


Figure 74 Proportion of incidents witnessed by children according to level of socioeconomic disadvantage, TAS (n=5,883)

4.6.2.5. INCIDENT DAY AND TIME

The day and time at which incidents occurred are shown in Figure 70 and Figure 71, respectively.

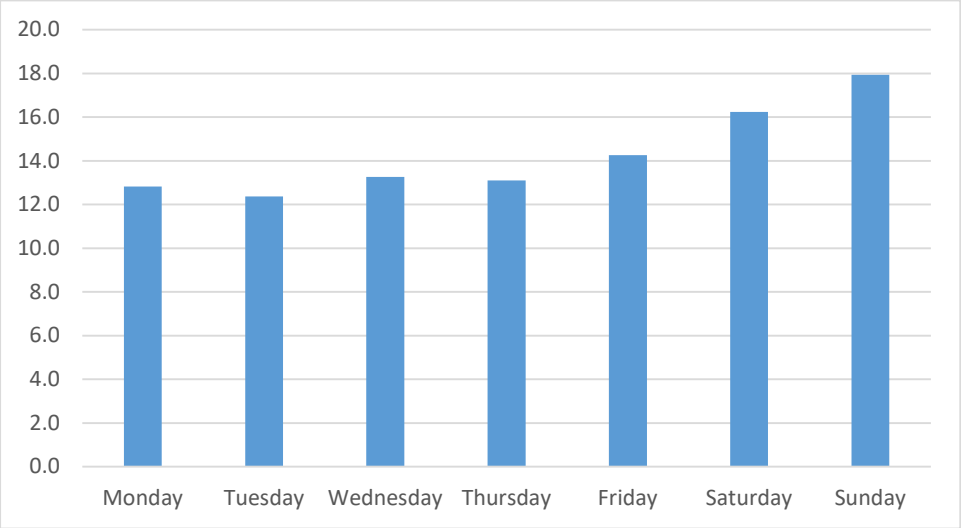


Figure 75 Proportion of incidents that took place on each day of the week, TAS (n=13,097)

Incidents reported to Tasmania Police most often occurred on Sundays (17.9%), followed by Saturdays (16.2%), and least often on Tuesdays (12.4%).

Figure 71 presents the proportion of IPV incidents attended by Tasmania Police that occurred during each three-hour time window (excluding incidents where no time was recorded, n=963).

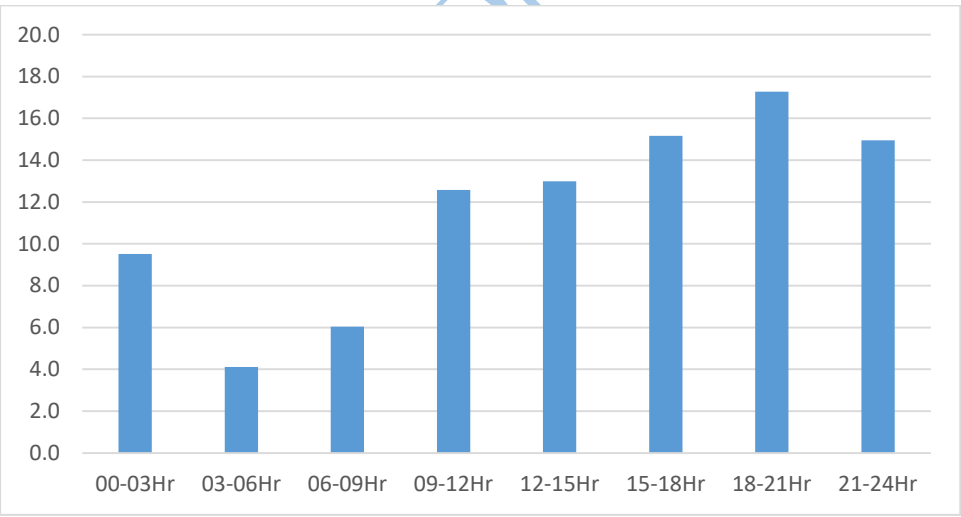


Figure 76 Proportion of incidents that took place during each three-hour window, TAS (n=12,134)

The proportion of incidents that took place during each 3-hour interval generally increased from 6am to 9pm, then decreased steadily 9pm-6am. Incidents were most likely to occur between 6pm and 9pm and least likely 3am-6am.

When day of week and time of day were considered together (see Figure 72), a higher proportion of incidents that occurred on weekends occurred late in the evening/early morning (between 9pm-6am) compared to incidents that occurred during the week. Twenty-eight percent of incidents that took place on Saturdays and 29.4% of incidents that took place on Sundays occurred between 12am-6am, compared to 17-17.6% of incidents occurring on Monday-Friday.

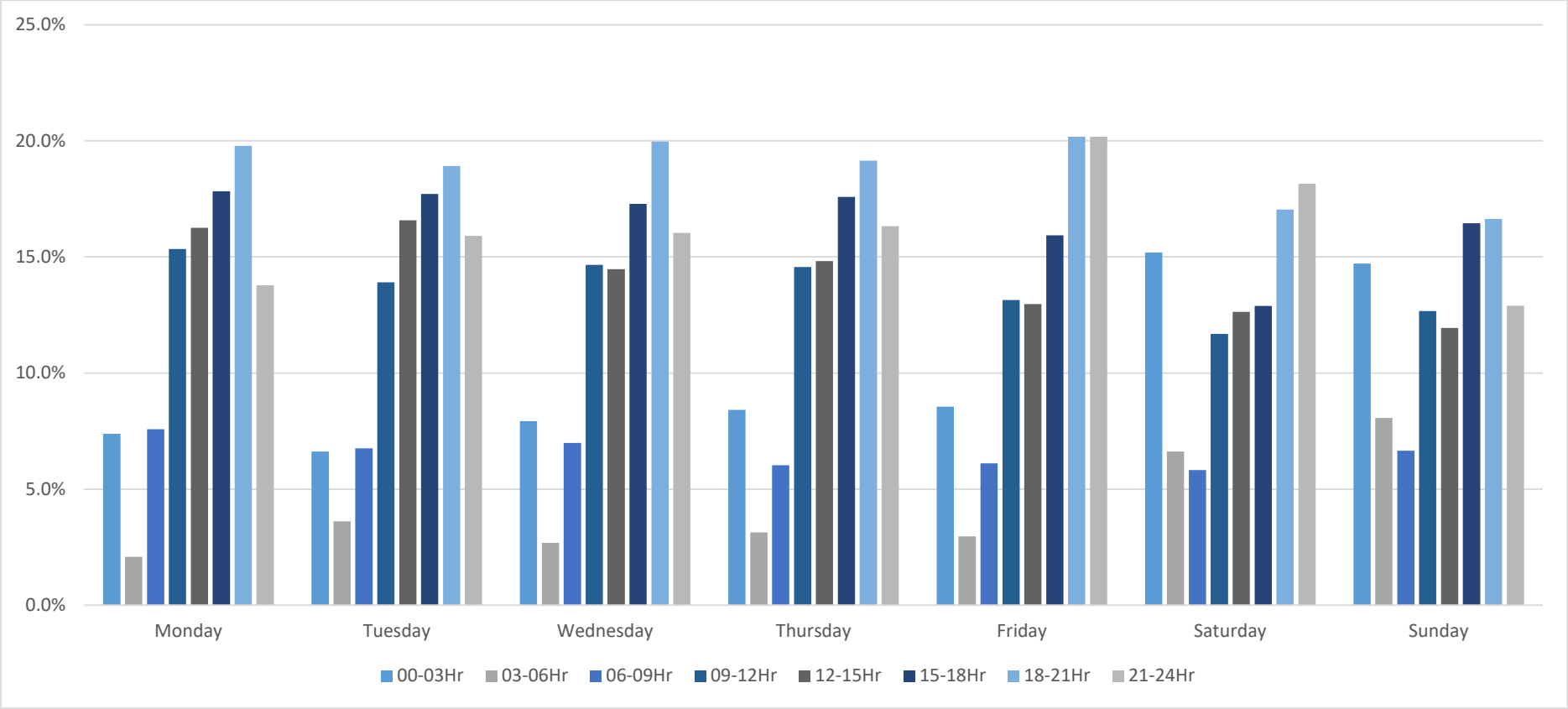


Figure 77 Proportion of incident that occurred each day of the week in three-hour blocks, TAS (n=12,134)

Substance-involvement. Figure 73 shows the proportion of incident that were alcohol-related and drug-related by day of the week and Figure 74 shows the proportion of incidents that were alcohol-related and drug-related by time of the day.

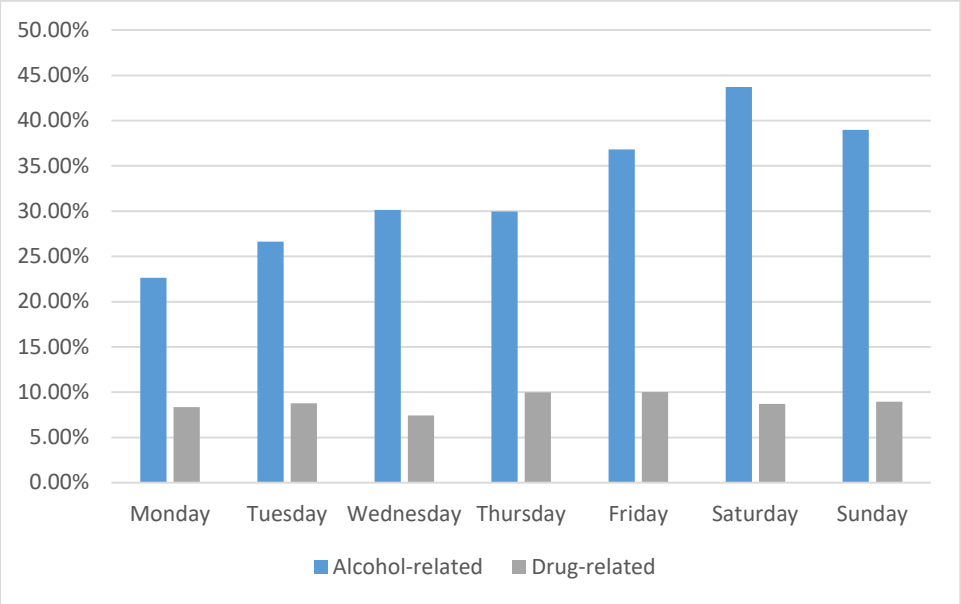


Figure 78 Proportion of alcohol-related and drug-related incidents per day of the week, TAS (n=13,095)

The proportion of incidents that were alcohol-related was highest on the weekend (Saturday: p<.001; Sunday: p<.001) and on Fridays (p<.001) and lowest Mondays (p<.001) and all other weekdays (ps<.01). Conversely, the proportion of incidents were drug-related was similar across each day of the week, but was significantly lower on Wednesdays compared to all other days of the week (p<.05).

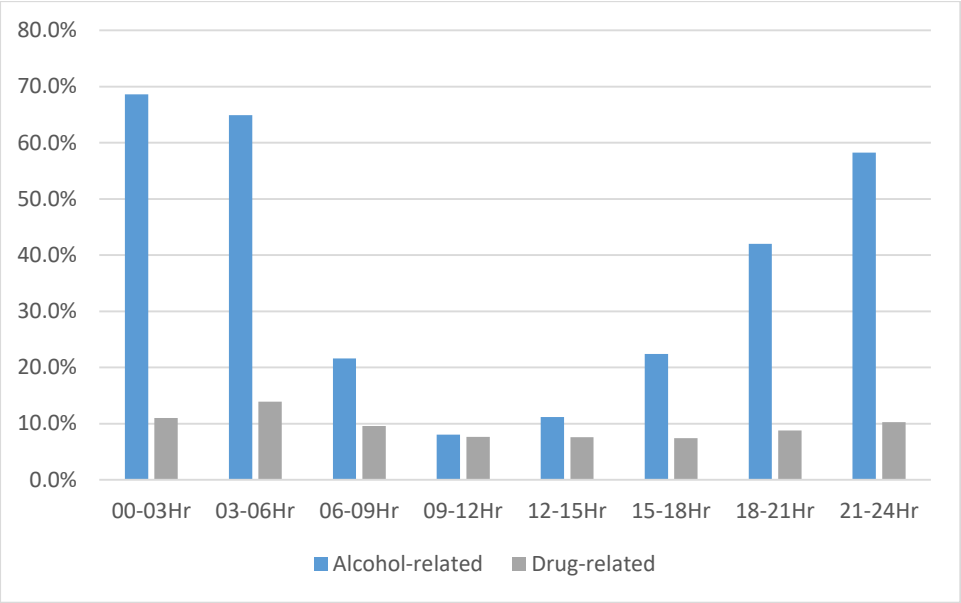


Figure 79 Proportion of alcohol-related and drug-related incidents during each three-hour interval, TAS (n=12,132)

The proportion of incidents that were alcohol-related gradually increased during the day and across the evening, peaking at 12am-3am at 68.6%, then sharply decreased from 64.9% at 3am-6am to just 8.0% at 9am-12am. The proportion of incidents that were drug-related was similar from 6am-9pm, and highest between 3am-6am.

When day-of-the-week and time-of-day were considered together (see Figure 75), a higher proportion of alcohol-related incidents occurring during the week (Monday-Friday) took place from 6pm-12am (50.0%-59.3%) than incidents occurring on Saturdays (45.8%) and Sundays (34.3%). Conversely, a higher proportion of alcohol-related incidents occurring on Saturdays and Sundays took place from 12am-6am (Saturday: 39.0%; Sunday: 47.8%), than incidents occurring during the week (Monday-Friday, 22.7%-26.8%). Similarly, as shown in Figure 76, a higher proportion of drug-related incidents occurring on the weekend tended to occurred in the evening and early hours of the morning compared to drug-related incidents that occurred during the week.

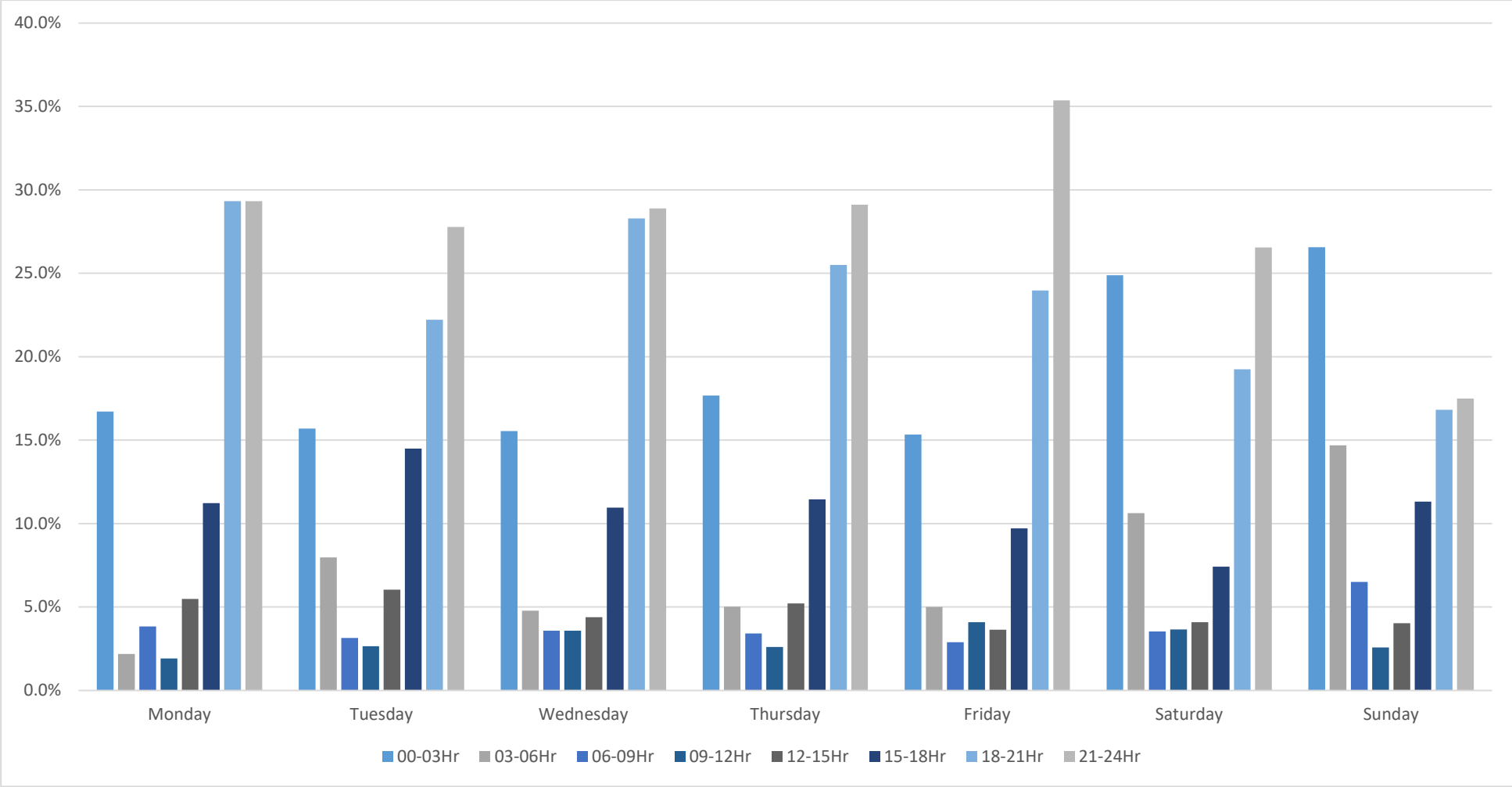


Figure 80 Proportion of alcohol-related incidents that occurred each day of the week in three-hour blocks, TAS (n=4,434)

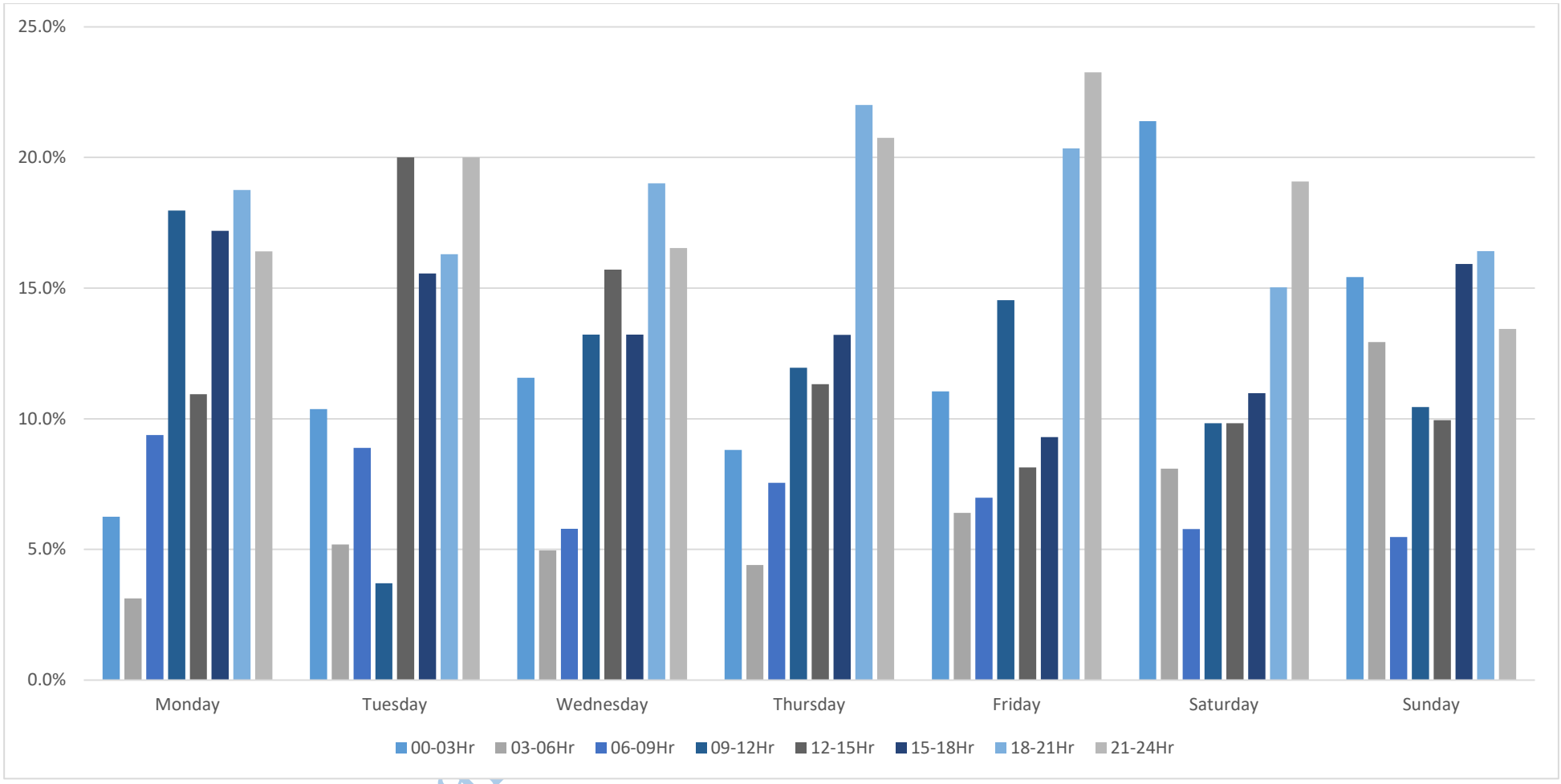


Figure 81 Proportion of drug-related incidents that occurred each day of the week in three-hour blacks, TAS (n=1,089)

Child witness. Since 15 October 2011, there was no significant difference in the proportion of incidents that were witnessed by children across each day of the week (p>.05). With regard to time-of-day, incidents were most likely witnessed by child between 6am-9am (63.0% child-witnessed, p<.001), and least likely witnessed between 12am-3am (46.2% child-witnessed, p<.001).

4.6.2.6. INCIDENT OUTCOMES

Incident outcomes included removal of either offender or victim. Overall, offenders were removed from 14.4% (n=1,892) incidents and victims were removed from 11.9% (n=1,552) incidents. Table 256 and

Table 257 show the proportion of incidents where victim and offenders were removed that were alcohol-related and drug-related. A significantly higher proportion of incidents where offenders were removed were alcohol-related (p<.001, Phi=.18), but not drug-related (p>.05), compared to incidents where no offender was removed. A significantly higher proportion of incidents where victims were removed were alcohol-related (p<.001, Phi=.06) or drug-related (p<.001, Phi=.07) compared to incidents where no victims were removed.

Table 255 Proportion of incidents offenders were removed that were substance-related, TAS (n=)

	Offender not removed		Offender removed	
	n	%	n	%
Alcohol-related	3365	30.0	1017	53.8
Drug-related	979	8.7	185	9.8

Table 256 Proportion of incidents victims were removed that were substance-related, TAS (n=

	Victim not removed		Victim removed	
	n	%	n	%
Alcohol-related	3732	32.3	650	41.9
Drug-related	936	8.1	228	14.7

4.6.2.7. FAMILY VIOLENCE ORDER BREACHES

Across the reporting period, 21.4% (n=2,803) incidents involved a Family Violence Order (FVO) breach,[81] The proportion of breaches per reporting year is shown in Table 258.

[81] Includes Breach of a Police Family Violence Order, Breach of a Family Violence Order, Breach of an Interim Family Violence Order, Breach of an External Family Violence Order.

Table 257 Proportion of Family Violence Order Breaches per year, TAS (n=13,097)

Year	n	%
July-Dec 2009	366	21.7
2010	385	13.5
2011	581	21.2
2012	573	24.7
2013	589	25.4
Jan-June 2014	309	26.2

Substance involvement. A significantly lower proportion of incidents where an FVO was breached were alcohol-related (25.6%) compared to incidents where an FVO was not breached (35.6%, p<.001, Phi=-.09). There was no significant difference in the proportion of incidents that were drug-related and whether an FVO was breached or not breached (8.5% versus 9.0%, p>.05).

Presence of weapons. A significantly lower proportion of incidents involving a breach of an FVO involved weapons (3.6%), than incidents that did not involve a breach of an FVO (6.6%, p<.001, Phi=-0.05).

Socioeconomic disadvantage. There was no significant difference in the proportion of incidents that involved a breach of an FVO according to area of socioeconomic disadvantage (p>.05).

Day of week and time of day. FVO breaches occurred most often on Wednesdays (23.9% incidents involved breaches) and least often on Saturdays and Sundays (19.4% of incidents involved breaches). FVO breaches most likely took place between 12pm-3am (24.7% of incidents involved breaches) and 9am-12pm (23.3% of incidents involved breaches), and least likely between 12am-3am (15.1% of incidents involved breaches).

4.6.2.8. ASSAULTS

Across the reporting period, 21.6% (n=2,825) incidents involved an Assault[82]. The proportion of assaults per reporting year is shown in Table 259.

Table 258 Proportion of Assaults per year, TAS (n=13,097)

Year	n	%
July-Dec 2009	346	20.5
2010	351	12.3
2011	636	23.2
2012	594	25.6
2013	588	25.3
Jan-June 2014	310	26.3

[82] Aggravated Assault [CC], Aggravated Assault [PoA], Assault a Police Officer [PoA], and Wounding.

Substance involvement. A significantly higher proportion of incidents where assault occurred were alcohol-related (41.9%) compared to incidents where no assault occurred (31.1%, p<.001, Phi=.09). A significantly higher proportion of incidents where assault occurred were drug-related (11.3%) compared to incidents where no assault occurred (8.2%, p<.001, Phi=.04).

Presence of weapons. A significantly higher proportion of incidents where an assault occurred involved a weapon (11.5%) compared to incidents where no assault occurred (4.5%, p<.001, Phi=0.12).

Socioeconomic disadvantage. Figure 77 presents the proportion of incidents within each area of relative disadvantage that assaults occurred. Assaults were least likely to occur in incidents that took place in the area of most disadvantage (17.3% involved assaults), and were most likely to occur in the area third area of relative disadvantage (24.7% involved assaults).

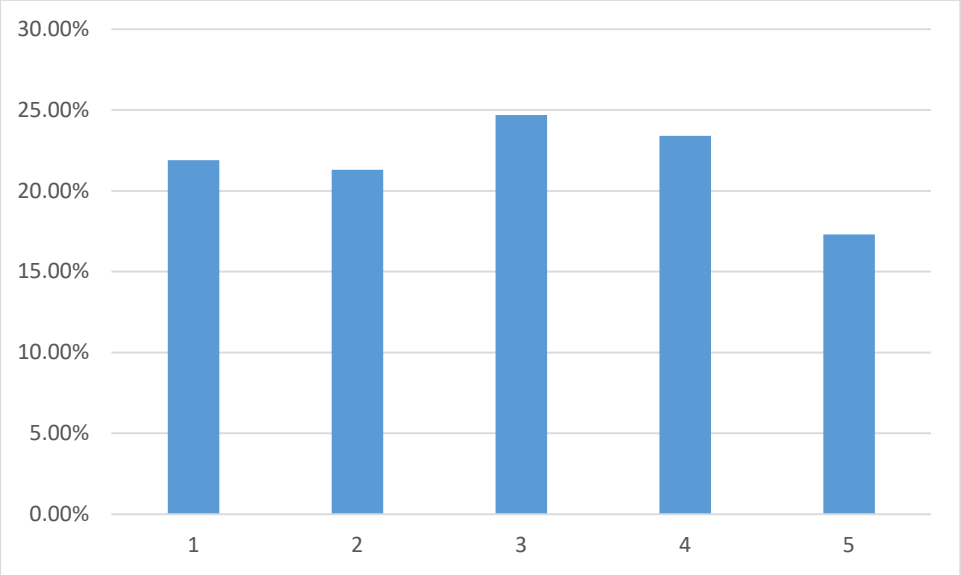


Figure 82 Proportion of incidents that involved an assault according to level of socioeconomic disadvantage, TAS (n=12,536)

Day of week and time of day. Assaults occurred more frequently on the weekend (Saturday: 23.3% incidents involved assaults, p<.05; Sunday: 23.9% incidents involved assaults, p<.01) than during the week (20%-20.9% incidents involved assaults). Assaults were least likely to occur between 12pm-3pm (19.0% incidents involved assaults, p<.001) and 3pm-6pm (19.3% incidents involved assaults, p<.001), and most likely to take place between 9pm-6am (24.7%-26.3% incidents involved assaults, ps<.05).

4.6.3. MULTIVARIATE CORRELATES OF INCIDENT CHARACTERISTICS

A series of binary logistic regression analyses were conducted to examine whether key person and incident factors contributed unique variance to the prediction of: 1) alcohol involvement; 2) FVO breaches; 3) assaults; 4) presence of children; 4) removal of offenders and victims. Predictor variables included in the models were: socioeconomic disadvantage, AOD use, and removal of either offender or victim. The following section presents results of each regression analysis separately[83]. As children presence at incidents has only been recorded since 15 October 2011, this variable was not included in the models as a predictor.

4.6.3.1. ALCOHOL INVOLVEMENT

A binary logistic regression was performed to examine if SEIFA disadvantage quintile, breach of an FVO, whether an assault occurred, offender removed, victim removed, offender drug use, and victim drug use were uniquely associated with whether alcohol was involved (no vs. yes) in incidents (see Table 260)[84].

In the fully adjusted model (Step 3), incidents involving breaches of family violence orders were significantly less likely to involved alcohol (OR = 0.65). Incidents that involved assaults were 1.55 times more likely to involve alcohol. The offender and victim being removed from the incident were associated 2.71 and 1.35 greater odds that the incident involved alcohol, respectively. Further, the offender being affected by drugs and the victim being affected by drugs increased the odds the incident involved alcohol by 2.16 and 1.71 times. Compared to incidents occurring in the 5th SEIFA disadvantage quintile (least disadvantaged), those in the 3rd SIEFA disadvantage quintile were significantly less likely to involve alcohol (OR = 0.80); quintiles 1, 2 and 4 were not significantly associated with alcohol involvement.

Overall the model accounted for 6%-8% of the variance in whether or not an incident involved alcohol (Cox & Snell R Square = 0.06; Negelkerke R Square = 0.08) and correctly predicted 23.6% incidents that alcohol was involved in and 90.1% of incidents that alcohol was not involved in. The All three steps significantly contributed to the prediction of alcohol involvement in incidents (ps<.05).

[83] Due to increased sensitivity of the Hosmer and Lemshow Test of model fit with larger sample sizes, we referred to the Omnibus Tests of Model Coefficients to interpret model fit for all models.

[84] Child presence was not included in the final model as this variable has only been recorded since 15 October 2011 and consequently substantially reduced the analytic sample (n = 5.370). When included in the model as a separate, and final step, child presence was associated with decreased likelihood the incident involved alcohol (OR=0.77, 95%CI=0.69-0.87).

Table 259 Binary logistic regression predicting alcohol involvement at incidents, TAS (n=12,021)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	-0.06	0.68	0.95	0.83 - 1.08	-0.08	1.43	0.92	0.81 - 1.05	-0.09	1.75	0.91	0.8 - 1.05
2	-0.12	3.24	0.89	0.78 - 1.01	-0.13	3.42	0.88	0.77 - 1.01	-0.13	3.43	0.88	0.77 - 1.01
3	-0.21	7.45	0.81**	0.7 - 0.94	-0.25	9.71	0.78**	0.67 - 0.91	-0.23	7.96	0.8**	0.68 - 0.93
4	-0.13	3.25	0.88	0.76 - 1.01	-0.12	2.45	0.89	0.77 - 1.03	-0.13	2.92	0.88	0.76 - 1.02
5[a]												
Breach of an FVO (yes)					-0.43	68.95	0.65***	0.59 - 0.72	-0.44	69.28	0.65***	0.58 - 0.72
Assault (yes)					0.46	96.77	1.58***	1.44 - 1.73	0.44	88.64	1.55***	1.42 - 1.7
Offender removed (yes)					0.99	333.47	2.7***	2.42 - 3	1.00	331.64	2.71***	2.43 - 3.01
Victim removed (yes)					0.35	36.00	1.42***	1.27 - 1.59	0.30	25.87	1.35***	1.2 - 1.52
Offender drug affected (yes)									0.77	120.87	2.16***	1.88 - 2.47
Victim drug affected (yes)									0.54	11.21	1.71***	1.25 - 2.34

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category FVO = Family violence order

4.6.3.2. BREACH OF A FAMILY VIOLENCE ORDER

A binary logistic regression was performed to examine if SEIFA disadvantage quintile, whether an assault occurred, offender removed, victim removed, offender alcohol use, victim alcohol use, offender drug use, and victim drug use were uniquely associated whether an incident involved a breach of an FVO (no vs. yes, see Table 261)[85].

In the fully adjusted model (Step 3), the offender (OR=0.56) and victim (0.56) being removed, and the offender (OR=0.72) and victim (OR=0.72) being alcohol-affected were associated with decreased likelihood that the incident involved a breach of an FVO. Whether the incident involved an assault and whether the victim or the offender was affected by drugs was not significantly associated with whether the incident involved a breach of an FVO. Compared to incidents that occurred in the 5th SEIFA disadvantage quintile (least disadvantaged), those that occurred in the 2nd (OR=1.22) and 4th (OR=1.25) quintiles were significantly more likely to involve a breach of an FVO.

The model accounted for 1%-3% of the variance in FVO breaches (Cox & Snell R Square = 0.02; Negelkerke R Square = 0.02), had adequate model fit, but correctly predicted 0% of incidents that involved an FVO breach. All three steps significantly contributed to the prediction of whether incidents involved an FVO breach (ps<.05)

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[85] Child presence was not included in the final model as this variable has only been recorded since 15 October 2011 and consequently substantially reduced the analytic sample (n = 5,370). When included in the model as a separate, and final step, child presence was not significantly associated with whether the incident involved an FVO breach.

Table 260 Binary logistic regression predicting a Family Violence Order breach at incidents, TAS (n=12,021)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.14	2.75	1.15	0.98 - 1.35	0.15	3.45	1.17	0.99 - 1.37	0.14	2.68	1.15	0.97 - 1.35
2	0.22	7.03	1.24**	1.06 - 1.46	0.22	7.03	1.25**	1.06 - 1.46	0.20	5.92	1.22*	1.04 - 1.44
3	0.18	3.51	1.19	0.99 - 1.43	0.18	3.80	1.2	1 - 1.45	0.15	2.61	1.17	0.97 - 1.4
4	0.26	8.80	1.29**	1.09 - 1.54	0.24	7.64	1.27**	1.07 - 1.51	0.22	6.44	1.25*	1.05 - 1.48
5[a]												
Assault (yes)					0.02	0.08	1.02	0.91 - 1.13	0.06	1.24	1.06	0.95 - 1.19
Offender removed (yes)					-0.69	78.08	0.5***	0.43 - 0.59	-0.59	55.06	0.56***	0.48 - 0.65
Victim removed (yes)					-0.61	56.58	0.55***	0.47 - 0.64	-0.57	49.99	0.56***	0.48 - 0.66
Offender alcohol affected (yes)									-0.33	31.02	0.72***	0.65 - 0.81
Victim alcohol affected (yes)									-0.33	14.76	0.72***	0.61 - 0.85
Offender drug affected (yes)									0.12	1.83	1.12	0.95 - 1.33
Victim drug affected (yes)									-0.35	2.42	0.71	0.46 - 1.1

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.6.3.3. ASSAULT

A binary logistic regression was performed to examine if SEIFA disadvantage quintile, breach of an FVO, offender removed, victim removed, offender alcohol use, victim alcohol use, offender drug use, and victim drug use were uniquely associated whether an incident involved a breach of an FVO (no vs. yes, see Table 262)[86].

In the fully adjusted model (Step 3), the offender being removed (OR=1.74), the offender being alcohol affected (OR=1.40), and the offender being drug affected (OR=1.31), significantly increased likelihood the incident involved an assault. The victim being alcohol affected also increased likelihood the incident involved an assault (OR=1.29). Compared to incidents occurring in the 5th SEIFA disadvantage quintile (least disadvantaged), incidents occurring in all other quintiles were significantly more likely to involve assaults (ORs = 1.32-1.61).

The model accounted for 2%-3% of the variance in assaults (Cox & Snell R Square = 0.02; Negelkerke R Square = 0.03), had adequate model fit, but correctly predicted 0% of incidents that involved an assault. All three steps significantly contributed to the prediction of whether incidents involved an assault (ps<.05).

[86] Child presence was not included in the final model as this variable has only been recorded since 15 October 2011 and consequently substantially reduced the analytic sample (n = 5,370). When included in the model as a separate, and final step, child presence was not significantly associated with whether the incident involved an assault.

Table 261 Binary logistic regression predicting assault, TAS (n=12,021)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.30	13.48	1.35***	1.15 - 1.59	0.28	11.76	1.33***	1.13 - 1.56	0.29	12.59	1.34***	1.14 - 1.58
2	0.26	9.87	1.3**	1.1 - 1.53	0.26	9.73	1.3**	1.1 - 1.53	0.28	11.04	1.32***	1.12 - 1.56
3	0.45	23.50	1.56***	1.3 - 1.87	0.44	22.37	1.55***	1.29 - 1.85	0.47	26.05	1.61***	1.34 - 1.93
4	0.37	17.76	1.44***	1.22 - 1.71	0.37	18.21	1.45***	1.22 - 1.72	0.39	19.57	1.48***	1.24 - 1.75
5[a]												
Breach of an FVO (yes)					0.11	3.15	1.12	0.99 - 1.27	0.01	0.01	1.01	0.89 - 1.14
Offender removed (yes)					0.61	99.86	1.84***	1.63 - 2.07	0.56	80.60	1.74***	1.54 - 1.97
Victim removed (yes)					-1.65	514.87	0.19***	0 - 0	0.06	0.98	1.06	0.95 - 1.18
Offender alcohol affected (yes)									0.34	41.20	1.4***	1.27 - 1.56
Victim alcohol affected (yes)									0.26	14.19	1.29***	1.13 - 1.47
Offender drug affected (yes)									0.27	11.95	1.31***	1.12 - 1.52
Victim drug affected (yes)									-0.16	0.81	0.85	0.59 - 1.21

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.6.3.4. CHILD-WITNESSED INCIDENTS

A binary logistic regression was performed to examine if SEIFA disadvantage quintile, breach of FVO, assault, offender removed, victim removed, offender alcohol use, victim alcohol use, offender drug use, and victim drug use were uniquely associated with whether an incident was witnessed by a child (no vs. yes) in incidents (see Table 263).

In the fully adjusted model (Step 3), breach of an FVO, assault, offender removed, and victim removed were not associated with a child witnessing an incident, further this step (Step 2) as a whole did not contribute unique variance to the prediction of child witnesses (p>.05). Offender alcohol use was not significantly associated with a child witness, and victim alcohol use was associated with decreased likelihood the incident was witnessed by a child (OR = 0.54). While the offender being affected by drugs was associated with increased odds the incident was witnessed by a child (OR = 1.44), a victim being affected by drugs was associated with decreased odds the incident was witnessed by a child (OR = 0.57). Compared to incidents occurring in the 5th SEIFA disadvantage quintile (least disadvantaged), incidents occurring in all other quintiles were significantly more likely to involve a child witness (ORs = 1.72-2.04).

Overall the model accounted for 2%-3% of the variance in whether or not an incident involved a child witness (Cox & Snell R Square = 0.03; Negelkerke R Square = 0.03) and correctly predicted 84.4% incidents that were witnessed by child 26.7% of incidents that were not witnessed by children. Step 1 (p<.001) and step 3 (p<.001), but not step 2 (p>.05), contributed to unique variance in prediction of whether incidents were witnessed by children.

Table 262 Binary logistic regression predicting child witnessed incidents (n = 5,370)

	Step 1				Step 2				Step 3			
	B	**Wald χ2**	**OR**	**95% CI**	**B**	**Wald χ2**	**OR**	**95% CI**	**B**	**Wald χ2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.74	54.49	2.1***	1.72 - 2.55	0.74	54.70	2.1***	1.73 - 2.56	0.71	49.86	2.04***	1.68 - 2.49
2	0.63	39.04	1.88***	1.54 - 2.29	0.63	39.30	1.88***	1.55 - 2.3	0.62	37.46	1.86***	1.53 - 2.28
3	0.62	30.55	1.86***	1.49 - 2.32	0.62	30.82	1.87***	1.5 - 2.33	0.59	27.43	1.81***	1.45 - 2.26
4	0.57	28.11	1.76***	1.43 - 2.17	0.57	28.18	1.76***	1.43 - 2.17	0.55	25.62	1.72***	1.4 - 2.13
5a												
Breach of an FVO (yes)					-0.06	0.84	0.94	0.83 - 1.07	-0.10	2.18	0.91	0.8 - 1.03
Assault (yes)					0.03	0.26	1.03	0.91 - 1.17	0.06	0.86	1.06	0.94 - 1.2
Offender removed (yes)					0.07	0.84	1.07	0.93 - 1.24	0.14	3.10	1.15	0.99 - 1.33
Victim removed (yes)					-0.15	3.30	0.86	0.73 - 1.01	-0.14	2.70	0.87	0.73 - 1.03
Offender alcohol affected (yes)									-0.06	0.76	0.94	0.83 - 1.08
Victim alcohol affected (yes)									-0.62	42.02	0.54***	0.45 - 0.65
Offender drug affected (yes)									0.36	12.55	1.44***	1.18 - 1.76
Victim drug affected (yes)									-0.57	4.82	0.57*	0.34 - 0.94

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.6.3.5. REMOVAL OF OFFENDERS

A binary logistic regression was performed to examine SEIFA disadvantage quintile, breach of Family Violence Order, assault, victim removal, drug use by either the victim or the offender and alcohol use by either the victim or the offender as predictors of the offender removed (no vs. yes) at an incident (see Table 264)[87].

In the fully adjusted model (Step 3), offenders' alcohol use and victims' drug use was associated with a 2.66 and 1.53 greater likelihood that an offender was removed from an incident, while breach of a Family Violence Order (OR = 0.56) and the victim being removed (OR=0.62) decreased the likelihood that an offender was removed. Victims' alcohol use, offenders' drug use, and whether the incident involved an assault, were not uniquely associated with removal of an offender. Compared to incidents that took place in the least disadvantaged area (5th quintile), those that took place in SEIFA quintiles 1-3 were not significantly more likely to involve removal of an offender, while those in the 4th quintile were significantly less likely to involve an offender being removed (OR = 0.80).

Overall the model accounted for 4%-7% of the variance in removal of an offender (Cox & Snell R Square = 0.04; Negelkerke R Square = 0.07) and did not correctly predict incidents where an offender was removed (but 100% of incidents where an offender was not removed). All three steps significantly contributed to the prediction of whether or not an offender was removed from an incident (ps<.05).

[87] Child presence was not included in the final model as this variable has only been recorded since 15 October 2011 and consequently substantially reduced the analytic sample (n = 5,370). When included in the model as a separate, and final step, child presence was not significantly associated with whether an offender was removed from incidents.

Table 263 Binary logistic regression predicting removal of an offender from an incident (n = 12,021)

	Step 1				Step 2				Step 3			
	B	**Wald χ2**	**OR**	**95% CI**	**B**	**Wald χ2**	**OR**	**95% CI**	**B**	**Wald χ2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	-0.02	0.03	0.98	0.82 - 1.17	0.00	0.00	1	0.84 - 1.2	0.03	0.10	1.03	0.86 - 1.23
2	-0.05	0.29	0.95	0.8 - 1.14	-0.03	0.13	0.97	0.81 - 1.16	0.00	0.00	1	0.84 - 1.2
3	-0.05	0.21	0.95	0.78 - 1.17	-0.03	0.10	0.97	0.79 - 1.19	0.03	0.10	1.03	0.84 - 1.28
4	-0.27	7.11	0.77**	0.63 - 0.93	-0.25	6.26	0.78*	0.64 - 0.95	-0.22	4.54	0.8*	0.66 - 0.98
5a												
Breach of an FVO (yes)					-0.69	77.99	0.5***	0.43 - 0.59	-0.59	54.95	0.56***	0.48 - 0.65
Assault (yes)					0.11	3.16	1.12	0.99 - 1.27	0.01	0.02	1.01	0.89 - 1.14
Victim removed (yes)					-0.39	19.37	0.68***	0.57 - 0.8	-0.47	27.11	0.62***	0.52 - 0.75
Offender alcohol affected (yes)									0.98	265.10	2.66***	2.37 - 3
Victim alcohol affected (yes)									0.12	2.73	1.13	0.98 - 1.31
Offender drug affected (yes)									-0.18	3.31	0.83	0.69 - 1.01
Victim drug affected (yes)									0.43	4.73	1.53*	1.04 - 2.25

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.6.3.6. REMOVAL OF VICTIMS

A binary logistic regression was performed to examine SEIFA disadvantage quintile, breach of Family Violence Order, assault, removal of offender, drug use by either the victim or the offender and alcohol use by either the victim or the offender as predictors of the victim being removed (no vs. yes) at an incident (see Table 265)[88].

In the fully adjusted model, offenders' use of alcohol or drugs were associated with a 1.18 and 1.77 times increased likelihood, and victims' alcohol use was associated with a 1.39 increased likelihood that a victim was removed. A breach of an FVO at an incident decreased the likelihood that a victim was removed (OR = 0.59), while the incident involving an assault increased likelihood the victim was removed (OR=1.75). The offender being removed decreased likelihood the victim was removed (OR=0.63). Compared to incidents that occurred in areas of least disadvantage (5th quintile), those that took place in areas of the most disadvantage (1st quintile) were 1.32 times more likely to involve a victim being removed.

Overall the model accounted for 2%-4% of the variance in whether or not police removed a victim from an incident (Cox & Snell R Square = 0.02; Negelkerke R Square = 0.04) and did not correctly predict incidents where a victim was removed (but 100% of incidents where victims were not removed). All three steps significantly contributed to the prediction of whether or not a victim was removed from an incident (ps<.001).

[88] Child presence was not included in the final model as this variable has only been recorded since 15 October 2011 and consequently substantially reduced the analytic sample (n = 5,370). When included in the model as a separate, and final step, child presence was not significantly associated with whether a victim was removed from incidents.

Table 264 Binary logistic regression predicting removal of a victim from an incident (n = 12,021)

	Step 1				Step 2				Step 3			
	B	**Wald χ2**	**OR**	**95% CI**	**B**	**Wald χ2**	**OR**	**95% CI**	**B**	**Wald χ2**	**OR**	**95% CI**
SEIFA disadvantage quintile												
1	0.29	8.35	1.33**	1.1 - 1.62	0.27	7.18	1.31**	1.08 - 1.59	0.28	7.68	1.32**	1.09 - 1.61
2	0.05	0.26	1.05	0.86 - 1.29	0.04	0.15	1.04	0.85 - 1.27	0.06	0.33	1.06	0.87 - 1.3
3	0.19	2.69	1.21	0.96 - 1.51	0.15	1.71	1.16	0.93 - 1.46	0.20	2.94	1.22	0.97 - 1.53
4	0.00	0.00	1	0.81 - 1.24	-0.03	0.10	0.97	0.78 - 1.2	-0.02	0.05	0.98	0.79 - 1.21
5a												
Breach of an FVO (yes)					-0.61	56.67	0.55***	0.47 - 0.64	-0.58	51.11	0.56***	0.48 - 0.66
Assault (yes)					0.61	99.79	1.84***	1.63 - 2.08	0.56	81.54	1.75***	1.55 - 1.97
Offender removed (yes)					-0.40	19.62	0.67***	0.57 - 0.8	-0.47	26.62	0.63***	0.52 - 0.75
Offender alcohol affected (yes)									0.16	5.87	1.18*	1.03 - 1.34
Victim alcohol affected (yes)									0.33	15.43	1.39***	1.18 - 1.64
Offender drug affected (yes)									0.57	41.10	1.77***	1.49 - 2.1
Victim drug affected (yes)									0.26	1.80	1.3	0.89 - 1.9

Notes. *p<.05 **p<.01 ***p<.001 [a]Reference category

4.6.4. TASMANIA SUMMARY

The preceding section detailed trends for IPV incidents attended by Tasmania police between 1 July 2009 and 20 June 2014 for persons and incidents. These findings relate to DV incidents involving intimate partners only and excludes FV incidents involving other family members or acquaintances.

4.6.4.1. DEMOGRAPHICS

In Tasmania, the majority of offenders were male (83.2%) falling into the 25-49 year age category, and the majority of victims were female (85.4%) falling into the 25-34 year age category.

SEIFA disadvantage index shows the proportion of Tasmania incidents was greatest in areas of greatest disadvantage (1st quintile 28.6%, 5th quintile 11.7%).

4.6.4.2. INCIDENT TRENDS

Alcohol related incidents were highest in 2009, gradually decreasing across the reporting period from 36.8% of all incidents in 2009 to 32.5% in 2014.

Over the reporting period, 1,164 incidents involved drugs (8.9%), with highest incidence in 2013 (10.4%) and the lowest in 2014 (7.8%). Drug-related incidents were significantly more likely in areas of the greatest disadvantage.

Since 15 October 2011, children were recorded as present at just over half (52.6%, n = 3,359) of all incidents, with the highest proportions occurring in 2012 (53.1%). The proportion of incidents that were drug-related was significantly higher for incidents witnessed by children compared to incidents not witnessed by children.

Offenders were removed from 14.4% of all incidents and victims from 11.9% of all incidents. A significantly higher proportion of incidents victims were removed from where drug- or alcohol-related, compared to incidents victims were not removed from. A significantly higher proportion of incidents that offenders were removed from where alcohol-related, compared to incidents offenders were not removed from.

IPV incidents were more likely to take place Saturday (16.2%) and Sunday (17.9%) than weekdays. Alcohol-related incidents most often took place Saturdays and Sundays and least often Mondays.

4.6.4.3. KEY CORRELATES OF DV

Either the offender or the victim being affected by alcohol significantly decreased likelihood the incident involved a breach of an FVO (Offender: OR=0.72; Victim: OR=0.72), but significantly increased likelihood that the incident involved an assault (Offender: OR=1.40; Victim: OR=1.29). The offender being affected by drugs alcohol increased likelihood the incident involved an assault by 1.31 times. Further, compared to incidents occurring in the 5th SEIFA disadvantage quintile (least disadvantaged), incidents occurring in all other quintiles were significantly more likely to involve assaults (ORs = 1.32-1.61).

The offender being affected by alcohol significantly increased likelihood the offender was removed (OR=2.66) or the victim was removed (OR=1.18) from the incident. Offender drug use was associated with increased likelihood the victim was removed (OR=1.77), and victim drug use was associated with increased likelihood the offender was removed (OR=1.53).

Incidents where an offender used drugs were 1.44 times more likely to be witnessed by children, while victims' use of alcohol or drugs at an incident decreased the likelihood by almost half that an incident was witnessed by children (OR = 0.54; OR = 0.57). Compared to incidents occurring in the 5th SEIFA disadvantage quintile (least disadvantaged), incidents occurring in all other quintiles were significantly more likely to involve a child witness (ORs = 1.72-2.04).

4.7. VICTORIA POLICE DATA RESULTS

This section presents trends for offenders within DV incidents attended by Victoria police between 1 January 2009 and 31 December 2013. Incident level data was not available at the time of writing, therefore data is presented at person level.

Intimate Partner Violence (IPV) incidents include any instance where the relationship between the parties is of a romantic or spousal nature (e.g. husband, wife, ex-spouse, de facto partner). Family Violence (FV) incidents include any incident involving other family members (e.g. mother, father, sibling etc.).

4.7.1. PERSONS

Data is presented for offenders and victims, with the following results comparing intimate partner violence and family violence members. Demographic information, unique and repeat offenders, offender alcohol and drug use, offender mental health, intervention order and risk assessment information, and offender socioeconomic indexes are presented. Victim demographics, unique and repeat victims, victim alcohol and drug use and victim mental health information is presented.

4.7.1.1. OFFENDERS

Across the reporting period, there were 233,672 episodes of offending involved in all FDV incidents. Table 264 shows the proportion of episodes of offending according to year, with the total number of offences increasing by 68.63% between 2009 and 2013.

Table 265: Number of offenders, categorised by FV and IPV according to year, Victoria (n=233,672)

	FV[a]		IPV[a]		All Offenders[b]	
Year[c]	n	%	n	%	n	%
2009	10,210	13.6	21,167	15.2	34,993	15.0
2010	11,394	15.2	22,597	16.1	38,132	16.3
2011	14,024	18.7	26,073	18.7	45,002	19.3
2012	18,379	24.5	32,431	23.2	56,537	24.2
2013	21,146	28.1	37,533	26.9	59,008	25.3

Note. [a] Type of violence was not categorised for 18,808 offenders. [b]Refers to the proportion of all offenders across incidents. [c] Refers to year alleged offence was committed.

Table 265 shows the proportion of male and female offenders across incident type. The majority of all offenders were male (77.5%). In the IPV offender sample, most offenders were male (82%) and

most offenders within the FV sample were also male (69%). FV had a significantly larger proportion of female offenders compared to IPV offenders, and conversely IPV offenders were more likely to be male compared to FV offender (p <.001, Phi= 0.15).

Table 266 Proportion of offenders at FV, IPV according to gender, Victoria (n =232,366)

	FV[a]		IPV[a]		All Offenders[b]	
Gender[c]	**n**	**%**	**n**	**%**	**n**	**%**
Male	51,828	69.0	114,718	82.1	181,152	77.5
Female	22,954	30.5	24,228	17.3	51,214	21.9

Note. [a] Type of violence was not categorised for 18,808 offenders. [b]Refers to the proportion of all offenders across incidents.[c] Sex was unspecified for 1306 offenders.

Table 266 presents the proportion of male and female offenders across age groups. Across all offenders the greatest proportion were in the 35-39 year age group (14.4%). The greatest proportion of female offenders were in the 35-39 year age range (3.0%) whereas the greatest for male offenders was in the 30-4 and 35-39 year age groups (11.4% respectively).

Table 267 Proportion of male, female and all offenders in seventeen age groups, Victoria (n= 230,210)

	Male[a]		Female[a]		All Offenders[b]	
Age[c] (years)	**n**	**%[a]**	**n**	**%[a]**	**n**	**%**
<10	202	0.1	80	0.2	283	0.1
10-14	3,455	1.9	2,093	4.2	5,553	2.4
15-17	8,350	4.7	3,903	7.8	12,270	5.3
18-19	8,241	4.6	2,661	5.3	10,910	4.7
20-24	24,104	13.5	6,830	13.6	30,964	13.5
25-29	25,766	14.4	6,235	12.4	32,060	13.9
30-34	26,711	14.9	6,593	13.1	33,387	14.5
35-39	26,661	14.9	6,920	13.7	33,678	14.6
40-44	23,086	12.9	6,326	12.6	29,525	12.8
45-49	14,687	8.2	4,197	8.3	18,971	8.2
50-54	8,492	4.7	2,290	4.6	10,851	4.7
55-59	4,333	2.4	1,050	2.1	5,432	2.4
60-64	2,365	1.3	538	1.1	2,924	1.3
65-69	1,358	0.8	319	0.6	1,694	0.7
70-74	673	0.4	156	0.3	846	0.4
75-79	374	0.2	79	0.2	463	0.2
80+	322	0.2	58	0.1	399	0.2

Note. [a] The sex of 1,306 offenders was unspecified. [b]Refers to the proportion of all offenders within age groups. [c] The age/age group of 3,462 offenders was unspecified.

Table 267 presents the proportion of offenders across age groups for those involved in FV and IPV (and other relationship) incidents. The greatest proportion of offenders in FV incidents were aged 20-24 years (14.5%), while IPV incidents saw a greater proportion of offenders in the 30-34 (17.1%) and 35-39 (17.0%) year age groups.

Table 268 Proportion of FV, IPV and all offenders in seventeen age groups, Victoria (n= 230,210)

	FV [a]		IPV [a]		All Offenders	
Age[c] (years)	n	%[a]	n	%[a]	n	%
<10	225	0.3	28	0.0	283	0.1
10-14	5,048	6.7	96	0.1	5,553	2.4
15-17	9,745	13.0	1,591	1.1	12,270	5.3
18-19	6,032	8.0	3,995	2.9	10,910	4.7
20-24	10,887	14.5	17,626	12.6	30,964	13.3
25-29	7,659	10.2	21,846	15.6	32,060	13.7
30-34	6,935	9.2	23,846	17.1	33,387	14.3
35-39	7,235	9.6	23,687	17.0	33,678	14.4
40-44	7,223	9.6	19,842	14.2	29,525	12.6
45-49	5,276	7.0	12,131	8.7	18,971	8.1
50-54	3,453	4.6	6,520	4.7	10,851	4.6
55-59	1,759	2.3	3,230	2.3	5,432	2.3
60-64	1,006	1.3	1,684	1.2	2,924	1.3
65-69	559	0.7	999	0.7	1,694	0.7
70-74	294	0.4	500	0.4	846	0.4
75-79	146	0.2	288	0.2	463	0.2
80+	136	0.2	231	0.2	399	0.2

Note. [a] Type of violence was not categorised for 18,808 cases/offenders [b] refers to the proportion of all offenders within age group. . [c] The age/age group of 3462 offenders was unspecified.

Table 269 Proportion of offenders by age groups and gender according to incident type, Victoria (n = 230,210)

	FV [a]				IPV [a]				All Offenders [b]			
	Male [d]		Female [d]		Male [d]		Female [d]		Male [d]		Female [d]	
Age (years)	n	%	n	%	n	%	n	%	n	%	n	%
<10	156	0.2	68	0.1	21	0.0	7	0.0	202	0.1	80	0.0
10-14	3,122	4.2	1,922	2.6	79	0.1	17	0.0	3,455	1.5	2,093	0.9
15-17	6,622	8.8	3,111	4.1	1,071	0.8	517	0.4	8,350	3.6	3,903	1.7
18-19	4,547	6.1	1,482	2.0	3,027	2.2	964	0.7	8,241	3.5	2,661	1.1
20-24	8,270	11.0	2,612	3.5	13,947	10.0	3,655	2.6	24,104	10.3	6830	2.9
25-29	5,701	7.6	1,946	2.6	18,013	12.9	3,791	2.7	25,766	11.0	6,235	2.7
30-34	4,755	6.3	2,169	2.9	19,803	14.2	3,975	2.8	26,711	11.4	6,593	2.8
35-39	4,782	6.4	2,434	3.2	19,716	14.1	3,904	2.8	26,661	11.4	6,920	3.0

	FV [a]				IPV [a]				All Offenders [b]			
	Male [d]		Female [d]		Male [d]		Female [d]		Male [d]		Female [d]	
40-44	4,630	6.2	2,557	3.4	16,519	11.8	3,254	2.3	23,086	9.9	6,326	2.7
45-49	3,398	4.5	1,846	2.5	10,056	7.2	2,023	1.4	14,687	6.3	4,197	1.8
50-54	2,343	3.1	1,086	1.4	5,484	3.9	998	0.7	8,492	3.6	2,290	1.0
55-59	1,183	1.6	556	0.8	2,790	2.0	405	0.3	4,333	1.9	1,050	0.4
60-64	710	0.9	289	0.4	1,467	1.1	205	0.1	2,365	1.0	538	0.2
65-69	375	0.5	176	0.2	878	0.6	113	0.1	1,358	0.6	319	0.1
70-74	209	0.3	81	0.1	423	0.3	65	0.0	673	0.3	156	0.1
75-79	107	0.1	37	0.0	242	0.2	39	0.0	374	0.2	79	0.0
80+	104	0.1	30	0.0	204	0.1	22	0.0	322	0.1	58	0.0

Note. [a] Type of violence was not categorised for 18,808 offenders. [b] Refers to the proportion of all offenders within age group. [c] The age/age group of 3462 offenders was unspecified. [d] The sex of 1,306 offenders was unspecified, and 614 offenders had neither age or sex specified.

4.7.1.1.1. UNIQUE AND RECIDIVIST OFFENDERS

Across the study period, a total of 84,380 offenders (36.1%) were unique and 149,672 (63.8%) were recidivist offenders (see Table 269). The greatest proportion of recidivist offenders were observed in IPV sample (65.7% of IPV offenders) compared to FV sample (59.8% of FV offenders) (p<.001, Phi= 0.06).

Table 270 Proportion of unique and recidivist offenders across incident type, Victoria (n=233,543)

	FV [a]		IPV [a]		All Offenders	
Offender Type [b]	**n**	**%**	**n**	**%**	**n**	**%**
Unique	30,176	40.2	47,896	34.3	84,380	36.1
Recidivist	44,943	59.8	91,739	65.7	149,163	63.8

Note. [a] Type of violence was not categorised for 18,808 cases/offenders. [b] Unique ID codes were not recorded/unspecified in 129 cases/offenders.

4.7.1.1.2. OFFENDER ALCOHOL AND DRUG USE

Attending police assessed and identified offenders whom they believed were affected by alcohol and other drugs, with 22.6% of all offenders assessed as having definitely used alcohol and 16.1% as having possibly used alcohol (see Table 270 and Table 271). Definite drug use was identified in 6.4% of offenders and 18.4% of offenders were identified as having possibly used drugs.

Comparison of offenders by incident type indicates alcohol use was more prevalent in IPV offenders, with possible alcohol use and definite alcohol use indicated in 17.4% and 26.0% of IPV offenders respectively (p<.001, Phi = 0.13). Compared to IPV and all offenders, FV offender alcohol was less prevalent, with possible alcohol use and definite alcohol use indicated in 13.8%

and 16.8 % of FV offenders respectively (p<.001, Phi = 0.13). Proportions of possible offender drug use were comparable across IPV, FV and all offenders, whereas definite drug use was slightly more prevalent in FV offenders (7.6% of FV offenders) (p<.001, Phi= 0.04).

Table 271 Proportion of identified offender alcohol use across incident types, Victoria (n=90,468)

	FV [a]		IPV [a]		All Offenders [b]	
Identification of AOD Use[c]	**n**	**%**	**n**	**%**	**n**	**%**
Alcohol Possible	10,372	13.8	24,314	17.4	37,601	16.1
Alcohol Definite	12,617	16.8	36,278	26.0	52,867	22.6

Note. . [a] Type of violence was not categorised for 18,808 cases/offenders. [b] Refers to the proportion of all offenders within alcohol or drug use categories. [c] In instances where both definite and possible use were endorsed for substances (alcohol or drugs), use was classified as definite with alcohol use unspecified for 143,204 offenders.

Table 272 Proportion of identified offender drug use across incident types, Victoria (n=58,103)

	FV [a]		IPV [a]		All Offenders [b]	
Identification of AOD Use[c]	**n**	**%**	**n**	**%**	**n**	**%**
Drugs Possible	14,381	19.1	25,533	18.3	43,061	18.4
Drugs Definite	5,721	7.6	8,261	5.9	15,042	6.4

Note. . [a] Type of violence was not categorised for 18,808 cases/offenders. [b] Refers to the proportion of all offenders within alcohol or drug use categories. [c] In instances where both definite and possible use were endorsed for substances (alcohol or drugs), use was classified as definite with drug use unspecified for175,569 offenders.

4.7.1.1.3. OFFENDER MENTAL HEALTH

Attending police assessed and identified offenders whom they believed were affected by depression and/or mental health issues as well as suicidal ideation and/or attempts (see Table 272 and Table 273), with 15.6% of all offenders assessed as having depression/mental health issue and 3.5% as having suicidal ideation/attempt. FV offenders had a larger proportion of identified mental health issues (20.2% of FV offenders) in comparison to IPV (13.7% of IPV offenders) and all offenders (p<.001, Phi= -0.09). Proportions of offenders with suicidal ideation/attempts were consistent across incident types.

Table 273 Proportion of identified offender mental health across incident types, Victoria (n=36,567)

	FV [a]		IPV [a]		All Offenders [b]	
Identification of Mental Health Issue [c]	**n**	**%**	**n**	**%**	**n**	**%**
Depression/Mental Health Issue	15,155	20.2	19,106	13.7	36,567	15.6

Note. [a] Type of violence was not categorised for 18,808 cases/offenders. [b] Refers to the proportion of all offenders within mental health and suicidal ideation groups. [c] Depression and/or mental health issues were unspecified for 197,105 offenders.

Table 274 Proportion of identified offender suicidal ideation/attempt across incident types, Victoria (n=8,065)

	FV [a]		IPV [a]		All Offenders [b]	
Identification of Mental Health Issue [c]	**n**	**%**	**n**	**%**	**n**	**%**
Suicidal Ideas/Attempt Suicide	2,689	3.6	4,801	3.4	8,065	3.5

Note. [a] Type of violence was not categorised for 18,808 cases/offenders. [b] Refers to the proportion of all offenders within mental health and suicidal ideation groups. [c] Suicidal ideation and/or attempt were unspecified for 225,607 offenders.

4.7.1.1.4. INTERVENTION ORDER INITIATION AND BREACH

Across the study period, attending police documented instances where an offender breached an existing intervention order (which is classified as criminal abuse) as well as occasions when attending police sought an intervention order against the offender (on behalf of victim). As shown in Table 274, 5.4% of all offenders were identified as having breached an intervention order, with 2.3% identified as having breached an intervention order in addition to other offences. A total of 17.0% of all offenders had an intervention order sought by police against them, with proportions consistent across incident type. Breach of intervention order only was more prominent in IPV (6.6% of IPV offenders) compared to FV (3.2% of FV offenders) ($p<.001$, Phi=0.07).

Table 275 Number of intervention orders breached by FV, IPV and all offenders and intervention orders sought by police, Victoria (n= 233,672)

	FV [a]		IPV [a]		All Offenders [b]	
IVO [c]	***n***	**%**	***n***	**%**	***n***	**%**
Breach IVO only	2,398	3.2	9,275	6.6	12,653	5.4
Breach IVO & other	1,141	1.5	3,972	2.8	5383	2.3
Intervention order sought by police	12,793	17.0	23,999	17.2	39,629	17.0

Note. [a] Type of violence was not categorised for 18,808 cases/offenders. [b] Refers to the proportion of all offenders within intervention order groups. [c] There were unspecified cases for the following offender groups- Breach IVO Only (221,019 offenders), Breach IVO &Other (228,247 offenders) and Intervention Order sought by police (190,043 offenders).

4.7.1.1.5. OFFENDER RISK ASSESSMENT

Attending police made an assessment of future risk that offenders posed to victims, as a *likely* or *unlikely* future risk (see Table 275). Of the offenders across all incident types, 35.1% were assessed as posing a *likely* future risk to the victim, and 39.2% were assessed as posing an *unlikely* future risk to the victim, with these proportions consistent across all incident types.

Table 276 Proportion of offenders at FV, IPV and all incidents according to level of risk, Victoria (n = 173,636)

Future Risk[c]	FV [a]		IPV [a]		All Offenders [b]	
	n	%	n	%	n	%
Likely	29,359	39.1	48,206	34.5	82,061	35.1
Unlikely	27,622	36.8	58,395	41.8	91,575	39.2

Note. [a] Type of violence was not categorised for 18,808 cases/offenders. [b] Refers to the proportion of all offenders within intervention order groups. [c] Assessment of future risk was not included for 60,036 offenders.

4.7.1.1.6. OFFENDER SOCIOECONOMIC INDEX

The Australian Bureau of Statistics developed the Socio-Economic Indexes for Areas (SEIFA) from the 2011 Census data to determine areas of socio-economic advantage and disadvantage. SEFIA scores of disadvantage is based on areas defined by the Australian Statistical Geography Standard and measures resources, such as economic resources and education and occupation opportunities, to calculate the disadvantage within each defined area. Each area is given an index score as to how disadvantaged it is socio-economically. This is not a rating of the individuals in these areas, but are an indication of allocation of funds, jobs and education prospects within these areas. These index scores are then able to be transformed into ordinal measures, such as quintiles, for better interpretation. The analyses in this report use quintiles of socio-economic disadvantage where 0-20% are areas that are the most socio-economically disadvantaged to 81-100% are areas that are the most socio-economically advantaged. SEIFA quintiles were linked for each state where postcode was available (see Table 306 in Appendix II).

Table 276 presents the proportions of all offenders and across incident types according to socioeconomic advantage/disadvantage. Almost a third of offenders across all incident types were classified in the most disadvantaged SEIFA quintile (31.7%). Comparable proportions of SEIFA quintiles not noted between IPV and FV offenders (p<. 001, Phi= 0.03).

Table 277 SEIFA Proportions across offender types, Victoria (n=233,672)

	FV [a]		IPV [a]		All Offenders [b]	
SEIFA Quintiles[c]	n	%	n	%	n	%
1 (most disadvantaged)	24,050	32.0	43,914	31.4	74,061	31.7
2	14,036	18.7	28,175	20.2	45,696	19.6
3	15,747	21.0	30,506	21.8	50,501	21.6
4	10,748	14.3	18,103	13.0	31,295	13.4
5 (least disadvantaged)	10,520	14.0	18,927	13.5	31,967	13.7

Note. [a] Type of violence was not categorised for 18,808 cases/offenders. [b] Refers to the proportion of all offenders within intervention order groups [1]Index numbers are in descending order of disadvantage, where 1= most disadvantaged and 5 = least disadvantaged; [2] SEIFA quintiles were missing/not computed for 152 (0.1%) of offenders.

4.7.1.2. VICTIMS

Table 277 shows the proportion of male and female victims across incident types. There were a total of 232,742 incidents of victimisation across the reporting period, with the majority being female (76.0%) and 23.6% being male.

IPV had a greater proportion of females (81.9% of IPV victims) compared to FV (65.1% of FV victims were female) and all victims, and FV had a larger proportion of male victims (34.5%) compared to IPV (p<.001, Phi = 0.19).

Table 278 Proportion of victims at FV, IPV according to gender, Victoria (n =232,742)

	FV [a]		IPV [a]		All Victims [b]	
Gender[c]	**n**	**%**	**n**	**%**	**n**	**%**
Male	25,910	34.5	24,709	17.7	55,114	23.6
Female	48,942	65.1	114,452	81.9	177,628	76.0

Note. [a] Type of violence was not categorised for 18,808 victims. [b]Refers to the proportion of all victims across incidents.[c] Sex was unspecified for 930 victims.

Table 278 presents the proportion of male and female victims across age groups. Across all victims the greatest proportion were in the 35-39 year age group (13.1%). The greatest proportion of female victims were in the 25-29 year age range (10.1%) whereas the greatest for male victims was in the 40-44 year age group (2.7%).

Table 279 Proportion of male, female and all victims in seventeen age groups, Victoria (n= 230,352)

	Male[a]		Female[a]		All Victims[b]	
Age[c] (years)	**n**	**%[a]**	**n**	**%[a]**	**n**	**%**
<10	2,055	0.9	1,887	0.8	3,950	1.7
10-14	2,699	1.2	3,984	1.7	6,697	2.9
15-17	2,477	1.1	6,724	2.9	9,214	3.9
18-19	1,882	0.8	7,659	3.3	9,552	4.1
20-24	5,184	2.2	23,673	10.1	28,918	12.4
25-29	5,322	2.3	23,763	10.2	29,193	12.5
30-34	5,546	2.4	23,502	10.1	29,141	12.5
35-39	5,954	2.5	24,466	10.5	30,508	13.1
40-44	6,261	2.7	22,416	9.6	28,783	12.3
45-49	5,313	2.3	15,235	6.5	20,628	8.8
50-54	4,156	1.8	9,072	3.9	13,291	5.7
55-59	2,847	1.2	5,268	2.3	8,167	3.5
60-64	1.938	0.8	3,319	1.4	5,298	2.3
65-69	1,256	0.5	1,816	0.8	3,096	1.3
70-74	786	0.3	1,088	0.5	1,891	0.8

75-79	419	0.2	696	0.3	1,125	0.5
80+	293	0.1	593	0.3	900	0.4

Note. [a] The sex of 930 victims was unspecified. [b]Refers to the proportion of all victims within age groups. [c] The age/age group of 3,320 victims was unspecified.

Table 279 presents the proportion of victims across age groups for those involved in FV and IPV (and other relationship) incidents. The greatest proportion of victims in FV incidents were aged 40-44 years (11.1%), with the greatest proportion of IPV victims in the 25-29 (16.5%) and 30-34 (16.5%) year age groups.

Table 280 Proportion of FV, IPV and all victims in seventeen age groups, Victoria (n= 230,352)

	FV [a]		IPV [a]		All Victims [b]	
Age[c] (years)	**n**	**%[a]**	**n**	**%[a]**	**n**	**%**
<10	3,496	4.7	93	0.1	3,950	1.7
10-14	5,773	7.7	312	0.2	6,697	2.9
15-17	5,718	7.6	2,744	2.0	9,214	3.9
18-19	3,152	4.2	5,617	4.0	9,552	4.1
20-24	5,636	7.5	21,036	15.1	28,918	12.4
25-29	3,728	5.0	23,105	16.5	29,913	12.5
30-34	3,841	5.1	23,035	16.5	29,141	12.5
35-39	5,793	7.7	22,273	15.9	30,508	13.1
40-44	8,313	11.1	18,212	13.0	28,783	12.3
45-49	8.086	10.8	10,779	7.7	20,628	8.8
50-54	6,816	9.1	5,413	3.9	13,291	5.7
55-59	4,921	6.5	2,621	1.9	8,167	3.5
60-64	3,486	4.6	1,405	1.0	5,298	2.3
65-69	2,126	2.8	701	0.5	3,096	1.3
70-74	1,329	1.8	414	0.3	1,891	0.8
75-79	794	1.1	238	0.2	1,125	0.5
80+	670	0.9	161	0.1	900	0.4

Note. [a] Type of violence was not categorised for 18,808 cases/victims [b] Refers to the proportion of all offenders within age group. . [c] The age/age group of 3,320 victims was unspecified.

Table 281 Proportion of victims by age groups and gender according to incident type, Victoria (n = 229,589)

	FV [a]				IPV [a]				All Victims [b]			
	Male [d]		Female [d]		Male [d]		Female [d]		Male [d]		Female [d]	
Age [c] (years)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
<10	1,827	2.4	1,663	2.2	51	0.0	42	0.0	2,055	0.9	1,887	0.8
10-14	2,406	3.2	3,354	4.5	43	0.0	269	0.2	2,699	1.2	3,984	1.7
15-17	2,084	2.8	3,622	4.8	175	0.1	2,568	1.8	2,477	1.1	6,724	2.9
18-19	1,236	1.6	1,914	2.5	496	0.4	5,114	3.7	1,882	0.8	7,659	3.3
20-24	2,241	3.0	3.377	4.5	2,544	1.8	18,455	13.2	5,184	2.2	23,673	10.1
25-29	1,576	2.1	2,142	2.9	3,310	2.4	19,703	14.1	5,322	2.3	23,763	10.2

	FV [a]				IPV [a]				All Victims [b]			
	Male [d]		Female [d]		Male [d]		Female [d]		Male [d]		Female [d]	
30-34	1,205	1.6	2,627	3.5	3,921	2.8	19,039	13.6	5,546	2.4	23,502	10.1
35-39	1,318	1.8	4,466	5.9	4,153	3.0	18,044	12.9	5,954	2.5	24,466	10.5
40-44	2,016	2.7	6,270	8.3	3,782	2.7	14,358	10.3	6,261	2.7	22,416	9.6
45-49	2,214	2.9	5,839	7.8	2,615	1.9	8,122	5.8	5,313	2.3	15,235	6.5
50-54	2,185	2.9	4,607	6.1	1,622	1.2	3,757	2.7	4,156	1.8	9,072	3.9
55-59	1,730	2.3	3,165	4.2	892	0.6	1,707	1.2	2,847	1.2	5,268	2.3
60-64	1,354	1.8	2,113	2.8	440	0.3	948	0.7	1,938	0.8	3,319	1.4
65-69	929	1.2	1,180	1.6	218	0.2	479	0.3	1,256	0.5	1,816	0.8
70-74	589	0.8	729	1.0	131	0.1	277	0.2	786	0.3	1,088	0.5
75-79	319	0.4	468	0.6	73	0.1	163	0.1	419	0.2	696	0.3
80+	218	0.3	440	0.6	53	0.0	106	0.1	293	0.1	593	0.3

Note. [a] Type of violence was not categorised for 18,808 victims. [b] Refers to the proportion of all victims within age group. [c] The age/age group of 3,320 victims was unspecified. [d] The sex of 930 victims was unspecified, and 127 victims had neither age or sex specified.

4.7.1.2.1. UNIQUE AND REPEAT VICTIMS

Across the study period, 96,163 victims (41.2% of all victims) were unique and 137,500 (58.8%) were repeat victims (see Table 281). The greatest proportion of repeat victims were in IPV (63.5% of IPV victims) compared to repeat FV (49.7% of FV victims) (p<. 001, phi= 0.13).

Table 282 Proportion of unique and repeat victims across incident types, Victoria (n=233,663)

	FV [a]		IPV [a]		All Victims [b]	
Victim Type[c]	**n**	**%**	**n**	**%**	**n**	**%**
Unique	37,820	50.3	51,034	36.5	96,163	41.2
Repeat	37,330	49.7	88,674	63.5	137,500	58.8

Note. [a] Type of violence was not categorised for 18,808 victims. [b] Refers to the proportion of all victims within unique or repeat victim groups [c] Unique ID codes for were not recorded/unspecified for 9 victims/cases.

4.7.1.2.2. VICTIM ALCOHOL AND DRUG USE

Congruent with the measurement and assessment of offender AOD use, attending police also identified victims whom they believed, based on their own observation and opinion, were affected by alcohol and other drugs, with 13.7% of all victims assessed as having definitely used alcohol and 13.1% as having possibly used alcohol (see Table 282 and

Table 283). Definite drug use was identified in 2.4% of victims and 11.1% of victims were identified as having possibly used drugs.

Alcohol use was more prevalent in IPV, with possible and definite alcohol use indicated in 14.9% and 16.2% of IPV victims respectively. Compared to IPV and all victims, alcohol use in FV was less prevalent, with possible and definite alcohol use indicated in 9.7% and 8.8 % of FV victims respectively (p<. 001, Phi= 0.14). Drug use was more prevalent in IPV (12.8% and 2.8% of IPV victims respectively) compared to FV (8.2 & 1.8% of FV victims respectively) (p<.001, Phi= 0.08).

Table 283 Proportion of identified victim alcohol use across incident types, Victoria (n=62,429)

	FV [a]		IPV [a]		All Victims [b]	
Identification of AOD Use[c]	**n**	**%**	**n**	**%**	**n**	**%**
Alcohol Possible	7,275	9.7	20,828	14.9	30,521	13.1
Alcohol Definite	6,615	8.8	22,645	16.2	31,908	13.7

Note. [a] Type of violence was not categorised for 18,808 victims. [b] Refers to the proportion of all victims within substance use groups [c]In instances where both definite and possible use were endorsed, use was classified as definite, with alcohol use unspecified for 171,243 victims.

Table 284 Proportion of identified victim drug use across incident types, Victoria (n=31,615)

	FV [a]		IPV [a]		All Victims [b]	
Identification of AOD Use[c]	**n**	**%**	**n**	**%**	**n**	**%**
Drugs Possible	6,171	8.2	17,883	12.8	26,015	11.1
Drugs Definite	1,348	1.8	3,845	2.8	5,600	2.4

Note. [a] Type of violence was not categorised for 18,808 victims. [b] Refers to the proportion of all victims within substance use groups [c]In instances where both definite and possible use were endorsed, use was classified as definite, with drug use unspecified for 202,057 victims.

4.7.1.2.3. VICTIM MENTAL HEALTH

Attending police assessed, based on their own observation and opinion, and identified victims whom they believed were affected by depression and/or mental health issues as well as suicidal ideation and/or attempts (see Table 284), with 10.8% of all victims assessed as having depression/mental health issue and 1.2% as having suicidal ideation/attempt. Proportions of victims with both depression/mental health issues and suicidal ideation/attempts were consistent across incident types.

Table 285 Proportion of identified victim mental health and suicidal ideation/attempt across incident types, Victoria (n=26,191)

	FV [a]		IPV [a]		All Victims [b]	
Mental Health Issue [c]	**n**	**%**	**n**	**%**	**n[d]**	**%**

Depression/Mental Health Issue	7,918	10.5	15,770	11.3	25,330	10.8
Suicidal Ideas/Attempt Suicide	792	1.1	1,781	1.3	2,744	1.2

Note. [a] Type of violence was not categorised for 18,808 cases/victims. [b] Refers to the proportion of all offenders within mental health and suicidal ideation groups. [c] Depression/mental health was unspecified for 208,342 victims, Suicidal ideation/attempt was unspecified for 230,928 victims. [d] 1,883 victims were identified at having both depression/mental issues and suicidal ideas/attempt

4.7.2. VICTORIA SUMMARY

Only person-level (offender and victim) Victoria police data was obtained. Across the reporting period (2009-2013) there were 233,672 offenders in all FDV incidents. The majority of offenders were male (77.5%) and the majority of victims were female (76.0%).

A significantly higher proportion of IPV offenders were male compared to FV offenders (IPV: 82.0%; FV: 69%, p<.001, Phi = 0.15). Conversely a significantly greater proportion IPV victims were females compared to FV (IPV: 81.9%; FV: 65.1%; p<.001, Phi = 0.19). Most offenders (68.3%) and most victims (62.8%) were concentrated within the 20-44 year age bracket.

Across the study period, a total of 84,380 offenders (36.1%) were unique and 149,672 (63.8%) were recidivist offenders. Further, 96,163 victims (41.2% of all victims) were unique and 137,500 (58.8%) were repeat victims. The greatest proportion of recidivist offenders and repeat victims were observed in IPV sample (65.7% of IPV offenders and 63.5% of IPV victims) compared to FV sample (59.8% of FV offenders and 49.7% of IPV victims) (p<.001, phi= 0.06; p<.001, phi=0.13). Almost a third of offenders across all incident types were classified in the most disadvantaged SEIFA quintile (31.7%).

Attending police assessed and identified offenders whom they believed were affected by alcohol and other drugs, with 22.6% of all offenders assessed as having definitely used alcohol and 16.1% as having possibly used alcohol. Alcohol use was more prevalent in IPV offenders, with possible alcohol use and definite alcohol use indicated in 17.4% and 26.0% of IPV offenders, and 13.8% and 16.8% of FV offenders, respectively (p<.001, Phi = 0.13).

Attending police judged 13.7% of all victims as having definitely used alcohol and 13.1% as having possibly used alcohol. Alcohol use was more prevalent in IPV, with possible and definite alcohol use indicated in 14.9% and 16.2% of IPV victims, and 9.7% and 8.8% of FV victims, respectively (p<.001, Phi = 0.14).

Definite drug use was identified in 6.4% of offenders and 18.4% of offenders were identified as having possibly used drugs. Proportions of possible offender drug use were comparable across

IPV, FV and all offenders, whereas definite drug use was slightly more prevalent in FV offenders (7.6% of FV offenders vs 5.9% IPV offenders; p<.001, Phi = 0.04).

Definite drug use was identified in 2.4% of victims and 11.1% of victims were identified as having possibly used drugs. Drug use was more prevalent in IPV (12.8% and 2.8% of IPV victims respectively) compared to FV (8.2 & 1.8% of FV victims respectively) (p<.001, Phi = 0.08).

4.8. WESTERN AUSTRALIA POLICE DATA RESULTS

In this section, trends for DV incidents attended by WA police between 2009 and 2014 are presented separately for persons and incidents. These findings relate to DV incidents involving intimate partners and other family members. As the relationship between victim and offender are not recorded by WA police incidents of IPV and FV cannot be compared.

4.8.1. PERSONS

Demographic and alcohol intoxication level are presented for offenders and victims.

4.8.1.1. OFFENDERS

There were 67,508 offenders across the 102,167 DV incidents attended by WA police during the study period. Of the 28,300 unique offenders, 10,062 were recidivist offenders.

The majority of offenders were male (83.3%) across all age groups (see Table 285). Over half the offenders (56.3%) were aged between 18 and 34 years at the time of offence, and almost 90% were aged between 18 and 49 years at the time of the offence. 28.2% of all offenders were identified as Aboriginal or Torres Strait Islander.

Table 286 Proportion of female and male offenders by age group, WA (n = 67,508)[89]

	Female		Male		All Offenders[a]	
Age (years)	**n**	**%**	**n**	**%**	**n**	**%**
5-11	21	16.8	102	81.6	125	0.2
12-17	1,186	26.0	3,344	73.3	4,565	6.7
18-24	2,474	17.2	11,857	82.5	14,375	21.2
25-34	3,480	14.7	20,069	85.0	23,616	34.7
35-49	3,272	15.1	18,254	84.4	21,621	31.8
50-59	486	16.3	2,468	83.0	2,974	4.4
60-69	64	11.4	490	87.0	563	0.8
70-84	7	6.0	105	90.5	116	0.2
85+	0	0.0	5	100.0	5	0.0

Note. [a]Indicates proportion of all offenders. Gender was not available for 276 offenders.

Table 286 shows that offenders were most likely to reside in the third SEIFA disadvantage quintile, followed by the first (most disadvantaged), fourth, fifth (least disadvantaged) and second quintiles, respectively.

[89] Offender sex was not able to be coded for 250 offenders

Table 287 Proportion of offenders according to socioeconomic disadvantage, WA (n = 67,267)[90]

SEIFA disadvantage index[a]	n	%
1 (most disadvantaged)	14,947	22.2
2	6,290	9.4
3	22,120	32.9
4	13,080	19.4
5 (least disadvantaged)	10,830	16.1

Note. [a]SEIFA quintiles range in descending order of disadvantage, where 1 = most disadvantaged and 5 = least disadvantaged.

4.8.1.2. VICTIMS

A total of 126,661 victims were recorded across all DV incidents in WA during the reporting period. Of the 62,850 unique victims, 19,429 were repeat victims. Table 287 presents the proportion of female and male victims across age groups[91]. Overall, 73.9% of victims were female, 22.6% were male, and 4 were of unknown sex. For the younger (0-11 years) and older (60-85+) age-groups the proportion of female to male victims was more symmetric. More than 80% of victims aged between 18 and 34 years were female. 29.9% of all victims were identified as Aboriginal or Torres Strait Islander.

Table 288 Proportion of victims by gender and age group, WA (n = 126,661)[92]

	Female		Male		All Victims[b]	
Age (years)	**n**	**%**	**n**	**%**	**n**	**%**
0-4	516	48.1	525	48.9	1,073	0.9
5-11	1,092	49.5	1,064	48.2	2,207	1.8
12-17	4,944	71.6	1,866	27.0	6,908	5.5
18-24	19,815	83.3	3,751	15.8	23,781	18.9
25-34	29,038	80.7	6,602	18.4	35,962	28.6
35-49	29,032	74.9	9,302	24.0	38,777	30.9
50-59	5,964	63.3	3,319	35.2	9,427	7.5
60-69	1,838	55.5	1,422	42.9	3,314	2.6
70-84	563	51.4	503	45.9	1,096	0.9
85 and over	45	52.9	38	44.7	85	0.1

Note. [b]Refers to the proportion of all victims within this age group.

A higher proportion of child victims were female (64.3%) in comparison to male child victims (33.9%).

[90] Offender postcode could not be coded into SEFIA quintiles for 241 offenders
[91] The sex of 4,332 victims was unknown
[92] Victim age was not available for 2,942 victims.

Table 289 Proportion and gender incidents involving a child victim per year, WA (n = 1,731)

	Female		Male	
	n	%	n	%
2009	955	66.1	467	32.3
2010	888	65.3	449	33.0
2011	1069	65.5	545	33.4
2012	1186	64.2	621	33.6
2013	1267	62.4	729	35.9
2014	1187	63.4	644	34.4

4.8.2. INCIDENTS

WA police attended 102,167 DV incidents across the reporting period. Table 289 shows the incidence rate of FDV incidents per 10,000 people across the reporting period.

Table 290 Proportion of DV incidents per year, WA (n = 102,167)

Year	n	Rate per 10,000
2009	13,024	57.5
2010	13,295	57.3
2011	15,126	63.2
2012	18,202	73.4
2013	21,203	83.6
2014	21,317	82.7

Figure 78 below shows the rates of all FDV incidents per 10,000 people has increased between 2009 and 2014. This trend is also presented for alcohol related incidents and drug related incidents.

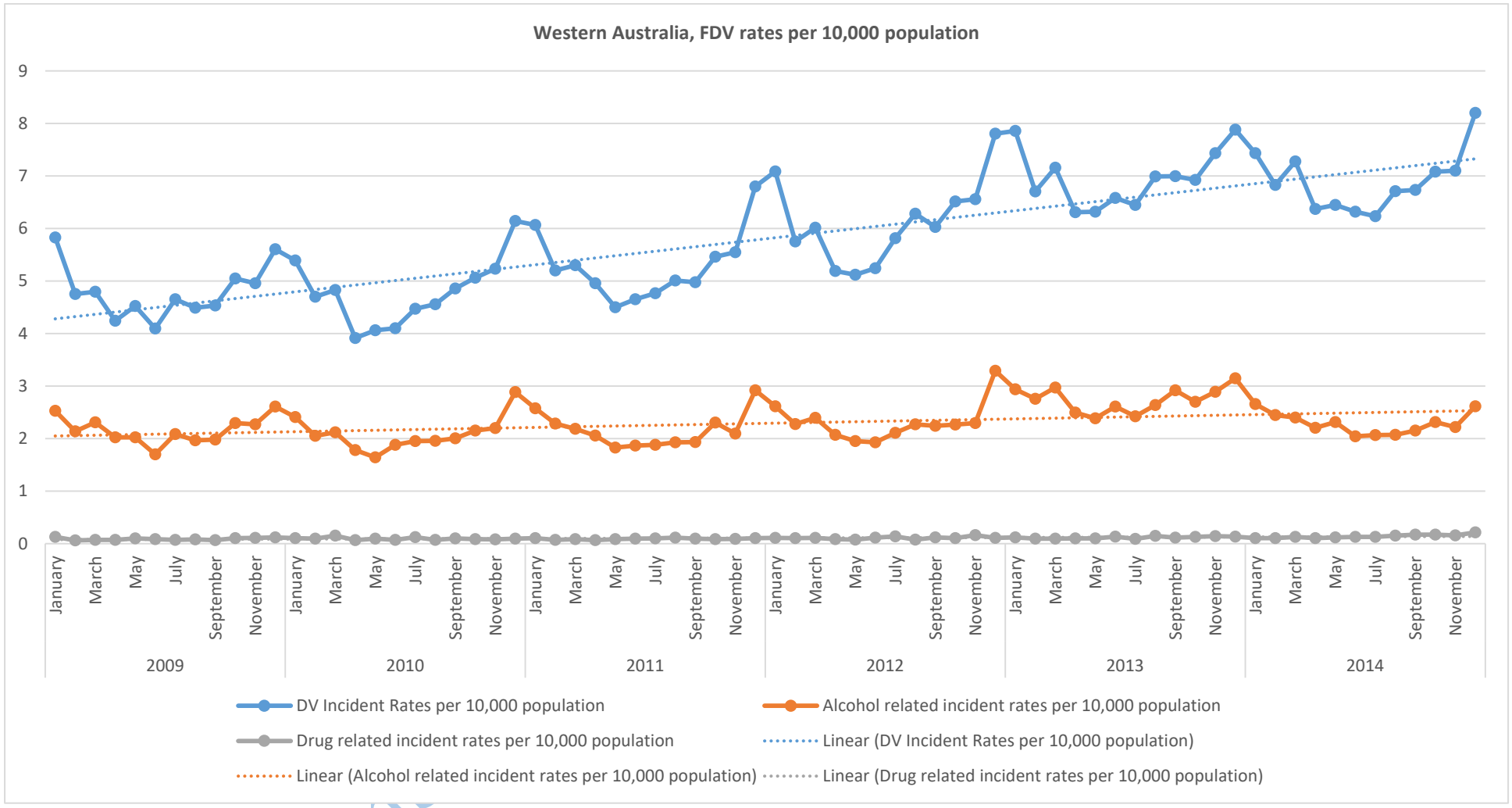

Figure 83 Alcohol, drug, and all incident rates per 10,000 population over reporting period, WA

4.8.2.1. SOCIO-ECONOMIC DISADVANTAGE

Incident locations were classified into one of five levels of socioeconomic disadvantage according to the ABS Socio-Economic Indexes for Areas (SEIFA) (refer to Table 119). Postcodes were not available for over half of incidents (55.0%, n=56,169).

Table 291 DV incident location according to socioeconomic disadvantage, WA (n = 45,998)

SEIFA Disadvantage Index[a]	n	%
1 (most disadvantaged)	10,577	23.0
2	3,915	8.5
3	15,077	32.8
4	8,780	19.1
5 (least disadvantaged)	7,649	16.6

Notes. [a]SEIFA quintiles range in descending order of disadvantage, where 1 = most disadvantaged and 5 = least disadvantaged.

The highest proportion of incidents took place within the third (32.8%) and first (23.0%) SEIFA quintiles, respectively, while the lowest proportion of incidents took place in the second SEIFA quintile (8.5%).

4.8.2.2. ALCOHOL-RELATED INCIDENTS

Fewer than half (39.3%) of all DV incidents were flagged as alcohol-related by police. As shown in Table 291, the proportion of DV incidents flagged as alcohol-related by police decreased over the reporting period from 45.1% in 2009 to 33.3% in 2014 (p<.001, Phi = -0.12).

Table 292 Proportion of DV incidents flagged as alcohol-related by police per year, WA (n = 40,183)

Year	n	%
2009	5,875	45.1
2010	5,808	43.7
2011	6,189	40.9
2012	6,875	37.8
2013	8,343	39.3
2014	7,093	33.3

4.8.2.3. DRUG-RELATED OFFENCE

Few (1.9%) FDV incidents involved a drug offence.[93] As shown in

Table 292 the proportion of incidents involving a drug offence remained relatively steady over the reporting period, varying 0.1-0.2% per year over the reporting period. This difference was not significant (p>.05). Since August 2013 WA police have recorded whether or not the persons involved in an FDV incident have a 'drug-history' (i.e. the victim or the offender has problems in the past with drugs). Since this time 17.9% of incidents were flagged positive for drug history, 32.2% as not positive for drug-history, and 18.3% as 'unknown' for drug history.

Table 293 Proportion of DV incidents involving a Drug Offence(s) per year, WA (n = 102,167)

Year	n	%
2009	248	1.9
2010	271	2.0
2011	267	1.8
2012	329	1.8
2013	361	1.7
2014	439	2.1

4.8.2.4. CHILD WITNESSES

Child presence at FDV incidents has been recorded by WA police since August 2013. Since this time, children were flagged as present in 8.8% of FDV incidents. As shown in Table 293 the proportion of child-witnessed offences was greatest in the second and third SEIFA disadvantage quintiles and lowest in 1st, 4th and 5th SEIFA quintiles.

Table 294 Proportion of DV incidents a child was present according to level of socioeconomic disadvantage, WA (n = 45,998)

SEIFA Disadvantage Index	n	%
1 (most disadvantaged)	663	6.3
2	403	10.3
3	1550	10.3
4	752	8.6
5 (least disadvantaged)	699	9.1

[93] Using offence categories, incidents were coded as involving a drug-related offence when the Level 3 offence was either a 'Drug Offences', 'Receiving/Illegal Use', or 'Drugs (Other)'.

Substance Use. A significantly lower proportion of child-witnessed incidents were flagged as alcohol related (29.5%) compared to incidents not witnessed by children (38.7%, p<.001, Phi = -0.09). A significantly lower proportion of incidents witnessed by children involved a drug-related offence (1.8%) than incidents not witnessed by children (2.1%, p<.05), however, the size of this effect was very small (Phi=-0.01).

4.8.2.5. DAY AND TIME OF INCIDENT

The day and time at which FDV incidents occurred are shown in Figure 4.49 and Figure 4.50 respectively.

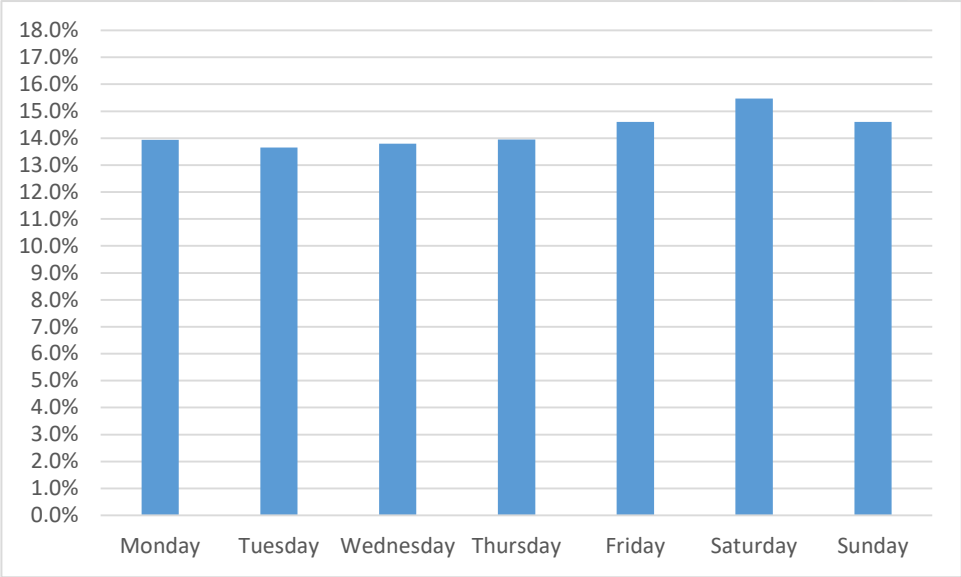

Figure 84 Proportion of FDV incidents that took place on each day of the week, WA (n = 102,167)

A greater proportion of DV incidents took place Saturday (15.5%), Friday (14.6%), and Sunday (14.6%) than on weekdays (13.7-14.0%).

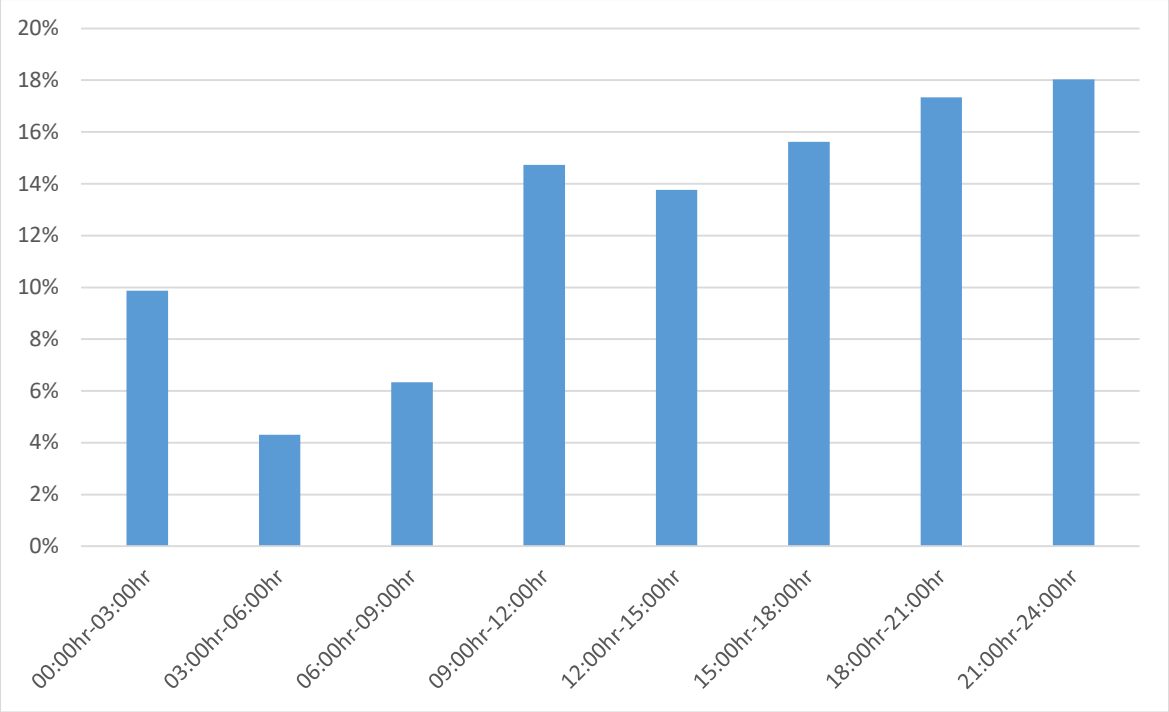

Figure 85 Proportion of FDV incidents during 3-hour intervals, WA (n = 102,167)

The proportion of incidents that took place during each 3-hour interval generally increased over the daytime hours from 9am to 12am and decreased thereafter.

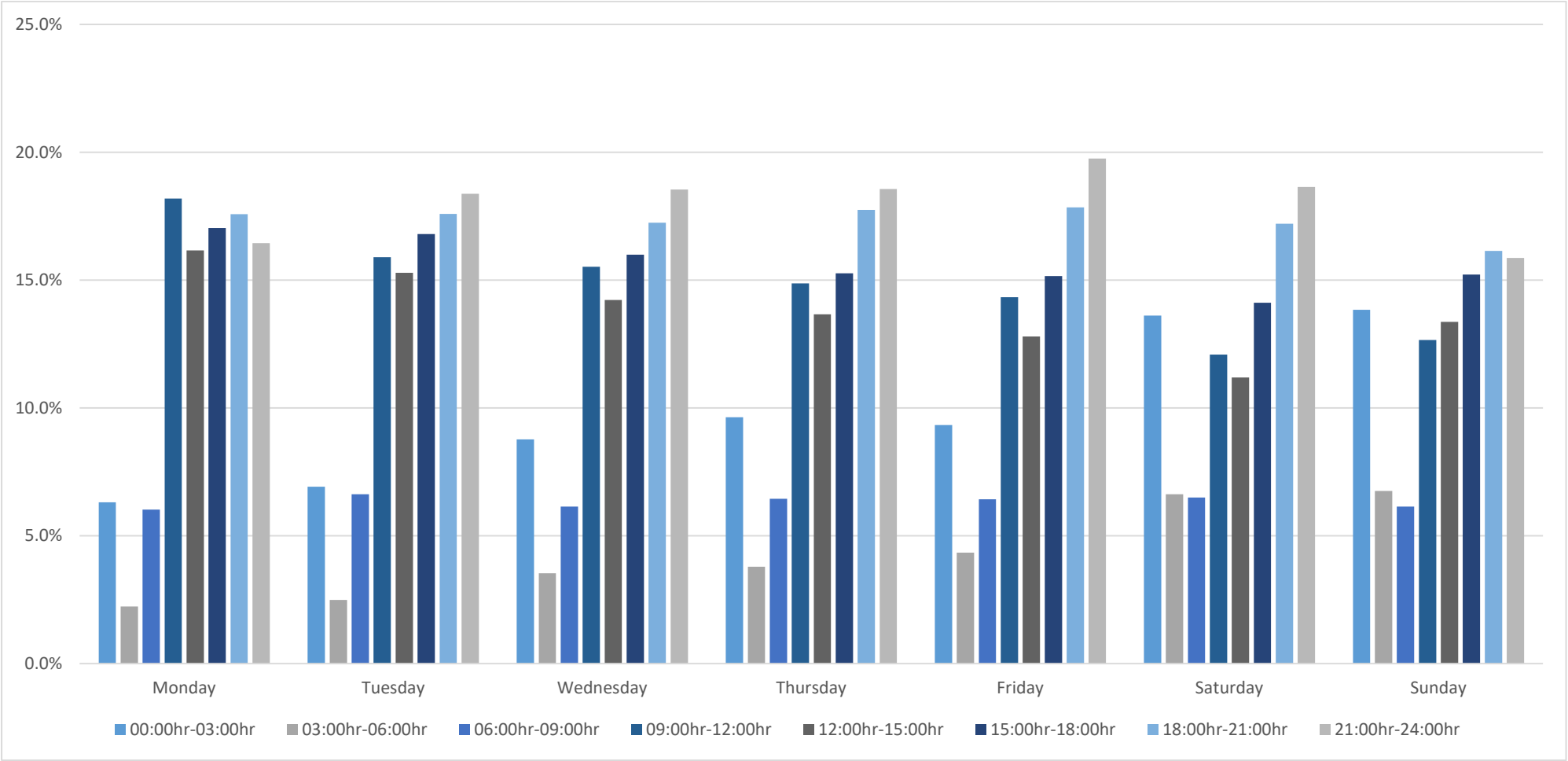

Figure 86 Proportion of FDV incidents that occurred each day of the week in three hour blocks, WA (n = 102,167)

As shown in Figure 81, when day of the week and time of day are considered together, from Monday through Wednesday the lowest proportion of incidents took place between 12am and 6am, however, on Saturdays and Sundays a greater proportion of incidents took place from 12am to 6am.

Alcohol-related incidents. As shown in Figure 82, alcohol-related incidents were least likely to take place Monday (29.0% alcohol-related, $p<.001$), and most likely Saturday (50.0% alcohol-related, $p<.001$). Further, alcohol-related incidents most often occurred between 9pm and 6am, and least often between 9am and 3pm (see Figure 83). Considering day of week and time of day together (see Figure 84), approximately 50% of alcohol-related incidents taking place during the week (Monday-Friday) occurred 6pm-12am. On Saturdays, 20% of alcohol-related incidents took place between 12am and 3am and approximately 40% of incidents took place 6pm-12am. On Sundays, 25% of alcohol-related incidents took place between 12am-3am and 35% of incidents between 6pm and 12am. In general, across all days, alcohol-related incidents were least likely to occur from 6am-3pm.

Drug-related incidents. There was no significant difference in the proportion of drug-related offences across each day of the week ($p>.05$). The proportion of incidents involving a drug-related offence peaked 9pm-12pm at 2.1% ($p<.05$), and was lowest from 12pm-3pm ($p<.05$). The number of incidents flagged for involving drug-related offences was too low to analyse trends across time of day for each day of the week.

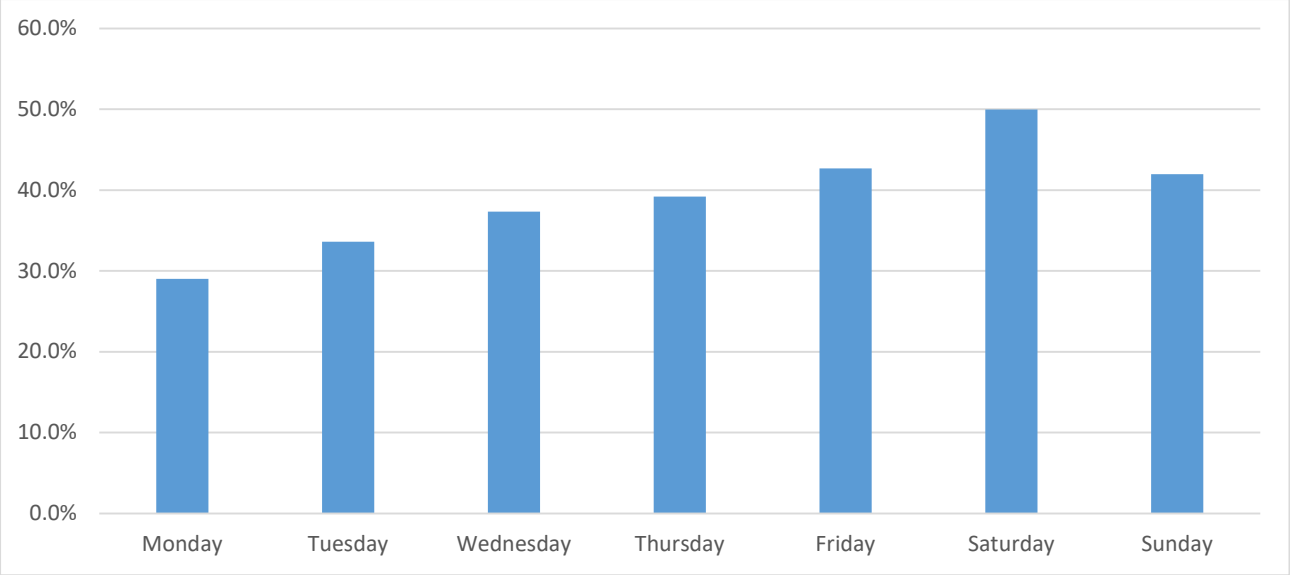

Figure 87 Proportion of alcohol-related FDV incidents that took place on each day of the week, WA (n = 40,183)

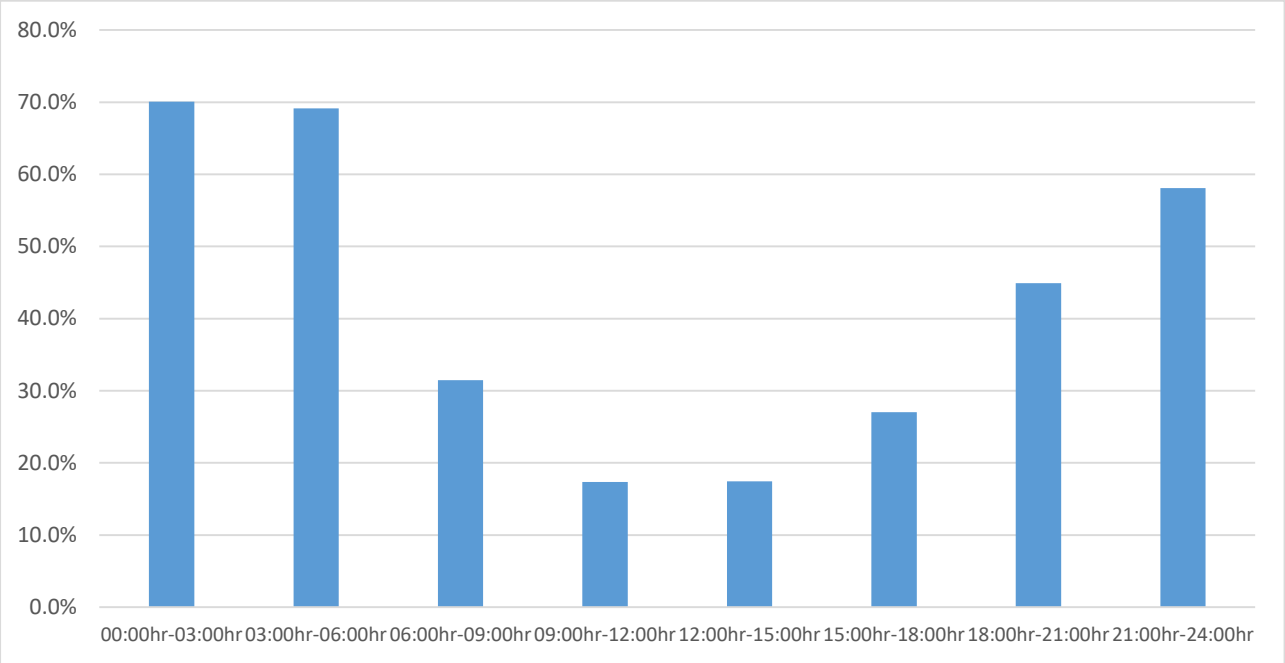

Figure 88 Proportion of FDV incidents that were alcohol-related during 3-hour intervals, WA (n = 40,183)

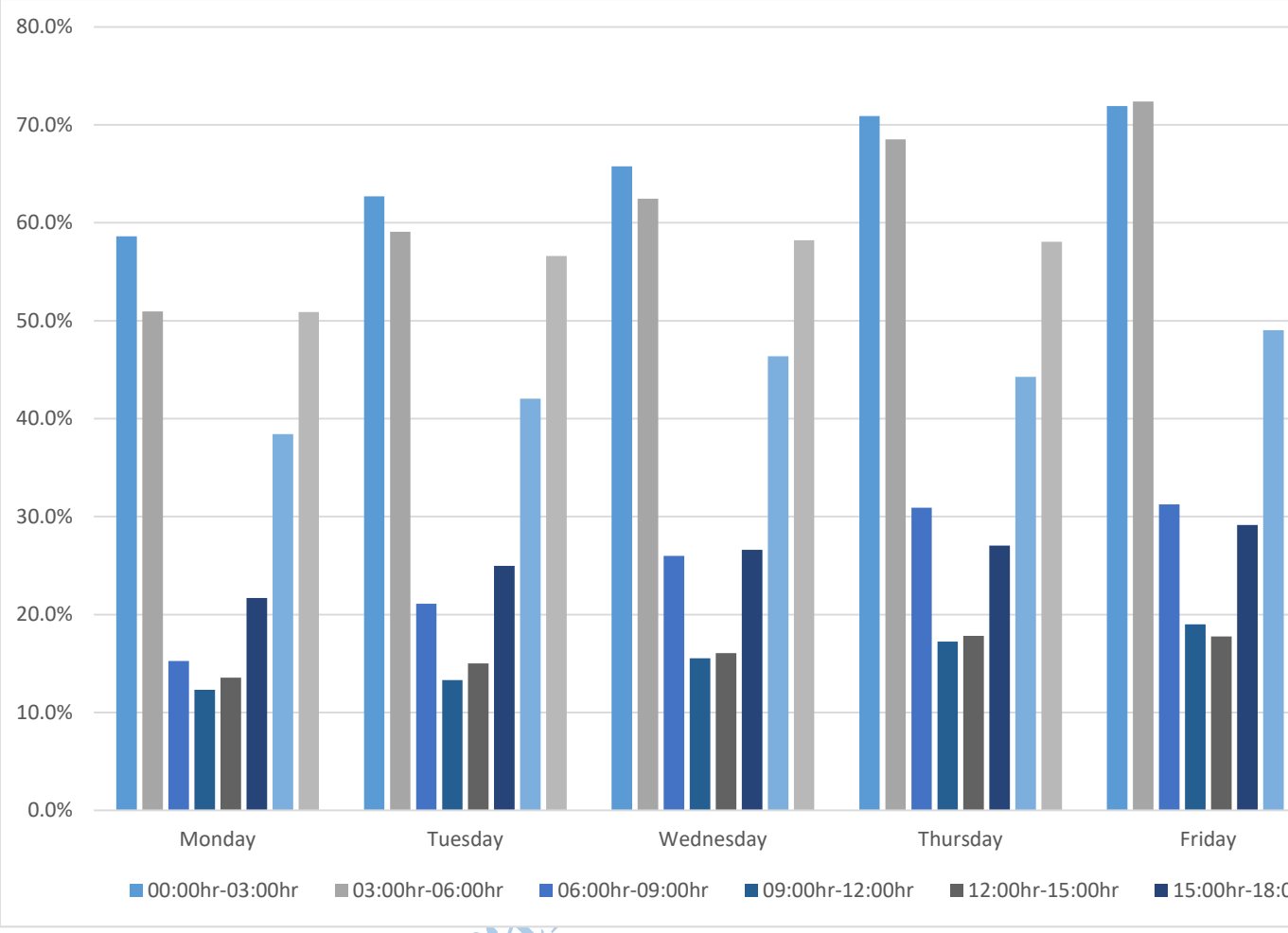

Figure 89 Proportion of FDV incidents, that were alcohol-related, that took place on each day of the week, WA (n = 40,183)

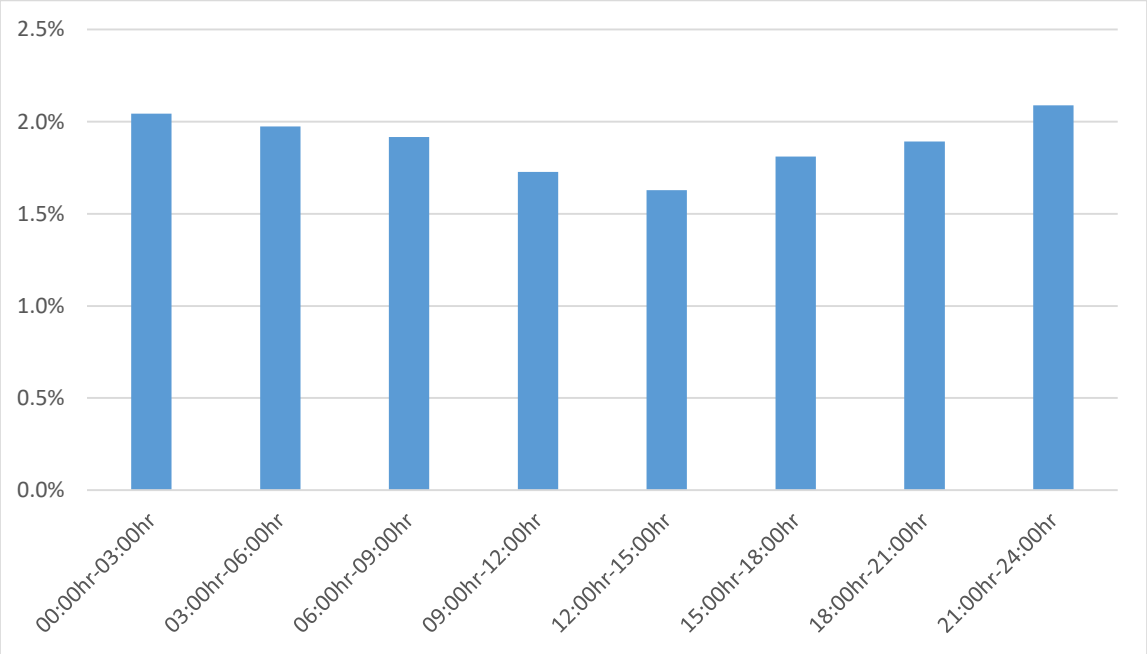

Figure 90 Proportion of FDV incidents flagged as drug related that took place during 3-hour intervals, WA (n = 1,915)

Child Presence. As shown in Figure 86, children were least likely to witness FDV incidents on Thursday (36.0% witnessed by children, p<.001) and most likely to witness FDV incidents that took place Sunday (44.3% witnessed by children, p<.001). Children were less likely to witness incidents that took place 12am-6am (ps<.001), and most likely to witness incidents 6am-9am (p<.001). In general, the proportion of child-witnessed FDV incidents was consistent across each day of the week and each time-interval. On Fridays and Saturdays approximately 30% of incidents witnessed by children occurred 6pm-3am.

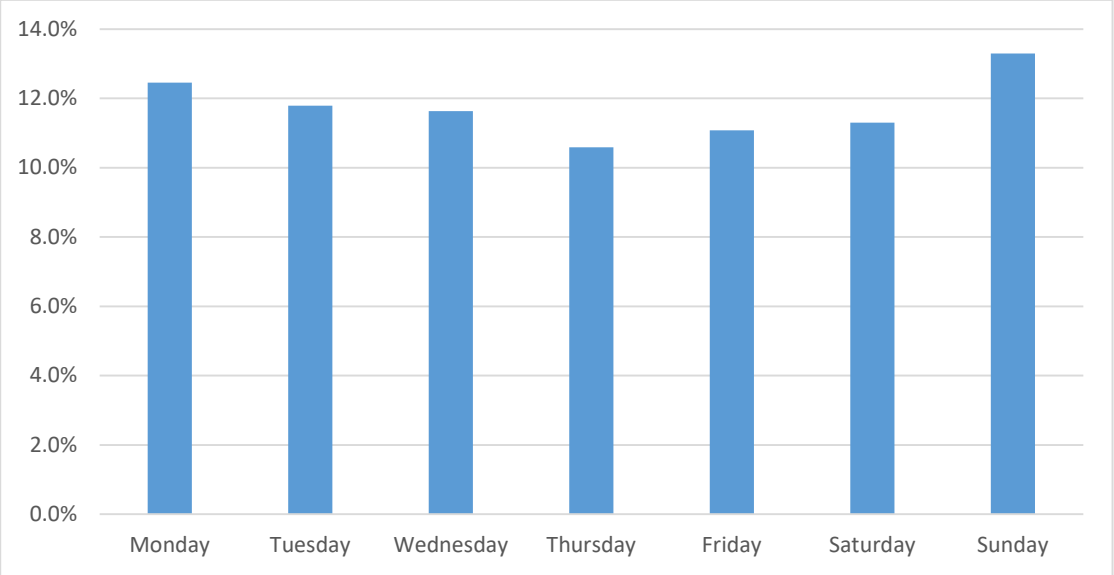

Figure 91 Proportion of FDV incidents witnessed by children that took place on each day of the week (August 2013 – December 2014 only), WA (n = 11,988)

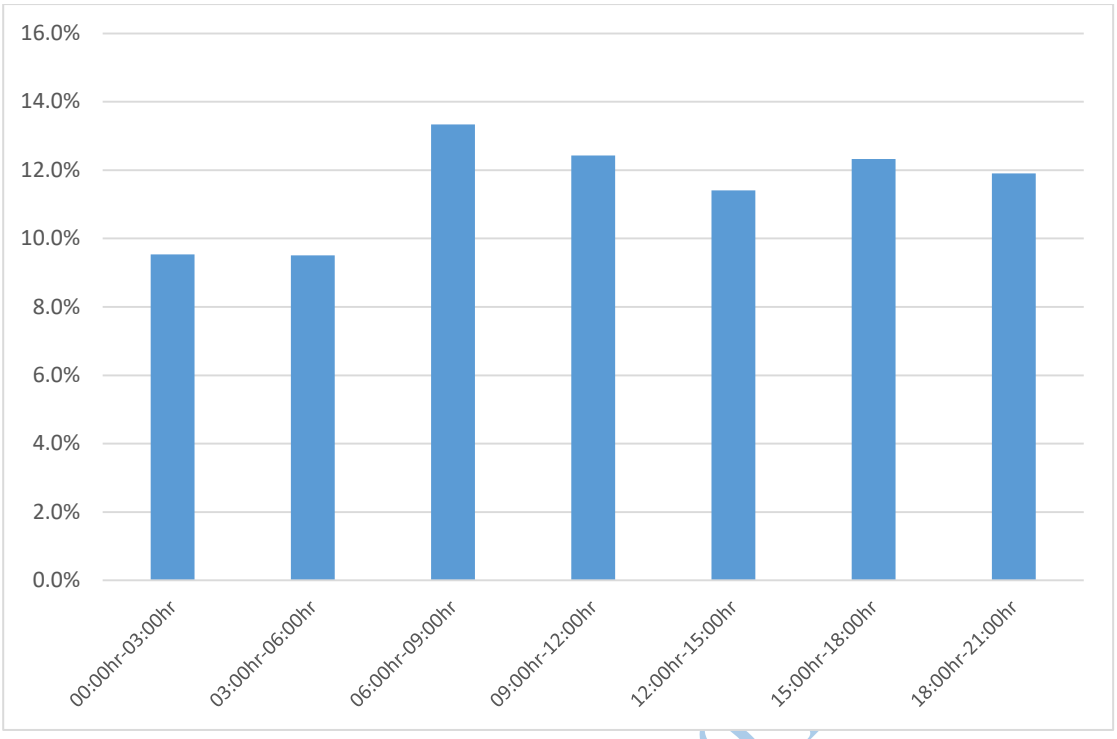

Figure 92 Proportion of FDV incidents witnessed by children that took place during 3-hour intervals (August 2013 – December 2014 only), WA (n = 11,988)

4.8.2.6. OFFENCE AGAINST THE PERSON

Just over half (57.1%) of all WA police-attended FDV incidents involved an offence against the person[94]. The proportion of incidents involving an offence against the person slightly increased over the reporting period, but was only significant from 2009-2010 (p<.01) and 2012-2013 (p<.001) (see Table 294).

Table 295 Proportion of FDV incidents involving an offender against the person per year, WA (58,340)

Year	n	%
2009	7,217	55.4
2010	7,581	57.0
2011	8,453	55.9
2012	10,316	56.7
2013	12,416	58.6
2014	12,357	58.0

Alcohol-related incidents. A significantly higher proportion of incidents that involved an offence against the person were alcohol-related (45.0%) compared to those that did not involve an offence against the person (31.7%, p<.001, Phi=.13).

Drug-related incidents. A significantly smaller proportion of incidents involving an offence against the person involved a drug-related offence (0.6%) compared to incidents not involving an offence against the person (3.6%, p<.001, Phi=-0.11).

Child presence. A significantly higher proportion of incidents that involved an offence against the person were witnessed by children (40.7%) compared to those that did not involve an offence against the person (37.1%, p<.001). The size of this effect was small (Phi=0.04).

Time of Day and Day of the Week. Incidents occurring on Saturday's (59.7% involved an offence against the person, p<.001) and Sundays (60.0% involved an offence against the person, p<.001) were most likely to involve an offence against the person. Offences against the person were least likely to occur 9am-6pm (ps<.001), and most likely 6pm-6am (ps<.001).

Considering time of day and day of week together, approximately 40% of incidents involving an offence against the person Monday-Friday occurred 6pm -12am. This proportion dropped to 36% Friday and 30% Saturday, with offences against the person more likely to occur in the early hours of the morning 12am-3am Saturday and Sunday compared to other days.

[94] Offences against the person included: domestic assault, non-domestic assault, and deprivation of liberty, attempted murder, manslaughter, murder, sexual assault, threatening behaviour, and dangerous neglect.

4.8.2.7. BREACH OF RESTRAINING ORDER

Few (17.5%) incidents involved breach of a restraining order. As shown in Table 295, the proportion of incidents involving breach of a restraining order stayed relatively stable over the reporting period.

Table 296 The proportion of DV incidents involving breach of a Restraining Order per year, WA (n=17,889)

Year	n	%
2009	2,282	17.5
2010	2,372	17.8
2011	2,819	18.6
2012	3,184	17.5
2013	3,590	16.9
2014	3,642	17.1

Alcohol-related incidents. A significantly smaller proportion of incidents involving breach of a restraining order were alcohol-related (37.2%) compared to incidents not involving breach of a restraining order (39.8%, p<.001). The size of this effect was small (Phi = -0.02).

Drug-related incidents. A significantly smaller proportion of incidents involving breach of a restraining order involved a drug-related offence (1.6%) compared to incidents not involving breach (1.9%, p<.01). The size of this effect was small (Phi=-0.01).

Child Witnesses. There was no significant difference in the proportion of incidents that did and did not involve breach of a restraining order and were witnessed by children (39.9% versus 39.1%, p>.05).

Time of Day and Day of the Week. Between 17.9% and 19.6% of incidents Monday-Friday involved breach of a restraining order, compared to 14.7% on a Saturday (p<.001) and 14.3% on a Sunday (p<.001). The proportion of incidents involving breach increased steadily from 14.5% 3am-6am, peaked at 12pm-3pm (20.0%), and declined steadily thereafter. Nevertheless, most breaches occurred between 9am and 12pm (15.0%-17.6% of breaches) than between 12am and 9am (2.6%-8.6% of breaches).

4.8.2.8. OFFENDER RECIDIVISM AND REPEAT VICTIMISATION

Of the 102,167 FDV incidents WA police attended, 43.0%[95] involved a recidivist offender and 75.3%[96] involved a repeat victim; 84.4% of incidents involving a recidivist offender also involved a repeat victim (p<.001, Phi = 0.48).

Table 297 Proportion of FDV incidents involving recidivist offenders (n = 30,983) and repeat victims (n = 58,688), WA

	Recidivist Offender		Repeat Victim	
	n	%	n	%
2009	4,661	35.8	6,947	53.3
2010	4,815	36.2	7,448	56.0
2011	5,111	33.8	8,842	58.5
2012	5,514	30.3	10,668	58.6
2013	5,585	26.3	12,417	58.6
2014	5,297	24.8	12,366	58.0

Alcohol-related incidents. Incidents involving recidivist offenders were significantly more likely to alcohol-related compared to those involving first-time offenders (44.6% versus 42.8%, p<.001, Phi = 0.02). Similarly, incidents involving repeat victims were significantly more likely to be alcohol-related compared to those involving first-time victims (40.4% versus 35.9%, p<.001, Phi-0.04).

Drug-related incidents. Incidents involving a drug-related offence were significantly less likely to involve recidivist offenders (3.1% versus 4.1%, p<.001, Phi = -0.02). Conversely, incidents involving repeat victims were significantly *more* likely to involve a drug-related offence than incidents that did not involve repeat victims (0.8% versus 0.6%, p<.001). The size of this effect was very small (Phi=0.01).

Child witnesses. Incidents involving either recidivist offenders or repeat victims were significantly less likely to be witnessed by children compared to those that did not (Recidivist offender: 35.1% versus 39.3%, p<.001, Phi=-0.04; Repeat victim: 38.8% versus 41.2%, p<.001, Phi=-0.02).

Day of week and time of day. As shown in Table 297, the proportion of incidents involving a recidivist offender was generally consistent Tuesday-Friday (66.1-67.0% involving recidivist offenders), and decreased Saturday-Monday (60.9%-63.8% involving recidivist offenders). The proportion of incidents involving repeat victims was highest Wednesday (63.4% involving repeat victims) and Thursday (64.8% involving repeat victims), similar for Monday, Tuesday, Friday and Saturday, and smallest Sunday (58.8% involving repeat victims).

[95] Offender recidivism was unknown for 53% of incidents
[96] Victim recidivism was unable to be coded for 7,607 (7.4%) incidents.

The proportion of incidents involving recidivist victims and offenders shows a similar pattern across time of day (see Figure 88). Incidents involving recidivist victims and offenders were least likely 12am-3am, more likely 3am-9am, and then generally less likely thereafter.

Table 298 Proportion of FDV incidents involving recidivist offenders (n = 30,983) and repeat victims (n = 58,688) by each day of the week, WA

	Recidivist Offender		Repeat Victim	
	n	%	n	%
Monday	4,070	28.6	8,107	56.9
Tuesday	4,362	31.3	8,079	57.9
Wednesday	4,397	31.2	8,260	58.6
Thursday	4,621	32.4	8,518	59.8
Friday	4,685	31.4	8,563	57.4
Saturday	4,786	30.3	9,007	57.0
Sunday	4,062	27.2	8,154	54.7

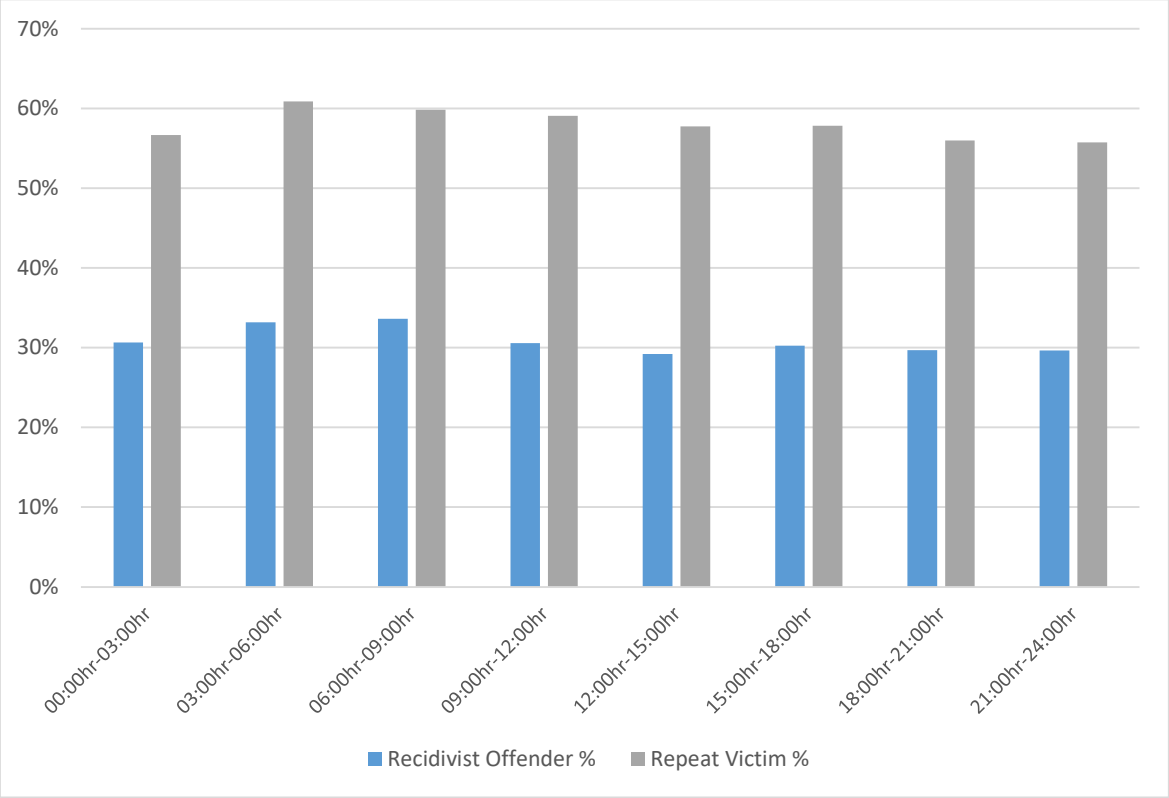

Figure 93 Proportion of DV incidents involving recidivist offenders (n = 30,983) and repeat victims (n = 58,688) by each three-hour interval, WA

4.8.2.9. LOCATION OF ALCOHOL CONSUMPTION

WA Police have collected data regarding where alcohol was consumed since August 2013. Locations were the incident took place was categorised as either a dwelling (e.g. flat/unit, house, nursing home, park home, requirement home), licensed premises (e.g. casino, hotel/tavern, nightclub, restaurant), or other.

Because this information is collected at the offence level, and persons involved in an incident may have consumed alcohol at different locations, this data is presented at offence level, rather than incident level, therefore totals will not match other incident level data.

Table 298 shows that the vast proportion of alcohol involved in offences that took place at a dwelling was also consumed at a dwelling (77.3%). Only a very small proportion of alcohol involved in offences that took place at dwellings was consumed at a licensed premises (5.2%). Further, 28.9% of the alcohol involved in offences that took place in 'other' locations was also consumed at dwellings.

Table 299 Location alcohol was consumed by where incident took place

	Dwelling		Licensed premises		Other	
Place alcohol was consumed	**n**	**%**	**n**	**%**	**n**	**%**
Dwelling	3063	77.3	4	9.3	279	28.9
Licensed premises	208	5.2	33	76.7	69	7.1
Other	694	17.5	6	14.0	618	64.0

4.8.3. MULTIVARIATE CORRELATES OF INCIDENT CHARACTERISTICS

In this section multivariate correlates of FDV incident characteristics are presented. A series of multivariate models were conducted to examine the key person and incident characteristics that are unique correlates of: 1) alcohol involvement; 2) repeat victimisation; 3) offender recidivism; 4) offence against the person; and 5) breach of a restraining order. As child presence at incidents has also only been recorded since August 2013 and would therefore would substantially reduce the analytic sample, it consequently omitted as a correlate for each model. Similarly as postcodes, and therefore socioeconomic disadvantage (SEIFA), was not available for 55% of incidents, and as offender recidivism was not available for 53.3% of incidents, these variables were also omitted from the models. As offender recidivism was a core outcome variable a model was still performed predicting offender recidivism.

4.8.3.1. ALCOHOL INVOLVMENT

A binary logistic regression was performed to examine if repeat victim, and offence type (offence against the person, breach of restraining order, drug-related offence) were uniquely associated with whether alcohol was involved (no vs. yes) in FDV incidents (see Table 299).

In the fully adjusted model (Step 2), incidents that involved a repeat victim were significantly more likely to involve alcohol (OR = 1.36). An offence against the person was associated with 2.09 greater odds that the incident involved alcohol, while a breach of a restraining order was associated with significantly decreased odds that the incident involved alcohol (OR = 0.90). Drug-related offences were 1.42 times more likely to be alcohol-related.

Overall the model accounted for 3%-4% of the variance in whether or not an incident involved alcohol (Cox & Snell R Square = 0.03; Negelkerke R Square = 0.04) and was heavily biased toward prediction of alcohol unrelated incidents, correctly predicting 99.8% of alcohol unrelated incidents and just 0.02% of alcohol-related incidents. Each step significantly contributed to the prediction of victim alcohol-related incidents (ps<.001).

Table 300 Binary logistic regression associated with alcohol involvement in an FDV incident WA (n = 94,560)

	Step 1				Step 2			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Repeat victim (yes)	0.31	470.24	1.36***	1.33 - 1.4	0.31	468.80	1.36***	1.32 - 1.40
Breach of Restraining Order (yes)	-0.11	35.65	0.90***	0.87 - 0.93	-0.11	35.39	0.90***	0.87 - 0.93
Offence Against the Person (yes)	0.74	2621.14	2.09***	2.03 - 2.15	0.74	2631.37	2.09***	2.04 - 2.15
Drug-related offence (yes)					0.35	20.67	1.42***	1.22 - 1.64

Notes. * p<.05 ** p<.01 ***p<.001

4.8.3.2. OFFENDER RECIDIVISM

A binary logistic regression was performed to examine if repeat victim, offence type (offence against the person, breach of restraining order, drug-related offence), and alcohol involvement were uniquely associated with whether the incident involved a recidivist offender (no vs. yes) (see Table 300).

In the fully adjusted model (Step 2), incidents that involved a repeat victim were 8.45 times more likely to involve a recidivist offender. Incidents that involved an offence against the person were less likely to involve a recidivist offender (OR=0.68), while breach of a restraining order was not significantly associated with offender recidivism. Alcohol-related (OR=1.18) and drug-related (OR=1.25) incidents were significantly associated with increased likelihood of offender recidivism.

Overall the model accounted for 21%-29% of the variance in whether or not an incident involved a repeat offender (Cox & Snell R Square = 0.21; Negelkerke R Square = 0.29) and correctly predicted 84.4% incidents that involved a recidivist offender and 62.1% of incidents that did not. Each step significantly contributed to the prediction of recidivist offender (ps<.001).

Table 301 Binary Logistic Regression Associated with Recidivist Offender at FDV Incidents, WA (n = 41,328)

	Step 1				Step 2			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Repeat victim (yes)	2.14	7860.68	8.50***	8.11 - 8.91	2.13	7802.49	8.45***	8.06 - 8.86
Breach of Restraining Order (yes)	-0.03	0.72	0.97	0.92 - 1.04	-0.02	0.47	0.98	0.92 - 1.04
Offence Against the Person (yes)	-0.35	226.48	0.70***	0.67 - 0.74	-0.39	257.31	0.68***	0.65 - 0.71
Alcohol-related (yes)					0.16	44.07	1.18***	1.12 - 1.23
Drug-related offence (yes)					0.22	4.92	1.25*	1.03 - 1.52

Notes. * p<.05 ** p<.01 ***p<.001; [a] Reference category

4.8.3.3. REPEAT VICTIMS

A binary logistic regression was performed to examine if offence type (offence against the person, breach of restraining order, drug-related offence) and alcohol involvement were uniquely associated with whether the incident involved a repeat victim (no vs. yes) (see Table 301).

In the fully adjusted model (Step 2), incidents that involved a breach of a restraining order were 1.04 times more likely to involve a recidivist offender. Incidents that involved an offence against the person were significantly less likely to involve a repeat victim (OR = 0.48). Incidents that involved alcohol were 1.36 times more likely to involve a repeat victim and incidents involving a drug-related offence were 1.20 times more likely to involve a repeat victim.

Overall the model accounted for 3%-4% of the variance in whether or not an incident involved a repeat victim (Cox & Snell R Square = 0.03; Negelkerke R Square = 0.04), but was heavily biased toward prediction of repeat victims, correctly predicted 100% incidents that involved a repeat victim but 0% of incidents that did not. Both steps significantly contributed to the prediction of incidents involving repeat victims (ps<.001).

Table 302 Binary Logistic Regression Associated with Repeat Victims at FDV Incidents, WA (n=94,560)

	Step 1				Step 2			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Breach of Restraining Order (yes)	0.03	3.70	1.04	1 - 1.07	0.04	5.54	1.04*	1.01 - 1.08
Offence Against the Person (yes)	-0.68	2270.07	0.51***	0.49 - 0.52	-0.73	2530.83	0.48***	0.47 - 0.50
Alcohol-related (yes)					0.31	468.88	1.36***	1.32 - 1.40
Drug-related offence (yes)					0.18	4.88	1.20*	1.02 - 1.41

Notes. * p<.05 ** p<.01 ***p<.001; [a] Reference category

4.8.3.4. OFFENCE AGAINST THE PERSON

A binary logistic regression was performed to examine if repeat victim, breach of a restraining order, the incident involving a drug-related offence, and alcohol involvement were uniquely associated with whether the incident involved an offence against the person (no vs. yes) (see Table 302

Table 302).

In the fully adjusted model (Step 2), incidents that involved a repeat victims were significantly less likely to involved an offence against the person (OR = 0.48). Incidents that involved alcohol use were 2.09 times more likely to involve an offence against the person while incidents that involved a drug-related offence were significantly less likely to involve an offence against the person (OR=0.51). Whether the incident involved a breach of a restraining order was not significantly associated with the incident involving an offence against the person.

Overall the model accounted for 5%-7% of the variance in whether or not an involved an offence against the person (Cox & Snell R Square = 0.05; Negelkerke R Square = 0.07) and correctly predicted 71.7% incidents that involved an offence against the person and 51.3% of incidents that did not. Both steps significantly contributed to the prediction of incidents involving repeat victims (ps<.001).

Table 303 Binary Logistic Regression Associated with an Offence against the Person at FDV incidents, WA (n = 94,560)

	Step 1				Step 2			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Repeat victim (yes)	-0.68	2270.07	0.51***	0.49 - 0.52	-0.73	2530.28	0.48***	0.47 - 0.5
Breach restraining order (yes)	0.01	0.18	1.01	0.97 - 1.04	0.02	1.81	1.02	0.99 - 1.06
Alcohol-related (yes)					0.74	2630.94	2.09***	2.04 - 2.15
Drug-related offence (yes)					-0.68	76.77	0.51***	0.44 - 0.59

Notes. * p<.05 ** p<.01 ***p<.001; [a] Reference category

4.8.3.5. BREACH OF RESTRAINING ORDER

A binary logistic regression was performed to examine if the incident involving an offence against the person, repeat victim, the incident involving a drug-related offence, and alcohol involvement were uniquely associated with whether the incident involved a breach of a restraining order (no vs. yes) (see Table 303). Given the necessity of the victim being involved in another offence (although not necessarily a FDV offence) for a breach of a restraining order to take place, repeat victim was added at the last step so that the association of alcohol involvement with breaches of a restraining order prior to the involvement of a repeat victim or recidivist offender could be determined.

At Step 2, incidents that involved alcohol use were significantly less likely to involve an offence against the person (OR = 0.90). Whether the incident involved a drug-related offence or whether the incident involved an offence against the person was not significantly associated with the incident involving a breach of a restraining order. With the addition of repeat victim at Step 3, alcohol involvement in the incident continued to be associated with less likelihood that the incident involved an offence against the person (OR = 0.90). Incidents that involved repeat victims were 1.04 times more likely to involve a breach of a restraining order.

Overall the model accounted for little variance in whether or not an incident involved breach of a restraining order (Cox & Snell R Square = 0.00; Negelkerke R Square = 0.01). While step one (offence against the person) did not significantly contribute to prediction of breach of a restraining order ($p=.90$), but steps two ($p<.001$) and three ($p<.05$) did significantly contributed to the prediction of incidents involving a breach of a restraining order.

Table 304 Binary Logistic Regression Associated with Breach of a restraining order at FDV Incidents, WA (n = 94,560)

	Step 1				Step 2				Step 3			
	B	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**	**B**	**Wald χ^2**	**OR**	**95% CI**
Offence against the person (yes)	0.00	0.02	1.00	0.97 - 1.04	0.02	1.00	1.02	0.98 - 1.05	0.03	1.90	1.03	0.99 - 1.06
Alcohol-related (yes)					-0.10	33.58	0.90***	0.87 - 0.93	-0.11	35.37	0.90***	0.87 - 0.93
Drug-related offence (yes)					-0.15	2.21	0.86	0.7 - 1.05	-0.16	2.26	0.86	0.7 - 1.05
Repeat victim (yes)									0.04	5.54	1.04*	1.01 - 1.08

Notes. * p<.05 ** p<.01 ***p<.001; [a] Reference category

4.8.4. WA SUMMARY

In WA, the majority of offenders were male (83.3%) falling into the 25-49 year age category, and the majority of victims were female (73.9%) falling into the 25-49 year age category. Just under a third of all offenders (28.2%) and victims (29.9%) were identified as Aboriginal or Torres Strait Islander.

SEIFA disadvantage index shows a unique distribution of disadvantage in comparison to other states; however, postcodes were not available for 55% of incidents. The highest proportion of WA offenders fell into the 3rd quintile (32.8%), followed by the 1st (23.0) quintile, with the lowest proportion falling into the second quintile of disadvantage (8.5%).

INCIDENT TRENDS

Alcohol related incidents were highest in 2009, gradually decreasing across the reporting period from 45.1% of all incidents in 2009 to 33.3% in 2014 ($p<.001$, Phi=-0.12). A very small proportion of incidents involved drug offences (1.9%).

Alcohol-related incidents were least likely to take place on a place Monday (29.0% alcohol-related, $p<.001$), and most likely Saturday (50.0% alcohol-related, $p<.001$). Further, alcohol-related incidents most often occurred between 9pm and 6am, and least often between 9am and 3pm. There was no significant difference in the proportion of drug-related offences across each day of the week ($p>.05$). The proportion of incidents involving a drug-related offence peaked 9pm-12pm at 2.1% ($p<.05$), and was lowest from 12pm-3pm ($p<.05$).

KEY CORRELATES OF DV

Likelihood the incident was alcohol-related was positively associated with the incident involving a repeat victim (OR=1.36, 95%CI=1.32-1.40), an offence against the person (OR=2.09, 95%CI=2.04-2.15), or the incident involving a drug-related offence (OR=1.42, 95%CI=1.22-1.64).

Controlling for repeat victim and breach of restraining order, incidents involving alcohol were twice as likely to involve an offence against the person (OR=2.09, 95%CI=2.04-2.15), while incidents involving a drug-related offence were less likely to involve an offence against the person (OR=0.51, 95%CI=0.44=0.59).

Controlling for repeat victim, breach of a restraining order, and offence against the person either the incident being alcohol-related (OR=1.18, 95%CI=1.12-1.23) or involving a drug-related offence (OR=1.25, 95%CI=1.03-1.52) significantly increased likelihood the incident involved a

repeat offender. Similarly, controlling for breach of a restraining order and offence against the person either the incident being alcohol-related (OR=1.36, 95%CI=1.32-1.40) or the incident involving a drug-related offence (OR=1.20, 95%CI=1.02-1.41) increased likelihood the incident involved a repeat victim.

The vast proportion of alcohol involved in offences[97] that took place at a dwelling was also consumed at a dwelling (77.3%).

[97] Because this information is collected at the offence level, and persons involved in an incident may have consumed alcohol at different locations, this data is presented at offence level, rather than incident level, therefore totals will not match other incident level data.

5. DISCUSSION

This chapter summarises and synthesises the key findings of the panel survey and police studies according to the overarching research aims. Following this we present points for discussion around research, policy, and interventions targeting AOD-related violence.

5.1. PROJECT OBJECTIVES

The main objective of the project was to address the identified gaps in the current knowledge about the role of alcohol and other drug use in family violence. The project sought to address the following four key research questions:

1. What is the relationship between AOD use and FDV in the general population?
2. What role do key demographic, social, and environmental factors play in the occurrence and severity of different types of family violence?
3. How do variables differ in people who experience family violence where AOD use is involved compared to those where AOD use is not involved? and
4. What are the major trends in family violence in relation to incidents attended by police and the factors common to them across states and territories?

The project has demonstrated that FDV is a complex and heterogeneous phenomenon with many factors involved in the circumstances leading to a violent act, some of which may be preventable, some which are going to require major societal change over generations.

5.2. INCIDENTS

Trends over time varied across states with rates decreasing in ACT, Tasmania, and WA, but increasing in NSW, SA, NT, and Queensland. It is important to note, that there have been drives in many jurisdictions to increase reporting of FDV to police, which likely explains many of the apparent increases.

Across states, police attended a greater number of IPV than FV incidents; IPV incidents comprised 59% (ACT) to 88% (SA) of all FDV incidents. In the NT most incidents (71%) could not be categorised into IPV and FV, nevertheless there was a higher proportion of IPV (24%) than FV (5%) incidents. In the ACT, the highest proportion of IPV and FV incidents were recorded in 2010, followed by a slight reduction to 2013. IPV and FV incidents in NSW peaked in 2013. In SA, the greatest number of IPV incidents were recorded in 2011, while the number of FV incidents peaked in 2014. In Queensland, while IPV comprised the majority of FDV incidents, the proportion of FDV that were FV increased over the reporting period.

Overall, 24%-54% of FDV incidents was classified as alcohol-related. Comparatively, 2012-2013 Victorian police data (Auditor-General 2012) has been reported to show that 46% of all FDV incidents were related to alcohol. The proportion of alcohol-related FDV incidents decreased across the reporting period in ACT (from 25.9% to 22.0%), NSW (from 43.4% to 35.1%), NT (from 43.4% to 35.1%), Queensland (from 41.0% to 30.3%), Tasmania (from 36.6% to 31.0%), and WA (from 45.1% to 33.8%). This trend is contradictory to the findings of the Personal Safety Survey (PSS) (Australian Bureau of Statistics 2013), which showed a 2% increase in physical assault incidents involving alcohol or drugs between 2005 and 2012. However, PPS data specifically related only to male perpetrators of violence. While the decrease in proportion of alcohol-related incidents coincided with a decreased in the rate per 10,000 of alcohol-related incidents in the ACT, NSW, and Tasmania, there was an increase in the rate of alcohol-related FDV across the respective reporting periods in the NT, WA, and Queensland. In Queensland the rate of alcohol-related FDV increased slightly from 2010 to 2014 (from 33.6 to 37.8 per 10,000), and then slightly decreased in 2015 (to 35.2 per 10,000). Similarly, in WA the rate of alcohol-related FDV increased slightly from 2009, peaking in 2013 (from 26.0 to 32.9 per 10,000) and then decreased in 2014 (to 27.5 per '000). In the NT the rate increased from 385.3 per 10,000 in 2010 to 429.8 per 10,000 in 2014 (with a low of 353.3 per 10,000 in 2012).

In the states with available data (ACT, NSW, NT, and Queensland), alcohol was implicated in a greater proportion of IPV than FV incidents, and in Queensland this difference was statistically significant, but very small (1.2% difference). Where victim and offender data was available, offenders were more likely to be alcohol affected than victims. In NSW, offenders were affected by alcohol in 33%, and victims in 19%, of all incidents. Similarly, in Queensland, offenders were affected by alcohol in 33%, and victims in 20%, of all incidents. In the NT, where only one party was named per incident with regard to being affected by alcohol, offenders were affected by alcohol in 13.3% of incidents, victims in 0.7% of incidents, and other participants in 39.5% of incidents.

Illicit drug use was implicated in a small proportion of FDV incidents across states, from 1% in ACT and NSW, 2% in WA, 3% in Queensland, and to 9% in TAS, and tended to increase slightly across the reporting period in ACT, NSW and Queensland. In contrast, the proportion of drug-related incidents recorded in TAS was greatest in 2013 (10%) and lowest in 2014 (7%). In WA the proportion of drug-related incidents remained relatively steady over the reporting period. Caution should be used in making comparisons across states due to differences in the reporting of drug involvement. For instance, in the ACT drug involvement was based on the seizure of drugs at an incident, while in WA this was based on whether a drug offence had been committed.

The proportion of FDV incidents tended to gradually increase over the daytime hours from 6am to either 9pm (ACT, NSW, Queensland, Tasmania), 12am (NT, WA), or 3am (SA) and then decrease thereafter. Across all states FDV incidents were most likely to take place on Saturdays and Sundays with the exception of FV incidents in the ACT, which were most likely to take place on Mondays and Tuesdays. Alcohol-related incidents were most likely to take place on Saturdays and Sundays in the ACT, NSW, Queensland, and Tasmania, on Fridays Saturdays and Sundays in WA, and on Fridays and Saturdays in the NT. Trends generally coincided with 'high alcohol hours'—typically defined as between 4pm Saturday and 8am Sunday (Laslett et al. 1999), with a higher proportion of incidents that took place on weekends occurring late in the evening and in the early hours of the morning, than incidents that took place on weekdays.

5.3. VIOLENCE TYPES

The development of IPV typologies over the past few decades has led to a greater understanding of the risks and outcomes associated with IPV and FV more broadly. These more complex understandings of IPV have important implications for policy, screening processes for victims, and development of effective treatment programs that target victims' and offenders' specific needs (Day & Bowen 2015; Kelly & Johnson 2008). Typologies of IPV distinguish between *types* of IPV that differ qualitatively in terms of patterns of behaviour, developmental correlates, severity and harms. The current project categorised panel survey respondents based on dyadic experience of coercive control (i.e. respondent and partner behaviour), rather than victimisation only (see Figure 89). Based on respondent and partner coercive controlling behaviour reports, we classified respondents as one of the following:

1. No CCB (76.2%; respondent and their partner engaged in no/low coercive controlling behaviour);
2. CCB perpetrator (3.3%; respondent engaged in high CCB, their partner engaged in no/low CCB);
3. CCB victim (12.4%; respondent engaged in no/low CCB, their partner engaged in high CCB);
4. Mutual CCB (8.1%; respondent and their partner engaged in high CCB).

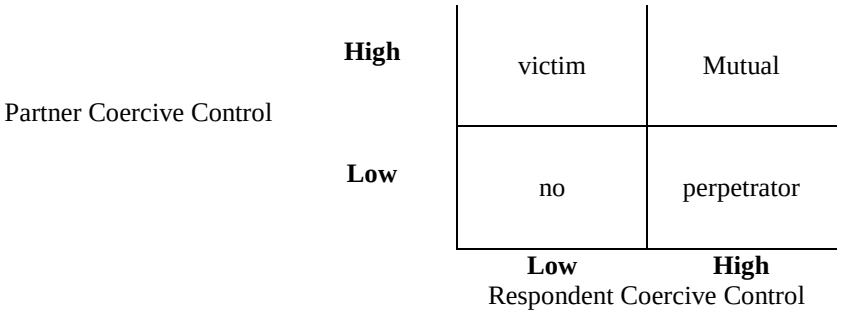

Figure 94 Dyadic Coercive Control Types

We found evidence that increasing severity of coercive control was associated with more severe outcomes/harms (mental health), alcohol use, and illicit substance use. This paralleled many of the previous findings with regard to general IPV experience (Kelly & Johnson 2008).

An important consideration highlighted by Johnson's typology of IPV is that different populations will be made up of different combinations of violence types (Kelly & Johnson 2008). Of specific importance to this study is that the two populations we drew from (the general population and police incident data) are different and will have different levels of IPV and FV, and different levels of severity. Consequently, we can expect differences in how alcohol and other drugs are associated with experience of FDV, including factors such as severity, offender recidivism, and repeat victimisation.

Certainly, we found alcohol involvement increased the severity of incidents reported in the police data. In WA, alcohol-related FDV incidents were 2.09 times more likely to involve an offence against the person. Similarly, in the ACT, alcohol involvement were associated with a 2.45 times greater odds that IPV incidents involved an offence against the person. After controlling for other factors (e.g. disadvantage, recidivism, and presence of weapons) *alcohol involvement doubled the likelihood that an offence involved physical harm*.

We also found an increased likelihood of physical violence and injuries for alcohol-related incidents in the panel survey results. Specifically, we found that HED, and not hazardous alcohol use, was associated with type of violence experienced at respondents' most recent incident. This suggests that different types of levels of substance use necessitates a different treatment and prevention approach (e.g. treating enduring traits/behaviours/pathology vs reducing availability of alcohol and consumption levels). For example, previous research has identified the value in combining treatment for alcohol dependence with treatment for domestic violence offending (Easton et al. 2007a). Further, interventions which restrict/ban methamphetamine or alcohol use have been found to lead to significant and substantial reductions in IPV reported to police (Hawken 2010a; Hawken & Kleiman 2009; Kilmer et al. 2013a, 2013b).

Our findings highlight the importance of recognising the qualitative differences in IPV experience. Differentiation among types of IPV paves the way for improved screening measures and targeted responses that respond more appropriately to underlying factors. It also has implications for responses to IPV, including restrictions on behaviour such as mandatory sobriety for offenders on family violence orders where indicated, and a range of treatment/enforcement options for sentencing options (Easton et al. 2007b; Kelly & Johnson 2008).

5.4. KEY DEMOGRAPHIC FACTORS

A number of key demographic characteristics were identified for people involved in FDV.

5.4.1. SEX

Police reported FDV offenders were predominantly male, and victims were predominantly female, and in the panel survey, the majority of individuals reporting recent FDV were female. These findings are consistent with previous Australian (e.g., ABS, 2013) and international studies (Allen 2011; World Health Organization 2002, 2010). According to the ABS, an estimated 17% of females and 5% of males have experienced physical or sexual violence from an intimate partner since age 15 (ABS, 2013). Males tend to be physically stronger than females, while females often assume greater caregiving responsibility for dependent children. Therefore, males are capable of inflicting severe injury and fear in female FDV victims and their victimisation directly impacts children. In response to these gender patterns, national policy has focused FDV policy approaches on violence against women and children.

A substantial proportion of males were FDV victims. Across police studies 11%-37% of victims, and in the panel survey 24% of IPV victims and 34% of FV victims, were male. These findings add to mounting international evidence indicating males experience FDV (Cui et al. 2013; Narayan 2014; Reingle et al. 2012). International studies of community and general population samples suggest males' experiences of FDV are similar to those of women (Hines, Brown & Dunning 2007; Okuda et al. 2011; Randle & Graham 2011). Specifically, male IPV victims have been found to experience physical assault, be fearful of their partners (Hines, Brown & Dunning 2007; Hines & Douglas 2010), report PTSD symptoms (Coker et al. 2005; Okuda et al. 2011), and experience depression and psychological distress (Hines & Malley-Morrison 2001; Okuda et al. 2011). In an American qualitative study, Hines and Douglas (2010) reported that 80% of their sample of 302 male IPV victims sustained a physical injury at least once in the previous 12 months. Additionally, 29% of the sample sustained a severe injury that required medical attention for which the men did not seek medical attention. Among both male and female IPV victims, past 12 month frequency of IPV increased risk of developing a mental health disorder (Okuda et al. 2011).

We also found notable sex differences in people who reported incidents to police in our panel survey. Female respondents are more likely to report violence to police than male respondents, whereas male respondents are more likely to indicate that someone else reported the incident. FDV reporting rates are low for both sexes, with an estimated 60% of incidents, particularly non-physically violent incidents, are unreported (FARE 2015). There are various reasons for non-reporting, including fear and shame. Males are less likely than females to seek help for a range of

physical and psychological problems (e.g., Addis & Mahalik 2003; Doherty & Kartalova-O'Doherty 2010), probably due to dominant gender-based social norms, characterising males as aggressive, strong and emotionally inexpressive, which conflicts with help seeking (Nam, Lee & Hwang 2011). Victims' reluctance to report and seek support for FDV victimisation remains a major problem, and this applies to both men and women. When males do seek support they are often met with negative unhelpful responses (Douglas & Hines 2011; Hines & Douglas 2010; Tsui 2014). Many support services provide support only to female IPV victims, male help seeking victims are often accused of being perpetrators, or are ridiculed by support providers for being an IPV victim (Tilbrook, Allan & Dear 2010). Such negative support responses have been found to undermine men's ability to cope (Douglas & Hines 2011). It is clear from our results that measures to improve reporting of FDV in both sexes are urgently required.

Taken together, current and previous evidence indicates that both sexes experience FDV. Females experience severe injurious violence more frequently than males and comprise the majority of victims at police attended incidents. Prevention and intervention efforts should be oriented to the needs of FDV victims regardless of sex, and front-line support services should be commissioned to serve all victims seeking support.

When considering support for victims and the role of sex, it is vital to not forget that effectively treating offenders, and those at risk of offending, is going to be a major element in reducing FDV in the community. This becomes especially important when considering the findings of the best designed longitudinal studies investigating violence, anti-social behaviour and childhood development. Adverse early life experiences such as witnessing FDV are consistently associated with long-term negative outcomes for a range of violent behaviours (WHO, 2010). A recent systematic review of 25 prospective longitudinal studies of FDV identified child and adolescent abuse, child and adolescent behavioural problems, family of origin risks (including witnessing parental violence), adolescent peer risks, and sociodemographic risks to be significant predictors of FDV perpetration and victimisation, for males and females (Costa et al. 2015). Many questions remain unanswered about the causal pathways and interrelationships between risks at each life stage and FDV in adulthood (Stith et al. 2012). Regardless, the review identified common developmental risk factors for FDV perpetration and victimisation for both sexes and highlights that policy and intervention measures should take a gender-neutral whole-of-life approach to FDV(McEwan et al. 2015).

5.4.2. AGE

FDV offenders were typically aged 25-49 years. Similarly, victims were typically aged 25-49, but encompassed a younger age range of 18-34 years in the ACT and TAS. Similar results were found in the panel survey, with those in younger age groups (18-25 years and 26-35 years) significantly more likely to indicate the most recent IPV incident was drug-related, and those in older age-groups (51-65 years and 66 plus years) were significantly less likely to indicate the most recent IPV incident was drug-related.

The mean age of respondents who reported recent violence was 12 years younger than respondents who did not. There was a decrease in the proportion of respondents who reported violence in the past 12 months across age groups. Respondents aged 18-25 years comprised 42.0% of the group that reported recent violence, yet represented only 22.3% of the total sample.

Given that young people are at an elevated risk of IPV (Graham et al. 2008) and HED (Wilsnack et al. 2009) the finding that younger persons were at increased risk of involvement in an alcohol-related IPV incident is unsurprising. While this suggests that at least some of the population will experience less violence (as either 'perpetrator', 'victim', 'participant', or 'witness'), it is unclear how measures can be targeted at younger people other than focussing on early developmental interventions which have been shown to be effective in reducing violence overall. However, even in this space, there remains far too few interventions that have been evaluated, and existing evaluations are often limited in methodological and conceptual terms (Cornelius & Resseguie 2007). According to the most up-to-date and independent evaluations of effective programs, the three strongest relevant programs across different levels of prevention are LifeSkills Training, Multisystemic Therapy® (MST®), and Positive Action (see Box 1). There are others which have achieve some promising results (see http://www.blueprintsprograms.com), but are yet to prove effective in independent evaluations, which remains a major concern in the prevention field (Gorman 2015).

To summarise, being young appears to be a significant risk factor for both victimisation and perpetration of FDV.

Box 1. Examples of model programs for violence prevention

LIFESKILLS TRAINING (LST)

LifeSkills Training (LST) is a classroom-based universal prevention program designed to prevent adolescent tobacco, alcohol, marijuana use, and violence. LST contains 30 sessions to be taught over three years (15, 10, and 5 sessions), and additional violence prevention lessons also are available each year (3, 2, and 2 sessions). Three major program components teach students: (1) personal self-management skills, (2) social skills, and (3) information and resistance skills specifically related to drug use. Skills are taught using instruction, demonstration, feedback, reinforcement, and practice.

Source: http://www.blueprintsprograms.com/factSheet.php?pid=ac3478d69a3c81fa62e60f5c3696165a4e5e6ac4

MULTISYSTEMIC THERAPY® (MST®)

Multisystemic Therapy® (MST®) is an intensive family- and community-based treatment that addresses the multiple causes of serious antisocial behaviour in juvenile offenders. The MST program seeks to improve the real-world functioning of youth by changing their natural settings - home, school, and neighbourhood - in ways that promote prosocial behaviour while decreasing antisocial behaviour. Therapists work with youth and their families to address the known causes of delinquency on an individualised, yet comprehensive basis. By using the strengths in each system (family, peers, school, and neighbourhood) to facilitate change, MST addresses the multiple factors known to be related to delinquency across the key systems within which youth are embedded. The extent of treatment varies by family according to clinical need. Therapists generally spend more time with families in the initial weeks (daily if needed) and gradually taper their time (to as infrequently as once a week) over the 3- to 5-month course of treatment.

Source: http://www.blueprintsprograms.com/factSheet.php?pid=cb4e5208b4cd87268b208e49452ed6e89a68e0b8

POSITIVE ACTION

A school-based social emotional learning program for students in elementary and middle schools to increase positive behaviour, reduce negative behaviour, and improve social and emotional learning and school climate. The classroom-based curriculum teaches understanding and management of self and how to interact with others through positive behaviour, with school climate programs used to reinforce the classroom concepts school-wide.

Source: http://www.blueprintsprograms.com/factSheet.php?pid=58f0744907ea8bd8e0f51e568f1536289ceb40a5

5.4.3. SOCIOECONOMIC DISADVANTAGE

FDV incidents in NSW, TAS and SA, and victims in the ACT resided, most often occurred in areas of greatest socioeconomic disadvantage. Across the reporting period, 26% of incidents in NSW, 29% of TAS incidents, and 48% of SA incidents occurred in the most disadvantaged areas. In contrast, incidents in WA most often occurred in areas of moderate advantage (3rd SEIFA quintile). A small proportion of FDV incidents (6%-12%) across states occurred in areas of least disadvantage. In Queensland, although FDV incidents most likely occurred in an area of moderate disadvantage (4th SEIFA quintile), FDV incidents were least likely to occur in the area of least disadvantage. In Victoria, almost a third (31.7%) of offenders resided in the most disadvantaged area.

The findings from both the survey data and police figures are consistent with previous research from Australia and internationally which has consistently highlighted that violence and AOD misuse is disproportionately higher among those from lower socioeconomic backgrounds (FARE, 2015). Further, the association between HED and IPV has been found to be stronger among those from lower socioeconomic backgrounds (Pillai et al. 2013). This is likely due to, and compounded by, factors associated with socioeconomic disadvantage, including poverty, stress, and limited access to healthcare (Schmidt et al. 2010). Certainly, the relationship can be bi-directional and multiplicative, whereby someone who experiences violence at home can use alcohol or drugs to cope with subsequent feelings, which can then lead to poor decisions about seeking help or also place them in greater danger of subsequent violence. While there appeared to be an association between relative socioeconomic disadvantage and the odds that an incident was alcohol-related, this association was not consistent across states. In the SA data there was no association for either IPV or FV, and in Tasmania only a single quintile (3rd) predicted *lesser* odds of experience of alcohol-related IPV. In Queensland the three most-disadvantaged areas were associated with greater likelihood of experience of alcohol-related IPV and FV, whereas the second-least disadvantaged area (4th Quintile) predicted lesser odds of alcohol-involved IPV. Therefore, the relationship between disadvantage alcohol-related IPV remains unclear and may be strongly influenced by a range of other factors such as social policy, alcohol access and FDV programs already in place.

To summarise, the findings from this study are generally consistent in showing an increased likelihood of experiencing violence if you live in an area that has greater disadvantage. However, the picture is not uniform, although this may not be highly relevant from an intervention perspective, as it is clear that FDV cuts across all levels of society and while some areas will need more resources allocated to addressing FDV, this is most likely best driven by local data and insight.

5.5. ALCOHOL

In the survey data, alcohol was consumed (by one or more persons) at 32.7% (n = 745) of incidents. There were no significant differences between incident type and alcohol involvement; alcohol was consumed at 33.6% of IPV, 29.4% of FV, and 32.8% of other violence incidents. Of the FDV incidents reported to police in the panel survey, 40.7% of IPV and 32.7% of FV incidents were alcohol-related. This suggests that incidents reported to police, may be more likely to be those involving alcohol, potentially because they are more severe. IPV and other violence incidents reported to the police were 1.45 and 1.46 times, respectively, more likely to involve alcohol than unreported incidents. FV incidents reported to police were not more likely to involve alcohol. When reporting on their most recent experience of violence, 19.6% of IPV events and 17.7% of family incidents involved the other person being 'drunk'. These findings align strongly with the large body of evidence which associates alcohol use, specifically high risk drinking, with violence (World Health Organization 2005), IPV (Barrett, Habibov & Chernyak 2012; Leonard 2005; Leonard & Quigley 1999; Leonard & Roberts 1998; Shorey et al. 2014), dating violence (Shorey, Stuart & Cornelius 2011), FV (Laslett et al. 2010; Laslett et al. 2011), and other violence (Miller et al. 2015b; Miller et al. 2014).

The panel survey found important associations between heavy episodic drinking (HED) and IPV. Partners who engaged in HED increased the likelihood of IPV by 1.99 times compared to other violence, and 1.92 times compared to FV. Furthermore, experience of alcohol-related IPV incidents with a current or most recent partner was increased by 5.80 times when a partner engaged in HED and 2.95 times when respondent and partner engaged in HED together. Taken together, respondent HED increased the risk of IPV especially for men and women, which supports previous research (e.g. Leonard & Quigley 1999).

Respondent and partner drinking behaviours were also found to significantly vary by type of couple-level coercive controlling behaviour experienced. Within the panel sample, compared to those who experienced no CCB in their current or most recent relationship, neither respondent nor partner drinking behaviour were associated with CCB perpetration. Only HED was associated with CCB victimisation, but all the partner drinking variables were associated with CCB victimisation. Both respondent and partner drinking behaviour were associated with mutual CCB.

Even a low frequency of high-risk alcohol consumption appears to increase the risk of violence, including alcohol-related partner violence, especially for men. The stronger associations between men's HED and violence supports several other studies that have found men's drinking behaviours to be stronger correlates of IPV than women's (Follingstad et al. 1999; Hammock & O'Hearn 2002), and women's drinking behaviours to not be associated with IPV (Lewis, Travea &

Fremouw 2002; Straight, Harper & Arias 2003). It is also possible that men's drinking has a disproportionately stronger impact on relationship-level factors. For example, men not contributing to household responsibilities due to spending more time away from home or excessive alcohol use causing financial strain that subsequently lead to arguments and violence between partners (Holmila et al. 2014).

We also found partners' drinking behaviour to be a more consistent predictor of IPV than respondent drinking behaviour, which is consistent with prior literature (e.g., Lipsky et al. 2005b). This may reflect a reporting bias, however, it may also reflect the fact that experiences captured by the survey were likely comprised mostly of victimisation. There is a clear relationship between alcohol use and IPV perpetration, however research investigating the association between alcohol use and victimisation is less robust, and available evidence is inconsistent, especially relating to women (Shorey, Stuart & Cornelius 2011). In the NSW police data, offender, but not victim alcohol use, significantly increased the likelihood of offender recidivism, while in the panel data, all partner drinking behaviours, but only one victim drinking behaviour, was associated with CCB victimisation across IPV types.

Both respondent and partner drinking behaviours were associated with mutual CCB relationships. Similarly, in one of the few studies that has investigated alcohol use and mutual IPV, McKinney, Caetano, Ramisetty-Mikler and Nelson (2009) also found higher rates of binge drinking and problematic alcohol use among both partners in mutual IPV relationships compared to partners not experiencing IPV. However in another study (Testa, Hoffman & Leonard 2011), neither respondent nor partner HED was associated with mutual IPV among a sample of female college students. Instead mutual IPV was associated with witnessing a mother hit a father, psychological aggression, partner marijuana use, partner antisocial behaviour, and (greater) relationship satisfaction. Thus, HED and other risky drinking behaviours may be prevalent among those in mutual IPV relationships, but other correlates may mediate this association.

Interestingly, after controlling for demographic factors, HED, and drug use, hazardous alcohol use did not significantly predict alcohol-related violence or type of violence. This may be due to the type of violence experienced by this population which, as discussed in the proceeding section, would most likely comprise SCV. In contrast, Reingle et al. (2014) reported alcohol dependence to be a significant risk for alcohol-related IPV perpetration and victimisation in a national US population survey. However, Reingle et al.'s study did not control for HED which is not necessarily part of the symptomology of an alcohol dependence diagnosis (American Psychiatric Association. & American Psychiatric Association. Task Force on DSM-IV. 2000). Findings among nationally representative samples of men support the finding of HED as a consistent predictor of violence; although there is a small linear association (i.e. the more drinking the greater likelihood

of IPV) between frequency of alcohol use and IPV perpetration, heavy drinking patterns (i.e. high quantities in a single occasion) are more important in the prediction of IPV (O'Leary & Schumacher 2003).

The above findings discuss the association between *usual* alcohol use and experience of violence. It is, therefore, unknown to what extent alcohol use directly or indirectly contributed to the violence reported. However, it is likely a combination of both. Nevertheless, consistent with the proximal effects model of the association between IPV and alcohol use (e.g., see Leonard & Quigley 1999), we found that the association with alcohol use remained after controlling for known factors associated with FDV (e.g. education level, geographical location, age, and illicit substance use) thus supporting alcohol's influence on experience of FDV.

5.5.1. ALCOHOL INVOLVEMENT AND SEVERITY

Alcohol-related IPV (when either or both partners consume alcohol) has consistently been associated with more severe violence and a greater likelihood of injury (Graham et al. 2011; Laslett et al. 2010). Findings from the panel survey and police data studies support this association for IPV incidents, but not necessarily for FV incidents.

Involvement of alcohol in an incident reported to police increased the likelihood an incident involved an offence against the person by 2.09 times in WA and by 2.45 times in the ACT. In Tasmania, alcohol involvement increased the likelihood of assault by 1.4 times. In the panel data, alcohol-related IPV incidents frequently involved physical violence and psychological aggression that resulted in injuries. Furthermore, alcohol-related IPV incidents were more often reported to police compared to incidents that did not involve alcohol.

Conversely, in the panel data, alcohol use at FV incidents had no significant impact on type of violence or resulting injuries. In the ACT police data alcohol involvement in FV incidents was not significantly associated with the incident involving an offence against the person. In the WA data FV and IPV incidents could not be distinguished. The lack of association between alcohol involvement and severity may be due, at least in part, to how FV was defined in both the panel and police data. FV incidents were far more heterogeneous than IPV, in relation to persons involved (e.g. mother, father, brother, sister, other relative). In the panel data, many FV incidents were recalled from childhood where alcohol involvement in the specific incident would be difficult to recall.

In addition to pharmacological effects of alcohol increasing the likelihood of violence, alcohol can also provide an excuse for behaviour that would not otherwise be tolerated (Graham et al. 2011). Holmila et al. (2014) explored young adults' understandings of the association between IPV and

alcohol use in a series of focus groups conducted across seven countries. Across cultures, participants similarly expressed the commonly held attitude that alcohol intoxication was a legitimate excuse to behave in socially unacceptable ways, such as behaving aggressively or violently. Panel survey respondents perceived alcohol-related incidents had a significantly lower impact on their life than incidents where no alcohol was consumed. There was no interaction between violence type and alcohol involvement indicating that alcohol-involvement had a similar impact on life for IPV, FV, and other violence. Further, while a similar proportion of IPV and FV incidents involved alcohol (34% versus 29%), and a similar proportion of IPV and FV incidents resulted in injuries (26% versus 23%), alcohol involvement was not a key predictor of severity of violence for FV incidents. This finding supports previous findings that alcohol may help to mitigate the subjective experience of violence (Kinnane et al. 2009a).

When alcohol is involved, both victims and perpetrators are able to minimise the impact of the incident on their lives, blaming the incident on alcohol, rather than underlying relationship dynamics. Alcohol, especially at heavy levels, also affects people's memory and may serve to dull their reactions and even add to a lack of clarity about what happened and certainty about their role in the incident, which may consequently influence their decision to take action. An interesting example of this come from the findings of policy evaluations of restricting alcohol access in Fitzroy Crossing and Halls Creek in WA (Kinnane et al. 2009a). In a setting where packaged liquor was restricted to only 2.7% g/ml, reports of family violence to police increased, while attendances at local shelters decreased. The findings suggest that although the level of actual harm may have decreased, ability to report incidents may increase, reminding us of the complexity of interpreting statistical trends, especially when considering complex interactions such as the one between alcohol and violence. Thus, while heavy alcohol use is associated with increased severity and incidence of FDV, some trends are more complex than initial associations suggest.

Finally, and worthy of note, is that NSW is one of three states to report a reduction in the number of alcohol-related IPV incidents attended. The trend is consistent over time and mirrors reductions in non-domestic alcohol-related assaults observed in and around licensed venues (Menéndez, Tusell & Weatherburn 2015). The decline in in non-domestic assaults has been associated with the 'declared premises' licensing scheme and other initiatives in place since 2008 which use 'last drinks' data collected by police attending incidents to identify venues associated with the most harm in the community, and being scheduled as a 'declared premise' carries substantial trading restrictions, such as limits on the types of alcohol that can be sold (ie shots restrictions) and a lockout (Menéndez, Tusell & Weatherburn 2015). It is plausible, that improved responsible service of alcohol, and subsequent reductions in intoxicated people returning home to/with partners may translate to reductions in alcohol-related IPV, although this would require further research,

potentially using the same 'last drinks' data to identify any changes in the proportion of cases where alcohol use was related to on-license consumption.

5.5.2. PLACE OF PURCHASE AND INCIDENT LOCATION

Survey data showed that more than half of the alcohol consumed during IPV incidents was purchased between 500m and 10km from the incident location. While 9% of IPV incidents took place within 500 meters from the place of purchase, 26% of incidents occurred between 500m and 2km, 27% of incidents occurred between 2km and 10km. A further 10% of incidents occurred more than 10km from where the alcohol was purchased. The most frequent place of purchase for alcohol consumed at IPV incidents was at a supermarket liquor store, followed by a pub or bar. Other violence incidents took place within close proximity to where the alcohol was purchased. A third (33%) of Other violent incidents took place within 500 meters from where the alcohol was purchased. For Other violence, the most frequent place of purchase was a pub or bar. When respondents were asked the distance between the alcohol place of purchase and the incident location these trends remained consistent for both IPV and Other violence. Thus, regardless of the distance to where the incident took place, respondents who experienced IPV most frequently purchased alcohol from a supermarket liquor store and respondents who experience other violence most frequently purchased alcohol from a pub or bar[98].

These findings should be contextualised in relation to the incident location. For IPV this was most likely the respondent's home (75%), while for other violence, this was outdoors (27.1%), at their workplace (19.6%), or outside or inside a licensed premise (14.8%). Since the majority of IPV and FV occurs in the home, with alcohol purchased from a supermarket liquor store, there are some obvious practical limitations to how violence in this context can be reduced. This is especially difficult when the incident location is not necessarily located in close proximity to the place of alcohol purchase.

Since August 2013, WA police have been recording the location of where alcohol was consumed for alcohol-related offences. Because this information is collected at the offence level, and persons involved in an incident may have consumed alcohol at different locations, this data is presented at offence level, rather than incident level. The vast proportion of alcohol involved in offences that took place at a dwelling (e.g. flat/unit, house) was also consumed at a dwelling (77.3%). Only a very small proportion of alcohol involved in offences that took place at dwellings was consumed at

[98] Caution should be taken in interpreting these findings due to the substantial proportion of respondents who indicated they could not recall details about the alcohol place of purchase, as well as unreliability of retrospective recall. Further, although FV incidents showed similar trends to IPV incidents, the results are not discussed her due to low sample size.

a licensed premises (e.g. casino, hotel/tavern, nightclub, restaurant; 5.2%). Further, 28.9% of the alcohol involved in offences that took place in 'other' locations was also consumed at dwellings.

Studies have demonstrated that increasing the price of alcohol is directly associated with a reduction in acute and chronic health concerns, accidents, crime and violent incidents (Brennan et al. 2009). With a broad and international body of supporting research, excise taxation appears to be the most successful alcohol policy in terms of cost-effectiveness, reductions in level of consumption, and overall social benefit (Babor et al. 2010). Numerous studies have firmly established a negative correlation between alcohol price and general use (Babor et al. 2010) and violence (Cook & Moore 1993; Matthews, Shepherd & Sivarajasingham 2006). This applies across gender and age, socioeconomic status and geographical location.

Another promising way of reducing consumption through the price of alcohol is by increasing its minimum cost. In a United Kingdom review of the effects of alcohol cost, Meier et al. (Meier et al. 2008) found a continually decreasing drop in consumption accompanying increasing levels of minimum pricing by 5pence increments spanning from 20p to 70p. For instance, a 50p, 60p, and 70p increase in price per unit would decrease overall consumption by 6.9%, 12.8%, and 18.6%, respectively. As such, higher price consistently equated to disproportionately lower consumption. The review found that this strategy was most successful when applied to all alcohol products rather than targeted at certain types.

More recently, definitive evidence from Canada has shown that, following adjustments to minimum alcohol prices in British Columbia over the past 20 years, consumption has reduced significantly across beverage types (Stockwell et al. 2012). Stockwell and colleagues (2012) report that time-series estimates indicate that a 10% increase in minimum prices reduced consumption of spirits and liqueurs by 6.8%, wine by 8.9%, alcoholic sodas and ciders by 13.9%, beer by 1.5%, and all alcoholic drinks by 3.4%. Thus, similar to studies on excise taxation, these findings again attest to the firmly established negative correlation between price of alcohol and alcohol consumption. With virtually no implementation cost, a wide array of empirical support, and very few limitations of any type, excise taxation and minimum pricing of alcohol can certainly be regarded as a highly (if not the most) efficient, cost-effective, and encompassing approach to reducing overall alcohol consumption and, in effect, alcohol-related harm and social costs.

One way to target environmental influenes on IPV and FV rates is via alcohol outlet density. There are several ways greater alcohol outlet density may influence IPV both directly and indirectly. For example, a greater number of alcohol outlets in close proximity encourages: relaxed norms against alcohol intoxication and violence (physical signs such as public intoxication and broken bottles or non-physical such as signalling lack of formal sanctions against unruly behaviour); problem drinking among couples at risk of IPV; and groups of at-risk couples to form and mutually

reinforce each others' problematic behaviours and beliefs (Cunradi 2010). Consistent with the current panel survey findings, an increase in off-premise alcohol outlets over a 10-year period in one Californian city was associated with a corresponding increase in IPV-related police calls and attendances. On-premise outlets (bars, pubs) were not similarly associated with changes in IPV rates (Cunradi, Ames & Duke 2011). Australian research has found that off-site alcohol sales (bottleshops) predicted total assaults and all other dependent assault variables tested (Gilmore et al. 2015). The impact of greater alcohol-outlet density on IPV may also be stronger in socially disadvantaged and disorganised neighbourhoods where unfavourable conditions (e.g., poor access to amenities and exposure to antisocial behaviour and crime) and lack of social ties among residents foster a more permissive environment for behaviours such as public drunkenness and FDV (Cunradi 2010; Cunradi, Mair & Todd 2014). Given that SCV is the most prevalent type of IPV in the general population targeting the broader environmental context, such as the availability of alcohol, will have far-reaching impacts on IPV rates.

5.6. DRUGS

While the overall prevalence of drug use is low in the community, it appears to have a substantial impact on the levels and type of violence experience by families in which drug use occurs. FV incidents reported to police were three times more likely to involve drugs (OR = 3.05). Over one quarter (26.4%) of IPV incidents and 33.3% of FV incidents that were reported to the police involved drugs. Drug-involvement in FDV incidents was also associated with increased likelihood that the incident was reported to the police, with IPV and FV incidents 1.85 times and 3.05 times respectively more likely to involve drugs than incidents that were not reported to police.

5.6.1. ILLICIT DRUG USE AND EXPERIENCE OF VIOLENCE

Investigating the influence of illicit drugs on FV and IPV is made difficult given that only approximately 15% of Australians aged 14 years and older indicated illicit drug use (including pharmaceuticals) in the past 12 months (compared to 80% reporting alcohol use; Australian Institute of Health and Welfare 2014). Overall 5.6% of the current panel survey sample reported illicit drug use, but 11% of the 18-25 year age group reported illicit drug use. Understanding the impact of drugs on FDV is further limited by variability in how drug-involvement was recorded within the police data. Despite these limitations we found that incident drug-involvement and usual drug use significantly impacted FDV rates.

The proportion of drug-related IPV and FV incidents within the police data varied widely across states, from 1.1% in the ACT and 1.2% in NSW, 1.9% in WA, to 3.0% in Queensland, and to 8.9% in Tasmania. The definition of drug-related incidents also varied across states (see Appendix II). With the exception of Tasmania and Queensland, drug flags across states did not necessarily indicate that either victim(s) or offender(s) (were judged to have) used drugs *at that incident* (i.e. the flags referred to drugs being seized, a drug-related offence, or history of drug-offences by parties involved). Thus, the proximal effects of drug-involvement in IPV and FV incidents are difficult to extrapolate. Nevertheless the association between drug use and FDV has been substantiated in populations likely to have a similar profile to the police data used in the current study, including emergency department data (e.g., Bazargan-Hejazi et al. 2014; Lipsky et al. 2005b) and targeted at-risk samples (e.g., Fals-Stewart, Golden & Schumacher 2003; Mattson et al. 2012; Mouzos & Smith 2007; Rodriguez & Gomez 2015). Further, although we hypothesise that the panel data comprises a different profile of FDV than the police data, we found illicit drug use increased the risk of violence, including IPV and FV specifically.

Controlling for demographic factors and alcohol use, respondents classified with mild substance dependence were 2.93 times more likely, and those with severe substance dependence were 7.06 times more likely to experience lifetime violence compared to those who indicated no illicit drug use in the previous 12 months. Those who had used illicit drugs were also 3.55 times as likely to experience violence in the past 12 months compared to those who did not use illicit drugs.

In relation to couple-level coercive control type, compared to those who experienced no CCB, a significantly greater proportion of respondents within each IPV type (CCB victim, CCB perpetrator, mutual CCB) used illicit drugs. Notably, the proportion of respondents classified with severe substance dependence was significantly greater only for those within mutual CCB relationships compared to non-controlling relationships (25.9% versus 9.1%). This proportion was also greater, but non-significant, for CCB perpetrators (21.7%). According to the Holtzworth-Munroe (2004) typology of male batterers, substance abuse problems are more likely found among both generally violence/antisocial offenders and borderline-dysphoric offenders (akin to Johnson's IT), and less likely among family only offenders (akin to Johnson's SCV). This supports the notion that some patterns of IPV, particularly those characterised by high levels of controlling behaviours, are underpinned by enduring individual-level factors (Johnson & Cares 2004). This IPV type may require a different response (i.e. treatment, prevention) than violence not characterised by high levels of controlling behaviour[99]. Thus, illicit drug use in the past 12 months increased risk of

[99] These comparisons were based on the small number of respondents who indicated illicit substance use over the past 12 months (n = 277) and should be replicated.

violence, particularly IPV, suggesting drug use and misuse are important factors to consider in relation to FDV.

5.6.2. DRUG INVOLVEMENT AND SEVERITY

FDV incidents involving illicit drugs are more likely to involve physical violence (Fals-Stewart, Golden & Schumacher 2003; Salom et al. 2015), result in injuries (Thompson, Saltzman & Bibel 1999) and lead to poorer mental health outcomes (Salom et al. 2015). Teasing out the impact of drug-involvement on the severity of police attended incidents was limited by the nature of the police data available. In WA, incidents involving a drug-related offence were significantly less likely to involve offences against the person (OR=0.51). In contrast, in Tasmania, the odds of a victim (OR = 1.77) or offender (OR = 1.53) being removed from the incident was significantly increased when offender and victim, respectively, were judged to be affected by drugs. Additionally in Tasmania, the offender being drug affected (OR=1.31), significantly increased likelihood the incident involved an assault. Such actions taken by the police suggest they were of greater severity due to warranting immediate intervention by attending officers.

In the panel survey, the impact of drug involvement on severity of violence varied by context. Drug-related IPV incidents were significantly more likely to involve physical violence (OR = 1.64) and intimidation (OR = 1.52), and to increase the likelihood of any injuries (OR = 2.51), physical injuries (OR = 2.69), and psychological injuries (OR = 2.33). For FV, drug involvement increased the likelihood that FV incidents involved verbal aggression (OR = 2.33), that a person was removed from the incident (OR = 6.00) and the matter was subject to a court hearing (OR = 3.72)[100]. For all three types of violence, drug involvement increased the likelihood that the police were involved (ORs = 1.85-3.76). Meanwhile, for other violence, drug involvement increased the likelihood of sexual violence (OR = 3.19), injuries (ORs = 2.64-3.48), and that police arrested someone (OR = 3.52), detained someone (OR = 2.04), or that a person was charged (OR = 3.00), and that the matter was subject to a court hearing (OR = 5.38). Thus, drug-involvement had a different impact on incident severity, according to incident type. This suggests that situational and contextual factors (including victim-offender relationship) are particularly important in relation to harms experienced.

The actions police took were largely driven by victims. To a large extent victims of IPV and FV are less willing or able to pursue actions against a spouse or other family member than other types of violence, consistent with prior research (e.g. Hare 2010; Wolf et al. 2003). Among respondents who did not report the incident, fear of the other person/s or other negative consequences was a major reason for not reporting to police (17.7% IPV and 15.6% FV). Other reasons cited more

[100] Although the low sample size reduced power substantially for most comparisons.

frequently by those who experienced IPV and FV included shame and embarrassment, not wanting the other person to be arrested, not knowing what to do, and not wanting to ask for help. A key issue for victims of FV was being a child or being 'too young'.

Drug involvement in the most recent incident increased the likelihood that the incident had a significant impact on the respondent's life (OR = 1.75, controlling for age, sex, and injuries). Drug-involvement had a similar impact on life for IPV, FV, and Other violence. In a community-based study of 114 battered women (controlling for age, race, sex, length of relationship, education, frequency of abuse, and perpetrators weapons use) victims who reported that both they and their partner had ever been drunk or high during an abusive incident reported significantly poorer functional impairment (ability to carry out family and social roles) compared to those who reported that neither they nor their partner had been drunk or high during an abusive incident (Lee, Ju & Lightfoot 2010).

5.7. FAMILY VIOLENCE ORDERS, RECIDIVSM & REPEAT VICTIMISATION

Family violence orders (FVO) and apprehended (domestic) violence orders (AVOs) are designed to protect FDV victims from perpetrators. Such orders must be applied for through the magistrates' court with interim orders available for those who believe they are in immediate danger (Victoria Legal Aid 2015). Police-issued protection orders (or 'police safety notices') exist in Victoria, Western Australia, South Australia, Tasmania, and the Northern Territory. They allow the police officer to issue an order to perpetrators of FDV outside of the judicial process (Australian Law Reform Commission 2010). While no police-issued orders exist in Queensland and New South Wales, in certain circumstances (i.e. the victim is in immediate danger) police in these states can apply for protection orders on behalf of victims, in which case they will go through the judicial process themselves (QLD) or will attend with the victim (NSW) (www.ncsmc.org.au).

Overall, the association between AOD use and breaches was inconsistent. In NSW, SA, Queensland, and WA AOD involvement was significantly associated with recidivism. Specifically, in NSW, offender alcohol use (OR = 1.23) and incident drug involvement (OR = 1.76); in SA, victim alcohol use (OR = 1.32) and incident drug involvement (OR = 1.52); in Queensland, offender alcohol use (OR = 1.17) and incident drug involvement (OR =1.68); and in WA, incident alcohol-involvement (OR=1.18) and incident drug-involvement (OR=1.25), were each associated with an increased likelihood that an incident involved recidivist offenders. On the other hand,

breach of FVOs in the ACT, Queensland, and Tasmanian police data and breach of restraining orders in WA (which was used as a proxy) were less likely at AOD-related incidents (OR = 0.33-0.90), than incidents that did not involve AOD use. There was an exception in Queensland for drug-related incidents which increased the odds that FV incidents involved a DFVPO contravention (OR = 1.18). In the panel data there were no significant differences between AOD-related FDV incidents and whether a police order was put in place. However, although the outcome of a hearing is unknown, a significantly greater proportion of drug-related FV incidents subsequently involved a court hearing (19%) compared to non-drug-related incidents (6%). Unlike previous findings discussed, which found that AOD increased severity, breaches do not necessarily constitute a severe (i.e. violent) incident, just that the offender breached a condition of their order. Our findings suggest the possibility that situational factors such as AOD use are less influential than interpersonal and relationship-level factors to breaches.

The primary goal of court orders are to protect victims. However, they are also a deterrent for recidivism and repeat victimisation. Rates of prior offending are high among perpetrators who breach intervention orders. For example, in 2013 among those guilty of breaching an apprehended violence order in NSW, only 22% of offenders had no prior court appearance in the preceding 5 years (Trimboli 2015).

Overall, although there was some variability, AOD was mostly associated with increased likelihood that the incident involved a repeat victim or offender. Conversely in the panel data, usual or incident-specific AOD use were not significantly associated with previous experience of IPV or FV incident/s with the same person(s).

It is also possible that the association between AOD use and recidivism varies across IPV types. For example, as suggested by Holtzworth-Munroe's typology, the alcohol and drug involvement typically found in police data may be part of a broader history of developmental factors and pathology; whereas the alcohol involvement in the panel data (again, not all forms) may be a reflection of risky substance use behaviours. In both the panel data and the police data, substance use increases severity of violence experienced. Substance use in the panel study only was found to be associated with repeated experience of violence. Consistent with our findings, analysis of IPV assault data across three US states (Hirschel, Hutchison & Shaw 2010) found that seriousness of the offence (aggravated assault versus intimidation), but not AOD at the time of the incident, was associated with likelihood of an arrest, but likelihood of re-arrest was associated with AOD at the time of the incident. Thus, although AOD use plays a role in recidivism and repeat victimisation in the police data, it is likely to be indirect, yet AOD still plays a key role in necessitating FVO's and AVOs in the first place influencing on the severity of violence experienced.

A recent report released by ANROWS (Taylor et al. 2015) provides important contextual information light on some findings. The report highlights previous research documenting that most violations of domestic violence protection orders do not result in an arrest. The report highlights that "A protection order can only be considered effective if it deters further violence or reduces the severity of violence, which is often associated with the ability and willingness of police to take action to enforce a breach" (Taylor et al. 2015: 30). The report identifies key issues being: a lack of consistency in the definitions and scope of domestic and family violence; differing approaches to the nature of the conditions attached to an order; and variations in the procedural approaches and protective scope of various laws. It further identifies that there has been "a paucity of research into the relative effectiveness of different sanctions in criminological research and this is acknowledged as a complex area of research. It is questionable whether the breaches of protection order sanctions impact perpetrator behaviour, given the number of repeat breaches for particular offenders, and this bears further investigation" (Taylor et al. 2015: 16). Within this context, the report concludes that "Currently, an individual jurisdiction's legislative responses are dictated by local policy imperatives and their particular understanding and perspective of the dynamics of domestic violence, which send the community clear messages on the seriousness with which governments view domestic and family violence and breaches of orders. Some states and territories appear to take breaches of orders more seriously than others." (Taylor et al. 2015: 19).

5.8. MENTAL HEALTH

The experience of FDV has been associated with mental health problems such as depression (Beydoun et al. 2012; Golding 1999), anxiety (Afifi et al. 2008; Follingstad, Rogers & Duvall 2012), and stress (Arias & Pape 1999; Mechanic, Weaver & Resick 2008). In the panel survey, experience of IPV and FV was associated with higher depression, anxiety, and stress levels than experience of other violence. This suggests the victim-perpetrator relationship has important implications for mental health outcomes, specifically that abuse at the hands of those we are closer to has a deleterious influence on a range of mental health indicators. There is little research comparing differing violence types along a relationship dimension and their influences on mental health outcomes. One analogous finding comes from a study of 634 Canadian women, in which Dennis and Vigod (2013) found that both IPV and FV were risk factors for depression, but the risk factors were consistently higher for a range of IPV behaviours. The current finding builds on this to show that the victim-perpetrator relationship is important for several dimensions of mental health. Of note is that these differences only occurred for males, suggesting either males' mental health is less associated with community violence or is more associated with violence where there is a more intimate relationship (i.e. IPV or FV).

In support of previous research, which has found differences in mental health outcomes by type of IPV experienced (Anderson 2008; Johnson & Leone 2005; Leone 2011), we found that respondents within mutual CCB relationships reported the most severe depression, anxiety, and stress symptoms. CCB victims and perpetrators reported similar levels of depression, anxiety and stress symptoms, and both reported more severe symptoms than respondents who experienced no CCB. Mutual CCB relationships were also associated with high levels of respondent and partner alcohol use, and high substance use dependency symptoms. Relationships characterised by mutual CCB are associated with an array of dysfunctional and less obvious behaviours which may make prevention and intervention strategies targeted to mutually controlling and violent couples more complex than for other IPV types. Our findings, and those of previous research, continue to point to the importance of mental health as a consequence of, and correlate with, FDV for all involved.

5.9. UNDERSTANDING POLICE ATTENDANCE DATA

Police attendance data is the most commonly used source of information for descriptions of family and domestic violence trends in Australia. Of course, as all police will note, this data is collected first and foremost for operational purposes by operational police dealing with complex situations and will always carry some limitations. Further, by definition, the events that are reported to police are different to those which remain un-reported, although there remains further work to be done about why events are not reported (Birdsey & Snowball 2013).

It should also be emphasised that the alcohol and drug involvement within police data is likely to vary from population statistics. Typically, attending police officers are making a subjective judgement about whether they believe the persons involved were under the influence of alcohol and/or drugs. Further, practices for 'flagging' an incident as substance-related varies; for example, whether there was *any evidence* of drug or alcohol use by any parties involved, versus whether parties involved were *affected* by a substance (versus no), versus whether the attending police officer judged alcohol or drugs were *causal* (i.e. a contributing factor) in the incident.

Comparison with police data is difficult due to different data collection and reporting practices (see Appendix II), but the proportion of alcohol-related incidents identified in the panel survey are similar to those reported in the NSW police data (IPV = 43.7%; FV = 31.3%) and higher than that reported in Tasmania (IPV = 33.5%), Queensland (IPV=35.6%; FV=34.8%) and the ACT (IPV = 27.6%; FV = 18.3%). Differences in proportions may be due to differences in how alcohol-involvement was coded in the police data across states. In NSW, alcohol-related incidents were defined as those where attending police officers indicated alcohol use was an associated factor. In Tasmania, Queensland and the ACT incidents coded as alcohol-related were those where the victim or the offender were judged to be *affected* by alcohol; thus either person(s) involved may

have indeed consumed alcohol, but they may not have been judged to be affected. In the panel data, incidents were coded as alcohol-related when the respondent indicated either they or the other person(s) involved had consumed alcohol.

The proportion of incidents flagged as drug-related (1.2%-8.9%) in the police data was considerably lower than the proportions within the panel data suggesting that the proportion of incidents purported to be drug-related in the police data are likely to be a considerable underestimate. This is at least partially attributable to using proxies for actual drug-involvement, rather than indication of drug-intoxication by the victim and the offender. For example, in the ACT, drug-involvement was flagged when drugs were seized at the incident and in WA we created a proxy based off whether the incident involved a drug-related offence. Nevertheless, in Tasmania and Queensland, where drug intoxication is judged by attending police officers, the proportion of drug-related incidents is still well below that found in the panel data.

In the WA data, although not analysed extensively since it had only been collected since August 2013, 17.9% of incidents were flagged as positive for 'drug-history' (i.e. the victim or the offender had problems in the past with drugs) and 18.3% of incidents were flagged as 'unknown'. Compared to the panel data where just 6% of respondents indicated illicit substance use in the past 12 months, this implies that drug use problems are much more prevalent in the police data.

As discussed in regards to IPV typologies, substance abuse problems are a risk factor for offenders who perpetrate severe and frequent violence (Holtzworth-Munroe et al. 2000; Holtzworth-Munroe & Stuart 1994). These types of offenders are also more likely to perpetrate violence outside of the family unit and are more likely to have other mental health issues, such as antisocial personality disorder (Holtzworth-Munroe et al. 2000; Holtzworth-Munroe & Stuart 1994). Further, given the links between drug involvement and severity discussed in previous sections for both IPV and FV, this suggests that drug-involvement is a key factor that should be recorded in police attended incidents in regards to risk assessment.

In regards to police actions, in the Tasmanian police data victim drug use at the incident increased likelihood that the offender was removed from the incident (OR = 1.53) and offender drug use increased likelihood that the victim was removed from the incident (OR = 1.77). Similarly, in the panel data, for FV only, drug involvement in the incident increased likelihood that someone was removed from the incident (58%) compared to when no drugs were involved (19%). No other significant findings were found for actions taken by police at FV incidents, but this may be due to low sample size numbers for these comparisons. Nevertheless, drug-involvement was found to have no impact on any of the actions taken by police at IPV incidents and alcohol-involvement was found to have no impact on the actions taken by police at IPV or FV incidents. These findings are despite alcohol and drug-involvement increasing the likelihood that FDV incidents were reported

to police. Conversely, for other violence incidents, drug and alcohol use increased the likelihood of a number of police actions, including whether someone was removed or detained for either drug or alcohol involvement, arrested for drug-involvement, and charged for alcohol-involvement. As discussed above, this may be due to the reluctance of victims of IPV and FV to peruse action against perpetrators and importantly supports implementation of police-imposed intervention orders to protect victims, including the children who witness such events, in contexts where they are unwilling or unable to pursue action themselves. For example, NSW legislation (Apprehended Violence Orders) allows police to take out third-party intervention orders on behalf of women and children (Parkinson & Humphreys 1998). As discussed in proceeding sections the consequences for children as witnesses of FDV are detrimental and long-lasting (Costa et al. 2015); efforts to reduce such impacts on children should be of upmost importance.

5.10. CONCLUSIONS

Violence of all forms is a complex phenomenon and violence which occurs within families or between intimate partners are some of the most complex forms of violence in society. This report has demonstrated repeatedly the many different types of behaviour which fall under the umbrella terms of FDV, and how important it is that we understand the nature of these different types of violence, and the many different factors which influence whether an act of violence ultimately occurs. Even simple constructs of offenders and victims need to be considered carefully as the evidence repeatedly points to the complex role of developmental factors in people ultimately being involved in FDV. Yet, there are many clear trends which also emerge and point to clear priority areas, such as the massively disproportionate representation of women and girls as victims, while still acknowledging that men and boys also suffer from violence in many ways. Most apparent is the enormity of the issue facing our society, the inter-generational nature of the cycle of violence and the devastating impact of violence on children in families who suffer such violence.

The hidden nature of so many of these incidents and the ongoing complexity has a devastating impact on families and future chances of children and their parents. Victims and perpetrators have their lives ruined and the vast range of violent incidents covered under the banner of FDV, such as mutual violence and child abuse, demonstrates the need for complex, systematic, and targeted responses (McEwan et al. 2015).

Different incidents are influenced by a myriad of factors, ranging from history of violence to relationship dynamics and situational factors. Substance use (and most prominently alcohol use) plays a complex role, affecting individuals in the moment, reflecting ongoing personality issues such as addiction and poor emotion control, and can also be a symptom of people trying to deal with their violence/abuse histories. Alcohol and drug use are interwoven for many, but not the majority of, incidents of violence and abuse and often makes things worse, certainly adding to levels of severity of specific incidents. Responses to FDV which address AOD use and mental health issues are strongly indicated.

5.10.1. FURTHER CONSIDERATIONS:

Beyond the above conclusions of this report, the findings suggest a number of points for consideration and further exploration.

Alcohol and drug responses

The findings of this study are clear that alcohol and drug use play a substantial role in FDV for many people, at a range of developmental stages and also as situational influences. Therefore, we conclude that a range of interventions could be utilised that acknowledge and respond to the

interwoven nature of AOD use and FDV. Because AOD use can both be a signal of FDV use and also a contributing factor, even in parents, a systematic approach is warranted that builds lines of communication between agencies which deal with FDV and those that deal with AOD use. But more importantly, framework responses are required to build and encourage combined resources. Excellent examples of such programs that have strong evidence include Parents under Pressure (http://www.pupprogram.net.au) which combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model to address issues such as substance misuse and family conflict and severe financial stress. There is also a strong argument to consider trialling programs which address substance use and FDV in a combined program where this is indicated in the case history. One such program is Substance Abuse Domestic Violence (SADV), which has been found to be effective in reducing the number of violent incidents occurring in families compared to addiction treatment as normal (Easton et al. 2007a; Easton et al. 2007b). There is also evidence to support assisting victims to deal with their AOD use (Lipsky et al. 2005a; Mignone, Klostermann & Chen 2009; Stith et al. 2012).Thus, reciprocal screening of people in AOD treatment for FDV issues, and screening for AOD issues of people receiving FDV support, including offender rehabilitation programs is indicated.

This study found consistent associations between recidivism and drug and alcohol use in the police data, suggesting an opportunity for intervention where indicated. Evidence from programs in the United States suggest that the inclusion of mandatory sobriety/treatment orders being attached to sentences, especially any community-based orders will result in significant reductions in FDV. The strongest evidence around these justice reinvestment interventions for alcohol and drug offenders comes from the South Dakota 24/7 Sobriety Program and the Hawaii HOPE program. The 24/7 program which enforce mandatory sobriety through regular monitoring and testing observed a 12% reduction in recidivist drink driving, state-wide they also observed a 9% reduction in reported family violence (Kilmer et al. 2013a). It suggests that if you take alcohol away from people who are offenders, you can reduce not only the targeted behaviour of drink driving but also violent behaviour in the home. Success has also been reported in similar programs which deal with methamphetamines and drugs more general (Hawken 2010b; Hawken & Kleiman 2009).

At the level of alcohol supply, there is strong evidence supporting the relationship between alcohol availability and community levels of FDV and other violence (Livingston 2011). This study adds to the existing literature by demonstrating that more than half of the alcohol consumed during IPV incidents was purchased between 500m and 10km from the incident location, as well as the most frequent place of purchase for alcohol consumed at IPV incidents being at a supermarket liquor store. Along with previous literature, the findings of this suggest a number of policy responses which might reduce supply of alcohol to the community, including caps on the number of packaged liquor outlets and restrictions on the strength of alcohol sold through packaged liquor

outlets. While there is no direct evidence about the impact of freezing liquor licences, there is strong evidence to show additional licenses, and especially increased outlet density, is associated with increased FDV (Livingston 2011). Restricting the strength of alcohol also has been found to be associated with substantial reductions in FDV (Miller et al. 2015a). The sale of packaged liquor, exceeding a concentration of ethanol in liquor of 2.7% at 20 degrees Celsius, is prohibited to any person (Kinnane et al. 2009b; Kinnane et al. 2010). Evaluations have shown that the number of alcohol-related emergency department presentations decreased by 36% and the women's refuge reported a 25% decrease in the number of women seeking support.

Another legislative option worth considering, and already in place in a number of Australian states, is the use of legislation which makes specified premises 'dry zones'. One example is the Liquor restricted premises s. 152P Liquor Control Act (WA), where once declared, it is unlawful for anyone to take liquor onto the premises or be intoxicated on the premises. This law can, and has, been applied to individual houses and is also being used in the Northern Territory. A comprehensive evaluation is required, but police and community informants report positive outcomes for affected families (Miller et al. 2015a).

Recidivism

This study found that recidivism was also a major contributor to FDV incidents, suggesting a substantial unmet need in terms of current responses across the country. The rationale for intervening with known perpetrators is that interventions that are even modestly successful in preventing further violence will, therefore, make a significant contribution (Day et al. 2009; McEwan et al. 2015). There is also evidence that alternatives, such as imprisonment, do little to deter criminal behaviour; that longer sentences are not associated with reduced offending; and, more generally, that punishment-based responses are an ineffective way of changing behaviour (unless some very specific conditions are in place) (Day 2015). Thus, policies and programs that focus on addressing the causes of family violence in known perpetrators and equipping them with the motivation, problem awareness, and skills that are needed for them to act in ways that do not involve violence will have a much greater chance of success (Day 2015).

Exposure to or perpetrating one form of family violence is associated with perpetrating other forms of family violence. This is not reflected in most models of service provision, resulting in the lack of an integrated understanding and response to intimate partner violence, stalking, child to parent violence, severe sibling violence and child abuse and neglect. Failing to implement joint responses to these inter-related behaviours will not only leave victims and perpetrators without much needed assistance, it will mean missing important opportunities to intervene early and potentially prevent transmission of violence to future generations (McEwan et al. 2015).

Future research recommendations

There is a substantive research agenda currently being carried out under the auspices of the ANROWS agency. We acknowledge this research agenda is crucial and do not wish to replicate their work or directions in this document, so we seek instead to identify additional research ideas that may not be included in ANROWS, and focus instead on areas which incorporate consideration of FDV that consider all victims, including children and men.

Our findings suggest the worth of further investigating IPV typologies in an Australian context. Such information can act as an initial step towards development of intervention approaches targeted to different FDV types and suggest a range of targeted responses for all forms of violence.

There is also a clear need for research which can give insights into temporal associations and address current debates about 'causality', along with identifying crucial early intervention signals. Prospective longitudinal studies may be well-suited to track how developmental, situational, and person factors contribute to the perpetration and victimisation of different IPV types, and how AOD impacts these different types. Further, detailed studies into specific populations such as homelessness, children seeking support, and people accessing drug treatment are warranted.

Systematic data collection and data linking has been found effective in other areas of alcohol-related harm such as street assaults using police data (Menéndez, Tusell & Weatherburn 2015; Wiggers et al. 2004) and injuries using emergency department mandatory questions (Shepherd et al. 1993; Shepherd, Shapland & Scully 1989; Shepherd, Sivarajasingam & Rivara 2000). Early identification of cases using systematically collected ambulance data, cross-linked with police data may provide an early warning potential, as well as opportunities for complex and predictive modelling.

There is a strong case for evaluation of the efficacy of any programs receiving funding provided for implementation of perpetrator intervention (McEwan et al. 2015). These evaluations should report both qualitative and quantitative outcomes wherever possible. Ideally, funding agreements would specify core outcome variables and the proportion of funds provided to support evaluation (McEwan et al. 2015). Similarly, it is logical to ensure a funding stream for local pilots of interventions found effective internationally.

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7. APPENDICES

7.1. APPENDIX I –PANEL SURVEY

Deakin University Personal Safety Survey

Please read each question carefully and answer as truthfully as you can. For some questions you are asked to select one or more responses from a number of options. For other questions you are asked to provide a short written response. There are no right or wrong answers. It is important that you respond to all questions (other than when you are asked to skip a question).

Important: For questions that require you to select an option(s), please indicate your response by completely **shading in** the bubble next to your response with a blue or black ball-point pen.

Please fill in bubbles like this: ● Not this: ⊗ ✓ ⊖ If you make a mistake, cross it out: ✱

If you prefer to complete an online version of this questionnaire, please enter the following link into your web browser:

https://www.surveymonkey.com/s/Deakin_SafetySurvey

Section One – Demographics

1. What is the postcode where you live? _____

2. Which of the following describes your current household?

O Couple family with dependent children only	O Multiple family household with no dependent children
O Couple family with dependent children and other persons	O One parent family with dependent children only
O Couple family with non-dependent children	O Shared accommodation
O Multiple family household with dependent children	O Couple only
	O Lone person household

3. What is the gross annual income of your household?

O Less than $25, 000 O $26, 000 - $50, 000 O $51, 000 - $100,000 O $101,000 or above

4. What is your age? ☐

5. What is your Sex? O Male O Female O Transgender O Other (please specify) _____

6. What is your current marital status?

O Never married	O Separated	O Widowed
O Married/De facto	O Divorced	O Other (please specify) _____

Please read the following before answering the following questions: For the purposes of this survey, **'a relationship'** is defined as: "An interpersonal relationship between either same sex or opposite-sex partners which involves either physical, sexual, emotional, passionate, or romantic intimacy." By this definition, for example, **"your partner"** includes but is not limited to, the person you are married to, your de facto, your boyfriend/girlfriend, your fiancé, or someone you are only sexually intimate with.

7. Are you in a **current relationship**? O Yes – **go to Question 9** O No

8. If you are not in a current relationship, have you *ever* been in a relationship?

O Yes – *Note.* For questions relating to "your partner", please refer to *your most recent partner.* O No—**go to Question 10.** *Note.* Please skip any questions that relate to "your partner".

9. What is/was the **sex** of <u>your current or most recent partner</u> (if you are not in a current relationship)?

O Male O Female O Transgender O Other (please specify)_____

10. How long have you been in your current relationship OR how long was your most recent relationship (if you are not in a current relationship)?. Please round to the nearest month. _____ years and _____months

11. Were you born in Australia? O Yes- **go to Question 14** O No

12. In which country were you born? _____

13. In which year did you arrive to live in Australia? _____

14. What is your nationality? _____

15. Do you belong to the Aboriginal/Torres Strait Islander group? O Yes O No

16. What is the main language you speak at home? _____

17. What is the employment status of <u>yourself</u> and <u>your current or most recent partner</u> (if you are not in a current relationship)?

Self:	**Partner:**
O Employed casually	O Employed casually
O Employed part-time	O Employed part-time
O Employed full-time	O Employed full-time
O Home duties	O Home duties
O Unemployed	O Unemployed
O Not in the labour force (e.g., retired)	O Not in the labour force (e.g., retired)
O Don't know	O Don't know
O Prefer not to answer	O Prefer not to answer

18. (a) What is <u>your</u> current occupation (if you have one)? _____

(b) What is your <u>current partner's</u> occupation (if they have one) **OR**, if you are not in a current relationship, what was your <u>most recent partner's</u> occupation while you were together? (if he or she had one)?

_____

19. What is/was the highest level of education for you and your current or most recent partner (if you have one)?

Self:		**Partner:**	
O	Never attended school	O	Never attended school
O	Year 8 or below	O	Year 8 or below
O	Year 9 to 11	O	Year 9 to 11
O	Year 12 or equivalent	O	Year 12 or equivalent
O	Vocational qualification, e.g., TAFE	O	Vocational qualification, e.g., TAFE
O	Tertiary qualification	O	Tertiary qualification

Section Two – Experience of controlling behaviour, aggression or violence

Violence is any behaviour that harms or threatens to harm an individual, and can include controlling behaviour, and physical, sexual, or verbal aggression.

20. Have you ever experienced violence during your lifetime (either as a victim and/or a perpetrator)?
    - O No – go to **Question 23**
    - O Yes, more than 12 months ago – go to **Question 23**
    - O Yes, in the last 12 months

21. If you have experienced violence in the past 12 months, please indicate **how many times** (i.e., write the number) you have experienced each of the following types of violence in the **last 12 months. If you haven't experienced a type of violence write "0"**:

Physical violence	_____	Unwanted sexual attention	_____
Sexual violence	_____	Intimidation	_____
Verbal aggression	_____	Other (please specify)	_____

22. Please indicate where you have experienced each type of violence in the **last 12 months** (shade all that apply).

Physical violence

O At my home	O At my workplace	O On public transport
O At the perpetrator's home	O Inside a licensed premises	O At a sporting venue
O At another person's home	O Outside a licensed premises	O Other (please specify):
O Outdoors	O In a private vehicle	

Sexual violence

O At my home	O At my workplace	O On public transport
O At the perpetrator's home	O Inside a licensed premises	O At a sporting venue
O At another person's home	O Outside a licensed premises	O Other (please specify):
O Outdoors	O In a private vehicle	

Verbal aggression

O At my home	O At my workplace	O On public transport

O At the perpetrator's home	O Inside a licensed premises	O At a sporting venue
O At another person's home	O Outside a licensed premises	O Other (please specify):
O Outdoors	O In a private vehicle	

Intimidation

O At my home	O At my workplace	O On public transport
O At the perpetrator's home	O Inside a licensed premises	O At a sporting venue
O At another person's home	O Outside a licensed premises	O Other (please specify):
O Outdoors	O In a private vehicle	

Unwanted sexual attention

O At my home	O At my workplace	O On public transport
O At the perpetrator's home	O Inside a licensed premises	O At a sporting venue
O At another person's home	O Outside a licensed premises	O Other (please specify):
O Outdoors	O In a private vehicle	

Other

O At my home	O At my workplace	O On public transport
O At the perpetrator's home	O Inside a licensed premises	O At a sporting venue
O At another person's home	O Outside a licensed premises	O Other (please specify):
O Outdoors	O In a private vehicle	

23. For the following question please rate the extent to which each statement applies to **your current** or **most recent partner's** (if you do not have a current partner) behaviour toward **you**. If you have never had a partner **please go to Question 25**.

		Never	Sometimes	Often	Almost always
1	My partner is jealous or possessive	O	O	O	O
2	My partner provokes arguments	O	O	O	O
3	My partner limits contact with my family or friends	O	O	O	O
4	My partner insists on knowing who I am with	O	O	O	O
5	My partner calls me names in public	O	O	O	O
6	My partner makes me feel inadequate	O	O	O	O
7	My partner shouts or swears	O	O	O	O
8	My partner frightens me	O	O	O	O
9	My partner prevents my knowledge of or access to income	O	O	O	O

24. For the following questions please rate the extent to which each statement applies to **your** behaviour toward **your current** or **most recent partner** (if you do not have a current partner). If you have never had a partner **please go to Question 25**.

		Never	Sometimes	Often	Almost always
1	I am jealous or possessive	O	O	O	O
2	I provoke arguments	O	O	O	O
3	I limit contact with my partner's family or friends	O	O	O	O
4	I Insist on knowing who my partner is with	O	O	O	O
5	I call my partner names in public	O	O	O	O
6	I make my partner feel inadequate	O	O	O	O
7	I shout or swear	O	O	O	O
8	I frighten my partner	O	O	O	O
9	I prevent his/her knowledge of or access to income	O	O	O	O

IMPORTANT: Questions 25 to 73 ask only about your **most recent** experience of violence. If you have not experienced violence over your lifetime, please skip to **Section Four (Question 74)**

25. How long ago was the most recent violent incident you experienced (either as a victim and/or a perpetrator)?

O Less than a month ago
O 1 month to less than 6 months ago
O 6 months to less than 12 months ago
O More than 1 year ago

26. What was the type of violence experienced during the most recent incident? (shade all that apply)

O Physical O Sexual O Verbal O Intimidation
O Unwanted sexual attention O Other (please specify)_____

27. What is the nature of the violence you experienced during the most recent incident?

O Assault only O Threat only O Assault and threat

28. What was the sex of the other person(s) involved in the most recent violence incident?

O Male only O Female only O Male and female

29. Other than you, how many people were involved in the most recent incident? _____
30. Other than the most recent incident, how many times have you experienced similar incidents with this/these individual/s? _____
31. Approximately over what time period have these incidents occurred (e.g., 3 months)? _____

32. Who instigated (started) the most recent violent incident you experienced (e.g., the other person, yourself)? _____

At the most recent violent incident you experienced:		Yes	No
33.	Were you hit by the other person(s)?	O	O
34.	Did you hit the other person(s)?	O	O
35.	Were you yelled or sworn at by the other person(s)?	O	O
36.	Did you yell or swear at the other person(s)?	O	O
37.	Did you react (retaliate) to the other person(s)' provocation or assault?	O	O

38. What was/is **your** relationship to the other person(s) involved in the most recent incident? (Select all options that apply)

O Stranger O Boyfriend or girlfriend or date O Current partner
O Previous partner O Father or mother O Son or daughter
O Brother or sister O Other relative or in-law O Employer or boss or supervisor
O Friend O Acquaintance or neighbour O Co-worker or co-volunteer
O Teacher O Doctor O Ex-boyfriend or ex-girlfriend
O Prison officer O Minister or priest or clergy O Other (please specify):
O Counsellor or psychologist or psychiatrist

39. Where did the most recent violent incident take place?

O At my home O At my workplace O On public transport
O At the perpetrator's home O Inside a licensed premises O At sporting venue
O At another person's home O Outside licensed premises O Other (please specify):
O Outdoors O In a private vehicle

40. Were you injured as a result of the most recent incident? O Yes O No **– go to Question 43**

41. If you were injured as a result of the most recent incident, please indicate the type of injury you received (shade all that apply):

O Bruises O Broken teeth O Psychological/emotional
O Cuts O Fractured or broken bones O Other (please specify):
O Penetrative injury/stab/gun shot O Miscarriage (women only) _____

42. Did you see a doctor (or other health professional) for an injury resulting from the most recent incident? O Yes O No

43. Was the most recent violence incident seen or heard by other people? (shade all that apply)

O No O Witnessed by other family member/s
O Witnessed by child/ren O Don't know
O Witnessed by stranger/s O Other (please specify):
O Witnessed by friend/s _____

44. Was the most recent incident reported to the police?

- O No
- O Yes, I reported it to the police-
- O Yes, a family member reported it to the police
- O Yes, it was reported by someone else (please specify)_____
- O Yes, a friend reported it to the police
- O Yes, a stranger reported it to the police
- O Yes, a neighbour reported it to the police

45. If the most recent incident **was not** reported to the police, what were the main reasons (shade all that apply)?

- O Shame/embarrassment
- O Did not want the other person/s arrested
- O Did not regard it as a serious offence
- O Did not think the police could do anything
- O Did not think the police would do anything
- O Did not think I would be believed
- O Did not know what to do
- O Fear of legal processes
- O Cultural reasons
- O Language reasons
- O Did not want to ask for help
- O Felt I could deal with it myself
- O Fear of the other person/s
- O Other (please specify):

If the most recent incident **was reported**, please indicate how it was dealt with by the police:

		Yes	No	Don't Know
46.	Someone was arrested in relation to the violent incident	O	O	O
47.	Someone was removed in relation to the violent incident	O	O	O
48.	Someone was detained (locked up) in relation to the violent incident	O	O	O
49.	Someone was charged with an offence relating to the violent incident	O	O	O
50.	A police order was put in place that restricted communication and/or contact between those involved in the incident (e.g., a Police Family Violence Order or Notice)	O	O	O
51.	Referral to support services was made	O	O	O
52.	Information about violence was provided	O	O	O
53.	Emergency/safe accommodation was organised	O	O	O
54.	Police attended the scene, but no action was taken	O	O	O
55.	Police attended the scene, but perceived that the incident was something that 'just happened'	O	O	O
56.	Was/were any other action(s) taken by the police? If yes, please specify in the text box below.	O	O	O

57. Was the matter subject to a court hearing? O Yes O No O Don't know

58. Did you report or tell anyone else about the most recent incident (shade all that apply)?

- O No
- O Yes, I reported it to/told a friend
- O Yes, I reported it to/told a family member
- O Yes, I reported it to/told a neighbour
- O Yes, I reported it to/told a health professional
- O Yes, I reported it to/told someone else (please specify):

_____

59. Who did you seek help from after the most recent incident? _____

60. What other support services did you use after the most recent incident? (shade all that apply)

- O None
- O Crisis help
- O Legal help
- O Financial help
- O Any other support service including a telephone helpline (please name)_____

61. Did you have to take time off work because of the violent incident?

- O Yes
- O No – **go to Question 63**
- O I don't/didn't work at the time of the most recent incident – **go to Question 66**

62. How much time off work did you have because of the violent incident?

- O Up to 1 day
- O 1 month to less than 6 months
- O 2 to 5 days
- O 6 months to less than 12 months
- O 6 days to less than 1 month
- O 1 year or more

63. Did you seek support in your workplace for this incident? O Yes O No- **go to Question 65**

64. Who did you seek support from?

- O Manager
- O Team member
- O Employee Assistance Program workplace support
- O Other (please specify) _____

65. On a scale of 1 to 10, how much did the most recent incident affect your performance at work (1 being performance was not affected to 10 being performance was extremely affected)? Please shade.

1	2	3	4	5	6	7	8	9	10
O	O	O	O	O	O	O	O	O	O

66. On a scale of 1 to 10, how much did the most recent incident affect your life (1 being your life was not affected to 10 being your life was extremely affected)? Please shade:

1	2	3	4	5	6	7	8	9	10
O	O	O	O	O	O	O	O	O	O

Section Three- Substance use during the most recent incident

67. Was **alcohol** involved in the most recent violent incident? (Shade all that apply)

- O No
- O I had been drinking but wasn't drunk
- O I was drunk
- O I can't remember my alcohol use
- O I believe alcohol was added to my drink without my consent
- O The other person/s had been drinking but weren't drunk
- O The other person/s was drunk
- O I don't know what my alcohol use was

O I can't remember the other person/s alcohol use
O I don't know about the other person/s alcohol use

68. Was anyone using other **drugs** (including prescription drugs) prior to the most recent violent incident?

O No (if you answered 'no' to both Questions 67and 68, please **go to Question 74, Section Four**)
O I had been taking drugs but wasn't heavily affected
O I was heavily affected by drugs
O I can't remember my drug use
O I can't remember the other person/s drug use
O I believe drugs were added to my drink without my consent
O The other person/s had been taking drugs but weren't heavily affected
O The other person/s were heavily affected by drugs
O I don't know what my drug use was
O I don't know about the other person/s drug use

69. Which drugs had been used? Please name all that were used. Leave box blank if no drugs had been used (or you can't remember or don't know).

70. Where was the alcohol purchased that you and/or the other person/s had consumed prior to or during the most recent violent incident? (shade **all** that apply). Please skip to **Question 74 (Section Four)** if you answered '**no**', '**can't remember**', or '**don't know**' to **Question 67**.

O Licensed restaurant
O Supermarket liquor shop (e.g. Liquorland)
O Nightclub
O Bottleshop. Please name: _____
O Pub or bar
O Don't know

71. What is the distance of the place where the alcohol (consumed at the most recent incident) was purchased from your home?

O Less than 500m
O 500m – 1km
O 1 - 2km
O 2 - 5 km
O 5 - 10 km
O More than 10kms
O Don't know

72. What is the distance of the place where the alcohol was purchased from the place where the most recent violent incident took place?

O Less than 500m
O 500m – 1km
O 1 - 2km
O 2 - 5 km
O 5 - 10 km
O More than 10kms
O Don't know

73. Where was the alcohol consumed? (shade all that apply)

O At my home
O Outdoors
O At my workplace
O In a private vehicle
O At the other person's home
O On public transport
O At a sporting venue
O At licensed premises
O At another person's home
O In an institution such as a prison
O Other (please specify):

Section Four – Substance Use

Please use the guide below when answering the following questions regarding drinking behaviour over the past 12 months:

74. Over the past 12 months, how often did **you** have a drink that contains alcohol?

O Never – **go to Question 77** O Monthly or less O 2 – 4 times per month
O 2 – 3 times per week O 4+ times per week O Daily

75. Over the past 12 months, how many standard alcoholic drinks did **you** have on a typical day when you were drinking? Please give a whole number (i.e., 3): _____

76. Over the past 12 months, how often did **you** have 6 or more standard drinks on one occasion?

O Never O Monthly or less O 2 – 4 times per month
O 2 – 3 times per week O 4+ times per week O Daily

IMPORTANT: The following questions relate to **YOUR PARTNER'S** (or most recent partner's if you do not have a current partner) alcohol use, please note:

- **If you have a current partner**, please indicate drinking behaviour in the past 12 months **OR** if you have not been with your current partner for 12 months, please indicate drinking behaviour for as long as you have been together.
- **If you do not have a current partner**, please indicate drinking behaviour in the most recent 12 months of your relationship **OR** if you were not with your most recent partner for at least 12 months, please indicate drinking behaviour for as long as you were together.
- **If you have never had a partner**, please **go to Question 85**

77. How often did your current or most recent partner (if you do not have a current partner) have a drink that contains alcohol?

O Never – **go to Question 85** O Monthly or less O 2 – 4 times per month
O 2 – 3 times per week O 4+ times per week O Daily
O I don't know/can't remember

78. How many standard alcoholic drinks did your current or most recent partner (if you do not have a current partner) have on a typical day when they were drinking? Please give a whole number (i.e., 3). Leave blank if you don't know: _____

79. How often did your current or most recent partner (if you do not have a current partner) have 6 or more standard drinks on one occasion?

O Never O Monthly or less O 2-4 times per month
O 2-3 times per week O 4+ times per week O Daily
O I don't know/can't remember

80. How often did you and your current or most recent partner (if you do not have a current partner) have a drink that contains alcohol together?

O Never – **Go to Question 85** O Monthly or less O 2-4 times per month
O 2-3 times per week O 4+ times per week O Daily
O I don't know/can't remember

81. When you and your current or most recent partner (if you do not have a current partner) drank together, how many standard drinks did you both have on a typical day? Please give a whole number (i.e., 3). (Leave blank if you don't know/can't remember): ☐

82. When you and your current or most recent partner (if you do not have a current partner) drank together, how often did you both have 6 or more standard drinks of alcohol on one occasion?

O Never O Monthly or less O 2-4 times per month
O 2-3 times per week O 4+ times per week O Daily
O I don't know/can't remember

83. When you and your current or most recent partner (if you do not have a current partner) were drinking together, how often did it lead to a violent or aggressive incident?

O Never – **Go to Question 85** O Sometimes O Often O Almost always

O N/A (i.e., you have never experienced a violent incident in your lifetime, you and your partner never drink together, or you don't know/can't remember)- **Go to Question 85**

84. If you answered 'Sometimes', 'Often', or 'Almost always' to **Question 83**, please describe the nature (e.g., yelling at each other) of the typical incidents that occurred over the past 12 months between you and your partner when drinking:

☐

85. How often do you think alcohol is a cause of the violence you have been involved in?

O Never O Less than monthly O Monthly
O Weekly O Daily or almost daily
O N/A (i.e., you have never experienced violence in your lifetime)

86. How often do you think drugs are a cause of the violence you have been involved in?

O Never O Less than monthly O Monthly
O Weekly O Daily or almost daily
O N/A (i.e., you have never experienced violence in your lifetime)

87. Please explain how you think alcohol and/or drugs influenced the violent incident/s you have been involved in (skip to **Question 88** if you answered 'never' to Questions 85 and 86):

☐

88. In the last 12 months have **you** used an illicit substance? If yes, please list the drug(s) **you** have used in the past 12 months: O Yes O No- go to **Question 95**

89. In the past 12 months, what has been **your** drug of choice? _____

Please use the scale below to answer questions 90-94 regarding your drug use:

0	1	2	3	4	5	6	7	8	9	10
never/almost never			sometimes			often			always/nearly always	

90. Do you think your drug use is out of control?	O	O	O	O	O	O	O	O	O	O	O
91. Does the possibility of missing a dose/hit/fix stress you out?	O	O	O	O	O	O	O	O	O	O	O
92. Do you worry about your drug use?	O	O	O	O	O	O	O	O	O	O	O
93. Do you wish you could stop taking drugs?	O	O	O	O	O	O	O	O	O	O	O
94. How difficult do you find it to stop, or go without drugs?	O	O	O	O	O	O	O	O	O	O	O

Section Six – Feelings of Personal Safety & Wellbeing

95. In the past 12 months, did you ever feel unsafe in any of the following situations?

	Yes	No	N/A
Using public transport alone at night	O	O	O
Walking alone in the local area at night	O	O	O
Being home with only my partner	O	O	O
Being home alone at night	O	O	O
Being home alone during the day	O	O	O

96. In the past 12 months, did you avoid any of the following situations due to feeling unsafe? Shade all options that apply.

	Avoided due to feeling unsafe	Avoided for reason other than safety	Did not avoid	N/A
Using public transport alone at night	O	O	O	O
Walking alone in the local area at night	O	O	O	O
Being home with only my partner	O	O	O	O
Being home alone at night	O	O	O	O
Being home alone during the day	O	O	O	O

97. Please read each statement and shade a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any one statement. The rating scale is as follows:

0	1	2	3
Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me a considerable degree or a good part of the time	Applied to me very much, or most of the time

		0	1	2	3
1.	I found it hard to wind down	O	O	O	O
2.	I was aware of dryness in my mouth	O	O	O	O
3.	I couldn't seem to experience any positive feeling at all	O	O	O	O
4.	I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	O	O	O	O
5.	I found it difficult to work up the initiative to do things	O	O	O	O
6.	I tended to over-react to situations	O	O	O	O
7.	I experienced trembling (e.g., in the hands)	O	O	O	O
8.	I felt that I was using a lot of nervous energy	O	O	O	O
9.	I was worried about situations in which I might panic and make a fool of myself	O	O	O	O
10.	I felt like I had nothing to look forward to	O	O	O	O
11.	I found myself getting agitated	O	O	O	O
12.	I found it difficult to relax	O	O	O	O
13.	I felt down-hearted and blue	O	O	O	O
14.	I was intolerant of anything that kept me from getting on with what I was doing	O	O	O	O
15.	I felt I was close to panic	O	O	O	O
16.	I was unable to become enthusiastic about anything	O	O	O	O
17.	I felt I wasn't worth much as a person	O	O	O	O
18.	I felt I was rather touchy	O	O	O	O
19.	I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	O	O	O	O
20.	I felt scared without any good reason	O	O	O	O
21.	I felt that life was meaningless	O	O	O	O

98. Use the following scale to indicate how truthful your responses to the questions asked in this survey have been:

Very untrue **Very true**

1 2 3 4 5 6 7 8 9 10

Thank you for your time and participation in this study.

If you are feeling distressed, we suggest that you speak with a trusted family member or friend or contact one of the organisations listed in the plain language statement to assist you in dealing with your personal situation.

If you require immediate assistance or feel that you are in danger, please contact Police by calling 000

7.2. APPENDIX II – POLICE DATA VARIABLE COMPARISON

There were significant differences across police record management systems in each state in the nature and type of data captured. Table 306 summarises the key variables, and compares the nature and type of information collected from each state for the current project.

Table 305 Police data variable comparison

Variable	ACT	NSW	SA	Tas	WA	QLD	NT	Vic
Incident								
Type(s) of DV incidents within data	All DV	DV Assaults	Offences against the person cleared by apprehension	DV incidents (excludes DV arguments)	All DV	All DV	All DV	All DV, offenders and victim only
Date range	July 2009-June 2014	2009-2013	2010-2014	July 2009-June 2014 + prospective data (November 2014)	2009-2014	1 Jan 2010-11 Dec 2015	January 2010 – December 2014	2009-2013
Month	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Day of the week	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Offence postcode (SEIFA)	Victim residence postcode only	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3hr time interval of offence	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Violence type (IPV or FV)	Yes	Yes	Yes	IPV only	No, therefore all classified as DV	Yes	Yes	Yes
Offender alcohol use[d]	NA	Yes	NA	NA	NA	Yes	Yes	Yes
Victim alcohol use[d]	NA	Yes	Yes	NA	NA	Yes	Yes	Yes
Offender drug use[d]	NA	No	NA	NA	NA	Yes	No	Yes
Victim drug use[d]	NA	No	Yes	NA	NA	Yes	No	Yes
Alcohol-related flag[d]	Yes, from April 2010. Level of intoxication rated by PO when victim or offender indicated they consumed alcohol prior to the incident (classified as affected vs not affected)	Yes. Incident Associated or Additional factor flagged as alcohol related	Yes. Victim showed signs of being alcohol affected at incident	Yes. Attending officers judge offender or victim to be affected by alcohol.	Yes. Flag indicating if there was alcohol involved in the incident (As perceived by the attending officer)	Yes. Coded when either victim or offender judged to be affected by alcohol.	Yes. Coded when either victim or offender judged to be affected by alcohol.	No
Drug-related flag[d]	No. The proxy 'Drug	Yes. Incident Associated	Yes. Victim showed	Yes. Attending officers	No. Two proxies were used:	Yes. Coded when	Yes. Incident drug flag	No

Variable	ACT	NSW	SA	Tas	WA	QLD	NT	Vic
	seized' (at incident) was used.	or Additional factor flagged as drug related	signs of being drug affected at incident	judge offender or victim to be affected by drugs	'Drug History' and 'Drug-related offence' (separate variables). Drug History only available from August 2013.	either victim or offender judged to be affected by drugs (including illicit drugs and volatile substances)	provided by NT police	
Child present/witness	No. The proxy 'Child victim' was created by coding 'yes' to incidents involving a child victim <18 years.	Yes	Yes	Yes, from 16 October 2011 – June 2014.	Yes, only from August 2013.	No. The proxy 'Child victim' creased by coding 'yes' to incidents involving a child victim <18 years.	Yes	Yes
Offender recidivism[a]	NA	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Repeat victim[a]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offence against the person	Yes[b]	NA?	NA?	NA?	Yes[c]	NA	No	No
FVO or other Order breach	Yes, Breach of Family Violence Order or Breach of Justice Order	NA	NA	Yes, Family Violence Order (FVO) breaches	Yes. Restraining Order Breaches	Yes. contravention of Domestic and Family Violence Prevention Act	No	No
Weapons present flag	Yes	NA				NA	No	No
Person								
Offender age	NA	Yes				Yes	Yes	Yes
Victim age	Yes	Yes				Yes	Yes	Yes
Offender sex	NA	Yes				Yes	Yes	Yes
Victim sex	Yes	Yes				Yes	Yes	Yes
Offender ATSI	NA	NA				NA	No	Yes
Victim ATSI	Yes	NA				NA	No	Yes

Notes. NA = not available; IPV = intimate partner violence; FV = (other) family violence; DV = domestic violence; FVO = family violence order; [a] Offender recidivism and repeat victimisation was calculated by counting whether offender and victim ID's appeared in more than one incident during the measurement period. [b]Classified as an 'Offence against the person' according to the Australian Standard Offence Classification (ASCO) codes relating to homicide and related offences, acts to cause injury, sexual assault and related offences, dangerous or negligent acts endangering persons, abduction, harassment and other offences against the person