



**Royal Commission**  
into Violence, Abuse, Neglect and Exploitation  
of People with Disability

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# Research Report

**Nature and extent of violence,  
abuse, neglect and exploitation  
against people with disability  
in Australia**

Centre of Research Excellence in  
Disability and Health (CRE-DH)

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## Table of acronyms

Nature and extent of violence, abuse, neglect and exploitation against people with disability in Australia.

<b>Acronyms</b>	<b>Explanation</b>	<b>Page*</b>
AIHW	Australian Institute of Health and Welfare	21
ABS	Australia Bureau of Statistics	5
ALSWH	Australian Longitudinal Study on Women's Health	21
ANROWS	Australia's National Research Organisation on Women's Safety	17
ARCSHS	Australian Research Centre for Sex, Health and Society	19
BNLA	Australian Institute of Family Studies Building a New Life in Australia	19
CLSIS	Community Legal Services Information System	25
CP NMDS	Child Protection National Minimum Data Set	21
CRE-DH	Centre of Research Excellence in Disability and Health	5
CURF	Confidentialised Unit Record Files	18
GSS	General Social Survey	17
HILDA	Household Income and Labour Dynamics in Australia	18
ICF	International Classification for Functioning, Disability and Health	6
LGBTIQ	Lesbian, Gay, Bisexual, Trans and gender diverse, Intersex and Queer	19
LSAC	Longitudinal Study of Australian Children	19
LSIC	Longitudinal Study of Indigenous Children	21
LSSF	Longitudinal Study of Separated Families	26

<b>Acronyms</b>	<b>Explanation</b>	<b>Page*</b>
NATSISS	National Aboriginal and Torres Strait Islander Social Survey	17
NCAS	National Community Attitudes Towards Violence Against Women Survey	17
NDIA	National Disability Insurance Agency	17
NDIS	National Disability Insurance Scheme	22
PSS	Australian Bureau of Statistics (ABS) 2016 Personal Safety Survey	5
RSE	relative standard error	13
SDAC	Survey of Disability, Ageing and Carers	17
SHSC	Specialist Homelessness Services Collection	22
UNCRPD	The United Nations Convention on the Rights of Persons with Disabilities	6
WHO	World Health Organization	6

\*This is the page the acronym first appeared.

## Introduction

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (hereafter referred to as the Disability Royal Commission) contracted the Centre of Research Excellence in Disability and Health (CRE-DH) to complete a short scoping project to explore data and information on the prevalence and experience of violence against, and abuse, neglect and exploitation of people with disability (we use the umbrella term ‘violence’ to reflect violence, abuse, neglect and exploitation unless otherwise stated).

In Australia, violence is a serious and widespread problem. Although violence affects people from all cultures, ages and socio-economic groups, the extent, nature and impacts of violence are not evenly distributed across people and communities. People with disability experience violence and abuse at significantly higher rates than people without disability.<sup>1</sup> There is increasing recognition that some people may be at heightened risk including women with disability, young people with disability, as well as people with intellectual and psychosocial disability. There is very little data collected in Australia that specifically addresses issues of neglect and exploitation.

The historical omission of people with disability from national data collections, and the lack of up-to-date analyses where data on violence and disability are available, means there is limited empirical evidence to inform governments, institutions and the community about best practices in prevention and response. The current project addresses three key questions:

1. What data are currently available about the extent and nature of violence, abuse, neglect and exploitation of people with disability in Australia?
2. What are the limitations and gaps in the current Australian data and research landscape?
3. What options are recommended to fill these key data gaps?

We have addressed these three key questions in four main ways that correspond to each section of this report. In the first section of the report on the **extent and nature of violence experienced by people with disability** we present further analysis of Australian Bureau of Statistics (ABS) 2016 Personal Safety Survey (PSS). The PSS is a general population survey that collects detailed information about how people in Australia experience physical violence, sexual violence, intimate partner violence, emotional abuse by a partner and stalking. Despite its limitations it adds context to the complex issue of violence as experienced by people with disability in Australia.

In the next section on **disability and violence data assets** we draw on projects already undertaken by the CRE-DH that mapped sources of data on disability and violence. We add to this by exploring the potential of other sources of data to extend understanding about the experiences of violence, abuse, neglect and exploitation of people with disability including for key community cohorts. In third section on **understanding data gaps** we expand on the data and information issues that are central to building comprehensive and reliable evidence about violence, abuse, neglect and exploitation of people with disability. The section is organised around five key gaps: definitional complexity; design and methodology; quality and utility; data accessibility and data linkage.

We conclude the report with a section on **options for improving data**, which includes a set of overarching recommendations, along with a series of actionable steps for achieving the recommendations.

### [A note on definitions, conceptual and theoretical approaches](#)

The terms, definitions, concepts and theoretical approaches used to describe disability and violence are contested and vary between disciplines and sectors.

Currently, there is no consistent approach to defining or identifying violence, abuse, neglect and exploitation against people with disability in Australia. Information is mostly drawn from data collections that typically ask about forms of violence that are common across the population (e.g., physical and sexual violence; domestic and family violence). While these data tell us about the nature, extent and impact of some types of violence for people with disability in comparison to people without disability, they fail to capture additional behaviours and manifestations of violence that may be specific to, or even experienced exclusively by, people with disability.

This includes, for example, violence that is targeted at people with disability because of their perceived vulnerability (also known as hate, disablist hate or bias crimes); denial of treatment, required medication and/or specific aids; limiting access to social and other support services and exploitation/violation of bodily autonomy including forced or coerced sterilisation. Information about these less commonly understood expressions of violent, abusive, neglectful and exploitative behaviours and practices rely primarily on formal disclosure and recording and currently there is little to support understanding about its nature and extent.

**We encourage the Disability Royal Commission therefore to explore the full scope of what violence, abuse, neglect and exploitation means for people with disability; the way it is enacted through a diverse range of incidents, consistently as part of everyday experiences and through the operations of family structures, relationships, institutions, service delivery and policy and legislative settings.**

The way that disability is defined in Australia is also highly contested. The terms ‘social model’ and ‘medical model’ are frequently used to highlight opposing views of disability, however contemporary understandings are more complex than this dichotomy. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) defines disability as: ‘interaction between persons with impairments and attitudinal and environmental barriers that hinder full and effective participation in society on an equal basis with others.’<sup>2</sup> This definition appropriately recognises societal and other barriers that hinder participation in key life domains. It is this definition that underpins Australian policy and practice including the National Disability Strategy 2010-2020.

There is now also a universal language and conceptual basis for classifying disability worldwide which comes from the World Health Organizations (WHO) International Classification for Functioning, Disability and Health (ICF).<sup>3</sup> Like the UNCRPD, the ICF considers that activities can be impacted by body structures and functions and can be hindered or facilitated by personal and environmental characteristics. In Australia, items used in the Census and other Australia Bureau of Statistics (ABS) surveys are based on the ICF.

Contemporary debate about the need for an agreed and universally accepted and applied working definition of disability is not an abstract one. Differences in how disability is conceptualised and defined is a major impediment to a robust evidence base. In the context of the Disability Royal Commission an understanding of the theoretical perspectives that underpin definitions of disability and approaches to identification and classification offer the opportunity to consider how and why problems arise and how they may be addressed.

**We strongly recommend the Disability Royal Commission consider and reflect on the way disability is defined in Australia and globally, its theoretical underpinnings, its complexity and multi-dimensionality.**



## Extent and nature of violence experienced by people with disability

There is limited publicly available data on the prevalence of violence and abuse experienced by people with disability in Australia, with even less information that specifically addresses issues of neglect and exploitation. The Personal Safety Survey (PSS) administered by the Australian Bureau of Statistics (ABS) is currently the only national survey in Australia that collects data on experiences of interpersonal violence.<sup>4</sup> The survey collects information from men and women aged 18 years and over. Data are collected about experiences of violence in relation to two time periods – in the last 12 months and since the age of 15 (also described as lifetime exposure). Prevalence estimates in the last 12 months provide an indication of current levels of violence and are useful to measure change over time. Lifetime exposure (since the age of 15) is a partial estimate of the total number of people ever exposed to violence. It is a partial indicator because it does not account for violence experienced before the age of 15.

The PSS is currently the best available source of population level estimates of the prevalence of different types of violence experienced by people with disability in Australia. It uses a standard measure of core activity limitation/need for assistance common in other ABS surveys to identify people in the sample with disability (or long-term health condition). The PSS however is not specifically designed with this population group in mind and has several limitations.

The PSS only selects respondents from private dwellings (e.g., houses, flats, caravans), thereby excluding people who live in institutional and other care settings. The PSS does not include respondents who need assistance with communication so is highly likely to exclude those with communication impairments and more severe disability.

There are also limitations in relation to its collection of information about violence including that it only collects information about some forms of violence. Additionally, there is no mechanism to determine whether the violence reported is part of a systematic pattern of abuse or an isolated incident. This is particularly relevant in the context of domestic and family violence.

With these limitations in mind, below we provide key statistics from the 2016 PSS to highlight the extent and nature of violence experienced by people with disability in Australia including how this varies by gender, age and impairment type. Our analyses provide new information using data items available for the first time in the 2016 survey about violence, disability and impairment type. We also present a new composite measure of violence that combines physical violence, sexual violence, intimate partner violence, emotional abuse and stalking. (For further details please refer to the technical notes in Appendix B).

## Key statistics

(based on data for people aged 18-64; rates are directly age standardised to the June 2018 Australian population)

People with disability are more likely to experience violence than people without disability

- Since the age of 15, **64% of people with disability (2,375,997 people) report experiencing physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking** compared to 45% of people without disability
- In the last 12 months, people with disability are at 1.8 times the risk of all types of violence in comparison to people without disability

### *Physical violence*

- Since the age of 15, **52% of people with disability (1,913,425 people) report experiencing physical violence** compared to 34% of people without disability
- In the last 12 months, people with disability are at 1.8 times the risk of physical violence in comparison to people without disability

### *Sexual violence*

- Since the age of 15, **21% of people with disability (764,792 people) report experiencing sexual violence** compared to 10% of people without disability
- In the last 12 months, people with disability are at 2.2 times the risk of sexual violence in comparison to people without disability

### *Intimate partner violence\**

- Since the age of 15, **26% of people with disability (963,128 people) report experiencing intimate partner violence** compared to 14% of people without disability
- In the last 12 months, people with disability are at 2.6 times the risk of intimate partner violence in comparison to people without disability

### *Emotional abuse*

- Since the age of 15, **31% of people with disability (1,154,962 people) report experiencing emotional abuse** compared to 17% of people without disability
- In the last 12 months, people with disability are at 1.9 times the risk of emotional abuse in comparison to people without disability

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\* In the PSS, an intimate partner refers to a current or previous partner with whom the respondent lived, or current or former boyfriend, girlfriend, or date with whom the respondent did not live

## Stalking

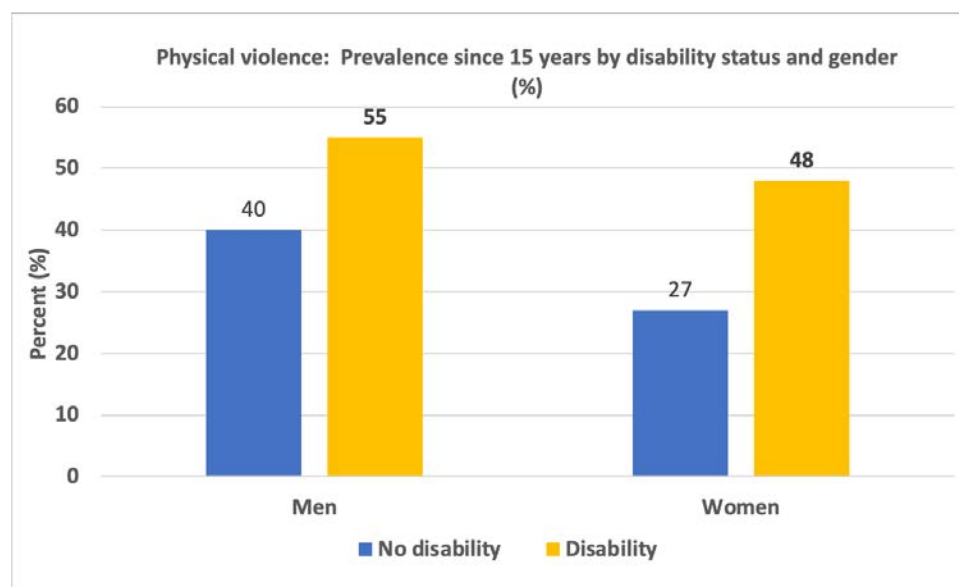
- Since the age of 15, **21% of people with disability (729,457 people) report experiencing stalking** compared to 11% of people without disability
- In the last 12 months, people with disability are at 2.4 times the risk of being stalked than people without disability

The intersection of gender and disability impacts on the extent and nature of violence

## Physical violence

- Men and women with disability are at higher risk of experiencing physical violence in their lifetime than men and women without disability

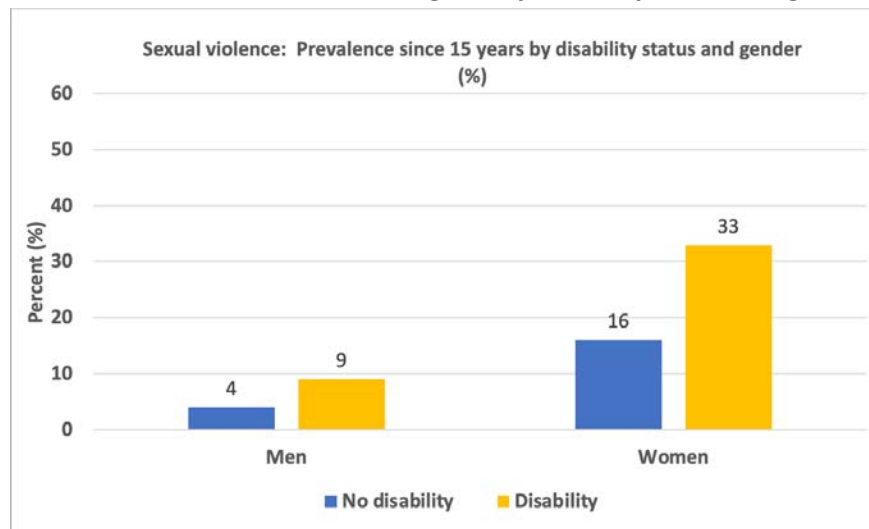
**Figure 1: Prevalence of physical violence since age 15 by disability status and gender**



## Sexual violence

- While all women are at higher risk of sexual violence than men, **women with disability are twice as likely to report an incident of sexual violence over their lifetime** than women without disability (33% or 605,081 women with disability compared to 16% of women without disability).
- Over their lifetime, **men with disability are 2.6 times as likely to report sexual violence** compared to men without disability

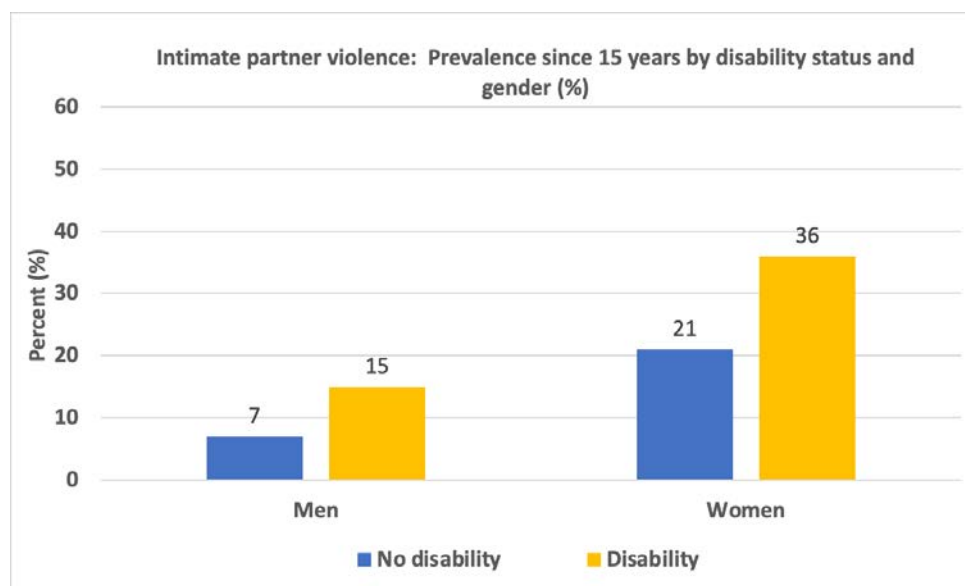
- **Figure 2: Prevalence of sexual violence since age 15 by disability status and gender**



### *Intimate partner violence*

- Women experience higher rates of intimate partner violence than men, and both women and men with disability experience higher rates of intimate partner violence than their counterparts without disability
- Since the age of 15, **36% of women with disability (693,884 women) report experiencing violence by an intimate partner**, compared to 21% of women without disability.

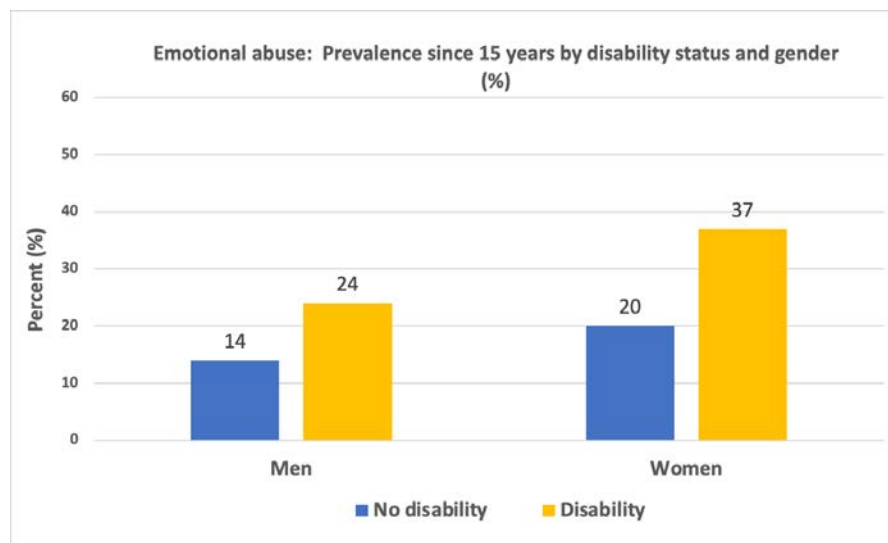
**Figure 3: Prevalence of intimate partner violence since age 15 by disability status and gender**



### Emotional abuse

- All women experience higher rates of emotional abuse than men, and both women and men with disability experience higher rates of emotional abuse than their counterparts without disability
- Since the age of 15, **one in three women with disability report emotional abuse by a current or previous partner** (37% or 712,076 women with disability compared to 20% of women without disability)

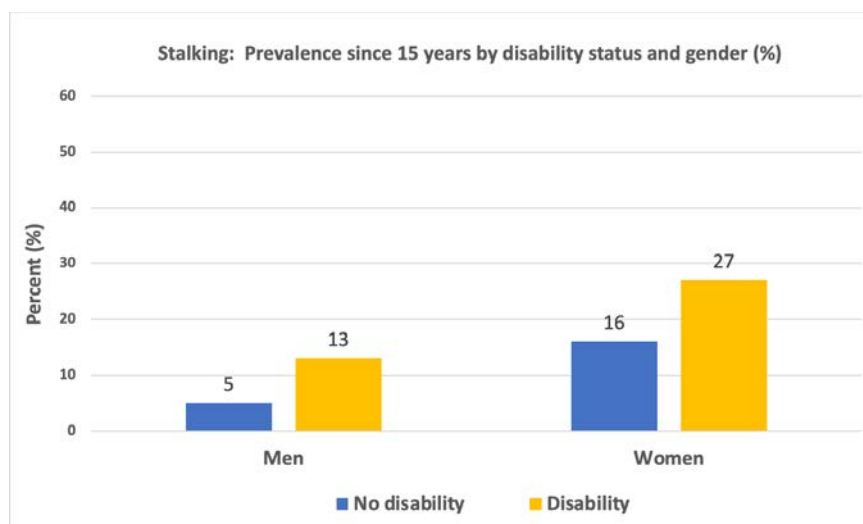
Figure 4: Prevalence of emotional abuse since age 15 by disability status and gender



### Stalking

- While people with disability experience higher rates of stalking than people without disability, **women with disability are most at risk of being stalked**

Figure 5: Prevalence of stalking since age 15 by disability status and gender



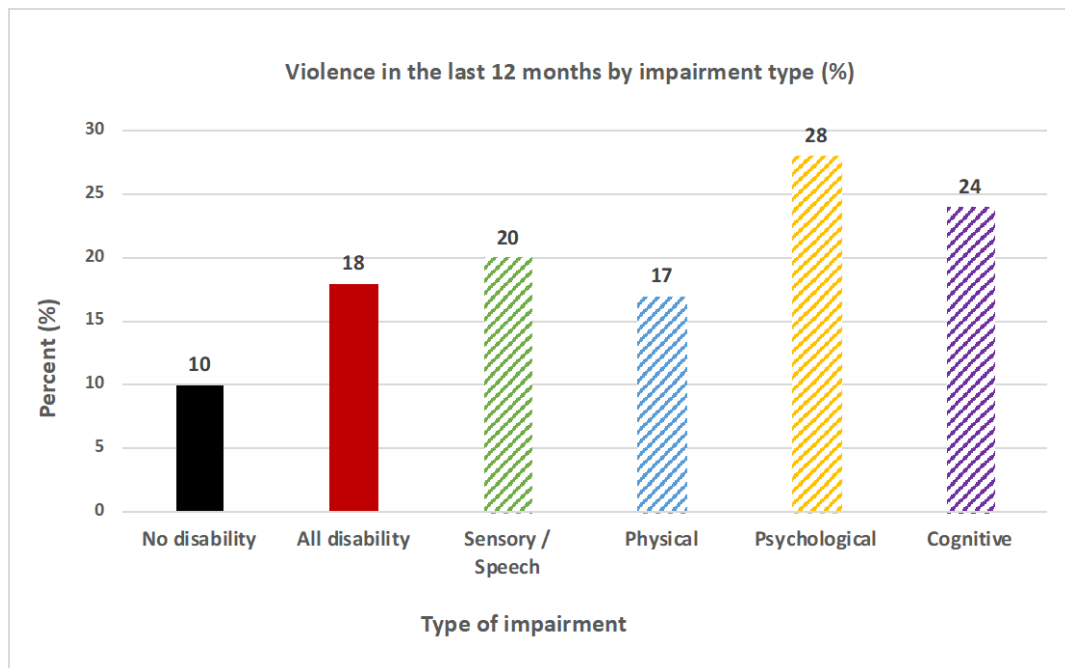
Young people with disability (aged 18-29) experience high rates of violence

- **25% of young people with disability (165,835 young people) reported experiencing violence in the last 12 months**, compared to 20% of those aged 30-44 and 11% of those aged 45-65 with disability
- **Young women with disability (18-29 years) are twice as likely to report experiencing sexual violence** over their lifetime than young women without disability
- Young people with disability were three times more likely to report being stalked in the last 12 months compared to young people without disability<sup>^</sup>

The extent and nature of violence varies by impairment type<sup>†</sup>

- In the last 12 months, people with cognitive and psychological impairments report higher rates of all types of violence in comparison to people with other types of impairments

**Figure 6: Prevalence of all violence in the last 12 months by impairment type**



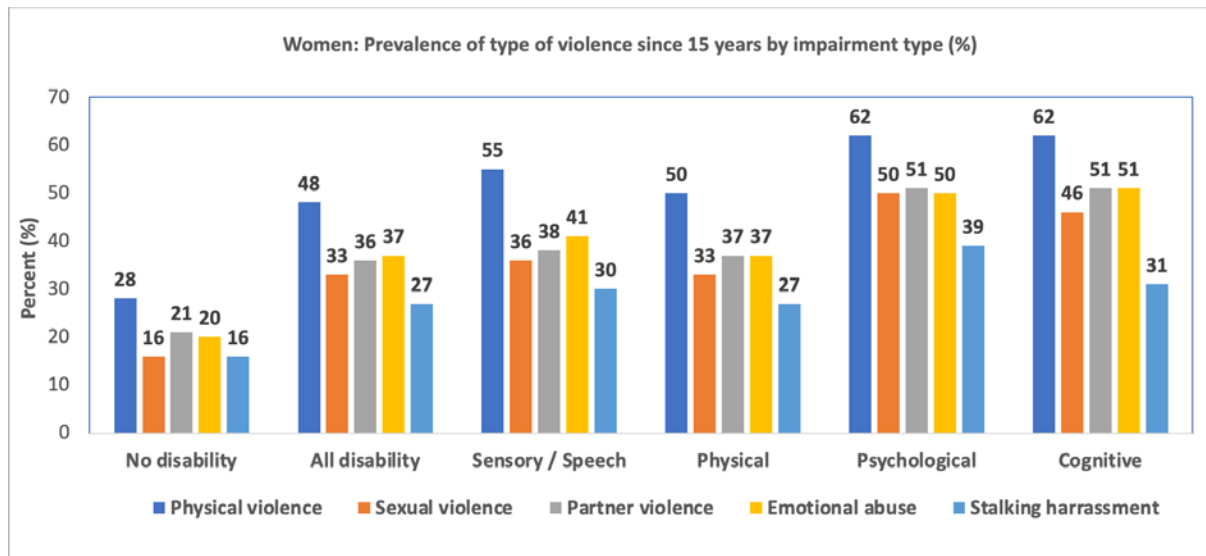
<sup>^</sup> Prevalence estimates with a relative standard error (RSE) of greater than 25% are denoted by <sup>^</sup> appear in grey text as they are generally **'not considered reliable for most purposes.'**

<sup>†</sup> impairment type is categorised into four groups: physical, sensory and speech, cognitive and psychological. Estimates are provided for individual impairment types, but many participants in the PSS report more than one impairment

*There are important intersections between gender, impairment type and type of violence*

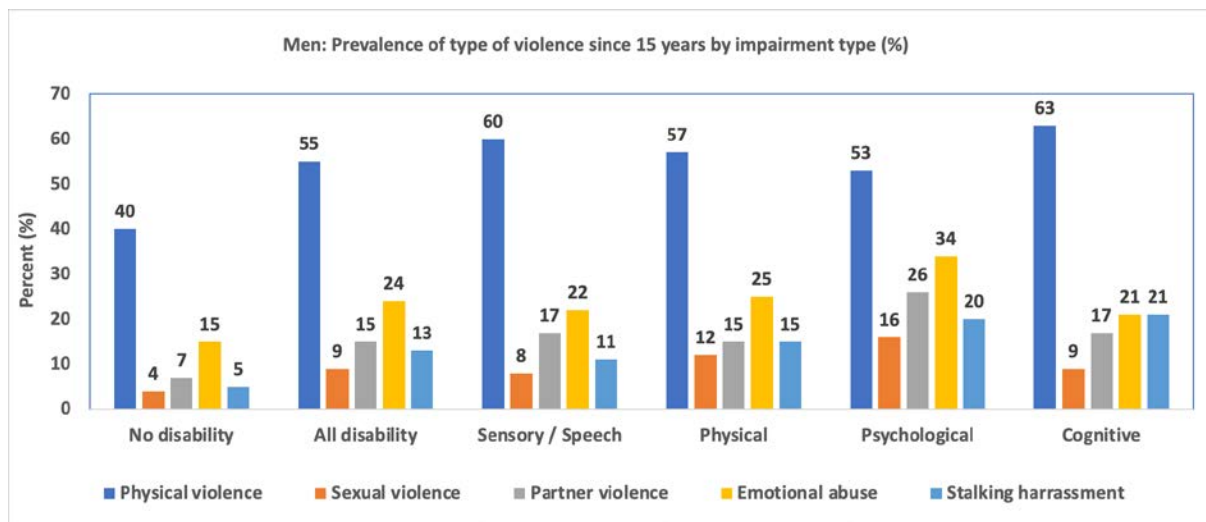
- Women with psychological and cognitive impairments have very high rates of all types of violence, particularly physical violence, sexual violence, partner violence and emotional abuse
- **One in two women (334,076 women) with psychological and/or cognitive impairment have experienced sexual violence** in their lifetime

**Figure 7: Prevalence of violence since age 15 for women by impairment type and type of violence**



- Men with disability have high rates of physical violence across all impairment types
- Emotional abuse and intimate partner violence are **highest for men with psychological impairments**

**Figure 8: Prevalence of violence since age 15 for men by impairment type and type of violence**



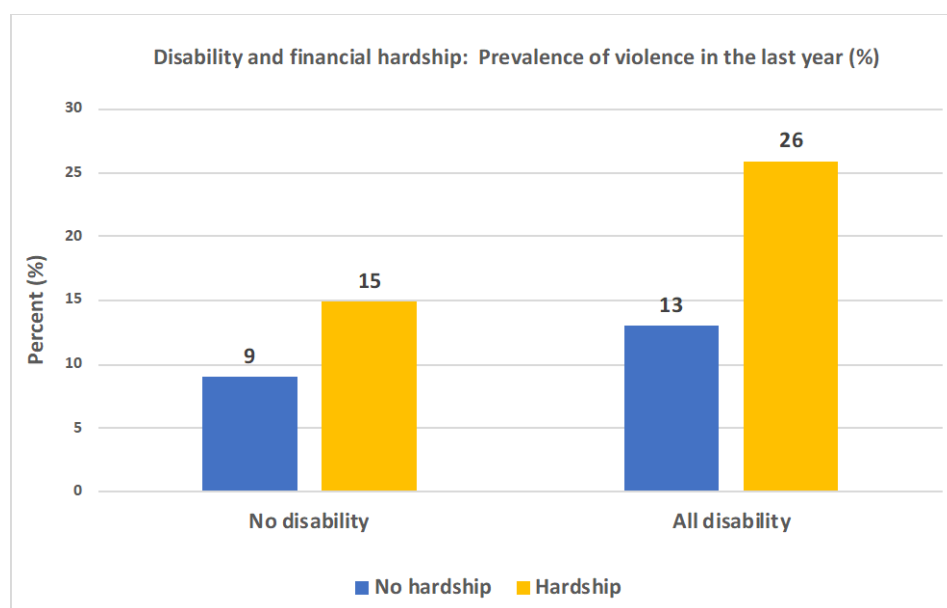
## The intersection of disability and socioeconomic hardship

34% of people with disability (1,154,917 people) report living in financial hardship compared to 14% of people without disability

Financial hardship is associated with a two-fold increase in the experience of violence (regardless of disability status)

- **People with disability who report living in financial hardship are three times as likely to experience of violence** than people without disability who report no financial hardship

**Figure 9: Prevalence of all violence in the last 12 months by disability status and financial hardship**



### What's missing?

The PSS is a rich source of data about the extent and nature of violence. It is a complex survey that collects detailed information about incidents of violence for women and men, but it cannot (and cannot be expected to) capture the full scope of violence in the Australian community.

**Key communities of interest:** Like other ABS national social surveys, the PSS is designed to provide reliable statistics for the general population, but as a result prevalence estimates become less reliable as the sample population is further sub-divided. For example, there is insufficient numbers of men in the sample with some types of impairment to estimate prevalence of some forms of violence. This also applies to estimates where data are sub-divided to account for multiple social identities, for example, violence for culturally and linguistically diverse people with disability.

In addition, the PSS does not currently collect demographic information for some population cohorts including transgender and gender diverse people and First Nations people. The ABS notes that the PSS is not a culturally appropriate way to collect information about experiences of violence and abuse among Aboriginal and Torres Strait Islander people, thus making any prevalence estimates unrepresentative and misleading.



**Children and young people:** While the PSS collects information about experiences of physical and sexual abuse before the age of 15, these data are not designed to estimate population level prevalence of violence and abuse for children and young people. Rather this separate (optional) module is designed to be used in conjunction with information collected in other parts of the survey to analyse relationships between physical and sexual abuse before the age of 15 and later experiences of violence as an adult. There are insufficient numbers in the sample to reliably test this relationship for people with disability.

There is an urgent need to consider the extent and nature of violence, abuse, neglect and exploitation of children and young people with disability and not simply as a way of understanding the pathways through which childhood exposure impacts experiences in later life. The scarcity of reliable data to estimate the nature, extent and impact of violence and abuse for children and young people significantly hampers efforts to prevent and respond to the problem. **We recommend the Disability Royal Commission consider children and young people with disability in all settings as a high-risk group in whom it is important to identify violence.**

**Types of violence:** The survey is funded under the National Plan to Reduce Violence Against Women and their Children,<sup>5</sup> and as such has a deliberate focus on types of violence that are of interest to the violence against women sector; namely intimate partner violence, sexual assault and stalking. This is why women are oversampled. The final sample for the 2016 PSS is 21,242, comprising 15,589 women and 5653 men.

This means that some types of violence that are recognised as being experienced disproportionately (or even exclusively) by people with disability are not collected in the PSS nor in most other national and administrative surveys. This includes, for example:

- financial abuse and exploitation
- bullying and discrimination
- coercive control including reproductive coercion
- socially isolating or ‘quarantining’ people with disabilities from the community
- neglect (intentional and unintentional), for example, by providing inadequate care
- withholding and/or denying access to medication or preventing access to services
- forcing medication against a person’s will
- withholding, damaging or breaking assistive devices
- other forms of exploitation, such as sexual exploitation
- public crimes such as bias or hate crimes

In addition, counting how many people are subject to at least *one incident* of violence does not reflect what we know about some types of violence. We know that family and domestic violence, particularly for women, is more likely to be experienced as a systemic pattern of power and control exerted by one person over another that involves a variety of physical and non-physical tactics of abuse and coercive control. While we can report, for example, that 36% of women with disability has ever experienced intimate partner violence, it cannot distinguish between those for whom this is a regular pattern of violence and abuse or those for whom it was an isolated incident.

**Violence against older people with disability<sup>‡</sup>:** For this report we elected to include only those respondents in the PSS aged 18-64 years. We approached our analyses in this way because the rate of disability increases with age making it more complex to understand the intersections between violence, disability and elder abuse.

**Temporal relationship between violence and disability:** In the PSS, lifetime prevalence estimates (since the age of 15) are used as a partial indicator of the total number of people ever exposed to violence. It is also important to note that lifetime exposure is based on disability status at the time of the survey and therefore not indicative of disability at the time the violence occurred. In other words, it cannot tell us whether disability pre-dated or was a consequence of violence. The PSS is not designed to unpack the strength or direction of the association between disability and violence over time.

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<sup>‡</sup> Refer to the addendum to this report for key statistics from the PSS for people with disability aged 65 years and over

## Disability and violence data assets

In this section of the report we highlight other data sources in Australia that have the capacity to provide further information about the nature and extent of violence against people with disability. The data sources have been selected from two projects undertaken by researchers from the CRE-DH that aimed to map sources of data on disability and violence.<sup>6 7</sup> In scope were three main categories or types of publicly available data with identifiers for disability *and* violence. Each type of data collection has strengths and limitations that are important to consider alongside the strengths and weaknesses of individual datasets.

**National data collections:** the PSS is an example of a national data collection. Other ABS surveys such as the General Social Survey (GSS), the Survey of Disability, Ageing and Carers (SDAC) and the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) are also categorised as national data collections. Their aim is to ascertain methodologically rigorous data, paying close attention to sampling, to ensure findings are statistically robust and generalisable to the population of interest. While ABS surveys, in particular, are considered a trusted source of reliable data, they are not always the most useful source of robust estimates for community cohorts of interest, such as people with disability.

**Administrative data:** include data that are collected for the purposes of administering and recording service activity. This can include data from government agencies such as the police, health, family and community services, as well as non-government community sectors. Other examples include data that is collected when violence, abuse, neglect and exploitation are reported, either to police or other response agencies. Data collected by the National Disability Insurance Agency (NDIA) Quality and Safeguarding Commission are a key example in this space. While research is not the main purpose of administrative data collections, it can be used for statistical analysis and offers a rich source of information either on their own or by linking to other data sources. Administrative datasets however present a range of challenges mostly because they are typically not subject to rigorous or consistent data collection methods.

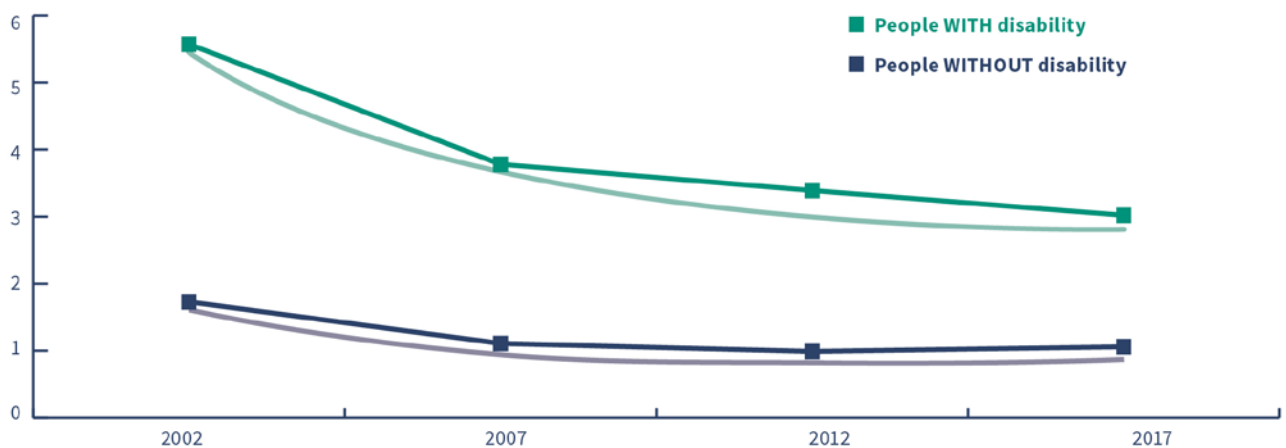
**Research surveys and longitudinal studies:** data that are collected for the purpose of research; data custodians tend to be university or research institutes, although data may be owned by government agencies with data collection auspiced through a third party. The National Community Attitudes Towards Violence Against Women Survey (NCAS) funded by the Department of Social Services is an example of a large-scale periodic research survey conducted every four years by Australia's National Research Organisation on Women's Safety (ANROWS). In addition, longitudinal studies – where the same individuals are asked the same or similar questions periodically over time - are perhaps the most valuable of this category of data collection despite their complexity and cost. Longitudinal data allows for analysis of change over time in relation to disability and violence, and unlike the PSS can be used to unpack temporal patterns and reciprocal relationships between disability and the extent and nature of violence.

Within these three categories we identified over 25 data collections with identifiers for disability *and* violence and thus with the potential to enhance the current evidence base. Appendix A highlights

key national data collections that are publicly available. It does not include state and territory-based data sources or those that do make their data available publicly for research or other purposes.

It is important to note that each of the individual data sources has strength and weaknesses. The Household Income and Labour Dynamics in Australia (HILDA) survey, for example, is a rich source of longitudinal data that can be used to explore temporal and reciprocal patterns of violence experienced by people with disability in Australia, as well as the extent to which the experience of violence has changed over time but it contains data on physical violence only. The graph below provides an example of how HILDA data can be used. It shows that while the risk of experiencing physical violence over the last 12 months has decreased for people with and without disability, there is no evidence that the gap in the experience of physical violence is closing. **People with disability remain at greater risk of experiencing physical violence** than people without disability.

**Physical violence prevalence from 2002 - 2017**



Source: Household Income and Labour Dynamics in Australia Survey 2002-2017

We identified other data assets with the potential to extend current understanding about the extent and nature of violence for people with disability for specific community cohorts, including:

#### First Nations people:

Due to a historical lack of population level data for First Nations people in Australia, the 2014-2015 NATSIS is particularly valuable for future research about disability and violence. Also, given it is an ABS dataset, there may be potential to link with other ABS datasets and instruments to enhance its utility. The ABS is currently comparing Census and administrative data for these populations to improve data quality and accuracy (see [www.abs.gov.au/ausstats/abs@.nsf/mf/1900.0](http://www.abs.gov.au/ausstats/abs@.nsf/mf/1900.0)). Other strengths of the NATSIS include good documentation of variables (data item list, questionnaires), well-defined data on disability and violence and cross-sectional longitudinal data to assess trends over time. There are some key limitations to consider including concerns that data on disability in the NATSIS are inconsistent with other ABS data collections.<sup>8</sup> Note also that research data is only available as summary tables and expanded Confidentialised Unit Record Files (CURF).

### Culturally and linguistically diverse people:

While the PSS can be used to generate prevalence estimates on experiences of violence and abuse for women and men from culturally and linguistically diverse communities, this cohort is likely to be significantly underrepresented. Like other ABS surveys, it is possible to use different proxies to identify cultural and linguistic diversity including 'not born in Australia', 'speaking a language other than English at home' and 'speaking English 'not well' or 'not at all well'. Even using the least restrictive criteria ('speaking English 'not well' or 'not at all well') the numbers of people in the PSS who report cultural and linguistic diversity *and* disability are too small to produce reliable prevalence estimates.

The only other cohort specific dataset that we are aware of is the Australian Institute of Family Studies Building a New Life in Australia (BNLA) dataset – a longitudinal study comprising approximately 2500 individuals and families from over 35 countries who were granted permanent protection through Australian humanitarian programs in 2013 (see [aifs.gov.au/projects/building-new-life-australia](http://aifs.gov.au/projects/building-new-life-australia)). Although data are collected on disability and experiences of discrimination and bullying in Australia, there is little publicly available documentation of definitions and variables.

### LGBTIQ people:

There is limited data on the extent and nature of violence experienced by LGBTIQ people in Australia, let alone those with disability. The PSS does not collate data specifically on the basis on LGBTIQ identification. We are aware however of two key national survey series that investigate health and social issues for LGBTIQ adults (Private Lives 2006-2019) and same sex attracted and gender questioning young people (Writing Themselves In 1998-2020). Data are collected and owned by the Australian Research Centre for Sex, Health and Society (ARCSHS) at Latrobe University.

### Children and young people:

There is limited data on the extent and nature of violence experienced by children and young people with disability in Australia. Although the PSS describes lifetime exposure to violence, these data only relate to experiences since the age of 15. The Longitudinal Study of Australian Children (LSAC) follows the health, wellbeing and development of over 10,000 young children and families. However, its data on both disability and violence are limited. In Victoria, there is a newly established cohort study - GenV (Generation Victoria). *All* babies born in Victoria between 2020 and 2022 will be invited to take part; the main aim of which is to link primary data with key secondary administrative agency and service data, for example, to child protection. Although the utility of these data for understanding the nature and extent of violence for children with disability won't be realised for many years, there is value in understanding its future potential.

## Understanding the key gaps

While our scoping of data sources revealed limitations within individual datasets, it also revealed key gaps across the Australian data and research landscape. We have synthesised issues into **five key data gaps**.

### Definitional complexity:

This applies to both definitions of disability and violence. Internationally, the most widely used tools to identify disability are those that align with the ICF including the disability modules that the ABS employs across many of its surveys. These modules define a person as having a disability (or long-term health condition) if they have one or more conditions that has lasted, or is likely to last, for six months or more and restricts daily activities. Not all datasets employ definitions based on the ICF. This means that disability is not consistently identified across all data collections or administrative sources and results in the identification of substantially different groups of people as disabled.

There is no legislative or purpose-built definition of violence against people with disability. Broad definitions of violence that inform approaches to empirical measurement in Australia typically only consider expressions of violence and abuse that are common in the general population. This means there is limited data available (or none in some circumstances) to inform understanding of the scale and form of violence, abuse, neglect and exploitation against people with disability. This represents a significant impediment to intervening to prevent or respond to the problem.

### Design and methodology:

Many of the limitations evident in individual datasets are a consequence of how data are collected, which often does not allow for the adequate representation of people with disability. For example, the PSS is only about private dwellings and if a person has an impairment that does not allow them to complete the interview on their own, the methodological approach does not allow for someone to assist them. While the use of a proxy is used for some sections of the PSS and in other ABS surveys, employing this strategy must be carefully balanced against consideration for the safety of participants, particularly in relation to when a respondent may be living and/or being assisted by a perpetrator. Given our key statistics showed that people with disability are more likely to experience violence by someone they know than by a stranger such considerations are critical.

### Quality and utility:

While there exists high quality, comprehensive data on the prevalence of violence and the prevalence of disability in Australia, the ability of existing survey instruments to robustly identify both is limited. The Victorian Royal Commission into Family Violence noted that the PSS is 'the foremost indicator of family violence prevalence and is of critical value for departments, agencies and funded services.'<sup>9</sup> The SDAC provides the best available data on the prevalence of disability in Australia with a sampling frame that includes respondents across a range of settings but does not collect information on experiences of violence apart from a limited number of questions about whether respondents feel safe within their home and in their neighbourhood. The major difficulty is there is no current data source which permits understanding the complex interplay between disability and violence.

### Data accessibility:

We found some datasets that were readily accessible, others where pathways to access were obscure, difficult or restricted and others where data access was not available. In addition,

definitions of key variables were often poorly described or missing with little or no documentation. Data with the potential to be useful for understanding the prevalence and extent of violence, such as from the National Disability Abuse and Neglect Hotline and the National Sexual Assault, Domestic and Family Violence Counselling and Information Referral Service (1800 RESPECT) are not currently analysed and released back to research, advocacy and support services to inform practice and policy. While we acknowledge that the process of making data accessible and safe for research purposes is not straightforward, it is a critical step to ensuring routinely collected data can be used to inform policy and practice responses.

### Opportunities for data linkage:

A key area of consideration in the scoping review was the potential for each dataset to be linked to one or more data sources to extend capacity to answer critical questions about disability and violence. Assessments were based on whether data linkage had been performed previously or whether data linkage services were possible. We identified six datasets where data linkage to external data sources has already occurred. This included: the Australian Longitudinal Study on Women's Health (ALSWH), Australian Temperament Project (ATP), Child Protection National Minimum Data Set (CP NMDS), Longitudinal Study of Australian Children (LSAC), Longitudinal Study of Indigenous Children (LSIC) and the Australian Longitudinal Study on Male Health (Ten to Men). There also appear to be opportunities with other datasets such as HILDA where data linkage is currently being assessed or with datasets held by AIHW who provide a dedicated data linkage service. However, for most datasets the potential for data linkage was unclear.

## Options for improving data and information

Developing evidence-informed responses to the extent and nature of violence, abuse, neglect and exploitation of people with disability in Australia is predicated on the availability of high quality, consistent and reliable information. In this section, we suggest recommendations and options for improving data and information. Note, we have taken a pragmatic approach to these recommendations prioritising the way in which existing data holdings may be used, augmented or enhanced, rather than recommending the building of new national surveys. While developing a new omnibus survey would be a significant boost to the evidence base, it comes with substantial costs, time and effort. We have therefore focused our recommendations on ways to strengthen the quality and utility of existing data.

### Recommendation 1: build the evidence base by maximising the use of existing data

Our data mapping exercise identified over 25 datasets with potential to accelerate the empirical evidence base on the prevalence, nature and impact of violence, abuse, neglect and exploitation of people with disability in Australia. This includes data sources on experiences of violence for people with disability and other social identities including First Nations people (NATSISS), LGBTIQ (Private Lives 3) and people experiencing or at risk of homelessness (SHSC; Journey's Home). There may be additional data sources if we expanded our data mapping exercise to include neglect and exploitation. We recommend therefore the better use of existing data collections can be achieved in three ways:

- a. Undertake additional statistical analysis of existing publicly available survey and administrative data
- b. Undertake additional analyses of existing administrative data not publicly available and make results accessible to those who can use it to enhance policy and service response, including contributing to the findings of the Disability Royal Commission
- c. In the short term, undertake a scoping exercise to determine which datasets lend themselves to data linkage and who is best placed to undertake the linkage work, with a long-term view to explore the full integration of national and jurisdictional administrative data

### Recommendation 2: address definitional complexity in data

Despite recent efforts in Australia to build a consistent approach to identifying disability in surveys, there remain significant differences in how information is captured. The CRE-DH has done a comprehensive review of studies where information about disability is collected (see [The Australian Disability and Violence Data Compendium](#) available at [credh.org.au/publications/reports/](http://credh.org.au/publications/reports/)). ABS surveys include the SDAC which captures the spectrum of disability in Australia and is the recommended source of prevalence or the Short Disability Module (e.g. PSS, GSS), while the Census only collects information about the need for assistance with core activities (communication, mobility, self-care). Longitudinal studies include a range of different data on disabilities. Additional complexities arise with the use of administrative data where disability is defined to determine eligibility for benefits (e.g. Disability Support Pension) or services (e.g. NDIS). It is impossible to



reconcile these problems easily without an overhaul of data collection systems. In the short to medium term therefore we recommend the following be considered:

- d. Undertake a data analytic project to explore statistical techniques that could be used to identify how estimates of prevalence change according to different definitions of disability
- e. In line with recommendations from the recent Australian Institute of Health and Welfare (AIHW) report,<sup>10</sup> consider the addition of the AIHW Disability Identifier to mainstream data sources that collect information about violence, abuse, neglect or exploitation

### Recommendation 3: enhance and augment existing data collections

Augmenting existing data collections by adding or modifying items can be challenging including methodologically (e.g., by disrupting time series analyses), financially and practically such as added participant burden. However, investing in existing data assets is likely to be far less costly than establishing a new survey. We recommend that priority be given to the following three areas:

- f. Several existing national and jurisdictional domestic and family violence and sexual assault administrative datasets do not record disability data. Mapping those data collections and exploring options for including identifiers of disability (such as the AIHW Disability Identifier) would extend what we currently know about service responses to people with disability experiencing violence
- g. Consider how existing national surveys might better account for the specificity of experiences of violence for people with disability by considering data items that identify different forms of violence including coercive control, neglect and exploitation
- h. Scope mechanisms to improve the representativeness of people with disability in key national surveys, such as the PSS. This might include for example by co-designing guidelines about appropriate ways of collect data from people with disability with respect to safety, information access (e.g., informed consent) and the use of technology to facilitate communication access

## Appendix A: Other data collections

Data collection	Custodian	Population	Current	Disability	Violence
National Aboriginal and Torres Strait Islander Social Survey (NATSISS)	Australian Bureau of Statistics (ABS)	Targeted sample comprising Aboriginal and Torres Strait Islander persons aged 15 years or over	2014-2015	ABS short disability module	Physical violence: domestic and family violence; bullying at school
General Social Survey (GSS)	Australian Bureau of Statistics	General population sample aged 15 years and over	2014	ABS short disability module	Physical violence; displacement due to violence; witnessing violence; discrimination; feelings of safety at home
Survey of Disability, Ageing and Carers (SDAC)	Australian Bureau of Statistics	Targeted sample comprising people with a disability, older people (aged 65 years and over) and people who provide assistance to older people and people with disabilities (carers)	2018	ABS short disability module	Feelings of safety at home; in public after dark
Specialist Homelessness Services Collection (SHSC)	Australian Institute of Health and Welfare	Clients information: government funded specialist homelessness services	2019	International Classification of Functioning (ICF) based questions;	Sexual violence; domestic and family violence; nonfamily violence; discrimination

Data collection	Custodian	Population	Current	Disability	Violence
				disability can also be defined based on whether an individual receives support	
Child Protection National Minimum Data Set (CP NMDS)	Australian Institute of Health and Welfare	Clients information: child protection services	2017/2018	ICF based questions	Physical; sexual, psychological/emotional; verbal; neglect
Community Legal Services Information System (CLSIS)	Australian Government Department of the Attorney-General	Client information: family violence prevention legal prevention legal services and community legal services	2019	unknown	Physical; sexual; psychological/emotional; verbal; social; stalking; harassment; economic; property damage
National Community Attitudes Towards Violence Against Women Survey (NCAS)	Australia's National Research Organisation for Women's Safety (ANROWS)	Representative general population sample aged 16 years and over	2017	yes/no	No data are collected on personal experience. Knowledge and attitudes to violence against women including physical; sexual; stalking; harassment

<b>Data collection</b>	<b>Custodian</b>	<b>Population</b>	<b>Current</b>	<b>Disability</b>	<b>Violence</b>
National Survey on Sexual Harassment	Australian Human Rights Commission	Representative general population sample aged 15 years and over	2018	yes/no	Sexual harassment
Longitudinal Study of Australian Children (LSAC)	Australian Government Department of Social Services	Children and their families across two age cohorts	2017	yes/no	Parent conflict; parent-child conflict; limited contact with parent due to violence; family violence
Longitudinal Study of Separated Families (LSSF)	Australian Institute of Family Studies	Parents aged 18 years and over separated between 2006-2007	2012	yes/no	Physical; psychological/emotional; verbal; economic; social; property damage
Household, Income and Labour Dynamics in Australia (HILDA)	Melbourne Institute, The University of Melbourne	Representative general population sample	2018	ICF based questions; disability can also be defined based on whether an individual receives support	Physical violence only

Data collection	Custodian	Population	Current	Disability	Violence
Australian Longitudinal Study on Women's Health (Women's Health Australia)	University of Queensland and University of Newcastle	Representative general population sample of women aged 18 years and over across three age cohorts	2011, 2018, 2019 depending on cohort	yes/no questions; disability can also be defined based on whether an individual receives support	Intimate partner violence
Australian Longitudinal Study on Male Health (Ten to Men)	Australian Institute of Family Studies	Representative general population sample of men aged ten years and over	2019	The Washington Group Short Set of Questions on Disability	Physical; sexual; intimate partner violence (victimisation and perpetration); discrimination
Journey's Home	Australian Government Department of Social Services	Sample drawn from Centrelink including but not limited to clients flagged as 'homeless' and 'at risk of homelessness' with an additional 'vulnerable to homelessness' group recruited separately	2014	ICF based questions; disability can also be defined based on whether an individual receives support	Physical; sexual
Longitudinal Study of Indigenous Children (LSIC)	Australian Government Department of Social Services	Aboriginal and Torres Strait Islander children and their families across two age cohorts	2019	yes/no	Physical; displacement due to violence, bullying, cyber bullying

<b>Data collection</b>	<b>Custodian</b>	<b>Population</b>	<b>Current</b>	<b>Disability</b>	<b>Violence</b>
Australian Temperament Study	Australian Institute of Family Studies	Representative general population sample of Victorians born 1982-1983	ongoing	International Classification of Diseases (ICD), medical conditions	Physical; sexual; verbal

## Appendix B: Technical notes

**Key statistics** are from additional analysis of the 2016 Personal Safety Survey.

Detailed information about The Australian Bureau of Statistics' (ABS) 2016 Personal Safety Survey (PSS) was conducted from November 2016 to May 2017 at [mailto:The Australian Bureau of Statistics' \(ABS\) 2016 Personal Safety Survey \(PSS\)](mailto:The Australian Bureau of Statistics' (ABS) 2016 Personal Safety Survey (PSS))  
<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4906.0.55.003main+features12016>

The Key Statistics presented in this report are based on analysis of people **aged 18-64 only**.

We applied **survey weights** to our analysis. Weighting is the process of adjusting results from a sample survey to infer results for the total in-scope population. These are supplied by the ABS as part of the survey data. Estimated numbers experiencing violence are survey weighted only.

**Prevalence rates and ratios are directly age standardised** to the June 2018 Australian population. Age standardisation is a method of adjusting the crude rate to eliminate the effect of differences in population age structures when comparing crude rates for different population sub-groups (e.g. with and without disability).

Data presented for specific age groups (i.e. 18-29 years) are not age standardised.

Analysis were conducted using STATA 16, within the ABS DataLab.

**'Violence'** refers to a newly derived measure of violence that combines the five main forms of violence collected in the PSS; physical violence, sexual violence and intimate partner violence, partner emotional abuse and stalking.

**Physical violence** is defined as the occurrence, attempt or threat of physical assault experienced by a person

**Sexual violence** is defined as the occurrence, attempt or threat of sexual assault experienced by a person

**Partner violence** refers to any incident of sexual assault, sexual threat, physical assault or physical threat by an 'intimate partner'. Intimate partner includes current partner (living with), previous partner (has lived with), boyfriend/girlfriend/date and ex-boyfriend/ex-girlfriend (never lived with).

**Emotional abuse by a current or previous partner:** this occurs when a person is subjected to certain behaviours or actions that are aimed at preventing or controlling their behaviour, causing them emotional harm or fear. These behaviours are characterised in nature by their intent to manipulate, control, isolate or intimidate the person they are aimed at. They are generally repeated behaviours and include psychological, social, economic and verbal abuse.

**Stalking** is defined as any unwanted contact or attention on more than one occasion that could have caused fear or distress, or multiple types of unwanted contact or behaviour experienced on one occasion only that could have caused fear or distress.

**Disability** was collected using the Short Disability Module. A disability or restrictive long-term health condition exists if a limitation, restriction, impairment, disease or disorder has lasted, or is expected to last for six months or more, which restricts everyday activities.

**Impairment types** are derived by the ABS from the Short Disability Module, these are: Sight, hearing and speech; physical; intellectual; psychological; head injury, stroke, brain damage.

**Cognitive impairment** is a newly derived variable, a combination of intellectual impairment and head injury, stroke or other brain injury.

**Financial hardship** is at least one household cash flow problem in the last 12 months (including: could not pay electricity, gas or telephone bills on time; could not pay mortgage or rent on time; went without meals; were unable to heat or cool your home; etc).

**Relative measures** were calculated using age-adjusted prevalence rate ratios. This is the ratio of the proportion of people with disability experiencing violence over the proportion of people without disability experiencing violence. If the prevalence is the same, the ratio will equal 1.0 (i.e. no more times likely). If the prevalence of violence is higher in people with disability, the ratio will be greater than 1. A ratio of 2.0 refers to two times the risk of experiencing violence (i.e two times more likely).

Estimates with a relative standard error (RSE) of greater than 25% are denoted by ^ and appear in grey text as they are **'not considered reliable for most purposes.'**

Table 1: Description of analytic sample: Number of people, aged 18-64 years, by disability status and gender.

	No disability	Disability
All	12,205	4,497
Men	3,139	1,269
Women	9,066	3,228

Table 2: Description of impairment type for people with disability: Number of people, aged 18-64 years, by impairment type and gender.

	Sensory/ Speech	Physical	Psychological	Cognitive
All	1,332	3,109	977	490
Men	492	827	261	176
Women	840	2,282	716	314

<sup>1</sup> *Convention on the rights of a person with disability*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008), art 29.

<sup>2</sup> *Convention on the rights of a person with disability*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008), art 29.

<sup>3</sup> World Health Organization, *Towards a common language for functioning, disability and health: International classification of functioning*, 2002.

<sup>4</sup> Australian Bureau of Statistics, *Personal safety survey, australia, 2016*, catalogue number 49060, 10 June 2017.

<sup>5</sup> Council of Attorneys-General, *National plan to respond to the abuse of older australians (elder abuse) 2019–2023*, 2019.

<sup>6</sup> The Centre of Research Excellence in Disability and Health, *Australian disability and violence data compendium*, 2020.

<sup>7</sup> Fortune N, Badland H, Clifton S, Emerson E, Rachele J, Stancliffe Rj, Zhou Q & Llewellyn G., *The disability and wellbeing monitoring framework and indicators: Technical report*, 2020.

<sup>8</sup> Coleman C, Wing Young Man N, Gilroy J & Wadden R, 'Aboriginal and torres strait islander disability prevalence: Making sense of multiple estimates and definitions', (2018), vol 42 (6), *Australian and New Zealand Journal of Public Health*, pp 562-66.

<sup>9</sup> Victorian Government, *Royal commission into family violence: Summary and recommendations. Parl paper no 132 (2014–16)*.

<sup>10</sup> Australian Institute of Health and Welfare, *People with disability in australia.* , Cat no DIS 72, September 2019.



# Addendum to: Final report prepared for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

Prepared by: Centre of Research Excellence in Disability and Health (CRE-DH)

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## Background

This addendum report completes the project commissioned by The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (hereafter referred to as the Disability Royal Commission) on the Nature and Extent of Violence Against People with Disability in Australia. This addendum reports on additional analysis of the Australian Bureau of Statistics (ABS) 2016 Personal Safety Survey (PSS) for people with disability aged 65 years and over.

## Extent and nature of violence and abuse experienced by older people with disability

In Australia, there is limited data on the prevalence, nature and impact of violence, abuse, neglect and exploitation of older people, with even less information that specifically addresses these issues among older people with disability. Sometimes referred to as ‘elder abuse’ recent research has noted a growing unease with the term<sup>11</sup> and have suggested that ‘abuse of older people’ appropriately acknowledges ageing as a process of change experienced differently by different people. This is the language adopted in the Commonwealth Government’s National Plan to Respond to the Abuse of Older Australians 2019-2023<sup>12</sup> and is used in this report.

Currently in Australia the PSS is the only population-based survey from which we can gain insights into the extent and nature of violence and abuse experienced by older people with disability. It has several limitations. Data are highly likely to underrepresent people with disability. Some forms of violence more commonly experienced by people with disability are not included. These limits are exacerbated when using the PSS to explore experiences of violence for older people who are more likely than younger people with disability to live in non-private residential and care settings that are excluded from the PSS sampling frame. There are also questions about the extent to which measures used in PSS assess concepts relevant to abuse of older people both with and without disability.

With these limitations in mind, below we provide key statistics from the 2016 PSS to highlight the extent and nature of violence experienced by older people with disability in Australia. Analyses are based on data for people aged 65 years and over. Where possible, we present data by age, gender and impairment type. For age, data are presented separately for two different older age groups (i.e., 65-74 years and 75 years +) where numbers permit or as a combined older persons group (i.e., 65 years and over) where cell sizes are too small to disaggregate. Data are presented separately for men and women and impairment type where possible.

The reliability of the estimates however is determined by the overall sample size and the numbers reporting violence. Very small numbers can result in unreliable statistical inferences and should be interpreted with a high degree of caution. Prevalence estimates with a relative standard error (RSE) of greater than 25% are denoted by an ^ and appear in grey text as they are ‘**not considered reliable for most purposes.**’ Estimates with a RSE of greater than 50% are ‘considered too unreliable for general use’ and are not reported here.<sup>13</sup>

## Key statistics

### Age:

In the 12 months prior to the survey:

- 4.0% of older people with disability (78,337 people) report physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking compared to 3.9% of older people without disability
- 5.0% of people with disability between 65 and 74 years of age (52,884 people) report physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking compared to 4.5% of people aged without disability aged 65 to 74 years
- 2.8% of people with disability aged 75 years and over (52,884 people) report physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking (*the comparison group of people aged 75 years and over without disability cannot be reliably reported*)

### Gender:

In the 12 months prior to the survey:

- 4.7% of older women with disability (48,021 women) report physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking compared to 2.9% of older women without disability
- Older women with disability are at 1.6 times the risk of violence in comparison to older women without disability<sup>^</sup>
- 3.1% of older men with disability (30,316 men) report physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking compared to 5.0%\* of older men without disability

### Impairment type:

In comparison to 3.9% of older people without disability:

- 4.5% of older people with sensory impairment (47,882 people) report physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking in the last 12 months
- 3.9% of older people with physical impairment (53,951 people) report physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking in the last 12 months
- 11.6% of older people with psychological impairment (11,559 people) report physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking in the last 12 months
- *12-month prevalence estimates for violence against older people with cognitive impairment cannot be reliably reported*

## Impairment type and gender:

### Physical impairment

- 4.9% of older women with physical impairment (37,446 people) report physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking in the last 12 months compared to 2.9% of older women without disability
- Older women with physical impairment are at 1.7 times the risk of physical violence in comparison to older women without disability<sup>^</sup>
- 2.6% of older men with physical impairment (16,505 people) report physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking in the last 12 months compared to 5.0% of older men without disability

### Sensory impairment

- 4.6% of older women with sensory impairment (21,836 people) report physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking in the last 12 months compared to 2.9% of older women with no disability
- 4.4% of older men with sensory impairment (26,045 people) report physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking in the last 12 months compared to 5.0% of older men with no disability

## Financial hardship:

In the 12 months prior to the survey:

- 6.4% of older people with disability (10,325 people) experiencing financial hardship report physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking compared to 5.8% of older people without disability in financial hardship

## Type of violence:

### Physical violence

- In the 12 months prior to the survey, 1.4% older people with disability (27,113 people) report physical violence compared to 0.5% of older people without disability
- Older people with disability are at 2.6 times the risk of physical violence in comparison to older people without disability

### Sexual violence

*12-month prevalence estimates for sexual violence against older people cannot be reliably reported*

## Intimate partner violence<sup>§</sup>

- In the 12 months prior to the survey, <1% of older people with disability (12,414 people) report intimate partner violence compared to <0.05% of older people without disability

## Emotional abuse

In the 12 months prior to the survey:

- 1.9% of older people with disability (37,525 people) report emotional abuse compared to 2.4% of older people without disability
- 2.7% of older women with disability (27,109 women) report emotional abuse compared to 1.6% of older women without disability

## Stalking

- In the 12 months prior to the survey, <1% of older people with (17,251 people) and without disability reported stalking

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\*In the PSS, an intimate partner refers to a current or previous partner with whom the respondent lived, or current or former boyfriend, girlfriend, or date with whom the respondent did not live

## Additional technical notes

**Key statistics** are from additional analysis of the 2016 Personal Safety Survey.

Detailed information about the PSS is available in the User Guide available at the ABS [www.abs.gov.au/ausstats/abs@.nsf/Lookup/4906.0.55.003main+features12016%20This%20document%20describer%20the%20Personal%20Safety%20Survey](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4906.0.55.003main+features12016%20This%20document%20describer%20the%20Personal%20Safety%20Survey)

The Key Statistics presented in this report are based on analysis of people **aged 65 years and over**.

We applied **survey weights** to our analysis, but **prevalence rates and ratios are not age standardise**

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<sup>11</sup> R. Kaspiw, R. Carson, B. Dow, L. Qu, K. Hand, D. Roopani, L. Gahan & D O'keeffe, *Elder abuse national research - strengthening the evidence base: Research definition background paper*, 2019.

<sup>12</sup> Council of Attorneys-General, *National plan to respond to the abuse of older australians (elder abuse) 2019–2023*, 2019.

<sup>13</sup> Australian Bureau of Statistics, *Table builder, user guide.*, catalogue number 1406.0.55.005, 9 Spetember 2016.



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