Identifying domestic violence victim-survivors and perpetrators using administrative data: International approaches and possibilities with Australian administrative data

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Acknowledgement

We acknowledge and celebrate Aboriginal and/or Torres Strait Islander peoples (hereafter, respectfully Indigenous Australians or Indigenous peoples) as the Traditional Custodians of the respective lands on which we, the authors, work and live. We pay our respects to Elders past and present. The authors acknowledge the deep and ongoing impacts of settler-colonisation and associated trauma, and this understanding underpins our analysis. We recognise that the overrepresentation of Indigenous Australians in FDV statistics reflects the enduring legacies of colonisation, intergenerational trauma, systemic racism, and the exclusion of Indigenous peoples from decision-making processes, educational opportunities, and the workforce. While administrative data can help illuminate service use patterns and trends, it should not be seen as a substitute for Indigenous knowledge systems or community-led solutions. As Indigenous leaders have emphasised, many communities already hold the answers to addressing FDV. Data must serve these solutions, not override them. Chapter 6 of this paper reviews some of these considerations in greater detail.

"We do have the solutions but there has to be respect for our culture … that culture has been our foundations since day one, we have our lores and we do have cultural ways of dealing with things"
Sandra Creamer

Note: The use of administrative data for the purposes of policy administration and compliance versus research

Over the past decade, the availability of linked administrative data for research purposes has expanded dramatically. This report outlines several of the administrative data sources used to develop the *linked data assets* (described in detail in Chapter 5) that are made available to researchers.

Before doing so, however, it is important to distinguish between administrative datasets used by public servants or legal authorities (e.g. police) for policy administration or compliance purposes, and those made available to researchers for analysis and study.

First, unlike administrative data accessible to some (but not all) public servants, the linked data assets provided to researchers are **de-identified**. This means that names and other information that could reveal an individual's identity (such as phone numbers or addresses) are removed. While a researcher with sufficient contextual knowledge could, in theory, make an educated guess about the identity of an observation in the data, they are legally prohibited from doing so. Access to these data requires completion of mandatory training and the signing of a legally binding confidentiality agreement. Any breach of this agreement—including any attempt to identify an individual—is a serious offence and may result in penalties, including fines or imprisonment.

Second, researchers cannot use administrative data for compliance or enforcement purposes.

In this context, when researchers (or this report) refer to "identifying" a subpopulation within administrative data, this does **not** mean identifying specific individuals. Rather, it refers to identifying a **group of individuals** who share observable characteristics in the data (e.g. age, sex, visa type, income range). For example, "likely perpetrators" of domestic violence may be identified for research purposes through cohabitation with a person who received a domestic violence crisis payment from the Department of Social Services. Such identification is valuable for understanding pathways to violence at a population level, but it can never be used to prosecute individuals, given the absence of identifying information and the strict legal controls governing data use.

Individuals seeking to learn more about access to administrative data for research in Australia can refer to the **Five Safes Framework**—a multidimensional and internationally recognised approach to managing data confidentiality. The framework comprises five elements: *safe people*, *safe projects*, *safe settings*, *safe data*, and *safe outputs*. By applying these safeguards, data custodians (the government agencies responsible for managing the datasets) can control who accesses the data, and how those data are used. The Australian Bureau of Statistics, the Australian Institute of Health and Welfare, and other agencies apply the Five Safes Framework to the linked data assets under their responsibility. Researchers using these data must also obtain ethics approval from their sponsoring institution before commencing any research.

List of Acronyms and Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
ANZSOC	Australian and New Zealand Standard Offence Classification
ATO	Australian Tax Office
BOCSAR	Bureau of Crime Statistics and Research
CJDA	Criminal Justice Data Asset
CSA	Crime Statistics Agency
DEWR	Department of Employment and Workplace Relations
DEX	Data Exchange
DOMINO	Data Over Multiple Individual Occurrences
DSS	Department of Social Services
DVA	Domestic Violence and Abuse [UK]
EHR	Electronic Health Record
FDSV IDS	Family, Domestic, and Sexual Violence Integrated Data System
FDV	Family and Domestic Violence
ICD	International Classification of Diseases
IPV	Intimate Partner Violence
IRS	Internal Revenue Service [USA]
NACCHO	National Aboriginal Community Controlled Health Organisation
NDDA	National Disability Data Asset
NDI	National Death Index
NHDH	National Health Data Hub
NIBRS	National Incident-Based Reporting System [USA]
PLIDA	Personal Level Integrated Data Asset
PPN	Public Protection Notification [UK]
ROV	Relationship of Offender to Victim
SHS	Specialist Homelessness Service
SHSC	Specialist Homelessness Service Collection
SNAICC	Secretariat of National Aboriginal and Islander Child Care
SNOMED	Systematized Nomenclature of Medicine
WHO	World Health Organisation

1. Introduction

Cross-sectional survey data on family and domestic violence (FDV) are important since many victim-survivors tell no one about the abuse they have experienced, leaving surveys as one of the few means available to identify incidents of unreported abuse. For example, in 2021-22, the Personal Safety Survey found that 32 percent of women, who experienced violence from their current partner, told no one about the violence. However, it is important to also note the limitations around such cross-sectional data. In particular, they preclude analysis about the dynamics of abusive relationships and impede evaluation of policies aimed at eliminating FDV because they lack a time dimension. A longitudinal survey on FDV would enable such analysis.

To overcome this data limitation, a small and growing number of studies exploit longitudinal administrative records to analyse the impact of FDV on a range of outcomes for victim-survivors (Adams et al. 2024; Bhueller 2024; Bindler and Ketel 2022). One limitation of using administrative data is that they capture a non-random and incomplete selection of victim-survivors. For example, administrative hospital records tend to capture the more severe forms of physical abuse, while criminal police records capture types of abuse that are classified as criminal behaviour in a particular jurisdiction. However, a benefit of administrative data are that they permit identification and quantification of the impact of experiencing domestic violence over long periods of time, using very large sample sizes. The large sample sizes permit rigorous analysis and evaluation of policies directed at particularly disadvantaged groups of the population that are often in need of significant policy support and resources. Administrative data analyses complement research that uses survey data.

Researchers that analyse administrative data for the purposes of identifying FDV victim-survivors-survivors rely on direct and indirect indicators. Direct indicators are indicators that define individuals as having experienced FDV, and are usually recorded by a third-party (but not always). For example, if a police officer categorises an incident as FDV, this is a direct indicator. If an individual self-reports as a victim-survivor in a survey, and the survey data is then linked to administrative records, this also would be a direct indicator. By contrast, indirect or proxy indicators are inferred based on other sources of information available. For example, as will be further discussed in this paper, some health diagnoses can be used to presume FDV has occurred.

Since the availability of administrative data permitting identification of FDV is relatively new and emerging in Australia, this paper aims to summarise the approaches used internationally to identify victim-survivors (and perpetrators of FDV where possible) using administrative data. It then provides an overview of the existing and forthcoming national Australian administrative data that will permit identification of victim-survivors (and offenders where possible). State-level administrative data assets were excluded from the scope of this paper, however, published research that uses them is included in the literature review that accompanies the discussion. The paper is intended as a guide to inform researchers' approaches to identifying and analysing national data on victim-survivors and perpetrators of FDV. The paper is structured by subject area, with each section summarising international practice. It then proceeds to a discussion of the Australian data landscape. The paper then provides a discussion of linked administrative data assets and the power they hold for the purposes of identifying and analysing FDV. Finally, it concludes with a chapter describing the challenges of using administrative data for the purposes of analysing FDV experienced by Indigenous Australians.

1. Health Data

Administrative health data, particularly from hospital admissions, are one of the most widely used sources for identifying victim-survivors of FDV in administrative datasets. However, by design, they only capture individuals who interact with a healthcare system and report FDV to their health care provider (or have a third party report it). Hospital data in particular are likely to overrepresent people who have experienced more severe forms of physical violence, rather than other types of abuse. There are direct and indirect ways that researchers use administrative health records to identify FDV. The most common approaches identified in the literature include:

(1) By using the International Classification of Diseases (ICD), developed by the World Health Organization (WHO), which includes specific codes that indicate FDV. The list of ICD codes to identify FDV are provided in the Appendix. While there have been slight variations depending on the version of the ICD classification over time[1] (Rebbe et al., 2023), ICD-10 codes (the 10th version) currently dominate records globally (used as both a direct and indirect indicator).

(2) By using Systematized Nomenclature of Medicine – Clinical Terms (SNOMED) codes. SNOMED is generally used for more detailed recording of clinical information, as opposed to ICD which is used for generalised reporting and monitoring. The list of SNOMED codes to identify FDV are provided in Appendix (used as both a direct and indirect indicator).

(3) By coding an assault (often identified using ICD or SNOMED codes) as FDV if: the location of the assault is recorded as the victim-survivor's home or an unspecified location; or if women are hospitalised overnight due to assault. (indirect indicators)

(4) By using specific injuries or injury patterns (often identified using ICD or SNOMED codes) as evidence for FDV but there is debate over the validity of this approach (indirect indicator).

(5) Databases that include information about the cause of death.

By identifying FDV using these approaches and using household-level linkage keys and geographical identifiers, it also becomes possible to identify likely perpetrators. The strengths and weaknesses of these approaches are discussed alongside the research that employs them in the sections which follow.

2.1 International approaches

The International Classification of Diseases (ICD), developed by the World Health Organization (WHO), provides an alphanumeric code that corresponds to specific diagnoses of illness, injury, or other reason for presentation at hospital that is recorded on a patient's file (e.g. H40 is glaucoma, X78 is intentional self-harm by a sharp object).[2] Some countries have adopted slightly adapted versions of the ICD. For example, in Australia, the ICD-10 is adapted as the ICD-10-AM (Australian Modification) and in Canada, the ICD-10-CA is used. However, these adaptations

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[1] Other ICD codes for assault have also been used, albeit with lower specificity, particularly in the absence of the associated partner- or spouse- related perpetrator coding. ICD-11 is being implemented in some countries, but for now, ICD-10 codes dominate records globally.

[2] World Health Organisation (2019), *International Statistical Classification of Diseases and Related Health Problems 10th Revision*.

generally do not have an impact on FDV coding and the standard codes are still universalisable across jurisdictions.[3]

ICD codes can indicate FDV in direct or indirect ways.[4] In ICD-10: Version 2019, two codes relate to injuries caused by violence, abuse, or maltreatment by a partner.

- Y06.0 Neglect and abandonment by spouse or partner
- Y07.0 Other maltreatment by spouse or partner

In the ICD-10-AM modification there are more than two codes (X85 – Y09), with the fifth character code indicating the identity of the perpetrator. These ICD-10 codes – direct indicators of FDV - are used by Bergvall and Rodriguez-Planas (2024), who study the impact of pregnancy and childbirth as a risk factor for experiencing FDV, Meuleners et al. (2010) who study Indigenous hospitalisations from FDV in Australia, and Murugan et al. (2020) who use solely code Y07 to identify FDV among pregnant women in American hospitals.

ICD-10 code, Z63.0, provides another way to directly identify FDV as it identifies 'Problems in relationship with spouse or partner', which is defined as: *Discord between partners resulting in severe or prolonged loss of control, in generalization of hostile or critical feelings or in a persisting atmosphere of severe interpersonal violence (hitting or striking).*The use of this code is included as a domestic violence flag by several studies by Orr et al. (2020, 2021) that use Western Australian data to study the impact of FDV on women's children.

Rebbe et al. (2023) undertake a meta-review of studies that use the ICD codes to identify FDV victim-survivors (directly and indirectly) and found that the most frequently used ICD-9 codes included: E967.3 [abuse by spouse or partner], 995.81 [adult physical abuse], 995.80 [unspecified adult maltreatment], 995.85 [other adult abuse and neglect]. Meanwhile, in the ICD-10 version, the most common codes were T74.1 and Z63.0.

In addition to ICD codes, Systematized Nomenclature of Medicine – Clinical Terms (SNOMED) codes are commonly used in health records to identify FDV. SNOMED is generally used for more detailed recording of clinical information, as opposed to ICD which is used for generalised reporting and monitoring. There is some interoperability and there are official mappings between SNOMED and ICD codes. SNOMED codes are generally also used in a broader range of clinical settings (e.g. General Practice) rather than only hospitals, which is more the case for ICD codes. The SNOMED codes are stored in Electronic Health Records (EHRs) for patients. To this end, there may be some reporting of this in the hospital setting for interoperable systems (i.e., EHR to hospital data linkage).

There are 24 different SNOMED codes that identify if someone is at risk of partner violence, a victim of partner violence, a suspected victim of partner violence, or has a history of partner violence and include separate coding for physical, sexual, and emotional abuse. There is also an ontologically overarching term 'domestic violence' which includes 'abuse of partner', 'domestic abuse of adult', 'domestic emotional abuse', 'domestic sexual abuse'. Internationally, SNOMED

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[3] One example where there is a difference that impacts IPV is in the Finnish modification of ICD-10 which does not include perpetrator designations for one of the assault codes (Y07) (see Rebbe et al. (2023).
[4] World Health Organisation (2019), *International Statistical Classification of Diseases and Related Health Problems 10th Revision*. The WHO released ICD-11 in 2022 but the adoption of this internationally (or in Australia) is still underway and there is yet to be a study published using the ICD-11 to identify domestic violence victims. See World Health Organisation (2022), *International Statistical Classification of Diseases and Related Health Problems 11th Revision*.

has been integrated into studies and surveillance systems in countries such as the UK, Australia, Canada, and the US to enhance identification and management of abuse cases (Brink et al., 2023). For example, SNOMED has been applied in studies examining health outcomes among FDV victim-survivors in the US (Karakurt et al., 2017, Whiting et al., 2017, Liu et al., 2020) and there are prompts within some EHR systems to encourage reporting in the UK (Sohal et al., 2020).

When direct identifiers associated with FDV are unavailable, or inconsistently recorded, researchers rely on indirect indicators, which often make use of broader – non FDV specific - ICD or SNOMED codes (where the perpetrator is not directly identified). For example, ICD-10 code T74.1 refers to confirmed physical abuse, while other codes refer to other forms of abuse, such as T74.2: confirmed sexual abuse, T74.3 confirmed psychological abuse. In the United States, the 2023 version also includes T74.A for confirmed financial abuse. There are three indirect identification approaches used by researchers using hospital data.

First, researchers use the assault code in isolation and/or in combination with the location of the assault. Kivelä et al. (2019) use this assault code in isolation to identify FDV victim-survivors in Finland, assuming the majority of this physical abuse is perpetrated by a partner. This is also consistent with Australian data that shows that among assault hospitalisations where a perpetrator was specified almost half (48%) were due to FDV.[5] Meanwhile, Bergvall (2024) codes an incident of assault as FDV if the location of the assault is recorded as the victim's home or an unspecified location. She justifies the inclusion of an unspecified location because it is used by medical personnel in emergency rooms when the situation is more stressful than average and does not allow much time for questioning. Bergvall (2024) uses this indirect measure (assault in the victim's home or an unspecified location) as a supplement to her direct measure of FDV (assault by a partner).

Second, some studies use specific injuries or injury patterns as evidence for FDV, but there is debate over the validity of this approach. Santaularia et al. (2021) compare the trends in violence in Minnesota when measured using explicit (ICD-based) codes and proxy (injury-based) codes. They find that partner violence among young people was stable or declining over a ten-year period when direct FDV codes are used, but that the opposite trend emerges with indirect codes. These proxy injury codes include injuries to the head, neck, and face; strangulation; retinal haemorrhage (for child abuse); and injuries that are different stages of healing when presenting to hospital.[6]

In general, proxy indicators have high sensitivity and low specificity (i.e. they correctly identify most true cases but also produce a high number of false positives).[7] This is because while these patterns are common, similar injury profiles also occur in non-DV-related assaults. For example, Yau (2013) found that injuries to the head, neck, and face, as well as assaults that occurred in domestic settings, were frequently observed in both IPV and non-IPV cases. In a broader analysis,

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[5] Australian Institute of Health and Welfare (2024) *Family, Domestic, and Sexual Violence: Responses and Outcomes,* 26-27.

[6] See, for example, Schnitzer, P., Slusher, P., Kruse, R., & Tarleton, M. (2011), Identification of ICD codes suggestive of child maltreatment. *Child Abuse and Neglect 35,* 3-17; Sheridan, D. J., & Nash, K. R. (2007). Acute injury patterns of intimate partner violence victims. *Trauma, Violence & Abuse*, *8*(3), 281–289; Perciaccante, V. J., Carey, J. W., Susarla, S. M., & Dodson, T. B. (2010). Markers for Intimate Partner Violence in the Emergency Department Setting. *Journal of Oral and Maxillofacial Surgery*, *68*(6), 1219–1224.

[7] Perciaccante, V. J., Ochs, H. A., & Dodson, T. B. (1999). Head, neck, and facial injuries as markers of domestic violence in women. *Journal of Oral and Maxillofacial Surgery*, *57*(7), 760–762.

Sheridan and Nash (2007) found that although multiple injuries, particularly those at varying stages of healing, are more prevalent among FDV victim-survivors, these indicators lack sufficient specificity and sensitivity to serve as standalone markers of FDV. These findings collectively suggest that injury characteristics, while potentially informative, should not be used in isolation to infer FDV, and must be integrated with other contextual and clinical indicators for more accurate identification. The general recommendation from the studies cited above is that women presenting with these injury indicators should be explicitly assessed for FDV separately.

Thirdly, some research adopts the assumption that women who are hospitalised overnight due to assault are, in many cases, likely to be victim-survivors of FDV. Aizer (2010) employs this methodological approach using data from California hospital discharge records. In her study, she identifies female patients with a primary diagnosis of assault-related injuries and who were admitted for overnight hospital stays. She reasons that severe physical violence, requiring such intensive medical attention, is more likely to result from FPV than from stranger or acquaintance violence, particularly among women.

Limitations associated with using ICD and SNOMED codes

There are limitations to using ICD and SNOMED codes for the purposes of identifying victim-survivors of FDV. Since the data only capture individuals who present to hospital or a medically trained person, it is likely to overrepresent victim-survivors who have experienced the most severe forms of violence and who have experienced physical abuse, rather than other forms of abuse. Several studies have also noted limitations with respect to accuracy of coding, including insufficient use of perpetrator coding (Olive, 2018, Kivelä et al., 2019).

For the purposes of comparability, comprehensive and accurate application of the codes by hospital staff is also required. In Australia, this is challenging since different legislation governs health in each state and territory. For example, in the Northern Territory, health professionals are legally required to report serious FDV cases to police. This legal obligation likely prompts more deliberate screening, documentation, and flagging of FDV in clinical settings — including in hospital and primary care records. By contrast, in the ACT, conversations with clinical practitioners revealed it was unadvisable to use ICD codes specific to FDV. Since the ICD codes are often printed on patient discharge papers in the ACT, identifying the codes as part of the diagnosis could compromise the safety of patients discharged.[8]

2.2 Australian practice

Since healthcare is provided at the state and territory level, with differing legislative provisions in each jurisdiction, the Australian Institute of Health and Welfare (AIHW) consolidates this data which they make available on their webpage. The AIHW has data on patients admitted to hospital (admitted patients), non-admitted patients, and emergency department care. Aggregate trends on various dimensions of hospital use and procedures, among other dimensions, have been published by the AIHW using administrative hospital data for more than a decade.

Since 2025, to identify FDV victim-survivors and perpetrators using hospital data, the AIHW uses any assault codes within the X85-Y09 range of ICD-10-AM. The 5th character in this range of codes indicates the "cause of injury", where it is possible to identify whether an assault was

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[8] Interview with AA (2025). Personal communication with Kristen Sobeck. 26 May 2025.

perpetrated by a partner, parent or other family member. The definition includes assault by bodily force, drugs, corrosive substances, strangulation, etc. It also implies that in some cases hospital records will also capture perpetrators in instances where a victim-survivor retaliates and injures the perpetrator (who reports it to a hospital). Prior to 2025, the definition used was narrower, leading to an increase in the number of hospitalisations detected relative to previous years.[9]

Unfortunately, it is only possible to directly identify victim-survivors and perpetrators of FDV using the admitted patients data. Data on admitted patients' capture both the ICD code diagnoses, as well as the place where a person was when injured and the identity of the perpetrator. The proportion of assault hospitalisations identified in the admitted patients data with a specified perpetrator record has also increased from 42% in 2002-03 when it was introduced to 70% in 2023-24.[10] The AIHW has published aggregate trends on the number of hospitalisations or episodes of FDV, using the admitted patients data, since at least 2019-20. Meanwhile, emergency department data only capture the ICD code diagnosis. Non-admitted patients' data contain neither the ICD code for diagnosis, nor the place of injury.

To change and deepen the scope of analysis from episodes of violence to the number of individuals impacted, person-level hospital data have been made available by the AIHW to researchers through the National Health Data Hub (NHDH). The NHDH links data, available at the individual level, from several sources including: the National Disability Insurance Scheme dataset (2017-22), the National Death Index (1997- 2024), the Australian Immunisation Register (2010 – 22), hospital data (2010-23), aged care services (1997 – 2022), the Pharmaceutical Benefits Scheme (2002 – 23), the Medicare Benefits Scheme (2002 – 23), demography data, and the Australian and New Zealand Intensive Care Society (1997 – 2024). Hospital data included in the NHDH have information on: admitted patients, non-admitted patients, and the emergency department. The NHDH is described in further detail in section 5.

SNOMED codes are largely limited to use by general practitioners (primary care providers) in Australia. Unfortunately, comprehensive data from primary care providers, which includes information about diagnosis using SNOMED, is not currently available thereby precluding analysis at the national level at this time (but there is on-going work underway). To our knowledge, there are no published Australian studies that specifically utilize SNOMED CT-AU codes to identify or analyse FDV cases within EHRs. This is a national data gap.

Another source of data, housed by the AIHW, that can be used to identify victim-survivors is the National Death Index (NDI). The NDI contains all deaths registered in Australia since 1980. Cause of death is collected as part of the index. The underlying cause of death is generally coded through ICD codes, which permit identification of deaths related to FDV assault or sexual assault.

The AIHW also has other initiatives underway to expand the availability of health related data that would facilitate identification of victim-survivors of FDV at a national level. First, there is a

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[9] Previously, the scope for analysis was restricted to hospitalisations with a principal diagnosis (main reason) of *injury or poisoning* (ICD-10-AM code range S00–T75, T79) where the first recorded external cause was an FDV assault. The expanded scope led to an increase of about 1,900 (or 25%) hospitalisations involving FDV (AIHW 2025).

[10] See box 2: https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/health-services

perinatal mental health screening project for which the AIHW has a pilot underway.[11] Second, incipient work is underway to harmonise data from 'My Health Record' and 'Primary Care' areas, which would include the SNOMED codes.[12] Third, AIHW has partnered with the University of New South Wales, among other partners[13], to apply natural language learning to data from the patient admin system, which contains medical professionals notes. All of these initiatives could expand the possibilities of using administrative data to identify victim-survivors of FDV.

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[11] For a summary, see Box 3: https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/health-services

[12] This would be undertaken through the Sparked program: https://sparked.csiro.au/index.php/products-resources/aucdi/

[13] https://www.unsw.edu.au/newsroom/news/2024/05/Australias-first-national-injury-surveillance-system-receives-2m-grant

2. Criminal justice data

Administrative data derived from the criminal justice system only capture persons that come into contact with the justice system. Data collected on this population are intended for the purposes of evaluating the effectiveness of policies and practices, with a focus on protecting the community. Alternative collection methods are required to understand those that do not come into contact with the criminal justice system.

Researchers in jurisdictions across the world use direct and indirect indicators of domestic and family violence in administrative police and court records to identify victim-survivors and perpetrators. In terms of identifying victim-survivors and perpetrators within the criminal justice data systems, there are three techniques generally used:

(1) by using combinations of the type of offense committed by an offender, such as physical or sexual assault, and the relationship between the victim and offender[14]

(2) with a domestic and family violence flag, usually indicated by a person with judicial authority (i.e. police or court officer); or

(3) by using machine learning or similar techniques to mine the notes in police records to identify text mentions of "domestic and family violence".

These methods are referred to as methods one, two and three, respectively, throughout this section.

3.1   International practice

Several jurisdictions employ the first approach to identify perpetrators and victim-survivors of FDV. In the United States this is achieved through the National Incident-Based Reporting System (NIBRS). NIBRS is a collation of state crime data managed by the Federal Bureau of Investigation (FBI). It captures detailed information about each reported crime, including offence classification (e.g. assault, battery, stalking) and information on the relationship between alleged offender and victim.[15] Elsewhere in the world, Bhuller et al. (2023) use this approach in Norway to construct a 22-year panel dataset containing complete administrative records of all police reports related to FDV. The authors define FDV cases as those where the suspect is a current or former intimate partner or parent of the victim's children, and where the offence type is consistent with FDV (e.g. assault, threats, coercion). Adams et al. (2024) apply the first method with Finnish data, but also impose cohabitation between the victim and perpetrator over a window preceding and following

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[14] Approach one is considered a direct, rather than proxy, indicator because the offences and relationships are available in the data and the combination of offence and relationship align with a jurisdiction's legal definition of family and domestic violence (FDV).

[15] Various studies have used the NIBRS to identify domestic violence. See Dichter, M., Marcus, S., Morabito, M., & Rhodes, K. (2011). Explaining the IPV Arrest Decision: Incident, Agency, and Community Factors. *Criminal Justice Review*, *36*(1), 22–39; McCormack, P. D., & Hirschel, D. (2021). Race and the Likelihood of Intimate Partner Violence Arrest and Dual Arrest. *Race and Justice*, *11*(4), 434–453; Hsu, L., & Henke, A. (2024). Unemployment insurance generosity and intimate partner violence. *Review of Economics of the Household*, *22*(4), 1461–1481.

the police reported offense. A similar approach is used by Bindler and Ketel (2022) in the Netherlands.

Other jurisdictions apply the second approach, where a person with legal standing, often a police officer or court, flags FDV directly in administrative records. Akbari et al. (2023) use this approach with Public Protection Notifications (PPNs)—alerts issued in South Wales when a child or adult is considered at risk of harm—to identify FDV.[16] Police in the UK are also required to use a Domestic Violence and Abuse (DVA) indicator. However, Phoenix (2023) shows that cases are often mislabelled, with offences that should be labelled as DVA not labelled, and labelled offences misapplied due to conflicting understandings of the definition of DVA. The UK family court records incorporate a FDV flag, which researchers have used to identify affected families within administrative datasets.[17] Dalve (2024) uses court-issued FDV protection orders to identify victim-survivors in the United States. Meanwhile, Bhalotra et al. (2023) achieve a similar outcome in Brazil, by exploiting prosecution data that identifies the victim and alleged perpetrator of a FDV incident.

The third approach – text mining – was applied by Rhodes et al. (2011) in a midwestern county in the United States. The authors manually reviewed police and prosecutor case notes and hospital records to extract variables relating to the victim and perpetrator, to identify FDV and to track subsequent assaults and hospitalisations.

3.2 Australian practice

Since policing falls within the remit of Australian states and territories, and the definition of FDV varies by jurisdiction, most existing research relies on an individual state or territory's data to identify victim-survivors and perpetrators of FDV. This research is often (but not exclusively[18]) conducted by states' and territories' own crime agencies, such as the Crime Statistics Agency (CSA) in Victoria or the Bureau of Crime Statistics and Research (BOCSAR) in NSW.

The Australian Bureau of Statistics (ABS) consolidates the crime data received from jurisdictions and publishes this information in its Recorded Crime – Victim-survivors, Recorded Crime – Offenders series; Criminal Courts, Australia series; and its Prisoners in Australia series. Working closely with the justice agencies across the eight jurisdictions, the ABS has embedded statistical standards and classifications into the data compilation processes which harmonise the data to produce nationally consistent and comparable statistics. These administrative crime statistics also include information on family and FDV , where available.

More recently, the ABS has initiated a large scale project to strengthen the statistical evidence base about people that come into contact with the criminal justice system. The Criminal Justice

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[16] When linked with anonymised health records in the 12 months following a PPN, the authors identified factors associated with increased risk of adverse health outcomes.

[17] Johnson, R. D., Griffiths, L. J., Cowley, L. E., Broadhurst, K., & Bailey, R. (2023). Risk Factors Associated With Primary Care–Reported Domestic Violence for Women Involved in Family Law Care Proceedings: Data Linkage Observational Study. *Journal of Medical Internet Research*, *25*(1), e42375.

[18] For example, Orr et al. (2020, 2021) uses Western Australian Police Data, where a woman is identified as a DV victim where a male perpetrator was charged and a domestic relationship indicator was present. Peck et al. (2022) use NSW police data where the recorded victim-offender relationship is parent-child.

Data Asset (CJDA) will be an enduring, longitudinal data asset linking data published in the ABS offenders, criminal courts and prisoners' publications, over time and across jurisdictional borders. It is expected that the inaugural CJDA – expected to be made available for analysis to approved researchers at the end of 2026 or in 2027 - will include 2023-24 and 2024-25 data where available. Further historical data may be added as the CJDA develops.

While the CJDA will include data on criminal offenses, it is important to note that the inaugural version will only provide data at the sub-division level for Australian and New Zealand Standard Offence Classification (ANZSOC) offences where available (likely to be via ANZSOC23); this is due to quality and confidentiality considerations. Data will not be provided at the 4-digit (group) level offence detail, which would permit explicit identification of coercive control. Future iterations may include more detailed classifications where possible. In the interim, the subdivision level 044 which could be used, alongside others, includes the following acts that harm or endanger persons: stalking, threatening behaviour, harassment or private nuisance or coercive control.

CJDA will be critical to understand the trajectories, or criminal justice pathways, of persons who come into contact with the system for perpetration of crimes, including FDV. To assemble the CJDA, the ABS first uses state and territory data to identify victim-survivors and/or perpetrators of FDV to produce nationally consistent data. The nationally consistent data will then be linked within the CJDA. The methods applied to create nationally consistent data for the offender, criminal courts and prisoners data are described below.

For the **offender data**, the ABS utilises FDV flags (the second method) as recorded by each state or territory in their data systems. Police officers flag an offence as FDV in cases where they have determined it to be FDV related, as defined by the relevant state or territory legislation under which they operate. FDV flags are available in all jurisdictions at the proceeding level, except in the ACT where a FDV offence is recorded at the offence level. To improve data quality and comparability, the ABS also applies the first method to supplement the second method of identifying offenders. It uses a combination of information on the nature of the offense[19] and relationship[20] between the victim and offender to identify instances of domestic and family violence. Using this relationship information, incidents flagged as FDV using the second method (i.e. FDV flags) against a stranger are removed, while others not flagged but occurring between a specified family or domestic relationship are flagged as FDV.[21]

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[19] FDV offenses are limited to the following ANZSOC 2011 division/subdivision types: 01 Homicide and related offences; 02 Acts intended to cause injury; 03 Sexual assault and related offences; 05 Abduction, harassment and other offences against the person; 121 property damage; 153 breach of violence and non-violence orders.

[20] A family or domestic relationship includes: partner/spouse/husband/wife (including former); girlfriend/boyfriend (including ex); parent (including step-parents); child (including step-children); other relatives (including but not limited to grandparents, siblings, aunt/uncle, cousin, niece/nephew); carer; kinship relationships. These relationships apply in all states and territories except Tasmania, where data only include: partner/spouse/husband/wife (including former); and girlfriend/boyfriend (including ex).

[21] The ABS relies on a combination of techniques to help produce nationally consistent data - one technique alone may be suitable in one jurisdiction, where as another jurisdiction may require both techniques to produce comparable data - deemed comparable based on expectations for their data.

Criminal Courts data produced by the ABS captures information about defendants finalised for various offences, including FDV. This data is currently experimental, with further assessment required to ensure comparability and quality. Defendants with charges represent a subset of the alleged offenders identified in the police recorded offender data. Defendants, identified as having a FDV matter, are identified based on the offence charged, the court or hearing type, or if they are ordered to be flagged as FDV-related by the judiciary.

The **prisoners** series is derived from administrative systems in each state and territory. It includes information about all persons remanded or sentenced to adult custodial corrective services agencies on 30 June of each year. The Prisoners collection does not include a family and FDV flag, meaning that it cannot be used to identify FDV perpetrators on its own. However, in time, prisoners' data can be linked to the courts and offender data using CJDA and using the FDV information from those datasets. Prisoners' data will then be able to provide complimentary information about FDV offenders in custody.

In summary, while differences in state and territory legislation, which determine the types of behaviours and relationships that constitute a family and FDV offence, should be considered when interpreting the data, the ABS undertakes a range of processes to improve the comparability and consistency of the data across jurisdictions (and over time). In addition, the use of information beyond the FDV flag, such as ROV (for offenders), and offence and/or court hearing type information (for courts) improves the comparability and consistency of the family and FDV data over time and across jurisdictions. Working closely with the jurisdictional agencies and, embedding statistical standards and classifications into the statistical compilation process results in data that are fit for purpose for comparing across jurisdictions and over time.

3. Tax, transfer and front-line services data

Administrative data derived from the tax and transfer system are much broader than health or criminal justice data since most individuals are required to pay income tax and/or are in receipt of income support payments (welfare). Many individuals in receipt of income support are also likely to be in receipt of in-kind government provision, such as public housing, which can sometimes provide additional means to identify victim-survivors depending on the jurisdictional context. This section reviews how researchers have used these data to identify victim-survivors. Unlike crime and health data, the approaches used to identify victim-survivors in tax, transfer and front-line services data will be specific to a particular jurisdiction's tax system design and administration, as well as how these processes interact with other government systems and legislation. For this reason, the international and Australian approaches (where identified) are grouped by data source, rather than discussed separately.

Tax data

The ability to use tax data to directly or indirectly identify victim-survivors of FDV for the purpose of empirical research is much less common than the other sources of administrative data. One known example of direct identification is from the United States. The "innocent spouse relief" provision, for which individuals must file tax form 8857 with the Internal Revenue Service, permits individuals to request "relief from tax liability, plus related penalties and interest, when they believe only their spouse or former spouse should be held responsible for all or part of the tax."[22] Part V of the form explicitly asks if an individual was or is a victim of FDV or abuse. It explicitly defines abuse to include: physical, psychological, sexual, emotional or financial abuse. Form 8857 also notes that if this box is checked that, with permission, the IRS will "put a code on your separate account. This will enable us to respond appropriately and be sensitive to your situation."

To our knowledge, the FDV code within the IRS data has yet to be used by academic researchers using the administrative IRS data for tax research. It is unknown whether this is because an academic researcher has yet to request information about this particular IRS form for research purposes, or if a request has been made but denied owing to the sensitive nature of such a request. Legal scholars have however, used court cases to undertake analyses on subsets of the population who attempt to claim innocent spouse relief.[23] More broadly, researchers have used tax policies, in combination with survey data (rather than admin data), to analyse the impact of tax policies on FDV (Cesur et al. forthcoming).

In the Australian tax data there is not an indicator available that directly identifies whether an individual is a victim of FDV. There is however, a growing literature[24] which discusses the mechanisms through which perpetrators use the tax system (often in combination with other government systems) to inflict economic abuse, even once a victim may have left the relationship. Some of these behaviours[25] could be used as indirect measures to identify victim-survivors of FDV. For example, a substantial decline in

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[22] About Form 8857: https://www.irs.gov/forms-pubs/about-form-8857

[23] Dowis, W.B., Englebrecht, T.D. and Wiggins, M. (2021), "An Examination of the Factors That Impact Innocent Spouse Tax Relief Decisions in the US Tax Court", Hasseldine, J. (Ed.) *Advances in Taxation* (*Advances in Taxation, Vol. 29*), Emerald Publishing Limited, Leeds, pp. 135-153; McMahon, S. H. (2023), "An Empirical study of innocent spouse relief: Do courts implement Congress's legislative intent?", *Florida Tax Review*, Vol. 12, Article 9.

[24] In Australia, the Tax Ombudsman (2025) and the Australian Parliamentary Joint Committee on Corporations and Financial Services (2024), described many of the practices employed by perpetrators to inflict financial abuse. These practices and how they interact with the payment of child support in Australia are also documented extensively by Cook et al (2024).

[25] Ibid

taxable income with the onset of divorce could provide suggestive evidence of financial abuse, as could the emergence of trust income. While quantifying the frequency of behaviours that can indicate financial abuse, as identified by qualitative researchers, is likely to produce some false positives, it could help provide bounds on the percentage of women or men who experience these behaviours.

Income support (transfer data)

There are two indicators that can be used from Australian income support data to identify victim-survivors of FDV. One indicator – the crisis payment - is available in the Department of Social Services's data over multiple individual occurrences (DOMINO) file. DOMINO contains an administrative extract of the income support payments individuals receive, which is made available to researchers. A crisis payment is an income support payment that can be issued by the Australian government to individuals who: recently arrived as a humanitarian entrant, in cases of a national health emergency, if someone has been released from prison or psychiatric confinement, has experienced FDV, or has experienced other extreme circumstances. It is important to note that both victim-survivors and perpetrators of FDV are eligible for this payment.

Not all individuals who experience (or perpetrate) FDV are however, eligible for a crisis payment. To be eligible, an individual must already be in receipt of an income support payment, be experiencing severe financial hardship, be in Australia when the incident happened and be contactable by social workers to assess the situation. A claimant must also have either left the home which they shared with the perpetrator or victim, opted to stay in the home, or have been removed from your home (if the claimant is a perpetrator of violence). In all circumstances, individuals must contact the government within 7 days of their living situation changing to be eligible for the payment. For now, crisis payment data are available from 2020 for researchers to use (it may be possible to introduce historical crisis payment data in the future).

Another income support data source, which may permit identification of victim-survivors of FDV, relates to mutual obligations. Mutual obligations are study or employment obligations (i.e job search requirements) that some individuals must fulfil to remain eligible for certain income support payments, such as the Jobseeker payment. Victim-survivors of domestic and family violence can seek a mutual obligations exemption from Services Australia – the government agency responsible for administering the payments and exemptions. Further investigation with Services Australia is required to determine whether researchers could be provided a binary indicator that indicates if a person sought a mutual obligations exemption for reasons related to FDV.

A third indicator that could be used is from text-based descriptions collected as part of employment services. These data are currently retained by the Department of Employment and Workplace Relations (DEWR). Specifically, instances of domestic violence could be detected from text-based descriptions recorded between employment services providers and their clients (i.e. in job plans), or instances of self-reporting to as either a perpetrator of violence or victim of family and domestic violence on the Job Seeker Snapshot form (for the Job Seeker Classification Instrument).[26] Further investigation with DEWR is required to determine whether researchers could be provided and mine these descriptions for references to FDV.

Front-line services

Front-line service providers' data can provide an additional source of information to detect victim-survivors of FDV in administrative data. Bowstead (2019) uses administrative data on women's use of

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[26] There is also a free text field in Question 50 of the form (see here)

housing-related support services in the UK. For people recorded as 'at risk of domestic violence' in the administrative data for social service delivery in the UK, the author uses data on their geographical location prior to accessing services, where the service was located, and where they relocated after. While the article is limited to presenting the data on travel to and from services, and relocation destination after, the author notes that this could be used a variable that links with other datasets to evaluate other outcomes.

Other studies rely on regional or aggregated administrative data about front-line service provision, which cannot track individual experiences but can still yield insights into broader patterns. For example, Bhalotra et al. (2024) use regional data on calls to DV helplines and access to women's shelters during the COVID-19 pandemic to estimate the effects of lockdown policies on DV incidence across different areas.

In Australia, front-line service providers, which receive some funding from the federal government, have data reporting requirements. These reporting requirements permit identification of victim-survivors and perpetrators of FDV. The Department of Social Services is responsible for this data, housed and made available to researchers in the Data Exchange (DEX). DEX contains data from 2015 onwards. The AIHW reviewed the program specific guidance[27] associated with each program and included recipients of programs that indicated FDV victim-survivors as their primary clientele. People who have accessed the following Government funded programs are flagged as victim-survivors: Specialised Family Violence Services; National Plan to Reduce Violence Against Women and Their Children; Local Support Co-ordinators; Specialised FV Services – 4th action plan; Escaping Violence Payment trial; No-interest Loan Scheme - Domestic Violence; National Perpetrator Intervention and Referral Services; Keeping Women Safe in Homes; Escaping Violence Payment; Helping Children Heal; and Temporary Visa Holders Experiencing Violence Pilot.

There is also a Specialist Homelessness Service Collection (SHSC) managed by the AIHW. SHSs provide assistance to people who are homeless or at risk of homelessness. Homeless individuals who seek assistance can indicate the reason as family and domestic, or sexual, violence. Individuals can be detected from this collection if they needed, were provided or referred to a service for family and domestic, or sexual, violence. This collection captures victim-survivors and perpetrators since individuals can access services for "victim support" or "perpetrator support" or "both victim support and perpetrator". Perpetrator information is however, only available from 2022-23 onwards.

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[27] Australian Government (2024) Program Specific Guidance for Outcome 2.1 Families and Communities Program in the Data Exchange. Available at: https://dex.dss.gov.au/sites/default/files/documents/2024-03/2221-program-specific-guidance_1.pdf

4. The development and use of linked data assets in Australia

Over the last decade, there have been substantial developments in terms of the availability of linked administrative data assets made available to researchers. Linked data assets merge different types of administrative data together, at the level of an individual. For example, rather than just having information on an individual's taxable income, linked data permits researchers to have deidentified information about an individual's income, residence, employer, prescription drugs purchased, and number of visits to the emergency department, among many other pieces of information.

Chapters 2 to 4 of this report reviewed different types of administrative data, by subject matter, in isolation. This chapter first presents the types of linked administrative datasets, or 'data assets' that have been established in Australia. It then showcases their differing strengths and weaknesses in terms of identifying victim-survivors and perpetrators of FDV, as well as analysing the impact of the violence on various outcomes. Then, the chapter summarises an initiative by the AIHW, using one of the linked data assets, to identify victim-survivors and perpetrators of FDV. Finally, it discusses how the availability of linked data assets opens the door to other approaches to indirectly identify perpetrators of FDV.

4.1 Federal linked administrative data assets in Australia

There are several linked data assets that have been developed in Australia: the Person Level Integrated Data Asset (PLIDA), the National Health Data Hub (NHDH), the National Disability Data Asset (NDDA) and the forthcoming Criminal Justice Data Asset (CJDA). Both PLIDA and NHDH are relatively mature linked data assets managed by the ABS and AIHW, respectively. The NDDA is relatively new and is managed by the Department of Health Disability and Ageing. The CJDA, managed by the ABS (and discussed in chapter 3) remains in development.

Table 1 shows all of the data sources discussed in this report that could be used to identify victim-survivors and perpetrators of FDV by linked data asset. The deidentified linked data assets are continually being expanded. For this reason, the data availability reflect what is actually available as of October 2025, rather than what is foreseen will eventually be made available at a future date. For the purposes of analysing FDV, the table reveals two important findings: (1) the NHDH currently has the most comprehensive means available to identify victim-survivors and perpetrators but (2) PLIDA currently has the most expansive array of outcomes which could be analysed. In other words, it's possible to look at the impact of FDV on education, earnings, health, and employment, among other outcomes, with PLIDA, but the sample size of victim-survivors will be smaller than that identified using the NHDH. Meanwhile, the NHDH has a larger sample of victim-survivors, but can only consider the impact of FDV on health. It is however, expected that the NHDH will be expanded to include other welfare related data including: child protections, youth justice, etc. It is also hoped that the FDSV IDS (the FDV flag) can be provided to the ABS for researcher use in PLIDA in the future.

Table 1. Linked data assets by sources of data available at October 2025 (discussed in this report) to identify FDV victim-survivors and/or perpetrators

	Perpetrators directly captured?	PLIDA	NHDH	NDDA	CJDA
DATA SOURCES AVAILABLE TO IDENTIFY FDV VICTIM-SURVIVORS IN EACH LINKED DATA ASSET					
Health data sources					
Admitted patients hospital data			X	X	
National Death Index		X	X		
Criminal Justice Data	X				X
Tax, transfer and front-line services data					
DOMINO	X	X	X*	X	
DEX	X	X	X*		
SHSC	X		X*		
Mutual obligations exemption		Not available anywhere			
Employment services free-text information		Not available anywhere			
OUTCOMES POSSIBLE TO MEASURE IN EACH LINKED DATA ASSET					
Employment and Earnings		X			
Income support payments		X	X*		
Education		X			
Health		X	X		
Recidivism					X
Geographic mobility		X**	X**		

Note: Admitted patients hospital data for Western Australia and the Northern Territory are not yet available in the NHDH, but work is underway to include them.

*DOMINO and DEX are only available in the NHDH via bespoke linkage. Work is underway to include these as part of the standard NHDH. As a consequence, the income support payment outcome can only be examined if DOMINO and DEX are linked.

**Geographic mobility can already be explicitly detected in PLIDA using geographic mesh block. In the NHDH, it can be detected through Medicare records location data.

5.2 Family Domestic and Sexual Violence Integrated Data System (FDSV IDS)

To identify victim-survivors of FDV, the AIHW has developed the Family Domestic and Sexual Violence Integrated Data System (FDSV IDS). The FDSV IDS includes a 'flag' to be used within the NHDH environment, which identifies victim-survivors (and in some cases perpetrators) of FDV using five sources of administrative data: the Data over multiple individual occurrences (DOMINO), the Data Exchange (DEX), the Specialist Homelessness Services Collection (SHSC) the Admitted Patient Care data, and the National Death Index. The intent of this flag is that it can be expanded to include other administrative data sources, such as child protection, as the NHDH expands, but also that it can be transferred to other linked data assets, such as PLIDA, the NDDA, and the CJDA. The specific details that include the methodology underpinning the construction of the FDSV IDS are forthcoming.[28]

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[28] Currently a brief synopsis of the Family Domestic and Sexual Violence Integrated Data System (FDSV IDS) is available on the AIHW's webpage: https://www.aihw.gov.au/family-domestic-and-sexual-violence/resources/the-family-domestic-and-sexual-violence-integrated-data-system-fdsv-ids

Figure 1 shows the initial results produced by the AIHW from the FDSV IDS. The methodology identifies 760,400 victim-survivors and perpetrators of FDV or sexual assault, with the majority of individuals being identified using the Specialist Homelessness Services Collection. The AIHW conjectures that this sample captures 15 – 20 percent of the population that experiences FDSV.[29] They are trying to develop a separate sexual violence flag as well.

Figure 1. Victim-survivors and perpetrators of family and domestic violence and sexual assault identified using the NHDH
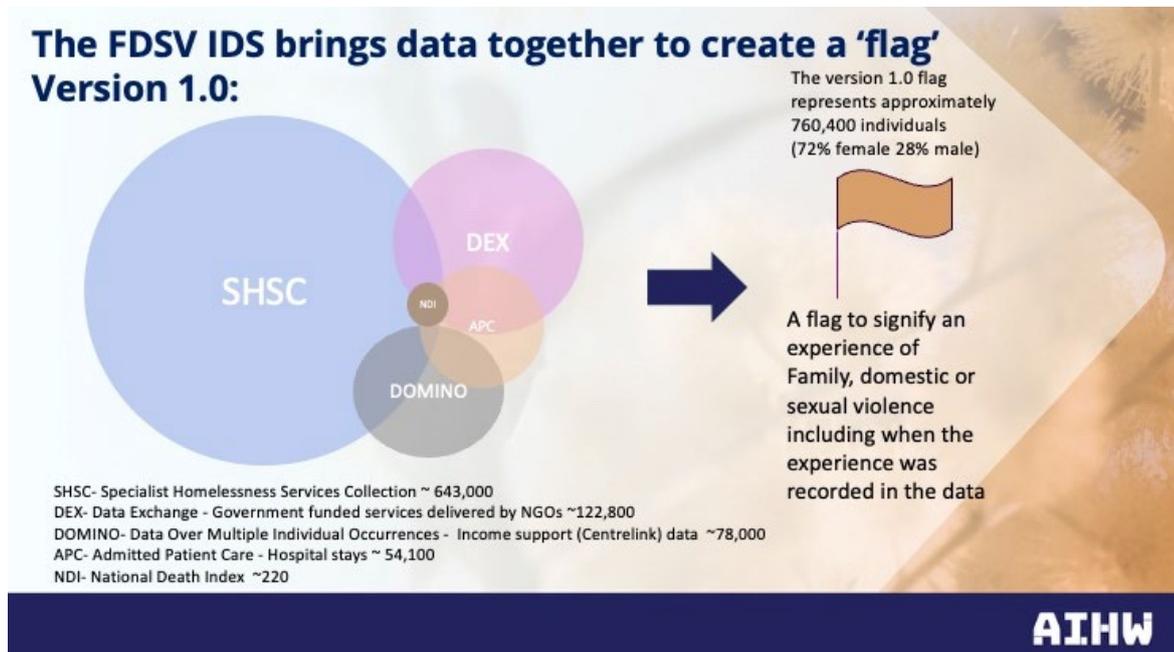
5.3   Identifying perpetrators using indirect indicators

As the development of linked data assets permits direct identification of victim-survivors and perpetrators of FDV, it will also open the door to avenues permitting indirect identification of perpetrators. Once a victim (or perpetrator) is directly identified in the administrative records, the 'likely perpetrator' or 'likely victim' can be deduced using household identifiers available in administrative records. Specifically, PLIDA has a family identifier which links family members at different points in time. The family identifier has been created using a range of administrative sources to which the ABS has access, including Medicare ID links, physical address, and partner identifiers required by the Australian Taxation Office or the Department of Social Services in order to file one's taxes or claim an income support payment.

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[29] Based on ABS estimates from the Personal Safety Survey that 3.8 million people have experienced physical, sexual or FDV assault since age 15.

5. Considerations for identifying FDV in administrative data for Aboriginal and/or Torres Strait Islander peoples

6.1 Overview

Administrative data can be a powerful tool to help understand and address FDV, but its application in the context of Aboriginal and Torres Strait Islander peoples (respectfully hereafter Indigenous Australians) must be handled with cultural sensitivity, transparency, and rigour.

In conducting a review of administrative datasets, the key data custodians considered within scope of the project were:

- Australian Tax Office (ATO)
- Australian Institute of Health and Welfare (AIHW)
- Australian Bureau of Statistics (ABS)
- DEWR
- Department of Social Services (DSS)

This section underscores the need for ethical sensitivity to prevent the perpetuation of deficit-based narratives or inadvertent harm.

Across all datasets, two key themes emerged:

- Potential for systematic bias and heterogeneity/uncertainty in the direction of this bias across different data assets

- Data sovereignty: Indigenous communities must be empowered to govern how data about them is collected, interpreted, and used.

This chapter outlines some important limitations and implications for using administrative data on Indigenous Australians to analyse FDV (sections 6.3 and 6.4). In Table 2 we also describe each data source's potential utility in identifying FDV victim-survivors within the context of Indigenous engagement and sovereignty practices.

6.2 Considering systemic bias

Data collection and analysis must be underpinned by understanding of intergenerational trauma, racism, and mistrust experienced by many Indigenous peoples. Without this understanding, data will be systematically biased. Some of the potential directions of these biases are discussed below.

Systemic Bias and Overrepresentation

The overrepresentation of Indigenous Australians in police and child protection datasets is well-documented and reflects a combination of systemic racism, increased surveillance, and mandated reporting policies—rather than higher prevalence of FDV alone. For example, the Northern Territory is the only state or territory in Australia which has mandatory FDV reporting for all adults (*Domestic and Family Violence Act 2007*). Victora is the only Australian jurisdiction where causing a child to witness or otherwise be exposed to the effects of FDV itself constitutes FDV.

Such variation in state and territory legal frameworks contributes to inconsistencies in administrative records and may inflate apparent rates in some regions (Owen et al. 2024). These patterns may reflect institutional behaviours more than the actual lived experiences of Indigenous communities (Phan et al. 2024).

Under-Identification

Healthcare records—including hospital admissions, electronic health records, and Medicare data—are valuable sources for identifying FDV. However, the quality and completeness of Indigenous status data in these systems is variable. Many Indigenous Australians do not identify as such in mainstream healthcare settings due to past experiences of racism, fear of child removal, or mistrust of government systems. This results in under-identification of Indigenous peoples within datasets.

Efforts to improve Indigenous identification in such data must be accompanied by cultural safety training, community engagement, and accountability mechanisms.

Other biases in reporting

Current indirect indicators for FDV in administrative data (e.g. certain ICD codes in hospital data or charges in police records) may not adequately capture the complexity of Indigenous experiences of FDV, which can be interlinked with community and cultural dynamics, child removal, and lateral violence. Relying on narrow or Western-centric definitions risks missing culturally specific forms of harm or help-seeking behaviour.

6.3   Consent and Cultural Safety

Indigenous communities must have ownership over how data is collected, interpreted, and used. Aboriginal and Torres Strait Islander Data Sovereignty principles stress that Indigenous peoples have the right to govern the collection and use of their data. This means:

- Designing FDV data projects in partnership with Indigenous researchers, services, and peak bodies (e.g. NACCHO, SNAICC),

- ensuring findings are translated into community-benefiting action, and

- returning data to communities in accessible, respectful formats.

Failure to involve Indigenous Australians meaningfully risks reinforcing extractive or paternalistic research practices and producing research that does not accurately reflect the lived experiences of Indigenous Australians

Table 2 – Datasets considered in review and specific considerations for Indigenous Australians

Data custodian	How FDV is identified	Considerations for Indigenous Australians	Indigenous Engagement & Sovereignty Practices
Australian Tax Office (ATO)	While no formal FDV indicators exist, tax data can be used to **infer financial abuse** post-separation, including: • Delayed/lapsed tax filing by child support payers • Declines in taxable income potentially linked to avoidance of financial responsibility • Potential misuse of trusts	Tax data may offer insight into patterns of economic abuse, particularly in cases involving formal financial arrangements. However, its utility may be limited for understanding the experiences of Indigenous Australians, whose financial lives may be shaped by structural exclusion, discrimination, and differing relationships to formal employment or taxation systems. Care must be taken to avoid assuming universal access to or engagement with these systems, and to recognise the diversity of economic arrangements and cultural contexts.	No public Indigenous framework or sovereignty commitments.
Australian Institute of Health and Welfare (AIHW)	AIHW captures FDV through **hospital data using ICD codes** (e.g. assault-related codes with perpetrator type) and through other datasets including: • **Specialist Homelessness Services (SHS)** • **Aged care and linked health service records**	Hospital records may overrepresent severe physical abuse and undercapture emotional or coercive abuse. Indigenous Australians may be less likely to disclose FDV in clinical settings due to past trauma, racism, or mistrust of institutions. Variability in coding practices (e.g. NT vs ACT) may further affect Indigenous data quality and safety.	Embedded through targeted reporting and contextual interpretation; community-partnered work

Data custodian	How FDV is identified	Considerations for Indigenous Australians	Indigenous Engagement & Sovereignty Practices
Australian Bureau of Statistics (ABS)	The ABS draws on criminal justice administrative data from states and territories to produce national statistics and is developing the **Criminal Justice Data Asset (CJDA)**. FDV-related offences are identified through: • Police-applied **domestic violence flags** • **Victim–offender relationship + offence type** (except in Tasmania and NT, where relationship data are not collected)	**Relevance for Indigenous Australians:** Indigenous people are significantly overrepresented in police and court data due to systemic racism, increased surveillance, and jurisdictional policies like mandatory reporting. This may inflate FDV rates in a way that reflects institutional practices, rather than actual incidence. Caution is needed in interpreting cross-jurisdictional patterns and trends.	Strong and embdedded through ICES, CoATSIS, UNDRIP-aligned strategy
Department of Employment and Workplace Relations (DEWR)	FDV identification in DEWR data may occur through: • **Mutual obligation exemptions** for Jobseekers experiencing FDV • **Free-text fields** in job plans or assessment records • **Self-reported indicators** in employment services assessments	Employment services clients include a high proportion of Indigenous people. However, interactions may be shaped by fear of losing payments, mistrust of government, or prior negative experiences. These dynamics may limit the willingness to disclose FDV. It is also unclear whether such information is stored or accessible for research.	No documented Indigenous engagement; risk of siloed data without community-centred interpretation
Department of Social Services (DSS)	DSS data identifies FDV through **crisis payment indicators** – a form of emergency support for welfare recipients experiencing FDV.	There is overrepresentation of Indigenous Australians in the income support system. However, the availability and quality of this data will depend on DSS's internal systems and whether recipients feel safe disclosing their experiences. As	Institutional commitment via Closing the Gap data reforms and Indigenous-focused plans; partnership-related approaches underway

Data custodian	How FDV is identified	Considerations for Indigenous Australians	Indigenous Engagement & Sovereignty Practices
		noted above, interactions and reporting may be shaped by fear of losing payments, mistrust of government, or prior negative experiences.	

Reference List

Adams, A., Huttunen, K., Nix, E., & Zhang, N. (2024). The Dynamics of Abusive Relationships. *The Quarterly Journal of Economics*, *139*(4), 2135–2180.

John, A., Akbari, A., Kennedy, J., Corcoran, S., Thompson, S., Dicks, S., & Marchant, A. (2023). Insights from linking police domestic abuse data and health data in South Wales, UK: a linked routine data analysis using decision tree classification. *The Lancet Public Health, 8*(8), e585–e594.

Aizer, A. (2010). The Gender Wage Gap and Domestic Violence. *American Economic Review*, *100*(4), 1847–1859.

Australian Institute of Health and Welfare (2024) *Family, Domestic, and Sexual Violence: Responses and Outcomes,* 26-27.

Australian Tax Ombudsman (2025). Identification and management of financial abuse within the tax system.

Bergvall, S. (2024). Women's economic empowerment and intimate partner violence. *Journal of Public Economics*, *239*, 105211.

Bergvall, S., & Rodriguez-Planas, N. (2024). Motherhood and Domestic Violence: A Longitudinal Study Using Population-Wide Administrative Data. *SSRN Electronic Journal*

Bhalotra, S., Britto, D. G. C., Sampaio, B., & Pinotti, P. (2023). *Job Displacement, Unemployment Benefits and Domestic Violence*.

Bhalotra, S., Brito, E., Clarke, D., Larroulet, P., & Pino, F. (2024). Dynamic Impacts of Lockdown on Domestic Violence: Evidence from Multiple Policy Shifts in Chile. *The Review of Economics and Statistics*, 1–29.

Bhuller, M., Dahl, G. B., Løken, K. V., & Mogstad, M. (2023). Domestic Violence Reports and the Mental Health and Well-being of Victims and Their Children. *Journal of Human Resources*.

Bindler, A., & Ketel, N. (2022). Scaring or Scarring? Labor Market Effects of Criminal Victimization. *Journal of Labor Economics*, *40*(4).

Bowstead, J. C. (2019). *Using administrative data to count and analyse women's homelessness: Insights from domestic violence services in England*. Journal of Social Policy, 48(3), 447–464.

Cesur,R. Rodriguez Planas, N., Roff, J. and Simon, D. (Forthcoming) "Domestic Violence and Income: Quasi-Experimental Evidence from the Earned Income Tax Credit". NBER Working Paper #29930; IZA Discussion Paper #15208. Forthcoming at the *Journal of Law and Economics*

Chang, H., Chao, S.-F., Chen, K.-M., & Lin, M. (2023). When Love Hurts: The Impact of Intimate Partner Violence on Later Life Outcomes. *SSRN Electronic Journal*.

Cook, Kay, Adrienne Byrt, Terese Edwards, and Ashlea Coen (2024). Opening the black box of child support: Shining a light on how financial abuse is perpetrated.

Dalve, K., Ellyson, A. M., Bowen, D., Rhew, I. C., Rivara, F. P., & Rowhani-Rahbar, A. (2024). Violent deaths among individuals subject to domestic violence protection orders in King County, Washington, USA, 2014–2020. *Injury Epidemiology, 11*(1), Article 20.

Dichter, M., Marcus, S., Morabito, M., & Rhodes, K. (2011). Explaining the IPV Arrest Decision: Incident, Agency, and Community Factors. *Criminal Justice Review*, *36*(1), 22–39.

Dowis, W.B., Englebrecht, T.D. and Wiggins, M. (2021), "An Examination of the Factors That Impact Innocent Spouse Tax Relief Decisions in the US Tax Court", Hasseldine, J. (Ed.) *Advances in Taxation* (*Advances in Taxation, Vol. 29*), Emerald Publishing Limited, Leeds, pp. 135-153

Federal Bureau of Investigation (2021) *National Incident-Based Reporting System User Manual*.

Hsu, L., & Henke, A. (2024). Unemployment insurance generosity and intimate partner violence. *Review of Economics of the Household*, *22*(4), 1461–1481.

John, A., Akbari, A., Kennedy, J., Corcoran, S., Thompson, S., Dicks, S., & Marchant, A. (2023). Insights from linking police domestic abuse data and health data in South Wales, UK: a linked routine data analysis using decision tree classification. *The Lancet Public Health, 8*(8), e585–e594.

Johnson, R. D., Griffiths, L. J., Cowley, L. E., Broadhurst, K., & Bailey, R. (2023). Risk Factors Associated With Primary Care–Reported Domestic Violence for Women Involved in Family Law Care Proceedings: Data Linkage Observational Study. *Journal of Medical Internet Research*, *25*(1), e42375.

Karakurt, G., Patel, V., Whiting, K., & Koyutürk, M. (2017). Mining Electronic Health Records Data: Domestic Violence and Adverse Health Effects. *Journal of Family Violence*, *32*(1), 79–87.

Kivelä, S., Leppäkoski, T., Ruohoniemi, J., Puolijoki, H., & Paavilainen, E. (2019). The Documentation and Characteristics of Hospitalized IPV Patients Using Electronic Medical Records Data: a Follow-Up Descriptive Study. *Journal of Family Violence*, *34*(7), 611–619.

Liu, L. Y., Bush, W. S., Koyutürk, M., & Karakurt, G. (2020). Interplay between traumatic brain injury and intimate partner violence: data driven analysis utilizing electronic health records. *BMC Women's Health*, *20*(1), 269.

McCormack, P. D., & Hirschel, D. (2021). Race and the Likelihood of Intimate Partner Violence Arrest and Dual Arrest. *Race and Justice*, *11*(4), 434–453.

McMahon, S. H. (2023), "An Empirical study of innocent spouse relief: Do courts implement Congress's legislative intent?", *Florida Tax Review*, Vol. 12, Article 9.

Meuleners, L. B., Lee, A. H., Hendrie, D., & Fraser, M. (2010). A population study on Indigenous hospitalisations for interpersonal violence. *Australian Health Review*, *34*(1), 123–126

Murugan, V., Holzer, K., Termos, M., & Vaughn, M. (2021). Intimate partner violence among pregnant women reporting to the emergency department: findings from a nationwide sample. *BMJ Sexual Reproductive Health* 47(7).

Olive, P. (2018). Intimate Partner Violence and clinical coding: issues with the use of the International Classification of Disease (ICD-10) in England. *Journal of Health Services Research and Policy*, *23*(4), 212–221.

Orr, C., Fisher, C. M., Preen, D. B., Glauert, R. A., & O'Donnell, M. (2020). Exposure to family and domestic violence is associated with increased childhood hospitalisations. *PLOS ONE*, *15*(8), e0237251.

Orr, C., Preen, D., Fisher, C., Sims, S., & O'Donnell, M. (2021). Trends in Hospital Admissions for Intimate Partner Violence in Australian Mothers With Children Born From 1990 to 2009. *Journal of Interpersonal Violence*, *36*(15–16), 6998–7017.

Owen L, Hare Breidahl S, Mussared M, Brownlea S, Kault D. A descriptive study of domestic and family violence presentations to an emergency department in the Northern Territory. *Emerg Med Australas* 2024; **36**(5): 703-9.

Peck, A., Hutchinson, M., & Provost, S. (2022). Evidencing Predictors of Adolescent to Parent Violence Re-Offending Through Linkage of Police and Health Records. *Youth Violence and Juvenile Justice*, *20*(3), 206–230.

Perciaccante, V. J., Ochs, H. A., & Dodson, T. B. (1999). Head, neck, and facial injuries as markers of domestic violence in women. *Journal of Oral and Maxillofacial Surgery*, *57*(7), 760–762.

Perciaccante, V. J., Carey, J. W., Susarla, S. M., & Dodson, T. B. (2010). Markers for Intimate Partner Violence in the Emergency Department Setting. *Journal of Oral and Maxillofacial Surgery*, *68*(6), 1219–1224.

Phan HT, He V, Clifford, S., Jackson, W., and Guthridge, S. (2024) Prevalence of exposure to domestic and family violence among Aboriginal and non-Aboriginal children in the Northern Territory of Australia. *Children and Youth Services Review*, 164: 107828

Phoenix, J. (2023). Improving Police Data Collection to Measure Repeat Demand: A Focus on Domestic Violence and Abuse. *Policing: A Journal of Policy and Practice*, *17*.

Rhodes, K. V., Kothari, C. L., Dichter, M., Cerulli, C., Wiley, J., & Marcus, S. (2011). Intimate Partner Violence Identification and Response: Time for a Change in Strategy. *Journal of General Internal Medicine*, *26*(8), 894–899.

Rebbe, R., Adhia, A., Eastman, A. L., Chen, M., & Winn, J. (2023). The Measurement of Intimate Partner Violence Using International Classification of Diseases Diagnostic Codes: A Systematic Review. *Trauma, Violence & Abuse*, *24*(4), 2165–2180.

Santaularia, N. J., Ramirez, M. R., Osypuk, T. L., & Mason, S. M. (2021). Measuring the hidden burden of violence: use of explicit and proxy codes in Minnesota injury hospitalizations, 2004–2014. *Injury Epidemiology*, *8*(1), 63.

Schnitzer, P., Slusher, P., Kruse, R., & Tarleton, M. (2011), Identification of ICD codes suggestive of child maltreatment. *Child Abuse and Neglect 35*, 3-17.

Sheridan, D. J., & Nash, K. R. (2007). Acute injury patterns of intimate partner violence victims. *Trauma, Violence & Abuse*, *8*(3), 281–289;

Sohal AH, Feder G, Boomla K, Dowrick A, Hooper R, Howell A, Johnson M, Lewis N, Robinson C, Eldridge S, Griffiths C. (2020) Improving the healthcare response to domestic violence and abuse in UK primary care: interrupted time series evaluation of a system-level training and support

programme. *BMC Med*. 18(1):48. doi: 10.1186/s12916-020-1506-3. PMID: 32131828; PMCID: PMC7057596.

Whiting, K., Liu, L. Y., Koyutürk, M., & Karakurt, G. (2017). Network Map of Adverse Health Effects Among Victims of Intimate Partner Violence. *Biocomputing 2017*, 324–335.

World Health Organisation (2019), *International Statistical Classification of Diseases and Related Health Problems 10th Revision*.

World Health Organisation (2022), *International Statistical Classification of Diseases and Related Health Problems 11th Revision*.

Yau, R. K., Stayton, C. D., & Davidson, L. L. (2013). Indicators of Intimate Partner Violence: Identification in Emergency Departments. *The Journal of Emergency Medicine*, *45*(3), 441–449.

Appendix

A1.   Note on Statistical Standards

To ensure comparability and consistency of data provided by the states and territories, the ABS employ a series of standards and classifications:

- use of the Australian and New Zealand Standard Offence Classification (ANZSOC)) to code offence level data provided to the ABS by the agencies. ANZSOC is a uniform national statistical framework for classifying criminal behaviour.
- Statistical counting rules and data item classifications for each data collection, developed in partnership with state and territory criminal justice agencies over time. These are refined regularly   through   quality   assurance   projects.

Improvements to the quality of collecting data and policies or changes to social norms that encourage or discourage victim-survivors to report to the police may also impact the number of domestic violence incidents reported to the police over time and across jurisdictions.

A2. ICD and SNOMED codes

ICD codes

1. **E960–E969 –** Assault codes (injuries from interpersonal violence, including suspected child maltreatment) [ICD-9]
2. **E980-E989 -** Injury undetermined whether accidentally or purposely inflicted [ICD-9]
3. **E967.3** – Abuse by spouse or partner [ICD-9][30]
4. **995.81** – Adult physical abuse [ICD-9]
5. **995.80** – Unspecified adult maltreatment [ICD-9]
6. **995.85** – Other adult abuse and neglect [ICD-9]
7. **V61.1** – Counseling for marital and partner problems [ICD-9][31]
8. **V71.5** Observation following alleged rape or seduction Examination of victim or culprit [ICD-9]
9. **V71.81 –** Observation for suspected abuse and neglect [ICD-9]
10. **Y06.0** – Neglect and abandonment by spouse or partner [ICD-10]
11. **Y07.0** – Other maltreatment by spouse or partner [ICD-10]
12. **T74.1 –** Confirmed physical abuse [ICD-10]
13. **T74.2 –** Confirmed sexual abuse [ICD-10]
14. **T74.3 –** Confirmed psychological abuse [ICD-10]
15. **T76.1 – Suspected physical abuse [ICD-10]**
16. **T76.2 – Suspected sexual abuse [ICD-10]**
17. **T76.3 – Suspected psychological abuse [ICD-10]**
18. **T76.4 – Suspected neglect or abandonment [ICD-10]**
19. **T76.1–T76.4:** Suspected physical, sexual, psychological abuse, or neglect [ICD-10]
20. **Y10-Y34** – Event of undetermined intent [ICD-10]
21. **Z63.0** – Problems in relationship with spouse or partner [ICD-10]

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[30] E960–E969: Cover assault codes, including physical, sexual, and other interpersonal violence indicators that may be suggestive of abuse.
[31] This is the predecessor for Z63.0 in ICD-10, which was introduced in 2015 (Orr et al., 2021).

22. **QE51.1** – History of Spouse or Partner Violence [ICD-11]
23. **MB23.2** – Partner Relational Problem [ICD-11]
24. **MB23.3** – Spouse or Partner Abuse, Confirmed [ICD-11]
25. **QE50.0 –** History of physical abuse of a child [ICD-11]
26. **QE50.1 – History of sexual abuse of a child [ICD-11]**
27. **QE50.2 – History of psychological abuse of a child [ICD-11]**
28. **QE50.3 – History of neglect and failure of care of a child [ICD-11]**
29. **QE50.Y/Z – Other/unspecified history of child maltreatment [ICD-11]**
30. **MB24.0 – Confirmed physical abuse of a child [ICD-11]**
31. **MB24.1 – Confirmed sexual abuse of a child [ICD-11]**
32. **MB24.2 – Confirmed psychological abuse of a child [ICD-11]**
33. **MB24.3 – Confirmed neglect and failure of care of a child [ICD-11]**
34. **MB24.Y/Z – Other/unspecified child maltreatment [ICD-11]**

SNOMED codes

Child Maltreatment and Safeguarding

- **836881000000105** – *Child is cause for safeguarding concern*

- **878111000000109** – *Unborn child is cause for safeguarding concern*

- **342191000000101** – *Subject to child protection plan*

- **375041000000100** – *Family member subject of child protection plan*

- **818901000000100** – *Unborn child subject to child protection plan*

- **342891000000105** – *No longer subject to child protection plan*

- **375071000000106** – *Family member no longer subject of child protection plan*

- **1025431000000104** – *Unborn child no longer subject to child protection plan*

- **764841000000100** – *Looked after child*

- **764951000000107** – *No longer subject of looked after child arrangement*

- **770347003** – *Transition out of youth care system (care leaver)*

- **748241000000103** – *Unaccompanied child asylum seeker*

- **836931000000102** – *Subject of child in need plan*

- **135890008** – *Child no longer in need*

- **702953007** – *Suspected victim of child neglect*

- **700254002** – *Suspected victim of child sexual abuse*

- **700255001** – *Suspected non-accidental injury to child*

- **162596006** – *Suspected victim of child abuse*

- **160877008** – *Child at risk*

Adult Safeguarding and Domestic Violence

- **766561000000109** – *Adult safeguarding concern*

- **707087005** – *At risk of domestic violence*

- **881081000000100** – *Domestic abuse victim in household*

- **429746005** – *History of domestic abuse*

- **431719007** – *Referral to domestic violence advocate*

- **758941000000108** – *Subject of multi-agency risk assessment conference (MARAC)*

- **697950003** – *Suspected domestic abuse*

- **697949003** – *Suspected victim of physical abuse*

- **697951004** – *Suspected victim of emotional abuse*

- **702579009** – *Suspected victim of sexual abuse*

- **700253008** – *Suspected victim of sexual grooming*

- **297591000000108** – *Alleged victim of sexual assault*

- **771984002** – *At risk of emotional abuse*

- **771983008** – *At risk of psychological abuse*

Family and Carer Concerns

- **300731000000106** – *Family is cause for concern*

- **1076171000000104** – *Carer behaviour is cause for safeguarding concern*

Administrative and Process Codes

- **888931000000108** – *Record contains third party information*

- **901441000000108** – *Child not brought to appointment[32]*

ICD and SNOMED code mapping

SNOMED CT Code	Description	ICD-10/ICD-11 Equivalent(s)
702953007	Suspected victim of child neglect	T76.0 (ICD-10); MB24.3 (ICD-11)
700254002	Suspected victim of child sexual abuse	T76.2 (ICD-10); MB24.1 (ICD-11)

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[32] This code is used when a child misses a healthcare appointment due to a caregiver's action. Repeated non-attendance, particularly for essential health visits, prompting safeguarding assessments or child protection referrals.

SNOMED CT Code	Description	ICD-10/ICD-11 Equivalent(s)
700255001	Suspected non-accidental injury to child	T76.1 (ICD-10); MB24.0 (ICD-11)
162596006	Suspected victim of child abuse	T76.* (ICD-10); MB24.* (ICD-11)
707087005	At risk of domestic violence	Z63.0 (ICD-10); QE51.1/MB23.2 (ICD-11)
697950003	Suspected domestic abuse	T76.* (ICD-10); MB23.3 (ICD-11)
697949003	Suspected victim of physical abuse	T76.1 (ICD-10); MB24.0 (ICD-11)
697951004	Suspected victim of emotional abuse	T76.3 (ICD-10); MB24.2 (ICD-11)
702579009	Suspected victim of sexual abuse	T76.2 (ICD-10); MB24.1 (ICD-11)
429746005	History of domestic abuse	Z63.0 or personal history codes (ICD-10); QE51.1 (ICD-11)