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Australian Institute of Criminology

# Risk factors in Indigenous violent victimisation

Colleen Bryant  
Matthew Willis

**AIC Reports**  
Technical and  
Background Paper **30**



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# Foreword

That Indigenous Australians experience violent victimisation at markedly higher rates than other Australians is widely acknowledged both within and outside Indigenous communities. However, as in all communities, some individuals, even within the same group, face a greater risk of victimisation than others. Identifying which individuals, families or communities are at risk, and under what circumstances, is essential to implement effective preventative (e.g. night patrol, family counselling) and, in some cases, reactive (e.g. hospital services, child protection services) strategies. The ability to do this relies on having already established accurate predictive risk factors. In some cases, these risk factors may be causal (e.g. abusive partner); in other cases, increased risk victimisation may be a by-product of the event (e.g. sexual assault is universally higher among females); while in other instances the risk factor may be both a by-product and cause of violent victimisation (e.g. alcohol use, poor mental health).

This paper draws on existing studies and data from surveys, service providers and the criminal justice system to examine how victimisation rates for specific types of violence vary with demographic, psychological, sociological and cultural factors within the Indigenous population, and how these are similar to or different from those observed in mainstream society. In many instances, the factors associated with increased risk of violent victimisation among Indigenous people are similar to those associated with increased risk among non-Indigenous populations; broad socioeconomic indicators such as marital status, level of income, residential stability and employment status are significant predictors of victimisation in both groups. Nevertheless, violent victimisation in Indigenous communities does appear to differ; Indigenous females are disproportionately affected, particularly by family violence, and patterns

of violence appear to be more strongly linked to alcohol use patterns. High rates of victimisation are ultimately linked with factors that collectively may result from or reflect compromised levels of functioning, both inherent and external to the victim, including a high stress environment, unemployment, high alcohol use, high housing mobility and high levels of violence.

While this study demonstrates that it is possible to piece together victimisation risk factors from existing qualitative and quantitative studies, it also highlights that caution is required. No single data source is able to provide a comprehensive overview of Indigenous violent victimisation; each data source (interviews, surveys, service providers and criminal justice data) has strengths and weaknesses, and samples different parts of the population and violent victimisation events. However, unnecessary levels of fragmentation occur because of diversity in administrative policies and procedures (including differences in Indigenous identification). Deficiencies also arise due to the inability of mainstream surveys – including crime and safety surveys – to capture sufficient, or sufficiently portray, representative portions of the Indigenous population. Many of these deficiencies could be addressed by adopting uniform policies, procedures and reporting methods; and interlinking data and datasets. However, the ability to identify sufficiently predictive risk factors remains constrained by the level of detail provided in existing surveys and datasets. Of particular importance is identifying how risk is elevated or ameliorated at community, local and regional levels by unique environmental or cultural factors, and how to implement localised prevention strategies.

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# Executive summary

As part of a project on violence and child abuse in Indigenous communities and funded by the Australian Crime Commission, a review was undertaken of relevant literature and data on victimisation.

Numerous inquiries, reports and commentaries have highlighted severe, widespread and sometimes chronic violence and child abuse in some Indigenous communities. Data available through surveys, and administrative and police data, show that Indigenous people experience violent victimisation at much higher rates than non-Indigenous people, particularly community and family violence. The data typically show Indigenous people being victimised at two or three times the rate of non-Indigenous people. Despite making up around two percent of the general Australian population, Indigenous people constitute nearly one-quarter of the prison population, more than 40 percent of all Australians in prison for acts intended to cause injury, and more than 20 percent of all Australians in prison for sexual assault or related offences. Indigenous children are nearly four times as likely as other children to be the subject of a substantiated child protection notification of abuse or neglect.

An understanding of the risk factors for violent victimisation can be used to direct and develop responses to crime and programs to target offending and help victims.

## Data sources

Evidence of Indigenous violent victimisation can be examined via two pathways – qualitative and quantitative analyses. Qualitative analyses tend to emphasise the human (psychological, emotional and behavioural) elements of violence. They often draw on direct input from Indigenous people or those involved in working with Indigenous people in the

form of solicited views or opinions and may involve a case study approach. Qualitative studies provide insights and perspectives not revealed through quantitative approaches, but tend not to be empirical in nature and may focus on extreme individual cases.

Quantitative data from surveys, administrative databases and other criminal justice sources, are useful to establish minimum rates and assess how the outcomes of violence manifest across the community. Quantitative analyses provide the means to assess the wider validity of the factors identified in qualitative studies.

## Factors associated with increased victimisation

Some characteristics of the individual, their lifestyle and the community in which they live may leave some people more vulnerable to being a victim of particular types of violence. Generally, there is no single factor that predicts the likelihood that an individual will be the victim of violence. Risk of victimisation tends to arise out of the confluence of several risk factors.

Risk factors in this report have been subdivided into three categories:

- sociodemographic variables, including age and sex of the victim
- measures of individual, family and community functionality
- resources available to a person, including material resources, education, employment, housing mobility and the influence of living in remote or non-remote areas.

## Sex

In most areas of criminal offending, males are more likely than females to be offenders and victims. However, based on the police statistics for physical violent victimisation, Indigenous females are victimised at around the same rate as, or in some cases at a higher rate than, Indigenous males. Similarly, hospitalisation rates for non-fatal assault-related injuries are broadly similar for Indigenous males and females. Indigenous females face a far greater risk of being victimised through physical violence than non-Indigenous females. Indigenous males also face an elevated risk of victimisation than non-Indigenous males, but not to such a marked extent.

Indigenous females experience rates of family violence 3.7 to 9.6 times higher than those reported by Indigenous males. In the Northern Territory, Indigenous females are nearly 15 times more likely to die as a result of homicide than non-Indigenous females. For males in the Northern Territory, the rate of Indigenous homicide is seven times that of non-Indigenous homicide.

## Age

The data on age as a risk factor are quite comprehensive and sometimes confusing, reflecting the fact that different data sources sample subtly different aspects of violent victimisation. What is clear is that young people in their mid-teens to mid-twenties, irrespective of their ethnicity, face a higher risk of violent victimisation than people of other ages. However, rates of serious physical violence – violence that results in hospitalisation or death – are greater at older ages. For females, peak rates of serious violent victimisation occur over the interval between 25 and 44 years of age, while for males rates peak between 35 and 44 years of age. A strong overlap is evident between peaks in serious violent victimisation and peaks in high risk alcohol use.

Overall, age-related victimisation patterns for Indigenous Australians are similar to those observed for the general population, except that the patterns and peak rates of victimisation are shifted to slightly

younger ages for Indigenous people. This is probably due to the lower age profile of the Indigenous population, linked to poorer health outcomes and other social factors.

## Relationship to the offender

For the overwhelming majority of violent offences, the victim knows the offender and more often than not, that offender was a family member:

- The proportion of hospitalisations for assault-related injuries that result from family violence is twice as high in Indigenous than in non-Indigenous populations.
- In non-family violence cases, an Indigenous person in New South Wales is three times as likely to report being assaulted by an 'other known person' than by someone not known to the victim, whereas non-Indigenous populations are more likely to report being assaulted by someone not known to them.
- For Indigenous people in New South Wales, the assailant in a sexual assault case is approximately twice as likely to be a spouse/partner, ex-partner or another family member than for non-Indigenous cases.
- Indigenous children are relatively more likely than non-Indigenous children to be assaulted by family members, rather than 'other known persons'.

Higher levels of family violence in Indigenous populations may reflect a number of important differences, including differences in the definitions of family and the proximity of family, in addition to differences in actual levels of family violence (e.g. domestic violence).

## Alcohol and other substance abuse

Alcohol is widely cited by Indigenous people, government inquiries and research as one of the most important factors in the perpetuation of violence in Indigenous communities.

The percentage of Indigenous people who reported having been a victim of physical or

threatened violence in the preceding 12-month period increased with increasing alcohol risk behaviour, from 23 percent for individuals undertaking low-risk alcohol behaviour to 42 percent for individuals with high-risk alcohol consumption. A study based on survey data found high-risk alcohol consumption was more strongly associated with the risk of victimisation than any other single factor, remaining a strong predictor of Indigenous violence even after controlling for other variables such as financial stress, unemployment, family breakdown and geographic mobility. Alcohol use was found to be a strong predictor of victimisation and did not merely mediate the effect of other variables.

Survey results show that 35 percent of people with a substance abuse problem were a victim of threatened or physical violence in the past 12 months compared with only 18 percent of people who did not abuse substances. While substance abuse is not as strong a predictor of violent victimisation as high-risk alcohol use, it potentially affects more individuals, as a much higher proportion of Indigenous people have used substances in the past 12 months than have engaged in high-risk drinking in the same period.

Seventy percent of the 237 Indigenous homicides (where both victim and offender were Indigenous) from 1999–2000 to 2004–05 occurred in situations where both victim and offender were drinking. Less than 17 percent occurred in situations where neither person was drinking. In contrast, only 20 percent of non-Indigenous homicides involved both the victim and offender drinking; and in almost two-thirds of all non-Indigenous homicides neither the victim nor the offender was drinking at the time of the offence.

Care and protection applications are more likely to be the results of drug and alcohol problems for Indigenous people than they are for other people. In Western Australia, 75 percent of Indigenous cases were drug and/or alcohol-related, compared with 37 percent of non-Indigenous cases.

## Contact with the police/ criminal justice system

Survey results showed that respondents first charged with a criminal offence as a child were twice as likely to report being a victim of threatened

or physical violence as those who were not charged with a criminal offence as a child. Having another household member charged with an offence also increased the risk of later victimisation. Given the high proportion of Indigenous people who have been charged with an offence, this is potentially a major risk factor for Indigenous violent victimisation.

## Stressors

Survey respondents who experienced high numbers of social stressors faced an elevated risk of violent victimisation. Having experienced a social stressor is second only to high-risk alcohol consumption in terms of the odds that an individual will be a victim of violence, but affects more individuals as 74 percent of the Indigenous population are exposed to one or more stressors, 13 times the proportion who engage in high-risk alcohol consumption.

## Housing mobility

Higher rates of victimisation are evident for Indigenous survey respondents who had moved home several times in the last year. It is, however, unclear if housing mobility is linked to a causal factor (e.g. lack of stability in one's life) or is a consequence of violent victimisation.

## Cultural factors

Indigenous people who had been removed from their natural family were more likely to have been a victim of violence or threatened with violence in the past 12 months than those who had not been removed from their family. Higher levels of violent victimisation are also seen among survey respondents who had relatives removed from their natural family. However, many other cultural factors – including whether the respondent identifies with a clan, tribe or language group, or whether they recognise homelands – do not appear to have a significant impact on the risk of violent victimisation.

## Remoteness

Living in a remote community does not in itself appear to affect the likelihood of a person experiencing violent assault, although Indigenous homicide rates are higher in outer-regional and remote areas than in cities and inner-regional areas. However, rates of hospitalisation for assault-related injuries in remote and very remote areas tend to be higher than for major cities and inner-regional areas. Without further data and analysis, it is not clear whether this reflects greater severity of injuries in more remote areas, or a response by the health system to other health needs of those in remote areas who happen to come into contact with the health system as a result of physical injury.

## Education and employment

While there are conflicting data on the relationship between education level and risk of victimisation, unemployed Indigenous people are more likely to be victims of violence than those either working or not in the labour force.

## Collective effects

The accumulation of critical risk factors increases the likelihood that someone will experience violence. For example, being Indigenous *and* engaging in high-risk alcohol consumption *and* experiencing social stress can increase the risk of being victimised above the effect of any of these variables on their own.

In the case of family violence, factors relating to a woman's partner, such as a tendency to drink or have controlling behaviour, can have a compounding effect on her risk of being victimised.

## Addressing Indigenous violent victimisation: conclusion and implications for policy

Clear deficits exist in our understanding of the risks of violent victimisation in Indigenous communities, particularly in how risks are exacerbated or mediated by the unique aspects of Indigenous culture and practice. However, in many respects, the factors that increase risks of violent victimisation among Indigenous people are similar to those that increase risks in the non-Indigenous population; many risk factors – particularly broad socioeconomic indicators such as marital status, level of income, residential stability and employment status – are significant predictors of victimisation in other groups. However, factors in Indigenous communities, such as alcohol use patterns and historical-cultural impacts, lead to particular effects and risks of violence above those found in mainstream (i.e. non-Indigenous) communities. The compounding effects of various risk factors, together with the impact of remoteness, can lead to an escalating breakdown of culture, social structures and community functioning.

The factors that tend to increase the risk of violent victimisation for Indigenous people are often external to the victim. For example, the risk of a woman being sexually assaulted increases markedly if certain factors are present in her intimate partner. Indigenous people who live in communities where violence is already a problem face an elevated risk of being victimised as a consequence of existing hardships. Having been victimised is in itself a risk factor for further victimisation. Children face a heightened risk of being abused because of the behaviour of adults in their communities.

The cumulative nature of victimisation risk factors suggests that any attempt to reduce violent victimisation will require a multifaceted and holistic approach that deals with risks both inherent and external to victims. Responses to violence must also recognise the individuals experiencing victimisation and provide the services and support they need.



# Introduction

The problems of violence and child abuse that beset some Indigenous communities are issues on the Australian public record and in the social conscience. Numerous inquiries, reports and commentaries have highlighted the severe, widespread and sometimes chronic violence and child abuse in some communities (Aboriginal Child Sexual Assault Taskforce 2006; Gordon, Hallahan & Henry 2002; Memmott et al. 2001; Mullighan 2008; Nowra 2007; Robertson 1999; SCRGSP 2007; Victorian Indigenous Family Violence Task Force 2003; Wild & Anderson 2007).

While comparisons are often hampered by lack of comparable data relating to violence and child abuse, data available through surveys, and administrative and police data, show that Indigenous people experience violent victimisation at much higher rates than non-Indigenous people, particularly community and family violence (SCRGSP 2007). The data typically show Indigenous people being victimised at two or three times the rate of non-Indigenous people. Despite making up around two percent of the general Australian population, Indigenous people constitute nearly one-quarter of the prison population and more than 40 percent of all Australians in prison for acts intended to cause injury, a category that includes violent offences such as assault (ABS 2007a). Indigenous people also constitute more than 20 percent of all Australian

prisoners whose most serious offence or charge is for sexual assault or related offences (ABS 2007a). Child protection data show that Indigenous children are nearly four times as likely as other children to be the subject of a substantiated child protection notification of abuse or neglect (SCRGSP 2007).

Given the relative likelihood of Indigenous people becoming victims of violent crime, it is important to understand whether there are risk factors that increase the likelihood of victimisation. An understanding of risk factors can be used to direct and develop responses to crime and programs to target offending and help victims.

As part of a project funded by the Australian Crime Commission through its National Indigenous Violence and Child Abuse Intelligence Task Force a review was undertaken of relevant data and literature on victimisation. This report draws on existing research and reanalyses recorded crime statistics to examine three important aspects of Indigenous violent victimisation:

- What are the individual and community risk factors that influence the likelihood of Indigenous people becoming victims of violence and child abuse?
- How can an understanding of risk factors help to address problems of violence and child abuse in Indigenous communities?

- What else do we need to know about risk factors of victimisation?

Before moving to a consideration of the role of risk factors in Indigenous violent victimisation, they should be put in context. To know why a consideration of risk factors is necessary, it is worth looking briefly at some of the main causes of violence in Indigenous communities and the types of violence experienced by Indigenous people. From there, the report examines data on the extent to which Indigenous people experience victimisation, before drawing on the data and research to more fully examine the risk factors.



# Causes and types of violence

## Causes of violence

Indigenous violence typically arises from multiple causes, which Memmott et al. (2001) divided into three structural categories:

- precipitating causes – the type of social event that triggers an episode of violence
- situational factors – the secondary exacerbating circumstances in the social environment of the antagonists, such as alcohol abuse, other people encouraging the antagonists to act, or conflicting social differences among antagonists
- underlying factors – the deep historical circumstances of Indigenous people that make them vulnerable to being a victim or perpetrator of violent behaviour.

### *Precipitating factors*

Precipitating causes are the often seemingly trivial events that arise out of day-to-day events, ultimately triggering a violent incident. Examples of precipitating factors observed in south-west Western Australia include:

... making a pass at a defacto; quarrelling between husband and wife; children fighting at school; accidentally knocking someone over at sport; arguing over a game of cards; 'driving

past' a person's house; not inviting someone to a wedding or birthday; borrowing something and forgetting to give it back; disagreeing over the ownership of a sports uniform; the arrival of a 'stranger' in town; spreading false rumours; carrying yarns; and making a 'put down' remark (Chadbourne 1992: 6, cited in Memmott et al. 2001: 21).

Consistent with these findings, violence in north Queensland communities has also been identified as principally triggered by jealousy, debts and payback (Gladman et al. 1998).

### *Situational factors*

Situational factors are generally not themselves the cause of a violent incident, but collectively contribute to the likelihood that such an incident will occur. Memmott et al. (2001) identified the following situational factors, based on their own work as well as that of others (Atkinson 1990b; Hazelhurst 1995; Lloyd & Rogers 1993; SNAICC 1996; Trigger et al. 1993):

- family problems
- financial problems
- loss of close family members or other relations
- unemployment
- psychological problems

- anger
- alcohol intoxication
- other people encouraging a perpetrator to act
- conflicting social differences among the antagonists
- interracial tension, including situations where there are influxes of displaced Indigenous people from other reserves or cohabitation between distinct tribal groups on missions
- breakdown of traditional culture and access to mainstream (non-Indigenous) culture
- overzealous policing
- interfamily feuds
- boredom
- pornography
- a subculture that approves of or condones violence
- a lack of available resources/services for counselling, violence programs and recreational activities
- children roaming the streets at night without adult supervision
- family break-up
- loss of job/income
- enculturation of violence.

Another factor may be unbalanced power relationships (sacred, spiritual, secular or local). Many precipitating factors can also be viewed as situational factors, such as jealousy or ‘demand sharing’, which is the social pressure sometimes placed on Indigenous people by kin to share income or other personal resources (Petersen 1993).

### *Underlying factors*

The high incidence of violence in many Indigenous communities is commonly ascribed to the social, cultural, economic and spiritual changes resulting from European colonisation of Australia. The Royal Commission into Aboriginal Deaths in Custody outlined three crucial factors in this process:

- state policies that removed Indigenous people to reserves and missions, allied with the policy of removing people of mixed descent from their families

- the dormitory system in Queensland, where children of working Indigenous women, often the product of rape, were removed and placed in girls’ and boys’ dormitories, until of a sufficient age whereupon they could be ‘farmed out as cheap labour’
- political and disciplinary disempowerment of elders by mission and reserve managers, undermining ‘traditional social structures, their underpinning ideologies, leadership qualities and the desirability of social control’ (Memmott et al. 1990a: 25, cited in Memmott et al. 2001: 12).

Trauma arising from these policies remains unresolved for many Indigenous Australians, and is seen as a critical factor underlying the perpetuation of violence. This trauma works directly, by contributing to underlying tension and frustration, and indirectly by contributing to the adoption of dysfunctional means of coping (e.g. alcohol abuse), which in turn feeds the cycle by which violence propagates (Memmott et al. 2001). While these underlying factors of Indigenous violence are recognised, fundamental difficulties exist in attempting to delineate risk factors associated with victimisation from this historical perspective:

- trauma is inherently difficult to measure
- rarely is sufficient detailed personal information available to enable the relationship among unresolved trauma, tension or anger, and victimisation to be examined
- reactions to an event are specific to an individual; it cannot be assumed that two people experiencing the same event will be equally traumatised or that the level of trauma experienced by an individual is related to a specific event
- all intervening actions may affect future life paths positively or negatively. It is evident that some individuals and communities are able to successfully navigate their way through life despite having experienced traumatic events. It is important to identify the factors that make some individuals more resilient and others less so as a way of improving outcomes for Indigenous people.



# Theories of violence

A number of researchers have attempted to apply criminological theories to an understanding of Indigenous violent offending and victimisation. To facilitate understanding, these can be loosely grouped into a number of theoretical paradigms (Snowball & Weatherburn 2007). Cultural theory perspectives draw on observations about the tendency of Indigenous people to respond violently to minor conflicts, and on archaeological and anthropological evidence to contend that violence has traditionally been a part of Indigenous culture. Many scholars argue that Indigenous violence results from the effects of colonisation and the treatment of Indigenous people by mainstream society. The different approaches to explaining how the impact of colonisation leads to violence include:

- anomie theory – which posits that colonisation and dispossession have stripped away Indigenous people's sense of meaning, value and purpose, undermining the capacity of Indigenous communities to control the antisocial behaviour of members
- social disorganisation theory – which suggests that colonisation and dispossession have led to a breakdown of Indigenous social structures, resulting in a loss of informal social controls
- social deprivation theory – which attributes violence in Indigenous communities to the impacts of economic and social disadvantage, seeing violence as resulting either from the strain of these disadvantages or from rebellion against social exclusion
- lifestyle/routine activity theory – which sees alcohol and drug abuse as largely responsible for Indigenous violence.

While there is a large body of literature positing explanations for Indigenous violence, this is mainly theoretical in nature. Where evidence for the explanations is presented, it is often in the context of asserted knowledge or individual case studies and there is little by way of empirical evidence to support the suggested explanations.

The one study (Snowball & Weatherburn 2007) that sought to directly and empirically test these theories in the context of victimisation drew on the 2002 National Aboriginal and Torres Strait Islander Social

Survey (NATSISS) data. Using multivariate analysis, the authors found little support for the anomie theory, but some for the social disorganisation and social deprivation theories. However, they found strong support for the lifestyle/routine activity theory, primarily through their finding that high-risk alcohol consumption was the single strongest risk factor for Indigenous violent victimisation. Its influence greatly outweighed factors measuring social disadvantage or social disorganisation. The implications of this finding, and a more detailed examination of the role of alcohol and other factors in determining risk of Indigenous violent victimisation, are explored later in this report.

## Types of violence

Memmott et al. (2001) identified the following types of violence in Indigenous communities:

- spousal assault
- homicide
- rape and sexual assault
- child violence, including physical, sexual and emotional abuse and neglect (lack of effective parenting, withdrawal of support and love, domestic violence, failure to provide adequate health care, cultural deprivation, etc.)
- suicide
- self-injury
- same-sex one-on-one adult altercations
- intergroup violence
- psychological abuse
- economic abuse
- cyclic violence
- dysfunctional community syndrome.

While the meaning of some of these categories are obvious, others warrant more elaboration as they are specific to, or exacerbated in, some Indigenous communities.

### *One-on-one adult fighting (same sex)*

The term one-on-one adult fighting refers to traditional duel-like fighting that only occurs between members of the same sex and takes place at a pre-arranged

fighting place, with adjudicators and/or seconds, and commonly involves weapons. Part of the adjudicator role is to keep the severity of punishment within the scale of the offence. While this structured variant may still occur today, it more commonly occurs in less structured variants. Often, in the presence of alcohol, spontaneous fighting may erupt before adjudicators or seconds are in place. Extra people, commonly intoxicated, may join the fight, resulting in an escalation of violence (Memmott et al. 2001). The way this type of fighting has evolved is illustrated by this extract:

... two men would have a fist fight and then have a drink together afterwards; if anyone joined in to make it two or more against one, an elder would intervene and ensure a fair contest. Another person remembered the days when the elders would draw a big circle and not allow either party to leave it until the dispute was resolved ...

Today a member of one feuding family may be caught alone and assaulted by a group from the opposing family. The victim then gathers a group of supporters and retaliates when one of the protagonists is caught alone. Furthermore, in the old days, fights took place with fists, more or less under Queensbury rules. Today attacks may be made with knives, baseball bats, machetes and iron bars, with no holds barred (Chadbourne 1992: 7, cited in Memmott et al. 2001: 47–48).

### *Intergroup violence or reverberating violence*

Intergroup violence can be seen as an extension/corruption of one-on-one fighting, in which kin are quickly drawn in spontaneously or by request to support their side, moving from one-on-one violence to the involvement of others and often involving the rekindling of old grievances (Memmott et al. 2001). Another variant involves gang violence. Ongoing intergroup violence may continue over many years, as individual parties feel the need to 'pay back' the other for their perceived offences.

### *Economic abuse*

Economic abuse refers to the withdrawal or extraction of money or goods as a way of hurting someone (Bolger 1991). Globally, this type of abuse is most evident in areas of extreme poverty where conflict arises over scarce resources. Economic abuse may occur in Indigenous communities where welfare payments are demanded by family members, often with actual or threatened violence, to buy alcohol or other substances. Payments may also be used for gambling, leaving little or no money for food and other necessities. Economic abuse can be experienced throughout the community, but the most common victims are women and the elderly.

They don't hit poor old pensioners – just push them around. When they get their cheques people are waiting to take them. Poor mother just gives to sons, she's frightened and she loves them. They ask the council to do something, to stop people taking their money. You can see people waiting for cheques, and relatives waiting outside taking their money (Bolger 1991: 29).

The principal perpetrators identified are young men:

My mother – her sons, not daughters, just sons, always take her money. So she comes to her daughters for a feed, but it's hard, I have a big family to feed, with food only for kids but I have to give to my mother (Bolger 1991: 29).

The extent of economic abuse in Indigenous communities has not been quantified, but its physical, emotional and mental effects are potentially devastating.

### *Cyclic violence*

The term cyclic violence has been used to describe the way in which destructive patterns of self-abuse and violent behaviour are perpetuated intergenerationally through social and cultural processes (Atkinson 1996; Blagg 1999).

## *Dysfunctional community syndrome*

Dysfunctional community syndrome can be defined as:

... a situation whereby multiple violence types are occurring and appear to be increasing over generations, both quantitatively (numbers of incidents) and in terms of the intensity of violence experiences (Memmott et al. 2001: 51).

Male-on-male fighting, female-on-female fighting, child abuse, alcohol violence, male suicide, pack rape, infant rape, rape of grandmothers, self-mutilation, spouse assault and homicide are common in dysfunctional communities. As violence increases, so do the difficulties faced in stopping it owing to the high levels of psychological harm and extent of transmission of intergenerational trauma.

Fundamental deficiencies exist regarding the prevalence of these specific types of violence. Cyclic violence and dysfunctional community syndrome are useful ways to describe the psychological and sociological perpetuation of violence, but largely cannot be quantified. While the available quantitative data enable one-on-one fighting and intergroup violence to be delineated, the extent of economic abuse in Indigenous communities is virtually unknown.

While being mindful that Indigenous violence may take on many forms, this report principally examines forms of violence defined by criminal offence types and, accordingly, by available data. The main forms of violence addressed are physical and sexual violence and, where data permit, threatened violence/verbal abuse and emotional abuse.



# Data sources

Evidence of Indigenous violent victimisation can be examined via two complementary, but functionally distinct, pathways – qualitative and quantitative analyses.

## Qualitative analyses

Qualitative analyses of Indigenous violence have focused on the nature, structure, history and dynamics of violence as opposed to its frequency and severity. They tend to emphasise the human (psychological, emotional and behavioural) elements of violence. Qualitative analyses often draw on direct input from Indigenous people, or those involved in working with Indigenous people, in the form of solicited views or opinions and may involve a case study approach. There are many examples of such studies (e.g. Atkinson 1990a, 1990b; Bolger 1991; Brady 1990; Cattalini & Allbrook 1992; Collmann 1988; Gladman et al. 1998; Hunter 1990a, 1990b, 1991a, 1991b; Hunter, Hall & Spargo 1991; Koch 1998; Martin 1992; Mow 1994; Reser 1990a, 1990b; Robertson 1999; *The mourning time* 1998; Victorian Indigenous Family Violence Task Force 2003).

Qualitative studies are important in defining the context of violence, and identifying potential causes and contributing factors. They also provide insights

and perspectives not revealed through quantitative approaches. They tend not to be empirical in nature and fundamental difficulties exist in testing the validity of assertions forwarded in the absence of quantitative data. It is difficult to determine the extent to which individual case studies are representative. Analyses may be biased by the worst cases of violence and often use individual cases to illustrate the aspect of violence being discussed. This can give a distorted impression of Indigenous violence as a defining feature of Indigenous people and neglect the heterogeneity seen across communities.

## Quantitative analyses

Quantitative data fulfil two critical functions. First, although statistics may fail to capture the full extent of violence in a community, they are beneficial in defining minimum rates and assessing how the outcomes of violence manifest across the community. This can be indicated by the extent to which Indigenous people access services such as police, health services and hospitals, counselling services, and supported housing. Second, quantitative analyses provide the means to assess the wider validity of the factors identified in qualitative studies.

As this report is primarily attempting to identify the risk factors of victimisation, it largely draws on

quantitative data. Three principal types of data are available for quantitative research into victimisation:

- surveys
- databases maintained by specific government and non-government agencies of interactions between victims of violence and child abuse, and services including police, hospitals and counselling services
- criminal justice data, primarily recorded victims of crime data and police data.

## Surveys

There are many surveys in Australia that capture information about violent victimisation. For both practical and ethical reasons only people aged 15 to 18 years and over are surveyed. The surveys rarely include information about child abuse and neglect. Relevant surveys include crime and safety surveys, which seek specific information regarding prior victimisation and perceptions of crime, and health and lifestyle surveys. There are a number of Indigenous-specific surveys that can be broadly correlated with more general studies, and that attempt to provide deeper coverage of Indigenous populations and issues.

A number of crime and safety surveys specifically address the issue of criminal victimisation, although in many cases they either do not collect data on Indigenous status, or the size of the Indigenous sample is too small to report. In other cases, the Indigenous status of respondents is reported but must be interpreted with caution due to the small size of the sample.

Surveys that could inform on victimisation generally, and could inform on Indigenous victimisation if Indigenous status were recorded or larger Indigenous samples were included, are listed below to provide context for the information that follows and to draw attention to the lack of empirical data on Indigenous victimisation.

### Crime and Safety Survey

The Crime and Safety Survey (ABS 2006a) collected information on a broad range of reported and unreported crimes, including break-ins, motor

vehicle theft, assault and sexual assault. Details collected included physical injuries and emotional impacts, number of offenders, relationship to the offender, whether the incident was reported to the police, and whether support services were accessed. The Indigenous sample size was too small for Indigenous status to be reported.

### Women's Safety Survey

The Women's Safety Survey (ABS 1996) sought information about women's experiences of physical and sexual violence (assault and threats), including whether violence was experienced within the previous 12 months, before the age of 15 and since the age of 15. It included information about the type of violence, relationship to the perpetrator, injuries and subsequent use of services including police. While some sociodemographic information was collected, Indigenous status was not.

### Personal Safety Survey

The Personal Safety Survey (ABS 2006b) replaced the Women's Safety Survey, and included men and women. The Indigenous sample size was too small for Indigenous status to be reported.

### International Violence Against Women Survey

Coordinated by the European Institute for Crime Prevention and Control, the International Violence Against Women Survey was conducted in 2002 and assessed women's experiences of violence, particularly partner violence and sexual assault. The survey included 92 Indigenous women but the small sample size precludes rigorous analysis. Findings of the Australian component of this survey are presented in Mouzos and Makkai (2004).

### International Crime Victimisation Survey

The International Crime Victimisation Survey, 2004, was a general survey conducted in 60 countries that focused on experiences of three personal and six household crimes, and includes details about the impact of these crimes, whether they were reported to police and perceptions of personal safety.

## Australian Longitudinal Study of Women's Health

The Australian Longitudinal Study on Women's Health (Women's Health Australia 2006) gathered information about spousal/partner abuse and respondent experiences of violence (physical, emotional or sexual harassment) in the past three years. Indigenous status was identified but not reported.

## National Drug Strategy Household Survey

The National Drug Strategy Household Survey (AIHW 2005) asked whether the participant had been physically abused, verbally abused or put in fear by someone using alcohol and/or drugs. It included information about relationship to the offender, injuries and reporting. The latest study included 463 Indigenous people, but may not be representative of the Indigenous population, particularly as it did not sample homeless or institutionalised people.

## General Social Survey

The General Social Survey (ABS 2006c) was a multidimensional social survey that explored interrelationships in social circumstances and outcomes, including consideration of multiple advantage and disadvantage. It covered a range of subjects including support for relations living outside the household, network types and levels of trust, crime and safety, personal stressors, information technology, financial stress and income, and culture and leisure. Although this survey included Indigenous people, the sample size was too small to be representative of the Indigenous population.

## Indigenous-specific surveys

The most comprehensive sources of information regarding Indigenous victimisation and its relationship with other sociodemographic variables are available from Indigenous-specific surveys, including the NATSISS, National Aboriginal and Torres Strait Islander Health Survey, and Western Australian Aboriginal Child Health Survey.

## *National Aboriginal and Torres Strait Islander Social Survey*

As part of the NATSISS (ABS 2002), approximately 9,400 Indigenous people from discrete Aboriginal communities or community areas (30%), and other parts of Australia or non-community areas (70%), were surveyed. The survey covered a broad range of subjects including:

- family and culture
- health
- housing
- education
- employment
- income
- use of information technology
- transport
- crime and justice issues.

Similarities between the General Social Survey and NATSISS enable some comparisons between Indigenous and non-Indigenous populations to be made.

In relation to violence specifically, individual NATSISS respondents were asked whether they had been a victim of violence in the past 12 months. If the answer to this question was negative, respondents were asked if they had been a victim of threatened violence. These two categories were combined in the data provided for analysis, making it impossible to separate physical and threatened violence. Nor was it possible to distinguish among family violence, partner violence and general violence.

In addition, respondents were asked about:

- stressors experienced by themselves, family and friends in the past 12 months, including experiencing abuse or violent crime, or being a witness to violence
- perceptions of community problems including family violence, fighting or people getting beaten up, sexual assault/rape and people not getting along.

The NATSISS is a redevelopment of the National Aboriginal and Torres Strait Islander Survey (ABS 1997), but fundamental differences in methodology

preclude direct comparisons across many variables. Only limited information regarding victimisation is available from Australian Bureau of Statistics (ABS) publications resulting from the survey (ABS 2002). A more comprehensive review of the relationships between victimisation and other factors is available from the few publications that included analyses of individualised responses based on NATSISS Confidentialised Unit Record File (CURF) data (e.g. Al-Yaman, Van Doeland & Wallis 2006; Snowball & Weatherburn 2007). These analyses are examined in detail later in this report.

#### *National Aboriginal and Torres Strait Islander Health Social Survey*

The National Aboriginal and Torres Strait Islander Health Social Survey (1989–90, 2001 and 2004–05) (ABS 2006d) was complementary to the National Health Survey, but provided a more accurate assessment of Indigenous health and potentially associated variables. It was designed to support comparisons between Indigenous and non-Indigenous populations. In relation to violence, the survey asked about:

- experiencing violence – whether the respondent had suffered an ‘attack by another person’
- stressors for self, family and friends in the past 12 months – experiencing abuse or a violent crime, or being a witness to violence.

#### *Western Australian Aboriginal Child Health Survey*

The Western Australian Aboriginal Child Health Survey gathered comprehensive data on the health, education and development of Western Australian Indigenous children and youth (up to 17 years of age). The studies were based on surveys of primary carers, other carers, teachers, school principals and young people aged 12 to 17 years of age.

Carers were asked questions about factors such as neighbourhood problems (including family and community violence) and family stresses (including stress resulting from family violence). The youth questionnaire also asked questions about exposure to family violence (including parents yelling and shouting, parents hitting their kids too hard, people fighting when drunk, and family fights where people get pushed around or hit).

The Western Australian Aboriginal Child Health Survey has resulted in the production of four volumes covering:

- the health of Aboriginal children and young people (Zubrick et al. 2004)
- the social and emotional wellbeing of Aboriginal children and young people (Zubrick et al. 2005)
- improving the educational experience of Aboriginal children and young people (Zubrick et al. 2006)
- strengthening the capacity of Aboriginal children, families and communities (Silburn et al. 2006).

### *Service providers*

As noted above, another main source of quantitative data are the records kept by agencies providing services to Indigenous Australians.

#### **Hospital records**

National data on hospitalisations are included in the National Hospital Morbidity Database, maintained by the Australian Institute of Health and Welfare. The database records the reason a person was hospitalised. Reasons are classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) in Occupational Health. Assault is classified according to the type of assault (e.g. assault by handgun discharge, assault by bodily force), under the broad category of external causes.

The database allows for the relationship of the victim to the offender to be recorded, although often this relationship is ‘unspecified’. Hospitalisations for assault are not a measure of the prevalence of disease or injury inflicted by assault, but provide insight into the extent to which individuals access hospitals for this reason. Hence, they are likely to provide a guide to levels of ‘serious’ assault. Key publications releasing data on assault-related injuries of Australians overall and Indigenous people, respectively, are Berry and Harrison (2007), and Helps and Harrison (2006).

#### **Queensland Centre for Domestic and Family Violence Research database**

The Queensland Department of Communities and the Central Queensland University have established

the Domestic and Family Violence Database at the Queensland Centre for Domestic and Family Violence Research, which collects data from all agencies in Queensland that receive funding from the Department of Communities. It does not provide a complete assessment of assistance provided for domestic and family violence counselling.

### **NSW Health Sexual Assault Data Collection**

NSW Health maintains the Sexual Assault Data Collection, which contains information on the use of sexual assault services in New South Wales, including services that provide crisis counselling, medical care, information, court reports, court preparation and support to victims of sexual assault. Comparatively little of this information is in the public domain.

### *Criminal justice data*

A body of criminal justice data is collected and maintained to support the work of criminal justice agencies and for monitoring purposes.

### **Police**

While individual jurisdictions record details of crime victims, only selected data have entered the public domain. The most comprehensive of these are included within, and as attachments to, the Productivity Commission's report, *Overcoming Indigenous disadvantage: key indicators 2007* (SCRGSP 2007).


### **National Homicide Monitoring Program**

The National Homicide Monitoring Program is conducted by the Australian Institute of Criminology. The data are sourced from police records, supplemented by information from individual investigating officers, media reports and coronial files, including toxicology reports. One of the principal functions of this program is to identify as precisely as possible the characteristics that place individuals at risk of homicide victimisation and the circumstances that contribute to the likelihood of a homicide occurring.

### **Recorded Crime – Victims**

The Recorded Crime – Victims collection is maintained by the ABS and is based on information provided by each state and territory police agency on a range of crimes including homicide, robbery, blackmail/extortion and unlawful entry, as well as assault and sexual assault. Data on assault and sexual assault are published for individual jurisdictions but cannot be compared, due to differences in recording methods. The latest release (ABS 2007a) includes an 'experimental' estimate of rates of Indigenous victimisation in selected jurisdictions (New South Wales, Queensland and the Australian Capital Territory), and efforts to improve the quality of Indigenous data continue.





# Data limitations and deficiencies

No single source of data provides a comprehensive overview of Indigenous violent victimisation. This section discusses the strengths and weaknesses of surveys, service providers and criminal justice data as sources of data.

## Surveys

Surveys have the capacity to sample the highest proportion of the population, although they do not necessarily reflect actual incidences of violence. They are influenced by factors such as response rates, the respondent's willingness to disclose specific information, subjective interpretation and the respondent's ability to recall information. The quality of survey data is governed by methodological considerations, which determine the representativeness of the sample, the clarity with which questions can be interpreted, and the relevance of the questions to the research topic, in this case, victimisation. Surveys vary in methodology, hampering the extent to which comparisons can be drawn across surveys.

Fundamental deficiencies exist within all of the surveys mentioned in this report. As noted, the majority of crime and safety surveys, and many health and lifestyle surveys, do not include sufficient or representative data to enable discrete analysis of

victimisation within Indigenous populations. Deficiencies also exist within the Indigenous-specific surveys, particularly in respect of victimisation.

### *National Aboriginal and Torres Strait Islander Social Survey*

The NATSISS provides a critical source of information on Indigenous victimisation. Deficiencies that affect its applicability to understanding risk factors of Indigenous violent victimisation are discussed below.

#### Remoteness

The NATSISS was conducted in community areas and non-community areas using different methodologies. Non-community area methodologies were employed in non-remote (metropolitan and inner and outer-regional) areas, whereas a combination of community area and non-community area methodologies was employed in remote and very remote areas, with a higher proportion of community area methodologies used in remote areas.

The questions in the remote questionnaire for community areas were simplified versions of those used for non-community areas. While substantial differences are not likely, there is some room for

non-sampling errors in the question about victimisation. In particular, the community area form asked, 'In the last year, did anybody start a fight with you or beat you up?' and 'In the last year, did anybody try to or say they were going to hit you or fight with you?'

In comparison, in the non-community area, form respondents were asked, 'Did anyone, including people you know, use physical force or violence against you?', 'Did anyone, including people you know, try to use or threaten to use physical force or violence against you?' and 'Were any of those threats made in person?'

The plain English used in the community area analysis and the interpretation of what constitutes a 'real' fight is subjective, potentially leading to differences between community areas and non-community areas. Differences in community area and non-community area methodologies necessitate caution when trying to make comparisons between remote and non-remote areas (Biddle & Hunter 2006).

### **Incomplete sampling**

The NATSISS only collected information from Indigenous people aged 15 years or more, who were living in private dwellings. It does not include information on people residing in hotels, motels, hostels, hospitals, short-stay caravan parks and – perhaps most importantly – prisons and other correctional facilities. Therefore the statistics are not likely to be representative of the entire population of Indigenous Australians. This may affect statistics relating to crime and justice (including physical and threatened violence), as well as alcohol and drug usage patterns. This also represents a narrower scope of Indigenous people than those covered by the 1994 NATSIS survey (Biddle & Hunter 2006).

### **Victimisation**

The survey category relating to victimisation does not enable a distinction to be drawn between actual and threatened violence, nor does it permit an assessment of the frequency with which violence was experienced.

### **Sexual abuse**

As with all other Indigenous-specific surveys, the NATSISS did not specifically address the issues of sexual violence or child abuse. This may be for

ethical considerations or because the inclusion of such questions may have affected response rates. The absence of information relating to sexual violence and child abuse affects victimisation studies in two critical ways. Sexual violence, particularly during childhood, and child abuse are known to be important risk factors in the perpetuation of violence, both in terms of victimisation and offending. In effect, potentially one of the most critical factors contributing to victimisation at a community and individual level is absent from empirical analyses. The second factor is that victimisation rates for females may be markedly underestimated.

### **Alcohol and illicit substance use**

Methodological flaws are likely to have affected the extent to which the NATSISS provides an accurate overview of alcohol and other substance use within Indigenous populations (Biddle & Hunter 2006; Chikritzhs & Brady 2006):

- Drinking to the point of intoxication (i.e. binge drinking) is recognised as a significant problem in Indigenous communities. The NATSISS asked, 'When you drink, how much do you usually drink in a day?', rather than 'How often do you have six or more drinks on one occasion?' This is unlikely to adequately sample binge drinking habits.
- No information was asked about whether an individual had quit drinking.
- The survey was neither confidential nor self-completed. Often the respondents answered questions in the presence of other family members. Given the highly personal and sensitive nature of the questions, many respondents may have underestimated their use of illicit substances and alcohol. Alcohol usage patterns obtained in the NATSISS conflict with more reliable survey data and run counter to qualitative understandings of Indigenous alcohol consumption, to smaller-scale surveys and 'anthropological intuition' based on observations of Indigenous life. Notably, studies have previously indicated an 'all-or-none' pattern of consumption, with moderate consumption being relatively uncommon (e.g. Brady 2004).
- The survey only sampled people living in a dwelling. A substantial proportion of people likely to have alcohol and substance abuse issues, including the homeless and individuals in state

care (correctional facilities/juvenile detention, hospitals, rehabilitation, refuges and prison), were not surveyed.

## Stressors

The stressors experienced by Indigenous people may be significant contributors to violent victimisation, although a proper analysis would require an understanding of how different stressors, and different combinations of stressors, played a contributory role. Problems identified by Weston and Gray (2006) with questions in the NATSISS relating to stressors include:

- The survey only included selected stressors, which limits the capacity to accurately quantify total stress levels.
- There was a failure to sample stressful non-events or negatively oriented outcomes (e.g. a failure to obtain an expected promotion, failure to establish an intimate relationship with a much admired potential suitor).
- Responses did not only refer to the respondent, but also included stressors experienced by family, friends and others in the community. Although this provides a measure of stress in the respondent's immediate social circle, it does not enable a direct assessment of stressors relevant to the respondent. This may induce gender-related differences in reported stressors, as women tend to be more emotionally involved in the lives of those around them, tend to be more reactive to the moods and experiences of family members and friends, and are more likely to talk about interpersonal difficulties in response to questions about the problems in their lives (Cross & Madson 1997; Larson & Richards 1994; Thoits 1995).

Further issues with the survey are discussed in detail elsewhere (e.g. Hunter 2006).

## Service providers

Records maintained by service providers can provide valuable data on the outcomes of violence and child abuse. However, service providers only come into contact with a small proportion of all victims of violence, and these commonly represent the most extreme cases of abuse and neglect.

## *Hospital separations*

The quality of Indigenous identification varies markedly among jurisdictions. The Australian Institute of Health and Welfare only releases hospital separation data from Queensland, Northern Territory (public hospitals only), South Australia and Western Australia, as these jurisdictions have the highest level of accuracy of Indigenous identification. Hospital Indigenous populations in these jurisdictions are more likely than those in the Australian Capital Territory, New South Wales, Victoria and Tasmania to be living in remote areas and less likely to be in urban environments. Findings drawn from these data may therefore not be relevant to the latter jurisdictions (Helps & Harrison 2006).

Many assault-related injuries are not recorded in hospital data, as women who have been assaulted by a spouse/partner may not want to identify this as the reason for their injuries (Bolger 1991). Many violence-related injuries only come to the attention of health workers when individuals present for other medical matters. Traditionally, men may be less likely to present for medical attention than women. A lack of systematic recording by clinics and across hospitals may also obscure the real incidence of violence and injury among Indigenous people.

## *Family violence and sexual assault counselling*

Many women who experience family violence or sexual assault do not seek medical attention or report the incident to police. However, some of those women seek counselling from specialist or other services. Currently, information on the number of people who access counselling services, irrespective of whether they have accessed police and/or medical services, is largely unknown, although limited information is available from some jurisdictions. In jurisdictions where service provision by police, medical establishments and counselling agencies is jointly coordinated, the numbers of sexual assault cases recorded by sexual assault counselling services are broadly equivalent to those reported to police, indicating that under-reporting is also likely for counselling services. Nevertheless, jurisdictional and national collation of such data would be useful.

## *Child protection data*

Assessments of the level of child abuse and neglect in the community are difficult to make, and potentially inaccurate. Before outlining the complexities of child protection data it may be useful to understand the process.

Children may come into contact with community services for protective reasons, because they have been or are being abused, neglected or otherwise harmed; or because the parents are unable to provide adequate care or protection (AIHW 2007). Common reasons include domestic and family violence; parental mental health issues; parental drug and alcohol misuse; poverty; social isolation; early child-bearing; large families; poor parenting skills; and children with health, disability or behavioural problems.

Typically only one-quarter (20–28%) of all notifications to child protection agencies come from the police. In the Australian Capital Territory, only 15 percent of notifications are made via this route. National figures are consistent with the observation that the rates of sexual assault of children aged up to 15 years of age reported to police are equivalent to approximately one-quarter of all substantiations made for actual or suspected sexual abuse. Data based on police reports and on child protection substantiations are not congruent, however, as not all cases of sexual assault by a family member or carer will result in substantiation. For example, the offending parent or sibling may not reside with, or continue to have access to, the victim.

School staff is an important means of notification in all jurisdictions. Hospitals and health care centres are important means of notification in New South Wales (17% of all notifications), the Northern Territory (15%) and Western Australia (12%), whereas other non-governmental organisations are an important means of notification in Victoria (13%) and the Australian Capital Territory (19%). Differences in principal points at which child protection services become involved reflect differences in policies and procedures across jurisdictions, in turn reflecting the nature of the allegations made and the source of the reports.

Following notification, the community services agency will attempt to substantiate whether abuse or neglect has taken place. During the substantiation

process, the agency may apply to the relevant court to place a child on a care and protection order. This is typically a last resort, and may occur because supervision and counselling are resisted by the family, other avenues of resolution have been exhausted, or where removal of a child from a home into out-of-home care requires an order. Al-Yaman, Van Doeland and Wallis (2006) indicated that statistics on care and protection orders may be more reliable than substantiation data, owing to greater involvement with the families concerned. It should be noted that children can be placed on a care and protection order or in out-of-home care for reasons other than abuse and neglect, such as in cases of family conflict, where the child is a danger to themselves or where the parents are deceased.

Consequently, there are three different subsets of data generated: notifications, substantiations, and child care and protections orders. Using notifications alone is problematic in that the case of abuse and neglect have not been substantiated, and many notifications may be made in relation to the same case. However, child protection substantiations reflect only a subset of cases of child abuse and neglect (i.e. they represent a minimum value), as many cases will not come to the attention of authorities, and in many cases, the necessary modifications are undertaken to avoid a substantiation being made. The use of child protection data at a national level is also fraught with some difficulty, owing to differences in legislation and policies governing the mandatory reporting of incidents of suspected child abuse or neglect among jurisdictions. As an example, there are only certain groups of workers in Western Australia who are mandated to report cases of abuse or neglect, whereas in the Northern Territory, anyone who has reason to suspect that a child may be abused or neglected is required to report this to the appropriate authority (AIHW 2007). Similarly, the extent of police responsibility varies among jurisdictions. Some of the relevant jurisdictional differences include:

- In Western Australia, notifications are screened by senior staff. As a result, a considerable number of reports may not be counted as notifications, leading to lower numbers of substantiations than in other jurisdictions.
- In Victoria, notifications include reports that may not be classified as notifications in other jurisdictions, leading to higher rates of notifications and substantiations.

- South Australia and Queensland also screen reports and may refer cases to other agencies or provide family support services rather than generating a child protection notification response.
- Tasmania followed a similar system to that in Western Australia prior to 2003–04 but since then, all reports to the department have been recorded as a notification.
- Up to 2002, the Australian Capital Territory used a similar screening process to that in South Australia, but since then all contacts regarding concern for children have been regarded as a child protection report.
- In New South Wales, child protection reports are categorised, receiving a risk of harm assessment, to determine the appropriate action. The AIHW (2007) report on child protection, for example, only includes reports where there was risk of harm or harm for New South Wales.
- In some jurisdictions (e.g. New South Wales), abuse by a stranger may be classified as a notification, whereas in other jurisdictions it is not.
- The substantiation process differs among jurisdictions, particularly whether the focus is on the actions of parents or outcomes for the child (AIHW 2007).

Temporal analyses are further hampered by the dynamic nature of policy, procedures and legislation. Many variations in child protection data within a jurisdiction may be due to changes in the governance of child protection services. The interpretation of child protection data is sufficiently complex that the Australian Institute of Health and Welfare publishes separate guidelines for it (AIHW 2002), in addition to the information provided within individual reports (AIHW 2007).

## *Sexual assault*

Indigenous women have been found to face substantial barriers in reporting sexual violence, above and beyond those faced by most other women (Taylor & Putt 2007), including:

- family constraints on reporting
- family denial that sexual violence occurs
- a reluctance to report partner sexual violence
- fear of being ostracised for bringing shame to the family
- community constraints on reporting
- fear of retaliatory violence from the perpetrator and his supporters
- fear of being shunned by the community
- shame about wanting to report the violence due to a community's silence on the matter
- criminal justice constraints on reporting
- fear that social welfare officers will remove their children
- fear of not being believed by the police
- uncertainty in how the police and the criminal justice system will respond to the report
- fear of police when already traumatised by sexual violence
- excessive time taken to convict a guilty perpetrator of sexual violence
- belief that the punishment for the perpetrator will be inadequate.

Gross under-reporting is likely to be a significant factor contributing to the close correspondence between the rates of sexual assault experienced by Indigenous and non-Indigenous women in the Northern Territory, and is possibly a major factor in the stronger correspondence between sexual violence among Indigenous and non-Indigenous women generally, relative to other crimes. Similar factors may govern the reporting of suspected cases of child abuse and neglect.

## *Criminal justice data*

### *Police data*

Deficiencies in police data are perhaps most simply summarised in the following quote:

The Task Force believes the number of violent offences is much higher than the officially recorded data ... The Task Force researchers heard many stories about crimes that women did not report for fear of reprisals from the perpetrator, his kinfolk or the justice system (Robertson 1999: xiv).

There are many reasons that crimes are not reported (Taylor & Putt 2007). The underlying result, however, is the same and police statistics represent a minimum

value for violence perpetrated against Indigenous people, reflecting only those cases that have come to police attention through the actions of the victim or otherwise.

Police data on Indigenous victimisation are only available for selected jurisdictions. Methodological differences across jurisdictions include:

- methods used to identify Indigenous status – in New South Wales and Queensland, Indigenous status is based on self-identification, whereas in Victoria and the Northern Territory, Indigenous status is based on the racial appearance of the victim and hence is a subjective assessment by the police officer (SCRGSP 2007)
- variables and categories used to describe features about the offender, victim and the offence
- laws, policies and procedures governing police activities.

## *Homicide data*

The National Homicide Monitoring Program dataset, maintained by the Australian Institute of Criminology, provides accurate information about homicides, but only includes instances where homicide was the immediate cause of death. It cannot provide information about deaths from medical conditions, such as some cases of renal or liver disease, which may result indirectly from a sustained history of abuse (e.g. Atkinson 1990a, 1990b; Bolger 1991; Brady 1990).

## *Recorded Crime – Victims*

Indigenous status has not traditionally been included within the Recorded Crime – Victims dataset, but the latest release (ABS 2007a) included an ‘experimental’ estimate for Indigenous populations in several jurisdictions. This may prove to be valuable for the analysis of Indigenous victimisation in the future.

## Summary: data limitations and deficiencies

Accurately and comprehensively answering questions related to Indigenous victimisation is hampered by limitations in the readily available data.

One of the few large-scale surveys to specifically address issues of victimisation among Indigenous respondents – the NATSISS – provides valuable insights not found in other data sources. The NATSISS has been very closely examined by researchers who have identified a number of methodological issues that impact on its ability to inform questions around Indigenous violent victimisation. In particular, the use of slightly different methodologies in remote and non-remote areas and the exclusion of some groups of Indigenous people likely to have experienced victimisation are notable limitations.

While there are a large number of other sources that could potentially provide data on victimisation, many of these do not identify the Indigenous status of respondents so are not amenable to Indigenous-specific analyses.

Although some valuable data are held on child protection issues, they are hampered by differences in legislation, policy and practice among jurisdictions. These differences limit the extent to which comparisons can be made among jurisdictions, or the extent to which the data can reveal a national picture.

Criminal justice data can be valuable for analysing rates and patterns of victimisation but are limited to victims who have come to the attention of criminal justice authorities. Given that much victimisation, especially in cases of family violence and child abuse, is accompanied by under-reporting of offences and an unwillingness of victims to bring themselves to the attention of authorities, criminal justice data will always tend to underestimate the extent of victimisation. Indigenous status is typically recorded in these data, although in some cases this is determined by individual police officers on the basis of the victim’s appearance rather than on self-identification by the victim.

In considering the data available on Indigenous violent victimisation, it is important to note that a separate body of data exists on Indigenous violent offending. Data sources on offending include criminal justice data (particularly police, courts and corrective services), offender-based surveys and research-based information, including government reports and inquiries.





# Indigenous rates of victimisation

Drawing on the available data and published reports, it is evident that Indigenous people are overrepresented in all aspects of victimisation. Indigenous Australians report higher population-adjusted rates of physical violence, sexual violence, family and non-family violence, and child abuse and neglect than non-Indigenous Australians.

## Physical violence

It is difficult to arrive at an absolute rate of physical violent victimisation owing to the different ways violence is defined, differing samples and differing measures of violence severity. Nonetheless, estimations of rates based on the available sources of data are discussed below. In all instances, rates quoted in this study are reported relative to the relevant population. For example, a rate of family violence-related victimisation among Indigenous females aged 15 to 25 years reported per 100,000, refers to the number of Indigenous females aged 15 to 25 years who would be expected to have experienced family violent victimisation in a population of 100,000 Indigenous females aged 15 to 25 years.

### *National Aboriginal and Torres Strait Islander Social Survey*

Almost one-quarter (24,300 per 100,000) of all Indigenous people aged 15 years and over, who lived in private dwellings, were a victim of physical or threatened violence in the 12-month period prior to the NATSISS (AI-Yaman, Van Doeland & Wallis 2006). Comparisons with the General Social Survey suggest Indigenous Australians report being a victim of physical or threatened violence at twice the rate of non-Indigenous Australians (AI-Yaman, Van Doeland & Wallis 2006). The highest rates (30% or greater) were recorded in the Australian Capital Territory, Victoria and South Australia – all jurisdictions characterised by low Indigenous populations. The lowest rate (17%) was reported in the Northern Territory (ABS 2002).

It is not clear to what extent the jurisdictional differences in victimisation rates observed in NATSISS reflect factors such as perceptions of violence, desensitisation to violence, awareness of rights, and methodological differences between community areas and non-community areas (particularly for the Northern Territory). Although rates reported in the 2002 NATSISS were almost double those reported in the 1994 National Aboriginal and Torres Strait Islander Survey (13% victimised), these two surveys are not directly comparable due to methodological differences.

## *Western Australian Aboriginal Child Health Survey*

Almost half (49%) of young Indigenous people surveyed had experienced one or more of the specified family violence situations, i.e. 'situations where parents yell and shout, parents hit their kids too hard, people fight when drunk, and family fights where people get pushed around or hit' (Silburn et al. 2006: 273).

## *International Violence Against Women Survey*

Although based on a small sample (n=92), one-quarter of Indigenous women surveyed in the International Violence Against Women Survey had experienced violence (physical or sexual) in the previous 12 months (Mouzos & Makkai 2004). Some 20 percent had experienced physical violence. In comparison, one in 10 non-Indigenous women reported being a victim of violence in the past 12 months, with seven percent reporting being the victim of physical violence. Accordingly, Indigenous women were two to three times more likely to have experienced violent victimisation than non-Indigenous women.

Indigenous women were also more likely to have experienced violence in their lifetime. Some 71 percent of Indigenous women, compared with 57 percent of non-Indigenous women, reported lifetime violent victimisation. Two-thirds of all Indigenous women had experienced physical violence, compared with 48 percent of non-Indigenous women. Differences in recent and lifetime experiences of sexual and physical violence of non-Indigenous and Indigenous Australians imply that Indigenous women experience violence on a more regular basis than their non-Indigenous counterparts (Helps & Harrison 2006).

## *Hospitalisation separations for assault-related injuries*

Assault is the largest cause of identifiable injury requiring hospitalisation for Indigenous people, but only the fourth largest cause of injury hospitalisation for the non-Indigenous population (Helps & Harrison 2006). Age-standardised rates of assault-related

hospitalisations are available for Indigenous people in Queensland, Western Australia, South Australia and the Northern Territory (combined) for 2000–01 and 2001–02 (Helps & Harrison 2006). These data show assault-related hospitalisation rates of 1,421 per 100,000, which is marginally lower than the crude rate recorded by the Productivity Commission for these jurisdictions for the period 2001–02 to 2004–05 (SCRGSP 2007: Tables 3A.10.9 – 3A.10.12). The latter ranges from 1,560 to 1,810 per 100,000 Indigenous people. By comparison, age-standardised rates of hospitalisation for assault-related injuries nationally in 2003–04 were 97.5 per 100,000.

In 2004–05, Indigenous people accounted for 39.8 percent of all people hospitalised for assault-related injuries in Queensland, Western Australia, South Australia and the Northern Territory combined (SCRGSP 2007). Crude rates of hospitalisation for assault-related injuries were 17.3 times higher for Indigenous than non-Indigenous populations (SCRGSP 2007). In the same year, rates of assault-related hospitalisation among Indigenous males were 10.3 times higher than those for non-Indigenous males. In contrast, Indigenous females recorded 44.4 times more hospitalisations due to assault-related injuries than their non-Indigenous counterparts (SCRGSP 2007). Most assaults involved use of bodily force (53%), assault with a blunt object (20%), or use of a sharp object (16%) (Helps & Harrison 2006). Comparatively few assaults involved firearms use, and none of these resulted in death.

Perhaps as a reflection of its high Indigenous population and high rates of assault among Indigenous people, the Northern Territory in 2003–04 reported age-standardised rates of assault 6.1 and 7.3 times higher than New South Wales and Victoria, respectively (Berry & Harrison 2007). In 2003–04, a minimum of 36 percent of all assault-related hospitalisations of Indigenous people in Queensland, Western Australia, South Australia and the Northern Territory were family violence-related (Al-Yaman, Van Doeland & Wallis 2006).

In addition to issues regarding the quality of Indigenous identification, poorer levels of health and remoteness may confound interpretations of hospitalisation data. For example, generally poor



health status may exacerbate the extent of assault-related injuries. Similarly, people in remote areas may be less likely to receive hospitalisation for less severe assault-related injuries. Conversely, a lack of suitable local accommodation for health-compromised individuals may mean that, when people from remote areas do access health care, they are more likely to be hospitalised. People from remote and very remote areas are overrepresented among Indigenous people for hospital separations (Helps & Harrison 2006).

## *Police records*

Rates of violent victimisation can be derived from police data available for New South Wales, Victoria, Queensland and the Northern Territory (SCRGSP 2007). These show rates of 1,800 to 4,200 incidents of physical assault (family violence and other forms of violence combined) per 100,000 Indigenous people per year (SCRGSP 2007: Tables 3A.11.5 – 3A.11.47). This is 3.2 to 4.3 times higher than the rates reported for non-Indigenous people in these jurisdictions. Average rates of non-family violence-related assault among Indigenous people ranged from 850 (Northern Territory) to 1,840 (New South Wales) per 100,000. Family violence-related assault rates ranged from 510 (Victoria) to 2,880 per 100,000 (Northern Territory). Rates of non-family violence-related assault among Indigenous people were 1.2 to 3.0 times those recorded for non-Indigenous populations. Rates of family violence assault for Indigenous populations were 4.6 times higher in Victoria, 6.4 times higher in New South Wales, 14 times higher in Queensland and 16.3 times higher in the Northern Territory than for non-Indigenous populations.

While it is difficult to make direct comparisons owing to the patchy nature of the data, the rates of assault reported to police are generally equivalent to, or higher than, rates of assault-related hospitalisations for Indigenous people within a given jurisdiction; that is, more Indigenous people will report an assault to police than present at a hospital for assault-related injuries. However, the ratio of police to hospital presentations for assault is substantially lower for Indigenous populations when compared with non-Indigenous populations.

## *Supported Accommodation Assistance Program*

Indigenous people comprised 17 percent of all those who sought Supported Accommodation Assistance Program assistance in 2005–06 (all data sourced from SCRGSP 2007: Tables 3A.11.1 – 3A.11.4). Principal reasons cited for requiring assistance included domestic and family violence (31%), followed by relationship/family breakdown (22%), and accommodation difficulties (15%).

Overall, the reasons that Indigenous and non-Indigenous people sought Supported Accommodation Assistance Program support were broadly similar. Nevertheless, domestic and family violence was responsible for a higher percentage of Indigenous (31%) than non-Indigenous (21%) support periods. A greater percentage of non-Indigenous support periods related to accommodation difficulties (19% vs 15%) and financial difficulties (14% vs 8%). Forty-five percent of both Indigenous and non-Indigenous support periods related to family violence. Thirty-nine percent of all Indigenous support periods involved clients with children. This compares with only 27 percent of non-Indigenous support periods.

The principal reasons cited for Supported Accommodation Assistance Program assistance varied among jurisdictions. Sexual, physical and emotional abuse combined were responsible for between one and five percent of all Indigenous client matters in 2005–06, with the highest percentages being recorded for Western Australia (5%), Tasmania (4%) and the Northern Territory (4%). Family violence comprised the greatest percentage of client matters in the Northern Territory (46%), Western Australia (44%) and South Australia (39%), and the lowest percentage of applications in Tasmania (16%) and the Australian Capital Territory (16%). Accommodation difficulties were less commonly cited for Western Australia (7%) and the Northern Territory (8%), but more commonly cited in Tasmania (25%) and the Australian Capital Territory (22%).

## *Domestic and family violence services*

Based on the incomplete data included within the Queensland Centre for Domestic and Family

Violence Research's Domestic and Family Violence Database, Indigenous people comprised seven percent (n=1,457) of all new client matters referred to Queensland domestic and family violence support services in 2004–05, even though in 2005 Indigenous people comprised just over three percent of Queensland's population (Al-Yaman, Van Doeland & Wallis 2006). It is also clear that Indigenous people seek assistance for domestic and family violence-related matters at a lower rate than non-Indigenous people, relative to the rate of violence they experience.

## Sexual violence

Information about rates of sexual violence, including statistics provided by sexual assault counselling services, are summarised below. Overall, there is greater agreement between the rates of sexual assault reported by Indigenous and non-Indigenous populations than for other types of violence. However, it should be noted that most official statistics from police, hospitals and counselling services severely underestimate rates of reporting, with only 10 to 30 percent of incidents of sexual violence being brought to the attention of police (ABS 2006b; Borzycki 2007; Mouzos & Makkai 2004). Rates of under-reporting may be substantially lower for Indigenous than non-Indigenous populations owing to the substantial logistical, sociological and cultural barriers faced by Indigenous women in reporting sexual assault (Gordon, Hallahan & Henry 2002; Robertson 1999; Taylor & Putt 2007). Greater similarities between Indigenous and non-Indigenous populations for sexual assault may also reflect the fact that sexual abuse is a type of violence that is commonly experienced by females, irrespective of ethnicity, whereas physical violence may be more culturally and sociologically dependent.

### *International Violence Against Women Survey*

Twelve percent of the 92 Indigenous women surveyed in the 2002 International Violence Against Women Survey reported having been a victim of sexual violence in the previous 12 months (including unwanted sexual touching, attempted

forced intercourse, forced intercourse, forced sex with someone else, drug-facilitated sexual activity and other sexual violence). This compares with four percent for non-Indigenous women (Mouzos & Makkai 2004). The percentages of non-Indigenous (32%) and Indigenous (34%) women who had experienced sexual violence in their lifetime were similar. Differences in the short and long-term rates may be explained by differences in frequency of sexual victimisation, as well as differences in age distribution of Indigenous and non-Indigenous women. Indigenous women were, on average, younger than their non-Indigenous counterparts and more likely to be in age demographics that are vulnerable to sexual victimisation (see section 'Age' in the next chapter for a detailed discussion of the relationship between age and risk of victimisation). If this is representative of national trends during 2006, it suggests that approximately 22,000 Indigenous and 350,000 non-Indigenous women aged more than 15 years may suffer sexual violence every year.

### *Police*

Findings from police data are based on information submitted to the Productivity Commission by New South Wales, Queensland, the Northern Territory and Victoria (SCRGSP 2007). These data show there are between 160 and 390 reports of sexual assault to police per 100,000 people (adults and children combined) in these jurisdictions each year. Sexual assault among Indigenous populations was between 1.5 and 3.5 times higher than for non-Indigenous people. Although it is not necessarily valid to compare data from individual jurisdictions, it is noted that the lowest rates of sexual assault in Indigenous populations, and the least distinction between Indigenous and non-Indigenous rates, were observed for the Northern Territory (however, note that in the Northern Territory, Indigenous status was also based on appearance rather than on self-identification).

Rates of sexual victimisation among Indigenous children aged up to 15 years ranged from 160 to 600 per 100,000. Rates were twice as high for Indigenous as non-Indigenous children. As was the case for adults, the lowest rates of child sexual victimisation among Indigenous children were reported in the Northern Territory. In this jurisdiction,

the rates reported for Indigenous children were actually lower than those recorded for non-Indigenous children. It is not possible to determine from these data whether this represents a lower rate of victimisation among Indigenous children in the Northern Territory or a lower rate of reporting.

### *Hospitalisation separations for assault-related injuries*

Indigenous people are more likely to be hospitalised for 'sexual assault by bodily force' than other Australians. This finding is based on data from Qld, WA, SA and NT (public only) hospitals for 2001–02 to 2004–05. Indigenous females were six to 12 times more likely, and Indigenous males 10 to 16 times more likely, to be hospitalised for this reason than non-Indigenous females and males, respectively (AIHW unpublished data; SCRGSP 2007). Hospitalisation of Indigenous people for this reason occurred at rates of 13 to 21 per 100,000.

### *Sexual assault counselling*

Rates of people accessing sexual assault counselling services are poorly known at a national level. NSW Health maintains the Sexual Assault Data Collection, which contains information on the use of sexual assault services in New South Wales. From 1994–95 to 1997–98, there were between 89 and 114 Indigenous adults seeking assistance at a sexual assault service each year (Al-Yaman, Van Doeland & Wallis 2006). Indigenous people accounted for five to six percent of all those seeking assistance for sexual assault, although Indigenous status was not identified for nine to 11 percent of the sample. Notably, the number of Indigenous adults who sought sexual assault services was only marginally lower than the total number of adults reporting sexual assault to police (114 to 134 for 2002–05; calculated from SCRGSP 2007: Tables 3A.11.5 – 3A.11.8).

Children under 16 years of age typically comprise almost half of all Indigenous people seeking assistance at sexual assault services. In 1997–98, 150 Indigenous children sought help from a sexual assault service, and comprised 10 percent of all children who sought assistance for sexual assault (Al-Yaman, Van Doeland & Wallis 2006). Again, this

broadly corresponds with police statistics; there were between 90 and 134 incidents of child sexual assault reported to police from 2002 to 2005 (SCRGSP 2007: Tables 3A.11.5 – 3A.11.8).

### *Additional sources*

Indigenous submissions to boards of inquiry, commissions and other government reports provide ample anecdotal evidence of the high rates of sexual violence among Indigenous communities. This evidence is often in the form of case studies or observations based on life experience, rather than being quantitative. In many instances, this may provide a more comprehensive picture of the extent and seriousness of sexual violence in Indigenous populations, and a way of recognising and recording the victimisation experienced by those who are not recognised by official statistics. However, the form of reporting does not lend itself to establishing actual rates or assessing the extent of the problem. It can be difficult to know whether cited cases refer to past or ongoing abuse, or whether multiple instances of victimisation or separate victims are captured within one case. It is also noted that rates presented for Indigenous populations nationally or at a jurisdictional level fail to recognise variation at a lower level and to convey the fact that rates of sexual violence may be very much higher, or very much lower, in some communities than others (e.g. Koch 1998).

## **Homicides/deaths from assault-related injuries**

Data on homicides and deaths from assault-related injuries are available for New South Wales, Queensland, Western Australia, South Australia and the Northern Territory from 2001 to 2005 (SCRGSP 2007: Table 3A.10.3). These cover 167 Indigenous people who died as a result of homicide. This compares with 734 homicides involving non-Indigenous victims in these jurisdictions during the same interval. Indigenous people therefore accounted for just over one-quarter of all assault-related deaths within these jurisdictions within this time period.

Indigenous rates of homicide victimisation ranged from 5.3 to 9.7 per 100,000 people in Queensland, South Australia and Western Australia, and up to 20.7 per 100,000 people in the Northern Territory. These rates were five to 10 times higher than the non-Indigenous rates in Queensland, South Australia and the Northern Territory, and 13 times higher than non-Indigenous rates in Western Australia (SCRGSP 2007).

## Child abuse and neglect

Fundamental problems exist in determining the levels of child abuse (physical, sexual and emotional) and neglect in any community. In Indigenous communities, reporting rates may be further hampered by remoteness, mistrust of government and other outside services, and a perceived desire to deal with these sensitive issues within the community, among other reasons.

### *Hospitalisation separations for assault-related injuries*

Findings regarding hospitalisation separations for assault-related injuries are based on Qld, WA, SA and NT (public only) hospital data for 2001–02 to 2004–05 (SCRGSP 2007: Tables 3A.10.9 – 3A.10.12). Rates of hospitalisation for neglect and abandonment among Indigenous children (approximately 20 cases per 100,000) were 30 to 60 times higher than for the non-Indigenous population. However, these rates are based on small overall numbers, and are subject to the effects of small individual differences.

### *Child protection data*

Instances of child abuse and neglect can be estimated from the number of substantiations, and care and protection orders.

### **Substantiations**

From 2002–03 to 2005–06, the average rate of substantiations for Indigenous children varied between 330 (Tasmania) and 6,090 (Victoria) per 100,000 Indigenous children aged up to 16 years

(AIHW 2007). New South Wales (3,430 per 100,000), South Australia (3,670 per 100,000) and the Australian Capital Territory (3,940 per 100,000) reported values within the middle of this range, whereas Queensland (2,000 per 100,000), Western Australia (1,100 per 100,000) and the Northern Territory (1,270 per 100,000) all reported lower levels of substantiations. It is difficult to know the extent to which differences in the rates of substantiations across jurisdictions reflect differences in legislation, policy and practice rather than actual differences in levels of abuse (AIHW 2007).

In Tasmania, Indigenous children were less likely to have been the subject of a substantiation (on a per-person basis) than non-Indigenous children, whereas in New South Wales, Victoria, Western Australia, South Australia and the Australian Capital Territory, Indigenous children were between five and 10 times more likely to be the subject of a substantiation. Indigenous children in Queensland were only 1.7 times more likely to be the subject of a substantiation, reflecting both low rates of substantiation for Indigenous children and the generally high rates of substantiation for non-Indigenous children (AIHW 2007). Indigenous children in the Northern Territory were 3.6 times more likely to be the subject of a substantiation than non-Indigenous children.

Rates of substantiations generally increased between 1998–99 and 2005–06 for both Indigenous and non-Indigenous children, although this is not observed across all jurisdictions (AIHW 2007). Substantiations in Victoria, Western Australia and South Australia remained comparatively stable, whereas Queensland, Tasmania and New South Wales recorded an overall increase. This potentially reflects a number of factors, including changes in the rate of abuse and neglect, systems of data collection, and policy and practice within individual jurisdictions, as well as increased community awareness and willingness to report cases of suspected abuse.

There may be multiple types of abuse or neglect. In this case, the substantiation is classified according to the type that is likely to be the most severe in the short term, the type that is most likely to place the child at risk or, if an assessment is not possible, the most obvious form of abuse or neglect.

Based on data from 2001–02 to 2005–06 (SCRGSP 2007: Tables 3A.9.2 – 3A.9.6), the principal reasons cited for substantiations were broadly similar for Indigenous and non-Indigenous children, although there are some notable differences. A higher percentage of non-Indigenous substantiations relate to sexual abuse, whereas there were higher substantiations for neglect among Indigenous children. This is particularly evident within individual jurisdictions. For example, substantiations for neglect in Western Australia and South Australia during 2005–06 accounted for between 40 and 44 percent of substantiations for Indigenous children, but only between 30 and 32 percent of non-Indigenous children (AIHW 2007).

Based on the yearly average for the period 2001–02 to 2005–06, two-thirds of all substantiations for Indigenous children aged up to 16 years arose from emotional abuse (32%) and neglect (36%), with a further 24 percent being the result of physical violence (SCRGSP 2007). Only eight percent of substantiations arose as a result of sexual abuse or the risk of sexual abuse. Indigenous children were 3.2 times more likely to be the subject of substantiations for physical as opposed to sexual abuse, whereas for non-Indigenous children this was only 2.2 times, a factor consistent with the higher proportion of cases involving sexual abuse in the non-Indigenous population (SCRGSP 2007).

However, jurisdictional differences in policy and procedure, as outlined above, may contribute to marked differences in the principal reasons cited for substantiations on a jurisdictional basis. On average, emotional abuse accounted for 48 percent of substantiations for Indigenous children in Victoria and 55 percent in the Australian Capital Territory in a given year, but only 11 percent of substantiations in Western Australia and 17 percent in the Northern Territory (SCRGSP 2007). Physical abuse typically accounted for 21 to 36 percent of substantiations relating to Indigenous children in each jurisdiction. The exception was the Australian Capital Territory where only 12 percent of substantiations related to emotional abuse. Neglect accounted for a high percentage of substantiations in all jurisdictions (26 to 45%). Sexual assault was assigned as the cause of 3.1 to 23.5 percent of Indigenous children substantiations, with the highest rates being

reported for Tasmania (24%), Western Australia (17%), New South Wales (11%) and the Northern Territory (8%).

Overall, the rates of substantiations for Indigenous and non-Indigenous children were correlated across jurisdictions, so that states/territories recording a high proportion of one type of abuse for Indigenous children also recorded a higher proportion of that type of abuse for non-Indigenous children. These results imply that:

- the procedures for substantiations are largely internally consistent within a jurisdiction, but vary among jurisdictions
- although some differences are evident, the overarching reasons for substantiations do not vary markedly between Indigenous and non-Indigenous children.

## Care and protection orders

Based on averages of the 1999–2000 to 2005–06 data, the highest rates of Indigenous children placed on child protection orders occurred in Victoria (4,600 per 100,000 Indigenous children aged zero to 17 years of age), New South Wales (3,400 per 100,000), the Australian Capital Territory (2,900 per 100,000) and South Australia (2,300 per 100,000) (SCRGSP 2007). The lowest rates occurred in Tasmania and the Northern Territory (800 per 100,000). Overall, the numbers of substantiations, and care and protection orders were broadly correlated.

## Summary: rates of victimisation

Differences in populations, methodologies, categorisations and scope across data sources can make a clear understanding of the rates of Indigenous violent victimisation hard to discern. However, it is clear that generally speaking, Indigenous Australians experience violent victimisation at rates well above those experienced by their non-Indigenous counterparts. For most types of violent offending, Indigenous people are much more likely to be victimised than non-Indigenous people and this is the case for men,

women and children. For physical violence generally, the Indigenous violent victimisation rate is typically two to three times the non-Indigenous rate, although this increases in the case of homicide to five to 10 times. In the case of family violence, recorded rates of victimisation were 14 to 16 times higher for Indigenous people in some jurisdictions.

It is notable that Indigenous people appear to be hospitalised for assault-related injuries far more than non-Indigenous Australians. This is an observation that warrants a more detailed examination of the possible underlying factors, including those particular to the health and living circumstances of victims.

Differences in Indigenous and non-Indigenous violent victimisation are minimal only in the case of sexual violence. It is not clear to what extent this is distorted by the large degree of non-reporting typically found in sexual assault cases.

The previous section discussed some of the limitations of available data. One of the major barriers to completely understanding Indigenous violent victimisation is the lack of available data on victimisation at local levels. While inquiries and studies have focused on communities with high rates of violence, there is much to learn from examining resilience factors in communities with lower rates. Rates of violent crime also vary markedly among regions and areas within urban settings. Painting a picture of the greatly elevated rates of violence is useful in drawing attention to the scale of the problem, to the suffering of victims and the need to continue developing strategies to reduce the violence. At the same time, this picture fails to show many of the subtleties and variations that more accurately define the real situation.



# Factors associated with increased victimisation

Some characteristics of the individual, their lifestyle and the community in which they live may leave some people more vulnerable to being a victim of particular types of violence than others. Generally, there is no single factor that predicts the likelihood that an individual will be the victim of violence. Risk of victimisation tends to arise out of the confluence of several risk factors. Not all risk factors are 'responsible' for victimisation occurring; rather, they may encapsulate a series of factors that place some individuals at greater risk. There may be many reasons a particular factor places an individual at greater risk. For example, age is a factor in child neglect and abuse due to the limited capacity of young children to take care of themselves. Age is also correlated with increased victimisation among adolescents and young adults owing to the increased likelihood of high-risk behaviours associated with alcohol and other substance use, increased social activity and casual intimate relationships, and limited experience.

In many cases, it is not possible to capture the direct cause of increased victimisation, and an alternative measure is used based on the common association between this variable and the interpreted causal factor. For example, alcohol and other substances

are commonly used in excess by individuals who have unresolved trauma and/or perceived incapacity to deal with life's circumstances. In this instance, misuse of alcohol may be a sign of an individual's dysfunction. While it is possible to identify many factors that are potentially associated with increased victimisation, representative analyses at a national scale are inherently limited by the types of information collected within the available data sources.

While the circumstances of Indigenous Australians are unique, many factors associated with victimisation appear to be common across diverse population groups, such as unemployment, poverty, misuse of alcohol and other substances, and trauma. The following analysis examines the extent to which these commonly cited factors predict risk of violence among Indigenous Australians, and the extent to which their unique history and culture provide protection or enhance the risk of violent victimisation. These factors have been subdivided into three categories:

- sociodemographic variables, including age and sex of the victim
- measures of individual, family and community functionality



- resources available to a person – material and intangible resources available either personally or through friends and relatives, that enable a person to avoid, extricate themselves from, effectively deal with, or recover from the consequences of risk behaviours, situations or environments. These factors include education, skills, training, employment, finances, housing, self-esteem, personal strengths or talents, and access to services.

## Demographic factors and relationship to the offender

The likelihood of being a victim of violence and the type of abuse experienced vary strongly as a function of sex, age and the nature of the relationship between the victim and offender.

### Sex

Victimisation studies worldwide consistently indicate that sex is an important factor in determining rates and types of violence experienced by individuals. This is evident for the Indigenous population, with notable differences relative to non-Indigenous Australians. Different data sources provide a complementary view of how violent victimisation is experienced among Indigenous males and females.

### National Aboriginal and Torres Strait Islander Social Survey

Similar percentages of males (26%) and females (23%) reported being the victim of physical or threatened violence in a 12-month period (ABS 2002). The simplicity of this observation belies two factors of critical importance. First, in non-Indigenous populations, assault rates among males are typically much higher than for females, highlighting the fact that Indigenous women experience violence disproportionately relative to their non-Indigenous counterparts. Second, fundamental differences exist in how Indigenous men and women experience violence – Indigenous women are more likely to be assaulted as a result of family violence, whereas a higher proportion of men will be assaulted by non-nuclear family members and non-family members (see below).

### Hospitalisation separations for assault-related injuries

Consistent with the NATSISS, hospitalisation for non-fatal assault-related injuries are broadly similar for Indigenous males and females. There were between 1,710 and 1,840 per 100,000 hospitalisations for assault-related injuries for females, and 1,560 to 1,810 for males per year (SCRGSP 2007: Tables 3A.10.9 – 3A.10.12).

Although hospitalisation rates for Indigenous people were 17 to 18 times higher than for non-Indigenous people, Indigenous males were hospitalised for assault-related injuries at rates 10 times greater than non-Indigenous males, whereas Indigenous females were hospitalised for assault-related injuries at rates 40 to 45 times greater than for non-Indigenous women. This highlights critical differences in Indigenous and non-Indigenous violence; in the non-Indigenous population, hospitalisation for assault among males is 3.5 times higher than for females, whereas in the Indigenous population they are similar.

Differences in assault-related hospitalisations of Indigenous and non-Indigenous women are principally due to differences in the rates of 'serious' (i.e. injury-causing) family violence. Based on data from Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only) for 2003–04, Indigenous women were seven times more likely to be hospitalised for assault-related injuries perpetrated by their spouse than Indigenous men, and almost 40 times more likely to be hospitalised for spousal assault than their non-Indigenous counterparts (Al-Yaman, Van Doeland & Wallis 2006). For Indigenous women, spousal assault accounted for 41 percent of assault-related hospitalisations in 2003–04, and 82 percent of all family violence. In contrast, only 19 percent of assault-related hospitalisations for Indigenous men were the result of family violence (compared with 50 percent for Indigenous women), of which less than half (7%) were the result of assault by a spouse. However, it is noted that the person responsible for the violence was unspecified in a high percentage of cases (89%). Given issues around the reluctance of women to identify their spouses as perpetrators, many of these cases were likely to involve family violence. If this is the case, hospitalisations as a result of family violence will be underestimated (Al-Yaman, Van Doeland & Wallis 2006).



A greater proportion of Indigenous hospitalisations for assault-related injuries involved the use of weapons. Assault by 'smoke, fire, sharp/blunt objects' accounted for approximately two-fifths of all Indigenous assault-related hospitalisations, compared with just one-fifth of non-Indigenous hospitalisations (SCRGSP 2007). This is most evident for females. Assaults attributed to 'smoke, fire, sharp/blunt objects' accounted for approximately two-fifths of assault-related hospitalisations of Indigenous females, but only 10 percent for non-Indigenous females. However, the magnitude of the difference is only apparent when rates per person are taken into account. Indigenous females were hospitalised for assault-related injuries from 'smoke, fire, sharp/blunt objects' at rates 120 to 150 times higher (630 and 770 per 100,000) than non-Indigenous females (approximately 5 per 100,000) (SCRGSP 2007). Bolger (1991) similarly indicated 50 to 60 percent of Indigenous spousal assault involved the use of weapons such as sticks, rocks, iron bars, knives, spears, guns, firesticks, bottles and ropes, resulting in bruising, lacerations, burns, broken bones, internal injuries and stab or shotgun wounds.

There are also important gender differences in the types of injuries sustained among Indigenous people during family violence (no data were published regarding non-family violence-related assault). For Indigenous men, the most common family violence-related injuries were to the head, followed by the thorax, wrist and hand, then knees and lower legs. By comparison, injuries for women were primarily to the head, followed by the thorax, but also to the elbow and forearm. In fact, Indigenous women were hospitalised for family violence-related injuries to the elbow and forearm at rates five times greater than Indigenous men. Such injuries are consistent with defensive injuries obtained when attempting to protect other parts of the body, particularly the head and thorax. Assault-related injuries to the abdomen, lower back, lumbar spine and pelvis relating to family violence were also 5.5 times higher for Indigenous women than for Indigenous men. Eight percent of the 1,249 Indigenous women who were hospitalised for assault-related injuries in 2003–04 were pregnant at the time the assault occurred (Al-Yaman, Van Doeland & Wallis 2006).

Hospitalisations for neglect and abandonment were broadly similar across male and female Indigenous populations – approximately 20 cases per 100,000 (Al-Yaman, Van Doeland & Wallis 2006).

## Police statistics

The following summary is based on police data supplied by New South Wales, Victoria, Queensland and the Northern Territory to the Productivity Commission (SCRGSP 2007: Tables 3A.11.5 – 3A.11.47).

In contrast to the picture presented by the NATSISS and hospitalisation records, rates of assault reported to police were between 1.8 (New South Wales) and 4.5 (Northern Territory) times higher for Indigenous females than for Indigenous males, implying marked under-reporting of physical assault by Indigenous males. This also conflicts with trends in the non-Indigenous population, where the rates of physical assault are typically greatest among males (1.1 to 1.7 times higher than for females).

Substantial differences are evident in the principal types of violence experienced by males and females. Rates of family violence-related assault among Indigenous females (870 to 5,200 per 100,000) were 3.7 to 9.6 times higher than those reported by Indigenous males (140 to 1,000 per 100,000). The highest rates of family violence-related assault for Indigenous females, and the highest ratio of female to male family violence-related assault, were reported for the Northern Territory. Based on the available data, rates of family violence-related victimisation among Indigenous women were between three and seven times higher than the rates reported for non-Indigenous females in the same jurisdictions. A rate of 17 times higher was reported for Queensland, but this principally reflects very low rates of family violence recorded for non-Indigenous populations in that jurisdiction.

While Indigenous males report substantially lower rates of family violence than Indigenous females, the rates and proportion of family violence-related assault experienced by Indigenous males are substantially higher than for their non-Indigenous counterparts. Overall, rates of family violence-related assault among Indigenous males (140 to 1,000 per 100,000) were 2.6 to 6.7 times higher than for

non-Indigenous males (30 to 220 per 100,000), with the highest rates being reported in New South Wales. Family violence accounted for between 16 and 66 percent of assaults on Indigenous males in individual jurisdictions. In contrast, only six to 20 percent of non-Indigenous assaults were family violence-related.

Consistent with observations, a higher proportion of male assaults in the general population are non-family violence related. In individual jurisdictions, ratios of non-family to family-related assault ranged from 1.5 to 6.1. Actual rates of non-family related assault ranged from 814 per 100,000 people in the Northern Territory to 2,013 per 100,000 people in New South Wales. In all but the Northern Territory, rates of non-family related assault were 1.7 and 1.9 times higher in Indigenous populations than in non-Indigenous populations. This may indicate that non-family related male violence is more broadly consistent across groups. In the Northern Territory, the rates of non-family related assault were actually lower than those reported for non-Indigenous populations, reflecting the greater attributions of family violence-related assault generally.

In contrast to the non-Indigenous population, where rates of non-family related assault among males outnumber by 1.5 to 2.9 times those reported by females, Indigenous females reported non-family related assault at rates (940 to 1,660 per 100,000) equivalent to or higher than those observed for Indigenous males (0.8 to 1.8 times). It is unclear if this reflects a failure to disclose the relationship between the victim and offender, perhaps through fear of retribution, or whether Indigenous women are exposed to greater rates of assault generally. Rates of non-family violence-related assault are 2.4 to 5.6 times higher for Indigenous females than for non-Indigenous females. This is broadly similar to that observed for family violence-related assault, being even higher than the rates reported for non-Indigenous males.

In New South Wales, Victoria and Queensland, Indigenous females are between three and six times more likely to report being the victim of sexual assault than Indigenous males. In contrast, Indigenous females were 15 times more likely to report sexual assault than Indigenous males in the Northern Territory. Overall, the ratio of female to male

sexual assaults was similar for Indigenous and non-Indigenous populations within the same jurisdiction – non-Indigenous females were also 16 times more likely to report sexual assault than non-Indigenous males in the Northern Territory – and both Indigenous males and females were more likely to report sexual assault than their non-Indigenous counterparts in the same jurisdiction.

Variations in the ratio of female to male sexual assault for Indigenous victims under 16 years of age is broadly consistent with ratios observed for sexual assault generally in individual jurisdictions. Substantially higher rates of sexual assault are reported for females than males in the Northern Territory for both Indigenous (11:1) and non-Indigenous (13:1) populations. In New South Wales, Queensland and Victoria, Indigenous females were two to five times more likely to be sexually assaulted than Indigenous males. This is broadly similar to the ratios observed for non-Indigenous children, although a ratio of 9:1 was recorded in New South Wales. NSW police records indicate that 19 percent of Indigenous and non-Indigenous children reporting sexual assault were male.

## Homicide data

While reports of assault and hospitalisations for assault-related injuries are broadly consistent between the sexes, the relative likelihood of homicide as a cause of death is greater for Indigenous males than it is for Indigenous females – 1.3 to 1.4:1 (Al-Yaman, Van Doeland & Wallis 2006; NHMP, cited in SCRGSP 2007: Table 3A.10.3). Nevertheless, the ratio of homicides of Indigenous females to Indigenous males is substantially higher than in non-Indigenous populations. This is particularly notable in the Northern Territory, where Indigenous female homicides narrowly outnumbered Indigenous male homicides from 2001 to 2005 (SCRGSP 2007). During this period, rates of Indigenous homicide in the Northern Territory were 22.2 per 100,000 for females and 19.1 per 100,000 for males. These rates were 14.5 times higher than for non-Indigenous females and 7.2 times higher than for non-Indigenous males. Comparable rates in other jurisdictions included 8.1 per 100,000 for Indigenous females and 11.4 per 100,000 for Indigenous males in Western Australia. Rates in

the Northern Territory were 2.9 and 5.4 higher for females and males, respectively, than those observed for Indigenous females and males in Queensland during the same period (SCRGSP 2007).

While this report focuses on victimisation rather than offender-based patterns, it is interesting to note that, while the majority of all homicides – Indigenous or non-Indigenous – were committed by males, Indigenous females were responsible for a higher percentage of homicides (26% of Indigenous-on-Indigenous homicides) than their non-Indigenous counterparts – 13% of non-Indigenous on non-Indigenous homicides (SCRGSP 2007: Table 3A.10.7). Indigenous women were responsible for one-third of all deaths of Indigenous males in intra-racial homicides. This may indicate an increased likelihood of Indigenous women to physically fight or to fight back when provoked.

### **Supported Accommodation Assistance Program services**

It is estimated that in 2003–04, 550 Indigenous males and 8,400 Indigenous females sought Supported Accommodation Assistance Program assistance to escape violence (Al-Yaman, Van Doeland & Wallis 2006). Most of the applications for both females (95%) and males (64%) were associated with domestic and family violence. Reflecting broader statistical patterns, males were more likely to seek assistance for non-family related violence.

The rate of Indigenous males and females seeking Supported Accommodation Assistance Program assistance was five and 12 times higher than that observed for their non-Indigenous counterparts, respectively. However, Indigenous males (200 per 100,000) were seven times more likely to seek assistance for family violence than were non-Indigenous males (Al-Yaman, Van Doeland & Wallis 2006). Indigenous females (3,500 per 100,000) were 13 times more likely to seek assistance for family violence-related issues than were their non-Indigenous counterparts (Al-Yaman, Van Doeland & Wallis 2006). The rates of people seeking Supported Accommodation Assistance Program assistance for family violence-related issues were broadly similar to the rates of family violence reported to police. However, Indigenous males were

more likely to report to the police in the case of family violence than to seek assistance from the program.

Despite differences in magnitude, the reasons that Indigenous and non-Indigenous people seek Supported Accommodation Assistance Program assistance are broadly similar. For example, among applications made by females in 2005–06, family violence accounted for 41 percent of Indigenous client matters and 37 percent of non-Indigenous client matters (SCRGSP 2007). In contrast, domestic and family violence accounted for just two to three percent of client matters for Indigenous and non-Indigenous males. Both Indigenous and non-Indigenous males were more likely than females to seek Program assistance for financial and accommodation difficulties (1.4 to 1.7 times higher), due to drug and alcohol dependence (five times higher), because they recently left an institution (four to five times higher), were itinerant (two to three times higher), or had recently arrived in an area with no means of support (three times higher) (SCRGSP 2007).

### **Sexual assault counselling services**

Among those children under 16 years of age who sought assistance from sexual assault services in New South Wales, Indigenous females outnumbered Indigenous males 3.7:1, which is consistent with the ratio observed for the non-Indigenous population. This is also consistent with the breakdown by sex for cases reported to police. Males comprised 21 percent of Indigenous and 23 percent of non-Indigenous child sexual assault victims during 1997–98 (Al-Yaman, Van Doeland & Wallis 2006).

### **Child protection**

In Australia, girls were three times more likely to be the subject of a substantiation for sexual abuse than boys (AIHW 2007) – a finding that is consistent with trends for sexual assault generally (Cook, David & Grant 2001). Boys were more likely to be the subject of substantiations for physical abuse than girls (AIHW 2007). The Australian Institute of Health and Welfare report does not provide a breakdown of the reasons for Indigenous child substantiations by sex.

## Summary: sex as a risk factor

In most areas of criminal offending and victimisation, sex emerges clearly as a risk factor. Generally speaking, the risk of being either an offender or victim of violent crime is greatly elevated for males. However, for Indigenous physical violent victimisation, official statistics suggest that sex-related differences tend to disappear. Indigenous females are victimised at around the same rate, or in some cases at a higher rate, than Indigenous males. In other words, Indigenous females face a very much higher risk of being violently victimised than non-Indigenous females. Indigenous males also face an elevated risk of victimisation than non-Indigenous males, but not to such a marked extent. Indigenous people overall are much more likely to die as a result of homicide than non-Indigenous people, and this is particularly so for Indigenous females. In one jurisdiction, Indigenous females are nearly 15 times more likely to die through homicide than non-Indigenous females.

## Age

The risk of violent victimisation within the general population is strongly related to age (Craven 1997; Lauritsen & White 2001; Mouzos & Makkai 2004; Tjaden & Thoennes 1998). Age is related to physical, emotional and psychological development and maturity, which affect an offender's perception of target risk and decision-making processes around risk. This includes the perceived ability of the individual to defend themselves, notify someone, escape or determine whether another person is intoxicated. It is also closely linked with patterns of social activity and interpersonal interaction. Young people are overrepresented in all victimisation statistics irrespective of race. Nevertheless, the most vulnerable ages vary slightly depending on the type of violence.

Absolute frequency and statistics based on them are necessarily affected by the vastly different age profiles of the Indigenous and non-Indigenous population. The median age of Indigenous people in 2006 was 20 years, substantially younger than the 37 years for the non-Indigenous population (ABS 2007b). In 2006, people over the age of 65 comprised three percent of the Indigenous population, compared with 11 percent of non-Indigenous people (ABS 2007b). Differences in age distributions necessarily affect age-related statistics.

Only some of the publicly available statistics below are based on age-specific rates, which to some extent hamper their interpretation.

The NATSISS found that among Indigenous people aged 15 years and over:

- rates of violence were highest among those 15 to 24 years of age, with 36 percent of males and 30 percent of females having experienced threatened or actual violence in the previous 12 months
- rates of violent victimisation decreased with age – for males, from 36,000 per 100,000 for 15 to 24-year-olds to 15,500 per 100,000 for 55 and older; and for females, from 30,300 per 100,000 for 15 to 24-year-olds to 7,500 per 100,000 for 55 and older
- self-reported rates of violent victimisation were greater for females than for males for those aged between 35 and 44 years, whereas rates of male victimisation were greater than for females in both younger (15 to 35 years of age) and older (greater than 55 years of age) groups (ABS 2002; Al-Yaman, Van Doeland & Wallis 2006).

## Hospitalisation separations for assault-related injuries

Overall, the greatest rates of hospitalisation for assault-related injuries are observed for Indigenous people aged 15 to 44 years (Helps & Harrison 2006). Although the age profiles of Indigenous males and females hospitalised for assault-related injuries were similar, peak rates tended to occur slightly earlier for females (25 to 34 years of age) than for males (30 to 39 years of age). Indigenous females recorded markedly higher rates of assault-related hospitalisation than Indigenous males for both 25 to 29 and 30 to 34-year-old age groups. Rates for males exceeded that for females for all age categories beyond 45 years.

Consistent with these results, the Al-Yaman, Van Doeland and Wallis (2006) analysis of the National Morbidity Database indicates that:

- rates of hospitalisation as a result of family violence-related assault were highest for Indigenous males in the 35 to 44-year-old age group (560 per 100,000) and for Indigenous females aged 25 to 34 years (1,960 per 100,000)

- the ratio of female to male hospitalisations for family violence-related assault was highest for those aged 15 to 24 years, for both Indigenous (6:1) and non-Indigenous (3:1) Australians
- rates of hospitalisation for injuries sustained during family violence were higher for females than for males, for all ages between 15 and 54 years
- ratios of Indigenous to non-Indigenous hospitalisations for family violence-related injuries were highest for males aged 65 years and over (69:1) and for females aged 45 to 54 years (43:1)
- While absolute numbers are low, Indigenous children comprised 34 percent of all children aged up to four years in Queensland, and 49 percent of all children aged up to four years in Western Australia who were hospitalised for identified assault-related injuries.
- rates of hospitalisation of Indigenous children aged up to four years for assault-related injuries ranged from 160 per 100,000 children in Queensland to 300 per 100,000 Indigenous children in Western Australia, 7.1 to 12.5 times higher than for non-Indigenous children in this age bracket.

The NATSISS and hospital data combined indicate that although the prevalence of violence decreases with age, the injuries sustained from violence are greatest among Indigenous people aged 25 to 44 years. The reasons there is an age offset between the sexes for hospitalisations arising from family violence-related incidents remain unclear.

## Homicide

The overwhelming majority of all victims of homicide, whether Indigenous or non-Indigenous, are between 15 and 55 years of age. However, fundamental differences exist in the age profiles of Indigenous and non-Indigenous homicide victims.

Indigenous victims of homicide are, on average, younger than non-Indigenous victims. Based on unpublished National Homicide Monitoring Program data for the period 1989–90 to 2005–06:

- most non-Indigenous victims were between 35 and 49 years of age, whereas Indigenous homicide victimisation peaked for those aged 25 to 34 years

- smaller percentages of Indigenous homicide victims were aged 50 to 64 years (9% for Indigenous vs 14% for non-Indigenous) or more than 64 years (0.7% for Indigenous vs 8% for non-Indigenous)
- people aged 18 to 24 years comprised a greater percentage of the Indigenous population (21%) than the non-Indigenous population (15%).

These differences principally reflect differences in the age profiles of Indigenous and non-Indigenous populations. Based on the age distribution of Indigenous populations during the 2006 Census and National Homicide Monitoring Program data from 1989–90 to 2005–06, the greatest rates of homicide in both Indigenous and non-Indigenous populations occurred for people aged 25 to 34 years. Note that these results are subtly different from that reported by the Productivity Commission for Queensland, Western Australia, South Australia and the Northern Territory for 2001 to 2005, which indicate rates of homicide victimisation were highest for the 35 to 44-year-old age group (SCRGSP 2007, based on ABS causes of death 2005).

### *Children aged less than 18 years*

If current population distributions are used as a rough guide, high rates of homicide were evident among young people aged 15 to 17 years, a fact that was consistent with the very high rates of violence reported for this group generally (actual rates are not provided owing to an absence of precise changes in aged-related Indigenous populations during the observation period). People aged 15 years and younger comprised 12 to 13 percent of both Indigenous and non-Indigenous homicide victims (NHMP unpublished data), with the age profiles of young homicide victims being broadly similar across Indigenous and non-Indigenous populations. The most vulnerable are children aged under 10 years. High rates of homicide within this group are perhaps somewhat more surprising given that hospital and police records generally do not record high numbers of victimisation for this group. This may reflect the possibility that extreme cases of assault, which may be one-off, are associated with high risks of mortality. However, national recorded crime statistics between 1996 and 2003 (Indigenous and non-Indigenous) indicate disproportionate

increases in assault and sexual assault among zero to 14-year-old children relative to older persons during the same interval. Notably, among zero to 14-year-olds rates of both assault and sexual assault increased by 37 percent, whereas among persons aged 15 years and over assault increased by 27 percent and sexual assault increased by 17 percent over the same interval (Bricknell 2008).

While the age distributions of Indigenous male and female homicide victims are broadly similar, the ratio of male to female homicides are notably higher for both the 35 to 64-year-old and under 10 years age groups. Females comprised a higher proportion of homicides for children aged 10 to 14 years (NHMP unpublished data).

Overall, there was an equal tendency for the victim to be older or younger than the offender in both Indigenous and non-Indigenous homicides, but a greater proportion of Indigenous than non-Indigenous victims was the same age as the offender (NHMP 2004–05, cited in SCRGSP 2007: Table 3A.10.7).

## Supported Accommodation Assistance Program services

The Al-Yaman, Van Doeland and Wallis (2006) analyses indicate:

- the rate of Indigenous clients escaping domestic violence who accessed Supported Accommodation Assistance Program services was highest for 25 to 34-year-olds (8,200 per 100,000), and decreased with age (600 per 100,000 for people aged 65 years and over)
- high rates also existed for Indigenous people aged 15 to 24 years
- age-specific rates were higher for Indigenous than non-Indigenous people across all age groups.

## Child protection

In 2005–06, approximately two-thirds of all children who were the subject of substantiations were under 10 years of age and, on a per-person basis, the number of substantiations decreased with age for all jurisdictions (AIHW 2007). The age distributions for Indigenous children, as presented by the Productivity Commission (SCRGSP 2007) differ somewhat

from this general trend. According to the latter, substantiations for Indigenous children were highest for one to four-year-olds in the Northern Territory (41%), the Australian Capital Territory (32%) and Victoria (32%); five to nine-year-olds in Western Australia (29%), South Australia (33%) and Tasmania (42%); and among 10 to 14-year-olds in Queensland (36%). Discrepancies among these statistics probably reflect:

- differences in age distributions in individual jurisdictions, which affect the proportion of children within each age bracket
- changes in policies and procedures as the SCRGSP (2007) data are integrated over a number of years
- changes in the way statistics are documented and recorded
- genuine differences in the age of substantiations for Indigenous and non-Indigenous children.

Analysis of the Queensland data for 2004–05 reveals that the rates of substantiation (per 100,000) varied by both age and type of abuse (CCYPCG 2006). Rates of substantiation on a per-person basis decreased with age for both emotional abuse and neglect. In contrast, rates of substantiation for physical abuse were more uniform, and substantiations for sexual abuse were highest among children aged 10 to 14 years. The latter coincides with peak rates of sexual abuse, nationally (see above; AIC 2007).

## Other sources

The Victorian Indigenous Family Violence Task Force (2003) indicates peak rates of family violent victimisation for 25 to 39-year-olds (48%), followed by 17 to 24-year-olds (27%) and 40 to 59-year-olds (20%).

Rates of victimisation in Western Australia were highest for both 18 to 24 and 25 to 34-year-old age groups, for both Indigenous and non-Indigenous populations (SCRGSP 2007: Table 3A.11.42). The ratio of Indigenous to non-Indigenous rates of victimisation increased with age, with Western Australian Indigenous people aged 35 years and over being eight times more likely to be a victim than similarly aged non-Indigenous people.



## Discussion: age as a risk factor

Although some difficulties exist in correlating rates of violence across surveys and other data collections owing to different methodologies and definitions of violence, such comparisons are informative. In the Australian component of the 2002 International Violence Against Women Survey, females aged 18 to 24 years recorded the highest rates of physical or sexual violence in the preceding 12 months, with the rates of victimisation decreasing with age (Mouzos & Makkai 2004). Equivalent trends were documented for females in the 1996 Women's Safety Survey, and for males and females in the 2005 Personal Safety Survey (ABS 2006b). All of these surveys are broadly consistent with ABS statistics on recorded victims of crime (ABS 2007a; AIC 2007), although the latter indicates that rates of physical assault in the general population actually peak for people aged 15 to 24, and for sexual assault at ages 10 to 14 years. Comparisons with the NATSISS indicate that the age distributions of victims of physical violence are broadly similar across Indigenous and non-Indigenous populations.

However, while the NATSISS provides one of the most comprehensive tools to assess the relationship between Indigenous victimisation, and sociodemographic and cultural variables, there are fundamental limitations to its usefulness in victimisation studies, particularly as it relates to age profiles, including:

- an inability to delineate between rates of threatened or actual violence, and how they change with age
- changes in perceptions of violence; for example, a normalisation of violence with age due to high levels of exposure is likely to impact on age-specific ratios of threatened versus physical violence
- the frequency with which a respondent was exposed to violence in the past 12 months; for example, it may be that while fewer middle-aged people are exposed to violence, rates of exposure within this age group may have actually been higher
- the severity of violence; for example, the extent of injuries sustained
- the relationship between the respondent and offender; for example, family violence versus general violence.

It is evident that the age profiles of Indigenous people hospitalised for assault (general and family violence), people seeking Supported Accommodation Assistance Program assistance due to family violence-related assault, and homicide victims differ from this general age profile for violent victimisation recorded by the NATSISS. Notably, for Indigenous females these statistics peak for people aged 25 to 34 years, whereas for Indigenous males the peak is 34 to 44 years (based on Al-Yaman, Van Doeland & Wallis' [2006] analyses of family violence-related hospitalisations and annual death rates). Two factors may be important in generating differences in these age distributions:

- family violence has a different age profile from non-family violence
- the age distribution for serious violence (sufficient to cause someone to leave home, be hospitalised or result in death) differs from that recorded for violence generally.

The finding that family violence victims should have a slightly older age profile than victims of general violence should not be unexpected. While more people aged between 15 to 24 years may report being a victim of physical or threatened violence, comparatively fewer individuals within this group are likely to be in intimate relationships (excluding casual sex partners) than people aged 25 to 34 years and older. In addition, stresses surrounding finances, time commitments, children and interpersonal relationships are also likely to increase from adolescence into middle adulthood. Greater maturity, more life experience, an enhanced capacity to deal with life situations, and fewer demands from immediate family members may contribute to lower rates for older people.

Few data resources enable an analysis of the age profiles for family versus non-family violence, and the available evidence is conflicting. The majority of evidence relies on violence perpetrated by an intimate partner. In the International Violence Against Women Survey, rates of all types of violence – physical, sexual, violence committed by a partner as well as non-partner violence – all decreased with age (Mouzos & Makkai 2004). However, of these types, partner violence comprised a lower proportion of the violence experienced by 18 to 24-year-olds compared with other groups, with identical rates

being observed for women aged 25 to 54 years. In contrast, re-analysis of the Women's Safety Survey (ABS 1996) indicates that while age-adjusted rates for physical and/or sexual violence in the past 12 months decreased with age, age-adjusted rates of experiencing current partner violence in the past 12 months peaked for women aged 25 to 34 years, followed by 35 to 44 years, and then 18 to 24 years (noting that high relative standard errors existed for age groups greater than 35). This supports the contention that the age profiles of family violence victims may be somewhat older than that for victims of violence generally.

The relationship between age and severity of violence is complex. In contrast to the situation for the Indigenous population, Australia-wide the highest rates of hospitalisations for assault-related injuries occur for people aged 15 to 24 years. This implies that the severity of assault-related injuries is not a function of age. However, it is reiterated that the Australia-wide pattern is dominated by non-partner violence involving non-Indigenous males. Rates of hospitalisation for assault among Australian males increase markedly from age 15 onwards, peaks at 20 to 24 years of age, and then decreases as age increases. In contrast, hospitalisation for assault among females remains elevated for people aged 20 to 40 years. Nationally, a greater proportion of females experience victimisation as a result of intimate partner/family violence, while a greater proportion of male victimisation is not family-related. While further analysis is necessary, differences in the age profiles of Indigenous and non-Indigenous males may at least partially be related to the greater role of family violence, as opposed to general violence.

Factors such as type of violence (domestic or family violence versus general violence) and severity of violence may intersect. There is some evidence that, among Australian women, injuries sustained during domestic and family violence may be greater than those sustained during non-partner violence. Mouzos and Makkai (2004) observed that 42 percent of physical violence victims and 41 percent of sexual violence victims sustained injuries in the latest event. Twenty-nine percent of women who experienced violence by a relative reported being injured during the last event. By comparison, only 13 percent of women reported

sustaining injuries in the latest event when the perpetrator was a stranger or other known male. An analysis of homicide data is warranted to ascertain if there are differences between family violence and non-family violence-related homicides among females. While potentially unrelated, it is interesting to note that peak instances of hospitalisation among Indigenous males and females broadly coincide with the peak rates of risky and high-risk alcohol use (see below).

Little has been published on the age profiles of Indigenous sexual assault victims. Most Indigenous surveys do not seek information on this variable, and the few data sources that contain such information are unlikely to be statistically representative of Indigenous populations. Nationally, rates of sexual victimisation are highest among people aged 10 to 14 years (AIC 2007). This is evident for both males and females, although the rates recorded for females (516 per 100,000) are substantially higher than those recorded for males (88 per 100,000).

Differences are evident in the age distributions of reported male and female victims of sexual violence. For females, the greatest rates of sexual victimisation are evident for 10 to 14-year-olds, followed by 15 to 24-year-olds and then zero to nine-year-olds. In contrast, the greatest rates for males occur for the 10 to 14-year-old age group, followed by the zero to nine-year-old age group, then the 15 to 24-year-old age group (AIC 2007). This difference reflects the fact that females experience a rapid increase in the rates of sexual victimisation around the time of puberty, and during adolescence and early adulthood. Males apparently do not experience an increase in sexual victimisation at this time, although it should be noted that it is likely that much of the sexual victimisation of adolescent and adult males is unreported. Unfortunately, an accurate assessment of the age distribution for Indigenous sexual assault victims is not possible from the ABS Recorded Crime – Victims survey (ABS 2007a). Results from the International Violence Against Women Survey (Mouzos & Makkai 2004), the Women's Safety Survey (ABS 1996) and the Personal Safety Survey (ABS 2006b) are consistent with trends observed for females in the Recorded Crime – Victims survey (AIC 2007).



## Summary: age as a risk factor

The data on age as a risk factor are comprehensive and sometimes confusing. It is clear that for the overall population, including Indigenous Australians, young people in their mid-teens to mid-twenties face a higher risk of violent victimisation. These risks result from a range of factors, including the capacity to assess risk and make decisions, and greater involvement in lifestyles that may lead to people encountering violence.

Age-related patterns for Indigenous Australians tend to follow similar patterns as for the overall population. However, the pattern tends to be shifted slightly towards younger ages for Indigenous people, with the highest rates of victimisation encountered at slightly younger ages. This is probably due to the lower age profile of the Indigenous population, linked to poorer health outcomes and other social factors.

## *Relationship to the offender*

In the overwhelming majority of cases, the victim knows the offender and, more often than not, that offender is a family member.

## National Drug Strategy Household Survey

Although not representative of the Indigenous population at large, the National Drug Strategy Household Survey (2004) is interesting in that it included how other types of abuse (verbal abuse or being put in fear) manifested in alcohol and/or drug-related incidents. In that survey, the person most responsible for the abusive behaviour was a relative, another 'person known to me' followed by a current or ex-spouse or partner and 'someone not known to me'. The highest percentage of physical abuse was the result of 'someone known to me' (29%) or a current/ex-spouse or partner (26%) (AIHW 2005).

The National Drug Strategy Household Survey highlights a tendency for the dominant type of abuse to vary depending on the relationship between the victim and offender. For example, relatives were twice as likely to be verbally abusive (41%) or put fear into someone (38%) than be physically abusive (19%), whereas friends were less likely to engage in verbal abuse (10%) or put fear into someone (14%),

and less likely to be abusive overall, but were equally likely to be physically abusive (20%) when under the influence of alcohol and/or illicit drugs (AIHW 2005).

Overall, rates of non-physical abuse (including verbal abuse or putting fear into someone) are poorly defined across both non-Indigenous and Indigenous populations. While they are regarded as being less serious, they can have profound psychological and emotional effects, which may impact on functioning, perceptions of violence and sense of safety.

## Hospitalisation separations for assault-related injuries

In 2003–04, family violence accounted for 36 percent of hospitalisations for assault-related injuries of Indigenous people, compared with 18 percent of assault-related injuries for non-Indigenous Australians (Al-Yaman, Van Doeland & Wallis 2006). A slightly higher proportion of Indigenous assault-related hospitalisations resulted from spousal or domestic violence, compared with non-Indigenous assault-related hospitalisations, but a smaller proportion resulted from assaults perpetrated by parents.

As might be expected from information presented above, the relationship between the offender and victim differed fundamentally between Indigenous men and women. Based on 2003–04 statistics for Indigenous populations (Al-Yaman, Van Doeland & Wallis 2006), family violence accounted for 50 percent of female assault-related hospitalisations, compared with 19 percent of male hospitalisations. Moreover, a spouse or domestic partner was responsible for 82 percent of female family violence assault-related hospitalisations but only 38 percent of male family violence assault-related hospitalisations. The majority of Indigenous males were hospitalised by family members other than their spouse or parent (44%). Parents were responsible for 19 percent of Indigenous male hospitalisations but only five percent of Indigenous female hospitalisations for assault-related injuries. Fewer of the assault-related hospitalisations for non-Indigenous Australians were family violence-related, as they were dominated by male violence, which tends to be inflicted by someone other than a family member. However, some caution is required, as in

most cases of Indigenous (57%) and non-Indigenous (58%) hospitalisation, the victims do not identify their relationship with the attacker.

In those cases where the offender had been specified as a non-family member, it is evident that non-Indigenous Australians reported a higher percentage (50%) of hospitalisations for assault inflicted by one or more persons previously unknown to them than Indigenous Australians (29%). Indigenous people were more likely to report that the assault was perpetrated by another specified person (includes the categories 'other specified person', carer and official authorities). Again, these subtle differences should be viewed cautiously owing to the large population of 'unknown' perpetrators in non-family related hospitalisation. Clearly, a greater understanding of the patterns of victimisation is needed for non-family related assault.

## Police statistics

Methods used by police to record the relationship between the offender and victim vary among jurisdictions. Victoria, Queensland and the Northern Territory use the categories of 'stranger', 'family', 'other' and 'unstated'. New South Wales uses more specific categories, including 'spouse/partner including ex', 'parent/guardian', 'child', 'sibling', 'other family', 'carer', 'boy/girlfriend including ex', 'household member', 'person in authority', 'other known person' and 'not known to victim'.

## Family violence-related assault

In Victoria, Queensland and the Northern Territory, family members were recorded as being responsible for 68 to 76 percent of all family violence-related assault. In New South Wales, a current or ex-spouse or partner was responsible for 39 to 40 percent of both Indigenous and non-Indigenous family violence-related assault, with a further 22 to 23 percent committed by a boyfriend or girlfriend (including ex-boyfriends and girlfriends). Consistent with findings elsewhere, a parent or guardian was responsible for a lower proportion of family violence-related assault in Indigenous populations than in non-Indigenous populations in New South Wales, but Indigenous populations reported a higher proportion of family violence-related assaults committed by other family members.

## Non-family violence-related assault

Over 90 percent of non-family violence-related assault in New South Wales, irrespective of race, is reported as having been committed by an 'other known person' (this does not include spouse, partner, family members, etc.) or by a person not known to the victim. Fundamental differences exist between Indigenous and non-Indigenous populations in this regard; an Indigenous person in New South Wales is three times as likely to report being assaulted by an 'other known person' than someone not known to the victim, whereas non-Indigenous populations are more likely to report being assaulted by someone not known to them (56% for non-Indigenous vs 40% for Indigenous). The figures for non-family violence-related assault are dominated by patterns of assault that occur in male populations, and are broadly consistent with hospitalisation statistics.

## Sexual assault

Consistent with the general literature, the overwhelming majority of all sexual assaults in NSW, Qld and Vic police records are committed by someone known to the victim. Only three to 10 percent of Indigenous sexual assaults and six to 16 percent of non-Indigenous sexual assaults are committed by a stranger.

Overall, there is strong agreement between the patterns of sexual assault in Indigenous and non-Indigenous populations. The NSW data provide a valuable breakdown of the observed relationships:

- an 'other known person' (i.e. not a family member, spouse, etc.) was responsible for 33 percent of Indigenous sexual assault and 36 percent of non-Indigenous sexual assault
- a spouse or partner (including ex) was responsible for 10 percent of Indigenous and six percent of non-Indigenous sexual assault
- a boyfriend/girlfriend was equally likely to commit sexual assault as a current/ex-spouse or partner, with no differences being evident for Indigenous (11%) and non-Indigenous (12%) communities
- a further 11 to 12 percent of assaults of Indigenous and non-Indigenous people were committed by a parent or guardian, one to two percent by a child, and two to three percent by a sibling

- Indigenous populations (18%) recorded a higher percentage of sexual assault committed by other family members than non-Indigenous populations (9%).

Note that for most jurisdictions the statistics include both adult and child victims. The latter are discussed separately below.

### Child sexual assault (15 years and younger)

With the exception of spousal assault, the patterns of sexual offending against people aged 15 years and younger, based on police records, are similar to those reported for adults. Based on the NSW data, a low proportion of all sexual assault against young people was committed by strangers (8–9%). The majority were committed by an ‘other known person’ (other than family, carer, etc.; 30–40%), a boyfriend/girlfriend (13–15%), a parent or guardian (14%), or other family member (13–21%). A child or sibling was responsible for a further five to seven percent of Indigenous or non-Indigenous sexual assault against zero to 15-year-olds. The most notable differences between Indigenous and non-Indigenous sexual assault were evident in the higher percentages of sexual assault committed by other family members in Indigenous populations and lower percentages committed by an ‘other known person’, relative to non-Indigenous populations.

The sexual assault data reported for both young people and adults in the Northern Territory were anomalous with respect to that reported in other jurisdictions, where 38 percent of all sexual assault of Indigenous children (up to 15 years of age) were reported to have been committed by a stranger. Comparable rates were reported for sexual assault of Indigenous adults. This high occurrence of sexual assault committed by strangers was also evident for the non-Indigenous population in the Northern Territory (41% of non-Indigenous adult sexual assaults and 28% of non-Indigenous child sexual assaults). It is unclear if this represents a failure to report the nature of the relationships accurately to the police, a genuinely higher rate of sexual assault committed by strangers, or gross under-reporting of sexual assault committed by a known person.

## Homicides

Data from 2004–05 show that 77 percent of the 35 Indigenous homicides were committed by an intimate partner or other family member, with another 20 percent committed by a friend or acquaintance (SCRGSP 2007). Only three percent were committed by strangers. In contrast, 40 percent of the 203 non-Indigenous homicides were committed by an intimate partner or family member and 30 percent by friends or acquaintances. Strangers were responsible for 16 percent of non-Indigenous homicides. The remainder of offenders had an ‘other’ relationship to the victim or the relationship was unknown. Of the seven inter-racial homicides in 2004–05, three were committed by friends or acquaintances and the remaining four by strangers.

The available data do not provide a breakdown of relationship to the offender by sex, but it is likely that a greater proportion of females were killed by their intimate partner than were males. The importance of the relationship in Indigenous homicides is underscored by the fact that 43 percent of Indigenous homicides in 2004–05 were the result of a domestic altercation (SCRGSP 2007). Twenty percent resulted from an alcohol-related argument, 17 percent from an ‘other’ argument, and in 20 percent of cases there was no apparent motive or it was unknown. In contrast, 20 percent of non-Indigenous homicides resulted from domestic altercations and six percent from alcohol-related arguments. Most non-Indigenous homicides stemmed from ‘other’ arguments (42%) or had a non-apparent or unknown motive (32%) (SCRSP 2007).

## Other services

Eighty-five percent of new client matters for Indigenous people at Queensland domestic and family violence support services during 2004–05 related to spousal or intimate partner abuse (Al-Yaman, Van Doeland & Wallis 2006). Indigenous clients were more likely to report abuse by a family member or extended family members (i.e. not including parent, child, sibling, grandparent or grandchild) than non-Indigenous clients (4.9% compared with 2.2% for both categories), but Indigenous people reported a lower percentage of violence committed by a parent/step-parent/child (6%) than non-Indigenous clients (9%).

## Summary: relationship to offender as a risk factor

The importance of relationship to the offender as a risk factor can be summed up by the observation that most victims of violence suffer at the hands of those closest to them. Family violence, by definition, is committed by those related to the victim, although in the case of Indigenous Australians the definition of ‘family member’ may be quite broad in comparison with non-Indigenous Australians. Perhaps more telling is that most non-family violence and sexual violence is also committed by someone known to the victim.

A notable observation from the data is that, in the majority of cases within the hospitalisation data, victims did not identify their relationship with the assailant. While there may be a range of reasons for this, it may also serve as another indication of the extent to which family violence and sexual assault are not formally reported to police or victim services.

## Measures of individual and community functionality and stress

Irrespective of the overarching theoretical construct adopted to explain it – cultural theory, anomie theory, social disorganisation theory, social deprivation theory or lifestyle/routine theory – it is clear that for some Indigenous people and communities, life functioning is less than optimal. This is reflected not only in the levels of community and family violence, but also in the levels of stress, problems associated with the misuse of alcohol and other substances, contact with police and the criminal justice system, poor or disrupted interpersonal relationships, and generally high levels of trauma. The relationship between victimisation and measures of individual/community functioning are examined below.

### *Alcohol and other substance abuse*

Alcohol is widely cited by Indigenous people, government inquiries and research as being one of the most important factors in the perpetuation of violence in Indigenous communities. Given the

amount written on this topic, it is not practical to summarise here all relevant literature relating alcohol use with violence, or individual, family and community dysfunction as they relate to Indigenous people. A summary of the anecdotal evidence presented to the report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, *Little children are sacred* (Wild & Anderson 2007), however, highlights the broad range of issues as they relate to the plight of children:

- Alcohol abuse increases the possibility that a person will sexually abuse a child (the Inquiry noted that many offenders dealt with by the courts for sexually abusing children were intoxicated at the time of their offending).
- Alcohol abuse by children increases their vulnerability to being sexually abused (the Inquiry was told by one clinic nurse that she was aware of many young women who had been raped but could not recall who the assailant was due to their intoxication).
- Intoxication of family members results in less awareness, and reduced supervision and protection, of children.
- The quest to obtain alcohol, the involvement in long drinking sessions and severe intoxication often result in children being unsupervised, neglected and ‘forgotten’.
- Aboriginal culture is being lost as alcohol impacts severely on the teaching and practice of culture.
- Alcohol is used as a bartering tool to gain sex from children, either by offering it to the children themselves or in some cases to adult members of their family.
- Alcohol abuse clearly leads to general physical violence and dysfunction.
- Alcohol impacts negatively on education (the Inquiry was told that children were often sleep deprived due to the late-night antics of ‘drunken family members’).
- Large numbers of children drink alcohol.
- Alcohol impacts negatively on employment and employment prospects.
- Alcohol is a major cause of family and social breakdown, and leads to the weakening and, in some cases, destruction of the normal family and social protections that exist for children.

That Indigenous people clearly recognise, and live with, consequences of alcohol-induced violence is further stated in the Aboriginal and Torres Strait Islander Women's Taskforce on Violence:

The consultative process advanced alcohol as the most pressing concern of Indigenous people. Of the 43 submissions received from individuals and various agencies, 91% of the overall submissions, and 100% of those from Aboriginal and Torres Strait Islander peoples, including Community Councils and organisations, cited alcohol and other drugs as major factors for attention if the issue of violence is to be successfully addressed (Robertson 1999: 64).

Many Indigenous people use alcohol as a tool to cope with the trauma, stress and personal pain that have arisen out of experiences of dispossession, loss of culture, colonisation, the breakdown of traditional Indigenous families and loss of spirituality (Carroll 2003; Loxley et al. 2004; Robertson 1999; Victorian Indigenous Family Violence Task Force 2003). This includes the pain inflicted by subsequent cycles of violence, poverty, unemployment, powerlessness and unnecessary loss. Nevertheless, its use is also interwoven with traditional culturally based notions of kin and obligations (Carroll 2003; Hayes 2001). The activity of drinking cannot be divorced from culturally based notions and meanings, including concepts of sharing and reciprocity, and cultural modes for the expression of emotions and the use of alcohol, for example, through the use of drinking to express feelings to others that would be suppressed when sober (Martin 1992: 175). The addition of alcohol has altered both the circumstances of these traditionally derived set of cultural elements and the frequency with which they take place (Memmott et al. 2001). These concepts are broadly summarised by Reser (1990a: 54–55, cited in Memmott et al. 2001: 26–27):

What has emerged in many Aboriginal communities and families is a 'culture' of alcohol and violence in which excessive alcohol consumption is used as an individual and collective way of coping with a spectrum of conflicts, contradictions, and stressors. Such a coping response has devastating psychological and social costs, and interferes with, indeed often precludes, the development of more

adequate individual and community coping and problem-solving strategies. The magnitude of the alcohol and violence problem in Aboriginal communities is exacerbated by a cultural base, that is, a set of cultural assumptions, shared meanings, and institutionalised behaviour patterns which is distorted and caricatured by the chronic heavy drinking on the part of a substantial proportion of the community. This 'base' includes emotional expression and communication, constructions of self and relatedness, an emotion-based and social style of coping with distress and problem solving, traditional models of justice and reciprocity, and social control and conflict resolution mechanisms. These are areas of important and consequential cultural differences, both traditional and contemporary, which make a difference with respect to the individual and community impact of alcohol use and abuse.

Drawing on the previous work of Brady (1990) and Martin (1992), Memmott et al. (2001) made the point that unaccountability while intoxicated is a widely held construct among many Indigenous people:

People believe that they are not to be held responsible or accountable when they are drunk ... These circumstances may then lead to unchecked violence against others and self in which the cultural role of alcohol encourages grievances to come to the fore, but which at the same time may permit the suspension of traditional customs and rules of conduct (Memmott et al. 2001: 27).

While issues of alcohol and violence are seen to be interrelated, many have emphasised that alcohol is merely the trigger for, and not the cause of, violence in Indigenous communities (Memmott et al. 2001; Robertson 1999). As Memmott et al. (2001) summarised, there are Indigenous communities where violence occurs even though people do not drink, and there are Indigenous populations where people drink but are not violent. Strong behavioural parallels exist between people who abuse alcohol and those who are violent towards their families, in their relationship with their community, and with the outside world. This is consistent with patterns observed in the broader community. Mouzos and Makkai (2004) observed that males who were

physically violent outside the family (e.g. in bars or the workplace) were six times more likely to inflict violence on their intimate partner during the past year than males who were not violent outside the family.

Previous work on the relationship between alcohol use and violence clearly indicates that both the pharmacological effects of alcohol (physiological, emotional and cognitive) and the effects of the 'expectancy sets' associated with it are important (Abbey et al. 2001; Testa 2002). Alcohol expectancy sets are beliefs held about alcohol and principally used to excuse a particular behaviour. Examples of expectancy set-influenced thinking are:

- alcohol makes me violent
- I am not responsible for my actions when I drink
- drinking alcohol will make me sexually aroused
- I feel better if I drink.

For many people, the intergenerational transmission of norms and expectancy sets revolving around alcohol usage, particularly as it relates to the permissibility of violence, may be as critical as alcohol usage itself in perpetuating intergenerational trauma, and in the enculturation of violence in some Indigenous communities.

Alcohol produces pharmacological effects that can increase the risk of victimisation. These are not so much related to increased aggression or diminished capacity to prevent it – although these are potential outcomes – but to its capacity to disrupt communication by impairing the ability to accurately interpret messages and to clearly convey one's intentions. This may be exacerbated in Indigenous ways of communicating, which rely less on direct methods to share information and meaning, and more on culturally relevant cues.

The impacts of alcohol and substance abuse extend beyond the time of use. As alcohol and other substances may be used as a method to pay back loans, other dependent family members may be left without adequate food and other supplies. Moreover, individuals who have used all their own money for such substances may draw on or even abuse principles of sharing to 'humbug' (demand-sharing) other relatives for money, food and so on, leaving them with insufficient resources to meet their own needs. The types of economic abuse described previously fall within this category.

## Alcohol consumption

A broad overview of alcohol consumption in Indigenous populations is provided in *Overcoming Indigenous disadvantage: key indicators 2007* (SCRGSP 2007). This report highlights that, after adjusting for age differences (based on the 2004–05 National Aboriginal and Torres Strait Islander Health Survey, and the National Health Survey):

- higher percentages of Indigenous adults reported that they did not drink or had never consumed alcohol (53%) compared with non-Indigenous adults (36%)
- among those who did drink, the rate of short-term risky to high-risk (i.e. binge) drinking for Indigenous people (17%) was more than double that for non-Indigenous people (8%), but the percentages of long-term risky to high-risk drinking were similar (Table 1)
- similar levels of long-term risky to high-risk alcohol consumption were observed in Indigenous and non-Indigenous populations
- Indigenous males aged 35 to 44 years were significantly more likely to have risky to high-risk alcohol consumption than non-Indigenous males of the same age – this was the only group where significant differences were evident between Indigenous and non-Indigenous populations
- males, irrespective of race, were more likely to engage in short-term risky to high-risk drinking, but both Indigenous males and females reported higher rates of this type of drinking pattern than their non-Indigenous counterparts
- risky to high-risk alcohol consumption among males in non-remote locations was highest among 45 to 54-year-old males in both Indigenous and non-Indigenous populations.

Indigenous male populations reported very high concentrations of risky to high-risk alcohol consumption among 35 to 44-year-olds, whereas alcohol consumption among 35 to 44-year-old non-Indigenous males was not substantially different from that reported for other age groups (based on data presented in SCRGSP 2007: Table 8A.1.3). There was an appreciable decrease in the proportion of male risky to high-risk drinkers in the 55-year-and-over age group, particularly for Indigenous populations. This possibly reflects the detrimental effects of risky to high-risk alcohol consumption on health.



Risky to high-risk alcohol consumption is high for both 25 to 34 and 34 to 44 year old Indigenous females. Hence, relative to Indigenous men peak rates tend to be reached somewhat earlier. It is also slightly earlier than for non-Indigenous females where risky to high-risk alcohol consumption is also highest among 35 to 45-year-old women. This has obvious outcomes for foetal alcohol syndrome.

However, differences were evident in the age profiles of individuals who consumed alcohol at risky to high-risk levels on a short-term and long-term basis. Long-term risky to high-risk alcohol consumption was highest among 35 to 44-year-old Indigenous males and 25 to 34-year-old Indigenous females, followed closely by the 45 to 54-year-old (male) and 35 to 44-year-old (female) age groups, respectively. Short-term risky to high-risk alcohol consumption on at least one occasion occurred for 59 to 64 percent of Indigenous people aged 18 to 44 years, but decreased to 45 percent in the 45 to 54-year-old age group, and 22 percent in the 55-and-over age group. Short-term risky to high-risk alcohol consumption occurred every day of the week in the past 12 months for 20 to 23 percent of Indigenous people aged 18 to 44 years, decreasing to nine percent for Indigenous people aged 55 years and over. It is unclear how short-term risky to high-risk alcohol consumption varies between the sexes.

Alcohol and victimisation: available data

Despite the overwhelming evidence that alcohol is intimately associated with the perpetration of

violence in Indigenous communities and anecdotal evidence linking alcohol with victimisation, there are surprisingly few statistics that enable a direct assessment of the victimisation rates due to alcohol consumption among Indigenous people. However, the available data indicate that the drinking status of victims is an important factor in victimisation.

National Aboriginal and Torres Strait Islander Social Survey

NATSISS data enable comparisons to be made only between a person's overall alcohol consumption habits and the occurrences of victimisation. Alcohol consumption cannot be directly tied to the incidence(s) in which the victim experienced physical and/or threatened violence. The percentage of Indigenous people who reported having been a victim of physical or threatened violence in the past 12 months increased with increasing alcohol risk behaviour, from 23 percent for individuals undertaking low-risk alcohol behaviour to 42 percent for individuals with high-risk alcohol consumption (Al-Yaman, Van Doeland & Wallis 2006). Based on analysis of the NATSISS CURF dataset, Snowball and Weatherburn (2007) found that high-risk alcohol consumption was more strongly associated with higher victimisation risks than any other single factor, remaining a strong predictor of Indigenous violence even after controlling for other variables such as financial stress, unemployment, family breakdown and geographic mobility. The authors found that

Table 1: Average daily alcohol consumption and associated risk levels				
	Males		Females	
	Number of standard drinks <sup>a</sup>	Volume alcohol (ml)	Number of standard drinks <sup>a</sup>	Volume alcohol (ml)
Risks of short-term harm				
Low risk	Up to 6	<75.0	Up to 4	<50.0
Risky	7–10	75.0–125.0	5–6	50.0–70.0
High risk	11 or more	>137.5	7 or more	>75.0
Risks of long-term harm				
Low risk	Up to 4	<50.0	Up to 2	<25.0
Risky	5–6	50.0–70.0	3–4	25.0–50.0
High risk	7 or more	>75.0	5 or more	>50.0

a: A standard drink is defined as a full serve of alcoholic beverage containing 10 g of alcohol, equivalent to 12.5 ml of alcohol  
Source: SCRGSP (2007)

alcohol use in itself was a strong predictor of victimisation and did not merely mediate the effect of other variables.

While these results clearly highlight the increased risk of experiencing violence with increased alcohol consumption, the report emphasised that 20 percent of people who had not consumed alcohol had also been subjected to physical or threatened violence in the past 12 months. The high risks of experiencing violence even without drinking may reflect the probability that risky behaviour at a community level can filter down to impact on violence experienced as an individual. This can occur both directly – from being within the vicinity of a violent, drunk person – but also because immense pressure may be placed on some individuals to participate in substance misuse, or to supply food, money, transport and accommodation for people who are using substances. This, in turn, indirectly contributes to family strain and violence. This type of analysis is not possible from the NATSISS, although the NATSISS CURF data could be reanalysed to take into account whether alcohol is seen as a community problem or a stressor by the respondent. It is also noted that the above relationships exist despite inherent limitations of the NATSISS as described earlier.

## Hospitalisations

Consistent with NATSISS data, hospitalisation data indicate that in 29 percent of hospitalisations for Indigenous people where family violence-related assault was indicated as the external cause, the victim had an additional diagnosis for mental and behavioural disorders due to psychoactive substance use. Rates were marginally higher for Indigenous males (34%) than for Indigenous females (27%). While direct correlations cannot be drawn, Dodd and Saggars (2006) highlighted that the Kimberley, Pilbara and Gascoyne health regions of Western Australia share both the highest per capita rates of alcohol consumption and alcohol-related hospitalisation costs in Western Australia, with the overall costs of alcohol-caused hospital admissions doubling between 1995 and 1997–98.

## Homicides

That alcohol plays a key role in the likelihood of victimisation in serious violence offences is evident in Indigenous homicide statistics. Seventy percent

of the 237 Indigenous homicides (where both the victim and offender were Indigenous) from 1999–2000 to 2004–05 occurred in situations where both the victim and offender were drinking (SCRGSP 2007). Less than 17 percent occurred in situations where neither person was drinking. Perhaps not surprisingly, rates of homicide for situations where only the offender was drinking were 4.5 times higher (11.4 percent of homicides) than situations where only the victim was drinking.

These trends differ markedly from the situation for non-Indigenous homicides, where only 20 percent of homicides involve both the victim and offender drinking; in almost two-thirds (62%) of all non-Indigenous homicides, neither the victim nor the offender was drinking at the time of the offence. Non-Indigenous homicides also differ from Indigenous homicides in that the percentages of cases where only the victim was drinking (8%) or only the offender had been drinking (9%) were roughly similar. Interracial homicides involving Indigenous and non-Indigenous people as offender or victim sit between the trends observed for Indigenous and non-Indigenous homicides, with 38 percent of cases involving both the victim and offender drinking, and 42 percent involving neither drinking.

## Child protection

Care and protection applications are more likely to be the result of drug and alcohol problems for Indigenous people than they are for non-Indigenous people (Leek, Seneque & Ward 2004). In Western Australia, 75 percent of Indigenous cases were drug and/or alcohol-related, compared with 37 percent of non-Indigenous cases.

## Comment

While NATSISS, National Homicide Monitoring Program and National Hospital Morbidity database (NHMD) data provide important insights into the drinking status of victims, there are fundamental deficiencies within the available data. These include how the drinking status of the victim and offender varies for males and females (particularly as they pertain to specific types of violence), and if there are differences in the drinking patterns associated with violence in the home as opposed to public locations.



## *Other substances and victimisation*

Comparatively few empirical data enable an analysis linking the abuse of other substances with rates of violent victimisation, but both NATSISS and homicide data indicate that a strong association may exist.

### **National Aboriginal and Torres Strait Islander Social Survey**

In the NATSISS, 35 percent of people with a substance abuse problem were a victim of threatened or physical violence in the past 12 months, compared with 18 percent of people who did not abuse substances. The predictive value of substance abuse, while not as strong as high-risk alcohol consumption, was only marginally less than the predictive value of first being charged with a criminal offence as a child (Snowball & Weatherburn 2007).

### **Homicide data**

In 10 percent of all Indigenous homicides from 1999–2000 to 2004–05, both the victim and offender were under the influence of drugs. The overwhelming majority (78%) of Indigenous homicides involved neither party being under the influence of drugs (NHMP data, as presented in SCRGSP 2007). However, if only one party was under the influence of drugs, Indigenous homicides were more likely if it was the victim (10%) rather than the offender. The relationship between drug usage patterns and homicide are broadly similar across Indigenous and non-Indigenous populations, although on average a greater percentage of non-Indigenous homicides involved either the offender or the victim being under the influence of a substance other than alcohol (35%).

### **Police perceptions**

A study of police perceptions of Indigenous alcohol and illicit drug use (Putt & Delahunty 2006) found that more than 90 percent of police in both urban and non-urban areas considered alcohol to be a serious or moderate problem. Cannabis was considered a serious or moderate problem by 77 percent of police in both urban and non-urban areas, while around half the police surveyed saw inhalants as a problem in urban (57%) and non-urban (47%) areas.

Amphetamines were also considered a problem in urban areas (53%). High percentages of police considered cannabis to contribute to domestic or family violence (73% urban and 76% non-urban), mental health problems (73% urban and 74% non-urban), crime to get money for drugs (75% urban and 59% non-urban) and conflict within the community (54% for both urban and non-urban). Police also saw amphetamines as contributing to domestic and family violence (67% urban and 46% non-urban), mental health problems (61% urban and 46% non-urban), crime to get money for drugs (73% urban and 45% non-urban), and conflict within the community (51% urban and 35% non-urban).

Information from community sources and service providers highlights the same problems stemming from substance use as well as problems with declining participation in community life, child neglect and sexual exploitation of young people. Cannabis use was frequently blamed for compounding harms associated with excessive drinking or use of other substances and as a factor in triggering violence (Putt & Delahunty 2006).

### **Summary: alcohol and substance use as risk factors**

There is very strong anecdotal evidence to show that alcohol misuse is a problem for many Indigenous communities and that violence is one of the most serious consequences of alcohol misuse. Numerous inquiries, research reports and Indigenous spokespeople have highlighted the impacts of alcohol misuse, including:

- an increased likelihood that a person affected by alcohol will become involved in violent behaviour, as a perpetrator or victim
- an increase in community dysfunction, including impacts on employment and efforts to build community strength, damage to culture and exacerbation of family conflicts
- an increased likelihood that a person will sexually abuse a child
- an increased vulnerability to sexual abuse or assault for a child or young person using alcohol
- intoxication by family members reducing care and supervision of children.

In contrast to a commonly held view, a smaller proportion of Indigenous than non-Indigenous people drink, but those who do often have a tendency to drink in risky ways that can lead to violent behaviour. It is also apparent that some Indigenous people misuse alcohol in response to the impact of colonisation, racism, loss of culture, breakdown of traditional family relationships and gender roles. Alcohol use can also be tied to cultural expectations, and drinking must be understood within the context of cultural assumptions and shared meanings. The effects of alcohol misuse can, in turn, exacerbate some of these problems and contribute to increasing community dysfunction.

There is also evidence to show that the use of other substances – particularly cannabis and, to a lesser extent, amphetamines and inhalants – contributes to violent crime, particularly family violence, and conflict within the community. Substance use can also exacerbate other areas of community dysfunction.

While the link between alcohol use and violence has been well established through qualitative evidence, there is relatively little quantitative data available to support this or establish the significance of the link. NATSISS data indicate that the likelihood of being a victim of violent crime approximately doubles for individuals who engage in high-risk alcohol consumption, compared with low-risk consumption. However, the likelihood for low-risk consumption is only slightly higher than it is for those who do not drink at all and the survey does not allow for any conclusions linking drinking specifically to episodes of victimisation. Additional analysis of NATSISS data has shown that alcohol use is a stronger predictor of victimisation than other factors, including economic and other social disadvantages.

A clear relationship exists between alcohol use and homicide, with the majority of Indigenous homicides occurring in circumstances where both the offender and victim were drinking at the time of the incident. In contrast, non-Indigenous homicides are most likely to involve neither party drinking.

The use of other substances can also lead to victimisation. In Western Australia, Indigenous child protection cases are twice as likely as non-Indigenous cases to involve alcohol and/or other drug use by the parents. NATSISS respondents with a substance abuse problem were twice as likely to be a victim of threatened or physical violence than non-users.

## *Contact with the police/criminal justice system*

Offending and victimisation have traditionally been considered separately, as they are for this report. Nonetheless, there is substantial evidence to indicate that the same individual, situational and community factors that predict offending also predict victimisation (Gottfredson 1986). Hindelang, Gottfredson and Garofalo (1978) argued that the more factors a person has in common with an offender, the more likely they are to be a victim. This may reflect increased opportunities to come into contact with offenders through their routine activities (Cohen & Felson 1979), greater prevalence of high-risk behaviour such as alcohol and substance use (Sampson & Lauritsen 1994), and the fact that many individuals alternate between offending and victimisation (Wolfgang & Ferracuti 1967). A number of researchers argue that people who have favourable attitudes towards violence, and who value courage, honour and retribution, are likely to respond to each other with violence and hence become an offender in an incident involving conflict, inherently blurring the line between victim and offender (Kennedy & Baron 1993). Public displays of honour and payback for prior 'crimes' committed against self and kin are central themes in many Indigenous cultures (e.g. Memmott et al. 2001).

Given the high levels of dysfunction experienced by some Indigenous communities, it is not surprising that 17 percent of NATSISS respondents were first charged with a criminal offence as a child. These respondents were twice as likely (42%) to report being a victim of threatened or physical violence as those who were not charged with a criminal offence as a child (21%) (Snowball & Weatherburn 2007). It has been argued that having been first charged with a criminal offence as a child may increase the propensity for violence in later life because arrest or charges impact negatively on a person's employment or earning prospects, thereby placing them at further disadvantage (Borland & Hunter 2000; Fagan & Freeman 1999; Hunter & Borland 1999). NATSISS respondents who had been charged were more likely to be employed in a Community Development Employment Project (CDEP) program than other employment and twice as likely to be unemployed.

It is evident from the NATSISS that respondents who had been charged with an offence tend to exhibit more high-risk behaviours than those who had never been charged, being 27 percent more likely to be a current daily smoker (66% vs 39%) and twice as likely to have engaged in high-risk alcohol consumption in the past 12 months (24% vs 11%). Early manifestation of higher-risk activities is more likely among individuals who were first charged with a criminal offence as a child (Dodson & Hunter 2006). Similar relationships between high-risk activities and criminal behaviour are evident among non-Indigenous youth.

Alternatively, having been first charged with a criminal offence as a child may be due to deficits in family functioning (e.g. child abuse or neglect; Coumarelos & Allen 1999). It is interesting to note that respondents who had another household member charged with an offence were almost one-and-a-half times as likely to have been a victim of violence (32%) than those who did not have a relative charged with an offence (22%). This may reflect proximity to violent situations, a dysfunctional family environment, and/or modelling of inappropriate and at-risk behaviours.

## Stressors

Tension or stress is always present in individuals, family and communities, but excessive stress results in adverse feelings of anxiety and frustration, and perceptions of being out of control. The ability to manage stress is essential to maintain physical, emotional and mental wellbeing. Including questions relating to stress in the NATSISS, National Aboriginal and Torres Strait Islander Health Social Survey and the Western Australian Aboriginal Child Health Survey is recognition of the increasing importance placed on states of stress to measure personal wellbeing.

The National Aboriginal and Torres Strait Islander Health Social Survey (2004–05) asked respondents if the following issues had been a problem for them or their family or friends in the past year:

- somebody very sick or disabled
- a bad accident
- death of a family member or close friend
- member of the family sent to jail or in jail
- too many people living in a house.

In a separate question, respondents were asked if the following had been a stressor:

- divorce or separation
- not able to get a job
- got the sack
- alcohol/grog problems
- drug problems
- seeing fights or seeing people beaten up
- abuse or violent crime
- trouble with the police
- gambling problems
- treated badly because you or they are an Aboriginal/Torres Strait Islander person.

Based on National Aboriginal and Torres Strait Islander Health Social Survey data presented by SCRGSP (2007), 27 percent of Indigenous people experienced high to very high levels of stress compared with 13 percent of non-Indigenous people. High to very high stress levels were evident across all age groups in Indigenous populations. Although the highest rates of high to very high stress levels were associated with abuse and violent crime (42%), drug-related problems (41%) and alcohol-related problems (39%), it is evident that the percentage of high to very high stress occurred across all social domains including health, employment, justice, gambling, violence and marital difficulties (35–42%). The proportion of people suffering high to very high levels of stress did not differ significantly among major cities, regional areas or remote areas.

## National Aboriginal and Torres Strait Islander Social Survey

The NATSISS asked respondents about the presence, type and number of stressors in the past 12 months for themselves, their family or friends. Stressors included in the survey were:

- divorce or separation
- death of a family member or close friend
- serious illness or disability
- serious accident
- alcohol or drug-related problems
- mental illness

- not able to get a job
- lost job, made redundant, sacked
- witness to violence
- abuse or violent crime
- trouble with the police
- gambling problem
- member of family sent to jail/currently in jail
- overcrowding at home
- pressure to fulfil cultural responsibilities
- discrimination/racism.

The failure to identify who felt the stress is problematic for understanding links with victimisation, as it does not specifically refer to stressful events experienced by the respondent. The specific questions asked also varied subtly between some remote and non-remote areas. Nevertheless, the information provides some guide as to the levels of stress evident in the environments of respondents affected by violence.

Snowball and Weatherburn's (2007) analysis indicated that 36 percent of respondents answering that they or their family or friends had experienced social stressors (divorce or separation, death of a family member or close friend, serious accident, mental illness, witness to violence, gambling problem, pressure to fulfil cultural responsibilities, or discrimination/racism) in the past 12 months were also a victim of threatened or physical violence in that time. This is compared with 23 percent for respondents who indicated no stressors. Having experienced a social stressor was second only to high-risk alcohol consumption in the odds of being a victim of violence, yet this affects far more individuals. Seventy-four percent of the Indigenous population was exposed to one or more stressors, 13 times the proportion who engaged in high-risk drinking (Snowball & Weatherburn 2007). The most common stressors were death of a family member (46%) and serious illness (31%). While the authors identified no clear relationship between the types of stressors and risk of victimisation, their analysis does show that financial stress was commonly experienced by people who reported being victims of threatened or physical violence in the past 12 months. Some 33 percent of respondents who experienced financial stress were a victim of threatened or physical violence in the past 12 months,

compared with 17 percent of respondents indicating no financial stress. Financial stress was the fourth most significant variable predicting Indigenous violent victimisation in the model.

The potential role of stress in mediating violence is revealed in Al-Yaman, Van Doeland & Wallis' (2006) analysis of NATSISS CURF data. In examining the relationship between experiencing threatened or physical violence and cumulative stress, they found that the number of people who reported being a victim of violence in the past 12 months increased from eight percent in respondents reporting no stressors to 23 percent for respondents reporting one to five stressors. This further increased to 48 and 50 percent, respectively, for those reporting six to 10 and 11 to 16 stressors. In other words, half of all respondents who reported high and very high levels of stress were likely to have been a victim of violence in the past 12 months.

Al-Yaman, Van Doeland & Wallis' (2006) analysis of NATSISS CURF data indicated that there was a strong correlation between respondents experiencing victimisation and reporting 'abuse or violence' or 'witness to violence' as stressors for them, and their family or friends. Notably, 45 percent of all people who reported witnessing a crime as a stressor had been a victim of physical or threatened violence in the previous 12 months. That a strong correlation exists between being a victim of violence, and that person and/or people close to them being stressed about it is not surprising. It is surprising that more than 70 percent of respondents who had been a victim of physical or threatened violence reported no one in their social circles stressing about violence or abuse and/or witnessing violence in the past 12 months. Although it is acknowledged that individual incidents may have only been minor and that a respondent may not be aware of others' concerns, it also may imply some acceptance that violence is a normal experience. Based on the figures presented in Al-Yaman, Van Doeland and Wallis (2006), there were possibly six percent of Indigenous people who were not the victim of violence (physical or threatened) who reported abuse or violence as a stressor for either themselves or a family member or friend in the previous 12 months. Witnessing violence was a stressor for 11 percent of respondents (including family or friend) who had not been a victim of violence in the previous 12 months.

## Discussion: stressors as a risk factor

Identifying the specific link between individual stressors and their potential link with victimisation has proved problematic. The relationship is complex and does not negate either a causal or functional relationship between violence and stress.

Al-Yaman, Van Doeland and Wallis' (2006) results imply that the risk of victimisation is not necessarily related to the stress associated with a particular event, but with the cumulative effect of stress associated with multiple events. It is the accumulation of stress that appears important, although some stressors – for example, financial stress – may contribute disproportionately to total stress levels. Physical, emotional and mental wellbeing is closely linked with the capacity to manage stress. Dysfunctional coping strategies that may be adopted to relieve stress include alcohol and other substance use, violence, self-harm and clinging to dysfunctional interpersonal relationships. These may be effective in the short term, but only exacerbate the levels of stress and trauma experienced by individuals, families and communities in the longer term. It is not difficult to see how elevated stress, especially when coupled with dysfunctional means of coping, can be a causal factor in the cyclic perpetuation of violence across communities and generations.

A strong functional relationship is also likely to exist between stress and violence. The presence of numerous high-stress events is better able to encapsulate the likelihood of victimisation than any single factor, as the included stressors represent many of the most prominent symptoms of disadvantage and dysfunction in the immediate social circles of the respondents. The analysis of Snowball and Weatherburn (2007) clearly indicates that as more critical factors are included, the risks of victimisation increase. This is effectively what the accumulated stressors tally of Al-Yaman, Van Doeland and Wallis (2006) measures.

However, a measure of stressors has a number of other advantages. One is that it includes an estimate of the effect of the factor. For example, two people may be equally poor but one may be stressed about it. The other may not let it affect their life. This may explain why Silburn et al. (2006) found that high levels of stress are associated with family financial

strain but not many other measures of socioeconomic disadvantage. The other important advantage is the capacity to measure the impact of factors that would not normally be incorporated in a survey (e.g. loss of family member or friend).

The long-term impacts of high stress on Indigenous health are likely to be enormous. Psychological stress activates a state of hyperarousal similar to that induced by physical stress. The release of cortisol triggers a response (fright, fight or flight), which accelerates heart rate and lung action, inhibits digestion, increases arousal, dilates blood vessels and suppresses immune response. The long-term implications of extended states of hyperarousal include cardiovascular disease, poor digestion (associated with nutritional deficiencies and toxicity), insulin resistance (leading to increased risk of type 2 diabetes), adrenal and thyroid dysfunction (leading to depression), poor sleep (with implications for immune response and obesity) and increased susceptibility to disease owing to poor immune response (leading to upper respiratory, eye and ear infections). Many of these are health problems observed at high levels among Indigenous Australians. That high stress is associated with poor health outcomes for Indigenous Australians is reflected in the fact that 89 percent of all Indigenous people with high to very high levels of psychological distress have at least one long-term health condition. Some 64 percent have at least three long-term health conditions (SCRGSP 2007). Stress by itself, and the dysfunctional means used to address it, may be important contributors to higher rates of mortality in Indigenous populations. Given that attending a funeral is one of the most commonly cited stressors, the implications for the mental wellbeing of Indigenous people is obvious. Their legacy of stress has the potential to contribute to the perpetuation of intergenerational trauma and violence.

The mental wellbeing of children is intimately linked with the emotional and physical wellbeing of their parents (BMA 2006, cited in Silburn et al. 2006). Recent research reveals that the frequent release of hormones in children who are exposed to intense and frequent stress affects the rate at which neurons are produced and how they connect in the developing brain. Children who are continually exposed to high levels of stress hormones are at greater risk

of developing a longer-term dysfunctional stress response, including the inability of the stress response to switch off. Prolonged periods of elevated blood cortisol levels place individuals at increased risk of obesity and type 2 diabetes (McEwan & Lasley 2002). Another dysfunctional autonomic response generated by excessive stress hormones in children involves a pattern of overresponding to frustrations and external provocation (Friedman 2005). This type of dysfunctional responding may directly contribute to increased violence through heightened aggressive reactions, and indirectly as patterns of overresponding are associated with later behavioural and mental health problems, which are linked to increased risk-taking, poor educational outcomes and poor employment prospects.

The Western Australian Aboriginal Child Health Survey found that 22 percent of Indigenous children aged up to 17 years were living in families in which there were seven to 14 major life stress events including death, incarceration, violence and severe hardship in the preceding 12 months (Silburn et al. 2006; Zubrick et al. 2005). Commensurate with the research outlined above, Zubrick et al. (2005) found that life stress events are the most important factors associated with the high risk of Indigenous children developing emotional or behavioural difficulties. Some 24 percent of Indigenous children were found to have a high risk of clinically significant emotional or behavioural difficulties, compared with 15 percent of non-Indigenous children. Similarly, the NSW Young People in Custody Health Survey found that one-third of the 242 young people in custody (of whom 42 percent were Indigenous), had high or very high psychological distress (i.e. they may have a greater than 50% chance of an anxiety or depressive disorder), with 88 percent having symptoms consistent with a clinical disorder.

The implication is that stress may play an integral role in the transmission of poor physical, emotional and mental health outcomes across generations. This may be exacerbated in Indigenous communities, where 'health does not just mean the physical wellbeing of the individual but refers to the social, emotional and cultural wellbeing of the whole community' (Swan & Raphael 1995).

## *Housing mobility*

Information about the relationship between housing mobility and the risk of victimisation can be found in both the NATSISS and Western Australian Aboriginal Child Health Survey. Rates of victimisation reported in the NATSISS increased from 21 percent for respondents who had not moved in the past 12 months to around 46 to 55 percent for respondents who had moved between two and four or more times in the past 12 months (Snowball & Weatherburn 2007). The Western Australian Aboriginal Child Health Survey also found that people who spent part of each year living in a place other than their home at the time of the survey were more likely to have poor family functioning than those who only had one place of residence (23%) (Silburn et al. 2006).

## *Relationship status*

Nationally and internationally, there is strong evidence that rates of victimisation are influenced by the type of family structure in which a person lives (e.g. Marcus & Swett 2002; Mouzos & Makkai 2004). While Indigenous people have a broader definition of family than many other Australians, and individuals potentially have access to a greater support network, rates of Indigenous violent victimisation remain intimately linked with the structure of the immediate family.

Little data are available regarding incidence of violence among Indigenous Australians according to relationship status. Lone parents in the NATSISS recorded higher rates of victimisation (34%) than those who were not lone parents (22%), increasing the odds of experiencing violence by a factor of 1.39 (Snowball & Weatherburn 2007). No information is publicly available regarding victimisation risk and other categories of relationship status, or how that may vary with the sex of the victim.

Australian child abuse and neglect statistics indicate a higher percentage of substantiations for childhood abuse and neglect involving children living in a lone parent or a two-parent step/blended family. Fewer substantiations occurred for two-parent 'intact' families. For example, of substantiations in South Australia, 38 percent involved lone mother families,



six percent involved lone father families and 21 percent involved step/blended families. Across Australia during 2003, 17 percent of all Australian children lived in a lone-mother family, three percent in a lone-father family and eight percent in a two-parent step/blended family (AIHW 2007). Factors cited for the overrepresentation of lone families in child substantiations include that they are more likely to:

- have a lower income/be financially stressed
- suffer social isolation
- receive less support from immediate family members (AIHW 2007).

Nevertheless, Australian victimisation studies indicate that the links between relationship status and victimisation are complex, with the types of victimisation varying with relationship status. For example, across Australia female victims of lethal violence were more likely to be either in a de facto relationship or married (Mouzos 1999, 2003; Shackelford & Mouzos 2005), but women who were not in a current relationship reported higher levels of non-lethal violence during the preceding 12 months (12%) compared with women in a current relationship (6% for married, de facto or boyfriend combined; Mouzos & Makkai 2004).

Rates of intimate (current) partner violence in the previous 12 months were higher for women in de facto relationships (3–6%), than for married women (2–3%) or women with a boyfriend (2–4%). The greatest rates of non-partner violence were reported by women who had a boyfriend (14–20%), were single (10–13%) or in a de facto relationship (7–11%). Australia-wide, married women suffer the lowest rates of both partner and non-partner violence (2–3%). Women who had a previous relationship (including those who were divorced or separated) were more than three times more likely to have experienced violence in the previous 12 months than women who had not had a previous relationship (Mouzos & Makkai 2004). One in five women who were married, but then separated, experienced violence in the past 12 months. These results are consistent with previous findings (ABS 1996; Johnson 2005).

It is not clear to what extent similar relationships are evident in Indigenous populations. Moreover, little is known about how relationship status impacts on the

likelihood of males being the victims of intimate partner and non-partner violence.

## *Family functioning*

The Western Australian Aboriginal Child Health Survey found that one-fifth of Indigenous children were living in families that functioned poorly, although rates of poor family functioning were greater in extreme levels of relative isolation (31%) than in other areas. Protective factors associated with family functioning, which essentially describe the cohesiveness of the family unit, included:

- balanced interrelationships among family members that allow them to resolve conflicts and reduce chronic strain
- celebrations – acknowledging birthdays, religious occasions and other special events
- communication – sharing beliefs and emotions with one another and emphasis on how family members exchange information with, and care for, each other
- hardiness – family members' sense of control over their lives, commitment to the family and confidence that the family will survive no matter what
- financial management – sound decision-making and money management skills, and satisfaction with economic status
- leisure activities and interests – similarities of family member preferences for ways to spend free time
- acceptance – tolerance of family member traits, behaviour, general outlook and dependability
- support network – positive aspects of relationships with in-laws, relatives and friends
- traditions – honouring holidays and important family experiences carried across generations (Silburn et al. 2006).

The Western Australian Aboriginal Child Health Survey identified the key predictors of poor family functioning as:

- financial strain
- child's dietary quality
- overuse of alcohol causing problems in the household
- lack of involvement in Indigenous organisations

- primary carer or their partner ever arrested or charged with an offence
- lack of importance of religion/spirituality
- a child having to stay with other family/friends due to a crisis/behavioural problems
- lack of importance of Indigenous ceremonial business
- lack of interest in Indigenous events
- child's vision problems
- high risk of emotional or behavioural difficulties in child
- poor quality of parenting
- primary carer educated beyond Year 12.

Of these, only the quality of children's diet and financial strain were independently associated with family functioning (Silburn et al. 2006). Although the proportion of poorly functioning families was higher if there had been a family violence situation, family violence was not independently associated with poor family functioning in the multivariate logistic regression model (Silburn et al. 2006). No information is available to indicate if those in poor functioning families are more subject to victimisation generally.

While it is useful to understand how family functioning impacts on the likelihood of victimisation, the effects of poor family functioning are likely cumulative and current indications of family functioning do not necessarily accurately capture past effects of poor family functioning or future prospects of victimisation. The effects of poor family functioning can only be realistically assessed through longitudinal studies.

## *Cultural factors*

Indigenous people who had been removed from their natural family were more likely to have been a victim of violence or threatened with violence in the past 12 months (38%) than those who had not been removed from their family (23%) (Al-Yaman, Van Doeland & Wallis 2006). Higher levels of violence were also evident among people who had relatives removed from their natural family (31%) than those who had not had relatives removed (20%). However, many other cultural factors do not appear to be significant in terms of violent victimisation, including whether the respondent identifies with a clan, tribe

or language group and whether they recognise homelands (Al-Yaman, Van Doeland & Wallis 2006; Snowball & Weatherburn 2007). There are several possible explanations for the lack of cultural significance for violent victimisation, including:

- cultural factors do not actually bear a consistent relationship with levels of violence, particularly when compared with factors such as alcohol consumption or financial stress
- factors such as identification with a clan, tribe or language group or recognition of homelands do not measure cultural disruption, trauma or the extent to which individuals or communities adhere to traditional spiritual and/or cultural beliefs and practices
- cultural disruptions arising from colonisation have led to intergenerational trauma and disruption; current disruptions of violence may bear only weak relationships with the original disruption
- with the exception of removal from family, cultural disruptions arising from colonisation are not or cannot be adequately measured
- levels and acceptance of violence – historically, and subsequent to colonisation, these may vary markedly among different peoples, and intergroup variations in violence are more significant than identification with culture per se
- positive changes many individuals and communities have instigated to counteract the traumatic impact of historical events change the risks.

## *Community*

Research has consistently illustrated that dysfunctional communities are characterised by greater rates of dysfunctional behaviour, including violence, which place individuals within that community at greater risk of being a victim. While it is recognised that community functioning plays an integral role in the wellbeing of individuals and their likelihood to offend or be the victim of violence, few studies combine assessments of community functioning with the likelihood of victimisation. As surveys are not able to directly assess community functioning, they rely on respondents to give their perceptions of particular factors, such as the levels of violence in the community.



One of the omissions of these surveys is that they do not include perceptions of neighbourhood wellbeing, such as the trustworthiness of people in the neighbourhood, the extent to which individuals are concerned for each other's wellbeing or property, or the extent to which they willingly help each other out. The York University (2005, cited in Lawrence 2007), based on research in several communities, identifies the following features of strong communities:

- empowerment and good mental health – individuals felt they had purpose and did not feel helpless
- very strong cultural identity and pride
- openness to interacting with other cultures
- strong ties to family and friends
- living off the land and in harmony with the environment, often eating traditional foods and involved in protecting the environment
- strong spirituality – people feel free to express their spiritual beliefs in their community, which are an important part of their life.

Many of these dimensions are not sampled or sufficiently addressed in the NATSISS to enable an assessment of rates of victimisation and community strength.

## *Perceptions of violence*

While perceptions of violence do not necessarily reflect actual levels of violence in a community, they provide a unique insight into how an individual perceives the environment in which they live. At an individual level, negative perceptions of violence in the community may affect how that individual engages with others. If the perception of violence is widespread, confidence in existing law and order, respect and responsibility, as well as community values, pride and cohesiveness, may all be eroded and indirectly contribute to increased violence.

Overall, the percentage of Indigenous people in the NATSISS who indicated that family violence (21%) and assault (20%) were a problem in their neighbourhood or community was similar to the percentage who were threatened with, or experienced, physical violence in the past 12 months. Although there is not a direct

correspondence between these two populations, victims of physical or threatened violence were twice as likely to perceive violence as a community problem as those who had not experienced violence (Al-Yaman, Van Doeland & Wallis 2006). Only eight percent indicated that sexual assault was a problem in their neighbourhood or community. Males and females were equally likely to report that assault, sexual assault or family violence were a problem in their neighbourhood or community. However, there was no indication that the likelihood of victimisation was associated with whether an individual had support in a time of crisis.

The Western Australian Aboriginal Child Health Survey found that higher percentages of primary carers living in areas of moderate isolation reported being bothered by family violence (50%) than those living in no isolation (34%) or little isolation (32%). Similarly, it found that being bothered by violence in the streets was also more prevalent in areas of moderate isolation, with over half of all primary carers (54%) in areas of moderate isolation being bothered by violence in the streets. No correlations were drawn in this study between perceptions of violence and self overresponding reported victimisation. It is clear that greater social interconnectedness and more overcrowding in remote areas may contribute to increased perceptions of neighbourhood problems.

## Available resources and vulnerabilities

### *Remoteness*

Remoteness is not necessarily a direct measure of available resources or vulnerabilities. Rather, it is influenced by a number of factors that may themselves be affected by differing decreases of isolation, including:

- service provision (health, counselling, law and order, government representatives, etc.)
- influences from components of non-Indigenous and traditional culture
- social isolation
- opportunities for, and perceived value of, education

- employment
- severity of environment.

The way individual surveys capture 'remoteness' varies. The NATSISS utilised the Australian Standard Geographical Classification remoteness structure, recognising major cities, inner-regional, outer-regional, remote and very remote regions. In some data, remote and very remote categories are grouped under the heading of 'remote', with the remainder being referred to as 'non-remote'. In contrast, the Western Australian Aboriginal Child Health Survey used the Level of Relative Isolation, developed by the National Key Centre for the Social Applications of Geographic Information Systems at Adelaide University. It is based on ARIA++ (a revision of the Accessibility/Remoteness Index of Australia), and includes categories that range from none, to low, moderate, high and extreme. While the Australian Standard Geographical Classification is better able to differentiate among populated areas, the Level of Relative Isolation provides greater differentiation for more remote areas. Areas that would be classified as very remote under ARIA are classified as moderate, high or extreme isolation under the Level of Relative Isolation. The result is that the characteristics for 'very remote' tend to be more homogenous under the Level of Relative Isolation system, and are genuinely more likely to be related to remoteness and isolation from services than might be obtained from the ARIA or Australian Standard Geographical Classification schemes (Silburn et al. 2006).

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The proportion of Indigenous people who reported in the NATSISS that they were a victim of physical or threatened violence in the past 12 months did not vary with remoteness. The implication is that people in major cities, inner and outer-regional areas, and remote and very remote communities are equally exposed to violence. This observation conflicts with the impressions given by other statistical information. It is unclear to what extent these observations are affected by methodological differences across remote and non-remote areas. However, it is evident that individuals who had difficulty communicating with service providers were more likely (32%) to have been a victim of violence.

### **Hospitalisation separations for assault-related injuries**

The Helps and Harrison (2006) report on hospitalised injuries of Aboriginal and Torres Strait Islander peoples indicates that the rates of hospitalisation for assault-related injuries in remote and very remote regions (2,000 to 3,000 per 100,000) were substantially higher than in major cities and inner-regional areas (less than 700 per 100,000). This is observed for both males and females. However, whereas Indigenous males outnumbered Indigenous females in hospital separations for assault-related injuries in major cities, and inner and outer-regional areas, Indigenous females outnumbered Indigenous males in both remote and very remote areas. Based on gender differences in the types of violence experienced, this suggests that family violence may be a greater factor in the assault-related hospitalisations in more remote regions. Alternatively, Indigenous males in remote and very remote areas are less likely to attend hospital than their female counterparts, even if they have sustained injuries.

Nevertheless, while the recorded hospital statistics cannot be disputed, some caution is required in their interpretation. They do not necessarily imply that either the rates or severity of violence in Indigenous communities are higher in remote communities. Indigenous people in remote areas are more likely to be hospitalised than those in urban areas with similar health conditions due to concerns about follow-up, and there may be less pressure on beds in rural hospitals (Scrimgeour 2007). Moreover, greater rates of serious health problems among Indigenous people, such as heart problems and kidney disease, may mean that greater precaution is taken when treating assault-related injuries at hospitals. Existing health problems may also exacerbate the seriousness of assault-related injuries.

### **Supported Accommodation Assistance Program**

By contrast, Indigenous females in more remote areas were more likely to access Supported Accommodation Assistance Program services (outer regional, 38.5 per 1,000; remote, 78.7 per 1,000; very remote, 39.4 per 1,000) than Indigenous females in major cities (25.9 per 1,000) and

inner-regional areas (29.1 per 1,000). Indigenous males were also more likely to access Supported Accommodation Assistance Program services in remote and outer-regional areas but not in very remote regions (Al-Yaman, Van Doeland & Wallis 2006). Again, however, these statistics do not necessarily reflect differing levels of violence, as there are likely to be logistical reasons why Indigenous women from remote and very remote areas access Supported Accommodation Assistance Program services more often than Indigenous women in urban and other less remote locations. This may include a lack of resources (money, education, employment prospects) for adequate housing – particularly if it is short term – outside their community. It may also indicate fewer social networks outside their remote locations that can provide assistance with money and housing, and less familiarity with urban environments. Together these limit an individual's perceived or actual ability to find solutions in these environments during a time of crisis.

## Homicide statistics

Based on statistics from 1999–2000 to 2004–05, rates of Indigenous homicide in outer-regional, remote and very remote areas were 2.7 to 3.5 times higher (13.1 to 16.7 per 100,000) than average rates for Indigenous people living in major cities and inner-regional areas (4.6 to 4.9 per 100,000). This contrasts markedly with non-Indigenous rates, which remain stable across remote areas. The greatest numbers of Indigenous homicides occur in outer-regional and very remote areas.

Unfortunately, all statistics relating to remoteness are likely to be biased in some way. Police and hospital statistics, the issuing of domestic violence orders and use of counselling services may all be affected by the capacity to provide these services, which is reduced in remote and very remote areas. Fundamental differences may also be expected in how people in urban environments and very remote areas access services, particularly in light of differences in income and access to means of transport. For example, people in remote and very remote regions may not access medical services as frequently as those living in urban areas, but higher proportions of people from remote areas may be funnelled through hospitals as opposed to other

medical services, owing to more limited availability and awareness of, or capacity to afford, alternative medical options.

## Perceptions of violence and remoteness

Although the NATSISS found that the proportions of people affected by threatened or physical violence were similar in remote and non-remote areas, remote communities reported far greater rates of neighbourhood and community problems involving violence, including assault, sexual assault, family violence and levels of neighbourhood conflict. They also more frequently report problems relating to a wide variety of other antisocial activities, such as theft, problems involving youth, vandalism, graffiti and damage to property. Forty-one percent of people in remote areas identified assault and family violence as community issues. This compares with 12 percent (assault) and 13 percent (family violence) of Indigenous people in non-remote locations. Similarly, remote communities (17%) reported sexual assault as a community issue three times more than non-remote communities (5%) (ABS 2002).

## Violence as a stressor

Irrespective of any actual difference in reported rates of violence, there is some evidence to indicate that greater perceptions of violence-related problems in remote communities are associated with greater stress from witnessing and experiencing violence. Notably, 30 percent of NATSISS respondents in remote communities indicated that abuse or violent crime had been a stressor for them or their family/friends, compared with 10 percent for people living in non-remote areas. Similarly, 17 percent of respondents in remote communities reported witnessing violence as a stressor for themselves or their family/friends, compared with nine percent of respondents in non-remote locations. These results imply that respondents, their family or friends in remote and very remote locations were three times more likely to witness violence, and almost twice as likely to have known someone who was the victim of violence, than in non-remote areas.

Although similar percentages of people in remote (86%) and non-remote (81%) areas in the NATSISS reported having been subjected to a stressor in the past 12 months, the average level of stress

tended to be slightly higher in remote (average number of stressors was 3.1) than in non-remote locations (average number of stressors was 2.0). Nevertheless, the 2004–05 National Aboriginal and Torres Strait Islander Health Social Survey observed no difference in the proportion of high to very high stress (based on the K5 level of psychological stress) among major cities, regional areas and remote areas. The Western Australian Aboriginal Child Health Survey also reported similar levels of stress across all levels of isolation, with the primary carers on average experiencing 3.9 life stress events in the 12 months prior to the survey – four times higher than reported by the carers of non-Indigenous children (1.2 life stress events; Silburn et al. 2006).

Both the NATSISS and Western Australian Aboriginal Child Health Survey noted some differences in the type of stressors reported with remoteness. According to the NATSISS, remote areas are characterised by higher stress than non-remote areas surrounding:

- alcohol and drug-related problems
- gambling problems
- experiencing abuse or violent crime and witnessing violence
- the death of a close family member or friend
- overcrowding at home
- serious accidents.

In comparison, non-remote areas were slightly more likely to report stress associated with unemployment and job loss (ABS 2002). Silburn et al. (2006), in the Western Australian Aboriginal Child Health Survey, similarly noted that families living in extremely remote areas were likely to report stress associated with a close family member passing away (68%), and from children having to take care of others in the family.

While differences in recorded stressors for remote and non-remote areas have been included above, some comments and qualifications must be made in relation to the NATSISS data (Weston & Gray 2006). Owing to differences in the nature and order of words in the items relating to stressors, and hence possible interpretations, difficulties exist in comparing the experiences of respondents in remote and non-remote areas. It is not possible to distinguish stressors experienced by the respondent from those experienced by family

or friends. Females are more likely to mention interpersonal difficulties and family-related concerns than males, as they tend to be more involved with the lives of those around them and because they are more reactive to the moods and experienced of people close to them (Cross & Madson 1997; Larson & Richards 1994; Thoits 1995). Responses to stressor questions may vary by both sex and gender.

## Discussion: remoteness as a risk factor

Clearly, fundamental deficiencies exist in previous attempts to capture the nature or extent of the actual incidence, perceptions and psychological impacts of violence across communities of varying remoteness. While the NATSISS records the number of people affected by violence, no information is available regarding the severity of violence (physical versus threatened; if injuries occurred), or the actual prevalence of violence. For example, it is possible that similar numbers of people are affected by physical or threatened violence in the two areas, but that the rate they experienced violence or the severity of that violence was different. This contributed to genuine differences in perceptions of violence and/or stress surrounding violence-related issues. Higher rates of homicide, hospitalisation for assault-related injuries, and Supported Accommodation Assistance Program assistance in remote, compared with non-remote, regions are consistent with the interpretation that severity of violence is greater in those areas.

Neither perception of violence nor stressors about violence are objective assessments of actual levels of these types of problems in the community. Increased perceptions of violence in remote communities may stem from smaller community sizes, greater interconnectedness among community members, and greater levels of overcrowded housing among other variables. The NATSISS, National Aboriginal and Torres Strait Islander Health Social Survey and Western Australian Aboriginal Child Health Survey all revealed an increase in overcrowding with increasing remoteness (SCRGSP 2007; Silburn et al. 2006). Although there is an increased perception of violence, and increased overcrowding with remoteness, there was no association between levels of victimisation and overcrowding (Al-Yaman, Van Doeland & Wallis

2006). One possible explanation, especially given the predominance of family violence, is that when incidents occur, individuals within a community are more likely to be aware that it has occurred, contributing to greater likelihood that it is perceived as a problem. The observation that perceptions of violence are not necessarily a subjective reality is highlighted by NATSISS results. Participants who reported neighbourhood problems (28%) were almost twice as likely to have been a victim of threatened or physical violence than participants who reported no neighbourhood problems (15%). It is possible that these individuals may genuinely live in a more violent neighbourhood, or their perceptions may be affected by their personal experience of violence.

Resolution of these deficiencies in understanding is important from a number of perspectives. The differences between the actual incidence of violence, and the perception and psychological impacts of that violence, are important considerations in light of Indigenous ways of knowing. While more individuals in a small remote community may, for example, see sexual abuse as a problem, it does not necessarily translate that rates of abuse are substantially different from a less interconnected urban community. Moreover, the psychological impacts, and the subsequent repercussions, of violence in a community are not directly correlated to frequency. Comparatively fewer instances of violence in small, highly connected remote communities may result in a greater perception of violence – and hence perceptions of lawlessness, fear and distrust – than similar rates in a larger or less cohesive community. Greater perceptions of violence have the capacity to undermine community cohesion and, if unchecked by community action, contribute to genuine increases in violence.

## *Education*

According to the Personal Safety Survey (ABS 2006b), 49 percent of males and 55 percent of females who experienced physical assault in the past 12 months had no non-school qualification, 27 percent had a degree/diploma or higher qualification and 24 percent had another qualification.

Education affects employment prospects and opportunities. Indigenous people with lower levels

of education tend to find employment in CDEP programs, while those with higher levels of education and non-school qualifications are more likely to find education outside the CDEP program. Those with the lowest education are more likely to have withdrawn from the labour force (Schwab 2006). Education is strongly linked with the ability to alleviate financial stress in a time of crisis. The NATSISS revealed that 70 percent of respondents who had not completed Year 10 could not raise \$2,000 within a week for something important, whereas 60 percent of individuals with a non-school qualification said they could.

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Despite the above trends, the Al-Yaman, Van Doeland and Wallis (2006) analysis of NATSISS CURF data indicates that Indigenous people who never attended school were less likely (16%) to report having been a victim of violence than those who had completed Year 9 or below (22%), or Year 10 (26%). This indicates that if education is in some way related to violence, the relationship is not a simple one.

The poor relationship between highest levels of education and violent victimisation among Indigenous people may reflect the presence of confounding variables such as remoteness and age. Indigenous people in remote areas include a greater proportion of individuals who have never attended school, fewer individuals with non-school qualifications and overall lower levels of educational attainment. Additionally, education levels can impact on perceptions and willingness to communicate about violence. Age can be a confounding variable in that individuals of different generations have had different opportunities to access education. For example, in the NATSISS, 82 percent of Indigenous people aged 55 years and over do not have a non-school qualification, and only seven percent of individuals within this group completed Year 10 or 11. In comparison, only 65 percent of Indigenous people aged 35 to 44 years had no non-school qualification, and 29 percent had completed Year 10 or 11. The question of education needs to be reassessed for individual communities and locations to ascertain if it is a protective factor at a local level and within specific age groups.

## Employment

The broad association between levels of disadvantage, marked by unemployment and poverty, and high rates of crime, have been described by criminologists since the early twentieth century. Employment is often seen as an important factor in patterns of criminal offending. Walker and McDonald (1995) argued that the marked differences in imprisonment rates between Indigenous and non-Indigenous populations would not be evident if the high rate of Indigenous unemployment and low levels of Indigenous education were taken into account. However, evidence has been accumulating that employment status is also a significant risk factor for violent victimisation for both males and females (Craven 1997; Johnson 1996; Mouzos 2000, 2003). Further analysis of the Personal Safety Survey (ABS 2006b) indicates that nationally, experiences of physical assault were twice as likely for people who were unemployed (11,300 per 100,000 Australians) than for those working on a full-time (5,730 per 100,000 Australians) or part-time (5,600 per 100,000 Australians) basis, and more than four times for those not in the labour force (2,460 per 100,000). However, nationally, unemployed people accounted for just seven percent of all those who reported physical violence in the Personal Safety Survey; 54.2 percent worked full time, with a further 22.6 percent working part time. Johnson (2005) similarly reports a threefold increase in being a victim of assault or threatened violence with being unemployed in the ICVS, being the most significant factor affecting victimisation. In contrast, the International Violence Against Women Survey found no difference in the victimisation rates of working and non-working women. However, differences were noted across intimate partner and non-partner violence; notably employment status did not impact on rates of intimate partner violence, while non-partner violence rates were higher among working women, possibly reflecting increased risk of exposure to potential offenders (Mouzos & Makkai 2004).

### Employment status of Indigenous Australians

Based on NATSISS data for respondents aged 15 years and over, it is estimated that:

- 34 percent of the Indigenous population in 2002 was employed in positions other than Commonwealth Development Employment Project positions, a further 12 percent were in CDEP programs, 14 percent were unemployed, and 40 percent were not in the labour force, although this latter category also includes children
- employment patterns differed between Indigenous males and females, with half (50%) of all females not in the labour force compared with 30 percent of males
- more males than females surveyed were employed in the CDEP (16% vs 9%) or non-CDEP (38% vs 31%), but also slightly more were unemployed (17% vs 11%)
- the greatest rates of not in the labour force occurred for the 15 to 24-year-old and 55-year-and-over age groups, and rates of unemployment decreased with age
- remote and very remote areas were characterised by a higher percentage of employed people (52% vs 44% for non-remote) and lower rates of unemployment (6% vs 17% for non-remote), principally due to the greater percentage of people in CDEP programs (33%) compared with non-remote areas (5%)
- the highest rates of CDEP employment were in the Northern Territory (28%), Western Australia (21%), South Australia (13%) and Queensland (12%). Unemployment rates ranged from 12 to 17 percent in all but the Northern Territory (6%) and the Australian Capital Territory (6%), with the highest rates occurring in New South Wales. Highest rates of not in the labour force were in the Northern Territory (48%)
- government pensions and allowances were a significant source of income for Indigenous people in both remote (45%) and non-remote (54%) areas. The CDEP was the main source of income for 30 percent of Indigenous people in remote areas, whereas other wages and salaries were the principal source of income for Indigenous people in non-remote areas (35%)
- rates of full-time work (35 or more hours per week) were significantly higher in non-remote (59%) than in non-remote (36%) areas, although the proportions of full-time workers employed in non-CDEP positions were broadly similar.



The results are broadly consistent with trends observed in the 2004–05 National Aboriginal and Torres Strait Islander Health Social Survey. In addition, data from the latter further confirm that Indigenous male adults were more likely to be involved in full-time employment than Indigenous females, but a lower proportion of male adults were in part-time employment than their female counterparts, and both Indigenous men and women had lower rates of full-time employment than their non-Indigenous counterparts. A higher proportion of Indigenous men in the labour force were engaged in part-time work compared with non-Indigenous men. The percentage of women in the labour force involved in part-time work was broadly consistent across non-Indigenous and Indigenous populations. Similar proportions of Indigenous women and men were employed in part-time CDEP positions, but a greater proportion of women were employed part time outside this program, reflecting the higher proportion of Indigenous women in part-time work generally.

Being based on a survey conducted at one point in time, these labour force statistics fail to capture the intermittent nature of Indigenous employment. Hunter, Gray and Jones (2000, cited in Gray & Chapman 2006) found that only 17 percent of Indigenous male jobseekers and 18 percent of Indigenous female jobseekers had been employed for more than 75 percent of the time since leaving school, with 34 percent of Indigenous males and 37.6 percent of Indigenous females having been employed for less than 25 percent of the time.

## Discussion: employment status as a risk factor

Comparatively few data sources are able to shed light on potential relationships between employment status and rates of violence among Indigenous Australians, but of those that do, all reveal a strong relationship between unemployment and violence.

Rates of Indigenous people experiencing physical and threatened violence in the past 12 months were substantially higher for unemployed people (38%) than those in the CDEP (25%) and those employed (non-CDEP) or not in the labour force (22%) (Snowball & Weatherburn 2007). No information is available from the NATSISS on how the relationship between employment status and violent victimisation varies

with remoteness, sex or type of violence. Neither is any information available regarding the employment status of the offender. Commensurately, 27 percent of Indigenous people in the bottom four deciles of equivalised gross household income reported being a victim of physical or threatened violence, compared with 19 percent of Indigenous people in the top six income deciles.

## Homicide

In 84 percent of Indigenous homicides committed between 1999–2000 and 2004–05 (NHMP, cited in SCRGSP 2007), neither the victim nor the offender was working. This is substantially higher than for non-Indigenous populations (46%).

The mechanism by which unemployment contributes to an increase in victimisation rates is not well understood. According to social organisation theory, it is not the level of disadvantage per se but the social organisation of disadvantaged areas that impacts on their vulnerability to crime (Morenoff, Sampson & Raudenbush 2001; Sampson, Raudenbush & Earls 1997). Social organisation reflects the degree of community cohesion, characterised by mutual trust among neighbours, and a willingness to intervene, supervise young people and help maintain public order. Low crime rates can occur in disadvantaged neighbourhoods. Collective efficacy determines the ability of residents to enforce collective norms and thereby exert social control over community members (Sampson, Raudenbush & Earls 1997).

## *Personal characteristics*

Particular aspects of an individual's character may be associated with an increased risk of victimisation. While in some cases an individual may contribute to violence, the issue of how personality traits are associated with risks of victimisation should not be confused with moral judgments involving victim blaming. The contribution of personality traits will not be investigated in detail here, but the following points are noted.

Globally, research examining the links between sexual assault and a woman's personality, attitudes and life experiences indicates that personal characteristics are not a strong predictor of

victimisation (Abbey et al. 2001). Nevertheless, research consistently illustrates that prior exposure to violence is an important factor in shaping child, adolescent and adult behaviour. It is also possible that individual personality traits play an integral role in shaping the ability of individuals to cope with stress, which may lead to the development of risk-taking behaviour and anti or pro-social abilities. Individuals who undertake risky behaviour face increased risks of being both victim and offender, both due to deficiencies in functioning (e.g. recognising personal boundaries or the rights of others). These individuals are also more likely to place themselves in environments and situations where there are higher associated risks of violence.

There is some evidence that offenders identify and target victims according to their own capacity for success and take into account perceived weaknesses/limitations of their victims (SNAICC 2002). Children who may be at greater risk of sexual victimisation are those who appear to be:

- lonely, distressed
- unhappy, needy
- trusting, innocent
- lacking in confidence, low self-esteem
- in care, who have disabilities and/or personal carers
- small, weak.

Children can also be at greater risk if they have:

- a physical disability
- a disadvantaged background
- poor language skills, communication difficulties
- previous experience of abuse.

### *Prior exposure to physical and sexual violence*

Extensive research indicates that witnessing or experiencing violence is harmful to children and youth, and is associated with increased engagement in high-risk activities and perpetration of violence later in life. Being a victim of violence has been found to be the best single predictor of juvenile violent behaviour in both adolescent boys and girls (Blum, Ireland & Blum 2003). Violent behaviour has been found to be three times higher for adolescent girls and two times higher for adolescent boys from

violent homes, as compared with adolescents from low-violence homes (Flannery et al. 1998). Histories of maltreatment have been found to predict persistent serious delinquency during childhood, even after family and demographic factors are controlled for (Stouthamer-Loeber et al. 2002). Weaver, Borkowski and Whitman (2008) found that even after controlling for maternal age at childbirth as well as early maternal and childhood externalising problems, childhood exposure to violence predicted adolescent conduct problems. They also found that being a victim of violence does not significantly impact on delinquency levels above and beyond the effects of witnessing violence (i.e. it is sufficient to witness violence to generate delinquency). However, being a victim of violence uniquely impacts on the likely rates of reported violent behaviour among adolescents, with higher rates of victimisation being associated with higher levels of violent behaviour (Weaver, Borkowski & Whitman 2008). Consistent with these findings, Wolfe et al. (2001) reported considerable emotional distress (such as anger, depression and anxiety), post-traumatic stress-related symptoms, and acts of violent and non-violent delinquency among adolescent girls with a history of maltreatment; male adolescents were characterised by less emotional turmoil and delinquency but were significantly more likely to be abusive towards their intimate partners.

Both delinquency and engagement in violent behaviours place individuals at greater risk of subsequently becoming a victim of violence. While the link with engagement in violent behaviour is obvious, the relationship with delinquency may be more indirect. Delinquency is commonly associated with poor focus and education outcomes, which in turn impact on employment outcomes and poverty levels, and also with increased engagement in higher-risk activities, including alcohol and other substance abuse, and use of pornography. For example, women who have been sexually assaulted are not only more likely than other women to have experienced childhood sexual abuse, but also to have frequent sexual relationships and to be heavy drinkers (Abbey et al. 1996; Koss & Dinero 1989), both of which increase a woman's risk of being sexually assaulted. In part this is because men who perpetrate sexual assault may view them as easy targets because alcohol inhibits the ability to perceive risk, communicate desired outcomes



and to resist an attacker, and because frequent engagement in such activities increases the risk of encountering men who perpetrate sexual assault.

Frequent exposure to violence is associated with social competency, which at least in adolescent girls has been shown to increase risks of delinquency at age 14 (Margolin & Gordis 2000; Weaver, Borkowski & Whitman 2008). Strong peer acceptance and positive friendships can be protective factors that mitigate risk between violence and subsequent externalising behaviour (Criss et al. 2002).

Childhood depression is strongly associated with poor behaviour functioning. Results show that youth history of depression by age 15 predicts victimisation at age 20 (Keenan-Miller, Hammen & Brennan 2007).

Additional reasons cited for cycles of violence include:

- low self-esteem
- violent behaviours modelled by immediate family members as a legitimate response to situations (Straus, Kaufman Kantor & Moore 1997)
- violence enacted against a child leading to hostile and rebellious personality traits, and an increased likelihood that such individuals affiliate with people/partners with similar traits
- sexual abuse in childhood that leads to 'traumagenic dynamics', in which sexual development of inappropriate and dysfunctional interpersonal relationships occurs (Finkelhor & Browne 1985). Such trauma may increase the likelihood of promiscuity or prostitution, which increase the numbers of high-risk situations and hence the likelihood that victimisation will occur (Siegel & Williams 2003).

## Australian studies

Consistent with the above, analysis of the Women's Safety Survey (ABS 1996) found that a history of violent victimisation as an adult or child was a strong predictor of subsequent victimisation regardless of age, educational attainment, employment status, income or marital status, with childhood victimisation predicting physical victimisation, multiple victimisation and emotional abuse in the past 12 months (Mouzos & Makkai 2004). Women who experienced childhood sexual abuse faced an increased risk of sexual victimisation in the past

12 months and multiple incidents of violence in the past 12 months. Similarly, young women (12 to 20 years of age) who experienced or witnessed family violence were twice as likely to be victims and/or perpetrators of violence in their intimate relationships with partners than those who had not been exposed to domestic violence in childhood.

Results of the International Violence Against Women Survey also indicated that rates of abuse in a lifetime were significantly greater if a person experienced abuse as a child, irrespective of the type of abuse suffered (Mouzos & Makkai 2004). Women who experienced abuse in childhood were 1.5 times more likely to experience any violence as an adult. Overall, 69% of women who had experienced physical victimisation as a child had also experienced adult victimisation. In contrast, only 40 percent of women who had not experienced childhood victimisation had experienced physical violence as an adult. Women who had experienced childhood victimisation were twice as likely to be sexually abused as an adult (54% of women who experienced childhood victimisation subsequently experienced sexual assault as an adult). Some authors emphasise caution in interpreting such statistics, arguing that differences may reflect differences in willingness to disclose violence as opposed to genuine differences in levels of violence (Tjaden & Thoennes 2000).

Nevertheless, Mouzos and Makkai (2004) indicated that one-fifth of women who were physically or sexually victimised as children did not experience repeat victimisation since turning 16 years of age. Factors that are believed to be protective include:

- psychological 'hardiness'
- experience of more positive than negative behaviours
- high self-esteem
- involvement with extended family and community
- support from teachers and friends, and family members' participation in mutual and independent activities (APA Presidential Task Force of Violence and the Family 1996, cited in Mouzos & Makkai 2004: 88).

The Western Australian Aboriginal Child Health Survey found that although no association was evident between self-esteem and exposure to family

violence in males, there was a tendency for females exposed to family violence to have lower self-esteem. Almost one-third (31%) of females not exposed to family violence had high self-esteem, compared with 17 percent of females who had been exposed (Silburn et al. 2006). The differences in self-esteem levels of girls may be related to the importance of social functioning in determining behavioural outcomes for adolescent girls following exposure to violence (Keenan-Miller, Hammen & Brennan 2008). Twenty-two percent of young people in the Western Australian Aboriginal Child Health Survey who had been exposed to some form of family violence thought about ending their own life, compared with nine percent of young people who had not been exposed to violence.

### *Indigenous children exposed to violence*

One-third of women who participated in the Australian component of the International Violence Against Women Survey, who were a victim of intimate partner violence and had children, indicated that their children had witnessed a violent incident. While limited information is available regarding the extent of witnessing of violence in Indigenous communities, anecdotal reports and empirical data suggest that Indigenous children are likely to be exposed to greater levels of violence than their non-Indigenous counterparts.

Of the 24 percent of Indigenous people aged 15 years and more who reported having been a victim of physical or threatened violence in the past 12 months in the NATSISS, approximately one-third (34%) lived in a household with children under five years of age, with almost two-thirds (67%) living in a household with children under 15 years (Al-Yaman, Van Doeland & Wallis 2006). However, it is not possible to assess from the NATSISS whether these children and adolescents were witnesses to violent incidents.

Children are further affected when they are forced to leave their family and community as a result of violence. Of the approximately 25,200 Indigenous women who sought Supported Accommodation Assistance Program assistance in 2005–06, 32 percent did so as a result of domestic and family violence, with a further three percent citing sexual/

physical/emotional abuse. Indigenous people comprised 22 percent (with domestic and family violence) and 23 percent (with sexual/physical/emotional abuse) of all those seeking assistance for these reasons. Fifty-seven percent of Indigenous clients (principally women) seeking Supported Accommodation Assistance Program assistance due to domestic and family violence had children. Similarly, 43 percent of Indigenous clients who sought assistance as a result of sexual/physical/emotional abuse had children. The implication is that many children are affected by violence over and beyond witnessing and experiencing it; these children are forced to relocate, with the resultant disruptions to interpersonal relationships (family and friends), education, and potentially to spiritual and cultural influences. This has serious implications for the perpetuation of cycles of violence.

### *Repeat victimisation: current relationships*

Many individuals who currently experience violence at the hands of family and friends have a history of violence with those individual(s). Memmott et al. (2001), in their analysis of violence in Indigenous communities, outlined the following as common characteristics of Indigenous spousal violence:

- The police had been called on numerous occasions to attend the violent scene. They did not always come, or if they did, they often only stayed until they had quietened down the situation. Often the violence began again after the police departed.
- The judicial system was the most common avenue used to try and stop a violent offender from reoffending. Most offenders had been incarcerated at least once for their violence.
- The victim had taken measures to prevent recurring violent attacks (restraining orders, spending time in a women's shelter or refuge, changing her address, or breaking up the relationship).
- Offenders and victims were involved in relationships characterised by repeated abuse and reconciliation.
- In some cases, members of the offender's family were (more) likely to protect the offender from retribution and even blame the woman.

- The violence continued for many years in some cases; in others, it only ended when the victim died through violence (Atkinson 1990a, 1990b, 1990c, 1996; Bolger 1991; Gladman et al. 1998; Koch 1998).

The repetition of violent incidents within intimate partner relationships commonly arises, as individuals:

- do not have, or perceive that they do not have, the physical, emotional or mental resources to leave/live beyond the abusive relationship
- love the offender and although they want the violence to stop, do not want to proceed with actions against them
- fear perceived and actual retribution from the victim's violent partner and/or their respective families.

That many spouses are repeatedly exposed to family violence, and that this may have previously come to the attention of police, support agencies, hospitals, mental health services and so on, is not restricted to Indigenous communities. It is observed across problematic/dysfunctional intimate partner relationships in most cultures. However, there are some factors that exacerbate the likelihood of repeat abuse for Indigenous victims of family violence, including:

- low rates of reporting abuse
- even though police may be called, the victim of violence may be unwilling to have charges laid for fear of what may happen to the offender; even in cases where a domestic violence order is issued, the victim may not follow through with the process
- in a collectivist society, more attention may be given to what other family members think and withdrawal of their support can have devastating impacts on social connectivity and personal wellbeing; the levels of deprivation may be such that personal relationships are all that an individual has left (Memmott et al. 2001).

While services are expected to provide a certain level of assistance, there may be factors that impact on their perceptions of Indigenous violence, and hence their level of responding, including:

- a belief that violence is 'normal' in Indigenous communities

- individuals are 'burned out' – areas characterised by frequent violence, abuse and neglect are more likely to be understaffed because staffing levels do not actually meet local demand and because it is difficult to retain staff due to the extreme nature of the job. This means that there is limited capacity to respond to incidents, and service providers may be frustrated by the fact that they continually attend the same scenes of violence
- having previously been the subject of threatened or physical Indigenous violence – in this instance, individual service providers may be less inclined to pursue paths of action where they again may be vulnerable
- fear of repeating past policy mistakes – for example, delaying or not removing children from abusive situations may be seen as generating another 'stolen generation'.

### *Health/disability status*

The link between violent victimisation and health status is reflected in the observation that rates of threatened violence increase from 21 percent for people with an excellent/very good self-assessed health status to 29 percent for individuals who assessed their health as fair or poor. Individuals with a disability or long-term health condition also experienced greater rates of victimisation (29%) than individuals who did not (Snowball & Weatherburn 2007).

# Relative and collective effects



The accumulation of critical risk factors increases the likelihood of experiencing violence. For example, an analysis of NATSISS data shows that the 10 percent chance a respondent had of being a victim of violence increased to 20 percent with the addition of high-risk alcohol consumption (Snowball & Weatherburn 2007). The addition of a stressor increased the risk of victimisation from 10 to 18 percent. Additional factors in order of decreasing marginal effects included:

- being a member of the Stolen Generation, or having a family member who was one of the Stolen Generation
- financial stress
- being first charged with an offence as a child
- substance abuse
- having moved once or more during the previous 12 months (Snowball & Weatherburn 2007).

Analysis of the International Violence Against Women Survey found that the most significant risk factors for victimisation by an intimate partner were:

- the length of the relationship
- prior childhood victimisation
- factors associated with the male's behaviour, such as controlling behaviour and being violent outside the family (Mouzos & Makkai 2004).

The International Violence Against Women Survey analysis found interaction effects for some variables. If a woman is married and her partner gets drunk a couple of times per month or more, her chances of being victimised increased nearly three times than for a non-married woman whose partner did not get drunk. If the same woman's partner engaged in controlling behaviour, her chances of experiencing physical violence perpetrated by her intimate partner over her lifetime were increased by a factor of six. The International Violence Against Women Survey also found that a woman who was married for five years and had a partner who got drunk a couple of times a month or more, was controlling in his behaviour and had a tendency to be violent outside the home, had a 58 percent chance of experiencing physical violence in her lifetime (Mouzos & Makkai 2004). Given the high levels of problem drinking and violent behaviour in many Indigenous communities, the probability of an Indigenous woman experiencing violence in this situation is very much higher.



# Addressing Indigenous violent victimisation: conclusion and implications for policy

In some respects, the factors that increase risks of violent victimisation among Indigenous people are similar to those in the non-Indigenous population. Many risk factors – particularly socioeconomic indicators such as marital status, level of income, residential stability and employment status – are significant predictors of victimisation in other groups (Johnson 2005). The misuse of alcohol and other substances leads to violent offending and victimisation among non-Indigenous as well as Indigenous people. However, Indigenous violence needs to be understood in a context that recognises the effects of stressors imposed on Indigenous people from outside, such as colonisation, cultural dispossession, loss of traditional gender roles and family structures, impact of government policies such as the large-scale removal of children, and racism (e.g. Cunneen 2001). Violence may also result from stressors within Indigenous communities, such as conflict within or between family or skin groups, the behaviour of powerful individuals, and community attitudes towards violence and abuse. The compounding effects of all of these risk factors, together with the impacts of remoteness, can lead to an escalating breakdown of culture, social structures and community functioning.

It is also apparent that Indigenous people overall experience violence at much higher rates than non-Indigenous people. In some communities, it seems that Indigenous people face violence as a

basic fact of life – as offender, victim, witness or all of these at different times. Indigenous women in particular face a much higher risk of violent victimisation than non-Indigenous women. In some communities, women can suffer ongoing and sometimes severe violence and abuse throughout their lives. While this could be true for a woman from any background or in any community, the likelihood is greatly increased for Indigenous women.

A good deal has been written on ways to address violence in Indigenous communities. Numerous inquiries and studies have led to the development of policies, programs and initiatives aimed at addressing the problems of communities from a wide range of perspectives. Some of these are broad-based, such as the Australian Government intervention in the Northern Territory or the establishment of Murri and Koori courts. Others are more specific, such as South Australia's Rekindling Indigenous Family Relationships in the Riverland Program. This program assists the Indigenous community to resolve family violence and child abuse issues using a holistic approach focusing on family and community development. It includes a Family Wellbeing Program to address conflict resolution, changing family violence patterns and building healthy relationships (SCRGSP 2007). Another example of a specific program is Queensland's Pathways to Prevention, which is aimed at families with young children from a number

of cultural groups living in particularly disadvantaged areas. This program uses a number of interventions to enhance children's communication and social skills, and empower their families to provide supportive environments that lead to positive development (SCRGSP 2007).

Given the range of policies and initiatives already in place, it is beyond the scope of this report to attempt to put forward further direct solutions to the problem of Indigenous violent victimisation. It is within the scope of this report, however, to note that there is a range of factors that increase the risk of violent victimisation for Indigenous people, especially women and those in remote and socially disadvantaged communities. That is not to say that all Indigenous women will be victimised or that violence is an issue in all Indigenous communities, but the fact of being Indigenous, female and living in a disadvantaged community will increase the risk of violence above the risk faced by a non-Indigenous female. Whether a person is Indigenous, female or male, engaging in the risky use of alcohol will increase the risk of being victimised. For Indigenous people, the effects of alcohol misuse on the risk of victimisation tend to be greater than for non-Indigenous people.

Importantly, the factors that tend to increase the risk of violent victimisation for Indigenous people are often beyond the control of the victim. The risk of a woman being sexually assaulted increases markedly if certain factors are present in her intimate partner – heavy drinking, controlling behaviour and a tendency to be violent outside the home. Even having an intimate partner increases the risk of sexual assault. Indigenous people who live in communities where violence is already a problem – where inter and intra-group conflicts exist, where they experience stressors such as economic deprivation, a lack of services and inadequate employment opportunities, and have already experienced the negative effects of past government policies – face an elevated risk of being victimised as a consequence of these risk factors. Added to this, having been victimised is itself a risk factor for further victimisation. Children face a heightened risk of being abused because of the behaviour of adults in their community.

The compounding and cumulative nature of victimisation risk factors suggests that any attempt to reduce violent victimisation will require a multi-faceted approach that deals with risks both inherent and external to victims. The approach must be

holistic because of the many elements that must be addressed and because this reflects Indigenous ways of understanding, feeling and seeing the world. The approach needs to take into account the ongoing impact of colonisation and its consequences for Indigenous people. Some risk factors, such as age and sex, clearly cannot be changed but can provide an important indicator to guide responses and services. It is apparent that Indigenous violence occurs in the context of multiple layers of social disadvantage, historical impacts and community dysfunction. While addressing different aspects of the problem by targeting discrete elements that contribute to it, responses to Indigenous violence must ultimately recognise and address these multiple layers and the interconnections among them.

Dealing with alcohol misuse must be a key element of any response to Indigenous violence, given its central role as a risk factor over and above other factors. Responses need to involve programs aimed at reducing problem alcohol use and providing community-level support for those who want to address their alcohol problems. These programs should be developed by or with Indigenous people and communities so that they incorporate Indigenous ways of teaching and learning, and are relevant to the life experiences and circumstances of those taking part in them. An effective response to alcohol use would address a fundamental risk factor for victims and also for offenders. This would be a particularly important outcome given that victims and offenders tend to have similar risk factors and in many cases may be the same individuals, depending on the circumstances. While it may be self-evident that a reduction in offending will lead to a reduction in victimisation, there is a potential for marked outcomes from relatively minor reductions in either area.

Within the overall response to Indigenous violence, it is essential to maintain an awareness that at the centre of each instance of victimisation is a person suffering the impacts and consequences of violence. It is beyond the scope of this report to look at the reasons violence is often not reported, but improvements in the availability of supportive medical and counselling services, responsive and culturally sensitive police, and safe forms of accommodation may help improve levels of reporting and provide more victims with the kind of help they need.



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## **AIC Reports**

### **Technical and Background Paper 30**

Indigenous Australians are subject to higher rates of violent victimisation than other Australians. Based on data from surveys, service providers and the criminal justice system, this report examines how Indigenous violent victimisation rates vary with demographic, psychological and cultural factors. Determining victimisation risk, while constrained by data and survey information, enables identification of how risk is affected at community, local and regional levels to allow for implementation of localised prevention strategies. Reduction of victimisation risks through addressing external environmental influences requires a multifaceted and holistic approach.

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