

Measuring Family Violence in Victoria

Victorian Family Violence Database | Volume 5

Eleven Year Trend Analysis 1999 - 2010



Please Note

Figures 92 and 93 on page 142 of the Volume 5 report have been slightly amended. Both figures below and display the updated number and percentage of family violence victims reporting disability to police.

Figure 92: Number of victims of family violence where disability was identified – police

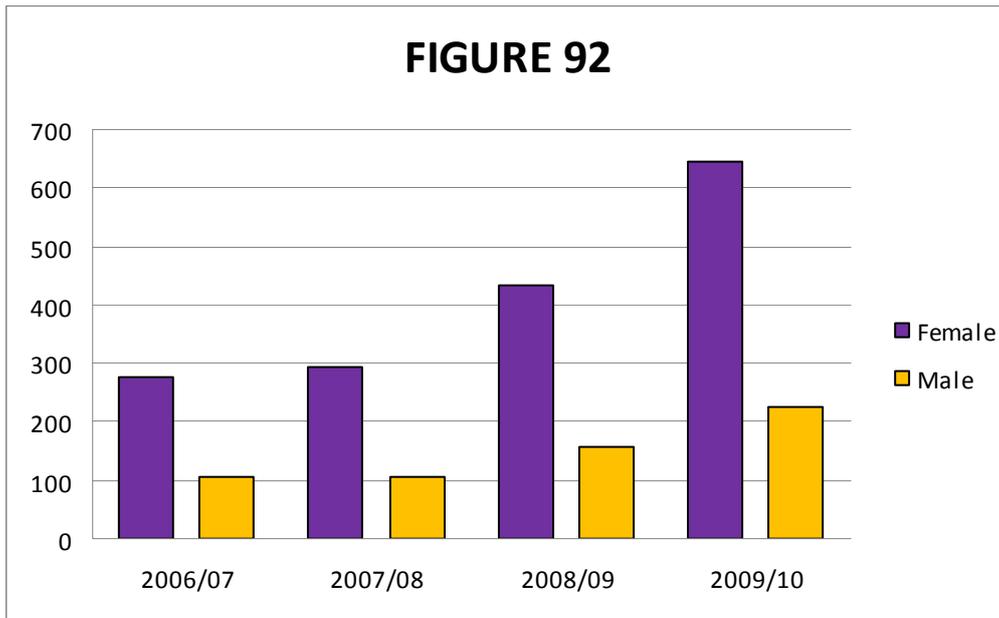
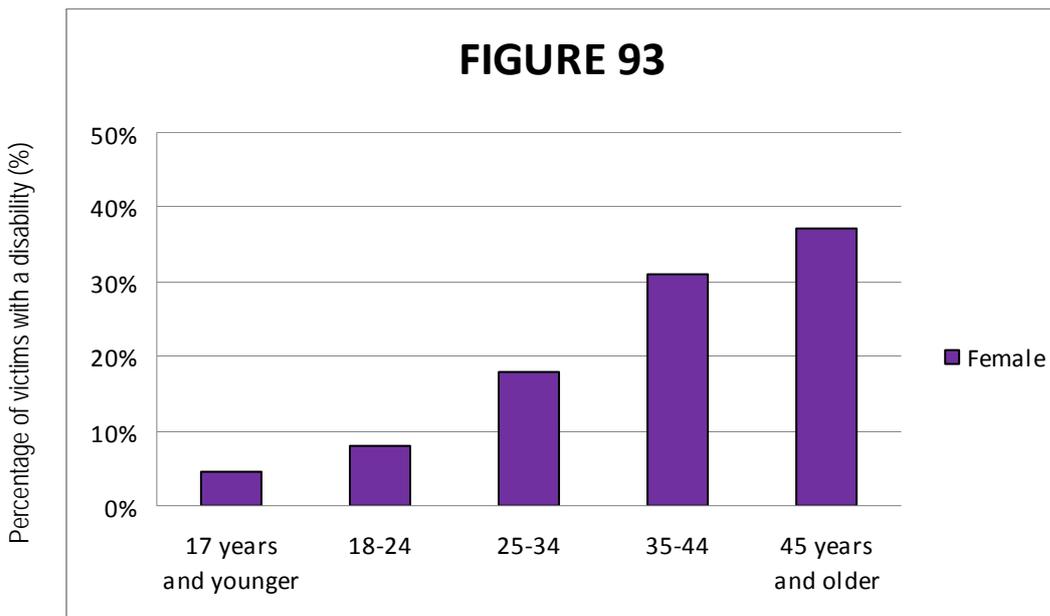


Figure 93: Age of female victims of family violence where disability was identified – police (2009–10)



The *Victorian Family Violence Database Volume 5: Eleven-year Trend Report* was prepared by the Victims Support Agency.

The development of the Victorian Family Violence Database was initially funded in 2000 by Partnerships Against Domestic Violence, An Australian Government initiative.

Published by the Victorian Government Department of Justice
Melbourne Victoria Australia May 2012

© Copyright State of Victoria, Department of Justice, 2012

This publication is copyright. No part may be reproduced by any process except in accordance with the provisions of the Copyright Act 1968.

Also published on www.justice.vic.gov.au

**Victorian Family Violence Database Volume 5:
Eleven-year Report**

ISBN: 978-1-921627-54-5

Authorised by the Victorian Government,
121 Exhibition Street, Melbourne 3000

Further information

This is a report of the Victims Support Agency (Volumes 1 and 2 of the report were published by the Victorian Community Council Against Violence).

The Victorian Family Violence Database is administered by the Victims Support Agency in the Department of Justice. For enquiries about this report or the database, please contact:

Victims Support Agency
23/121 Exhibition Street
Melbourne VIC 3000
Telephone: 1800 819 817
Facsimile: (03) 8684 6777



MINISTER'S FOREWORD

The Victorian Government is committed to supporting victims of family violence no matter what their circumstances, where they reside, or how they enter the justice system.

In January 2012, the Government announced the development of an Action Plan to Reduce Violence against Women and their Children. A plan of this kind reflects the Government's work to combat family violence through prevention, early intervention and response initiatives, to increase the safety of women and children, to hold perpetrators to account for their violence, and to prevent violence occurring in the first place.

The Government has also committed to the COAG-endorsed *National Plan to Reduce Violence against Women and their Children 2010-22*, which brings together the efforts of governments Australia-wide to make a real and sustained reduction in levels of violence against women.

Importantly, we are providing the largest single increase in frontline police numbers over one term of government in the history of Victoria, so that families can feel safer both on the streets and in their own homes.

The Government is expanding the successful family violence risk assessment training program and funding local government clusters aimed at preventing violence before it happens. We have committed \$2 million over three years to fund two demonstration projects in the City of Hume and the City of Greater Geelong to develop more effective responses to women and children at highest risk.

In addition to these initiatives, the Minister for Crime Prevention has announced \$7.2 million in funding for grants across a three-year period to support regional partnership initiatives aimed at reducing family violence in Victoria.

The Victorian Government has backed these vital programs with a strong legislative response to family violence, such as ensuring that Victoria Police have ongoing powers to issue safety notices to improve the immediate safety of victims of family violence.

There are many reasons why victims may not report family violence to police or support services. Under-reporting of family violence makes it difficult to know how many families experience violence in the home.

What we do know is that family violence has the potential to take away victims' confidence, health, livelihood and, as we have seen in Victoria in the most tragic circumstances, their lives or the lives of their children.

The Database is the only project of its kind in Australia and is highly regarded by government and non-government sectors, both in Victoria and nationally. This report is an essential tool for measuring current family violence patterns of demand and policy responses.

Victoria is a leader at the national level in family violence data collection and analysis. The Australian Law Reform Commission report, *Family Violence - A National Legal Response* (November 2010), highlighted the importance of accurate and comprehensive data in informing policy initiatives. The ALRC recognised Victoria as a leader in its production of the Victorian Family Violence Database.

This Volume improves on previous iterations by including new data sets and an improved picture of family violence incident reporting across the state, through the inclusion of three new data sets from Victoria Legal Aid, specialist court sites and the Victorian Civil and Administrative Tribunal.

Collaboration is fundamental to the success of all our efforts. The development of this Database is a reflection of the wide range of collaborative work being undertaken in Victoria to reduce and prevent family violence.

I thank all who have been involved in the ongoing development of the Victorian Family Violence Database across its eleven years of reporting.

ROBERT CLARK MP
Attorney-General

ACKNOWLEDGEMENTS

The Victorian Family Violence Database Volume 5: Eleven-year Trend Analysis Report is an update of prior volumes, incorporating previous discussions and information about Victorian family violence policy and initiatives. In order to keep the report comprehensive and inclusive of family violence policy initiatives applicable to the data within the report, discussions revolve around reform initiatives in place at the time data was reported. Past and present Data Review Committee members are thanked for their support of, and commitment to, the work of the Victorian Family Violence Database.

We would like to acknowledge Victoria Police, the Magistrates' Court of Victoria, the Victorian Civil and Administrative Tribunal, Victoria Legal Aid, the Department of Justice – Victims Support Agency and Courts and Tribunal Unit, the Department of Human Services – Housing and Community Building and Children Youth and Families, Department of Health, and the Supported Accommodation Assistance Program National Data Collection Agency, Australian Institute of Health (with consent of the Department of Human Services), for the provision of their data to the Victorian Family Violence Database.

Author: Dr Kristin Diemer

Editors: Krystle Edmonds
Teegan Kelley

Data Review Committee Members

Uma Rao
Corporate Statistics
Victoria Police

Coral Spencer
Family Violence and Sexual Assault Support Services
Department of Human Services

Rachael Green
Family Violence Coordination Unit, Office of Women's Policy
Department of Human Services

Noel Moloney
Court Statistical Services
Department of Justice

Suellen Murray (academic representative)
Centre for Applied Social Research, School of Global Studies
Social Science & Planning
RMIT University

Nadiene Caple
Victims Support Agency
Department of Justice

Wendy Sanderson
Victims Support Agency – Family Violence
Department of Justice

Mereana White
Family Violence Programs and Initiatives Unit
Magistrates' Court of Victoria

Dianne Godfrey
Family Violence, Family & Children Homelessness Support
Department of Human Services

Yvonne James
Supported Assistance Accommodation Program (SAAP)
Department of Human Services

Nanthini Moorthy
Victorian Civil and Administrative Tribunal

Terrie Spall
Admitted, Emergency & Elective Data
Department of Health

Chris Ermacora
Victoria Legal Aid

Debbie Kirkwood (academic representative)
Domestic Violence Resource Centre Victoria

Alison McDonald
Domestic Violence Victoria

Leah Hickey
Children's Court Victoria

Jen Hargrave
Victorian Women with Disabilities Network

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	4
List of Figures	8
List of Tables	13
EXECUTIVE SUMMARY	16
Key findings	18
1. INTRODUCTION	21
1.1 The worldwide impact and prevalence of family violence	21
1.2 Family violence – Australian and Victorian context	22
1.3 The impact of family violence	22
1.4 The impact of family violence on children	23
1.5 The cost of family violence	23
1.6 Defining family violence	23
2. THE DEVELOPMENT OF THE VICTORIAN FAMILY VIOLENCE DATABASE	25
Background	25
2.1 Establishing the Victorian Family Violence Database	25
2.2 The need for the Victorian Family Violence Database	25
2.3 The family violence policy environment in Victoria	26
2.4 Key family violence reform initiatives	27
2.5 National and international reform context	34
3. FAMILY VIOLENCE REPORTING AND BARRIERS TO SEEKING ASSISTANCE	36
3.1 Under-reporting of family violence	36
3.2 Intersection between family violence and sexual assault	36
3.3 Diversity, vulnerability and family violence	37
4. DATA AND THE VICTORIAN FAMILY VIOLENCE DATABASE	42
4.1 The challenges of bringing data together	42
4.2 Nature of the data held by the Victorian Family Violence Database	42
Victoria Police	43
Victorian Magistrates' and Children's Courts	44
Specialist Family Violence Courts (SFVC)	45
Victims of Crime Helpline (VoC Helpline) and Victims Assistance and Counselling Program (VACP)	45
Department of Human Services – Integrated Reporting Information System (IRIS)	46
Victorian Supported Accommodation Assistance Program (SAAP)	46
Victorian public hospital emergency department (VEMD)	47
Victorian Civil and Administrative Tribunal (VCAT)	48
Victoria Legal Aid (VLA)	48
5. OVERVIEW OF VICTIMS AND PERPETRATORS OF FAMILY VIOLENCE	50
5.1 Number of victims of family violence	50
5.2 Intervention order applications	60
5.3 Referral pathways	65
5.4 Relationship between those involved in family violence	70
5.5 Adolescent and child/step-child violence towards parents/step-parents	73

6. ADULT VICTIMS OF FAMILY VIOLENCE	76
6.1 Adult victims' gender and family violence	76
6.2 Gender of respondent/other party and family violence	81
6.3 Relationship with adult female victims	84
6.4 Relationship with adult male victims	87
6.5 Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) relationships and family violence	90
6.6 Age of adult female victims of family violence	92
6.7 Age of adult male victims of family violence	100
6.8 Age of respondent/other party where victim is an adult	104
6.9 Comparing gender, age and relationship among adult victims	106
6.10 Adult victims by region	109
Adult female victims by region	110
Adult male victims by region	117
7. CHILD VICTIMS OF FAMILY VIOLENCE	120
7.1 Number of child victims of family violence	120
7.2 Gender of child victims	126
7.3 Age of child victims of family violence	128
7.4 Age of respondent/other party where victim is a child (aged 17 years and younger)	130
7.5 Children and family violence by region	131
7.6 Children and adolescents - referral and risk management	133
8. KNOWN DISABILITY AMONG THOSE INVOLVED IN FAMILY VIOLENCE	138
Background	138
8.1 Disability and data providers	139
8.2 Number of incidents where disability was identified - Police	142
8.3 Disability among specialist court program applicants and respondents (SFVC)	142
8.4 Proportion of SAAP family violence clients qualifying for a disability pension	143
8.5 Adult SAAP clients with disability and age analysis	144
8.6 Disability and home or family type analysis	145
8.7 Summary of SAAP clients with disability	146
9. FAMILY VIOLENCE PATIENTS PRESENTING TO THE EMERGENCY DEPARTMENT OF THE VICTORIAN HOSPITAL SYSTEM	147
Background	147
9.1 Gender comparisons and injury event or circumstance	147
9.2 Description of injury events	149
9.3 Gender comparisons and type of injury	154
9.4 Location where injury occurred	155

10. MEMBERS OF CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) COMMUNITIES WHO HAVE EXPERIENCED FAMILY VIOLENCE	156
Background	156
10.1 Identifying CALD status among victims of family violence	156
10.2 Defining CALD communities	157
10.3 Communities from non-English speaking backgrounds	158
10.4 Communities from non-English speaking backgrounds (SAAP)	161
10.5 Country of birth	162
11. ABORIGINAL AND TORRES STRAIT ISLANDERS WHO HAVE EXPERIENCED FAMILY VIOLENCE	163
11.1 Identifying Aboriginal and Torres Strait Islander status among victims of family violence	163
11.2 Aboriginal and Torres Strait Islander communities and family violence	164
12. FAMILY VIOLENCE: THE NATURE OF THE VIOLENCE, RISK ASSESSMENT AND RISK MANAGEMENT	167
12.1 The family violence incident	167
12.2 Nature of the violence - Victoria Police	167
12.3 Frequency and trend of family violence - Victoria Police	174
12.4 Risk indicators and level of fear toward the perpetrator - police and IRIS data	175
12.5 Risk management	185
13. OLDER AUSTRALIANS AND FAMILY VIOLENCE INCIDENTS	206
13.1 Relationship and age of victim	207
13.2 Older persons and living situations before and after support	208
13.3 Older persons and duration of family violence	210
14. CONCLUSION	213
GLOSSARY	215
COUNTING RULES	217
INTERPRETATION OF TABLES	219
APPENDIX A	220
REFERENCES	223
ENDNOTES	231

LIST OF FIGURES

FIGURE 1:	Number of family violence incidents reported	51
FIGURE 2:	Number of family violence incidents reported (contd.)	52
FIGURE 3:	Number of VLA service activities by year	56
FIGURE 4:	VoC client type	58
FIGURE 5:	VACP client type	58
FIGURE 6:	Proportion of VACP by engagement with VOCAT	58
FIGURE 7:	Active intervention order (adult female victims) – police	60
FIGURE 8:	Active intervention order (adult male victims) – police	60
FIGURE 9:	Who applied for an intervention order? – Courts	61
FIGURE 10:	Outcome among adult female clients by year – VLA	63
FIGURE 11:	Outcome among adult male clients by year – VLA	63
FIGURE 12:	Family violence clients – VACP	64
FIGURE 13:	How family violence enquiry received (female family violence client) – VACP	66
FIGURE 14:	How family violence enquiry received (male family violence client) – VACP	66
FIGURE 15:	From where was the applicant referred? – VCAT	66
FIGURE 16:	How victims were referred to the applicant support worker by court location (2010–11 only) – SFVC	68
FIGURE 17:	Relationship of victim to respondent/other party – police	70
FIGURE 18:	Relationship of victim to respondent/other party – courts	71
FIGURE 19:	Relationship of victim to respondent/other party – SFVC	72
FIGURE 20:	Parent/step-parents as victims by age of respondent/other party – police	73
FIGURE 21:	Parent/step-parents as victims by age of respondent/other party – courts	73
FIGURE 22:	Parent/step-parents as victims of violence from an adolescent child/step-child – police and courts	74
FIGURE 23:	Gender of parent/step-parents who are victims of violence from an adolescent child/step-child – police	74
FIGURE 24:	Gender of parent/step-parents who are victims of violence from an adolescent child/step-child – courts	74
FIGURE 25:	Number of support periods for adult clients (aged 18 years and older) seeking SAAP assistance for family violence by gender of client – SAAP	78
FIGURE 26:	Main reason for seeking SAAP assistance (adult female clients) – SAAP	79
FIGURE 27:	Main reason for seeking SAAP assistance (adult male clients) – SAAP	79
FIGURE 28:	Gender of adult respondent/other party when victim is an adult female – police and courts	82
FIGURE 29:	Gender of adult respondent/other party when victim is an adult male – police and courts	83
FIGURE 30:	Relationship of adult female victim to respondent/other party (18 years and older) – police	84
FIGURE 31:	Relationship of adult female affected family members to respondent/other party – courts	85
FIGURE 32:	Relationship of adult female victim to respondent/other party – SFVC	86
FIGURE 33:	Relationship of victim to respondent/other party – VCAT	86
FIGURE 34:	Relationship of adult male victims to respondent/other party – police	87
FIGURE 35:	Relationship of adult male victims to respondent/other party – courts	88
FIGURE 36:	Relationship of adult male victim to respondent/other party – SFVC	89

FIGURE 37:	Number of adult victims experiencing violence from same-sex respondent/other party – police	90
FIGURE 38:	Number of adult victims experiencing violence from same-sex defendant/other party – police and courts	91
FIGURE 39:	Age of adult female victims – police	92
FIGURE 40:	Age of adult female affected family members – courts	93
FIGURE 41:	Age of adult female victims (2010–11) – SFVC	94
FIGURE 42:	Age of adult female affected family members – SAAP	94
FIGURE 43:	Age of adult female victims – VACP	95
FIGURE 44:	Age of adult female victims – IRIS	95
FIGURE 45:	Age of adult female victims – VEMD	96
FIGURE 46:	Age of adult female clients accessing a duty lawyer – VLA	96
FIGURE 47:	Age of adult female casework clients – VLA	97
FIGURE 48:	Age of adult female clients seeking legal advice – VLA	97
FIGURE 49:	Age of adult male victims – police	100
FIGURE 50:	Age of adult male victims – courts	100
FIGURE 51:	Age of adult male victims (2010–11) – SFVC	101
FIGURE 52:	Age of adult male – SAAP	101
FIGURE 53:	Age of adult male victims (2009–10) – VACP	102
FIGURE 54:	Age of adult male victims – VEMD	102
FIGURE 55:	Age of adult male clients accessing a duty lawyer – VLA	103
FIGURE 56:	Age of adult male casework clients – VLA	103
FIGURE 57:	Age of adult male clients seeking legal advice – VLA	103
FIGURE 58:	Age of respondent/other party when victim is an adult aged 18 years and older – police	104
FIGURE 59:	Age of respondent/other party when victim is an adult aged 18 years and older – courts	104
FIGURE 60:	Age of men who use violent and controlling behaviour – IRIS	105
FIGURE 61:	Department of Human Services regions (2011)	109
FIGURE 62:	Number of adult female victims by region – police	110
FIGURE 63:	Number of adult female victims by region – courts	111
FIGURE 64:	Adult female victims by region (2010–11) – SFVC	112
FIGURE 65:	Number of adult female victims by region – VACP	113
FIGURE 66:	Number of adult female applicants by region – VCAT	114
FIGURE 67:	Number of adult female victims by region – VEMD	115
FIGURE 68:	Number of adult male victims by region – police	117
FIGURE 69:	Number of adult male victims by region – courts	118
FIGURE 70:	Number of adult male victims by region – VEMD	119
FIGURE 71:	Number of children (aged 17 years and younger) recorded as affected family member – police	121
FIGURE 72:	Number of children (aged 17 years and younger) present at incidents of family violence – police	121
FIGURE 73:	Proportion of family violence incidents where at least one child is reported as present – police	121
FIGURE 74:	Number of children (aged 17 years and younger) with finalised intervention order applications – courts	122

FIGURE 75:	Number of children (aged 17 years and younger) – VEMD	123
FIGURE 76:	Number of support periods for clients of SAAP services who had at least one accompanying child aged 17 years or younger – SAAP	124
FIGURE 77:	Support periods for clients of SAAP services who had at least one accompanying child aged 17 years or younger – SAAP	124
FIGURE 78:	Gender of child victims (aged 17 years and younger) – police and courts	126
FIGURE 79:	Gender of child victims (aged 17 years and younger) – VEMD	127
FIGURE 80:	Age of children recorded as victims at family violence incidents – police	128
FIGURE 81:	Gender of children/adolescents recorded as victims at family violence incidents by age group – police	128
FIGURE 82:	Age of children with finalised intervention order applications – courts	128
FIGURE 83:	Age of accompanying children (at least one accompanying child) – SAAP	129
FIGURE 84:	Age of children presenting to the emergency department with human intent injuries – VEMD	129
FIGURE 85:	Age of respondent/other party where child was a victim – police	130
FIGURE 86:	Age of respondent/other party where child was a victim – courts	130
FIGURE 87:	Number of children (aged 17 years and younger) present at family violence incidents by region – police	131
FIGURE 88:	Number of children (aged 17 years and younger) with finalised intervention order applications – courts	132
FIGURE 89:	Proportion of family violence incidents where children are formally referred to another agency (base incidents where children are present) – police	133
FIGURE 90:	Proportion of child victims aged less than 15 years formally referred to another agency – police	134
FIGURE 91:	Proportion of child victims aged 15–17 years formally referred to another agency – police	134
FIGURE 92:	Number of victims of family violence where disability was identified – police	142
FIGURE 93:	Age of female victims of family violence where disability was identified – police (2009–10)	142
FIGURE 94:	Description of disability by client – SFVC (2009–10 to 2010–11)	142
FIGURE 95:	Proportion of SAAP clients experiencing family violence where primary income source (either before or after SAAP support period) is from a disability pension	143
FIGURE 96:	Gender of adult SAAP clients experiencing family violence where primary income source (either before or after SAAP support period) is from a disability pension	143
FIGURE 97:	Age of adult SAAP clients experiencing family violence where primary income source (either before or after SAAP support period) is from a disability pension	144
FIGURE 98:	Age of adult SAAP clients experiencing family violence where primary income source (either before or after SAAP support period) is NOT from a disability pension	144
FIGURE 99:	Housing type for victims of family violence where disability was identified – police	145
FIGURE 100:	Housing type for victims of family violence where disability was not identified – police	145
FIGURE 101:	Family type and person seeking assistance for family violence where primary income source (either before or after SAAP support period) is from a disability pension	146
FIGURE 102:	Family type and person seeking assistance for family violence where primary income source (either before or after SAAP support period) is NOT from a disability pension	146
FIGURE 103:	Injury cause by age and gender – children aged 0– 15 years (VEMD 2004–05 to 2009–10 combined)	148

FIGURE 104:	Injury type by age and gender – teenagers aged 16–19 years (VEMD 2004–05 to 2009–10 combined)	148
FIGURE 105:	Injury type by age and gender – adults aged 20 years and older (VEMD 2004–05 to 2009–10 combined)	148
FIGURE 106:	Main injury type (patho-physical nature of the injury) among adult patients aged 18 years and older by age (VEMD 2004–10 combined)	154
FIGURE 107:	Classification according to urgency of need for medical and nursing care, using the National Triage Scale among adult patients aged 18 years and older by gender (VEMD 2004–10 combined)	154
FIGURE 108:	Location of where injury sustained by gender of patient – adult patients (VEMD 2004–05 to 2009–10 combined)	155
FIGURE 109:	Use of official interpreter by adult affected family members (adult aged 18 years and older) and respondents (all ages) – courts	158
FIGURE 110:	Proportion of adult SAAP clients experiencing family violence where client belongs to a language group EP 2, 3 or 4	161
FIGURE 111:	Proportion of SAAP support periods for clients experiencing family violence (excludes Aboriginal and Torres Strait Islander clients) by gender of clients and English language proficiency	161
FIGURE 112:	Gender of Aboriginal and Torres Strait Islander victims – VEMD (combined, including adults and children)	164
FIGURE 113:	Aboriginal and Torres Strait Islander victims by region – VEMD (combined all years, including males, females, adults and children)	164
FIGURE 114:	Cause of injury among Aboriginal and Torres Strait Islander patients by gender (VEMD 2004–05 to 2009–10 combined)	165
FIGURE 115:	Adult female: Aboriginal and Torres Strait Islander and other human intent injury by event associated with injury (VEMD 2004–05 to 2009–10 combined)	165
FIGURE 116:	Adult male: Aboriginal and Torres Strait Islander and other human intent injury by event associated with injury (VEMD 2004–05 to 2009–10 combined)	165
FIGURE 117:	Proportion of adult female clients disclosing an Aboriginal or Torres Strait Islander background – SAAP	166
FIGURE 118:	Proportion of VACP family violence clients reporting incident to police – VACP	173
FIGURE 119:	Victim's level of fear as reported by victim to police (adult female victims aged 18 years and older) – police	175
FIGURE 120:	Victim's level of fear as reported by victim to police (adult male victims aged 18 years and older) – police	175
FIGURE 121:	Whether the victim has an active intervention order against the perpetrator by level of fear (adult female affected family members, aged 18 years and older) – police	185
FIGURE 122:	Whether the victim has an active intervention order against the perpetrator by number of previous police reports (adult female affected family members, aged 18 years and older) – police	186
FIGURE 123:	Number of risk indicators by assessment of likelihood of future violence (adult female affected family members, aged 18 years and older) – police	188
FIGURE 124:	Count of number of risk management actions for all family violence incidents and subjective assessment of likely risk of future violence by adult female affected family members (adult females aged 18 years and older) – police	193
FIGURE 125:	Application for intervention orders heard after hours by gender of adult affected family members (adult aged 18 years and older) – courts	194
FIGURE 126:	How application for intervention order was initiated by adult female affected family members (adult aged 18 years and older) – courts	195
FIGURE 127:	How application for intervention order was initiated by adult male affected family members (adult aged 18 years and older) – courts	195

FIGURE 128:	Outcome of the intervention order by how application was initiated (male adult respondents only) – courts	197
FIGURE 129:	Outcome of the intervention order by how application was initiated (adult female respondents aged 18 years and older) – courts	197
FIGURE 130:	Application for intervention orders heard in the family violence division of the court (Ballarat and Heidelberg) by adult affected family members (adult aged 18 years and older) – courts	198
FIGURE 131:	Was the affected person added to the intervention order by the court under s4A(3)(a) of the <i>Crimes (Family Violence) Act</i> (child affected family members aged 17 years and younger) – courts	198
FIGURE 132:	Was intervention order made by consent without admitting the allegations (adult male respondents aged 18 years and older) – courts	199
FIGURE 133:	Was intervention order made by consent without admitting the allegations (adult female respondents aged 18 years and older) – courts	199
FIGURE 134:	Section of the Act relevant to the VCAT application by adult female affected family members (adult aged 18 years and older) – VCAT	200
FIGURE 135:	Tribunal outcome among adult female affected family members (adult aged 18 years and older) – VCAT	201
FIGURE 136:	Tribunal outcome by section of the Act relevant to the VCAT application (adult female affected family members, adult aged 18 years and older) – VCAT	201
FIGURE 137:	Tribunal outcome among adult female affected family members (adult aged 18 years and older) by whether the protected person had representation – VCAT	202
FIGURE 138:	Tribunal outcome by where protected person is referred to for further support (adult female affected family members, adult aged 18 years and older) – VCAT	202
FIGURE 139:	Adult female victims by age and relationship between victim and perpetrator – police (2009–10 only)	207
FIGURE 140:	Adult male victim by age and relationship between victim and perpetrator – police (2009–10 only)	207
FIGURE 141:	Duration of family violence as reported by victim to police by age of victim (adult female victims aged 18 years and older) – police (2009–10 only)	210
FIGURE 142:	Duration of family violence as reported by victim to police by age of victim (adult male victims aged 18 years and older) – police (2009–10 only)	210
FIGURE 143:	Number of previous police reports by age of victim (adult female victims aged 18 years and older) – police (2009–10 only)	211
FIGURE 144:	Number of previous police reports by age of victim (adult male victims aged 18 years and older) – police (2009–10 only)	211
FIGURE 145:	Cause of injury by age and gender – VEMD (2004–05 to 2009–10 combined)	212

LIST OF TABLES

TABLE 1:	Terminology used to describe those involved in family violence	43
TABLE 2:	VLA activities related to family violence issues	49
TABLE 3:	Court accessed (all years, all adult clients) – VLA	49
TABLE 4:	Grouping of issues among family violence clients by year of data source – IRIS	57
TABLE 5:	Applications for original IVOs finalised at Ballarat and Heidelberg classified as accessing the Family Violence Court Division by year – courts (court that the sitting was held at, adult aged 18 years and older only)	59
TABLE 6:	Number of applicants receiving support by the court support worker through specialist family violence courts by court location and year – SFVC	62
TABLE 7:	Intervention order information (adult clients) – IRIS	64
TABLE 8:	Source of referral to agency by gender of client (adults only) – VACP	65
TABLE 9:	Source of client referral to duty lawyer and telephone service by year (all adult clients) – VLA	67
TABLE 10:	How victims were referred to the Applicant Support Worker in specialist family violence court programs by year – SFVC	68
TABLE 11:	Patient referral into the emergency department (all adult human intent injury victims presenting from 2006 to 2010) – VEMD	69
TABLE 12:	Patient arrival into the emergency department (all adult human intent injury victims presenting from 2006 to 2010) – VEMD	69
TABLE 13:	Parent/step-parent victims of family violence by a respondent/other party (12–24 years) – police (2003–04 to 2009–10)	75
TABLE 14:	Parent/step-parent affected family members of family violence by a respondent/other party (aged 12–24 years) – courts (2003–04 to 2009–10)	75
TABLE 15:	Gender of adult victims	76
TABLE 16:	Number of adult males (18+ years) receiving a service from a women and children's family violence counselling program – IRIS	77
TABLE 17:	Gender of adult clients – VLA	80
TABLE 18:	Gender of adult respondent/other party	81
TABLE 19:	ABS estimate of resident Victorian female population aged 18 and older at 30 June	98
TABLE 20:	Adult female victims as a percentage of the Victorian population by age group (also see Table 19) – police and courts	98
TABLE 21:	Adult female victims as a percentage of the Victorian population by age group (see also Table 19) – SAAP	99
TABLE 22:	Age of respondent/other party when victim is an adult aged 18 years and older by gender of victim – police	105
TABLE 23:	Gender of adult victims by age and relationship – police	107
TABLE 24:	Gender of adult victims by age and relationship – courts	108
TABLE 25:	Regional location of female applicants receiving support by court support worker by court location – SFVC (2010–11)	112
TABLE 26:	Adult female victims (aged 20 years and older) as a percentage of the Victorian population by region – police and courts	116
TABLE 27:	Victims/applicants with children in their care in (all courts) – SFVC (2010–11)	123
TABLE 28:	Proportion of victims by age (adolescent/child clients) – VACP	125
TABLE 29:	Client type (adolescent/child clients) – VACP	125
TABLE 30:	Risk management – outcomes of matters (all years, all clients aged 17 years and younger) – VLA	135

TABLE 31:	Source of client referral by year (children/youth client from women's and children's services) – IRIS	136
TABLE 32:	Patient referral into the emergency department by year (children/youth patients) – VEMD	137
TABLE 33:	Patient arrival into the emergency department by year (children/youth patients) – VEMD	137
TABLE 34:	Disability identified (all years, all adult clients) – VLA	141
TABLE 35:	Description of disability – (adult clients where disability was identified) – VLA	141
TABLE 36:	Disability identified by client type – SFVC (2010–11)	142
TABLE 37	Examples of injury descriptions included in injury cause (adult VEMD 2004–08)	150
TABLE 38	Examples of injury descriptions included in injury cause (child and adolescent patients aged 17 years and younger VEMD 2004–08)	153
TABLE 39:	Classification according to urgency of need for medical and nursing care, using the National Triage Scale – Recommended Time to Treatment	154
TABLE 40:	Use of official interpreter by number of adult affected family members (adult aged 18 years and older) and respondents (all ages) – police and courts	158
TABLE 41:	Affected family member: Language classification according to geographic areas for which interpreters were requested (adult affected family members aged 18 years and older) – courts	159
TABLE 42:	Respondent/perpetrator: Language classification according to geographic areas for which interpreters were requested (adult respondents aged 18 years and older) – courts	159
TABLE 43:	Language other than English (all years, all adult clients) – VLA	160
TABLE 44:	VEMD human intent injury patients and country of birth (combined, including males, females, adults and children)	162
TABLE 45:	VEMD human intent injury patients and Aboriginal and Torres Strait Islander (combined, including males, females, adults and children)	164
TABLE 46:	Age of adult victims by Aboriginal and Torres Strait Islander and other clients – VSA (2008–09 to 2009–10 combined)	166
TABLE 47:	Incident code classification by year (adult female victims aged 18 years and older) – police	169
TABLE 48:	Number of previous police reports by year (adult female victims aged 18 years and older) – police	170
TABLE 49:	Number of previous police reports by year (adult male victims aged 18 years and older) – police	170
TABLE 50:	Number of previous police reports and number of incidents where at least one child was present by year – police	171
TABLE 51:	Who first notified police about the violence by year (adult female victims aged 18 years and older) – police	172
TABLE 52:	Who first notified police about the violence by year (adult male victims aged 18 years and older) – police	172
TABLE 53:	Who first notified police about the violence by year (child/adolescents victims aged 17 years and younger) – police	173
TABLE 54:	Duration of family violence as reported by victim to police (adult female victims aged 18 years and older) – police	174
TABLE 55:	Perceived trend of family violence as reported by victim to police (adult female victims aged 18 years and older) – police	174
TABLE 56:	Level of fear toward perpetrator by relationship of victim to perpetrator as reported by victim to police (adult female victims aged 18 years and older) – police	176
TABLE 57:	Level of fear toward perpetrator by relationship of victim to perpetrator as reported by victim to police (adult male victims aged 18 years and older) – police	177

TABLE 58:	Risk indicators identified at the incident – police	179
TABLE 59:	Risk indicators identified at the incident: threats to harm by other party – police	181
TABLE 60:	Count of high risks associated with the incident – police	182
TABLE 61:	Count of all risks associated with the incident – police	182
TABLE 62:	Whether or not a risk assessment has been undertaken (adult clients (aged 18 years and older) by year – IRIS	184
TABLE 63:	Assessment of likelihood of future violence (adult female victims aged 18 years and older) – police	187
TABLE 64:	Assessment of likelihood of future violence (adult male victims aged 18 years and older) – police	187
TABLE 65:	Risk management actions recorded for the incident – police (1999–2005)	189
TABLE 66:	Risk management actions recorded for the incident – police (2006–10)	190
TABLE 67:	Count of all risk management action undertaken with the incident – police	192
TABLE 68:	Outcome of intervention order by gender of respondent – courts	196
TABLE 69:	Whether or not a safety plan has been prepared (adult clients (aged 18 years and older) by year – IRIS	203
TABLE 70:	Comparison of completing both a risk assessment and safety plan among adult clients (aged 18 years and older) by year – IRIS	204
TABLE 71:	Patient referral upon discharge by age of patient – VEMD	205
TABLE 72:	Support periods for adult female clients and living situation before and after support for family violence-related issues by age group – SAAP	208
TABLE 73:	Proportion of adult SAAP clients experiencing family violence and language group by age – SAAP	209

EXECUTIVE SUMMARY

Family violence is the leading contributor to preventable death, illness and disability for Victorian women aged 15–44 years (VicHealth 2004). More than one in three Australian women who have been in a relationship have been subjected to violence from an intimate partner in their lifetime (Mouzos and Makkai 2004, pp.3), and approximately one in four children and young people have witnessed family violence (Indermaur 2001, pp.1).

As demonstrated by this report, family violence continues to be overwhelmingly a crime against women and the ratio between male and female victims has remained stable and consistent over the 11 years of data in this report. In addition, perpetrators of family violence remain overwhelmingly male across the 11-year reporting period.

The Victorian Family Violence Database evolved from the realisation that evidence-based policy was essential in the field of family violence. Understanding the extent and nature of family violence is crucial to developing appropriate responses and prevention strategies, and to monitoring the effectiveness of current initiatives (Ferrante et al. 1996).

This report is Volume 5 of the Victorian Family Violence Database, which provides trend analysis of state-wide, comprehensive cross-sector, whole-of-government, family violence incident reports from 1999 to 2010.

At the time of writing, this publication is the only source of patterns and trends in family violence reporting in Victoria in the context of family violence initiatives within this period.

The Victorian Family Violence Database continues to be an important tool for government and stakeholders developing evidence-based policy for family violence.

Volume 5 of this report updates data previously published, including:

- Victoria Police family violence incident reports
- Victorian Magistrates' and Children's Court finalised intervention order applications
- Victorian Supported Accommodation Assistance Program (SAAP) data
- Victorian Public Hospital Emergency Departments data
- The Department of Justice Victims of Crime Helpline (VoC Helpline) and Victims Assistance and Counselling Program (VACP) data
- The Department of Human Services Integrated Reporting and Information System (IRIS) data.

Volume 5 of this report also includes new data provision and analysis, including:

- data from the Family Violence Court Divisions at Heidelberg and Ballarat Magistrates' Courts, and data from the Specialist Family Violence Services at Melbourne, Frankston and Sunshine (with a circuit to Werribee) Magistrates' Courts
- data where tenancy change applications under the *Family Violence Protection Act 2008* are made through the Victorian Civil and Administrative Tribunal (VCAT)
- data from Victoria Legal Aid on family violence-related cases.

Data across Victorian Local Government Areas (LGAs) included in previous versions of the report is updated and contained in an electronic Appendix to this report. These LGA data tables are particularly valuable for local government and family violence support service planning.

Volume 5 of the Victorian Family Violence Database contains an additional two years of data and covers the period from July 1999 to June 2010. This period saw the commencement of the Family Violence Protection Act, including the introduction of Family Violence Safety Notices, among a number of other significant changes. As such, this Report provides a unique opportunity to show a comparison pre- and post- the Family Violence Protection Act, as well as the impact of increased police powers. This period also saw the introduction of other key reforms such as the rollout of training on the Family Violence Risk Assessment and Risk Management Framework (often referred to as the Common Risk Assessment Framework or CRAF) to over 3,500 workers.¹

Victoria's approach has been based on an integrated justice and service system, predicated on family violence being a multi-sector problem requiring a coordinated response. The aims of this approach are to improve the safety of women and children experiencing family violence, to ensure that men who use violence are held accountable for their actions and to prevent family violence from occurring (Department of Human Services 2012).

As practitioners in the family violence field become familiar with changes to legislation, reforms mature and cases work through the system, it is anticipated the data will illustrate greater change over time. The increased reporting of family violence incidents in Victoria is an important measure of the success of activity being undertaken to address and prevent family violence.

A chronology of all major family violence policy initiatives between 1999-2011 can be found at the end of this report (see Appendix A). The chronology includes the 2011 launch of the Victoria Police Enhanced Service Delivery Model for responding to family violence, the launch of the *Protecting Victoria's Vulnerable Children Inquiry* to make recommendations to strengthen and improve the protection and support of children and young people, and the release of the *National Plan to Reduce Violence Against Women and their Children 2010–2022* endorsed by the Council of Australian Governments (COAG).

KEY FINDINGS

Across the 11 years of police data reported through this database there has been an 82 per cent increase in the number of family violence incidents reported to Victoria Police, from 19,597 incident reports in 1999–2000 to 35,720 incident reports in 2009–10.

While we can not effectively measure the prevalence of family violence in the community, this dramatic increase is unlikely to represent an increase in family violence incidents occurring in the community, rather an increase in the number of reports made to police and police increasingly taking a proactive approach to family violence as outlined elsewhere in this report (Victoria Police Crime Statistics 2010–11).

Intervention orders and reporting incidents

- There are early indications that the implementation of the *Family Violence Protection Act 2008*, including police-issued Family Violence Safety Notices, has had a positive impact on reporting family violence. From 2008–09 to 2010–11 there was a 21 per cent increase in family violence incident reports to police and a 13 per cent increase in affected family members (AFMs)² subject to finalised family violence intervention order applications.
- Consistently across the years, two out of five affected family members who report to police indicate that the family violence had been occurring for more than two years.
- Since 2007–08 police have increasingly laid criminal charges against the perpetrator, increasing from one in six incidents to one in three.
- According to the police data for 2008–09 and 2009–10, fewer than one in five adult females and approximately one in ten adult males had an active intervention order at the time of police attendance for family violence.
- In 2009–10 more than half of adults experiencing violence had never reported previous violence to police.
- Since 2006–07 around one quarter of incidents had a history of between one and three previous reports of family violence to police (similar for female and male victims).
- Since 2006–07, police have increasingly become the primary applicants for intervention orders on behalf of the victim. A further reporting boost occurred in 2009–10, likely due to the introduction of Family Violence Safety Notices (FVSNs).
- Across the four years in which the Family Violence Court Division has been operating, one in ten applicants went through these courts.
- Across the VLA family violence matters where information is recorded, just over one quarter (27%) of matters resulted in intervention orders.

- In 2010–11, a total of 32 applications for variation of tenancy due to family violence were heard at the Victorian Civil and Administrative Tribunal (VCAT). All but one involved a female applicant or protected person and male respondent or other party.
- From 2008–09 to 2009–10, FVSN-initiated intervention orders had the lowest rate of being withdrawn compared with other methods of initiation, and two thirds of FVSN-initiated intervention orders were granted.

Gender of victim and perpetrator

- Police and court data across all years shows perpetrators of violence against adult female victims were overwhelmingly male (91–95%), while adult male victims were subject to violence from both male and females (40 and 60 per cent respectively).
- In 2009–10, adult victims included 25,296 females reporting family violence incidents to police compared with 6,992 males, and 16,906 females with finalised intervention orders for family violence compared with 5,097 males.
- Consistently, across the 11 years, around 80 per cent of adult respondents to finalised intervention order applications were male, as were the other party (perpetrator) in family violence incidents reported to police.

Relationship between victims and perpetrators

- Approximately 80 per cent of adult female victims (court and police data) experienced the violence from an intimate partner (including *current* and *former domestic partner* as well as *intimate personal relationship*).
- Adult male victims were more likely to experience violence from *other non-intimate* family members than were adult female victims. This has remained relatively stable over the 11 years for both police and court data.
- From 2005–06 onwards, the proportion of children as victims listed on finalised intervention orders has increased continually and substantially. Children are now the primary affected family member for newly initiated intervention orders (40%) followed by all forms of *intimate partners* (38%).

Same sex

- Among the same-sex relationship data for police and courts, a larger proportion of males than females reported family violence from same-sex partners as compared with the overall data reported on in this report. Same-sex partner family violence accounts for four per cent of all male victims and less than one per cent of all female victims.
- In the latest two years of data (2008–09 and 2009–10), a similar number of victims reporting family violence from a same-sex partner to police also applied for an intervention order.

Age of victim and respondents

- Since 2003–04 fewer incidents of family violence have been reported among younger women (aged 25–34 years). Across all data sets, one third of adult female victims were aged 35–44 years, followed closely by women aged 25–34 years.
- The average age of adult male victims is slightly older than adult female victims, with police and court data indicating the largest male victim groups were aged 35–44 years and 45–64 years (relativity consistent over the 11 years of reporting).

Children

- The number of children recorded as affected family members (AFMs) in police family violence incidents reports has tripled since this report commenced. In 1999–2000 there were 915 children recorded as AFMs compared with 2,755 in 2009–10. In addition, children recorded as present at family violence incidents attended by police has also increased, from 18,541 *children present* in 1999–2000 to 24,180 *children present* in 2009–10. This result may be attributed to increased awareness of the impact of family violence on children and acknowledgment of children as victims in their own right.
- The number of children identified in the court data as affected family members (aged 17 years and under) has risen 341 per cent over the 11-year period, from 4,530 children in 1999–2000 to 19,974 children in 2009–10.
- Since 2004, police members are increasingly reporting children they believe are at risk to child protection. Approximately two thirds of children and adolescents aged under 15 years and one third of adolescents aged 15–17 years recorded as primary victims were formally reported to child protection (consistent from 2006–07 to 2009–10).
- An average of 75 children and adolescents per year present to emergency departments with injuries identified as human intended injuries, comprising approximately 12 per cent of all emergency department *human intent injuries*.
- One quarter of Victims Assistance and Counselling Program (VACP) family violence clients were adolescents or children aged 17 years or younger in 2009–10, with the majority aged less than 15 years.
- One in five (20%) of Victorian Legal Aid (VLA) family violence casework clients were children or adolescents under 18 years (12% aged 15 years or less).
- More than half of the women seeking assistance for family violence through a specialist family violence court in 2010–11 had children in their care, and one fifth included a child on their intervention order application.³
- In 2008–09 and 2009–10 there was a large increase in the number of family violence-related SAAP client support periods recorded with accompanying children (approximately 9,000 clients with accompanying children), the largest recorded over the 11 years.

Adolescents as perpetrators of violence against their parents or step-parents

- The rate of incidents where the parent or step-parents are the victim of violence from their children or step children has remained relatively static across all 11 years reported on (around 14%). A majority of these children were adolescents with around one quarter being adult children perpetrating violence toward their parents.
- Similar to adult perpetrators, when a perpetrator is an adolescent against a parent or step-parent, males are more frequently perpetrators of violence than females and victims are more likely to be mothers or step-mothers than fathers or step-fathers (similar within both police and court data).
- Female adolescent perpetrators are more likely to be violent to their mothers than their fathers (police and court data).

Type of violence/abuse

- Less than five per cent of incidents reported to police were recorded as breaches of intervention orders.
- Across the six years of VEMD hospital data, approximately 65 per cent of adult females experienced an injury where they were struck by another person, compared with 26 per cent of adult males.
- Adult females within the VEMD hospital data were more than twice as likely to have multiple injuries as were adult male patients.
- In the Police data, 2006–07 to 2009–10, more than half of adult female victims reported being *fearful* of the perpetrator while conversely, more than three quarters of male victims indicated they were *not fearful at all* of the perpetrator.
- Male victims of family violence who *were fearful* of their perpetrator were most often reporting violence from either their *child* or *another relative* (excluding partners).

Risk indicators and risk management

- One quarter to one third of family violence incidents reported to police contained at least one *high risk* indicator.
- The most commonly identified high risk indicator recorded by police was *separation* (one quarter of incidents in each year). Separation was identified as a risk for twice as many female victims as males.
- *Controlling behaviour* (by the perpetrator/other party) was one of the most frequently identified risk indicators recorded by police. Controlling behaviour was identified as a risk for twice as many female victims as males.

Regional distribution

- In the most recent two years of data, family violence incident reports continue to increase among women residing within all regions of Victoria.

KEY FINDINGS continued

- While the greatest number of adult females seeking assistance from police and courts were from metropolitan regions, when analysed as a percentage of the population, victims living in non-metropolitan regions sought assistance more often as a proportion of the population.

Disability

- The demographics of SAAP family violence clients with a disability have remained largely stable over the 11 years; they are slightly older and less likely to have children accompanying them into services.
- Identification of victims with a disability has increased among police data. In 2006–07 there were 252 incidents identifying disability issues (less than 1% of incidents), rising to 606 reports in 2009–10 (nearly 2% of incidents).
- In 2009–10, no male victims of family violence were recorded in the police data as having a disability.
- An increased emphasis by Victoria Legal Aid (VLA) on completing information about disability among clients saw a dramatic rise in disclosure in the most recent data. Leading up to 2009–10 reporting disability for family violence clients was steady at between two and three per cent of clients and in 2010–11 the rate of identification increased to ten per cent.

Culturally and Linguistically Diverse (CALD)

- In the police data, it is notable that interpreters are more often requested among perpetrators as compared with victims.
- The proportion of applicants and respondents receiving a translation/interpreter service at court for family violence matters is small (less than 5%).
- One in five females receiving support periods through a SAAP service were born in predominantly non-English speaking countries (EP 2-4) compared with around one in ten males.
- Nearly one third of adult VACP clients and one fifth of emergency department patients presenting with human intent injury were born outside Australia.
- All three VLA data files indicate that one in ten family violence clients speak a language other than English (2010–11).

Aboriginal and Torres Strait Islander

- The number of Aboriginal and Torres Strait Islander patients presenting for *human intent injuries* (VEMD data) was quite small and encompassed three per cent of the overall human intent injuries patients. The majority of Aboriginal and Torres Strait Islander patients were female.
- The proportion disclosing Aboriginal and Torres Strait Islander background is steady among women seeking SAAP services for family violence and represents between five and seven per cent of the support periods. The number of women increased from 568 women in 2000–01 to 1,178 women in 2009–10.

Older persons

- Police data indicates that older persons (65 years plus) are more likely to report abuse from their children or another family member than they are from their partner.
- Support for older people in SAAP services accounts for one to two per cent of female family violence support periods.
- A larger proportion of older women receiving SAAP support speak a language other than English as compared with younger women.

1. INTRODUCTION

1.1 The worldwide impact and prevalence of family violence

The World Health Organisation (WHO) who has identified family violence as a widespread and significant social, economic and health problem that requires immediate and urgent attention (WHO 2002). Family violence is a fundamental violation of human rights that is predominantly perpetrated by men against women, children and other vulnerable people. It affects the entire community and occurs in all areas of society regardless of location, socioeconomic and health status, age, culture, gender, sexual identity, ability, ethnicity or religion.

Estimates of intimate partner violence (physical violence only) are reported around the world at alarming rates ranging from 29 per cent in Canada, 30 per cent in Antigua and Barbados to 52 per cent Nicaragua (WHO 2002, pp. 90–91). The Australian component of *The International Violence Against Women Survey* indicates that rates of intimate partner violence against women in Australia are comparable with other countries. Thirty-four per cent of Australian women report they have experienced physical violence from an intimate partner⁴ (Mouzous and Makkai 2004, p. 44).

UNIFEM's Biennial Global Report, *Progress of the World's Women 2008/2009*, highlights evidence outlining low reporting and charging rates for violence against women around the world. The survey of women found that of women who experienced some form of violence in the countries listed below, no more than one third of cases of violence were reported, and charges are pressed in very few of the reported cases. The evidence also suggests that women are more likely to report crimes if they were not committed by a partner.

Country	Violence, partner		Violence, non-partner	
	% reported	% charged	% reported	% charged
Mozambique	7	2	17	3
Czech Republic	8	3	10	4
Denmark	12	3	14	3
Australia	14	4	16	7
Costa Rica	17	2	10	4

*Percentages of the cases reported to the police and percentage with charges brought (convictions by the criminal justice system) were calculated as percentages of all victimised women. Information includes physical and sexual violence, perpetrated by partners and non-partners (Johnson, Ollus and Nevada 2007).

1.2 Family violence – Australian and Victorian context

Prevalence

Family violence is a widespread and prevalent social problem in Australia. More than half of Australian women experience some form of physical or sexual violence in their lifetimes (Mouzos and Makkai, 2004, pp. 2).

In Victoria in 2010–11, police responded to 40,892 family violence incidents. Almost 80 per cent of reported family violence victims in Victoria are women (Victoria Police Crime Statistics 2010–11).

From December 2002 to June 2003, the Australian Institute of Criminology conducted a study across Australia: the *International Violence Against Women Survey* (Mouzos, J., & Makkai, T. 2004), which found that:

- Nearly two thirds (57%) of Australian women report “experiencing at least one incident of physical violence or sexual violence by a man in their lifetime” (2004, p. 19). Just under half (48%) have experienced physical violence, and one third (34%) have experienced sexual violence (2004, p. 20).
- Over a third of women (34%) who have ever had an intimate partner report experiencing at least one form of violence during their lifetime from a male partner (2004, p. 65).
- More than one in eight women (12%) who have ever had an intimate partner have experienced sexual violence from a partner in their lifetime (2004, p. 44). Of these women, seven per cent have been forced into sexual intercourse, and a further three per cent have experienced attempted forced intercourse (2004, p.46).

Homicide

Defining and measuring intimate partner homicide is complex and no two studies classify the relationships in the same way. For example, categories of homicide are sometimes excluded from classifications of intimate partner homicide including: killing by a sexual rival; combined murder suicide; or homicide after separation. Morgan (2002) provides an extensive comparative overview of the way in which intimate partner homicides have been classified and measured in recent Australian research. However, when summarising the available recent data, it can be said that a woman is killed almost every week in Australia by a male partner or ex-partner, often post-separation.⁵

Much of the current research is based on initial analysis by Wallace in NSW (1986) and Polk and Ranson in Victoria (circa 1989). Polk and Ranson undertook the first in-depth study of homicide motive and relationship between victim and perpetrator in Victoria. They identified 37 intimate partner homicides between 1985 and 1986 and 29 of the victims (78%) were women killed at the hands of their partner (Polk and Ranson undated, p. 17; Polk and Ranson 1991, see also Mouzos 2000).

In 2007–08 the majority of homicides occurring in Australia, “were domestic homicides involving one or more victims who shared a family or domestic relationship with the offender” (Virueda, M., & Payne, J. 2010 p.iii). Intimate partner homicides comprised the largest proportion of these domestic homicides (60%, 2010, p. iii). The National Homicide Monitoring program shows that 78 per cent of female victims (n=87) of homicide in 2007–08 were killed by an offender with whom they shared a domestic relationship (2010, p. 19). More recently, the ABS reported that there were 94 victims of homicide in Victoria during 2010 and one fifth (22%) of them were victimised by a partner or ex-partner (2011 p. 44).

1.3 The impact of family violence

One in three Australian women have experienced physical violence and one in five have experienced sexual violence since the age of 15 (ABS 2006, p. 9 and p. 11, respectively). Family violence is the most common form of violence against women, despite many believing that strangers pose the greatest risk.

Among women who have experienced physical violence since the age of 15, only one in five incidents (19%) was perpetrated by a stranger (ABS 2006, p. 30). Nearly half of physical assaults were perpetrated by a partner/former partner (46%) and the remainder perpetrated by family, friends or other known persons including recently met intimate partners (ABS 2006, p. 30). In Victoria, family violence has been identified as the leading contributor to preventable death, illness and disability in Victorian women aged 15–44 years (VicHealth 2004, p.10).

The impact of family violence is immense and may cause injury, ill health, fear, depression, anxiety, psychological trauma or death (Office of the Status of Women, 2003). It generally does not occur as a one-off, isolated incident but rather as multiple acts over time (Hanmer and Saunders 1993, p. 3).

Intimate partner violence has wide-ranging and persistent effects on women's physical and mental health (VicHealth 2004, p.10). Family violence reduces the freedom and dignity of women and their children experiencing it. It can contribute to dependency, financial hardship, lack of self-esteem, confidence, social isolation and substance use and abuse (WHO 2002).

Family violence is also a major factor contributing to homelessness for women in Australia. In 2003–04, an estimated 33 per cent of clients accessing services for homelessness in Australia were women escaping family violence (AIHW 2005, p. 1).

1.4 The impact of family violence on children

Children are directly and indirectly affected by family violence: one quarter of Australian children and young people have witnessed or been exposed to acts of violence against their mother or stepmother (Indermaur 2001, p. 1). Children's experience of family violence may seriously impact their safety, development and wellbeing (WHO 2002). The presence of family violence places children and young people at greater risk of experiencing direct physical abuse, with rates of co-occurrence ranging from 45–70 per cent (Holt, Buckley & Whelan 2008, p. 800). They may experience fear for their own safety and that of their abused parent (Edleson, 1999). Children may also be forced to watch or perpetrate the abuse of their mother, other siblings or pets (Humphreys, Houghton & Ellis 2008).

In the ABS Personal Safety Survey (2006), 27 per cent of women experiencing violence by a current partner and 36 per cent of those by a former partner reported the violence was witnessed by children in their care (p.11). This same survey found that, of the one million Australian women who had experienced violence by a previous partner since the age of 15 years, 36 per cent experienced violence while they were pregnant during the relationship (p.11).

According to Wouldes et al (2011) abuse can extend to the unborn child, as chronic maternal stress (possibly as a result of family violence) can have adverse effects on the physical and neurological development of the foetus. Knitzer et al. (2008) also reported that maternal anxiety in early childhood predicts child anxiety and depression, and this process can begin even before birth.

Holt, Buckley & Whelan (2008) identify that the psychological effects of family violence on children constitute child abuse. The abuse is linked with witnessing verbal, physical and sexual assaults perpetrated upon their mother, combined with possible direct physical assaults (or threats of assaults) on children themselves, and of living with a father who they may experience as frightening, inconsistent and intolerant.

The literature review exploring the impact of family violence on children, conducted by Holt, Buckley & Whelan (2008), also outlines how the effects of family violence impact on women's parenting capacity. The violence can also result in mothers who are emotionally distant, unable to meet their children's needs or unable to adequately care for and build attachment with their children, thereby increasing the risk of children experiencing neglect.

Further, family violence may directly impact children by jeopardising their abilities and key developmental processes (such as healthy sleep patterns in infants and a healthy sense of self in older children), and also impact negatively on the relationship between children, young people and both their parents. It is also an indicator of female and male adolescent victimisation in intimate relationships (Brown and Endekov 2005; Holt, Buckley & Whelan 2008).

In addition, children's exposure to violence in the family also increases their risk of: mental health, behavioural and learning difficulties in the short term (Laing 2000); developing mental health problems later in life (Edleson 1999); and, in the case of boys particularly, of *potentially* perpetrating violence as adults (Indermaur 2001).

1.5 The cost of family violence

Family violence has negative social and economic implications for all Victorians. The estimated economic cost of violence against women and their children in Australia was approximately \$13.6 billion in 2008–09

(KPMG, 2009 p.34) of which approximately \$3.4 billion is the cost to Victoria (Office of Women's Policy 2009, p.11). KPMG (2009) has calculated these costs to include pain and suffering, health costs, medical treatment, police and judicial services, housing, child protection and a range of other services. It also includes the productivity cost, including absenteeism, lost productivity related to use of sick leave, underperformance, poor workplace relationships, access to employment support services, replacing staff, and lost unpaid work.

Without appropriate action to address violence against women and their children, it is estimated the national figure will rise to around \$15.6 billion, by 2021–22 (KPMG 2009, p.4), with Victoria's share of that cost around \$3.9 billion (Office of Women's Policy 2009, p.11).

1.6 Defining family violence

Since the reporting in Volume 4 of the Victorian Family Violence Database, Victorian family violence legislation has changed from the *Crimes (Family Violence) Act 1987* to the *Family Violence Protection Act 2008*.

For the purpose of this Volume 5 of the database, family violence is defined in accordance with section 5 of the Family Violence Protection Act:

(a) behaviour by a person towards a family member of that person if that behaviour –

- (i) is physically or sexually abusive; or
- (ii) is emotionally or psychologically abusive; or
- (iii) is economically abusive; or
- (iv) is threatening; or
- (v) is coercive; or
- (vi) in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or

(b) behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a).

However, for most of the period reported on in this Volume 5, each agency collected data according to relevant legislative or agency definitions of what constituted family violence at the time of data reporting.

For example, the court may have made an intervention order against a person if satisfied (as outlined in section 4 of the Crimes (Family Violence) Act), on the balance of probabilities, that: the respondent had likely assaulted a family member or damaged their property, and was likely to do so again; threatened to assault a family member or damaged their property and was likely to do so again; and/or harassed or molested a family member or behaved in an offensive manner toward them, and was likely to do so again.

Victoria Police are required to complete a Family Violence Risk Assessment and Management Report at every family incident attended. The action police take is informed by the risk assessment which subsequently helps establish the most appropriate risk management strategy to assist the affected family members at the incident (Victoria Police, 2010).

The SAAP National Data Collection Agency collectors manual directs workers to nominate family violence “if the client was homeless or sought assistance as a result of physical or emotional abuse inflicted on the client by a family member” (AIHW 2008c, p.38).

The terminology each agency use to define victim/affected family member and perpetrator/respondent is outlined in Table 1 (Section 4). For the purpose of this report, terminology used will generally be *victim* and *perpetrator*, unless specifically referencing an individual agency dataset.

Another key definitional issue is the scope of persons who were included as parties to family violence incidents. Historically, the focus of work concerning family violence has been on ‘domestic violence’ or ‘intimate partner violence’, which involves violence by past and present spouses and de facto partners.

The Family Violence Protection Act broadened the definition of *family member* to encompass traditional and contemporary notions of family, recognising that family violence can occur in a range of family and ‘family like’ relationships. The Act defines family violence as occurring between:

- married couples, couples in civil unions, de facto couples
- intimate partners
- gay and lesbian relationships
- parents and children
- relatives
- people in family-like relationships, such as a person with a disability who is in a family-like relationship with their carer, or for an Aboriginal or Torres Strait Islander person, ‘family’ can mean a relative according to tradition or social practice.

(Family Violence Protection Act 2008)

In addition, Aboriginal Affairs Victoria (2003) employs the following definition of family violence as: “[a]n issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities” (p. 123). The *Indigenous Family Violence Taskforce Report* also recognises that family violence “extends to one-on-one fighting, abuse of Aboriginal community workers, as well as self-harm, injury and suicide” (p. 123).

Community violence, or violence within Aboriginal community (often between Aboriginal families), has been identified as an emerging concern for local areas in Victoria, contributing to overall levels of violence reported by Aboriginal people and the trauma experienced within families and kinship networks (Office of Women’s Policy 2009).

It is important to acknowledge that intimate partner violence is a large component of family violence and this report will refer to intimate partner violence or domestic violence where research findings in this area are relevant to the discussion of family violence more broadly.

2. THE DEVELOPMENT OF THE VICTORIAN FAMILY VIOLENCE DATABASE

Background

2.1 Establishing the Victorian Family Violence Database

The Victorian Family Violence Database Report was recently commended by the Australian Law Reform Commission in its report, *Family Violence – A National Legal Response* as the most comprehensive of its kind in Australia (2010, p.1480).

Difficulty with ‘whole system’ data collection and analysis in the field of family violence has long been identified as a pressing issue by government and non-government agencies. Informed policy and service provision is critically based on quality data and reliable systems supporting the collection of this information (Pink 2009).

Family violence data have traditionally been scattered and difficult to reconcile largely due to the historical development of responses to family violence, which have previously been undertaken through fragmented models of practice. Consequently, associated data systems lack points of connection between them, coordination in data collection strategies, and irreconcilable data due to differing definitional and counting methods (Pink 2009, Johnson 2009).

In response to the need for data and a comprehensive picture of family violence across the system, a Victorian Government Interdepartmental Committee on Violence Against Women identified the creation of a database with the capacity to provide a unique overview of family violence as a key priority. Subsequently, the Victorian Community Council Against Violence (VCCAV) undertook the development of the database with seed funding from the Commonwealth Government’s Partnerships Against Domestic Violence program.

The VCCAV established the Victorian Family Violence Database in 2000 in collaboration with the Magistrates’ Court of Victoria, Victoria Police, the Department of Human Services, the family violence sector, and the National Data Collection Agency of the Australian Institute of Health and Welfare. Family violence data from a range of sources were brought together into a single, statewide database to enable comprehensive analysis of the nature and incidence of family violence in Victoria. In 2007, the database was relocated into the Victims Support Agency in the Department of Justice.

A Data Review Committee, which includes members from each of the current data source agencies, as well as representatives from the Office of Women’s Policy, academia and peak family violence organisations, in an advisory capacity, formally oversees the work of the Database and authorise finalisation of reports for government endorsement.

Reporting commenced with the production of the *Victorian Family Violence Database: First Report* released in August 2002. It presented an analysis of 1999–2000 and 2000–01 data from Victoria Police, the Magistrates’ and Children’s Courts of Victoria (Victorian courts) and Victorian Supported Accommodation Assistance Program (SAAP) agencies across the key demographic variables of gender, relationship, age group and region of residence, with a specific focus on adult female victims and children (VCCAV 2002).⁶ The first report focused on adult female victims because women are the majority of family violence victims. Subsequently, the Data Review Committee decided it would be useful to analyse cases involving adult male victims to further our understanding of family violence, and to enable comparison between adult female and adult male victims.

Combined analysis of female and male victims of family violence commenced in 2003 and evolved into Volume 2, *The Victorian Family Violence Database: Five-year Report* released in November 2006. That report set a benchmark for trend analysis over five years from 1999–2000 to 2003–04.

During 2007, the Database was expanded to include three additional datasets: Victorian public hospital emergency departments (VEMD); the Department of Justice Victims Support Agency Victims of Crime Helpline (VoC Helpline); and the Department of Human Services Integrated Reports and Information System (IRIS).

The Database now holds 11 years of data from the original data providers (courts, police and SAAP), six years of data for the public hospital emergency departments and four years of data for IRIS and Victims Services (VoC Helpline and VACP). This Volume 5 also contains, for the first time, six years of data from Victoria Legal Aid, two years of data from the Victorian Civil and Administrative Tribunal (VCAT) and one year of data from the specialist family violence courts.

2.2 The need for the Victorian Family Violence Database

The Victorian Family Violence Database (the Database) was developed because access to reliable and meaningful statistics on family violence is essential for the development of effective policy responses to family violence.

The Database contributes to a more comprehensive picture of family violence in Victoria, and has the capacity to improve future planning and coordination of resources and responses. It is an important tool for government and stakeholders developing evidence-based policy for family violence.

The ability to identify and advise on trends, gaps and system weaknesses through cross-sector data analysis and reporting allows for assessment of the impact of legislation, policy and programs, improvement in programs service delivery and measurement of current family violence patterns of demand.

The Volume 5 report provides information about the number and demographics of people accessing specific services for family violence in Victoria over a decade, from 1999 to 2010. The data and analysis within Volume 5 presents a unique opportunity to identify the impact of family violence reforms and advise on trends, gaps and system weaknesses, providing a strong evidence base to direct the next period of reform.

This Volume 5 report brings together statistical information and data about family violence incidents reported through:

- Victoria Police family violence risk assessment and management reports (Police L17 Form)
- Victorian Magistrates' and Children's Court finalised intervention order applications
- data from the Family Violence Court Divisions at the Heidelberg and Ballarat Magistrates' Courts and Specialist Family Violence Services at Melbourne, Frankston and Sunshine (with a circuit to Werribee) Magistrates' Courts
- Victorian Supported Accommodation Assistance Program (SAAP) data
- data from Victorian Public Hospital Emergency Departments (VEMD)
- data from the Department of Justice Victims of Crime Helpline (VoC Helpline) and Victims Assistance and Counselling Program (VACP)
- the Department of Human Services Integrated Reporting and Information System (IRIS)
- data where tenancy change applications under the Family Violence Protection Act are made through the Victorian Civil and Administrative Tribunal (VCAT)
- data from Victoria Legal Aid on family violence-related cases.

Additionally, some data has been provided regionally and across Victorian Local Government Areas (LGAs) and is contained in an electronic appendix to this report.

Due to the high numbers of people who do not seek assistance from police, courts or services, these numbers will not tell the whole story (Lievore 2003). However, they will provide a snapshot of those people affected by family violence who do seek help, and the services and response agency/ies that they come into contact with.

The National Council to Reduce Violence Against Women and their Children, in its report *A Time for Action* (2009), highlighted the need for enhanced systems of data collection to reduce the reporting burden and to gather consistent evidence between agencies and across states and territories, to inform better responses to women and children. The Council recognised that accurate and reliable data analysis is central to pursuing such an approach and achieving effective responses to family violence.

In response to this, as part of the *National Plan to Reduce Violence Against Women and their Children*, all Australian jurisdictions have committed to improving the evidence base for work in domestic and family violence and sexual assault through a commitment to a national data collection and reporting framework. In the long term, the aim is to create nationally consistent data definitions and collection methods to be operational by 2022.

This Database is a key foundation for this work.

2.3 The family violence policy environment in Victoria

Evidence shows that effectively responding to family violence requires coordinated strategy, effort and integration across government and non-government agencies at state-wide, regional and local levels, and in partnership with communities.

The 2002 *Women's Safety Strategy* outlined a five-year strategy aimed to improve women's safety, wellbeing and capacity to fully participate in the community by reducing the level, and fear, of violence against women.

The establishment of the Statewide Steering Committee to Reduce Family Violence⁷ was a key recommendation of both the *Women's Safety Strategy* and Victoria Police's *The Way Forward: Violence Against Women Strategy*. The Committee was convened in 2002 and is jointly chaired by the Office of Women's Policy and Victoria Police. This Committee provides advice to government on the development of an integrated multi-agency response to family violence, including the police, courts, family violence crisis and recovery services, and men's behaviour change programs, aiming to ensure the safety of victims and prevent re-occurrence of family violence.⁸

Drawing on the knowledge and experience of its members, the Committee produced a report outlining broad recommendations for family violence reform in Victoria. The *Reforming the Family Violence System in Victoria* report was provided to government in early 2005.

The work in Victoria has operated at a state level, involving central and regional government agencies in justice, safety and human services. Across the state, at service delivery level, this has involved family violence services for women, children and men, courts, police, legal services, mainstream agencies, culturally and linguistically diverse (CALD) services, a range of children's and young people's services, and Aboriginal services.

Government and community work closely to enhance the service system responding to family violence in Victoria. This has been underpinned by strong governance and advisory mechanisms, that have provided expert advice to government on all aspects of policy and service reforms as well as advice on how to improve prevention, education and early intervention-based best practice, reflecting women's experiences and a growing research and evidence base.

2.4 Key family violence reform initiatives

A number of key initiatives have been undertaken in Victoria which aim to prioritise the safety of women and children, hold perpetrators accountable for their behaviour and to prevent family violence from occurring.

The initiatives have been aimed at integrating system responses to ensure that wherever a woman accesses assistance, she receives consistent, well-informed advice and support, her level of risk is properly assessed, services and agencies are supported to work with her to develop an effective safety strategy for herself and her children, and the perpetrator is held accountable (Office of Women's Policy 2007).

Key initiatives are outlined below.

Victoria Police

In 2001, Victoria Police announced a review of all matters relating to violence against women. The review involved an evaluation of police responses to family violence and resulted in the development of a series of recommendations outlined in *The Way Forward: Violence Against Women Strategy*.

The recommendations included enhanced family violence training for police, increased police accountability, improved data collection, implementation of a *Code of Practice for the Investigation of Family Violence* (Code of Practice), and collaboration with government, community and justice stakeholders through the Statewide Steering Committees (Victoria Police 2002).

In August 2004, Victoria Police released its Code of Practice⁹ (Victoria Police 2004, revised 2010). The Code of Practice outlines step-by-step processes for police responses to reports of family violence. It emphasises the seriousness of family violence, strengthens police procedures, and promotes referrals and partnerships with specialist services. In all cases, police are required to make a referral to an appropriate agency such as a domestic violence service. This may occur through a formal referral into a relevant support service or through the provision of information about available service options.

A second edition of the Code of Practice was launched in December 2010 and reflects the significant changes in the Victorian integrated family violence system, legislative change through the *Family Violence Protection Act 2008* and police learnings from previous years.

The aims of the Code of Practice are to:

- increase the level of safety for all victims of family violence, particularly women and children
- provide early intervention and disruption to break the cycle of family violence
- hold perpetrators of family violence accountable for their behaviour by laying criminal charges where appropriate, including for contraventions of Family Violence Intervention Orders (FVIO) and Family Violence Safety Notices (FVSNs) and by increasing successful prosecutions
- minimise trauma experienced by families during the process of police intervention
- support affected family members to stay safely in their own homes where it is their wish to do so
- encourage reporting of incidents of family violence
- achieve good practice through an appropriate, consistent, transparent and accountable response and investigation of family violence
- in partnership with other agencies, government and non-government, support an integrated response to family violence.

(Victoria Police 2010, p. 2)

Since the introduction of the Code of Practice, Victoria Police responses to victims, and actions taken to hold perpetrators accountable, have improved. Examples of this include a significant increase of 212 per cent in intervention order applications made by police, and referrals to family violence services being made at 80 per cent of attendances by police (Victoria Police 2009, p. 16).

As will be discussed in this report, there has also been a steady rise in the reporting of family incidents since the introduction of the first Code of Practice in 2004, and legislative change brought about by the Family Violence Protection Act.

Key indicators of change to date include:

- During 2010–11, there were 40,892 family incident reports submitted by police (Victoria Police Crime Statistics 2010/11, 2011). This number is 14 per cent higher than the 35,690 reports submitted in 2009–10 (see Figure 1). (Note: 2010–11 police data is not included in the broader analysis of this report. Police data in this report is only inclusive of 2009–10 due to data provision timelines for comparative analysis with other providers).
- Recognition of the family violence context surrounding some offences, such as assaults, sexual assaults and abduction or kidnap, has improved. For example:
 - o The number of crime against the person offences arising from family incidents increased at a faster rate than assaults in non-family incident crime. In 2010–11, family violence assaults accounted for 30 per cent of all recorded assaults (2011, p. 28).
 - o In 2010–11, in 660 (36.1%) rape offences the victim and offender(s) were related, living together, or in a relationship. This increased from 31.6 per cent in 2009–10. In contrast, rape offences where the offender was known to the victim but did not fall into these categories decreased by 4.6 per cent (2011, p. 22).
 - o Property damage offences arising from family incidents have increased 28 per cent since 2009–10, whereas the offences not arising from family incidents decreased by 10 per cent in the same timeframe (2011, p.35).
- Demand for responding to family violence cases in the Magistrates' Court continues to rise significantly. In 2009–10 there were 43,958 applications included on intervention orders finalised through the courts (see Figure 1).

On-going monitoring of the impact of the Code of Practice will be a key aspect in ensuring effective implementation of the integrated family violence response.

In addition to the Code of Practice, in November 2009 Victoria Police launched a five-year violence against women and children strategy *Living Free from Violence – Upholding the Right: Victoria Police Strategy to Reduce Violence Against Women and Children 2009–2014*. This strategy provides guidance and objectives for the organisation in further improving responses to women and children and builds on the original Violence Against Women and Children (VAWC) Strategy released in 2002. The new strategy has four key objectives (2009, pp iv-v), to:

- respond to and investigate family violence, sexual assault and child abuse more effectively
- take a leadership role in driving integrated service delivery
- reduce risk to children and young people of on-going exposure to violence through prevention and early intervention

- increase Victoria Police understanding about issues of violence against women and children in order to provide appropriate policing responses.

In November 2011, Victoria Police announced the launch of the Enhanced Service Delivery Model for responding to family violence. It is anticipated that this initiative will see further improvements in the police response that will be evident in data going forward.

The Family Violence Protection Act 2008

In 2002, the Victorian Law Reform Commission (VLRC) undertook a reference to review family violence laws in Victoria. In March 2006, the VLRC's *Review of Family Violence Laws: Report* was tabled in Parliament.

One of the VLRC's key recommendations was to replace the system of family violence intervention orders under the *Crimes (Family Violence) Act 1987* with a new Act that would better define and coherently respond to family violence (2006, p. 78). In response, the *Family Violence Protection Act 2008* (the Act) was introduced in December 2008. The new Act separated remedies for family violence from stalking and neighbourhood disputes.

The preamble to the Act includes four principles:

- non-violence is a fundamental social value that must be promoted
- family violence is a fundamental violation of human rights
- family violence is not acceptable in any community or culture
- the justice system should treat the views of victims of family violence with respect.

(Family Violence Protection Act 2008)

The Act also acknowledges the gendered nature of family violence, the impact on children, its effect on the entire community, and that family violence extends beyond physical and sexual violence to emotional, psychological and economic abuse, and may involve overt or subtle exploitation of power imbalances.

Police powers were significantly increased as part of the Act, including the capacity to hold and detain a perpetrator and the introduction of police-issued Family Violence Safety Notices (FVSNs), enabling police to obtain temporary after-hours protection for a victim without needing a court order (see the next section for details of FVSNs).

In addition, the Family Violence Protection Act:

- addresses the problem of some litigants using the court processes and court procedures to further harass victims by allowing the Magistrates' Court to declare a person a vexatious litigant in relation to proceedings under the Act
- relaxes the rules of evidence to allow otherwise inadmissible evidence to be considered by the court in appropriate circumstances to ensure the court can hear important evidence which may not otherwise come to light (while maintaining the court's discretion to exclude unfairly prejudicial evidence)
- restricts direct cross examination of a victim of family violence or other vulnerable person by the alleged perpetrator
- supports victims of family violence and their children to stay in their own homes if they wish, by requiring the perpetrator to leave the home in appropriate circumstances – this is to avoid the disruption, dislocation and uncertainty which often accompanies the decision to seek protection from a violent family member if a victim is required to seek new accommodation and there is also the capacity for a victim in rented premises in this situation to apply to become the legal tenant (if the victim is not already)
- clarifies the interaction between family violence intervention orders and child protection orders, family court orders and bail conditions
- restricts reporting of family violence intervention order proceedings so that parties are not identified to encourage victims to come forward
- provides that police may apply for interim family violence intervention orders without the victim's consent
- made a suite of changes to the administration of family violence intervention orders to improve the efficiency and effectiveness of the system.

Family Violence Safety Notices (FVSNs)

Following the implementation of the Victoria Police Code of Practice, the VLRC Review of Family Violence Laws (2006) recommended providing police members with sufficient powers to protect victims of family violence outside of court hours.

One of the early outcomes of the VLRC's review of family violence laws was a recommendation that police have the power to hold/detain a family violence perpetrator, where there is sufficient risk of repeat incidents, until the next court session where an application can be made for an intervention order. In some jurisdictions provisions were also made for after-hours sessions to hear applications for family violence intervention orders.

In 2008, the various police and court powers for responding to family violence after hours were combined and modified, resulting in legislative to establish a pilot of for Family Violence Safety Notices (FVSNs) as part of the Victorian Family Violence Protection Act. FVSNs were introduced on 8 December 2008 primarily to enhance the safety of affected family members outside of court hours through police actions by:

- providing immediate safety for victims and their children for 72 hours from the time of issue, including giving police the option to exclude the perpetrator from the home
- acting as an application to the Magistrates' Court of Victoria for a family violence intervention order
- acting as a summons for a respondent to attend court on the first mention date (within 72 hours of FVSN being issued).

(Thomson Goodall Associates 2010)

The FVSN regime was introduced as a two year pilot and the objectives were to improve police responses and the safety of family violence victims after hours, as well as to hold perpetrators accountable for their behaviour.

The FVSN regime was independently evaluated (Thomson Goodall Associates 2010) and a final evaluation report was released by the Chief Commissioner of Police in 2011. Overall, the evaluation found that FVSNs have contributed to an improved after hours response to family violence by Victoria Police. The evaluation provided a clear indication that police feel more empowered to respond to family violence after hours as a result of having FVSNs as an additional option.

As a result of the evaluation and public consultation, the Victorian Coalition Government introduced the *Family Violence Protection Amendment (Safety Notices) Act 2011*, which was passed in Parliament on 26 May 2011, removing the sunset provision and retaining the FVSN system as an on-going option for police.

Family Violence Risk Assessment and Risk Management Framework (CRAF)

The development and implementation of a multi-sector Family Violence Risk Assessment and Risk Management Framework (CRAF) (Office of Women's Policy 2007) is a key element of Victoria's response to family violence.

The CRAF promotes a common approach to family violence risk assessment and management across Victoria and is supported by the rollout of statewide CRAF training. The CRAF is designed to assist a range of specialist family violence professionals, police members attending family violence incidents, court staff working with family violence clients, as well as mainstream/non-specialist professionals. Adopting a common approach to risk assessment and management better ensures women and children experiencing family violence will be identified and equipped with appropriate support mechanisms.

The six primary components of the CRAF include:

- a shared understanding of risk and family violence across all service providers
- a standardised approach to assessing risk
- appropriate referral pathways and information sharing
- risk management strategies that include on-going assessment and case management
- consistent data collection and analysis to ensure the system is able to respond to changing priorities
- quality assurance strategies and measures that underpin a philosophy of continuous improvement.

(Office of Women's Policy 2007, p.7)

In addition, the CRAF suggests assessing the severity or level of risk via:

- the victim's own assessment of their level of risk
- evidence-based risk indicators
- the practitioner's professional judgement.

(Office of Women's Policy 2007, p.7)

A consortium including the Domestic Violence Resource Centre Victoria, Swinburne TAFE and No to Violence (Victoria's male family violence prevention association) were contracted by the Department of Planning and Community Development to roll out the statewide CRAF training program. Training has been delivered to over 3,500¹⁰ frontline workers including family violence services, generalist community sector and housing workers, drug and alcohol services, education, disability services, mental and primary health care services, maternal and child health nurses, Magistrates' Court registrars, professionals working with Aboriginal and culturally and linguistically diverse (CALD) communities and Victoria Police.

In 2011, the Victorian Coalition Government announced the delivery of further CRAF training to core family violence areas, as well as extending the CRAF into new and prioritised sectors.

Specialist court responses

The VLRC Review of Family Violence Laws (2006) made many recommendations to improve court access and safety for victims of family violence. Broadly, these surrounded physical safety, specialist training and specialist family violence listing days, access for women with disabilities, forms written in plain English as well as instructions in multiple languages, access to legal advice, clear information provided to both the applicant and respondent on intervention order outcomes, and providing alternative methods for applicants to give evidence in court so that they are not further abused by the system. In response to the review, access measures were introduced across the Magistrates' court system.

Currently in Victoria there are two family violence court-based models operating: the Family Violence Court Division and the Specialist Family Violence Services.

The Family Violence Court Division (FVCD) acts as a one-stop shop, hearing cases across multiple jurisdictions including:

- applications for intervention orders
- civil personal injury claims
- family law and child support matters
- summary criminal proceedings
- committal proceedings for indictable charges
- compensation and restitution cases (Victims of Crime Assistance Tribunal).

(Department of Justice 2006)

Provision of specialist family violence courts are intended to meet the needs of women and children seeking protection in a less intimidating environment. Important elements for accessibility vary between the courts and may include: improved safety at the court (e.g. separate entrances or waiting areas); assistance with paperwork and applying for intervention orders; advocacy; and family violence support workers to assist with referrals, legal services and information about other family violence support services.

Specialist family violence knowledge is also important in building applicant trust in the system. Staff at the FVCD have been specially trained in the dynamics of family violence, including assigned magistrates, family violence registrars, applicant support workers, respondent support workers, family violence outreach workers, family violence legal services, and specialist police prosecutors.

The FVCD commenced in 2005 at the Heidelberg and Ballarat Magistrates' Courts.

The Family Violence Court Intervention Program (FVCIP) operates alongside the FVCD and also commenced in June 2005. The FVCIP grants magistrates presiding in the FVCD the power to direct a male respondent to attend a mandated Men's Behaviour Change Program – subject to an eligibility assessment.

The second specialist court-based model, the Specialist Family Violence Services (SFVS), commenced operating at the Melbourne Magistrates' Court in 2005 and at Frankston and Sunshine Magistrates' Courts (with a circuit to Werribee) in 2006.

The SFVS model has been developed to provide additional specialist staff, such as magistrates, family violence registrars, dedicated police prosecutors, and an applicant support worker. The SFVS differs from the FVCD in that it enhances the court's response to family violence, but is not a new division of the Magistrates' Court. SFVS sites do not allow for the hearing of other jurisdictional proceedings and do not have the power to direct respondents to a Men's Behaviour Change Program.

The State Coroner's systemic review of family violence deaths

The final recommendation of the VLRC's Review of Family Violence Laws (2006) was that consultations be held to form a family violence death review committee. In November 2008, a systemic review of family violence-related deaths (the Death Review) commenced.

The Death Review aims to examine the context in which family violence deaths occur and focus on risk factors associated with family violence, current systemic responses to family violence, patterns in family violence-related deaths and opportunities where intervention may have been possible. This initiative is intended to inform future service system interventions to protect adults and children from family violence.

The Coroners Prevention Unit (CPU), within the State Coroner's Office, is undertaking the review. The CPU's broader mandate is to strengthen the preventative role of the State Coroner by assisting in the development, monitoring and evaluation of robust prevention recommendations.

Domestic and family violence death reviews have recently been established in the coronial jurisdictions of three other Australian states: South Australia, New South Wales and Queensland.

Indigenous Family Violence Strategy

In recognition of the impact of family violence on Aboriginal communities, the Victorian Indigenous Family Violence Task Force (VIFVT) was formed in 2001. The main roles of the Aboriginal, community-led task force were to "support, empower and enable Aboriginal communities to examine the issues of family violence, and to develop solutions appropriate to local conditions and need" (Aboriginal Affairs 2003, p. 21).

The final report of the VIFVT (2003) made a series of recommendations to government on ways government and Aboriginal communities could work together to address family violence. The report presented five priority areas for action:

- safety and security for victims of violence
- empowerment of Aboriginal communities
- collaborative planning and decision-making based on community-driven priorities
- strengthening of service responses to Aboriginal family violence
- stronger partnerships between the Aboriginal community and government.

(Aboriginal Affairs Victoria 2003, p. 197)

In 2008, Aboriginal Affairs Victoria released the Ten Year Indigenous Family Violence Plan: *Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities* (The Plan). The Plan was written and produced by the Indigenous Family Violence Partnership Forum (the Partnership Forum) with membership representing: Aboriginal communities across all 10 regions of Victoria, Aboriginal organisations, and senior representatives from government departments.

The Plan is currently being implemented and includes the establishment of holistic family healing and time out centres, counselling services, an Aboriginal men's resource advisory service, prevention projects and the development of a prevention framework, enhanced justice response to Aboriginal people affected by family violence, and extension of the Aboriginal Family Decision Making program (which includes programs for Aboriginal families involved in the child protection system).

Underpinning the Plan is an ongoing commitment to the Partnership Forum, enabling Aboriginal community representatives access to key decision-makers across government thereby assisting government to address Aboriginal family violence in partnership with Aboriginal communities.

Guiding the Plan are seven key values, six of which were derived from the VIFVT final report (2003):

- Safety and security for victims of violence
- Strong community leadership and positive role models
- Shared responsibility and support for one another
- Healthy lifestyles, harmonious relationships and respect for self and others
- Cultural integrity/respect and cultural safety within Indigenous and mainstream services
- Healing for victims and perpetrators, and
- No more violence – in the home, in the family, in the community or in the workplace.

(Aboriginal Affairs Victoria 2003, p.2 and 2008, p.9)

The key value "No more violence – in the home, in the family, in the community or in the workplace" highlights a commitment to breaking the cycle of Aboriginal family violence.

The eight objectives of the plan were carefully constructed to "frame the actions which can prevent and eliminate family violence" (Aboriginal Affairs Victoria 2008, p.32). To this end, they were inclusively informed by recommendations from the VIFVT final report (2003), priorities of the Aboriginal Regional Action Groups (RAGs) and issues identified through Partnership Forum meetings. The objectives are:

- *Cultural Safety* – make Victoria a safer place for all Aboriginal Victorians
- *Healthy Families* – support strong, robust and healthy families that provide
- a safe nurturing environment

- *Education, Awareness, Prevention* – intervene early to improve education
- awareness and prevention of family violence
- *Safety for Victims* – increase the safety of Aboriginal families and individuals, especially women and children
- *Accountability* – increase the accountability and personal responsibility of perpetrators of family violence within Aboriginal communities
- *Healing* – increase opportunities for healing for victims and perpetrators
- *Service Capability* – increase the cultural competency and capacity of the service system to improve responses to Aboriginal family violence
- *Research and Evaluation* – improve the effectiveness and efficiency of responses to Aboriginal family violence through on-going research and evaluation.

(Aboriginal Affairs Victoria 2008, p. 32)

Primary prevention of violence against women

Victoria has commenced implementing prevention strategies that aim to build skills, attitudes and values that reject violence and promote respectful and gender equitable relationships.

A background paper produced by VicHealth (2007) identifies that to effectively prevent violence against women, mutually reinforcing strategies that promote gender equitable relationships and that embrace cultures of respect and non-violence, need to be undertaken across society, community, organisations, among individuals and within relationships.

The Victorian Government has built on the evidence base developed by VicHealth to develop a number of prevention initiatives involving media, sporting organisations, local government, schools, community and health organisations and workplaces, including the following:

- *Local Government Preventing Violence Against Women in Our Community Program* – an initiative working with local community to change attitudes and behaviour¹¹
- Municipal Association of Victoria – *Local Government and Community Partnerships Program 2011–12*, an initiative to develop local government resources and tools for use in public forums and discussions to work to prevent violence against women¹²
- Media Advocacy Project for Victims/Survivors of Violence Against Women providing training to work as media advocates (in conjunction with the Domestic Violence Crisis Service)
- Eliminating Violence against Women Media Awards (EVAs)¹³
- Everyone Wins – a toolkit for community sporting clubs promoting gender equity and social inclusion for sporting participation (VicHealth 2011)
- The My Work Rights Project – informing young women about their rights when experiencing harassment and discrimination in the workplace, led by the Victoria Equal Opportunity and Human Rights Commission (VEOHR 2011)

- VicHealth – collaborative research and evaluation activities focusing on preventing violence before it occurs.¹⁴

In addition, in February 2012, the Minister for Crime Prevention announced grants of \$7.2million over three years aimed at reducing violence against women. The grants, which are part of the Government's Community Crime Prevention agenda, will focus on early intervention and prevention initiatives and will support partnerships at a regional and sub-regional level to deliver programs across a three year period. Dedicated funding will also be provided for programs developed by Indigenous communities.

Strengthening risk management

In 2010, the Housing and Community Building Division of the Department of Human Services commenced the Strengthening Risk Management Project on behalf of the Family Violence Interdepartmental Committee.

The aim of the project is to develop guidelines to strengthen family violence risk management responses and improve safety outcomes for women and children, as well as increase accountability of men who use violence. This work will contribute to the establishment of an agreed 'minimum level' expectation of risk management integration across the state and provide practical guidance to agencies and practitioners both within and outside the integrated family violence system on how to respond effectively to women and children experiencing family violence (KPMG 2011).

The Victorian Government in partnership with the Commonwealth Government Service Integration Projects initiative, provided \$1.9 million to support the establishment of two demonstration projects to test the delivery of coordinated multi-agency approaches to strengthen family violence risk management. These projects will be piloted to June 2013 in the City of Hume and the City of Greater Geelong.

At the local level, the demonstration projects will introduce regular risk assessment and management panel (RAMP) meetings. The RAMP meetings will provide an on-going forum for effective risk assessment, risk management and case coordination. The RAMP meetings will monitor cases and ensure that all relevant details are tabled to enable consistent information sharing and clearly defined actions, responsibilities and timelines to respond effectively to high risk cases of family violence.

Sexual assault

The Australian National Personal Safety Survey, revealed that 17 per cent of women reported experiencing sexual assault at some time since the age of 15 (ABS 2006, p.7).

During 2010, there were 17,757 victims of sexual assault recorded by police, Australia wide (ABS 2011, p.12). More than four-fifths of victims were female (85 %) and one quarter of all victims (n = 4,465) were aged 10–14 years (ABS 2011, pp. 12 and 13 respectively).

In Victoria, there were 3,466 victims of sexual assault and similar to the national trend, more than four-fifths (86%) of them were female (n = 2,995, ABS 2011, p.39). One quarter (24%) of perpetrators of sexual assault were family members, including seven per cent who partners of their victim; 18 per cent were victimised by a stranger (ABS 2011, p. 39).

The Victorian Government currently funds 22 specialist sexual assault agencies across the state to deliver sexual assault support services to women, children, young people and men affected by sexual assault (Department of Human Services 2011a). Services provided include counselling and support, information and advocacy, secondary consultations and crisis responses. Each year, services are provided to approximately 11,000 individuals in locations throughout Victoria.¹⁵

Sexual Assault Reform Strategy (SARS)

Since 2006, over \$54 million (Success Works 2011, p.7) has been allocated towards the Sexual Assault Reform Strategy (SARS) which was based on the Victorian Law Reform Commission's (VLRC) *Final Report in relation to Sexual Offences* (Victorian Law Reform Commission, 2004). The VLRC commenced its investigation of sexual offences law in 2001 and concluded with 201 recommendations in the Final Report.

Recommendations relate primarily to improving system responses, including the following:

- improving police responses
 - increasing the responsiveness of the criminal justice system
 - making it easier for complainants to give evidence
 - improving the system for child complainants
 - improving the system for complainants who have a cognitive impairment
 - judges' directions to juries
 - the 'mental element' of rape
 - other legislative changes
 - dealing with juvenile sexual offenders.
- (Success Works 2011, p.8)

The SARS includes a suite of initiatives aimed at improving the criminal justice system response to sexual assault. The SARS reforms have been strengthened by a raft of legislative change and initiatives including:

- the establishment of Victoria Police Sexual Offence and Child Abuse Investigation Teams and Multidisciplinary Centres (MDC) in Frankston and Mildura (a further MDC is to be implemented in Geelong by mid 2012)
- the creation of a Child Witness Service
- specialist sexual offences lists in the Magistrates' Court and County Court
- a specialist sexual offences unit within the Office of Public Prosecutions, based in Melbourne and Geelong

- treatment programs for children aged under 10 years who exhibit problem sexual behaviours
- providing additional treatment places for teenagers aged 15–17 years engaging or displaying sexually abusive behaviours.
- expanded treatment and post-release programs for serious sex offenders
- the establishment of a forensic nursing network
- enhanced counselling for victims of sexual assault and expanded crisis care responses
- education for the judiciary and other legal profession training on issues surrounding sexual assault
- expanding the availability of forensic medical examinations to include adult victims of sexual assault who do not initially choose not to report to Victoria Police (to be implemented in 2012).

An independent evaluation of SARS was undertaken and the final evaluation report was released on 17 April 2011. The SARS evaluation outlines evidence that the SARS has achieved two of its three key objectives (Success Works 2011, p.i), to:

- strengthen and improve the criminal justice system response to sexual assault cases
- improve support for and responsiveness to the needs of sexual assault victims.

The evaluation notes that the third objective of the Strategy – prevention and early intervention – will take longer to achieve.

The report also made a number of recommendations for future consideration by government (Success Works 2011, pp. 218-224). Consultations on evaluation findings and recommendation have been undertaken with the Sexual Assault Advisory Committee and sexual assault and family violence stakeholders. At the time of this report, government is considering this advice.

Sexually Abusive Behaviours Treatment Services (SABTS)

While the main purpose of the VLRC inquiry into Sexual Assault was to investigate and recommend improvements to the way in which the criminal justice system responds to complainants, the inquiry also examined the issue of juvenile sexual offending in recognition of the fact that many sexual offenders begin offending as adolescents (estimated 50–80%) (Victorian Law Reform Commission 2004, p 463). The report highlighted that neither the criminal justice system, nor the child protection system respond adequately to young people sexually assaulting others. A number of recommendations were made to address the problem including the expansion of treatment services for young people who sexually abuse.

The implementation of the *Children, Youth and Families Act 2005* included new provisions for the Department of Human Services to receive reports for children requiring therapeutic treatment for sexualised abusive behaviours. Young people reported for these behaviours may then be subject to

Therapeutic Treatment Orders (TTOs) via the Family Division of the Children's Court. Under these provisions of the Act, and subject to eligibility criteria, a young person (aged 10–14 years) may be ordered to undergo compulsory therapeutic counselling for their sexually abusive behaviours (for up to 12 months) (see also Pratt and Miller 2010).

Commencing in 2007, the government funded 13 agencies across Victoria to deliver sexually abusive behaviour treatment services to children aged under 15 years who were displaying problem sexual behaviours (Department of Human Services 2011b). Young people on a TTO and their families are referred into SABTS programs. The SABTS program is also available to children and young people up to the age of 15 years who display sexually abusive behaviours and their families on a voluntary referral basis in recognition of the need for many families to address this behaviour long before a justice intervention is necessary (Department of Human Services 2011b and Evertsz and Miller 2011).

SABTS provide a multi-systemic and offence-specific approach and address issues such as taking responsibility and accountability for the young person's sexually abusive actions and behaviours, victim empathy and awareness, social skills and the development of healthy attitudes toward sexuality and relationships. The SABTS program provides ecological support for the child's family or their carers to support therapeutic interests.

An evaluation of the SABTS programs commenced in 2011 and is due to report in March 2013.

2.5 National and international reform context

United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

In 1983, Australia became a signatory to the major human rights treaty for women, the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (Australian Human Rights Commission and Office for Women 2008).

In March 2009, Australia strengthened its commitment to addressing discrimination against women by becoming party to the CEDAW Optional Protocol. The Optional Protocol allows individuals to bring a complaint directly to the UN CEDAW Committee, after all domestic remedies have been exhausted. The Optional Protocol also allows the CEDAW Committee to investigate claims of serious violations of CEDAW in Australia (Australian Human Rights Commission 2011).

The National Plan to Reduce Violence Against Women and their Children

On 29 April 2009, the National Council to Reduce Violence against Women and their Children released a report entitled *Time for Action*.

The Australian Government supported the National Council's zero tolerance for violence against women, and referred the development of a National Plan to the Council of Australian Governments (COAG). In February 2011, COAG endorsed the *National Plan to Reduce Violence against Women and their Children 2010–2022* (National Plan) (Commonwealth of Australia 2011).

The National Plan is a single unified strategy that brings together government efforts to reduce violence against women within a 12-year framework for action. The six intended outcomes set out in the National Plan are:

- communities are safe and free from violence
- relationships are respectful
- Aboriginal communities are strengthened
- services meet the needs of women and their children experiencing violence
- justice responses are effective
- perpetrators stop their violence and are held to account.

(Commonwealth of Australia 2011)

Of particular relevance to this database, through the National Plan, all Australian jurisdictions have committed to improving the evidence base for work in domestic and family violence and sexual assault through a commitment to a "national data collection and reporting framework. In the long term, the aim is to create nationally-consistent data definitions and collection methods to be operational by 2022" (Commonwealth of Australia 2011 p. 40).

Australian Law Reform Commission and NSW Law Reform Commission Family Violence Inquiry

In August 2009, the Commonwealth Attorney-General announced a review of family violence and family law to be conducted by the Australian Law Reform Commission (ALRC) and the NSW Law Reform Commission (NSWLRC). The review focussed on the interaction of state and territory family violence and child protection laws and the impact of inconsistent interpretation or application of laws in cases of sexual assault occurring in a family violence context. The ALRC and NSWLRC Report *Family Violence – a National Legal Response* (the Report) was tabled in the Australian Parliament in 11 November 2010.

The Report identified a number of concerns with current laws and practice. A key concern was the requirement for people affected by family violence to engage with several different parts of the system. The Report found that multiple referrals and courts increased the risk that people, particularly children, may fall into gaps in the system.

The Report presents a package of reforms at both at both Commonwealth and state and territory level. It makes 187 recommendations grouped under two key themes: improving legal frameworks and improving practice.

At the time of this report, the Commonwealth, state and territory governments were considering a national response to the Report's recommendations through the Standing Council on Law and Justice (SCLJ – previously the Standing Council of Attorneys-General (SCAG)).

3. FAMILY VIOLENCE REPORTING AND BARRIERS TO SEEKING ASSISTANCE

3.1 Under-reporting of family violence

The Australian Bureau of Statistics (ABS) estimated that only 36 per cent of women who experience physical family violence assaults ever report the assault to police and even fewer report their experience of sexual assault (19%) (ABS 2006, p.8). Mouzos and Makkai (2004) identified that women are least likely to report violent incidents (either sexual or physical) committed by current or former intimate as compared with reporting incidents perpetrated by a stranger or non-intimate partner (p. 56).

There are many reasons why victims of family violence may not report the violence to police or seek assistance from support services, including fear of repercussions from the perpetrator, financial dependence on intimate partners, lack of confidence in the legal process, lack of accommodation or cultural and religious beliefs (Felson & Paré 2005, Lievore 2003, Neame & Heenan 2003, Alexander 2002).

Attempting to leave a violent relationship can result in an escalation of violence, with evidence showing that separation from a partner increases the risk of women being killed by that partner (Mouzos and Rushforth 2003, Campbell et al 2003, p. 1095).

Community attitudes reflect limited understanding of the nature and dynamics of family violence, which can often lead to victims being blamed for the abuse, especially if they do not leave the relationship. The *National Survey on Community Attitudes to Violence against Women* found that approximately 50 per cent of the community believe a woman can leave a violent relationship if she really wants to leave (VicHealth 2009, p. 16).

Further, 18 per cent of the community believe that domestic violence can be excused “if it results from people getting so angry they temporarily lose control” and 22 per cent believe domestic violence can be excused if the perpetrator “regrets what they have done” (VicHealth 2009, p. 5).

The lack of community understanding about the complexity of family violence can lead victims of family violence to deal with the issue themselves or talk to family and friends rather than seek outside assistance (Mouzos & Makkai 2004; Mulroney 2003). In some instances, the victims themselves may not identify the abusive actions as family violence (Mouzos & Makkai 2004; WHO 2002). In addition, women may fear that seeking assistance will anger the perpetrator and cause an increase in the violence. Sadly, this is often true as one of the risk factors for escalation of violence is when a woman seeks assistance (Campbell et al 2003).

Given the high rate of family violence that is not reported to police or other services, the cases presented in this report are likely to be the tip of the iceberg of a much larger social problem.

Positively, this Volume 5 report shows a dramatic increase in the identification and reporting of family violence in Victoria. Over the seven years from 2003–04 to 2009–10, reporting of family violence incidents to Victoria Police increased from 27,672 to 35,701 incidents (a 29% increase) and the number of finalised intervention orders in the Magistrates’ and Children’s Courts of Victoria increased from 20,120 to 43,906 (a 118% increase).

3.2 Intersection between family violence and sexual assault

Across Australia and specifically data providers in this report, there has been growing recognition of the co-occurrence of family violence and sexual assault. However, family violence and sexual assault tend to be treated separately by most service providers and subsequently data systems are not designed to encourage questioning and information recording for possible co-occurrence. Therefore, it is rare to be able to report on family violence co-occurrence with sexual violence and there are few published papers covering the topic.

The few published papers measuring co-existence of various types of violence and abuse identify around one-fifth to one quarter of women experience both physical and sexual violence. The Australian component of the *International Violence against Women Survey* (Mouzos & Makkai 2004) reported 25 per cent of women experienced both physical and sexual violence perpetrated by a male in their lifetime. In a large sample of women presenting to medical clinics in the United States, Coker et al (2000) identified nearly one in five women (18%) experienced co-occurrence of physical and sexual violence in either a current or past relationship with a male partner (p. 556). A further one in six women (17%) experienced co-occurrence of physical and sexual violence as well as emotional abuse (p. 556).

As noted earlier, there has been a steady rise in the reporting of family incidents in Victoria since the introduction of the Victoria Police *Code of Practice for the Investigation of Family Violence* in 2004, and legislative change brought about by the *Family Violence Protection Act 2008*, which has improved community confidence to report family violence. Along with improved recording has been the increased recognition of offences that occur in the context of family violence, with particular intersections evident across assault, sexual assault and abduction and kidnap (Victoria Police Crime Statistics 2011).

Victoria Police statistics show that in 2010–11, in 660 (36.1%) rape offences the victim and offender(s) were related, living together, or in a relationship.

While difficult to measure, it is widely recognised that there are prominent links and correlations across family violence and sexual assault, for example:

- most victims of both family violence and sexual assault are women (Office of Women's Policy 2009 p.9)
- most perpetrators of family violence and sexual assault are men (Mouzos & Makkai 2004, p 40-41)
- perpetrators often share intimate relationships and/or are known and trusted by the victim (Office of Women's Policy 2009, p.9)
- many perpetrators assault their victims on more than one occasion, or with multiple forms of violence on the same occasion and over many years (WHO 2005, p. xiii; Mouzos & Makkai 2004, p. 21)
- many crimes that are perpetrated can also be defined in law as both sexual assault and family violence, and in some cases child abuse, including physical assault, child sexual assault, intimate partner rape, threats to kill, and murder (definition of family violence in the *Family Violence Protection Act 2008*, definition of child abuse in the *Children's Youth and Families Act 2005*, definition of sexual offences in the *Crimes (Sexual Offences) Act 2006* and for defences to homicide see the *Crimes Act 1958* and *Crimes (Homicide) Bill 2005*)
- there are significant levels of under-reporting across both family violence and sexual assault (ALRC, 2010 pp. 197, 288, 1100 & 1178)

In addition, where there is family violence occurring in the home, there is more likely to be physical and sexual violence towards adults and children (Holt et al. 2008 p. 797).

In this context it is also relevant to note that a significant proportion of sexual assaults and child sexual abuse occurs outside a family violence setting, requiring a related but different policy, program and service response.

3.3 Diversity, vulnerability and family violence

Family violence affects the entire community and occurs in all areas of society, regardless of socioeconomic, education and health status, age, culture, gender, sexual identity, ability, ethnicity or religion. However there are some members of the community who may be at increased risk of family violence and sexual assault.

Some groups of women face barriers to seeking help or reporting violence due to lower language skills, cultural norms where gender inequality persists and general accessibility, including women from culturally and linguistically diverse (CALD) backgrounds, Aboriginal and Torres Strait Islander women, women with a disability, mental health issues or illnesses, older women, pregnant or nursing mothers, as well as children (Office of Women's Policy 2010; McFerran 2009; ABS 2004; Mouzos & Makkai 2004).

Aboriginal communities

Aboriginal women are far more likely to be the victims of family violence than other women (Aboriginal Affairs Victoria 2003). Statistics vary across states and territories in Australia, and there is limited information available about prevalence in Victorian Aboriginal communities (Keel 2004). Memmott (2001) argues that the information which does exist sufficiently demonstrates the overwhelmingly disproportionate existence of family violence. For example, within rural and remote Western Australia Aboriginal people were 45 times more likely than others to be included in family violence incidents reported to police (Ferrante et al. 1996, p. 34); and SAAP providers of services assisting women experiencing family violence identified nearly one quarter (24%) as Aboriginal women (AIHW 2005b, p. 2).

Among the Aboriginal component of the Australian *Community Attitudes to Violence against Women Survey*, the qualitative discussion with participants revealed that members of many Aboriginal communities believed that family violence was not viewed as negatively in their community as compared to the wider population. This may be a reflection of the disproportionate prevalence of violence which may become normalised over time (Taylor and Mouzos 2006, p. 115).

It is widely understood that the prevalence of violence within the Aboriginal community exists against an historical backdrop of colonisation and the associated disruption to Aboriginal culture and identity. This includes loss of language, dispossession, social and economic marginalisation, inter-generational trauma of white settlement, generations of family disintegration created by State-imposed policies such as the forced removal and institutionalisation of Aboriginal children, and systemic racism throughout government departments, police forces and mainstream support agencies (Aboriginal Affairs Victoria, 2003 and 2008).

Acknowledgement of the unique circumstances leading to disproportionate over-representation of Aboriginal victims of family violence has led to the formation of a specialist taskforce, specialist services and a separate Aboriginal plan to reduce family violence. Yet the lack of sufficient culturally appropriate reporting services is a major obstacle to seeking healing solutions to family violence (Aboriginal Affairs Victoria 2008).

While increased access to Aboriginal-specific services is encouraged, it must also be acknowledged that these services will contain additional barriers for some members of the Aboriginal community. With the likelihood that staff will be closely linked to their clients through family or community, some Aboriginal clients will always prefer to approach mainstream services for confidentiality reasons, which reinforces the need for all services to be culturally sensitive (Aboriginal Affairs Victoria 2003).

Cultural and Linguistically Diverse Communities (CALD)

Victoria is culturally and linguistically diverse with 18 per cent of Australia's annual migrant intake living in Victoria (ABS 2004, p.6). Victorians come from over 200 countries, speak over 230 languages and dialects and follow over 120 religious faiths (Office of Multicultural Affairs and Citizenship 2011, p.1). Nearly half (43.6%) of Victorians were born overseas or have at least one parent who was born overseas and three quarters of those born overseas came from a non-English speaking country. One in five Victorians speaks a language other than English at home (ABS 2008; VOMA 2002).

There is some evidence, although not conclusive, that identifies CALD communities as being at increased risk of experiencing violence against women. There is evidence that women from non-English speaking backgrounds were less likely to report physical violence than their English-speaking counterparts and equally likely to report sexual violence (Rees & Pease 2006; Mouzos and Makkai 2004). However, it is anticipated this may be at least partially due to women from these communities being less likely to define acts as violence or to disclose violence to interviewers (Mouzos and Makkai 2004). The *World Report on Violence and Health* (WHO 2002) identified that physical and sexual violence occurred at different rates in different countries and argues that communities with greater gender inequity reveal higher rates of violence against women.

Women and their children from culturally and linguistically diverse (CALD) backgrounds and from different faith communities may also experience reduced access to services due to factors including language barriers, community expectations and concerns that reporting family violence may affect their right to residency (Pittaway 2005).

The VicHealth *Community Attitudes Survey* demonstrates support for this theory with respondents from CALD backgrounds being more likely to define violence in a more limited context than respondents from broader English-speaking backgrounds. This report demonstrated higher levels of support for attitudes linked with the acceptance and perpetration of violence against women in CALD communities and especially among men from CALD communities (Taylor and Mouzos 2006).

It is also likely that people who have lived in conflict zones will have experienced exposure to known risk factors for violence. These risk factors include: being a witness to or recipient of violence; exposure to traumatic experiences; economic deprivation; and disruption to cultural and social organisation (Pittaway 2005; Victorian Foundation for Survivors of Torture 2004; Kaplan and Webster 2003; Iredale et al 1996). While resettlement in Australia offers shelter, the economic, social and cultural change can impact negatively and be a contributing factor for potential exposure to violence and increased vulnerability, especially in the early stages of settlement (Victorian Foundation for Survivors of Torture 2004).

It is unclear what proportion of migrants have come from conflict zones either directly through a refugee program, or under family reunion visa categories. There is also a Refugee visa subcategory specifically for 'Woman at Risk' as identified by the United Nations High Commissioner for Refugees. These women are deemed to be highly vulnerable through either exposure to, or being at risk of sexual and physical violence. In 2002–03 there were 504 'Woman at Risk' visas granted (Victorian Foundation for Survivors of Torture 2004, pp. 6–7).

It is widely accepted that the influences of class, ethnicity and disadvantage interconnect to place CALD women with increased vulnerability to violence and its effects (Menjivar and Salcido 2002).

Children and young people

The vulnerability of children and young people to family violence is recognised in the *Family Violence Protection Act 2008*, which in addition to 'direct' experience of violence, recognises harm to children through the inclusion of; 'causing a child to hear or witness, or otherwise be exposed to the effects of, family violence'. However, simply being present or witnessing violence only reflects one part of the impact of violence on children (Hester 2010). As outlined by Humphreys (2008) and Edleson (1999), in addition to the emotional and psychological trauma of being present, children can be accidentally injured, injured in utero, be exposed to or threatened with abduction, as well as possibly sustain injuries if attempting to intervene to stop the violence.

Family violence adversely affects the health and wellbeing of children and young people through both direct and indirect exposure. This can occur in situations where they witness or fear violence being perpetrated against their mothers or female care-givers.

Research shows that one in four young people have witnessed violence against their mother or step-mother (Indermaur 2001, p. 2). Data within this Volume 5 Report shows that at least one child is present in approximately 35 per cent of family violence incidents recorded by Victoria Police each year from 2006–07 to 2009–10.

Importantly, there has been a notable decrease in children recorded as 'present' and an increase in children recorded as *affected family members*. These figures demonstrate positive improvements in the recognition and recording of children exposed to, witnessing, and experiencing family violence (See Section 7.1 of this report).

In addition to the physical, emotional and psychological impact of family violence upon *children*, the observation of these practices as norms may lead to adoption of similar behaviours in adolescence and may shape their attitudes and behaviours when they experience their own adult relationships (Flood & Pease 2009; VicHealth 2009).

A strong body of literature indicates that one of the most effective ways of preventing problems in adulthood is by intervening in childhood and adolescence (VicHealth 2007). Intervening early in the life-cycle provides the opportunity to divert the course which might otherwise result in perpetration or victimisation (Vezina and Herbert 2007). The prevention of violence against women and children will have positive effects for children and young people and help reduce the prevalence of violence over generations (VicHealth 2007).

Special needs and disabilities

Women with disabilities experience disproportionately high levels of violence from family members and carers (Salthouse and Frohmader 2005). Examination of Canadian prevalence data on partner violence, over a ten year period, revealed that women with disabilities experienced an elevated prevalence of violence ranging from 40 per cent more likely to be the victim of intimate partner violence at the five year point than women without disabilities and 85 per cent more likely at the 10 year point (Brownridge 2006 & 2009 p.252). Women with cognitive disabilities are particularly vulnerable to intimate partner violence (Brownridge 2006; Cohen et al. 2005).

In addition, intimate partner violence can lead to disability or impairment. According to Gilson, Cramer et al (2001), two in five (40%) women who sought help for family violence had become disabled due to the abuse they suffered (p.221). Cockram (2003) identified that more than a third of women who sought assistance from disability services for family violence acquired a disability as a result of the abuse (Cockram 2003).

Overall, statistical information on women with disabilities is very limited and the historical research conducted up until the early 2000s was methodologically flawed through non-inclusive sampling methods (Nosek, Howland, & Hughes 2001). In this current Volume 5 Report, most data providers do not consistently collect information on disability (see Section 4.1 for further discussion regarding data collection). It is also the case that service providers are less likely to screen and question women with disabilities about intimate partner violence as it is often presumed that they do not have intimate partner relationships (Barnett et al 2005).

Violence against women with disabilities demonstrates patterns of specific types of abuse, which may not be identified by service providers, who may be unaware of the complexity of intimate partner violence or the victim's abilities and needs. For example, women with disabilities may be more susceptible to having equipment, food or medication withheld, menstruation or child bearing capabilities taken from them without consent, and threats of leaving them in vulnerable situations or institutionalisation (Curry et al. 2001). They are also more likely to experience multiple layers of vulnerability in being excluded from the workforce and therefore more financially dependent, unable to access mainstream services (Brownridge 2009), and carers who are likely to experience periods of stress and inability to cope with their caring duties thereby increasing risk of abuse (Copel 2006; Pertersilia 2001).

There is also evidence that women with disabilities suffer prolonged years of abuse, more severe episodes (Brownridge 2009; Young et al. 1997) and are at greater risk of physical and psychological injury (Brownridge 2009). Due to the potential for requiring care for extended periods, it is not uncommon for women with disabilities to experience abuse from their carer and from more than one person within their lifetimes (Oktay & Tompkins (2004).

Recent changes to the definition of family member within the *Family Violence Protection Act 2008* aims to more adequately capture the range of relationships that may affect women with disabilities experiencing family violence. The definition includes carers, where the relationship between a person with a disability and the person's carer may over time have come to approximate the type of relationship that would exist between family members (Family Violence Protection Act 2008, s8(3)(i)).

While carer abuse has been formally recognised through Victorian legislation, and there is increasing awareness of the risk of higher rates of violence among women with disabilities as compared with other women, when women with disabilities experience violence, there is evidence that they are less likely than other women to access and/or receive appropriate support. This is due to system barriers, lack of services able to support their needs, as well as lack of empathy and skills to recognise violence against women with disabilities and/or believe them (Fitzsimons 2009; Healey et al 2008).

The VicHealth *Preventing violence before it occurs* background paper (2007) outlines recommendations for intervention and prevention programs and highlights the need for specifically targeting locations (and providers who work with and come into contact with women with disabilities) such as schools, residential settings and family violence service providers.

Abuse of older women

Abuse of older women is often labelled *elder abuse* and is defined as “any action, or deliberate inaction, by a person in a position of trust which causes harm to an older person” (WHO 2002). Victoria has adopted a similar definition including the aspect of an interpersonal/family relationship: “Any act occurring within a relationship where there is an implication of trust, which results in harm to an older person” (Department of Human Services 2009, p.4).

However, more than simply illustrative of the age of women being abused, older women experience an increasing vulnerability and risk of violence as they become increasingly frail, in similar ways as women with disabilities. Some literature argues that contemporary western society’s attitudes towards age, disability, as well as gender inequality, combine to compound the risk of family violence for older women (Curry et al 2001; Thomson, 1994).

A recent examination into elder abuse in Western Australia identified a lack of *conceptual clarity* into the problem, subsequently meaning that it can be poorly defined and measured (Clare et al. 2011). This same report proposes that, similar to other forms of violence against women, elder abuse is hidden and under-reported. Reasons for under-reporting include:

- a sense of shame – and fear of retaliation by the family member
- a fear of the alternative to family care – namely social isolation and/or a move to a residential care home
- wanting the abuse to stop but being reluctant to report to police or involve courts
- an absence of systematic recording and reporting of concerns (as in child protection) across the health and human services sector
- growing isolation and dependency of the older person
- quality of family assessment tools available to practitioners
- practitioner ambivalence about the authority and control aspects of statutory intervention – beyond providing services of care and support.

(Clare et al 2011, p. 44-45)

While abuse of older people can occur in a variety of contexts, Bagshaw et al (2009) reported that the abuse of older people is largely comprised of older women being abused by both older and younger male family members.

According to the ABS (2006), physical abuse from a *current partner*, at some time in their life since the age of 15, is reported among older women at higher rates than younger women: more than one quarter (29%) were aged between 45-55 years and another quarter (26%) aged 56 years and older (p. 34). While it makes sense that the longer a couple are together the greater the opportunity for risk of violence, it appears that the likelihood of it occurring also increases with age and it is important to better understand the dynamics surrounding these incidents.

Mental health

There is much research clearly identifying the link between family violence and mental health issues among both children and adults (Rees et al 2011; VicHealth 2008; Pollett 2008; Rajan 2004; Humphreys & Thiara 2003; Morrow 2002; Mullender 1996). However, as discussed above in relation to disability and family violence, it is difficult to identify whether mental health issues occur prior or subsequent to the violence. Women with mental illness will be more vulnerable to being abused when acutely unwell, or if homeless or unable to access safe housing and other support services. They are also likely to find it more difficult to leave abusive relationships and access legal services (Office of Women’s Policy 2002).

What is clear is that mental illness occurs in greater rates among women who have experienced violence and sexual assault than among women who have not been abused (see British Columbia Centre of Excellence for Women’s Health 2009; Golding 1999; Roberts et al 1998; Cox 1994).

Roberts et al (1998) identified that around one third of all people with mental health problems presenting to hospital emergency departments attributed these problems to family violence. The impact of violence and abuse on women’s mental health has been widely discussed and documented (Carmen, Reiker and Mills 1984; Mullender 1996), often citing that the verbal, emotional and psychological abuse may have a greater and longer-lasting impact than physical abuse (VicHealth 2008). In addition, some of the greatest risks to women’s long-term physical health increase once violence occurs in a relationship, including higher rates of chronic illness and pain, reproductive health problems, smoking, drinking alcohol and using other drugs (VicHealth 2004; Campbell 2002; Astbury 2000).

A large Australian-based study (Rees et al 2011) comparing the prevalence of mental illness among women without exposure to gender violence and those with exposure to gender violence found a strong association between violence and mental illness. Approximately one quarter (28%) of women without exposure to gender-based violence had a serious diagnosed mental illness in their lifetime. However, more than half (57%) of women exposed to any form of gender-based violence had a serious mental illness and nearly all (89%) women exposed to three or more types of violence had mental illnesses including anxiety disorders, substance abuse, or post-traumatic stress disorder. One third of these women had also attempted suicide (Rees et al 2011 p. 517).

In addition, an estimated 50–80 per cent of women using psychiatric services are recorded as having a history of sexual abuse or assault (Cox 1994).

As well as the co-occurrence of the experience of abuse and mental illness, violence and abuse have been clearly identified with the *development* of mental illness (Carmen, Reiker and Mills 1984; Mullender 1996). It is common for female victims of violence to become increasingly withdrawn and turn their anger inwards with self-harm, including self-medicating (alcohol or drugs), in order to cope with the psychological impact of trauma (Carmen, Reiker and Mills 1984).

Pregnancy

Pregnancy has been identified as a high risk factor for family violence. The ABS *Personal Safety Survey* (2006) identified that more than half of the women who experienced violence by a previous partner were pregnant at some time during that relationship. One third of all women who experienced violence reported it occurred during their pregnancy, and around a fifth experienced the violence for the first time during pregnancy.

In a hospital-based Victorian study of 400 pregnant women, 27 per cent experienced physical and psychological violence and abuse in their current relationship, and 20 per cent reported experiencing substantial levels of physical violence throughout the pregnancy (Walsh 2008 pp.100-101). Other studies have reported that the frequency and severity of violence initiated by male partners against women is higher when those women are pregnant (Burch and Gallup 2004; Martin et al. 2004).

Violence during pregnancy poses serious health risks to women and their unborn children, including breast and genital injury, miscarriage, induced abortion, late trimester bleeding and infection, blunt or penetrating abdominal trauma and death, as well as foetal fractures, and low birth weight (Gilbert, Xing, & Smith, 2005; Campbell 2002; Murphy, Schei, Myhr, & Mont, 2001; Quinlivan (2000); McFarlane, Parker, & Soeken, 1996; Berenson, Weimann, Wilkinson, Jones, & Anderson, 1994).

Gay, lesbian, bisexual, transgender and intersex community (GLBTI)

There is currently little research and evidence into the prevalence of family violence in gay, lesbian, bisexual, transgender and intersex (GLBTI) communities, however it is a newly emerging research area (Leonard et al 2008; Bartels 2010).

In a recent study of 390 Victorians in same sex relationships, 31 per cent of the respondents reported they were subject to abuse by their partner (Leonard et al. 2008, p. 6).

GLBTI relationships are at risk of other forms of violence not common in heterosexual relationships, including 'outing' or threats to 'out' the partner to family, friends and colleagues, as well as issues associated with disclosing HIV positive status. These threats are double-barrelled as they may also form barriers to help-seeking (Women's Health Victoria 2009).

In addition, the GLBTI community may often face isolation due

to a lack of support services or staff to work with the issues specific to GLBTI family violence clients (especially in small or rural communities); family violence not being well understood or recognised in the (GLBTI) community; and abuse being associated with sexuality (the Same Sex Domestic Violence Interagency 2009).

Women in rural communities

Women in rural communities may face isolation and privacy issues when seeking access to family violence services. In many smaller rural communities family violence services may not exist and women will need to travel long distances to access support. In addition, familiarity and fear of exposure in the community may be a significant barrier to seeking help.

When other vulnerability issues coincide with abuse, such as disability, language or CALD diversity, sexual orientation or if a woman is a member of the Aboriginal and Torres Strait Islander community, access and lack of service limitations maybe compounded (Office of Women's Policy 2010; Bartels 2010; Tually et al 2008; Success Works 2006; Loxton et al 2003).

4. DATA AND THE VICTORIAN FAMILY VIOLENCE DATABASE

4.1 The challenges of bringing data together

One note of caution on the interpretation of all data contained in this report is the likelihood of under-reporting. Data is only as accurate as the person eliciting information and completing the form. In the case of family violence, information is often gathered at a time of chaotic circumstances. Depending on the situation and circumstances, people working with the family (police, health care, agency or service support workers) will have competing demands between keeping themselves and victims safe, securing and detaining an alleged perpetrator, managing the safety of any children, responding to injuries of any party and securing basic needs like housing and finances under urgent circumstances.

Situations of family violence are particularly fraught with confusion, especially in cases where there are no obvious injuries or the abuse is emotional or psychological in nature, both parties are accusing the other, or victims may be too fearful to cooperate with support services or report to police. As a result, it is likely that some questions will not be asked during engagement, or may be asked only once in the face of on-going change. Thus, it is likely that information reported here will underestimate the issues.

Incomplete case information is common across all data systems and particularly among non-mandatory questions, or questions which a worker does not understand as relevant to the situation or safety risk. For example, someone new to the family violence area may not be aware that pregnancy or a new birth in the family may trigger family violence, or be a risk for escalation where violence is already present. Therefore, it is important that questions about pregnancy are asked when assessing the safety and risk of future harm, or planning for safety. It is also important that questions are asked at different times and in different circumstances as she builds a relationship of trust and her situation changes (for example, a woman might not be pregnant the first time a worker meets her, but she might be pregnant during subsequent engagement with the service).

Agencies collect data for operational and administrative purposes and their data collection methods and systems have not been designed for the purpose of research. The data described in this report are limited to the type and form of data collected by the agencies.

Each data source has its own measurement and monitoring methods, and currently there is no means to effectively track if individual cases dealt with by one agency were also dealt with by any other agency.¹⁶ For this reason, it is not possible to measure the total number of family violence incidents or victims of family violence across all the data source agencies.¹⁷ This results in limitations on analysis as it is not possible to track individuals due to the absence of unique identifiers in datasets.

Data may also double or triple count individuals when aggregated; that is, a person may report an incident of family

violence to the police, attend the hospital for treatment, call the Victims of Crime Helpline for further advice, apply for an intervention order and seek assistance from child support services and women's refuges. The data currently held in the Database cannot differentiate these instances as involving the same person across the data sources. Nor can the Database identify an individual who seeks assistance from an agency more than once and so there can be multiple counting within data sources.

Education about family violence and the reasons why questions are included on forms is the best way to build form completion compliance. When workers understand why they record information, how it links to their job and how it links to reducing or preventing family violence, they will be more likely to complete both mandatory and non-mandatory questions on a form.

4.2 Nature of the data held by the Victorian Family Violence Database

The following provides an overview of the data held within this Database report and outlines methods and processes used by each agency to collect and record data relating to family violence incidents.

All agency data included in this report have different counting rules for recording numbers of victims assisted. While it is useful to understand and compare variation in numbers of people seeking support at different agencies, it is not possible directly to compare numbers, nor is it possible to link victims across data sources. Therefore percentages have been used to highlight trends across the data sources.¹⁸

PLEASE NOTE: At the time of writing, the new *Family Violence Protection Act 2008* had commenced in Victoria. Data analysed within this report will relate to both the new legislation and the previous *Crimes (Family Violence) Act 1987*. The most recent data (2008–09 and 2009–10) occurred after the implementation of the new legislation.

Table 1 outlines the terms used by the data providers for the period of this report, and the corresponding term used in the broader discussion.

TABLE 1: Terminology used to describe those involved in family violence¹⁹

Data provider	Term used by data source agency	Term used in discussion of multiple data sets
Victoria Police	Affected family member	Victim
	Other party	Perpetrator
Victorian Magistrates' and Children's Courts including family violence specialist court programs (SFVC)	Affected family member*	Victim
	Respondent	Perpetrator
Victorian Public Hospital Emergency Department (VEMD)	Patient	Victim
Victims of Crime Helpline (VoC Helpline) and Victims Assistance and Counselling Program (VACP)	Victim	Victim
Victorian Supported Accommodation and Assistance Program (SAAP)	Client support period	Victim
Department of Human Services – Integrated Reporting Information System (IRIS)	Women and children experiencing violence or at risk of violence – Case	Victim
	Men who use violence against women and children – Case	Perpetrator
Victorian Civil and Administrative Tribunal (VCAT)	Protected person	Victim
	Respondent	Perpetrator
Victoria Legal Aid (VLA)	Applicant	Victim
	Respondent	Perpetrator

* Term used for all affected family members included in finalised intervention order applications regardless of outcome, see discussion in Section 4.2

Victoria Police²⁰

Victoria Police store their data in the Law Enforcement Assistance Program (LEAP) database. Primarily, LEAP is a case management and data storage system, designed for operational purposes, which is updated with new information as it becomes available. The Victoria Police LEAP database is a 'live' database and data used in this report were extracted from LEAP and accurate at the time of extraction. Due to the 'live' nature of the LEAP database, data published in this report may slightly differ from other data published by Victoria Police.²¹

This Database report holds data extracted from Victoria Police family violence incident reports as recorded on LEAP from 1999–2010. Police officers are required to complete a family violence report when they attend a family violence incident. The report documents the parties involved in the incident (the affected family member and the other party) and their demographic details, others present (including children), and the relationship between the parties involved.

Since 1 September 2004, police officers are also required to complete a Family Violence Risk Assessment and Risk Management Report (L17 form)²² but this was not available on LEAP until December 2005. Risk assessment data was first made available for analysis in Volume 4 of this report.

Risk management strategies include recording whether criminal charges were laid, and whether an application for an intervention order was made. If criminal charges were laid, there is a different form completed separate to the L17 and data on criminal charges and outcomes is not routinely linked back to the L17 case information in the LEAP database. Criminal charges, while pursued alongside civil procedures, are handled separately by police prosecutors.

The legal basis for applying for an intervention order on behalf of the affected family member (as applicable to the data included in this report) is outlined in the *Family Violence Protection Act 2008*.²³ The Victoria Police response to family violence is governed by the Victoria Police *Code of Practice for the Investigation of Family Violence* (2004, 2010), outlined earlier in this report in Section 2.4.

The Code of Practice complements the overall strategy for Victoria Police to respond to family violence, *Living Free From Violence Upholding the Right - Victoria Police Strategy to Reduce Violence Against Women and Children, 2009-2014*.

Primarily, LEAP is a case management and data storage system, designed for operational purposes, which is updated with new information as it becomes available.

Victorian Magistrates' and Children's Courts

The Courtlink database is the official register of the Magistrates' and Children's Courts of Victoria. Data presented in this report have been extracted from the Courtlink database. The accuracy of data extracted for analysis depends upon accurate data entry into the Courtlink database at court locations across Victoria.

In this report, data concerned with affected family members where an *application for a intervention order has been finalised* are used rather than only data for whom intervention orders were made. The number of affected family members included in applications for an intervention order provides a better indication of the extent of family violence rather than those for whom an intervention order is actually made; this broader population captures a wider range of experiences.

As noted earlier, the Victorian Family Violence Database holds data concerned with applications for an intervention order finalised in the Magistrates' and Children's Courts of Victoria. An intervention order restricts a person's (the respondent's) behaviour in relation to another person (the affected family member). An intervention order may prohibit or restrict the respondent from engaging in a range of activities, including approaching an affected family member accessing premises where an affected family member lives, works or frequents, and damaging property owned by the affected family member.²⁴

In addition to family violence, intervention orders could also be made in response to alleged stalking behaviour where the parties to the proceedings were not family members; however, these applications have been excluded from the data analysed in this report and all references to intervention orders are for family violence intervention orders only. For the period of this report, personal safety (stalking) crimes are defined under the *Stalking Intervention Orders Act 2008* and the *Personal Safety Intervention Order Act 2010*²⁵ rather than the *Family Violence Protection Act 2008* and contain stalking-related complaints against a non-family member.

Over the years of data reported on in this publication, around 60 per cent of original applications for an intervention order result in an order being made.²⁶ Where an intervention order is not made, the application is more likely to have been withdrawn or struck out than the order being refused by a magistrate. An affected family member may withdraw an application or may not appear for the hearing for a variety of reasons; including fear of reprisal from the perpetrator and difficulty in leaving the abusive relationship. If the affected family member does not appear for the hearing, the application

is generally struck out. One in five orders (20%) are struck-out due to the non-appearance of the affected family member and this result has remained steady in all 11 years of data reported on in this Volume 5. In conjunction with a steady increase in orders being granted, there has been a steady *decrease* in complaints being withdrawn from 13 per cent in 2007-08 to 11 per cent in 2009-10.

For the purpose of this research, the number of affected family members included in finalised applications for an intervention order is counted rather than the number of applications for an intervention order that were finalised, as there may be more than one affected family member included in one intervention order application. Therefore, figures in this report, while accurate, will differ to other reports that may refer to the number of applications only. Over the 11 years from 1999-00 to 2009-10 the number of finalised intervention orders rose from around 15,000 to 28,000. During this period the number of affected family members included in these applications increased from 19,308 to 43,958 (Figure 1). This means that over the years there were 5,000 to 15,000 affected family members included on the same application as another family member.

While the database is not able to track multiple affected family members, we do know that in the vast majority of instances, applications with multiple affected family members involve mothers and their children. The *Law and Justice Legislation Amendment Act 1997* amended the *Crimes (Family Violence) Act 1987* to allow complaints and intervention orders to be made in respect of more than one affected family member.²⁷ As a result of the amendment, a complaint in respect of an affected family member who was a child could be included in a complaint in respect of the child's parent if the complaints arose out of the same or similar circumstances. This resulted in a large increase in the number of children recorded as affected family members from 1997-98 to 1998-99.

A further increase occurred in 2004-05 due to an additional legislative amendment. *The Magistrates' Court (Family Violence) Act 2004* (effective 1 April 2005) further amended the *Crimes (Family Violence) Act* to introduce a new ground for intervention orders for children²⁸ so that hearing or witnessing family violence was specified as grounds for an intervention order for a child. This applied to children who are family members of the person who has used family violence or experienced family violence.²⁹

From 2006-07 to 2007-08 the increase of children and adolescents recorded as affected family members slowed but continued to rise with a 23 and 29 percent rise (respectively) from the previous years. The latest two years of data (2008-09 and 2009-10), covering the introduction of the *Family Violence Protection Act 2008*, show the rate of children and adolescents recorded on intervention orders continues to increase, but at a much slower rate (15 and 4 per cent respectively). It appears the amendments to the *Magistrates' Court (Family Violence) Act 2004* worked effectively to raise awareness of the psychological and emotional impact upon children and adolescents who witness abuse between adults so that when the *Family Violence Protection Act* commenced, these processes were in place and able to be further reinforced by the new Act.

It is important to note it is currently not possible within the Courtlink database to track 'cross-applications'. Cross-applications occur when an affected family member applies for an intervention order against a family member who then responds by applying for an order against the person who made the initial complaint. A common scenario is where a woman applies for an intervention order against a male partner who then seeks an intervention order against her. In this situation, both parties would be recorded as separate affected family members (in two separate finalised intervention order applications). We do not know the extent to which this occurs because we are not able to track these cases without resource-intensive manual data collection.

The Specialist Family Violence Court database collects limited information on cross-applications at the five court venues only. While sometimes appropriate, at other times a cross-application is an act of retaliation toward the victim. The magistrate hearing the application will need to identify whether cross-applications are appropriate. In 2010-11, there were 17 cross-application intervention orders identified in the family violence specialist court data.

Specialist Family Violence Courts (SFVC)

There are currently two specialist family violence court-based models operating in Victoria: the Family Violence Court Division (FVCD) and the Specialist Family Violence Services (SFVS). For a detailed overview of these court models, please see Section 2.4.

Information on court intervention orders among affected family members and respondents accessing specialist programs is captured in the overall Courtlink data system; however, detailed information about the specialist programs is not collected through that format. Each specialist court program developed individual data collection processes suitable to their location and over time this has become systematised across the sites in the Lizard database. As time goes on, more data is being captured and entered into the Lizard database.

The Lizard database differs from Courtlink in that it enables the applicant and respondent support workers to record client details, such as housing status, disability, referrals to support agencies and child data. The Lizard database itself has been modified over the last few years with more fields added and refined specifications for information collected. For example, data collection did not commence simultaneously at all specialist court programs and there have been varying definitions about the point in time when a person is deemed to be accessing the specialist program, for example either at point of contact or upon engagement.

The database information on specialist court programs prior to 2010-11 contained limited information and therefore, rather than present partial data, it was deemed appropriate to include the year of 2010-11 whereby the data system had been improved and expanded to contain more data fields. This is one year more recent than most other data providers. At some points information will be presented only for 2010-11 and

where possible, information from three years will be presented.

Note, all data from the Lizard database was collected within the period of the *Family Violence Protection Act 2008*.

Victims of Crime Helpline (VoC Helpline) and Victims Assistance and Counselling Program (VACP)

The Victims Support Agency (VSA) within the Department of Justice represents victims of crime and provides state-wide services (both counselling and practical assistance) to help victims of violent crime recover from the effects of crime. There are two primary programs reported on here in relation to family violence:

- The Victims of Crime Helpline (VoC Helpline) – a telephone helpline staffed by specially trained Victim Support Officers
- Victims Assistance and Counselling Program (VACP) – a network of agencies throughout metropolitan and regional areas providing support and assistance to victims of crime.

Both programs were set up with a focus on victims of violent crime. Over the recent years of emphasis on, and changes to, family violence systems in Victoria, victims of family violence have increasingly been referred through to VSA programs.

VSA programs have responded to increased referrals and service delivery requests by incorporating resources for different crime types and building data collection improvements to better analyse core business. One benefit of data collection and reporting improvements has been identification of family violence victims, allowing inclusion of the information in this report.

The VoC Helpline is an anonymous service and limited information is collected on callers. Nearly all data items, other than items related to the services provided (such as crime type and referral information), are optional. Accurate information on demographics of the caller is not available for the full data set and so is not reported on in this report.

VACPs collect general information on the clients they provide services to, which is more easily compared with other data sets included in this report. However, the detail of comparative information for family violence clients is relatively limited. This is partly due to the range of crime types for which the program was designed and the on-going evolution of the data collection and reporting system.

The Resolve database is the official database used by VSA to record and report on data, for both the VoC Helpline and VACPs.

Department of Human Services – Integrated Reporting Information System (IRIS)³⁰

The Integrated Reporting Information System (IRIS) is the data collection tool used by Victorian services funded by the Children, Youth and Families Division of the Department of Human Services (DHS) to report on clients of the Family Violence Services Activity. Data included here is an extract of women and children receiving family violence services (counselling and support services) and men receiving a service from behaviour change programs for men who use violent and controlling behaviour.³¹

The IRIS database has been designed to collect the information agencies are required to report on when accounting for caseload and service activity funding. Limitations on data items are imposed through complex administrative needs rather than from the primary perspective of client need.

IRIS data item structure is complex. Some data items are collected for the client, others for the case (including related persons) and information relating to service activity. Gaps arise because not all data items are relevant or mandatory, and not all are required to be completed until the case is closed. In this regard, the IRIS data set is similar to the Victoria Police LEAP database which is also a 'live' database.

Prior to 2006, usage of IRIS was not consistent across agencies and data fields for family violence analysis were limited. Over the past few years the data collection has undergone system change to include more comprehensive data fields, and agencies have gradually come on board to participate in a more comprehensive way. The IRIS data system is now a mandatory reporting system for DHS funding allocation. For these reasons, data has not been included for years prior to 2006.

Victorian Supported Accommodation Assistance Program (SAAP)

The Supported Accommodation Assistance Program (SAAP) is a national program jointly funded by the Commonwealth and state and territory governments. SAAP agencies provide support services and supported accommodation for homeless people, including those who leave home because of family violence. While the majority of the clients who seek assistance in relation to family violence are women and children (seeking support through women's refuges and outreach services) family violence-related assistance may also be sought from other SAAP agencies. For example, young people leaving home because of family violence seeking assistance from youth homelessness services are also included in the Victorian Family Violence Database.

During the 11 years from 1999 to 2010, the number of agencies funded under the SAAP program in Victoria varied from 311 to 560 as of 30 June 2010. These agencies range from small stand-alone agencies with single outlets, to larger auspice bodies with multiple outlets. They provide accommodation and support services to a variety of targeted groups including families, young people, women and children escaping family violence, single men and single women.

The database holds data extracts from SAAP agencies' client records. Client records are completed for SAAP agency clients and they record demographic information, reasons for seeking assistance, the need for and provision of support, and the support period. Over the 11 years of data collection, 90 to 95 per cent of Victorian SAAP agencies provided data to the National Data Collection (NDCA), however, in 2006-07 the agency participation rate dropped to 78 per cent (AIHW 2008, p. 46). Between 80 to 90 per cent of clients in each year give valid consent for their personal information to be reported on, and in 2006-07 valid consent for women escaping domestic violence remained at the low level of 80 per cent (AIHW 2008, p. 46).

The clients included in the SAAP data will generally have received one hour or more of a worker's time (either with that client directly or on behalf of that client), have been accommodated by a SAAP agency, or have entered into an on-going support relationship with a SAAP agency.

SAAP clients who have been included in this report on family violence have been selected on the basis that they:

- sought assistance in SAAP services that target clients escaping family violence
- reported family violence as a reason for seeking assistance.

It should be noted that SAAP data can be analysed in two ways: either as individual persons who have accessed SAAP services (ignoring multiple requests for services), or as support periods which measures the number of support periods overall, and includes multiple access by individuals. For the purposes of this report, and to be consistent with all other data agencies, we have analysed SAAP data for support periods. This means that people who made multiple requests will be counted more than once.³²

Across the 11 years of data covered in this report, family violence has been the most common primary reason for seeking assistance through Victorian SAAP agencies. In 2009-10 this was the case for 22 per cent of all adult support periods and 54 per cent of support periods for women with children (AIHW 2011b, p.20).

SAAP reports are published annually. The analysis presented in SAAP reports is based on data that have been weighted to adjust for agency non-participation and client non-consent. While the application of weights adjusts for the error that is introduced by agency and client non-participation, weighted estimates are also subject to some level of error. This is because different estimates would have been derived if different clients and agencies had participated.³³

SAAP agencies' data made available for this report are sourced from the SAAP National Data Collection through the Victorian Department of Human Services. The Australian Institute of Health and Welfare, operating as the SAAP National Data Collection Agency, manages the collection under contract with the Commonwealth Government.

In 2008-09, the Victorian Homeless Data Collection (VHDC) was introduced which included an amended data set for Victorian SAAP. The AIHW referred to this as the VSAAP (for consistency, SAAP will continue to be the terminology used to describe this dataset throughout this report). The VSAAP was not requested for analysis in this report due to changes in data request systems and procedures.

At 1 January 2009 the SAAP program ceased to exist and the National Partnership Agreement – Homelessness (NPAH) commenced. There was significant increase in funding provided to agencies through the NPAH for family violence services. From 1 July 2011, a new national Specialist Homelessness Services data collection was introduced including a new client management system (SHIP) and future data will likely be extrapolated from that collection.

Victorian public hospital emergency department (VEMD)³⁴

The importance of including the Victorian public hospital emergency department presentations for family violence (VEMD) data was highlighted in a report by the Monash University Accident Research Centre (Sherrard et al. 1994) which identified that two per cent of all injuries to women presenting in emergency departments were considered human intended and inflicted by domestic partners.

In addition, a small control study sample conducted with Victorian Injury Surveillance Systems (VISS)³⁵ data identified that 20 per cent of cases included in the VISS had a history of suspected injuries not detected prior to this study (Sherrard et al. 1994, p.76). This same report also estimated that 70 per cent of partner inflicted injuries are undetected in the emergency department (1994, p.74).

Detecting family violence cases through the emergency department is important for linking women otherwise not seeking assistance into intervention systems. Stark and Flintcraft (1991) highlight the importance in detecting these cases to enable early linkages into health, social service and justice systems to prevent escalation into more severe and longer term violence. Frank and Rodowski (1999) suggest that patients in the emergency department, due to their state of crisis, may be more inclined to accept assistance that they might reject in other circumstances, and this may be the only opportunity an isolated victim may have to obtain access to assistance.

While medical professionals in the emergency departments are familiar with family violence injuries, officially recording this cause of injury is a relatively new category on the patient information forms and may involve a shift in thinking when collecting medical history. A recent study within the American Academy of Orthopaedic Surgeons (Bhandari et al. 2008) revealed that the second most common injury women experienced related to family violence caused musculoskeletal injuries (28%). However, 80 per cent of orthopaedic surgeons responding to the survey believed that family violence was the cause in less than one per cent of their cases. Further, orthopaedic surgeons thought that questioning their patients about family violence would be an invasion of patient privacy.

In 2003-04 the Victorian public hospital system introduced a category of 'human intent injury' which identified injuries caused by a family member as either *child neglect/maltreatment by parent/guardian or maltreatment/assault by partner*.

As referenced above, injuries due to family violence are believed to be under-reported in the VEMD human intent data field. Under-reporting occurs in this data set for several reasons:

- injury cause is self-reported by patients and due to shame, or fear of repercussion from the perpetrator,³⁶ many patients with injuries inflicted through family violence may not readily nominate the cause
- medical professionals utilise a great deal of caution when allocating the reason for injury unless clearly stated or admitted by the patient
- self-inflicted injury as a result of, or in conjunction with, family violence cannot be separated out for analysis in this report.

As the human intent data field identifying injuries associated with family violence is relatively new, analysis in this report has commenced with data from 2004-05 and continues to 2009-10.

For the year 2007-08, the total number of presentations in emergency departments across the Victorian public hospital system was 1,352,129. Of these, 17,981 were classified as human intent injuries with 568 (3%) deemed to be either *maltreatment/assault by domestic partner or child neglect/maltreatment by parent/guardian* combined here as family violence-related.

Victorian Civil and Administrative Tribunal (VCAT)

Established as a combined 'one-stop shop' in 1998, the Victorian Civil and Administrative Tribunal (VCAT) amalgamated 15 boards and tribunals dealing with a range of disputes about residential tenancies, purchase and supply of goods, discrimination, guardianship, disability services, health and privacy, mental health, as well as other areas of planning and licensing.

Changes brought in by the *Family Violence Protection Act 2008*, allowing a violent person to be excluded from the home including a rental premises by a Family Violence Safety Notice or an exclusion condition in a family violence intervention order, resulted in changes to the *Residential Tenancies Act 1997* and the *Victorian Civil and Administrative Tribunal Act 1998*.

The analysis here reports on the VCAT lists handling residential tenancy disputes where family violence intervention orders impact changes to tenancy arrangements. Changes made are to allow family violence victims the opportunity to change tenancy arrangements to enable them to legally remain in their home with the perpetrator of violence excluded, or to shorten the length of tenancy agreements where there may be financial hardship as a result of family violence.

The amendments to the *Residential Tenancies Act 1997*³⁷ aim to support victims of family violence, with an intervention order or Family Violence Safety Notice in place, to renegotiate tenancy arrangements to enable them to:

- end the lease and move to another location
- make a change to the term of the lease
- change locks
- change the name of the person on the lease to remove the other party or transfer the lease to the other party so the affected family member is no longer responsible for the tenancy.

At the time the data was extracted for this Volume 5 report, VCAT used a manual system of recording clients attending for matters related to these changes. Data collection is reliant on the position of the VCAT support person being filled. During four months of the reporting period this position was unfilled and therefore information on matters related to the above changes was not recorded. The numbers here are known to be under-reported.

Victoria Legal Aid (VLA)

Victoria Legal Aid (VLA) is a state-wide organisation that assists people with legal problems, with an emphasis on helping and protecting the rights of socially and economically disadvantaged Victorians. VLA deals with criminal law, family law and some civil law matters, providing services in most major metropolitan and country regions. The types of free services offered to the public include face-to-face advice, phone advice, duty lawyers at many courts and tribunals, access to VLA's public law library and various publications and workshops.

VLA can also provide on-going legal assistance to help resolve family disputes through family conferences and court representation. This is defined as casework or minor work. Casework assistance is subject to means and merits testing, and in some circumstances may require the client to pay a small financial contribution. A significant proportion of legally-aided casework is undertaken by private practitioners. Casework involves an initial application for assistance (a substantive grant) along with any additional assistance in the form of subsequent grants.

VLA is a statutory authority established under the *Legal Aid Act 1978*. Although funded by Commonwealth and state governments, VLA operates independently of government.

Within the previous four volumes of reporting rates of family violence incidents and associated support activities, a large gap in knowledge has been the level, frequency and type of legal support accessed by family violence clients. Legal support information is mostly held separately among community legal centres or individual lawyer practices. It is fortunate that VLA has been able to provide a rich source of information back to 2005-06.

In this Volume 5 report, state-wide rates for the number of services VLA provided for family violence-related issues and matters is reported on back to 2005-06. The years of data enable comparison of service activity during the years of change within the family violence system. While some of the

services delivered by VLA are delivered through Community Legal Centres (CLC), each CLC collects their own data. CLC data is *not included* in the VLA data set reported here.

It is also important to note that with the introduction of the *Family Violence Protection Act 2008*, from December 2008 VLA is required under the Act to provide representation to applicants, and offer representation to respondents for family violence matters in court to ensure protected witnesses are not personally cross-examined by the respondent.

Note: One significant caution related to interpretation must be noted – at this time, VLA services and matters are not able, consistently, to identify and separate the client by applicant and respondent. Therefore, the information provided illustrates family violence-related service activity through VLA, but not by client type.

VLA data, introduced for the first time in this Volume 5 report, provides information on matters listed under the *Crimes (Family Violence) Act 1987* and the *Family Violence Protection Act 2008* where VLA provided a relevant service.

In 2010-11 there were 259,685 direct client activities undertaken by VLA and 7.4 per cent of them were related to family violence issues (not including stalking). This work can be broken down into categories of activities as follows.

TABLE 2: VLA activities related to family violence issues

VLA direct client activities	Count
Cases	42,097
Calls	80,734
Community Legal Education (CLE) participants	1,160
Legal advice (including minor work)	45,633
Minor work	10,319
Conferences	777
In-house duty lawyer	70,898
Private practice duty lawyer	8,067

VLA activities and services provided under different classifications (i.e. duty lawyer, telephone information, legal advice and casework) are recorded separately. At the time of this analysis, VLA is unable provide data that links the same client to the same matter across multiple services. VLA is currently refining this process of cross-matching service provision to map and assess multiple service support pathways for future analysis.

Multiple counting of clients is common to all data sets as discussed in Section 4.1.

VLA records the court attended among their family violence casework clients. A majority of family violence matters are civil matters and therefore go through the Magistrates' court (95%). A relatively small number of matters were handled through the Magistrates' family violence specialist court. As a new classification of court, this proportion is expected to rise in the data file over the next few years. A majority (221 of the 233 matters) took place in 2010-11.

Matters handled through the Children's Court have risen steadily, from 13 matters in 2005-06 up to 62 matters in 2010-11 and matters at the County Court are identified in each year at similar rates. No apparent difference emerged comparing adult female and male clients and the court used.

TABLE 3: Court accessed (all years, all adult clients) – VLA

	2005-2011	
	Count	Col %
Magistrates' Court	9,001	95%
Magistrates' Court - family violence	233	2%
Children's Court	165	2%
County Court	81	1%
Family Court of Australia	2	0%
Federal Magistrates' court	9	0%
Moorabbin Justice Centre	1	0%
Neighbourhood Justice Centre	1	0%
Total	9,493	100%

Base = all adult clients aged 18 years and older, casework, all years

5. OVERVIEW OF VICTIMS AND PERPETRATORS OF FAMILY VIOLENCE

In this report, analysis of data is presented from nine different organisations and agencies assisting families with issues of family violence. These agencies mostly deal with emergencies and crises. Although family violence is discussed much more openly across the community in 2011 as compared with ten years ago, and public awareness campaigns have been prominent in the most recent five years, family violence is still largely kept hidden from the public eye until a family reaches crisis point. Often, by the time family violence does come to the attention of police or support services, families have been in crisis for a number of years.

In this report, analysis of data is presented from:

- Victoria Police
- Victorian Magistrates' and Children's Courts
- Specialist family violence courts
- The Victorian Supported Accommodation Assistance Program (SAAP)
- Department of Human Services – Integrated Reporting Information System (IRIS)
- Victorian public hospital emergency departments (VEMD)
- Victims of Crime Helpline (VoC Helpline) and Victims Assistance and Counselling Program (VACP)
- Victoria Legal Aid (VLA)
- Victorian Civil and Administrative Tribunal (VCAT)

Analysis provides key demographic and descriptive information about those affected by and perpetrating family violence. Key data variables include gender, relationship, age group and region, as well as elements related to risk assessment and management for the 11 financial years from 1999-2000 to 2009-10.

Information in this report is presented across five key areas:

1. Section 5 provides information on the number of family violence incidents and the relationships involved.
2. Section 6 presents analysis separately among adult victims, followed by children as victims in Section 7.
3. Information in Sections 8 through 11 provides analysis on the rates of family violence among communities facing additional barriers within the sample (such as whether victims have a known disability, are of Aboriginal or Torres Strait Islander background, as well as communities with any known diversity in culture and language), with the aim to raise awareness of their particular service needs. Analysis among victims presenting to the public hospital emergency departments across the state is also included here as there are specific barriers to disclosure and detection in this setting.
4. The analysis in Section 12 examines risk identification and assessment as well as risk management. This section offers insights into the actions taken by services and organisations to prevent or minimise current and future risk of violence and abuse.

5. Finally, the discussion in Section 13 focuses on family violence towards older persons. This Section is new to this volume and highlights the difference in the nature of the violence and relationships between victims aged 65 years and over, and perpetrators of violence towards them, compared to victims younger than 65 years of age.

An explanation of the counting rules for each data source agency is found at the end of the report.

5.1 Number of victims of family violence

This report commences with an overview of the number of reported incidents of family violence or requests for service related to family violence across all data sets. Because data providers handle quite disproportionate numbers of family violence victims each year, the overall numbers are presented in two separate graphs. Figure 1 presents the numbers of reports of family violence for the larger data sets with 5,000 or more annual reports and Figure 2 those data sets with 3,000 or fewer reports.

Individuals cannot be tracked through the system, nor can they be linked across data sets, therefore the number of individuals presenting within these reports is not known. It is imperative these figures are read as frequency of reports of family violence or counts of service delivery rather than individual people. It is also important to keep in mind that these data sets only count reports made to official bodies and not the population experiencing family violence that does not seek support.

All data sets, where information can be systematically collected, illustrate annually increasing numbers of reports of family violence. Surges are identified in line with introduced family violence reform strategies among services directly impacted. Some data sets including VoC, VACP, VCAT and SFVC have been modified or built in response to family violence system reform and therefore present not unexpected low and erratic numbers in the initial years of reporting. Hospital data (VEMD) is the one agency or system where family violence reform has not had a direct impact and therefore reporting of family violence patients remains static across the years.

Early indications show that the implementation of the *Family Violence Protection Act 2008*, including police-issued Family Violence Safety Notices, has had a positive impact on reporting of family violence across data sources in this report. From 2008-09 to 2010-11 there was a 13 per cent increase in finalised family violence intervention order applications at court and a 21 per cent increase in family violence incident reports to police.

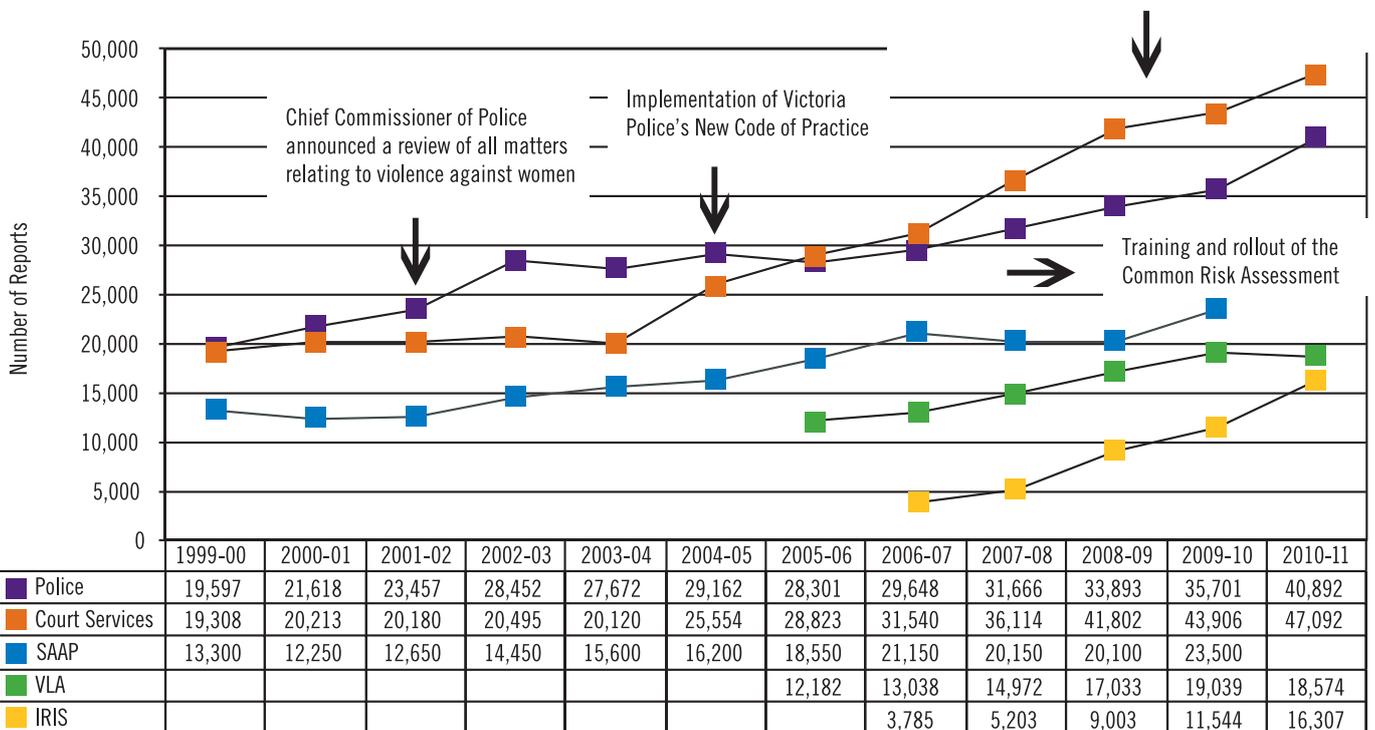
Discussion in relation to each data provider is presented in the pages subsequent to the two figures.

Figure 1 Note: Data extracted for this report was supplied during 2011 and reporting is to the end of the financial year 2009-10. Some smaller and new data providers were able to provide figures through to the end of 2010-11 and these are included where possible.

Across the large data providers (SAAP, IRIS, Police, Magistrates' and Children's courts) data for 2010-11 was being finalised prior to publishing and therefore could not be included for analysis, however, where possible, total counts for 2010-11 are included in Figure 1.

FIGURE 1: Number of family violence incidents reported

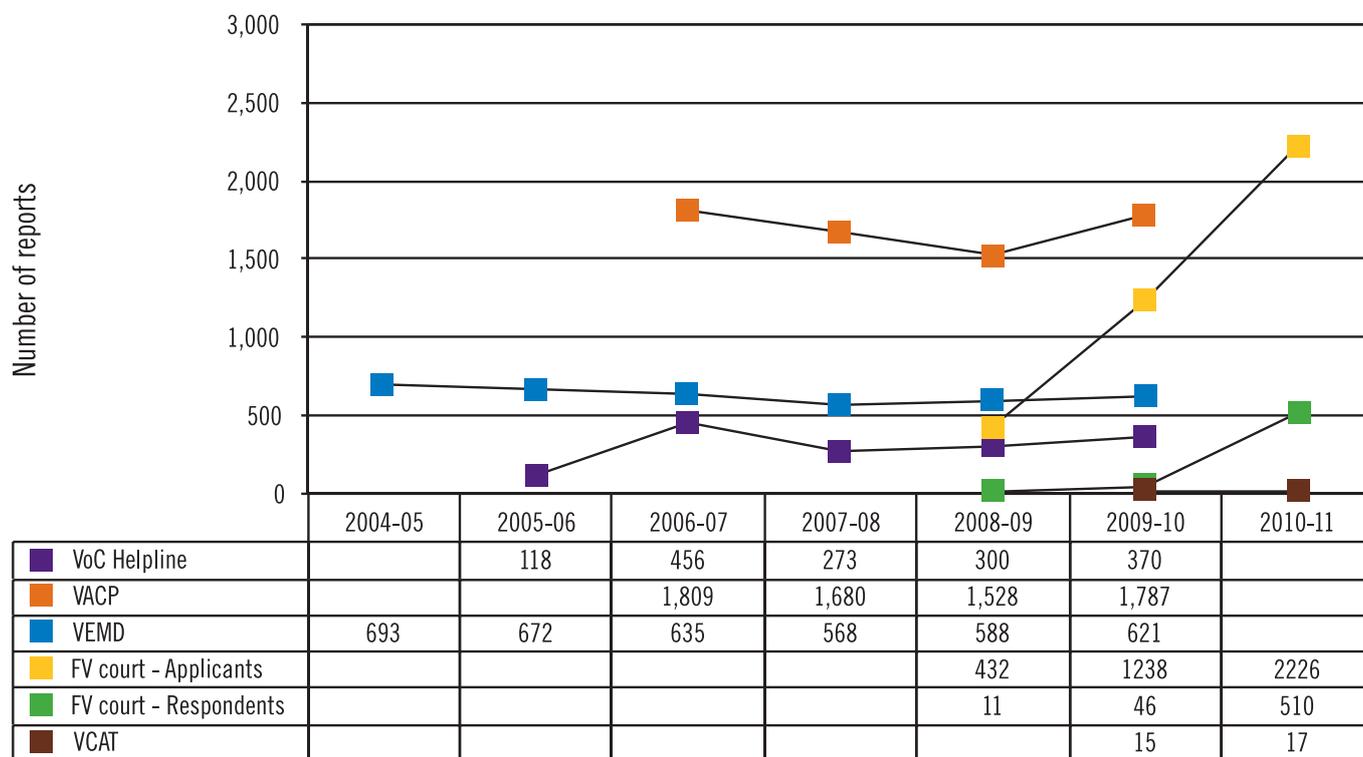
Implementation of the *Family Violence Protection Act 2008*, including the introduction of Police issued Family Violence Safety Notices, and associated public awareness communication campaigns



Notes

1. Police data includes reported incidents of family violence recorded on the family violence incident reports.
2. Court data illustrates affected family members where an application for an intervention order has been finalised rather than those for whom intervention orders were made. Children and adults in the same family may be represented on separate applications for intervention orders and therefore there are more application orders than there are respondents.
3. SAAP data represents client support periods flagged for domestic violence-related issues. All agencies may include victims who seek assistance on multiple occasions. SAAP data are weighted for agency non-participation and client non-consent, and rounded to the nearest 50. In 2005-06 the SAAP definition of a support period, the definition of a client and the statistical linkage key were changed. Data from that point on are therefore not comparable to previous years. In 2006-07 the first of the Innovation and Investment (I & I) Fund Pilot Projects joined the collection (refer to AIHW 2008, Appendix 1 and Chapter 2). Caution should therefore be taken when examining data across the years (for more information, see discussion in Counting Rules at the end of this report).
4. Victoria Legal Aid data presents information on service provided related to family violence, but applicants and respondents cannot be separated and compared.
5. IRIS data is based on clients with at least one family violence issue identified. 2006-07 figure differs from the Volume 3 report due to increased data entry and case closure after data extraction for the previous report. This is the nature of working with 'live' databases where information can continually be added to the case file. 2010-11 data are the number of cases open at the end of June 2011 and include 5,501 women and children and 10,806 men who use violence. 1,276 men accessing the Men's Referral Service After Hours service were excluded from these figures to avoid double counting those men recorded through service intake reporting.

FIGURE 2: Number of family violence incidents reported³⁸



Notes

1. VoC Helpline and VACP have been revising data collection processes since 2008 to better separate out family violence matters and requests for assistance, therefore numbers vary noticeably across the years.
2. VEMD: Family violence injuries were first introduced into emergency department data collection forms in 2003 and commenced inclusion in this reporting analysis in 2004-05.
3. SFVC data records both the number of applicants and respondents seen by support workers through the specialist court programs in Ballarat, Heidelberg, Melbourne, Frankston and Sunshine/Werribee. Data collection procedures have been under development since 2008 and different courts commenced data collection at different times. For these reasons, a dramatic increase over the years is due to data collection procedures and rollout of new processes rather than increases in numbers presenting at the respective courts (see discussion in Section 4.2). More applicants and respondents are seen at these courts than are recorded as having contact with the support workers. Family violence specialist court applicants are also counted in the Magistrates' and Children's Court services data (Figure 1).
4. VCAT: Data system is in the initial stage of being formalised and counting is currently a manual process reliant on tribunal support person recording information related to family violence separate to the overall VCAT data collection system.

Victoria Police

There was a dramatic increase of 45 per cent in family violence incidents recorded by Victoria Police from 1999-2000 to 2002-03. While reports plateau from 2002 to 2006, a steady increase continues from 2006 through to 2010 reaching 35,701 reported incidents – an 82 per cent increase since 1999-2000 when reporting first commenced. Victoria Police Crime Statistics released in August 2011 show a further increase in 2010-11 with 40,892 incidents reported to police, a 14.6 per cent increase from the previous year (2009-10) and a 108.7 per cent increase since 1999-2000. (Note: 2010-11 police data are not included in the broader analysis of this report).

This dramatic increase does not represent an increase in family violence incidents occurring in the community, rather an increase in the number of reports made to police and police increasingly taking a proactive response to family violence. This improved police response is the result of a number of major reforms in Victoria, including: the Victoria Police *Code of Practice for the Investigation of Family Violence* (2004, 2010); improved and standardised risk assessment and risk management practices; on-going education and training and more recently, the introduction of the *Family Violence Protection Act 2008*, including the introduction of police-issued Family Violence Safety Notices and a complementary statewide communications campaign.

Also attributing to the improved police response is the emphasis by Victoria Police management on family violence as core business and the associated direction that recording, response and investigation must be timely and appropriate. Family violence recording is reinforced through on-going

member training and review and monitoring of family violence initiatives by the Violence Against Women and Children Strategy Group (previously the Police Family Violence Unit).

Increased reporting of family violence incidents and attendance allows proactive risk management and earlier intervention to reduce risk of escalation and hopefully future incidents of violence. Treating family violence as core policing business, and training in the complexity of working with these families, has led to increased public confidence to report experiences of family violence with the expectation it will be attended to appropriately.

Police members are among the most frequent first points of contact for family violence incidents which places them in a critical response role. Initial response to reports of violence is key to establishing confidence in the system to ensure the affected family member's safety and to hold the perpetrator accountable for their violence. This subsequently impacts whether the affected family member(s) stays engaged with the system.

Background to family violence initiatives within Victoria Police

The initiatives undertaken by police to improve their responses to family violence (see Section 2.4) appears to have had a significant impact on formally identifying and recording a substantial group of families experiencing family violence who had not been previously counted in a formal capacity.

This increase occurred after the announcement of the review of matters relating to violence against women, and prior to the introduction of the Victoria Police *Code of Practice for the Investigation of Family Violence* in 2004 (Figure 1). The review contributed to greater clarity about what was required from police and an increased focus on accountability, which has in turn led to enhanced police data collection and recording of family violence incidents.

Continuation of this increased number of reports indicates this additional group of family violence victims is not an aberration but rather part of the often hidden crime of family violence. Variations of incident numbers from 2002-03 to 2006-07,³⁹ equate to a rise or fall of around 1,000 incidents each year (approximately 3%). These changes may be attributed to ongoing training among Victoria Police, an improved and more proactive response to incidents, including changes to the family violence incident report form, emphasis on the police Code of Practice, as well as increased confidence in reporting family violence among the public.

For example, in August 2005, Victoria Police released official crime statistics for 2004-05 that showed the number of family violence incidents had increased five per cent since the previous year (29,162). Significantly, during this period, police sought 4,523 intervention orders on behalf of affected family members. This constituted a 72 per cent increase in the number of intervention orders sought by police from the previous year.⁴⁰ These increases can be attributable to the launch of the Code of Practice which encourages police to apply for a family violence intervention order on behalf of the affected family member.

The Code of Practice also adopts a pro-arrest policy that states a key responsibility of police in responding to reports of family violence is the pursuit of criminal charges where appropriate. Police are encouraged to utilise their power of arrest where appropriate and the organisation is supportive of members exercising this authority where they believe it is warranted. The number of charges laid by police in relation to family violence incidents for 2004-05 dramatically increasing by 73 per cent indicating that police were increasingly treating family violence seriously and taking appropriate criminal actions.

In December 2008, the *Family Violence Protection Act 2008*, including the introduction of the police-issued Family Violence Safety Notices (FVSN) became operational in Victoria (see Section 2.4 for further details). These major legislative reforms are likely to have contributed to the 13 per cent rise in police reporting of family violence from 2008-09 to 2009-10.

An independent evaluation of the FVSN pilot (now an on-going power in Victoria) found indications that police feel more empowered to respond to family violence after hours as a result of having FVSNs as an additional option. The FVSN evaluation showed that in the six months from July to December 2008, Application and Warrants (A&Ws) were issued in 21 per cent of all family violence incidents attended by police. In the following 12 months FVSNs and A&Ws were issued in 27 per cent of all incidents. It may be inferred from this that FVSNs are contributing to an enhanced after hours response by police to family violence (Thomson Goodall Associates 2010).

In conjunction with the Code of Practice, the new Act and FVSNs, Victoria Police continued to take a lead role in family violence reform in Victoria and work closely with government and non-government agencies, and geographical regions of Victoria Police. The Violence Against Women and Children (VAWC) Strategy Group (formerly the Family Violence Unit) is responsible for developing and implementing strategies aimed at enhancing the police response to family violence, as well as preparing and participating in specialist police training courses and community education activities. The VAWC Strategy Group also has regular liaison with the 14 full-time Family Violence Advisors across the state to provide support and identify key trends and issues in police responses to family violence.

Victorian Magistrates' and Children's Courts

Numbers of newly-initiated finalised intervention orders have continued to increase (see Figure 1). According to the *Magistrates' Court of Victoria Annual Reports 2009-10 and 2010-11*, there has been an increase in initiated intervention order applications (32.7%), finalised intervention orders (33.2%) and interim intervention orders (55.8%) since 2006-07 (Magistrates' Court of Victoria 2011, pp. 6, 14).

Note: The number of affected family members is greater than the number of intervention orders finalised as more than one person can be included on an intervention order and multiple affected family members can be awarded intervention orders against the same respondent. For instance, if a mother and her two children seek an intervention order against the husband or father, this constitutes three affected family members and one respondent to an intervention order. Alternatively, this could equate to three intervention orders against one respondent.

In 2009-10 there were 43,958 applications for original intervention orders. Of these, 26,652 intervention orders were granted among 24,091 respondents.

The trending increase in finalised intervention orders appears one year after police reports of family violence incidents also began to increase dramatically. The increase clearly corresponds with recent reform changes across the Victorian integrated family violence service system. As would be expected, system reform takes time and the data illustrates a gradual increase in people moving through the system, reporting family violence and applying for intervention orders rather than an increase in family violence incidents within the community.

A gradual and continuous increase over time may reflect the nature by which system reforms are typically rolled out. It takes time to implement change in all courts, recruit and train staff, as well as embed new practices. In addition, it takes time for the community sector and general population to understand and determine whether change has been successful. That is, as new systems are rolled out and tried, community confidence builds and victims are increasingly more likely to report abuse. Positive experiences with the different parts of the service system, particularly police, may also encourage victims of family violence to stay engaged with the system. This is reflected in the gradual and on-going escalation in numbers of finalised intervention orders.

Justice system reform has included:

- The introduction of the *Family Violence Protection Act 2008*, which introduced a new system of intervention orders, including police-issued Family Violence Safety Notices, which provide immediate protection for victims after hours for a period of 72 hours and act as an application to the Magistrates' Court of Victoria for an intervention order.
- Improved record keeping for identifying multiple applicants within a single intervention order.
- Improved support for applicants as they proceed through the justice system (including court support workers, specialist family violence courts and increased training of court staff on the dynamics of family violence and the new legislation).
- The rollout and training of the Common Risk Assessment to Magistrates' court registrars.
- Encouragement to seek assistance through the justice system through public awareness campaigns, such as the *ENOUGH* campaign.
- Removing some pressure from victims by encouraging and facilitating police officers to take out intervention orders on behalf of affected family members.
- Training police officers and court workers to include children on intervention order applications either separate to, or in conjunction with, adults.

Victorian Supported Accommodation Assistance Program (SAAP)

In Victoria, family violence is the single most common reason clients seek SAAP support. In 2009-10 it was 26 per cent compared with a national figure of 22 percent (AIHW 2011a, p. 4). Among *women with children*, more than half (54%) identified family violence as the *main reason* for seeking assistance (AIHW 2011a, p. 20). This compares with only four per cent of men with children identifying family violence as a main reason for seeking support (AIHW 2011a, p. 20).

There has been a steady increase in support for clients seeking assistance since 2001, coinciding with the Victoria Police review of practices in relation to family violence. An increase of more than 40 per cent from 2004-05 to 2006-07 has remained high and consistent since 2007-08. While the number of SAAP agencies has increased over the 11 years reported on (see discussion in Section 4.2), unlike reporting to police and courts, case management capacity is limited. Reaching a peak level of support may reflect agency capacity rather than demand.⁴¹

As of 1 January 2009, the SAAP program ceased to exist and the National Partnership Agreement – Homelessness (NPAH) commenced. This change included a significant increase in funding provided to agencies through the NPAH for family violence services which may be reflected in the increase in numbers of support periods identified in Figure 1 for 2009-10.

The difference between the numbers of victims assisted by SAAP agencies compared with incidents identified through police and courts may be due to a range of reasons including variations in resources, the available pathways utilised by those seeking assistance in relation to family violence, and the circumstances under which assistance is sought. It is worth noting that SAAP agencies receiving referrals from the police do not record the contact with the woman unless she has agreed to receive a service (i.e. an agency may make contact with the woman but she states she does not require or want support). That phone call is not recorded in the SAAP data. If the woman requires information (and the call is for a substantial amount of time) or she requests support, that information will be recorded in the SAAP data.

It may also be the case that some SAAP-funded services assisting women and children escaping family violence have been operating at capacity throughout the period.

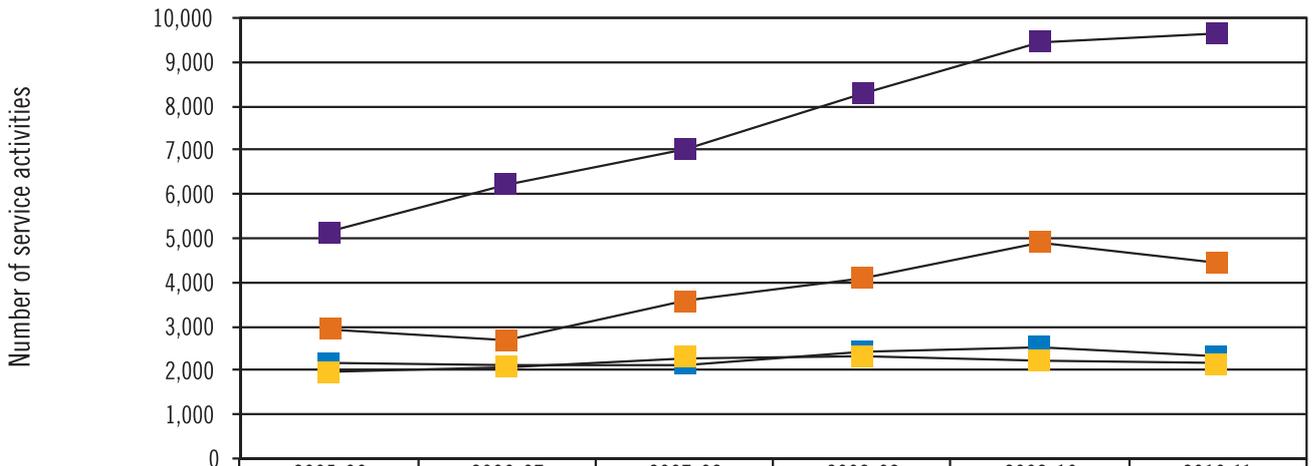
Victoria Legal Aid (VLA)

One caution must be noted with interpretation of the VLA data, as discussed in section 4.2, activities provided by VLA cannot be separated by applicant/victim and respondent/perpetrator.

The combined service activities for VLA family violence clients included in this report started at just over 12,000 service activities in 2005-06 and increased to around 19,000 in 2010-11 (Figure 3). There was a small decline in service activity numbers for 2010-11 compared with a peak in 2009-10.

When exploring the different activity types (Figure 3) the decline in numbers (2009-10 and 2010-11) is primarily associated with a decrease in telephone support. *Casework and legal advice/minor work* have remained remarkably steady for this client group across the six years. *Duty lawyer* sessions have continued to increase in each year.

FIGURE 3: Number of VLA service activities by year



■ VLA duty lawyer sessions	5,138	6,203	7,034	8,259	9,427	9,642
■ VLA telephone support	2,935	2,685	3,568	4,074	4,890	4,435
■ VLA minor work	2,165	2,102	2,099	2,399	2,500	2,334
■ VLA casework	1,944	2,048	2,271	2,301	2,222	2,163

Department of Human Services – Integrated Reporting Information System (IRIS)

Family violence clients have increased in line with most other data sets over the past two years. In the two most recent years of IRIS data (2008-09 and 2009-10) there were 20,547⁴² clients presenting to IRIS agencies with family violence issues, more than twice as many as the previous two years (8,988 clients from 2006-07 to 2007-08). Among the family violence clients in the most recent two years there were 24,201 issues including *current abuse, history of family violence, sexual assault by partner as well as, child protection, disability and mental health issues* (Table 3).

From 2008-09 to 2009-10 there were 51,356 service activities delivered to family violence clients which included various *referrals, case work and planning* as well as *group work*.

TABLE 4: Grouping of issues among family violence clients by year of data source – IRIS

	2006-07	2007-08	2008-09	2009-10
	Count	Count	Count	Count
Family violence issue	4,100	5,352	9,590	13,158
Child protection issue	101	119	162	215
Disability and mental health issue	12	27	48	604
Adult pregnancy issue	15	11	15	5
Medical, alcohol or drug issues	N/A	N/A	76	139
Financial, household, gambling issues	N/A	N/A	3	186
Total	4,228	5,509	9,894	14,307

Base = all clients, number of issues is greater than number of clients as many clients have multiple issues

Victims of Crime (VoC) Helpline and Victims Assistance and Counselling Program (VACP)

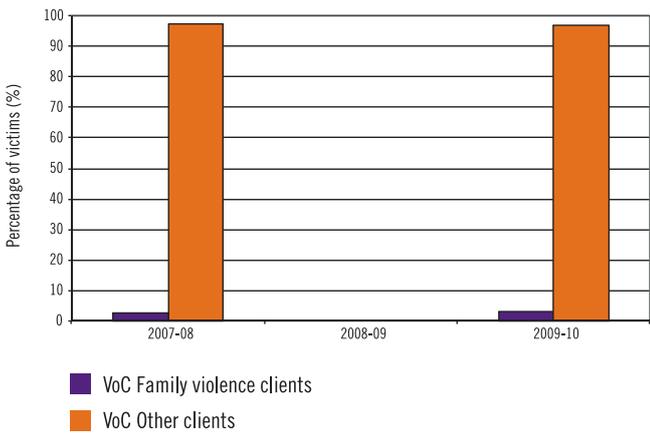
Despite a change over in data collection systems, software and reporting measures, service delivery for family violence-related crime has remained relatively stable across the four to five years reported on. VACPs did experience a slight decline in service reports for family violence from 2007-08 to 2008-09 which appears to have rebounded in 2009-10 (Figure 2). While some variation may be attributable to data collection processes, it is also likely that several recent campaigns led to increased referrals into the programs:

- a program promotion in 2009
- a change to VACP providers in 2009-10
- a state-wide communications campaign advertising changes to legal definitions of family violence, which included the VoC Helpline details for those seeking assistance
- CRAF training among VACP counsellors leading to increased support and identification of family violence victims.

The VoC Helpline received 11,633 calls in 2009-10 and less than five per cent of these were family violence-related in 2007-08 and 2009-10 (Figure 4). Due to changes in the data collection system in 2008-09 information on family violence client type is not available in that year.

Thirty per cent of VACP clients (Figure 5) identify as victims of family violence and this figure remained stable between the years where information has been collected from 2006-07 to 2009-10. According to the Resolve database, family violence is the second largest crime type identified among VACP clients.

FIGURE 4: VoC client type



Note: Data not included for 2008-09 due to revisions in the collection and reporting systems

FIGURE 5: VACP client type

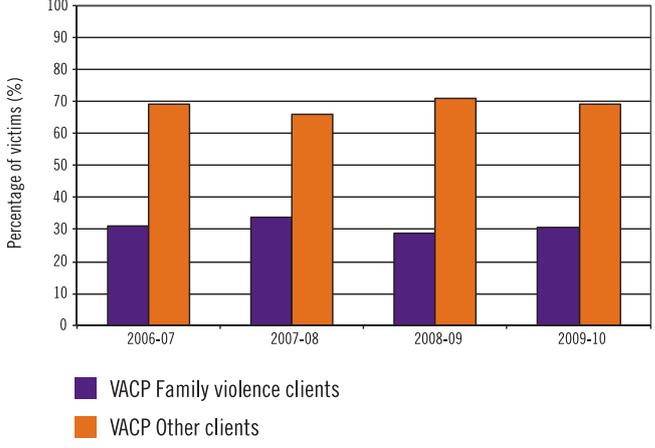
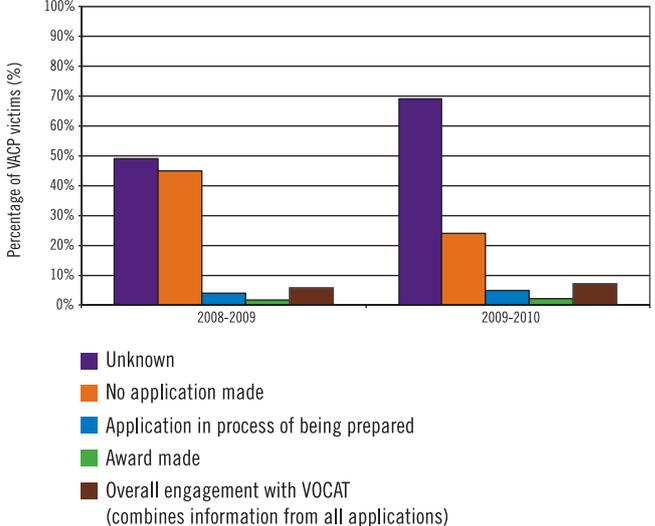


FIGURE 6: Proportion of VACP by engagement with VOCAT



In 2008-09 and 2009-10 VACP data we can identify that just over five per cent of family violence clients are at some stage of applying for, or waiting on, an award through Victims of Crime Assistance Tribunal (VOCAT) to be made. VOCAT is established by legislation to provide financial assistance to victims of violent crime committed in Victoria. The information in Figure 6 illustrates both the breakdown of status of applications to VOCAT and the overall combined engagement (i.e. combining application in process of being prepared, application made, awaiting hearing and dismissed).

Victorian public hospital emergency department (VEMD)

Between 600 and 700 patient injuries were classified as human intent injuries (including both child maltreatment and adult intimate partner) in each of the six years of data presented in this Volume 5 report (Figure 2). As discussed in Section 4.2, while the category of human intent injury is understood to be used conservatively by health care practitioners and therefore is expected to be underestimated, the reporting rate across the six years has remained remarkably consistent.

Victorian Civil and Administrative Tribunal (VCAT)

There were a total of 32 family violence related applications to VCAT recorded from July 2010 to June 2011 and all but one involved a female applicant and male other party (Figure 2). The single exception involved a male applicant and female other party. VCAT has identified that not all family violence-related applications have been recorded as data systems were not in place to automatically record applicants seeking access to the Tribunal under sections of the relevant legislation relating to family violence issues. For a period of approximately five months (from November 2010 to March 2011) the Residential Tenancies Support Worker position was vacant and data collection processes were not systematically in place to record family violence-related matters during this period.

Specialist Family Violence Courts (SFVC)

Applicants and respondents identified in the SFVC data relate only to those who accessed support from the support worker assigned to this specialist service. Applicants and respondents can attend these courts but not seek specialist support. While both groups are included in the overall analysis of the Magistrates' and Children's court data, the specialist court data *only* refers to those who utilised support from the applicant support worker at a specialist court.

A dramatic increase in numbers of applicants and respondents over the three years of data (Figure 2) can be traced to both data collection processes and the set up of new programs and systems. Inclusion of data from 2008 and 2009 will not enable analysis of trends across the years except to distinguish the rate by which programs became part of the data set.

Specialist court data is also a little different from other population sets. Although specialist programs are available to all intervention order applicants and respondents attending specialist courts, not all are either required or choose to utilise the available resources. For example, in 2009-10 there were 777 applications for original intervention orders finalised at the Ballarat Magistrates' Court and 703 (90%) of these were classified as having accessed the specialist family violence division (Table 4).

TABLE 5: Applications for original IVOs finalised at Ballarat and Heidelberg classified as accessing the Family Violence Court Division by year – courts (court that the sitting was held at, adult aged 18 years and older only)

	2008-09		2009-10	
	Count	%	Count	%
Total applications for original IVOs finalised Ballarat FVCD	750	88%	703	90%
Total applications for original IVOs finalised Ballarat non-FVCD	106	12%	74	10%
Total Ballarat	856	100%	777	100%
Total applications for original IVOs finalised Heidelberg FVCD	1,766	93%	1,900	93%
Total applications for original IVOs finalised Heidelberg non-FVCD	131	7%	148	7%
Total Heidelberg	1,897	100%	2,048	100%

Note: Includes applications resulting in all outcomes including those granted, refused, revoked and struck out.

5.2 Intervention order applications

Victoria Police

According to the police data, less than one quarter of the incidents they attend have an active intervention order at the time they are called out. Over the four years in which the data was collected the proportion of affected family members with an active intervention order recorded at the time of the call-out declined to fewer than one in five adult females (Figure 7) and approximately one in ten adult males (Figure 8).

FIGURE 7: Active intervention order (adult female victims) – police

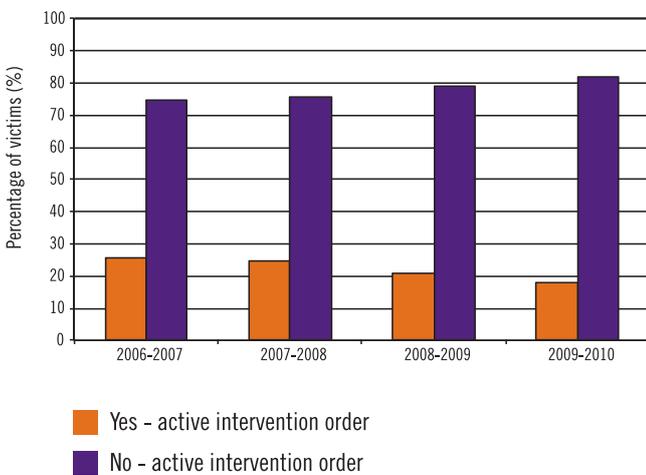
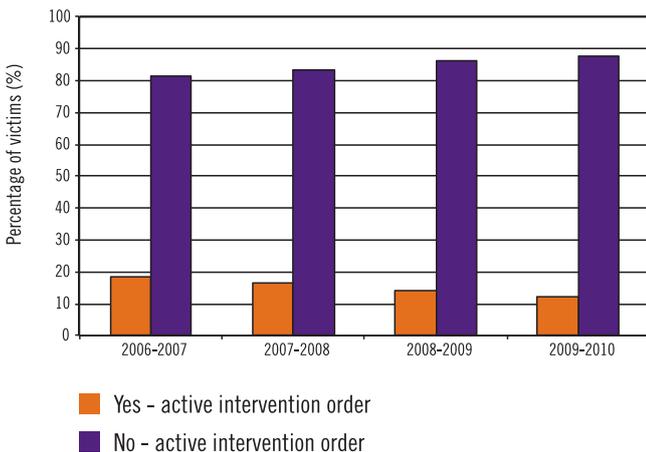


FIGURE 8: Active intervention order (adult male victims) – police



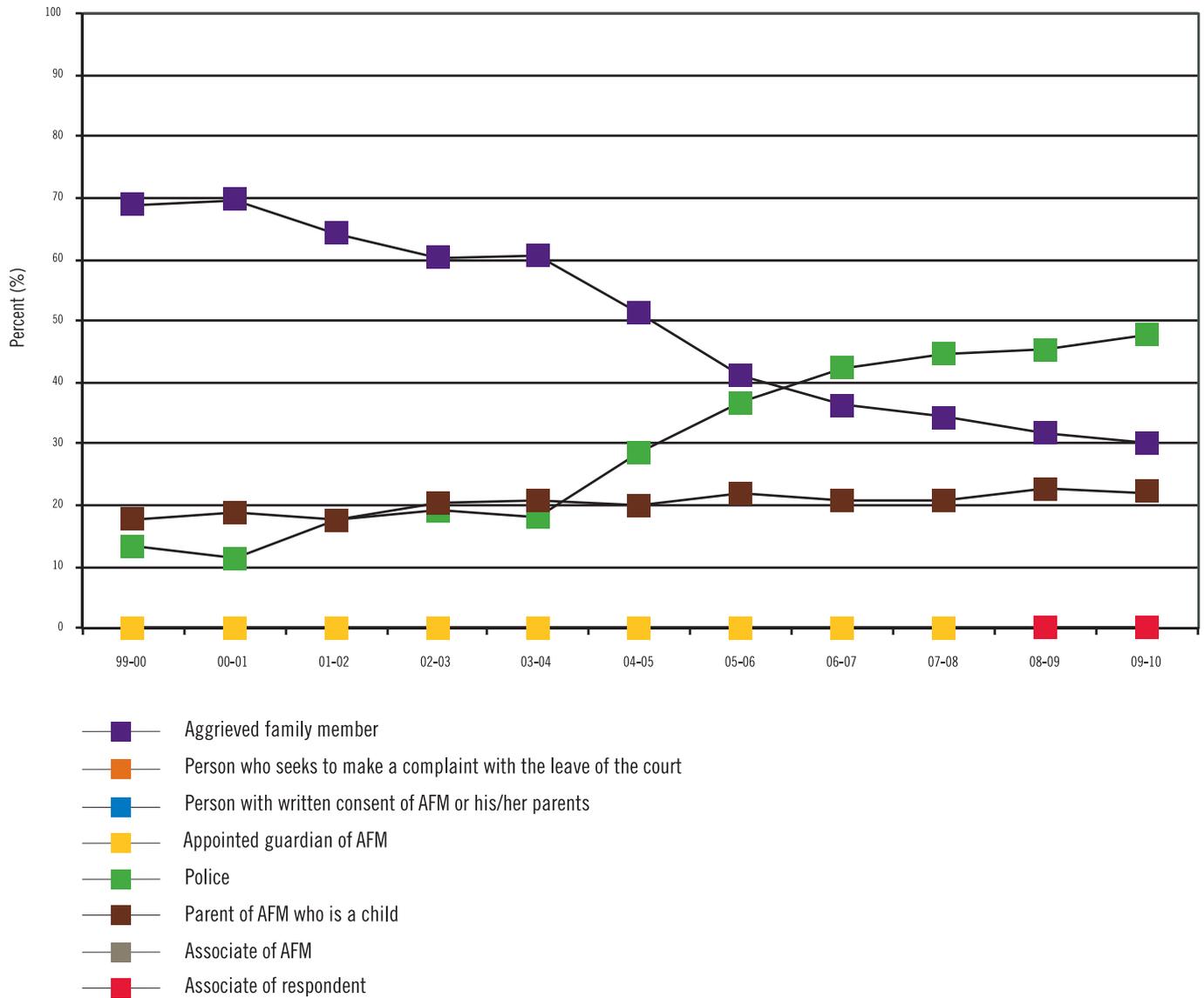
Magistrates' and Children's Courts

Over the most recent four years, during implementation of family violence reform initiatives, police have become the primary applicants for intervention orders on behalf of the victim (Figure 9). From 2000-01 to 2006-07 there has been a steady decline in rates by which the affected family member has taken out the intervention order, replaced by a steady increase of intervention orders taken out by police.

The introduction of the Victoria Police *Code of Practice for the Investigation of Family Violence* in 2004,⁴³ coinciding with increased family violence training of police members, appears to have influenced a more dramatic increase within the past four years. The introduction of the *Family Violence Protection Act 2008* and police-issued Family Violence Safety Notices (FVSNs)⁴⁴ appear to have contributed to a continued increase of police-initiated intervention orders since 2008.

Both the Act and FVSNs emphasise that family violence is a fundamental violation of human rights and that the safety of victims of family violence is paramount. As identified earlier (in Section 5.1), the FVSN evaluation found indications that police feel more empowered by the use of FVSNs to respond to family violence, resulting in an increase in police-initiated intervention order applications on behalf of the victim.

FIGURE 9: Who applied for an intervention order? – Courts



Note: Some data categories in Figure 9 have very small numbers and therefore sit along the bottom of the graph and are not clearly identifiable (e.g. person who seeks to make a complaint with the leave of the court).

Specialist Family Violence Courts (SFVC)

As discussed in Section 4.2, systematic data collection processes have not been in place at all courts since the time the specialist programs were rolled out. Therefore, information prior to 2010-11 is incomplete (see Table 5). Information is presented purely to provide an overview of progressive participation in data recording within the specialist courts and an indication of the range of information available in future reporting. Because the numbers are incomplete at this time, it is not possible to undertake comparative program analysis by court location.

Therefore, while program comparison is not possible in terms of outcome and impact on affected family members or respondents, it may be useful to explain changes in processes over time as information collection increased. The analysis of data in Table 5 illustrates the challenges facing data interpretation and the cautions required.

TABLE 6: Number of applicants receiving support by the court support worker through specialist family violence courts by court location and year – SFVC

Court	2008-09	2009-10	2010-11
	N	N	N
Ballarat	100	198	346
Heidelberg	*	*	390
Melbourne	331	322	553
Frankston	*	319	497
Sunshine	*	308	366
Werribee	*	86	74
Total	432	1,238	2,226

Base: all applicants recorded as receiving support through the specialist family violence programs

* Fewer than 10 applicants recorded prior to data systems being fully in place. A process of back entering information would see these numbers increase.

Victoria Legal Aid (VLA)

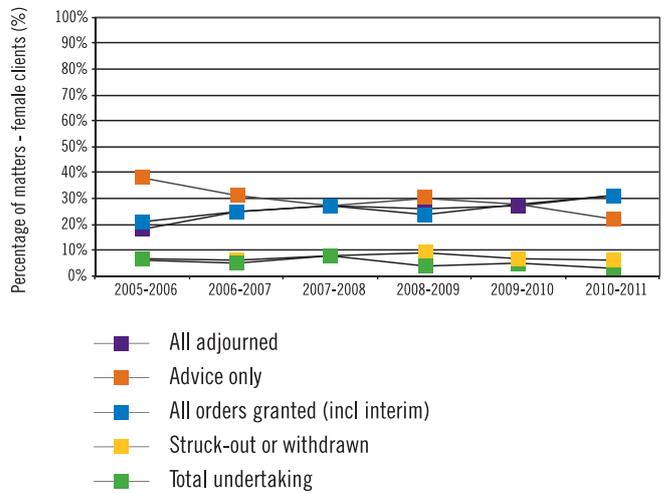
The VLA Duty Lawyer data file contains a variety of detailed information about matter outcomes. In relation to this VLA client sample, the most frequent outcomes for adult female clients include *adjournment*, *order granted*, *undertakings* or *struck-out/withdrawn*. It is also possible that *advice only* is provided and this may occur prior to any formal applications being made.

While matters cannot be separated between applicants or respondents, variation in matter outcomes is apparent when comparing gender of client (Figure 10 and Figure 11). Among female clients, similar proportions are recorded with outcomes of either *adjournment* or an order being *granted* as well as *advice only*. However, over the six years of data collected there appears to be a gradual decline in the proportion of females obtaining *advice only* and an increase in those with an order *granted* or an *adjournment*. (Note *adjournment* sits just behind and equal with, *order granted* in Figure 10.)

The largest grouping of male VLA clients (Figure 11) have outcomes where an intervention order is *granted* (nearly two fifths), followed by a quarter each where matters are *adjourned*, or *information only* is obtained. These rates are relatively steady across the six years of analysis.

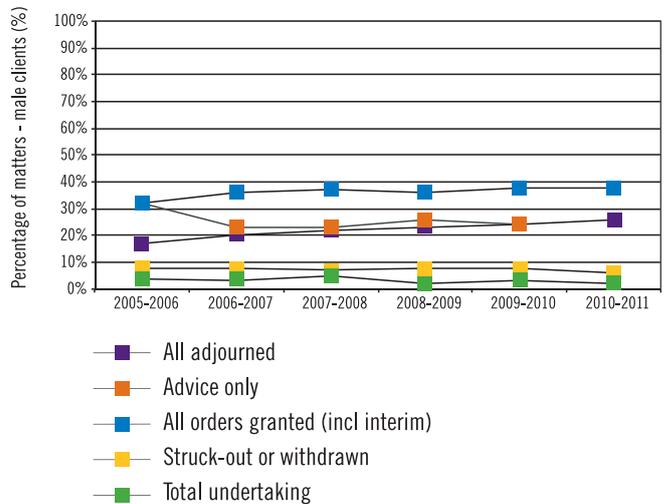
Less than one in ten male and female clients had the matter *struck-out/withdrawn*, or negotiated an *undertaking*. These rates have remained stable over the years. Other outcomes such as: variation, revocation, bail, bond or Community Based Orders occurred for one per cent or less, in each year, and are therefore left out of Figure 10 and Figure 11.

FIGURE 10: Outcome among adult female clients by year – VLA



Base: adult female clients

FIGURE 11: Outcome among adult male clients by year – VLA

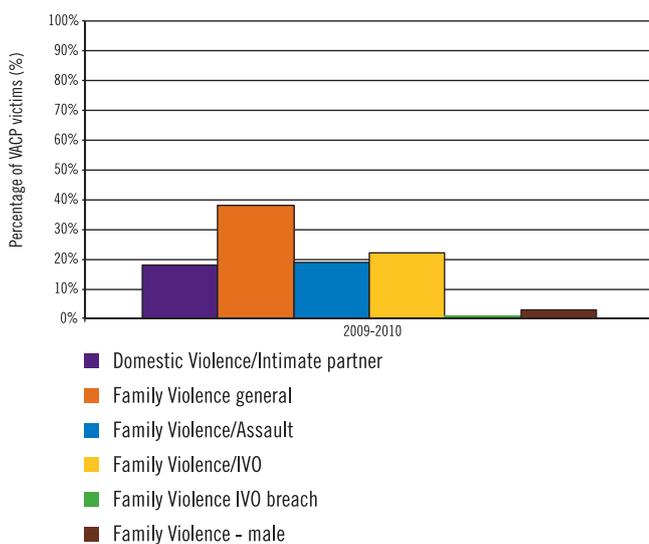


Base: adult male clients

Victims Assistance and Counselling Program (VACP)

In 2009-10, the VACP data has included a more detailed breakdown of the types of issues for which family violence clients seek support than in previous years. In Figure 12 it can be seen that one in five clients seek assistance for a more serious incident described as an assault. Another one fifth seeks assistance with obtaining an intervention order and a very small proportion for a breach of an intervention order. Fewer than five per cent are classified as male victims of family violence.

FIGURE 12: Family violence clients – VACP



Department of Human Services – Integrated Reporting Information System (IRIS)

Information about whether a client has an intervention order has not been collected for many IRIS clients (Table 6). Only around five per cent of clients reported that an intervention order had been issued in relation to their experience of violence. In most cases (more than four fifths) the information was not collected.

TABLE 7: Intervention order information (adult clients) – IRIS

	2008-09		2009-10	
	Female victims	Male perpetrators	Female victims	Male perpetrators
	%	%	%	%
No	7%	8%	6%	6%
Yes	6%	5%	4%	5%
Not known	86%	86%	90%	89%
Total	100%	100%	100%	100%

Base = all clients

5.3 Referral pathways

Victoria Police

Victoria Police members who attend a family violence incident are often the first point of contact for people experiencing family violence. The Victoria Police *Code of Practice for the Investigation of Family Violence* (2004, 2010) requires that police attending family violence incidents will make a referral in all instances for the affected family member, perpetrator, and any children. These referrals may be either formal or informal.

A *formal referral* occurs when police forward information concerning the parties involved directly to appropriate agencies. Children or young people are formally referred when police make a report to Department of Human Services Child Protection, a child-specific referral to Child FIRST, or where children are referred alongside an adult affected family member's formal referral. This process occurs via a 'faxback' referral, and it is the responsibility of the specialist family violence service to contact the affected family members to engage with the service. *Informal referral* will occur when police provide the parties involved in an incident with the contact details of appropriate agencies so they can contact the agencies themselves.

Since Victoria Police introduced the Code of Practice in 2004, referrals to family violence services have been made in 80 per cent of incidents (Victoria Police 2009, p.15).

Victims Assistance and Counselling Program (VACP)

Victims of crime come to a VACP agency through a number of different pathways (Table 7). There are clear differences in the way male and female clients reach the agency. As there are only a small number of adult males included in the sample for 2008-09, results for the two years have been combined (male clients only). Female clients are presented separately for the two years because there are differences in the referral patterns worthy of discussion.

A majority of males were referred to a VACP agency from sources identified as *other*. Women were most frequently referred in through *family violence services* and *self-referrals* in 2008-09. However in 2009-10 the most common referrals came from *family members or friend*, followed by *health professionals*. Helpline referrals dropped quite dramatically between the two years, as did those from courts and tribunals.

TABLE 8: Source of referral to agency by gender of client (adults only) – VACP

Referral source	2008-09	2009-10	2008-09	2009-10
	Female %	Female %	Male %	Male %
Community agency, social worker or psychologist	16%	16%	7%	3%
Courts or tribunal	15%	16%	13%	5%
Family member or friend	2%	2%	13%	1%
Family violence service	26%	27%	4%	3%
Government department	2%	2%	4%	2%
Health profession or organisation	2%	2%	2%	1%
Helpline	11%	12%	20%	6%
Legal practitioner	2%	2%	2%	2%
Other	1%	1%	5%	0%
Police	2%	3%	20%	74%
Self-referral	18%	18%	13%	1%
Total	100%	100%	100%	100%

Base: all adult VACP clients

The way in which enquiry and referrals come into the VACPs has changed over the last two years (Figure 13 and Figure 14). In 2008-09 nearly all enquiries were by telephone and in 2009-10 this decreased to half, while written or fax enquiries increased substantially.

Enquiries were very similarly distributed for both female and male VACP clients (Figure 14) but notably written or fax enquiries were received for more than half of male clients.

FIGURE 13: How family violence enquiry received (female family violence client) – VACP

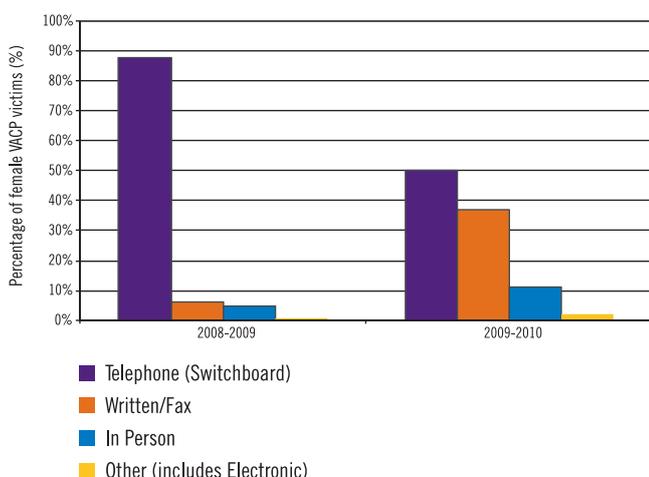
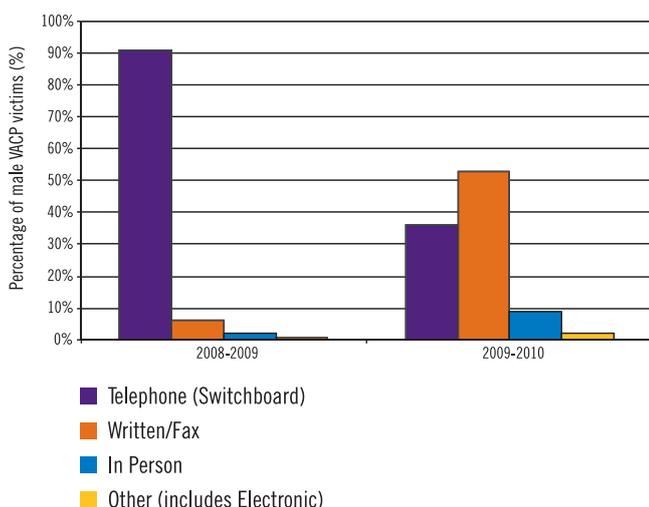


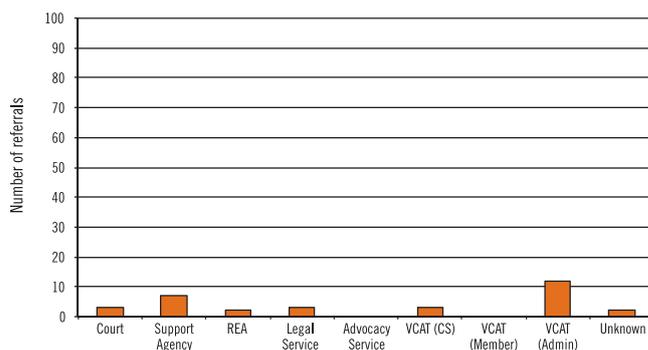
FIGURE 14: How family violence enquiry received (male family violence client) – (VACP)



Victorian Civil and Administrative Tribunal (VCAT)

A majority of referrals into VCAT were internal from VCAT administration, or from an agency support worker (Figure 15). Because there are very specific requirements to be eligible to apply to the Tribunal to vary a tenancy agreement it is likely an applicant will have had advice and been referred only when appropriate.

FIGURE 15: From where was the applicant referred? – VCAT



Notes

1. Court - Magistrates' Court
2. REA - Real Estate Agent
3. VCAT (CS) - Victorian Civil and Administrative Tribunal customer service

Victoria Legal Aid (VLA)

Information on referrals to VLA duty lawyers, telephone service and legal advice services is only available for 2010-11. Referrals to VLA duty lawyers and telephone service are presented in Table 8. At this stage insufficient referral information was collected for legal advice to be included in the analysis.

As illustrated below, there are a large range of referral sources that bring people into VLA services. Most (three quarters) of VLA family violence clients are referred to duty lawyers directly from the courts and nearly one in ten are not referred (9%) or are existing clients with VLA (8%). Clients accessing telephone information are generally self-direct clients (73%) followed by referral from the court (8%) or police (6%).

TABLE 9: Source of client referral to duty lawyer and telephone service by year (all adult clients) – VLA

	2010-11 Duty lawyer		2010-11 Telephone	
	Count	Col %	Count	Col %
Court	300	74%	142	8%
Applicant direct/not referred	37	9%	1,371	73%
Existing client	31	8%	22	1%
Duty lawyer	8	2%	15	1%
Police or law enforcement	8	2%	113	6%
Private practitioner	6	1%	13	1%
Social welfare service	4	1%	11	1%
VLA - legal practice and other	4	1%	59	3%
Miscellaneous: DHS, health or employment service, local government	4	1%	51	3%
Community Legal Centre (CLC) generalist or CLC specialist	1	0%	31	2%
Crisis service	2	0%	7	0%
Anger management or domestic violence service	0	0%	32	2%
Other legal organisation (law institute, legal aid)	0	0%	11	1%
Victims assistance service	0	0%	3	0%
Total	405	100%	1,881	100%

Base = all adult clients aged 18 years and older

Specialist Family Violence Courts (SFVC)

A majority of affected family members were referred to the Applicant Support Worker (ASW) through the registrar. In 2010-11 an increase in magistrate referrals and ASW proactive recruitment is directly proportional to a decrease in referrals from a registrar (Table 9).

TABLE 10: How victims were referred to the Applicant Support Worker in specialist family violence court programs by year – SFVC

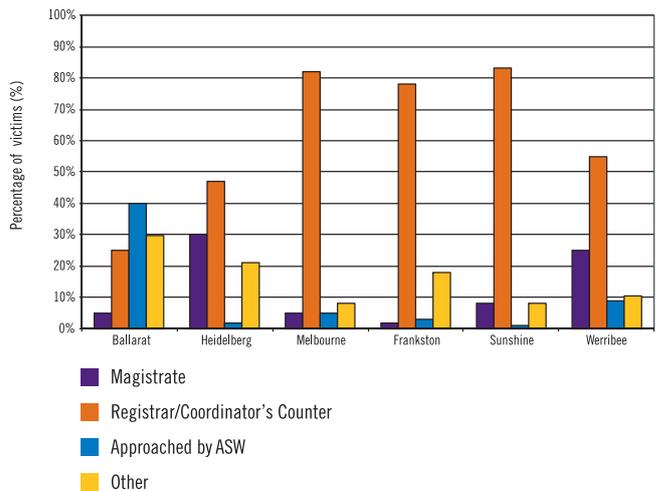
Informed about the program/referred by	2008-09	2009-10	2010-11
	%	%	%
Magistrate	3%	4%	13%
Lawyer	10%	2%	3%
Police	5%	3%	3%
Registrar or coordinator’s counter	72%	78%	61%
External agency	2%	3%	4%
Self-referral	1%	6%	5%
Approached by Applicant Support Worker	2%	1%	10%
Family member or friend	5%	3%	0%
Approached by Respondent Support Worker	0%	0%	1%
Total	100%	100%	100%

Base: all applicants recorded as seeking support through the specialist family violence programs.

The primary change in the data collection from 2009-10 to 2010-11 is the inclusion of an additional court (Heidelberg) which resulted in an increase in numbers. The Heidelberg court is not a new specialist court (commencing in 2005) but was a new inclusion to the Lizard database. It is worth exploring therefore the relationship between court location and referrals in 2010-11 only (Figure 16).

A difference in referral patterns is clear when separated out by court location. Change appears to be attributable to individual court practice rather than state-wide systems. Melbourne, Frankston, Werribee and Sunshine Courts appear to have a clear pathway where the registrar is the primary referral gateway. Werribee⁴⁵ and Heidelberg, while still retaining a high proportion of referrals from registrars, also have fairly active magistrate referrals. Ballarat is the only court where the *primary* referral point is proactive approach by the Applicant Support Worker. The results in Figure 16 illustrate that each court operates differently leading to different referral pathways.

FIGURE 16: How victims were referred to the applicant support worker by court location (2010-11 only) – SFVC



Base: 2010-11 applicants recorded as seeking support through the specialist family violence programs

Victorian public hospital emergency department (VEMD)

Most adults were referred to the emergency department for their injuries either by themselves, or through family and friends. Less than five per cent were referred by their local GP – the next largest referral agent. Some possible explanations for this referral pattern include: injuries were of the extent that it was obvious that emergency treatment was required, or the injury occurred after hours when a local clinic would be closed. There were no differences between male and female victims in terms of referral sources.

TABLE 11: Patient referral into the emergency department (all adult human intent injury victims presenting from 2006 to 2010) – VEMD

	2006-10 combined Col %
Source from which patient was referred to emergency department	
Staff from this campus	1%
Self, family, friends	92%
Local medical officer, includes GP or doctor	3%
Private specialist	0%
Staff from another campus (includes both admitted and non-admitted transfers)	1%
Correctional officer or police	2%
Crisis assessment team	0%
Community services staff	0%
Nurse	0%
Other	1%
Total	100%

Base: all adult patients aged 18 years and older over four years from 2006 to 2010

Nearly one third of adults with human intent injuries arrive in the emergency department via ambulance (Table 12). Another small group (8%) arrive through community or police transport. Two thirds arrive through *other* forms of transport which will include car (family or friend), or taxi. There were no differences in the rates between male and female victims over the latest four years of data.

TABLE 12: Patient arrival into the emergency department (all adult human intent injury victims presenting from 2006 to 2010) – VEMD

	2006-10 combined Col %
Arrival transport mode	
Helicopter	0%
Road ambulance	30%
Community/public transport (includes council/philanthropic services)	4%
Police vehicle	4%
Contracted ambulance service including Metropolitan Ambulance Service and Rural Ambulance Victoria	0%
Other	61%
Total	100%

Base: all adult patients aged 18 years and older over four years from 2006 to 2010

5.4 Relationship between those involved in family violence⁴⁶

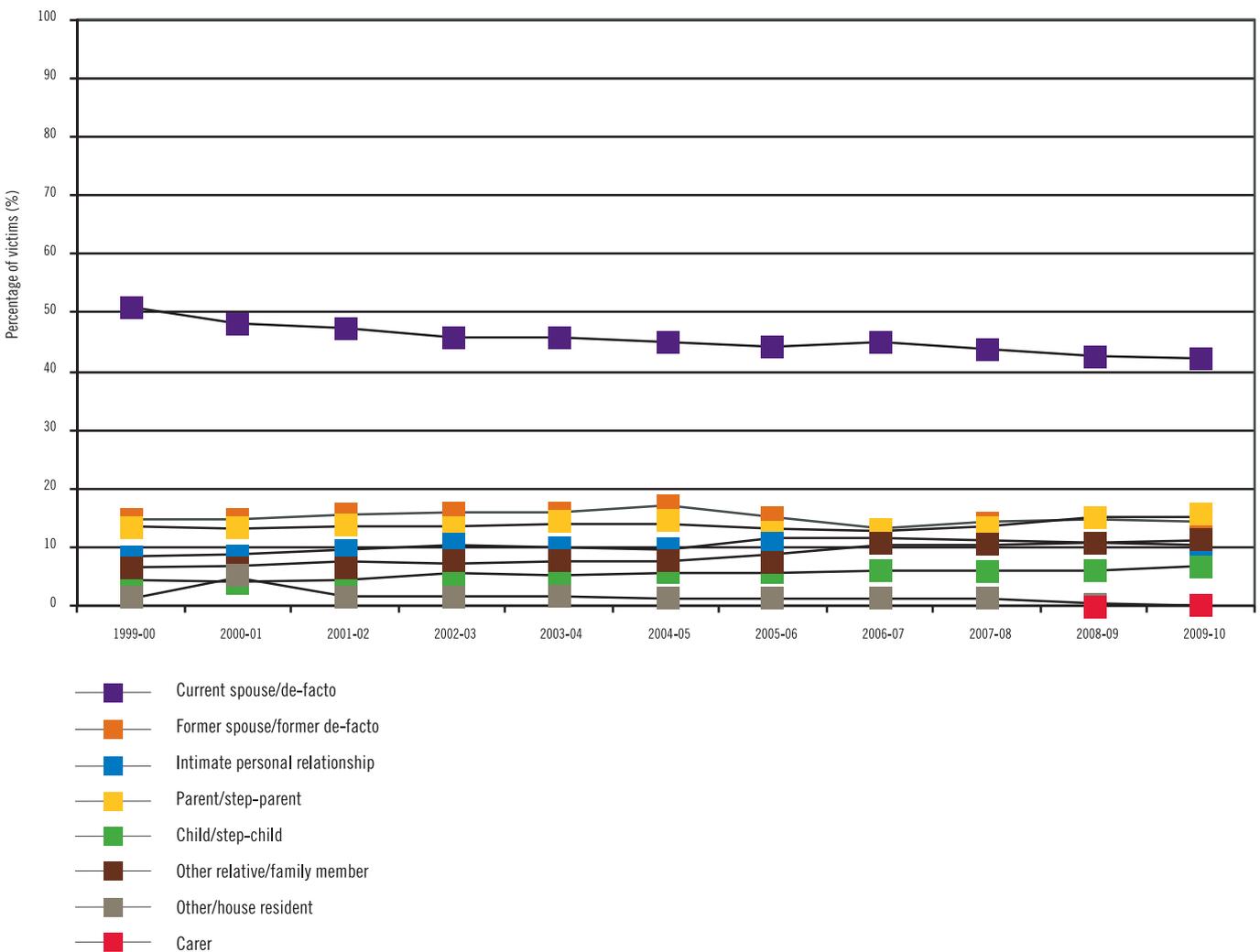
Previous volumes of this report have combined analysis of current and/or former partners in order to focus on intimate partner violence separate from family violence in other relationships. In this Volume 5, current and former relationships have been separated; thereby identifying the number of affected family members experiencing post-separation violence. That is, individuals for whom the relationship has ended, but the perpetrator continues to abuse the victim.

Victoria Police

Among the family violence incidents reported to police (Figure 17), *current partner* continues to be the most frequent category of perpetrator/victim relationship and accounts for more than two in five reported incidents. Over the years there has been a gradual decline in reports among current partners (51% to 42%) alongside increasing rates of reports from other family members (7% to 11%), intimate partners (8% to 11%) and children as perpetrators (4% to 7%, including adults and adolescents).

Rates of incidents where the parent or step-parent is the victim have remained relatively static (around 14%).

FIGURE 17: Relationship of victim to respondent/other party – police



Notes

1. The relationship category of child/step-child includes both adult children and those aged 16 years and younger.
2. Carer category introduced in 2008-09 and replaces other house resident in 2009-2010.

Magistrates' and Children's Courts

Turning now to court data, when examining the current and former partner categories (Figure 18) it is clear that in the first couple of years of data reported on, former partner relationships were largely recorded in the same data file as current relationships. The former relationship category was introduced in 2001-02.

Across the first six years reported on (1999-2000 to 2004-05) near equal proportions of finalised intervention orders were attributed to current partners, former partners and children, with current and former partners forming two in five intervention orders.

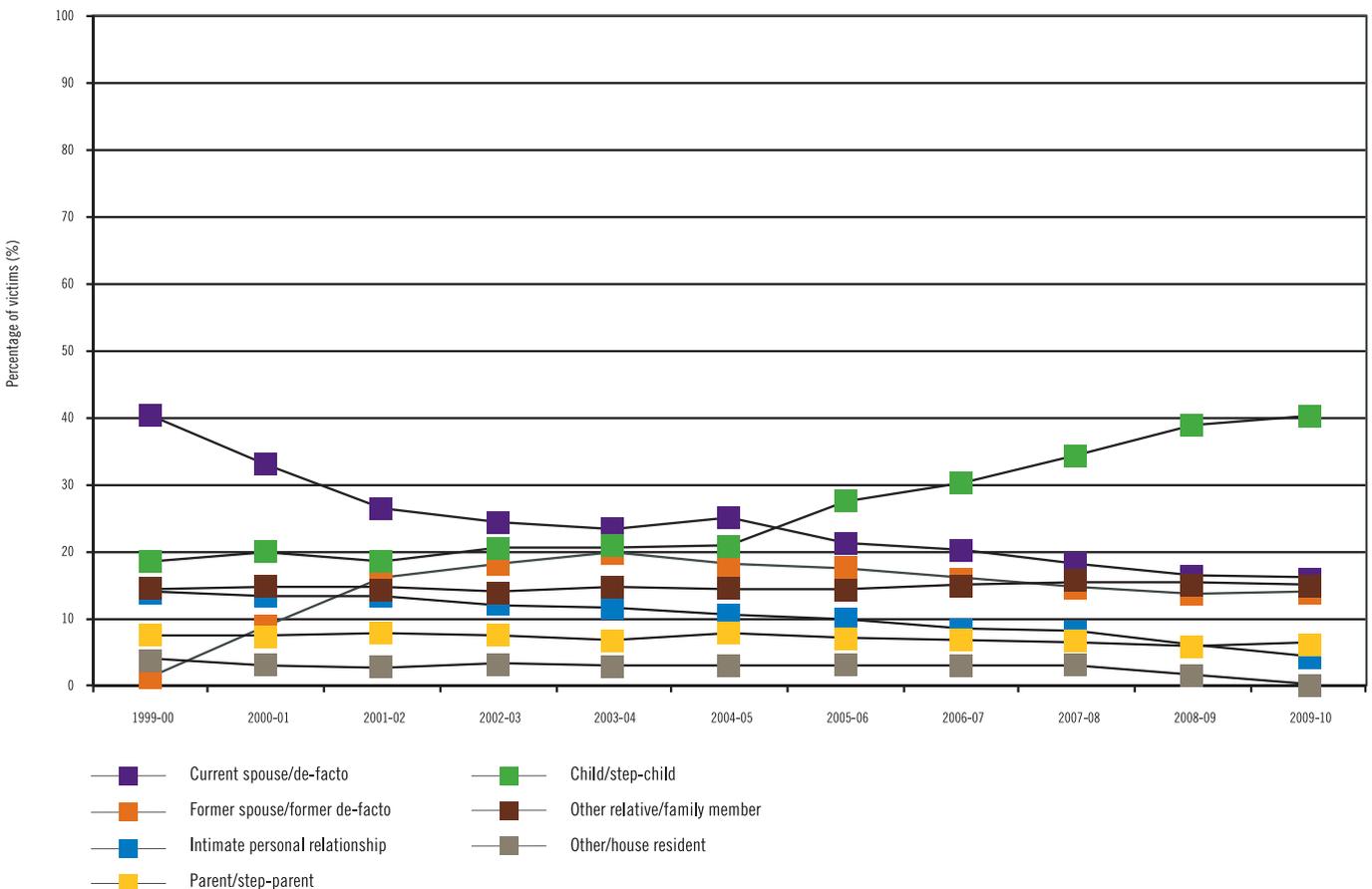
In the most recent six years (2005-06 onwards) the proportion of children as victims listed on finalised intervention orders has increased continually and substantially. Children are now the primary affected family member of applicants for newly-initiated intervention orders (40%) followed by all forms of intimate partners (spouse and intimate partners, both current and former relationships, 38%).

It is probable that increasing *identification* of children among finalised intervention orders has resulted in a natural shift to lowering the proportion of intimate partner relationships and increasing the proportion of children. This change appears to be a result of a combination of:

- changes in court practice whereby children are given their own intervention orders rather than including them on a parent's order (see discussion in Section 5)
- increasing emphasis and awareness of the need to protect children in their own right across the service sector
- changes to the Victoria Police *Code of Practice for the Investigation of Family Violence* (2004, 2010) emphasising the protection of children, which flows through to the courts as police members increasingly initiate intervention orders on behalf of victims.

Further discussion and analysis relating to child victims of family violence can be found in Section 7.

FIGURE 18: Relationship of victim to respondent/other party – courts



Notes

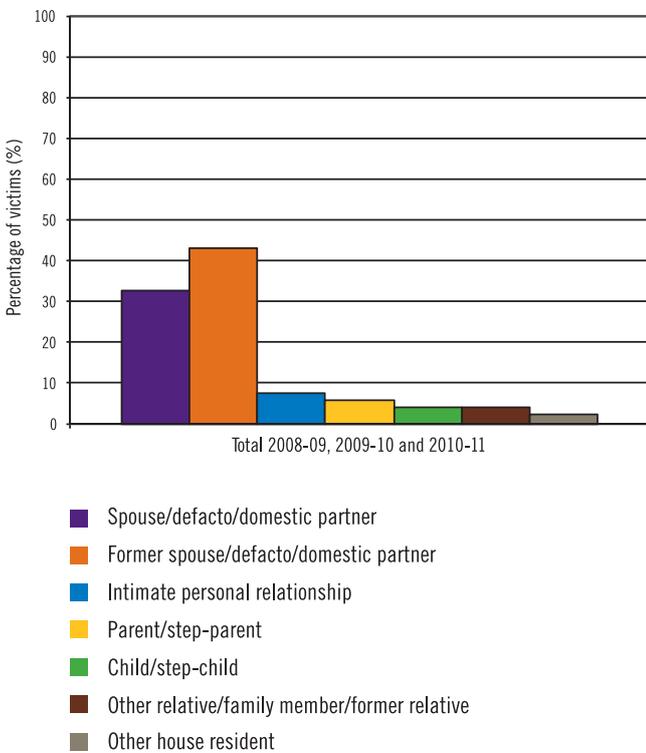
1. The relationship category of child/step-child includes both adult children and those aged 16 years and younger.
2. The number of children with finalised intervention order applications is not necessarily the first named affected family member/applicant, but rather, are a party to an application. Children can be the sole applicant on the finalised intervention order application, or may be a party to an application for multiple family members. Applications are often made on behalf of the child by a parent, guardian, police or other person with responsibility of care for the child.

Specialist Family Violence Courts (SFVC)

Intimate partner violence analysis is segmented into two categories (current and former relationships) thereby identifying the number of affected family members experiencing post-separation violence.

As intimate partner violence is the most common form of abuse, the specialist court programs have been designed to work specifically with this client group. Therefore it is not surprising that around four fifths of applicants accessing the specialist court programs (Figure 19) are partners, former partners or intimate partners of the perpetrator.

FIGURE 19: Relationship of victim to respondent/other party – SFVC



Family violence and children

In the most recent six years of court data, from 2005 to 2010, there has been a notable increase in children recorded as victims at family violence incidents, and a notable increase in reporting related children in the IRIS data. This increased reporting of children as victims of family violence could reflect both a change in awareness of the impact of violence in the family on children – and therefore an increase of finalised intervention orders for children – as well as improved recording of children as victims in ways allowing them to be counted across the system.

The rate of recording children among police data has remained relatively stable with a slight increase over the years. However, police have another data field which allows recording children as witnesses - in one third of family violence incidents at least one child is recorded present, separate from the primary victim, in both years from 2006-08 (see discussion in Section 7).

Child/step-child comprised approximately five per cent of affected family members in family violence incidents recorded by police (see Figure 17). However, in addition, 18,500 to 25,500 children were recorded by police as 'present' at family violence incidents during this period (see Section 7).

The small numbers of children who were affected family members in the police data may reflect the limited capacity of children, particularly young children, to contact police directly for assistance, and police recording methods that only enable one affected family member to be recorded per incident. The larger number of children as affected family members in the court data (Figure 18), as compared with the police data, may be due to the fact that children may be recorded as separate affected family members in intervention order applications when presenting with their parent (as outlined above).

5.5 Adolescent⁴⁷ and child/step-child violence towards parents/step-parents

Violence by adolescents and young people against their parents is not a new phenomenon, but has recently gained increased attention (Livingstone 1985; Peek Fischer and Kidwell 1985; Bobic 2004; Howard 2008; Pagani et al. 2009). Paterson (2007) reports that adolescent violence is complex, as it can be defined across a broad age range from 10-25 years (25 being the age when the brain is biologically considered mature), and defining violence can be ambiguous because these years are normally a time of mood swings and challenging behaviour (Agnew and Huguley 1989; Paterson 2007; Pagani et al. 2009). In addition, the centre of power in a parent/adolescent relationship can be ambiguous. Parents have economic power, but children can have emotional and psychological power (Paterson 2007). Parents therefore may feel they are walking a tightrope between protecting their children and allowing them to push the boundaries, including emotional expression and behaviour management.

In addition, parents may be less willing to report violence by their children to police or to seek an intervention order out of a wish to protect them (Jackson 2003; Kennair and Mellor 2007). This may also be compounded by a sense of shame, guilt or denial toward their children’s actions. While there is some indication that children witnessing violence in the home, or being abused themselves, may contribute to violence by adolescents that is continued into adulthood (WHO 2002, p. 25), a variety of research suggests this is not inevitable and is more likely to impact boys than girls (Bobic 2004).

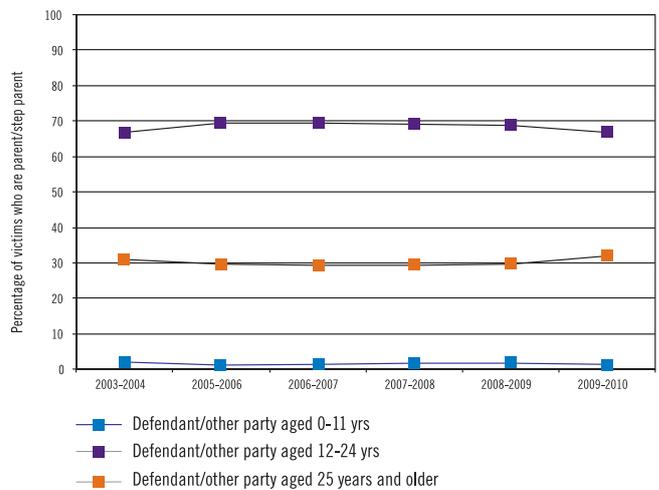
In line with much of the international literature, the data in this report indicates that adolescent boys are more often the perpetrators of violence (Agnew and Huguley 1989; Cornell and Gelles 1982; Evans and Warren-Sohlberg 1988; Laurent and Derry, 1999; Paulson et al. 1990) and that mothers are more often the victims (Agnew and Huguley 1989; Charles 1986; Cornell and Gelles 1982; Cottrell and Monk 2004; Howard 2008).

Parents/step-parents reporting violence from child/step-child – police and courts

Within the court data, approximately seven per cent of family violence intervention orders involved an order by a *parent/step-parent* against a *child or step-child*, some of whom were adult children. In 2009-10, 15 per cent of the family violence incidents recorded by police involved incidents where a parent was the victim (Figure 17). Rates for both groups have not varied more than two percentage points across the 11 years of data, showing neither an increase nor decrease.

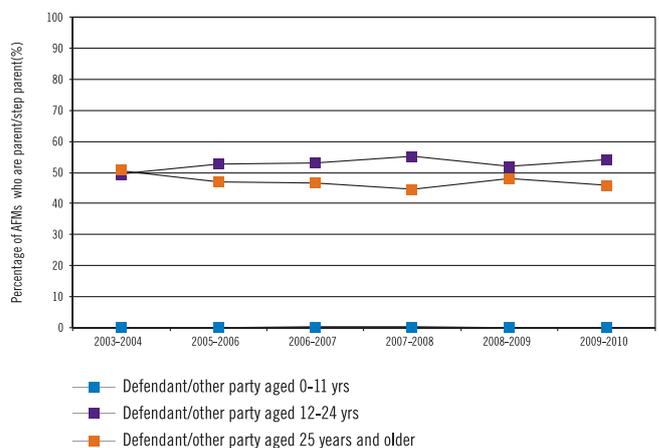
The most recent years of the data show that among the police data (Figure 20) the majority of respondents toward parents were adolescents aged 12-24 years and another third aged 25 years and older. These proportions have remained largely unchanged throughout the years of data in this report.

FIGURE 20: Parent/step-parents as victims by age of respondent/other party – police



The age of affected family members against parents in the court data is quite different - approximately half of the respondent children or step-children, were aged 12-24 years; the other half were children or step-children aged 25 years and over (Figure 21).⁴⁸ Slight variations have occurred over the years of court data without any distinctive direction.

FIGURE 21: Parent/step-parents as victims by age of respondent/other party – courts

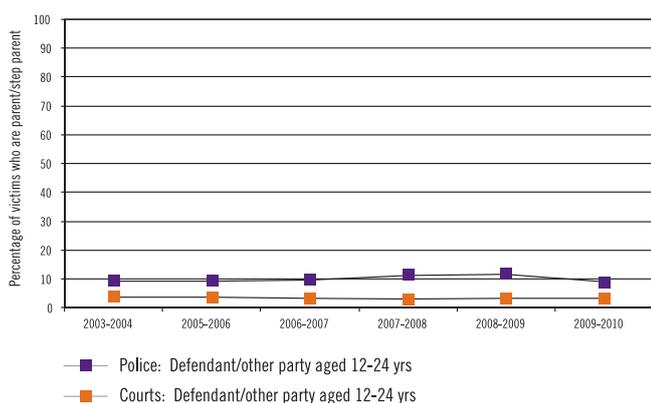


Overall, the rate at which a parent/step-parent reported violence from their child has remained stable (Figure 17). When drilling down to compare adolescent perpetrators compared with all other relationship and age groupings, the proportion of parents as victims of violence from adolescent children has remained stable over the past 11 years, hovering from 9–11 per cent within the police data and 3 per cent among the court data (Figure 22).

Similarly, analysis on separate age groups within the broad definition of adolescence (15 years and younger, 16-17 years, 18-20 years and 21-24 years) illustrated little change in the proportion of perpetrators against parents between the four years of 2006-07 and 2009-10 in both court and police data. In fact, rates of intervention orders among adolescents as perpetrators against parents/ step-parents were slightly lower in 2009-10 than in 2006-07. The only exception being among the 18-20 year age group in the court data - increasing steadily from 18 per cent (2006-07) to 20 per cent (2009-2010).

The fact that courts, police and family violence agencies are reporting increased numbers of violent adolescents toward their parents is not surprising. While the rate of adolescents as perpetrators of family violence has not increased over the 11 years of data being reported on here, the overall numbers of victims and perpetrators has increased in all age groupings. While a larger number of adolescents are appearing as perpetrators, the increase is consistent with increases in all other age groupings. Adolescents aged 12-18 years have been an under-served age grouping for many years, and overall increases in numbers will exacerbate the stress on existing services.

FIGURE 22: Parent/step-parents as victims of violence from an adolescent child/step-child – police and courts



Examination of gender of parents who are victims of violence from adolescent children identifies that most (three quarters) were female or mothers in both the police and court data (Figure 23 and Figure 24). While the overall rate of parents as victims of violence from their children has remained static over the past 11 years, the proportion of mothers and step-mothers as victims of the violence is increasing within reported police incidents. Conversely, the proportion of fathers and step-fathers is decreasing. The proportion of mothers or fathers in the court data is variable, but on average consists of three quarters mothers and one quarter fathers (Figure 24).

FIGURE 23: Gender of parent/step-parents who are victims of violence from an adolescent child/step-child – police

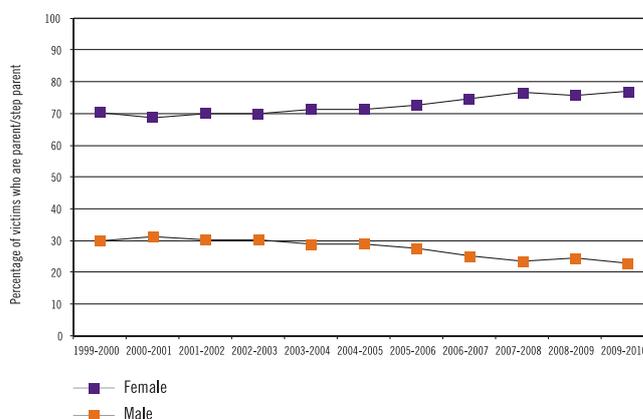
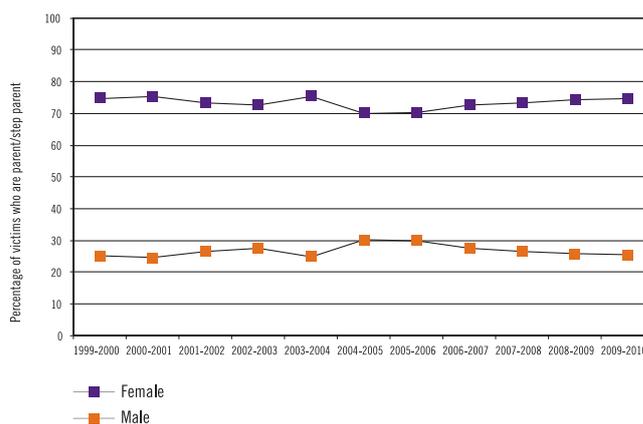


FIGURE 24: Gender of parent/step-parents who are victims of violence from an adolescent child/step-child – courts



Turning now to the gender of adolescent *perpetrators* illustrates that males are still more frequently perpetrators of violence than females and this is similar within both police and court data. Female adolescent perpetrators were more likely to be violent to their mothers than their fathers. Given the disparity in physical strength between fathers and daughters, it is perhaps not surprising to learn that the proportion of female adolescents who were violent toward their fathers was small in comparison to male adolescent violence toward both mothers and fathers (Table 13 and Table 14). While size disparity does not necessarily equate to fewer incidents of violence, there is evidence that higher rates of violence against parents positively correlates with an increase in age, size and strength (Agnew and Huguley 1989; Harbin and Madden 1997; Paulson et al. 1990).

TABLE 13: Parent/step-parent victims of family violence by a respondent/other party (12-24 years) – police (2003-04 to 2009-10)

	Police – victims											
	Female parent/step-parent AFM						Male parent/step-parent AFM					
	03–04	05–06	06–07	07–08	08–09	09–10	03–04	05–06	06–07	07–08	08–09	09–10
Female respondent/other party (aged 12-24)	30%	27%	30%	34%	30%	33%	16%	16%	21%	17%	21%	19%
Male respondent/other party (aged 12-24)	70%	73%	70%	66%	70%	67%	84%	84%	79%	83%	79%	81%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

TABLE 14: Parent/step-parent affected family members of family violence by a respondent/other party (aged 12-24 years) – courts (2003-04 to 2009-10)

	Court – AFM											
	Female parent/step-parent AFM						Male parent/step-parent AFM					
	03–04	05–06	06–07	07–08	08–09	09–10	03–04	05–06	06–07	07–08	08–09	09–10
Female respondent/other party (aged 12-24)	19%	22%	25%	24%	24%	24%	13%	17%	14%	16%	16%	16%
Male respondent/other party (aged 12-24)	81%	78%	75%	76%	76%	76%	87%	83%	86%	84%	84%	84%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

6. ADULT VICTIMS OF FAMILY VIOLENCE

6.1 Adult victims' gender and family violence

As demonstrated across all years of data in this report, family violence continues to be a crime overwhelmingly perpetrated against women (Table 15) and the ratio between male and female victims has remained stable and consistent over the 11 years of data in this report. Nearly 80 per cent of adult victims of family violence incidents and affected family members⁴⁹ included in finalised applications for an intervention order were female and 20 per cent were male.⁵⁰ The proportion of females is larger among SAAP clients and smaller among hospital VEMD patients, both of which are discussed below.

TABLE 15: Gender of adult victims

	1999–2000	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
	%	%	%	%	%	%	%	%	%	%	%
Magistrates' and Children's Court											
Female applicant	79%	78%	79%	79%	79%	79%	79%	79%	78%	77%	77%
Male applicant	21%	22%	21%	21%	21%	21%	21%	21%	22%	23%	23%
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Specialist family violence courts											
Female applicant	NA	NA	NA	NA	NA	NA	NA	NA	2008–09 96%	2009–10 96%	2010–11 96%
Male applicant	NA	NA	NA	NA	NA	NA	NA	NA	4%	4%	4%
									100%	100%	100%
Police data											
Female affected family members	79%	79%	79%	78%	79%	78%	79%	79%	79%	79%	78%
Male affected family members	21%	21%	21%	22%	21%	22%	21%	21%	21%	21%	22%
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
SAAP data¹											
Female client	96%	95%	95%	95%	96%	96%	94%	82%	82%	94%	94%
Male client	4%	5%	5%	5%	4%	4%	6%	18%	18%	6%	6%
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
IRIS²											
Female client	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	98%
Male client	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2%
								100%	100%	100%	100%

TABLE 15: Continued

	1999–2000	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
	%	%	%	%	%	%	%	%	%	%	
VEMD data											
Female patient	NA	NA	NA	NA	NA	70%	72%	69%	69%	67%	64%
Male patient	NA	NA	NA	NA	NA	30%	28%	31%	31%	33%	36%
						100%	100%	100%	100%	100%	100%
VoC Helpline data											
Female client	NA	NA	NA	NA	NA	NA	95%	N/A	N/A	94%	82%
Male client	NA	NA	NA	NA	NA	NA	5%	N/A	N/A	6%	18%
							100%	N/A	N/A	100%	100%
VCAT³											
Female applicant	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%
Male applicant	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	3%
											100%

1. SAAP data represents client support periods flagged for domestic violence-related issues. All agencies may include victims who seek assistance on multiple occasions. SAAP data are weighted for agency non-participation and client non-consent. In 2005-06 the SAAP definition of a support period, the definition of a client and the statistical linkage key were changed. Data from that point on are therefore not comparable to previous years. In 2006-07 the first of the Innovation and Investment (I & I) Fund Pilot Projects joined the collection (refer to AIHW 2008, Appendix 1 and Chapter 2). Caution should therefore be taken when examining data across the years (for more information, see discussion of SAAP data in the Counting Rules section at the end of this report).
2. IRIS data: 953 clients declined to provide their age and so are unable to be included in the analysis when comparing adults/children/youth.
3. Due to the small numbers of applicants in this data set, VCAT data includes all applications from July 2010 to June 2011 in this report.

Victorian public hospital emergency department (VEMD) – gender of human intent injury patient

The VEMD dataset contains a larger proportion of male human intent injury patients in each year (approximately 30%) as compared with other data providers.⁵¹ Attributing victim/perpetrator tags to patients is a complex issue because alleged perpetrators could receive injuries simultaneous to inflicting injury on the primary victim. In addition, a primary victim may defend her/himself or fight back and subsequently cause injury to an alleged perpetrator (see discussion in Section 9.1).

Department of Human Services Integrated Reporting Information System (IRIS) – gender of adult clients

There was a steady rise in the number of males aged over 18 years receiving a service from a women and children's family violence counselling program as victims over the three years from 2007-08 to 2009-10 (Table 16).

TABLE 16: Number of adult males (18+ years) receiving a service from a women and children's family violence counselling program – IRIS

	2007/08	2008/09	2009/10
Number of males 18 years and older	45	57	84

Although only representing two per cent of victims in this sample population, this is a notable change to the gender distribution compared with previous years.

SAAP and gender of adult clients

As a primary support service for women and children experiencing family violence, it follows that family violence is the most common reason for seeking assistance. Family violence accounts for 22 per cent of the most common reason for seeking support across all clients. Among women, this increases to 54 per cent of all support periods. In 2009-10, there were 21,159 support periods for women and 936 support periods for men identifying family violence as their main reason for support (AIHW 2011).

Comparing the number of adult women and men seeking SAAP support for family violence (see Figure 25) reveals a steady rise in support periods for family violence among adult women since 2000-01, and a much more gradual rise among men. In 2006-07 the rise in support periods for men utilising SAAP services for family violence-related issues increased dramatically and in 2008-09 has been restored to what might be expected in this client population.

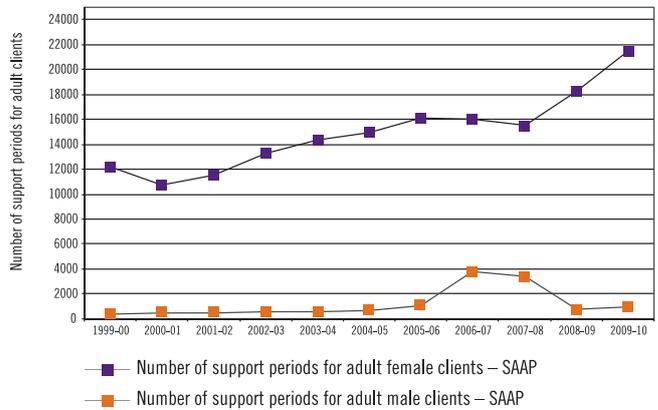
The unprecedented increase in proportion of males seeking support for family violence (2006–2008) is primarily explained by an additional program funding to agencies to support men who were removed from the home due to family violence. The *Emergency Housing Options for Men program* commenced in 2006-07 and some agencies would have been reporting this support through their SAAP reports. This is a brokerage program providing funds to agencies to assist men with emergency accommodation when they have been removed from the home as a result of using violence against family members and are subject to exclusion orders or other legal action.

Additional contributing factors to the anomaly in numbers of client support periods over the most recent years could include:

- changes to the definition of client and support period from 2005-06 (see discussion AIHW 2008, Catalogue No. hou 185, Section 2 and Appendix 1)
- newly formed SAAP agencies from 2006-07 and subsequent non-participation in data collection from some agencies, particularly if they have been collecting data for less than 12 months (see discussion AIHW 2008, Catalogue No. hou 185, Section 2 and Appendix 1)
- increased training of agency staff to identify family violence issues
- increased funding to address family violence from \$16.4 million at 2005-06 to \$32.5 million at 2011-12.

The selection criteria of the population examined in this report is based on clients either seeking support through a domestic violence specific agency or self-reporting the experience of domestic violence as a reason for requiring support and is discussed below.

FIGURE 25: Number of support periods for adult clients (aged 18 years and older) seeking SAAP assistance for family violence by gender of client – SAAP



Note: SAAP data represent support periods and are weighted for agency non-participation and client non-consent.

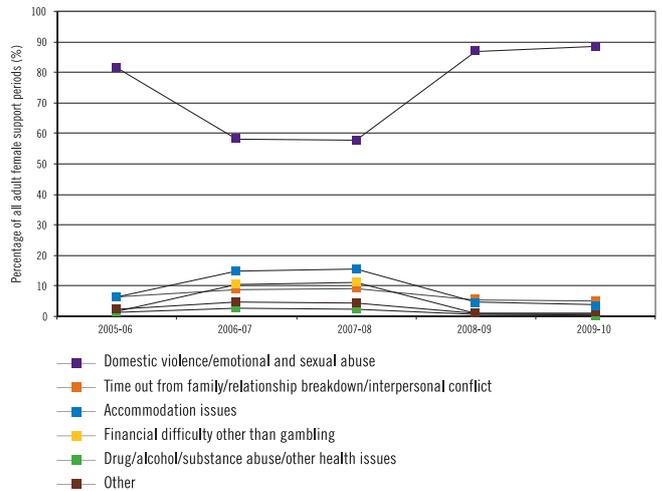
To explore further gender proportions within the most recent years of SAAP data, it is worth examining the methods used to identify family violence as a reason for seeking SAAP assistance. The SAAP data contains several methods of identifying clients with family violence issues:

- a client may present to an agency specifically formed to handle cases of family violence
- the client data collection form allows agency staff to identify multiple reasons for seeking assistance (including domestic violence, family breakdown, accommodation issues, as well as other issues such as gambling, health related and financial difficulty)
- clients are asked to identify the *main* reason seeking assistance from those multiple reasons above (for example, while family violence may be a primary reason for a client entering SAAP accommodation, the client may identify that the *main* reason for seeking assistance is for accommodation needs, rather than to address the violence).

Figure 26 and Figure 27 present gender comparisons of the main reasons clients seek assistance. The figures for female and male clients, over the past five years of SAAP data, illustrate unusual reporting patterns in 2006-07 and 2007-08. As discussed above, this pattern can be traced to a new program introduced for housing men who have been removed from their home as perpetrators of family violence. Reporting rates of *domestic violence*, as a main reason for seeking assistance, appear to have returned to a normal level for this population (21,159 support periods for women and 936 support periods for men in 2009-10).

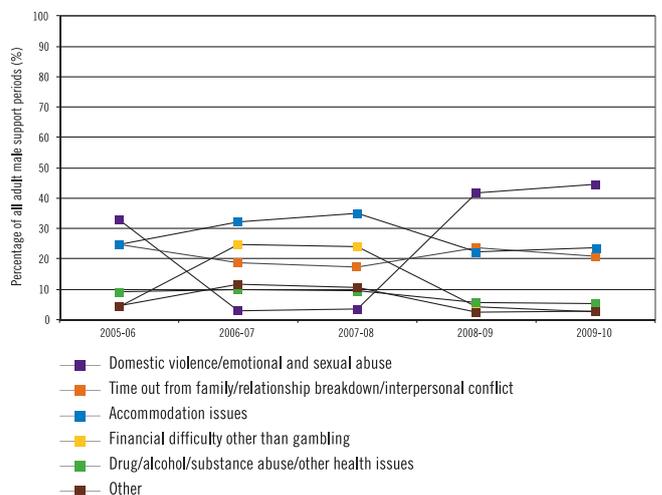
Examination of main reasons for seeking assistance other than domestic violence illustrates that male clients are more likely to nominate accommodation issues and time out from family and friends as a main reason. Domestic violence would be identified in another question as an additional reason for assistance. It is likely this population of male clients contains a group of men who are perpetrators of family violence and require accommodation as they have been removed from the home. It is also likely male victims are more comfortable with terminology other than domestic violence when describing their situation (Figure 27).

FIGURE 26: Main reason for seeking SAAP assistance (adult female clients) – SAAP



1. Accommodation issues includes general accommodation as well as recent arrival with no means of support' (3% or less) and 'itinerant' (3% or less).
2. Domestic violence includes 'physical, emotional and sexual abuse (less than 3%).'.
3. Other includes 'recently left institution' or 'gambling-related' (less than 2%).

FIGURE 27: Main reason for seeking SAAP assistance (adult male clients) – SAAP



1. Accommodation issues includes general accommodation as well as 'recent arrival with no means of support' (3% or less) and 'itinerant' (3% or less)
2. Domestic violence includes 'physical, emotional and sexual abuse (less than 3%)'
3. Other includes 'recently left institution' or 'gambling related' (less than 2%)

Victims of Crime (VoC) Helpline

The proportion of female and male victims in the first years of data from VoC Helpline (2005-06 and 2008-09) are similar to one another and what would be expected (Table 15). However the latest data (2009-10) identifies a shift and increased proportion of male victims to 18 per cent. This change can be attributed both to changes in referral processes and simultaneous implementation of a communications campaign.

Local referral arrangements have recently been informally established in the Southern, Northern and Western Metropolitan regions between the Victims Support Agency and Victoria Police for referral of male victims of family violence via the L17 process. The arrangements stipulates that police refer all males presenting as a victim of family violence to the VoC Helpline. As a result, the VoC Helpline received a higher number of male victim referrals in 2010.

To support this activity, VoC Helpline staff have undertaken training with No To Violence (Victoria's male family violence prevention association), to assess client's needs, including assessment of whether the client may be using violence themselves.

In addition, the VoC Helpline was listed as the referral pathway for male victims of family violence during the state-wide communication campaign that accompanied the introduction of the *Family Violence Protection Act 2008*. It should also be noted that female victims of family violence who call the Helpline are referred on to a specialist family violence agency. The VoC Helpline does not receive L17 referrals for female victims of family violence.

Victoria Legal Aid (VLA)

As noted in Section 4.2, information collected in the VLA data files does not currently identify whether a client is an applicant/victim or respondent/perpetrator and therefore client type cannot be compared directly with other data files. Table 17 presents gender information on the four different types of client access to VLA for family violence-related issues.

Within this client population, similar proportions of females and males sought *legal advice* from VLA, however consistent gender differences occurred in the rates of access to other VLA services. Twice as many men as women accessed *duty lawyers* but women more often accessed telephone information and were approved for a substantive grant for VLA casework.

Future reporting may see the proportion of men accessing duty lawyers increase as a result of VLA's legislated requirements (under the *Family Violence Protection Act 2008*) to represent respondents at courts so that victims are not personally cross examined by the respondent.

TABLE 17: Gender of adult clients – VLA

	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
	%	%	%	%	%	%
VLA - Duty lawyer client						
Female client	33%	30%	31%	31%	31%	30%
Male client	67%	70%	69%	69%	69%	70%
	100%	100%	100%	100%	100%	100%
VLA - Telephone information						
Female client	59%	59%	63%	62%	62%	60%
Male client	41%	41%	37%	38%	38%	40%
	100%	100%	100%	100%	100%	100%
VLA - Casework						
Female client	71%	66%	67%	63%	59%	58%
Male client	29%	34%	33%	37%	41%	42%
	100%	100%	100%	100%	100%	100%
VLA - Legal advice						
Female client	49%	50%	50%	47%	49%	52%
Male client	51%	50%	50%	53%	51%	48%
	100%	100%	100%	100%	100%	100%

6.2 Gender of respondent/other party and family violence

Table 18 illustrates that perpetrators of family violence remain overwhelmingly male across the 11-year period and for all data sets. Approximately 80 per cent of adult respondents to finalised intervention order applications were male, as were the other party in family violence incidents.

TABLE 18: Gender of adult respondent/other party

	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
	%	%	%	%	%	%	%	%	%	%	%
Magistrates' and Children's Court											
Female respondent	19%	20%	19%	19%	18%	19%	19%	19%	19%	18%	19%
Male respondent	81%	80%	81%	81%	82%	81%	81%	81%	81%	82%	81%
	100%	100%									
Specialist family violence courts											
Female respondent	NA	2009/10 13%	2010/11 6%								
Male respondent	NA	87%	94%								
	NA	100%	100%								
Police data											
Female other party	18%	18%	18%	19%	19%	20%	18%	19%	19%	19%	20%
Male other party	82%	82%	82%	81%	81%	80%	83%	81%	81%	81%	80%
	100%	100%									
VCAT¹											
Female other party	NA	3%									
Male other party	NA	97%									
											100%
IRIS²											
Female perpetrator								N/A	N/A	N/A	4%
Male perpetrator								100%	100%	100%	96%
								100%	100%	100%	100%

Note: Due to rounding, some totals do not equal 100%. Equivalent data is not available for SAAP, VSA and VEMD.

1. The small numbers of applicants in this VCAT data set, includes all applications from July 2010 to June 2011 in this report.

2. The proportion of females attending a Men's Behaviour Change Program has been obtained from the Children Youth and Families *Annual Report 2009-10*.

Victoria Police and Magistrates' and Children's Courts

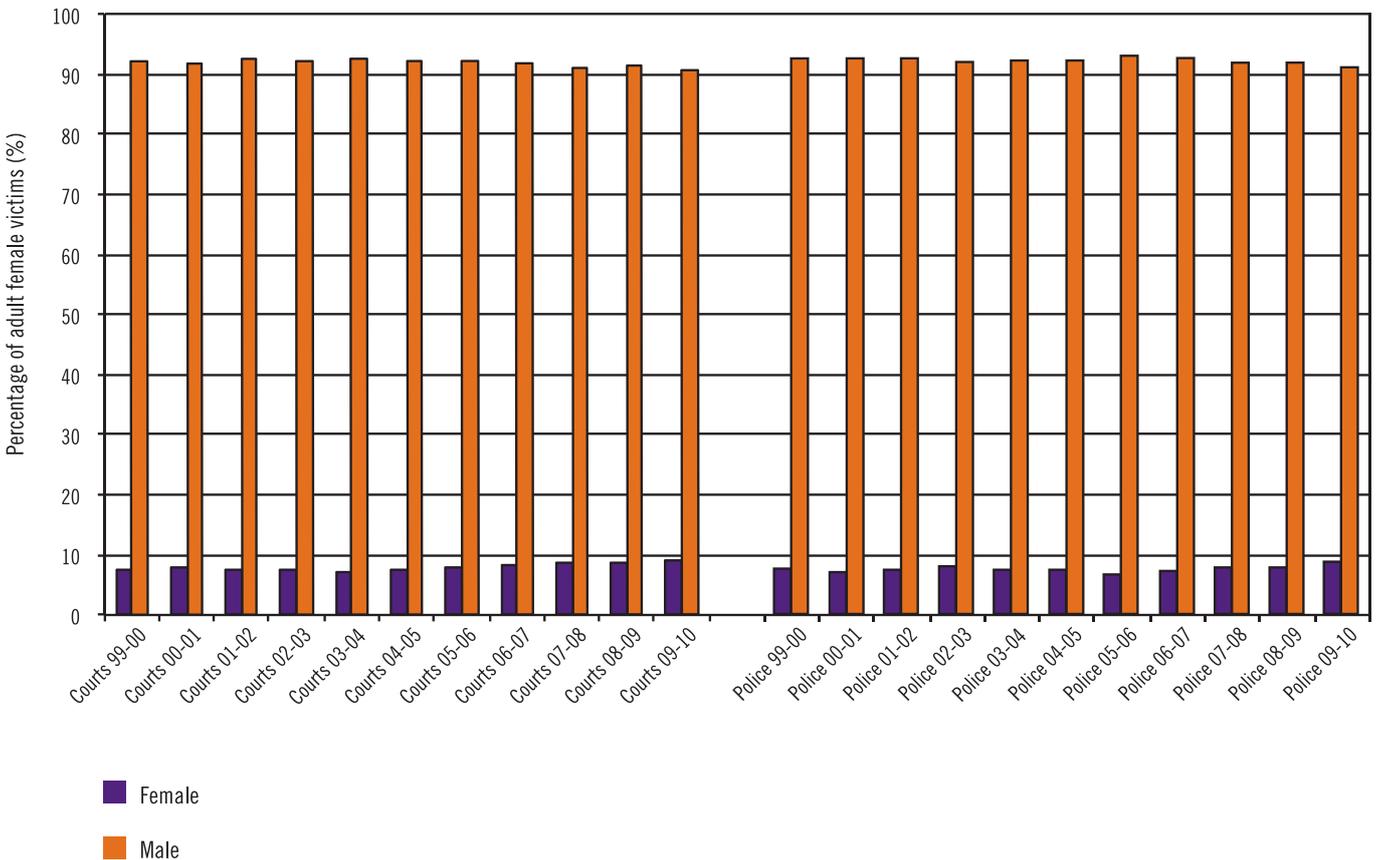
Figure 28 and Figure 29 compare the gender of *respondent/other party* with the gender of victim. It is clearly the case across the police and court data that nearly all female victims were subject to violence from male respondents/other parties (91-95%).

Alternatively, adult male affected family members were subject to violence more equally from both male and female respondents/other parties (approximately 40 and 60 per cent respectively – Figure 29). It must also be noted that overall numbers of male victims are proportionally much smaller than female victims. In 2009-10 there were 5,097 males with finalised intervention orders for family violence compared with 16,906 females, and 6,992 males reporting family violence incidents to police compared with 25,296 females.

This data indicates among adult female victims, it is highly likely that the perpetrator will be male. However, it is more difficult to predict the gender of the perpetrator against male victims as a larger proportion of perpetrators of family violence against males is also male. Section 6.3 and Section 6.8 below explores the relationship between victims and perpetrators across gender and offers context to this discussion.

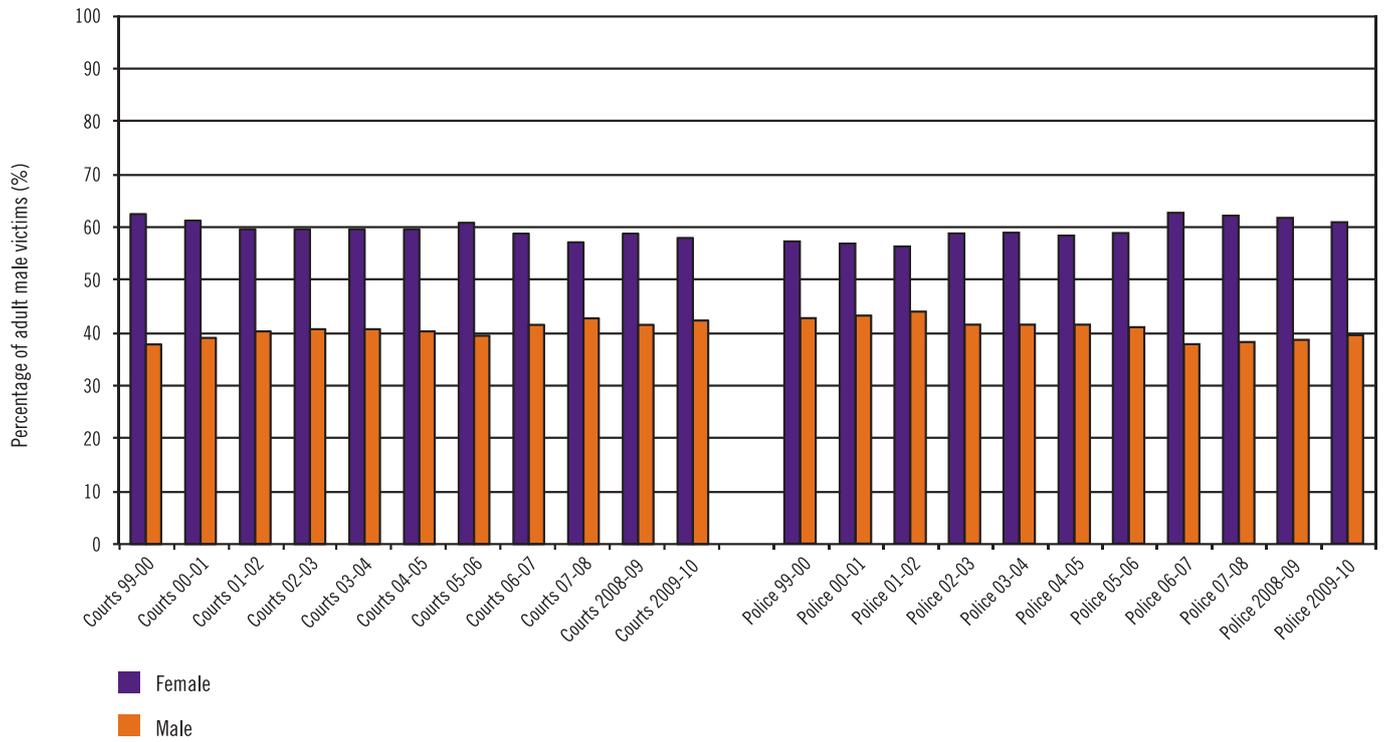
It is also the case that males subject to an intervention order from a current or former partner may take out a cross-application for an intervention order against their female partner as discussed earlier in this report (see discussion in Section 4.2). In addition, police attending family violence incidents may sometimes find it difficult to identify the primary aggressor. Although on-going training continues, there may be circumstances where both partners in the relationship are recorded as perpetrators/victims in a family violence incident.

FIGURE 28: Gender of adult respondent/other party when victim is an adult female – police and courts



Note: Equivalent data is not available for IRIS, SAAP, VSA and VEMD.

FIGURE 29: Gender of adult respondent/other party when victim is an adult male – police and courts



Note: Equivalent data is not available for IRIS, SAAP, VSA and VEMD.

6.3 Relationship with adult female victims

The primary perpetrators of family violence against adult female victims are current domestic partners or other intimate partners.⁵² The second most common relationship category is *former* partners illustrating the frequency by which women experience post-separation violence.

Victoria Police

In the police data, the main perpetrators of family violence against adult female victims are current domestic partners (50% see Figure 30). While remaining the largest relationship category across the 11 years, it has declined slightly inversely with increases among intimate partners and other family members. However these changes are very small and most likely indicative of improved accuracy in recording of relationship type. Overall, three quarters of adult female victims experience abuse from their partner or former partner.

Magistrates' and Children's courts

Court data presents relationship results similar to police incidents (Figure 31). While current relationships comprise the single largest relationship grouping among finalised intervention orders (approximately 35%), women are also nearly as likely to continue to experience violence from a former partner after a relationship ends (26% from 2006-10). Around one quarter of finalised intervention orders are against former partners who provoke a level of fear for which women require intervention orders to increase their safety.

When current and former domestic partner categories are combined with intimate personal relationship, they comprise approximately 80 per cent of the adult female victims. Parents/step-parents and children/step-children as victims of family violence, have increased slightly over the years.

FIGURE 30: Relationship of adult female victim to respondent/other party (18 years and older) – police

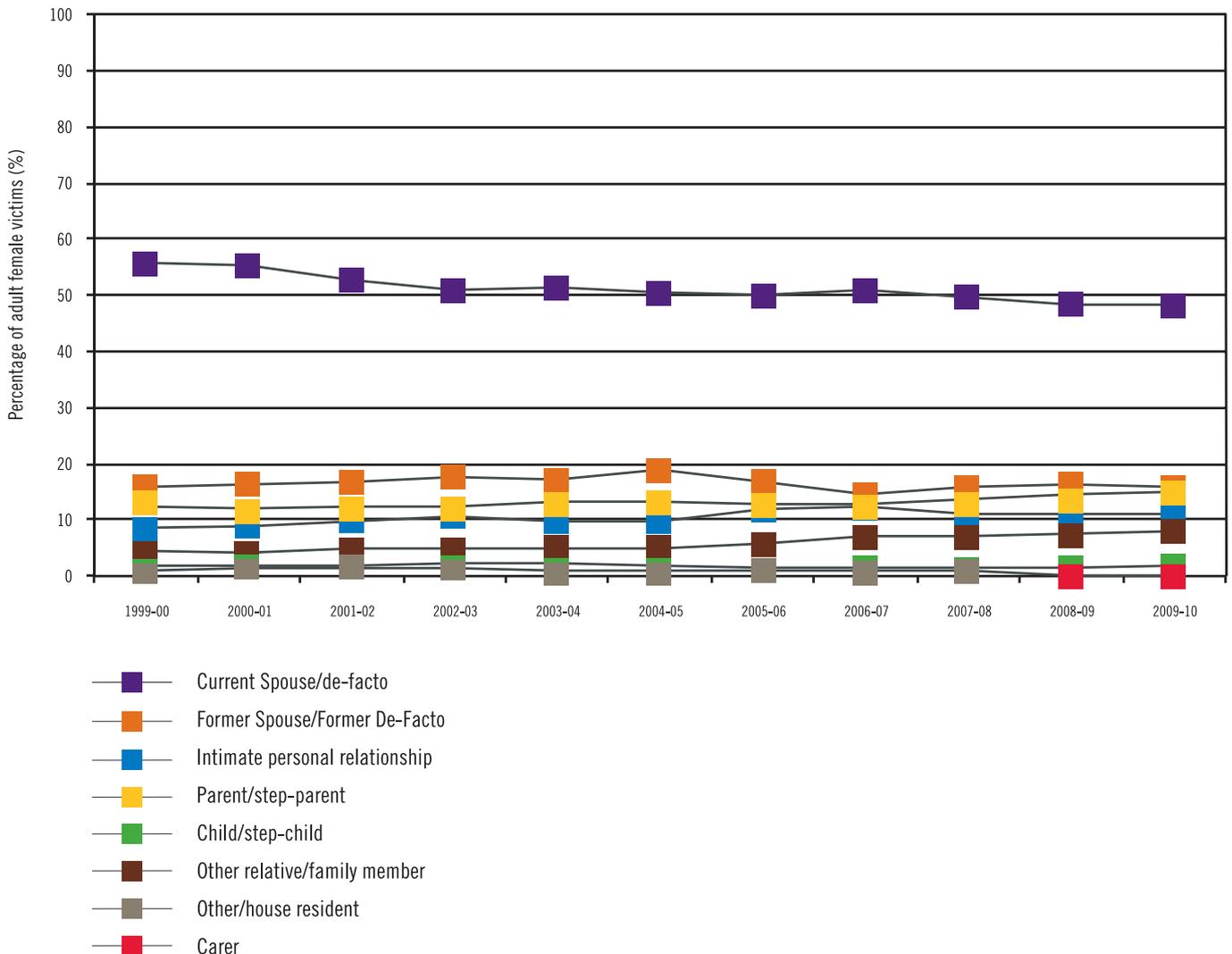
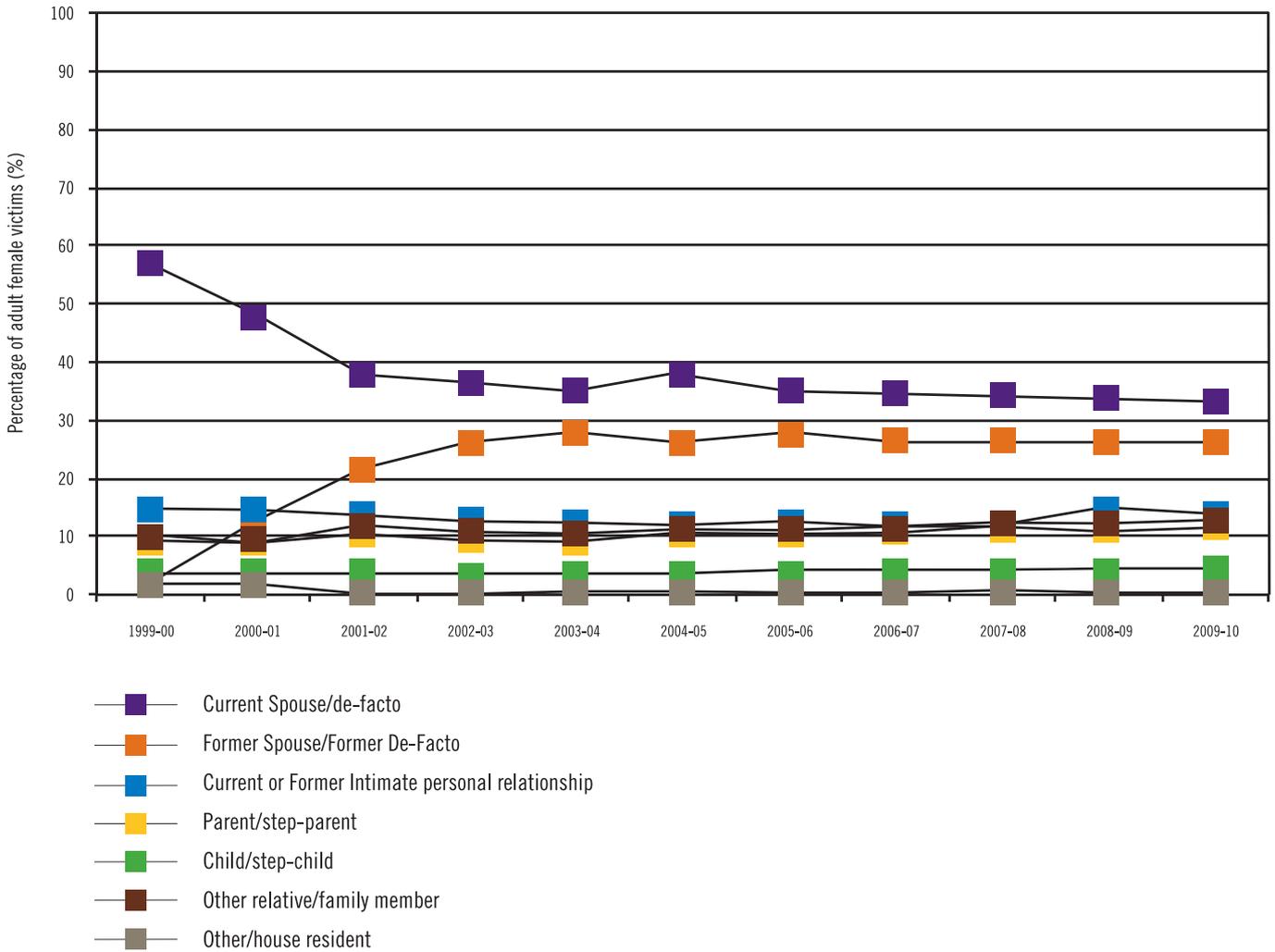


FIGURE 31: Relationship of adult female affected family members to respondent/other party – courts



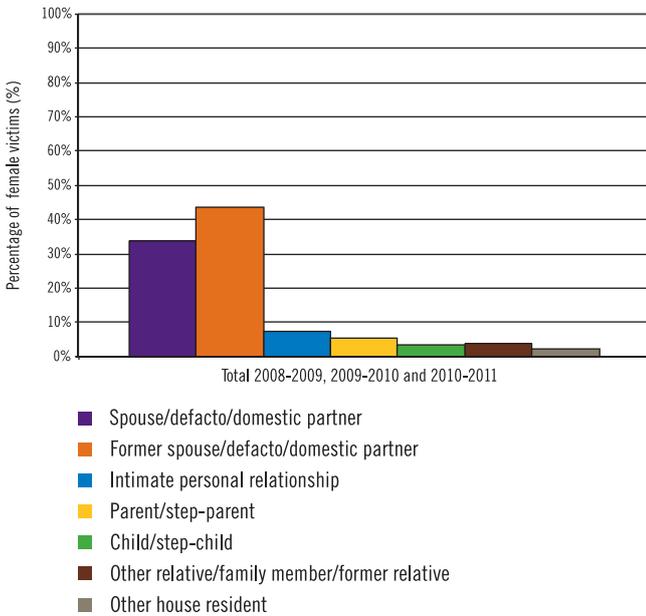
Note: The early years of court data (1999-2001) illustrate a reporting change, which increased the rate at which former partners were identified separately from current partners.

Specialist Family Violence Courts (SFVC)

Within the specialist court population (a sub-sample of the wider Magistrates' and Children's Court data) a larger proportion of women were seeking intervention orders against *former partners* as compared with the court population overall. There are two possible explanations: first that the definition of 'former partner' varies depending on how a person entering the data understand a relationship to move from 'current' to 'former' status; or second, that former partners are more likely to seek additional support services when offered in order to further facilitate separation.

Relationship categories other than partner/former partner were nominated by only one sixth of applicants in this population (Figure 32).

FIGURE 32: Relationship of adult female victim to respondent/other party – SFVC



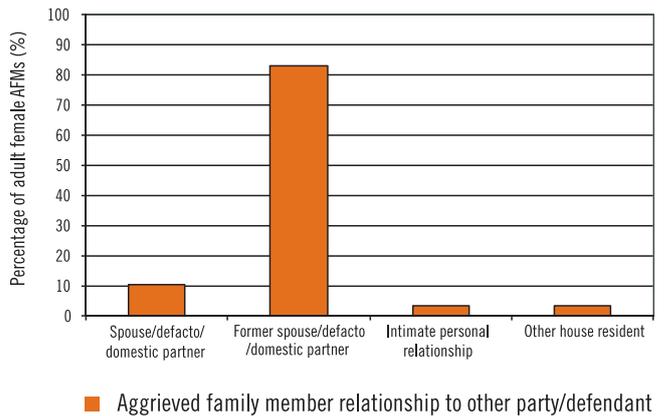
Victims Assistance and Counselling Program (VACP)

VACP clients are referred in as victims of crime; however the person seeking support could be either the primary victim, secondary victim or a related person. While the relationship between victim and perpetrator is not available in the VACP data, information on whether a victim is a *primary* or *secondary* victim or a *related person* is provided. Among adult female VACP clients, 99 per cent were primary victims in both 2008-09 and 2009-10.

Victorian Civil and Administrative Tribunal (VCAT)

Due to the definition of the section of the Act under which this applicant group are seeking changes to their tenancy arrangements we would expect that most relationships are intimate partner-based (Figure 33), which is the case.

FIGURE 33: Relationship of victim to respondent/other party – VCAT



6.4 Relationship with adult male victims

While it is important to examine the rates by which men report their experience of family violence, it is also essential to understand the difference between male victims and female victims. Much of the early research comparing male and female violence has utilised the Conflict Tactics Scale (Strauss et al. 1980) and counts the number and intensity of physically violent acts. However, this method of measuring violence does not assess the contextual factors or other forms of violence including rape, psychological, emotional and verbal abuse, financial deprivation, threats and intimidation. It also does not take into account the degree of severity, effect upon the victim and motivating factors of the perpetrator (McGregor 1990).

Further comparative analysis of men’s and women’s violence identifies that men’s violence is six times more likely to inflict severe injury and is more humiliating, coercive and controlling. Women’s violence is more likely to be expressive in response to frustration and stress rather than purposeful with the intention to control and dominate (Campbell 1993; Strauss et al. 1980; Strauss 1993; James 1999). While violence from both genders may cause physical, emotional and psychological harm within the family, practice implications for treating clients and protecting victims is different for men and women (James 1999).

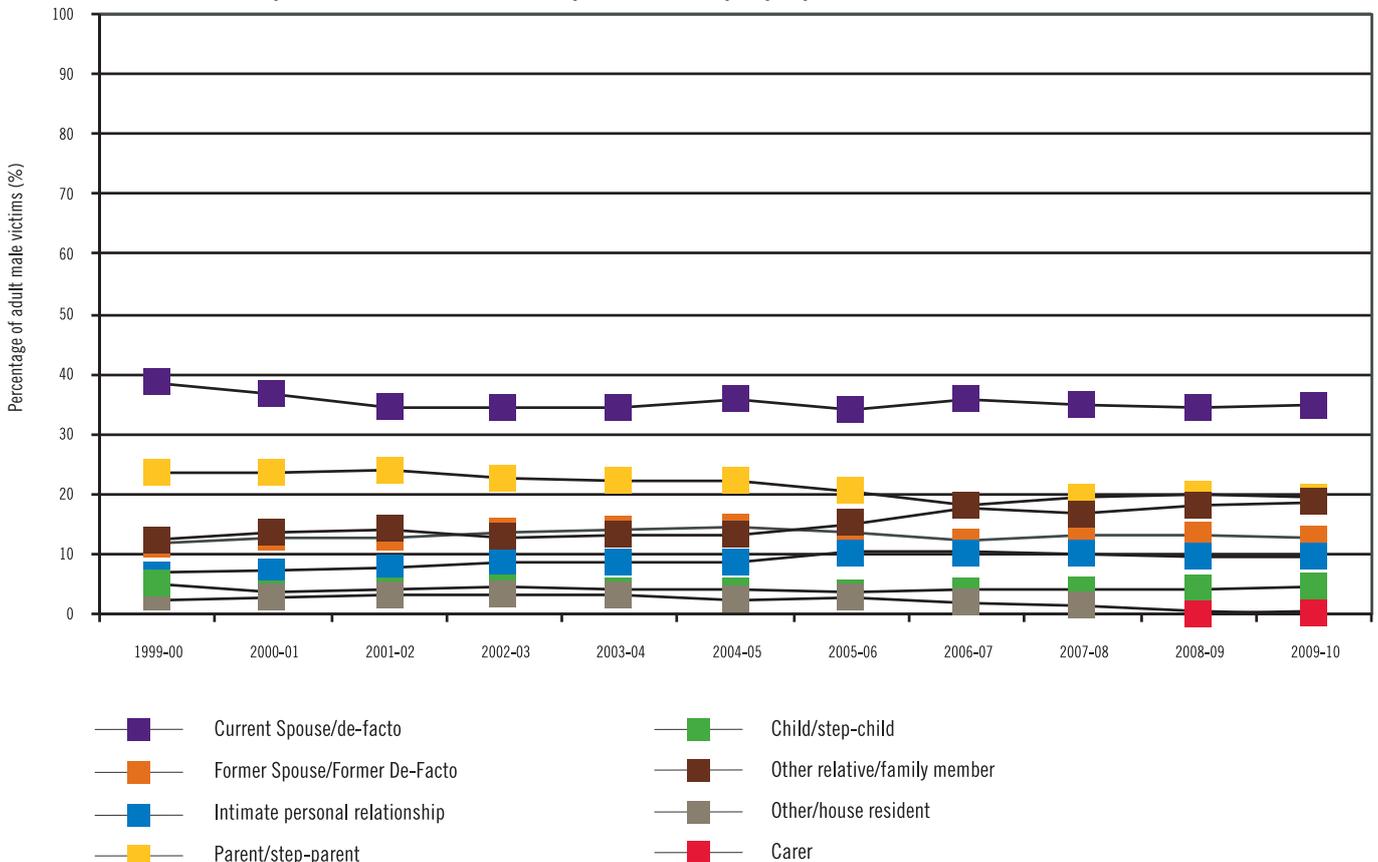
Victoria Police

Looking first to police reports of family violence incidents (Figure 34), nearly 40 per cent of male victims were the *current partners* of the perpetrator, followed by *parent/step parent* and then *other family members* (see further discussion in Section 6.8). Apart from a gradual rise in abuse from *other family members*, changes in other relationship categories appear very marginal. This relationship distribution is different from that reported by the courts and intervention orders.

Adult male victims of family violence were proportionally more often *parents/step-parents* reporting violence by their *child/step-child* across both police and court data as compared with adult female victims.

The findings show that there are some differences between adult male and female victims in regards to relationships with perpetrators. While both adult male and adult female victims are most likely to experience violence perpetrated by *current or former partners* than other relationship groups, a higher proportion of adult female victims sought assistance for violence from a *current or former partner* than adult male victims. Adult male victims were more likely to experience violence from *other non-intimate family* and *household members* than were adult female victims.

FIGURE 34: Relationship of adult male victims to respondent/other party – police

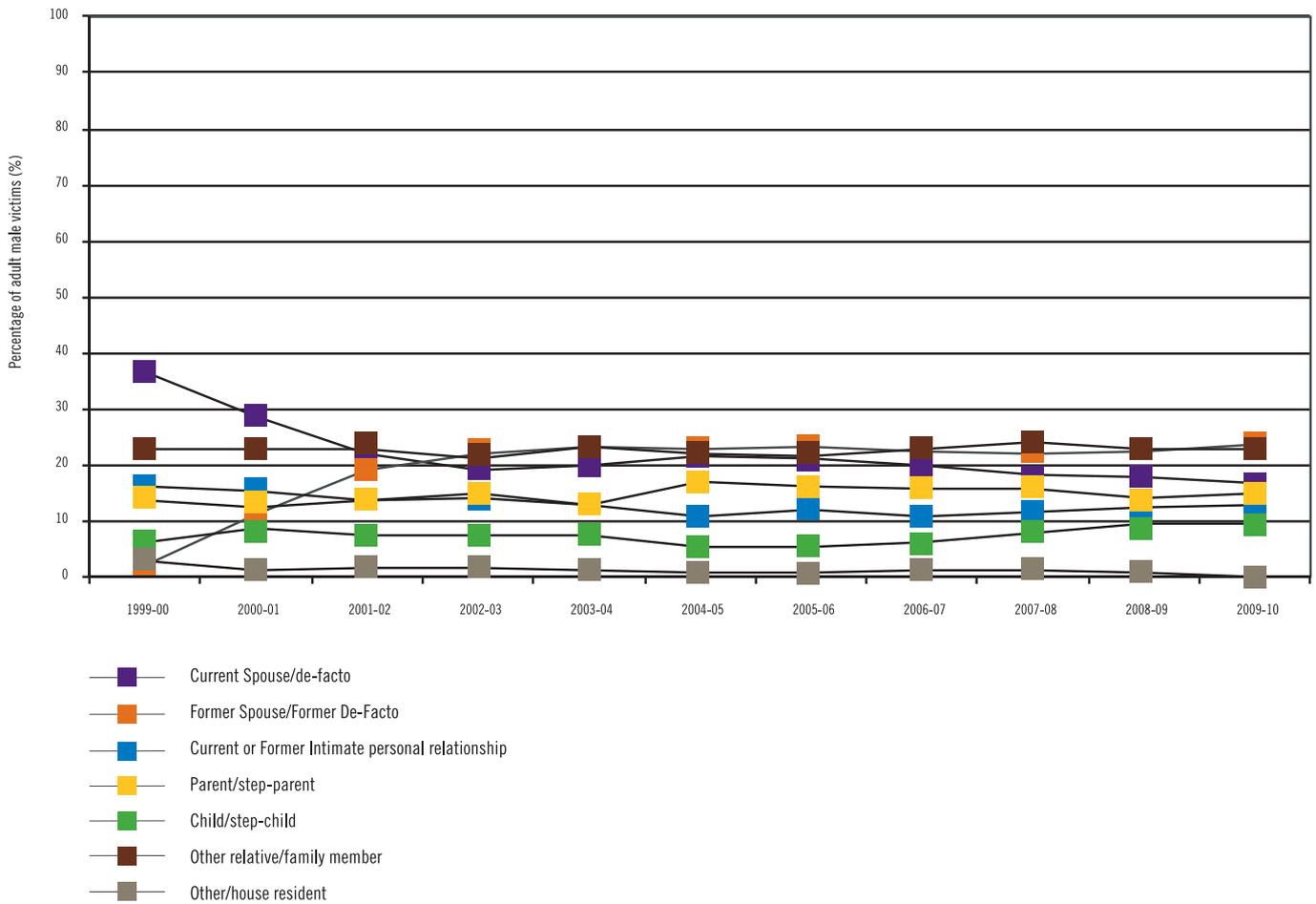


Note: The relationship category of child/step-child includes both adult children and those aged 16 years and younger.

Magistrates' and Children's Courts

Finalised intervention order data from the courts shows that adult male victims reported violence from *current* and *former partners* as well as *other relatives/family members*⁵³ in similar proportions (approximately 22 per cent each, see Figure 35). While there are mild variations across the years, *current partners* are consistently identified in smaller proportions than the other two relationship categories – unlike comparative analysis for female victims (see Figure 31).

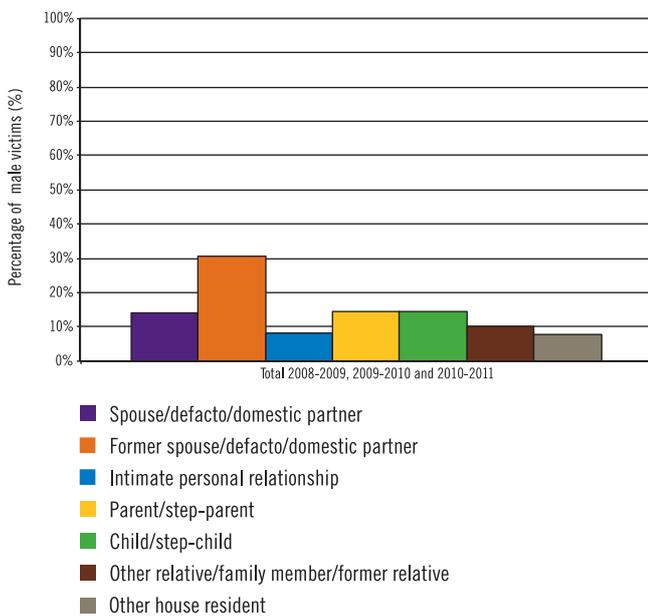
FIGURE 35: Relationship of adult male victims to respondent/other party – courts



Specialist Family Violence Courts (SFVC)

As is the case with the wider court population, male victims identified in the specialist court sample were applying for intervention orders against *former partners* (Figure 36). Overall, approximately half of male applicants identified abuse from a *partner/former partner*, while the other half identified *other relatives* – a notably different distribution from female applicants where *other relative* accounted for less than five per cent (Figure 32).

FIGURE 36: Relationship of adult male victim to respondent/ other party - SFVC



Discussion about male victims

The overall relationship distribution among male victims is dramatically different from that of female victims with finalised intervention orders. In addition to the variations discussed immediately above, a substantially larger proportion of male victims were *parents/step-parents* – nearing the rates of *current* and *former* partners. Adult male victims were notably *less* likely than women to seek an intervention order against a *current* partner.

Additionally, male affected family members with finalised intervention order applications against an intimate partner were more than twice as likely to be *refused* the order as compared with female victims. For example, in 2003-04, five per cent of finalised intervention order applications for adult female respondents were refused in comparison to 11 per cent of finalised intervention order applications for adult male respondents.

Adult male victims of family violence were proportionally more often *parents/step-parents* reporting violence by their *child/step-child* across both police and court data as compared with adult female victims.

The findings show that there are some differences between adult male and female victims in regards to relationships with perpetrators. While among both adult male and adult female victims, violence was most likely to be perpetrated by *current* or *former* partners than other relationship groups, a higher proportion of adult female victims sought assistance for violence from a *current* or *former* partner than adult male victims. Adult male victims were more likely to experience violence from other *non-intimate* family and household members than adult female victims.

6.5 Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) relationships and family violence

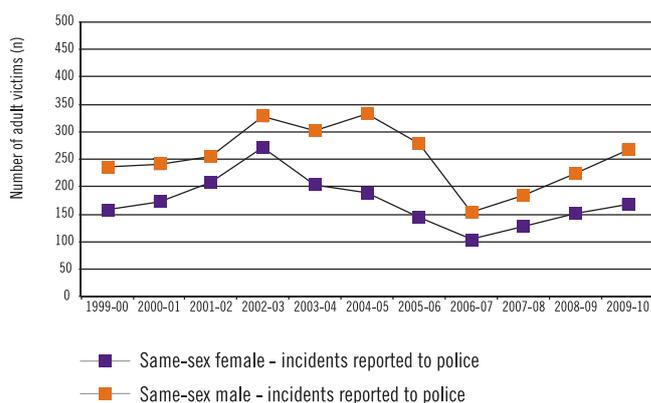
In addition to the commonly held fear and shame in reporting relationship violence, people in GLBTI relationships may also experience heterosexist violence when reporting, thereby compounding their reluctance to come forward (Leonard et al 2008).⁵⁴ The report by Leonard et al (2008) documents the evidence that while violence against GLBTI people has remained steady since the late 1990s, mainstream services have not improved their access for safety and support programs including services for intimate partner abuse. Leonard identified that only six per cent of GLBTI people reporting same-sex partner abuse “were referred to advice or support services” (2008, p. 6).

In this volume, analysis on lesbian and gay partners is presented for the first time. As discussed above, mainstream services may struggle to provide same-sex partner violence support and therefore most of the data providers do not specifically report relationship categories other than through heterosexual frameworks. However, if gender of victim and perpetrator is recorded in the data sets a crude counting of the population of same-sex relationship couples who do come forward can be undertaken, thereby beginning to build the evidence for a need for service access. According to Leonard et al, same-sex intimate partner violence occurs at a similar rate as heterosexual couple violence – one in three GLBTI people report having experienced intimate partner violence in their lifetime (2008, p. 4).

Bisexual, intersex and transgender people can not be identified in current reporting formats apart from data collected by specialist services for sexual assault or transgendered persons. Most mainstream data sets do not have a data field where these relationships can be identified and counted. At this point in time it is unlikely that people in these relationships can be identified and counted for rates of experience of family and intimate partner violence. If it is reported, bisexual, intersex and transgender people would be lost in categories of either *heterosexual*, *gay* or *lesbian* relationships or the broad *other* grouping.

Figure 37 illustrates the number of victims reporting family violence to police where the perpetrator is identified as being of the same-sex and the relationship category is either *current or former spouse* or *intimate partner*.

FIGURE 37: Number of adult victims experiencing violence from same-sex respondent/other party – police



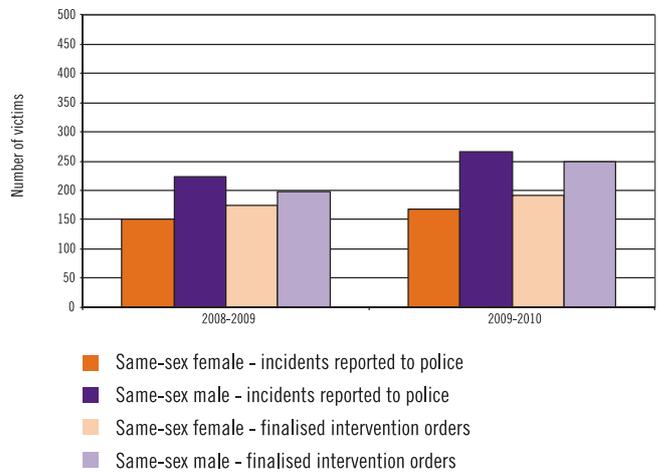
Notes:

1. The relationship category includes current or former spouse, defacto, domestic partner and intimate partners.
2. While large variation in reporting patterns cannot be explained without detailed interrogation of the reports of each year, they may be due to factors including training of members to identify same-sex relationships recording patterns and changes in the relationship categories on the L17 form, and the possibility that trends occur where same-sex couple family violence incidents are incorrectly recorded as non-family assaults.

A larger number of males than females reported family violence from same-sex partners as compared with the overall data reported on in this Volume 5. Same-sex couple family violence accounts for four per cent of all male victims and less than one per cent of all female victims. This result is quite different from the data reported by Leonard et al where lesbians more often reported experiencing intimate partner violence (41%) than gay men (28%) (2008, p.4).

In the latest two years of data, a similar number of victims reporting family violence from a same-sex partner to police also applied for an intervention order (Figure 38). As with the police data, there were more males reporting same-sex family violence accounting for four per cent of all male victims. Females applying for an intervention order in relation to same-sex family violence constituted one per cent of all adult female victims.

FIGURE 38: Number of adult victims experiencing violence from same-sex defendant/other party – police and courts



Notes:

1. The relationship category includes current or former spouse, defacto, domestic partner and intimate partners.
2. While large variation in reporting patterns cannot be explained without detailed interrogation of the reports from each year, they may be due to factors including training of members to identify same-sex relationships, recording patterns and changes in the relationship categories on the L17 form, and the possibility that trends occur where same-sex couple family violence incidents are incorrectly recorded as non-family assaults.

6.6 Age of adult female victims of family violence

Figures 39 through 45 show the proportion of women from each age group. Up until 2002-03 each agency had a relatively stable age population.⁵⁵ A decline in women aged 25-34 years and an increase in older women aged 35-44 years and 45-64 years begins to appear in 2003-04 and continues through to the most recent data. This illustrates a major shift in the largest age category among adult female victims of family violence.

In police and court data there is a gradual, but consistent, increase of requests for assistance for family violence from police among women aged 35-64 years (Figure 39 and Figure 40).

Conversely there is a notable decline among women aged 25-34 years. The temptation may be to conclude that circumstances are improving for women in this age group; however with overall reporting rates increasing it is most likely that other factors are at play. There are several factors possibly working together to explain a rising reporting rate in older age groups discussed below.

First, women in the 25-34 years group are more likely to be recently married and have younger children, which are both risk factors for either triggering or escalating family violence. New families with younger children tend to face

inherent challenges in changing and establishing different inter-personal connections and roles. The median age of marriage for women in Victoria has ranged between 30-31 years from 1999 to 2006, and in 2001, 85 per cent of women aged 25-29 years were married (ABS cat 3105.065.001).

Second, and as discussed later in this report (see Section 12), women frequently live with violence and abuse for five years or more before seeking assistance. One of the triggers for reporting abuse is the observation of the effects of abuse on their children. This becomes more noticeable as children become older.

Therefore, it is possible that the rising age at which women marry and/or have children, along with the length of time women live with violence before seeking support or reporting the abuse, may lead to a corresponding increase in the age at which women appear in the data reporting violence.

It is also likely that as community perceptions about family violence improve and service providers are better trained in identifying family violence, women living with violence are more likely to come forward and seek support or be identified and offered support. This may appear as an influx of older women with increasing confidence to seek support.

FIGURE 39: Age of adult female victims – police

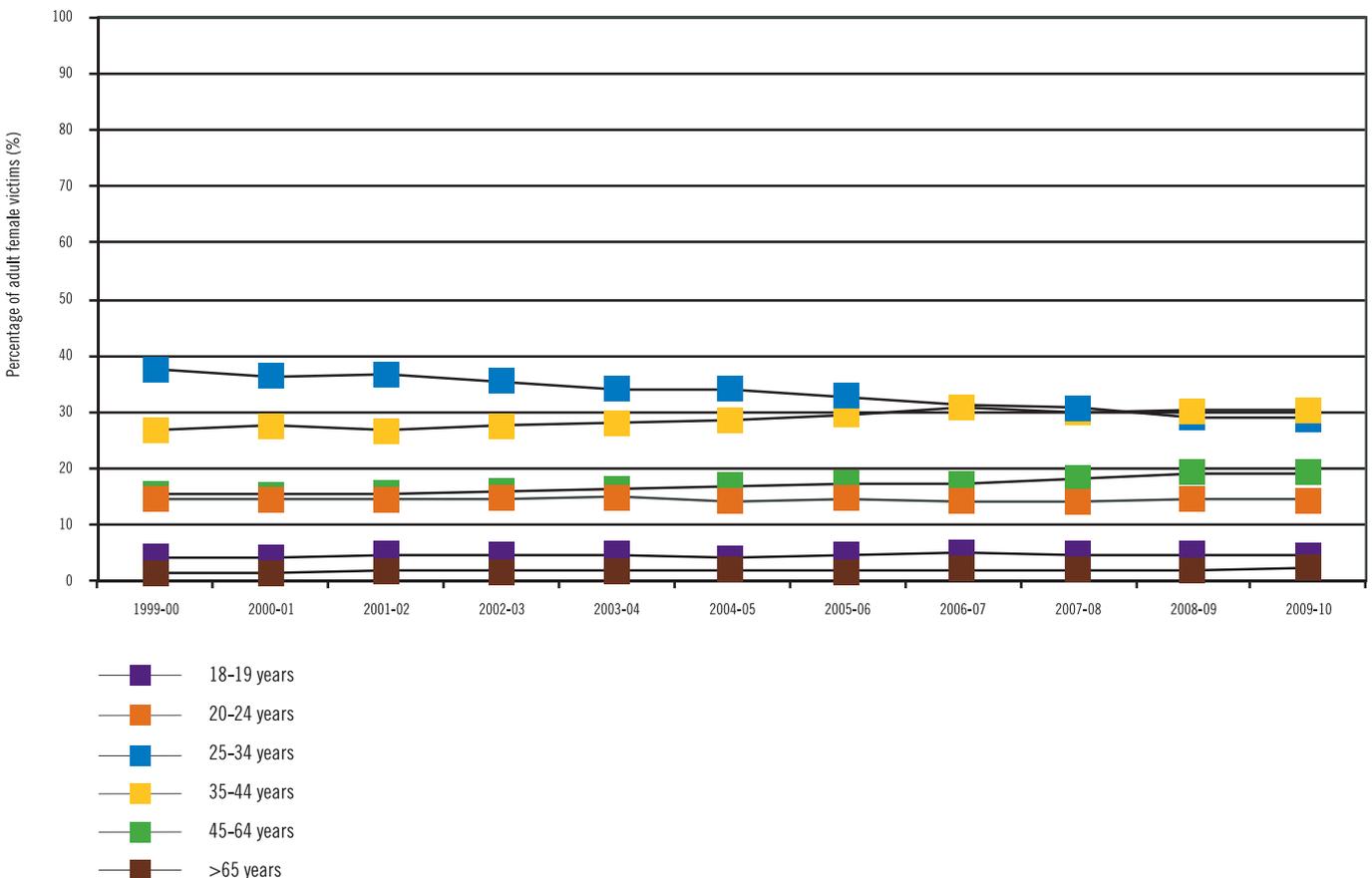
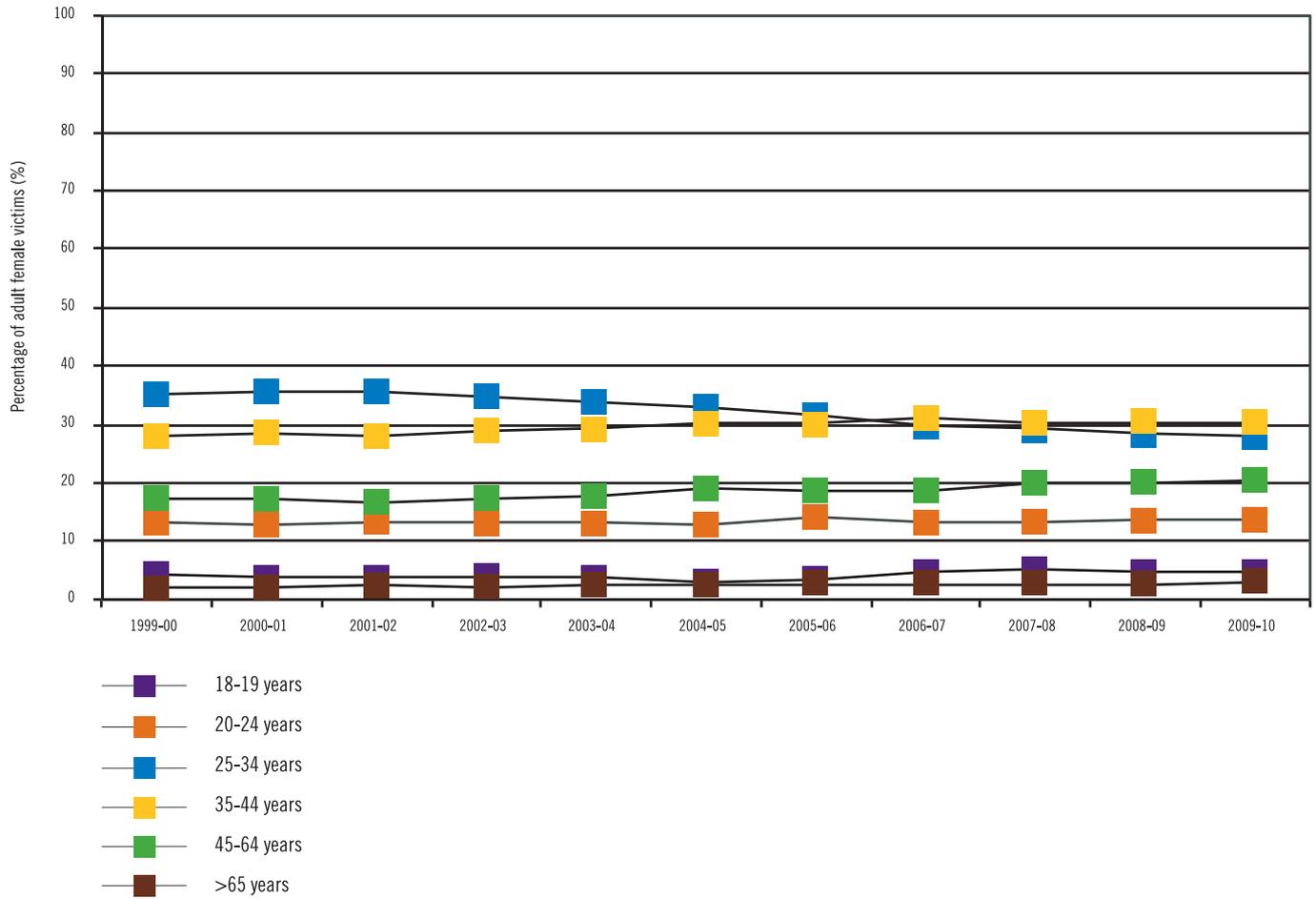


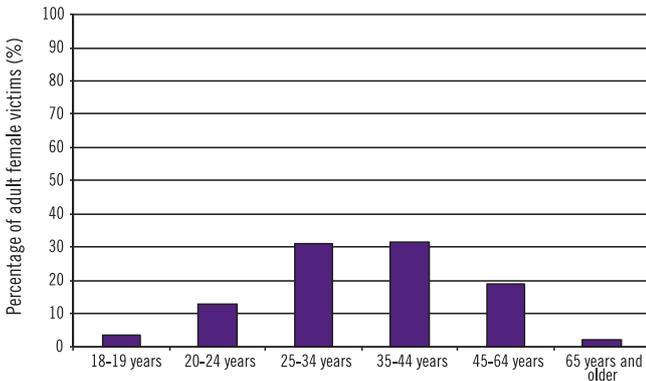
FIGURE 40: Age of adult female affected family members – courts



Specialist Family Violence Courts (SFVC)

Information about age of adult female victims gathered through the specialist courts (Figure 41), reflects a similar distribution as that across the wider court population (Figure 40).

FIGURE 41: Age of adult female victims 2010-11 – SFVC



Base: adult female applicants (aged 18 and older) seeking support through specialist court programs in 2010-11.

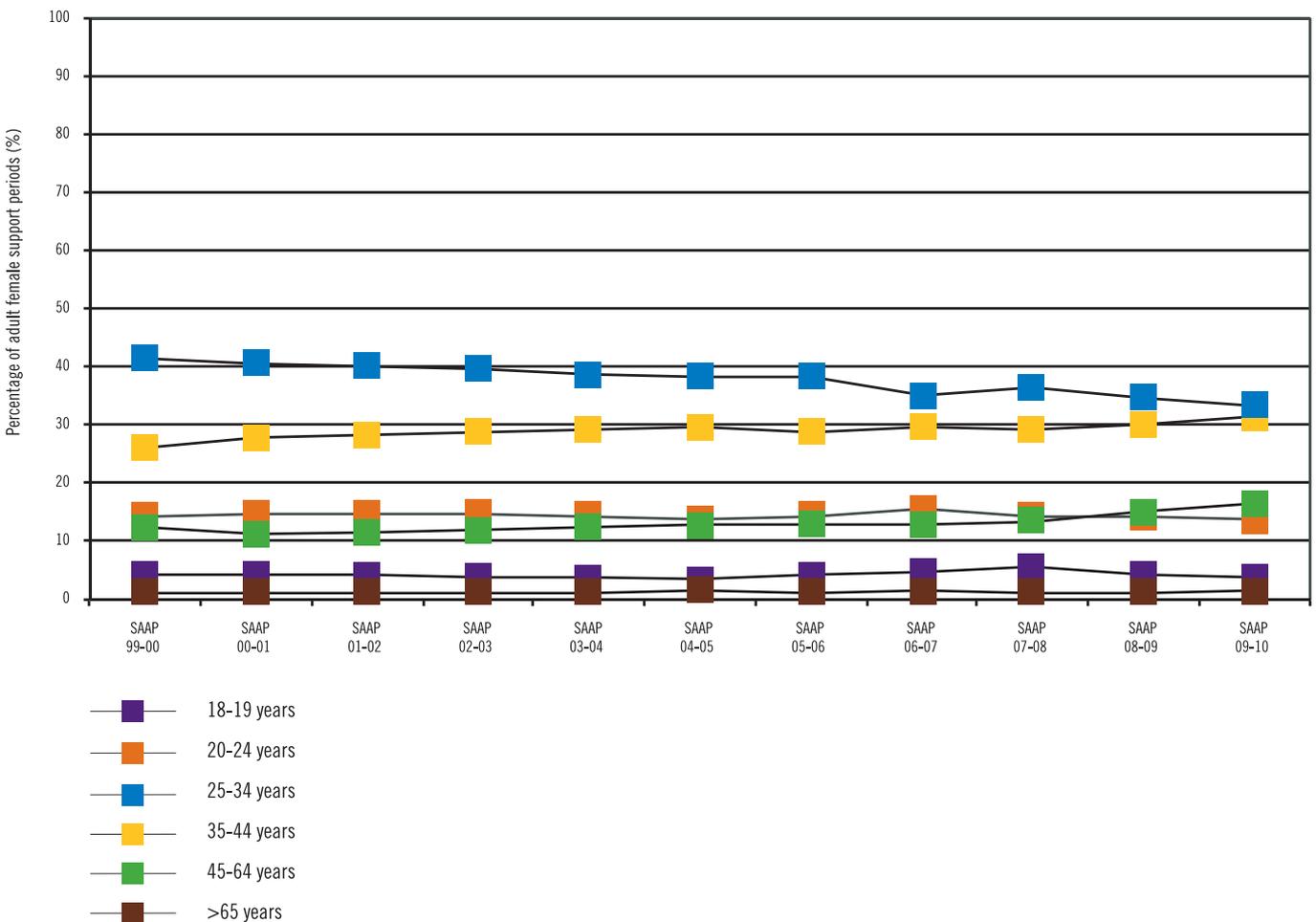
Victorian Civil and Administrative Tribunal (VCAT)

The age of VCAT clients was not systematically recorded and only available for eight of the 32 applicants. Those identified were comparatively young with all clients aged 21-31 years.

Victorian Supported Accommodation Assistance Program (SAAP)

Across the 11 years there has been a steady decrease in clients aged 25-34 years, and more recently the youngest group aged 18-19 years (Figure 42). Corresponding increases are not as clearly identified and appear more subtly among women aged 35-64 years. The largest population of women seeking support for family violence issues, similar to police and court clients, are women aged 25-44 years.

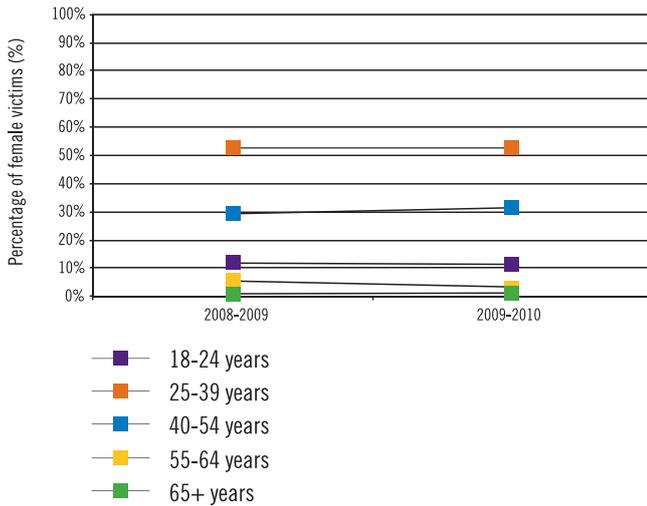
FIGURE 42: Age of adult female affected family members – SAAP



Victims Assistance and Counselling Program (VACP)

Half of the women seeking support for family violence-related issues within VACP agencies were aged 25-39 years (Figure 43). The next largest grouping was older (40-54 years) while the youngest and oldest women accounted for around one in ten (respectively) of this client population.

FIGURE 43: Age of adult female victims – VACP

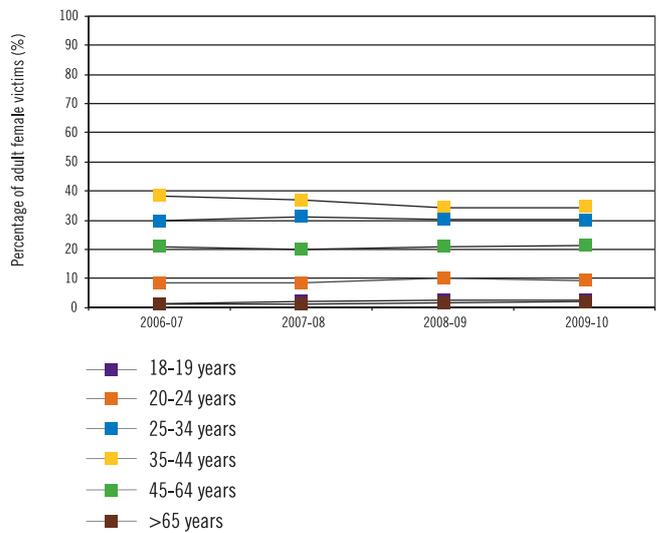


Note: Age groups within the VACP data are slightly different from other data providers and therefore use caution when comparing.

Department of Human Services – Integrated Reporting Information System (IRIS)

The age of family violence victims accessing services through IRIS agencies has remained remarkably stable across the four years reported on (Figure 44). Around one third of adult female clients were aged 35-44 years. In the previous two years the IRIS clients were slightly older proportionally, than victims identified in the court and police data, however as discussed above, the age of women accessing police and court services has been increasing.

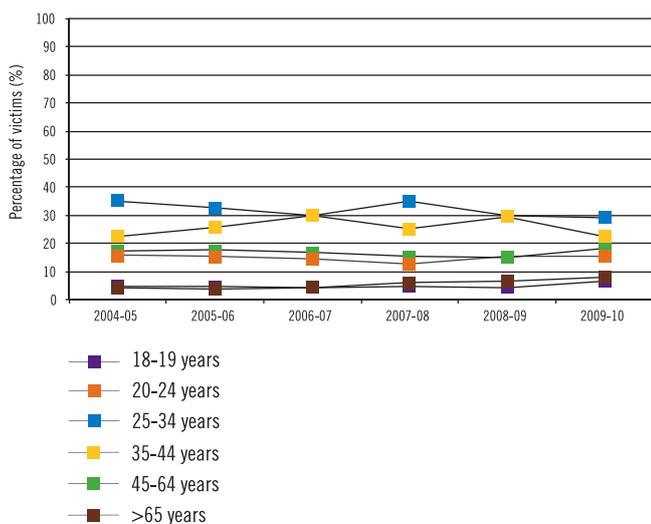
FIGURE 44: Age of adult female victims – IRIS



Victorian public hospital emergency department (VEMD)

Each of the six years of VEMD data illustrate a similar proportion of females in each age group (Figure 45). Women aged 25-44 years represent approximately two thirds of the sample population. The latest three years of data illustrate a very slight increase in women represented in the oldest age group (65 years and older), a result which will require further monitoring.

FIGURE 45: Age of adult female victims – VEMD



Victoria Legal Aid (VLA)

Age of VLA clients has been recorded for three of the four files available for analysis on family violence cases (Figure 46, Figure 47 and Figure 48). Adult women accessing different VLA services are roughly of similar age. The largest proportion of each client group (one third) is 35-44 years, followed closely by the slightly younger women (25-34 years). Less than one in ten women utilising VLA services are among the oldest (65+) or youngest adult age groups (18-19 years).

One finding worthy of note, when looking across the years, is an increase in women aged 45-64 years who gain access to VLA casework (Figure 47).

FIGURE 46: Age of adult female clients accessing a duty lawyer – VLA

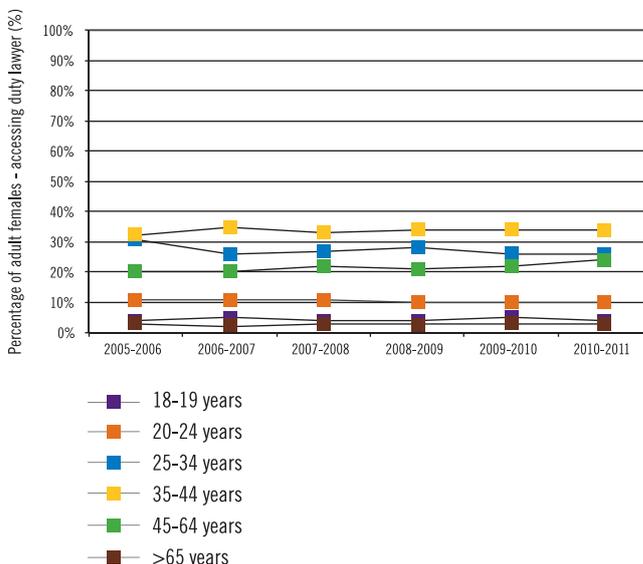


FIGURE 47: Age of adult female casework clients – VLA

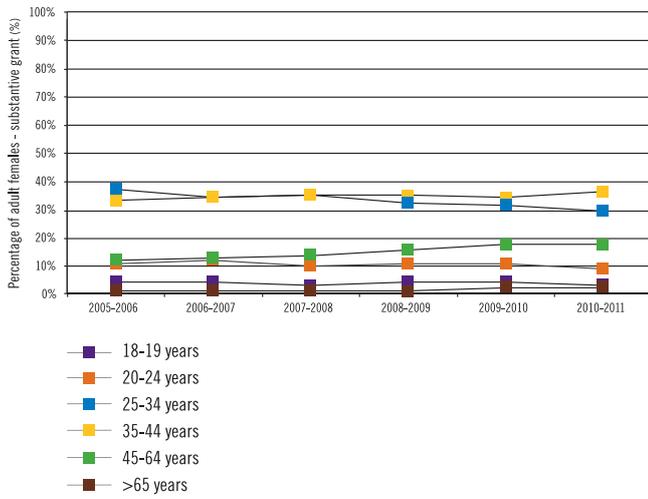
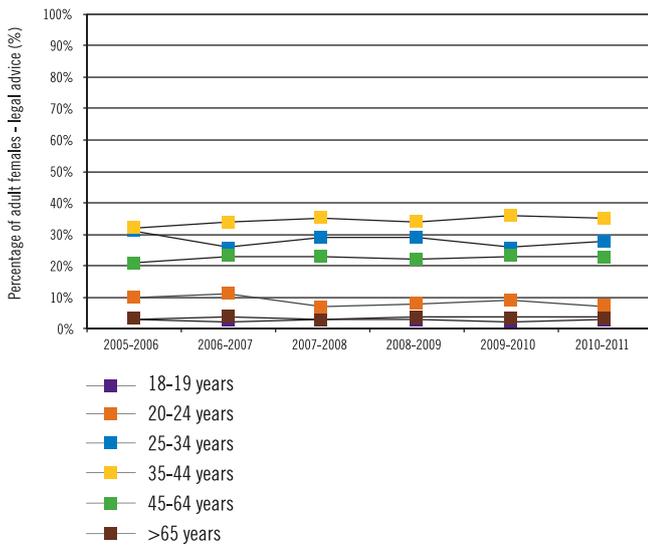


FIGURE 48: Age of adult female clients seeking legal advice – VLA



It is useful to identify whether the age distribution within the family violence data sets is reflective of the overall Victorian adult population. To do this, an estimate resident population of Victoria has been provided (see Table 19) and a comparative table of those seeking assistance for family violence, as a proportion of the Victorian adult female population, is presented across different years in Table 20 and Table 21. Comparison is only provided for three of the larger data sets: Police, Magistrates' and Children's Courts and SAAP agencies.

Interpretation of the population data shows that women aged 25-34 years had higher rates of finalised intervention orders and reported family violence incidents both within their age group and when compared across the adult female population in Victoria (Table 20), however they are not the largest age group population in Victoria (Table 19). This was the case for most years presented in the table. In 2009-10 there was a shift where reporting rates for an older age group (35-44 years) increased above all other age groups while the Victorian population in this age group declined marginally (Table 19).

TABLE 19: ABS estimate of resident Victorian female population aged 18 and older at 30 June

Age groups	ABS estimate of resident Victorian female population aged 18 and older at 30 June							
	1999–2000	% of adult female population (aged 18+)	2003–04	% of adult female population (aged 18+)	2005–06	% of adult female population (aged 18+)	2009–10	% of adult female population (aged 18+)
18-19 years	65,619	4%	67,436	3%	68,813	3%	68,813	3%
20-24 years	169,082	9%	173,615	9%	181,054	9%	181,054	9%
25-34 years	369,460	20%	366,343	19%	367,204	18%	367,204	18%
35-44 years	366,646	20%	378,683	19%	389,008	19%	389,008	18%
45-64 years	536,973	29%	598,048	31%	630,694	31%	630,694	32%
> 65 years	343,520	19%	370,508	19%	378,899	19%	378,899	19%
State total	1,851,300	100%	1,954,633	100%	2,015,672	100%	2,015,672	100%

Note: The ABS estimate resident population figures were sourced from the Australian Bureau of Statistics, Catalogue 3101.0 Table 52.

TABLE 20: Adult female victims as a percentage of the Victorian population by age group (also see Table 19) – police, courts

Age groups	Courts: percent of estimated resident population with finalised intervention orders					Police: percent of estimated resident population with family violence incident reports				
	1999–2000	2003–04	2005–06	2009–10	rate per 100,000 adult female population (aged 18+)	1999–2000	2003–04	2005–06	2009–10	rate per 100,000 adult female population (aged 18+)
18-19 years	0.80%	0.68%	0.70%	1.13%	38.15	0.89%	1.35%	1.31%	1.65%	55.45
20-24 years	0.90%	0.87%	1.14%	1.11%	103.20	1.20%	1.71%	1.59%	1.79%	166.88
25-34 years	1.12%	1.07%	1.27%	1.16%	214.27	1.43%	1.83%	1.78%	1.81%	332.99
35-44 years	0.89%	0.91%	1.15%	1.27%	234.57	1.03%	1.47%	1.53%	1.89%	347.78
45-64 years	0.38%	0.34%	0.43%	0.50%	158.32	0.40%	0.54%	0.55%	0.70%	221.28
> 65 years	0.07%	0.07%	0.09%	0.11%	21.08	0.06%	0.09%	0.09%	0.14%	27.13
State total	0.63%	0.60%	0.73%	0.77%	769.59	0.76%	1.01%	1.00%	1.15%	1151.51

Note: The ABS estimate resident population figures were provided by the Australian Bureau of Statistics.

The findings of this report in relation to ages of women seeking

TABLE 21: Adult female victims as a percentage of the Victorian population by age group (see also Table 19) – SAAP

Age groups	SAAP: percent of estimated resident population with client support periods				
	1999–2000	2003–04	2005–06	2009–10	rate per 100,000 adult female population (aged 18+)
18-19 years	0.79%	0.85%	1.01%	1.08%	36.47
20-24 years	1.05%	1.19%	1.29%	1.44%	134.32
25-34 years	1.37%	1.52%	1.69%	1.76%	324.29
35-44 years	0.87%	1.11%	1.19%	1.67%	307.24
45-64 years	0.28%	0.30%	0.33%	0.51%	160.60
> 65 years	0.05%	0.04%	0.04%	0.08%	15.75
State total	0.66%	0.73%	0.80%	0.98%	36.47

Note: the ABS estimate resident population figures were provided by the Australian Bureau of Statistics. SAAP data represent support periods and are weighted for agency non-participation and client non-consent.

assistance for family violence differ to other research on family violence in the community. For instance, the ABS *Women's Safety Survey* shows that younger women are at greater risk of family violence than older women and that, as women age, the risk of violence from a current partner decreases.

The ABS study found that approximately seven per cent of women aged 18-24 years in a current relationship had experienced violence by their partner compared with three per cent of women aged 25-34 years, three per cent of women aged 35-44 years, two per cent of women aged 45-54 years, and one per cent of women aged 55 years and over (1996, p. 54).

Similarly, younger women reported higher levels of male-perpetrated violence than older women in the *International Violence Against Women Survey*. The age group with the highest numbers of incidents was 18-24 years, which was twice as likely as the next largest group, 25-34 years, to experience family violence (Mouzos and Makkai 2004).

The difference in the age of women in this report suggests younger women may be less likely to seek assistance from services for family violence, either being: unaware of the existence of services and how to access them; or unwilling to access them. Women in the older age groups may have been in longer-term relationships where the violence has escalated over time, and may have dependent children, which contribute to the difficulties encountered in attempting to leave a violent relationship. Both of these factors may force them to seek assistance.

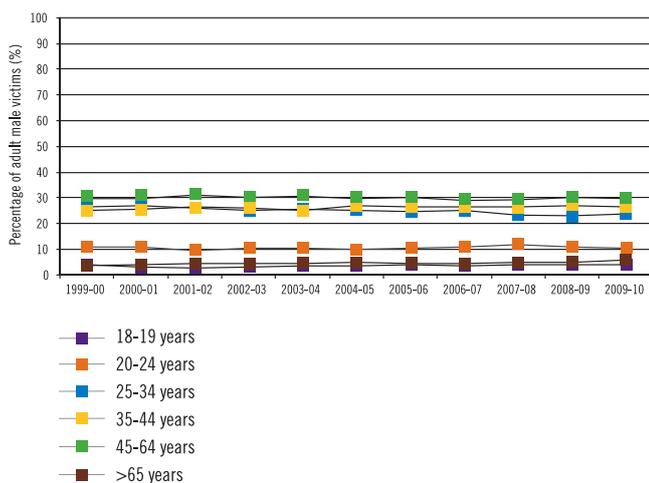
It is also the case that many women, if given the choice, would prefer to remain in their relationship, but want the abuse to end (Davies 2008). For this reason, women may experience violence for longer periods before seeking support, thus resulting in the higher proportion of older women seeking support through services reported on here.

6.7 Age of adult male victims of family violence

Victoria Police

The age of adult male victims in police family violence reports has remained remarkably stable across all 11 years (Figure 49). Minor increases and decreases are erratic and too small to consider changing trends.

FIGURE 49: Age of adult male victims – police

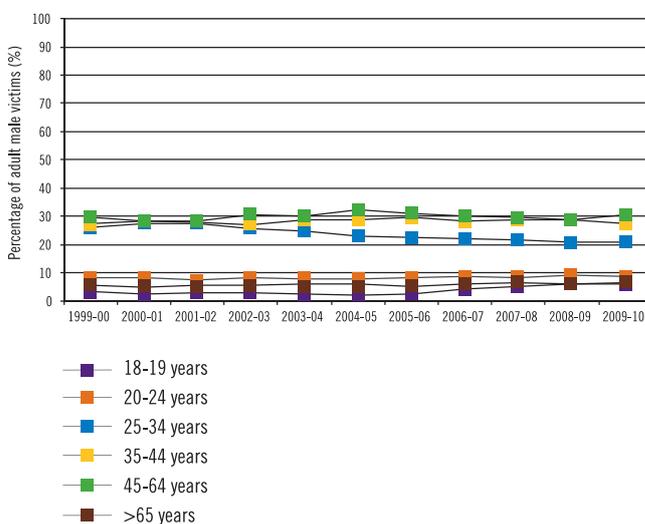


Magistrates' and Children's Courts

Looking now to the court data, in contrast to adult female victims, male victims with finalised intervention orders were generally older.⁵⁶ Similar to the police data, the largest male victim age groups (remaining relatively consistent over the 9-year period) were 35-44 years and 45-64 years (see Figure 50).

Of interest is the decrease in the proportion of male victims aged 25-34 years, among both police and court data and in line with trends among female victims. While the actual numbers of victims reporting abuse from this age group continues to increase, their proportion in the sample population is decreasing.

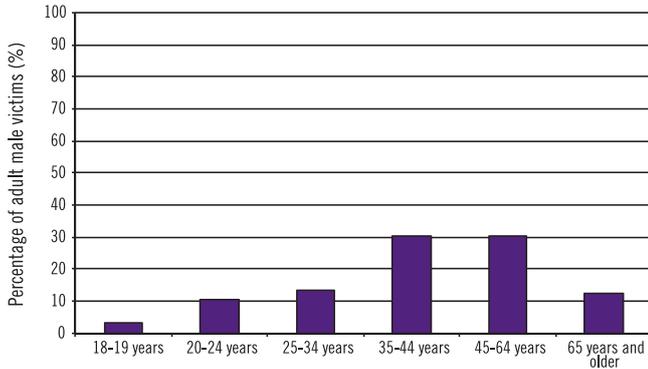
FIGURE 50: Age of adult male victims – courts



Specialist Family Violence Courts (SFVC)

Similar to the wider court population, male victims are generally a little older than the female victims in the SFVC data (Figure 51). Nearly two thirds are aged 35-64 years.

FIGURE 51: Age of adult male victims 2010-11 – SFVC



Base: adult male applicants (aged 18 and older) seeking support through specialist court programs in 2010-11.

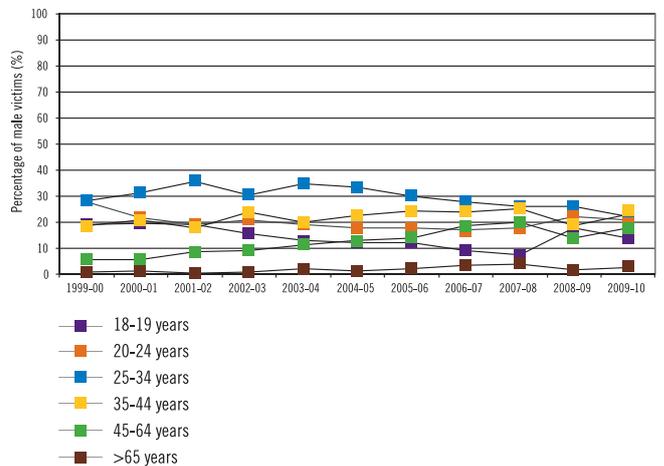
Victorian Civil and Administrative Tribunal (VCAT)

The age of the other party in the VCAT database was only supplied for five cases. Those identified were aged between 22-38 years.

Victorian Supported Accommodation Assistance Program (SAAP)

The age of adult males accessing SAAP services for family violence illustrates mixed results, some of which is the result of the abnormal data results in 2005-06 and 2006-07. A consistent trend across most of the 11 years is the decline in men aged 25-34 years seeking support as well as an increase in men aged 45-64 years (Figure 52).

FIGURE 52: Age of adult male – SAAP



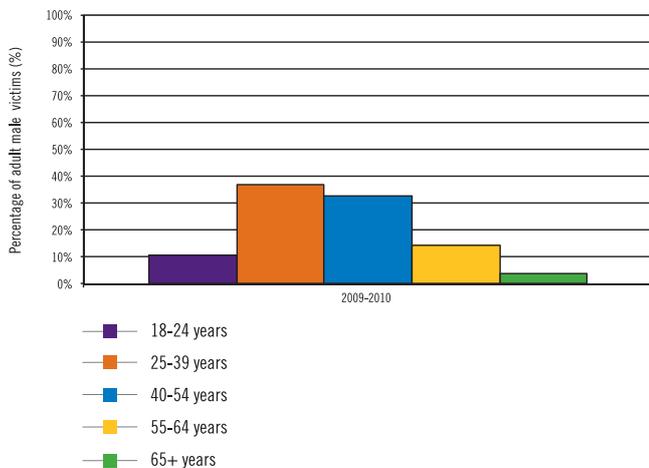
Victims Assistance and Counselling Programs (VACP) and Victims of Crime Helpline (VoC Helpline)

In 2008-09, four fifths (83%) of male victims were aged 18 years or less. In 2009-10, the population distribution had changed so that 52 per cent were in that younger age group. The change in age distribution illustrates a notable difference in the type of male client population VACP agencies are now working with. As outlined in Section 6.1, local referral arrangements have recently been established in the Southern, Northern and Western Metropolitan regions between the Victims Support Agency and Victoria Police for referral of male victims via the L17 process and as a result, the VoC Helpline received a higher number of male victim referrals in 2010.

In addition, the VoC Helpline was listed as the referral pathway for male victims of family violence during the state-wide communications campaign that accompanied the introduction of the Family Violence Protection Act in 2008.

The proportions of age of adult males in 2009-10 are slightly older as compared with women, but similar in distribution (Figure 53). The largest population was aged 25-39 years followed closely by those aged 40-54 years.

FIGURE 53: Age of adult male victims (2009-10 only) – VACP

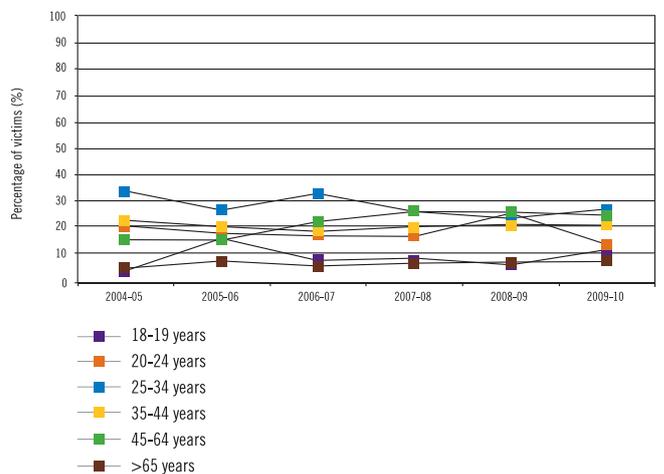


Victorian public hospital emergency department (VEMD)

The age of adult male victims presenting to the public hospital emergency departments (Figure 54) appears to change from year to year due to the relatively small numbers in each age group (an average of 175 adult male human intent patients per year). Small sample sizes means that only a few extra men in any age group may place considerable influence on proportional trends in any particular year. However, there does appear to be an overall consistent increase in males aged 45-64 years.

Unfortunately information about the perpetrator is not available in the VEMD data set and therefore we are unable to comment on any the differences between the females and males in this population.

FIGURE 54: Age of adult male victims – VEMD



Victoria Legal Aid (VLA)

Males accessing VLA services are of similar age to the women seeking support through the same services (Figure 55, Figure 56 and Figure 57). As with women, approximately one third were aged 35-44 years. The only notable difference between female and male clients and their age was a greater proportion of men aged 45-64 years.

FIGURE 55: Age of adult male clients accessing a duty lawyer – VLA

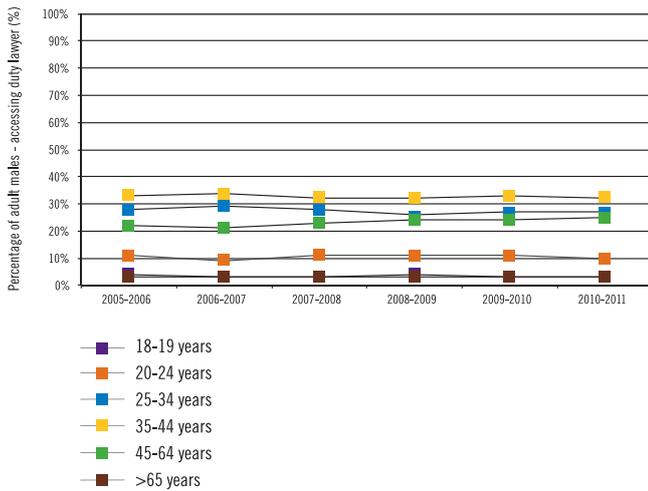


FIGURE 57: Age of adult male clients seeking legal advice – VLA

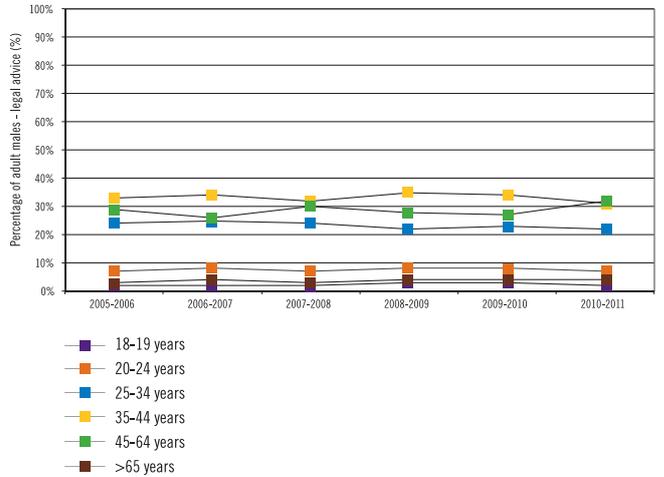
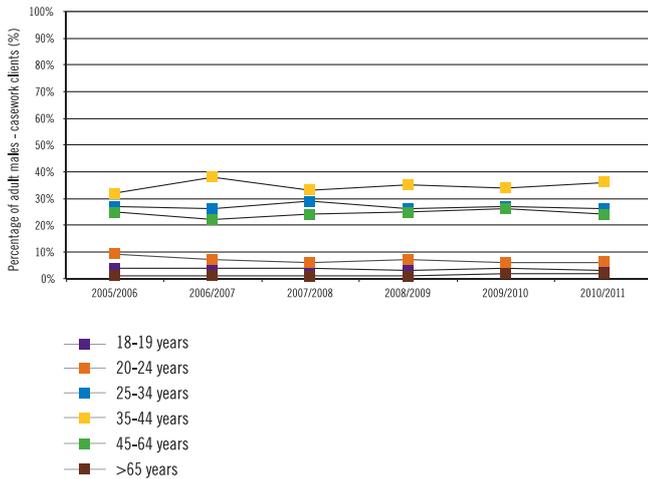


FIGURE 56: Age of adult male casework clients – VLA



6.8 Age of respondent/other party where victim is an adult

Victoria Police and Magistrates' and Children's Courts

The age of respondents associated with adult victims is increasing, in both police and court data.

Since 2002-03, and continuing through 2009-10, there has been a gradual, but steady decline in respondents/other parties aged 25-34 years and a proportional shifting increase among older respondents/other parties (aged 35-64 years, Figure 58 and Figure 59). This is similarly reflective of changes to the age of female adult victims.

The rates of respondents aged 24 years and younger have not changed since reporting commenced in 1999.

Exploration of gender of victim by the age of other party (Table 22) illustrates that male victims are significantly more likely to experience violence from a younger *perpetrator* (aged 25 years and less). A finding which further illustrates the difference in relationship between male and female victims where male victims are more often subjected to violence from their children and other family members as opposed to their intimate partners (Sections 6.3 and 6.4).

FIGURE 58: Age of respondent/other party when victim is an adult aged 18 years and older – police

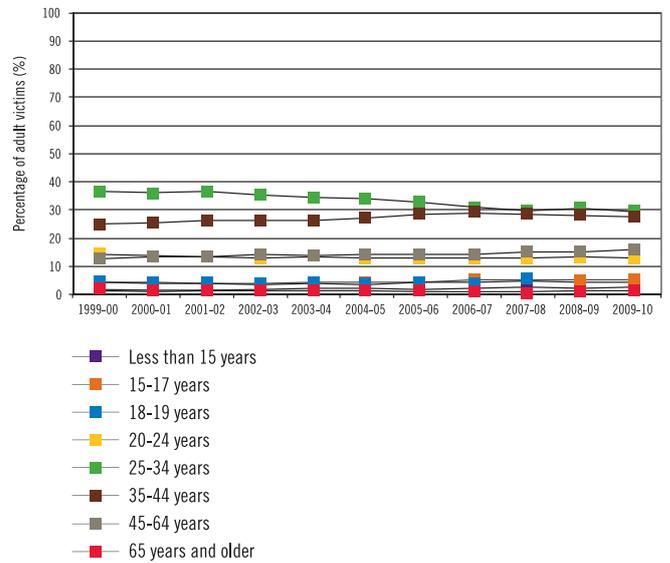


FIGURE 59: Age of respondent/other party when victim is an adult aged 18 years and older – courts

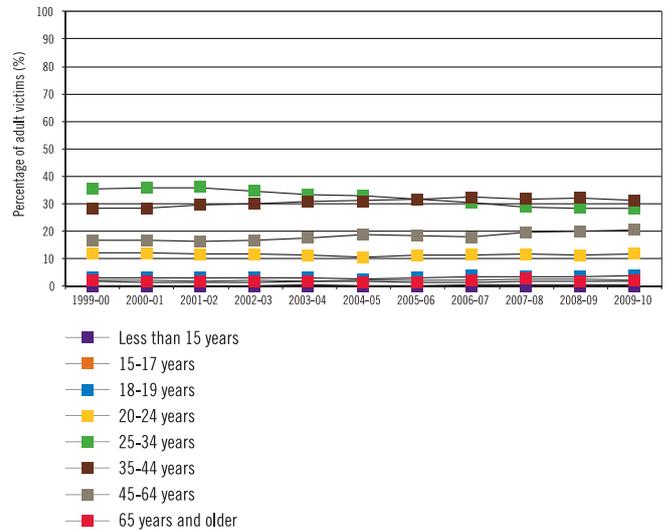


TABLE 22: Age of respondent/other party when victim is an adult aged 18 years and older by gender of victim – police

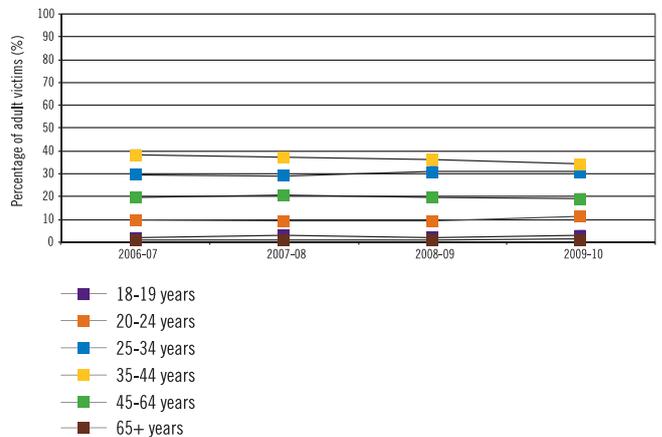
Age of perpetrator	Gender of the victim			
	2008–09 (a)		2009–10 (b)	
	Female victims	Male victims	Female victims	Male victims
	%	%	%	%
Less than 15 years	3	2	3	2
15-17 years	5	6	5	6
18-19 years	4	6	4	6
20-24 years	13	16	13	15
25-34 years	31	30	30	28
35-44 years	29	26	28	26
45-64 years	15	13	17	15
65 years and older	1	1	1	1
Total	100	100	100	100

Note: (a) $X^2 = 179.584$, $p < .05$, $d.f. = 7$; (b) $X^2 = 125.703$, $p < .05$, $d.f. = 7$

Department of Human Services – Integrated Reporting Information System (IRIS)

Male perpetrators of family violence accessing Men’s Behaviour Change Programs through IRIS agencies are very similar in age to females accessing counselling and support for victims of family violence (Figure 60). The men are also similar in age to the perpetrators presenting to police and courts.

FIGURE 60: Age of men who use violent and controlling behaviour – IRIS



6.9 Comparing gender, age and relationship among adult victims

Analysis of gender, age and relationship in the previous sections of this report present patterns of results consistent with earlier volumes as well as international literature. Although there are some variations in the proportions of populations and age groups in each year, and numbers of victims reporting family violence continues to increase, the demographic characteristics of victims has not changed greatly overall. This informs us greatly about those victims who do report family violence and seek agency support.

While we are unable to distinguish and analyse populations who do not report to mainstream agencies, more can be done to advance the understanding of difference or sameness among those who do report. In this section, further analysis is undertaken with the latest two years of police and court data (2008-09 and 2009-10), to drill down and explore relationships between victims and perpetrators across age categories and gender.

While analyse in the earlier sections of the report, similar to previous years, have consistently identified that women are proportionally much more likely to be victims of violence from their male partners, more analysis can be undertaken to identify if this is the case across all age groups. Additionally, the relationship between male victims and perpetrators is less clear and could benefit from further exploration.

This section presents data only from police family violence incident reports and magistrates' court applications for finalised intervention orders, as the number of both male and female victims is large enough within these populations for further analysis. When comparisons are made between gender of adult victims by age and relationship the results are statistically significant ($X^2 p <= .05$) and similar between both police and court data, with some minor variation (Table 23 and Table 24).⁵⁷

Women are statistically more likely to be victims of violence from their *partners/former partners* in all age groups, and within both police and court data. Conversely, adult male victims are statistically more likely to be victims of family violence from *other relatives/family members*, their *parents* and *children* in most age groups and within both police and court data. The variation to these patterns occurs in the middle to younger age groups.

In the middle age group of 35-44 years, females are statistically more likely to be victims from their *partner/former partners* as well as their *parents*. This pattern repeats in both the police and court data. In the police data, women in a slightly younger age group (25-34 years) also are statistically more likely to be victims of violence from their *parents*.

The z-tests⁵⁸ of column proportions (presented in sub-script ^a and ^b throughout Table 23 and Table 24) supports much of the chi-square results but equalises some of the more subtle variations. Subtle variations appear where populations are smaller, such as categories in the *65 years and older* age groups and some *parent/step-parent* or *child/step-child* relationships.

TABLE 23: Gender of adult victims by age and relationship – police

	2008–09				2010–11			
	Female*		Male*		Female*		Male*	
	N	%	N	%	N	%	N	%
20-24 years								
Current/former and intimate partner	2,733 _a	87%	348 _b	56%	2,787 _a	86%	363 _b	56%
Parent/step-parent	11 _a	0%	5 _a	1%	6 _a	0%	5 _b	1%
Child/step-child	118 _a	4%	84 _b	14%	154 _a	5%	99 _b	15%
Other relative/family member	283 _a	9%	184 _b	30%	302 _a	9%	181 _b	28%
Total	3,145	100%	621	100%	3,249	100%	648	100%
25-34 years								
Current/former and intimate partner	5,761 _a	91%	988 _b	74%	5,868 _a	90%	1,074 _b	73%
Parent/step-parent	141 _a	2%	20 _a	1%	161 _a	2%	22 _b	1%
Child/step-child	70 _a	1%	59 _b	4%	97 _a	1%	83 _b	6%
Other relative/family member	369 _a	6%	270 _b	20%	413 _a	6%	298 _b	20%
Total	6,341	100%	1,337	100%	6,539	100%	1,477	100%
35-44 years								
Current/former and intimate partner	5,104 _a	77%	1,174 _b	74%	5,137 _a	76%	1,228 _a	74%
Parent/step-parent	1,204 _a	18%	178 _b	11%	1,264 _a	19%	187 _b	11%
Child/step-child	32 _a	0%	15 _b	1%	52 _a	1%	27 _b	2%
Other relative/family member	321 _a	5%	215 _b	14%	350 _a	5%	219 _b	13%
Total	6,661	100%	1,582	100%	6,803	100%	1,661	100%
45-64 years								
Current/former and intimate partner	2,082 _a	51%	700 _b	41%	2,197 _a	51%	751 _b	41%
Parent/step-parent	1,593 _a	39%	787 _b	46%	1,672 _a	39%	790 _b	43%
Child/step-child	16 _a	0%	7 _a	0%	11 _a	0%	10 _a	1%
Other relative/family member	423 _a	10%	229 _b	13%	444 _a	10%	280 _b	15%
Total	4,114	100%	1,723	100%	4,324	100%	1,831	100%
65 years and older ^(c)								
Current/former and intimate partner	127 _a	28%	51 _b	17%	155 _a	30%	64 _b	19%
Parent/step-parent	214 _a	47%	178 _b	61%	265 _a	51%	198 _b	58%
Child/step-child	0	0%	0	0%	0	0%	0	0%
Other relative/family member	115 _a	25%	65 _a	22%	103 _a	20%	80 _a	23%
Total	456	100%	294	100%	523	100%	342	100%

* The Chi-square statistic is significant at the 0.05 level, $df = 3$ in all groupings except age 65 and older where $df = 2$.⁵⁹

(a, b) Values in the same row and sub-table not sharing the same subscript are significantly different at $p < 0.05$ in the two-sided test of equality for column proportions. Tests assume equal variances.⁽¹⁾

(c) More than 20 per cent of cells in this sub-table have expected cell counts less than 5. Chi-square results may be invalid.

1. Tests are adjusted for all pairwise comparisons within a row of each innermost sub-table using the Bonferroni correction.⁶⁰

TABLE 24: Gender of adult victims by age and relationship – courts

	2008–09				2010–11			
	Female*		Male*		Female*		Male*	
	N	%	N	%	N	%	N	%
20-24 years								
Current/former and intimate partner	1,887 _a	81%	206 _b	46%	1,964 _a	79%	255 _b	53%
Parent/step-parent	3 _a	0%	5 _b	1%	8 _a	0%	9 _b	2%
Child/step-child	159 _a	7%	101 _b	22%	186 _a	8%	108 _b	22%
Other relative/family member	288 _a	12%	139 _b	31%	315 _a	13%	113 _b	23%
Total	2,337	100%	451	100%	2,473	100%	485	100%
25-34 years								
Current/former and intimate partner	4,341 _a	88%	644 _b	61%	4,419 _a	87%	762 _b	66%
Parent/step-parent	39 _a	1%	11 _a	1%	48 _a	1%	10 _a	1%
Child/step-child	130 _a	3%	103 _b	10%	123 _a	2%	93 _b	8%
Other relative/family member	432 _a	9%	298 _b	28%	510 _a	10%	284 _b	25%
Total	4,942	100%	1,056	100%	5,100	100%	1,149	100%
35-44 years								
Current/former and intimate partner	4,273 _a	81%	1,051 _b	72%	4,442 _a	79%	1,026 _b	68%
Parent/step-parent	462 _a	9%	78 _b	5%	529 _a	9%	93 _b	6%
Child/step-child	91 _a	2%	60 _b	4%	99 _a	2%	67 _b	4%
Other relative/family member	443 _a	8%	269 _b	18%	518 _a	9%	315 _b	21%
Total	5,269	100%	1,458	100%	5,588	100%	1,501	100%
45-64 years								
Current/former and intimate partner	1,950 _a	56%	675 _b	46%	2,079 _a	55%	758 _b	45%
Parent/step-parent	970 _a	28%	464 _b	32%	1,086 _a	29%	500 _a	30%
Child/step-child	31 _a	1%	48 _b	3%	48 _a	1%	63 _b	4%
Other relative/family member	501 _a	15%	275 _b	19%	561 _a	15%	349 _b	21%
Total	3,452	100%	1,462	100%	3,774	100%	1,670	100%
65 years and older ^(c)								
Current/former and intimate partner	94 _a	20%	55 _a	18%	110 _a	22%	60 _a	17%
Parent/step-parent	217 _a	46%	147 _a	48%	230 _a	46%	195 _b	54%
Child/step-child	7 _a	1%	7 _a	2%	4 _a	1%	12 _b	3%
Other relative/family member	149 _a	32%	96 _a	31%	154 _a	31%	92 _a	26%
Total	467	100%	305	100%	498	100%	359	100%

* The Chi-square statistic is significant at the 0.05 level, df = 3 in all groupings.

(a, b) Values in the same row and sub-table not sharing the same subscript are significantly different at $p < 0.05$ in the two-sided test of equality for column proportions. Tests assume equal variances.⁽¹⁾

1. Tests are adjusted for all pairwise comparisons within a row of each innermost sub-table using the Bonferroni correction.

6.10 Adult victims by region

Variation of number of family violence victims between regions are partly attributable to differences in regional populations.⁶¹ Other factors contributing to difference may include locations of police stations and courts, availability of family violence support services, community knowledge of available services, regional variation in police and court practices and procedures, as well as community perceived responsiveness of services.

Further comparison between regions needs to be undertaken with all of the above in mind, and in particular, regional population changes. For example, it is difficult to discern whether a large increase in numbers in any particular region is the result of increased reporting, change in access to services, changes in local system response, or a natural increase based on sudden population growth. In most regions all of these issues are influential.

What is common across all regions is the overall marked increase in numbers of incidents reported since state-wide family violence reforms have been rolled out. This suggests that system reform encouraging reporting has impacted across all regions of the state. Variation in degrees to which this increase has occurred is more complex to explain.

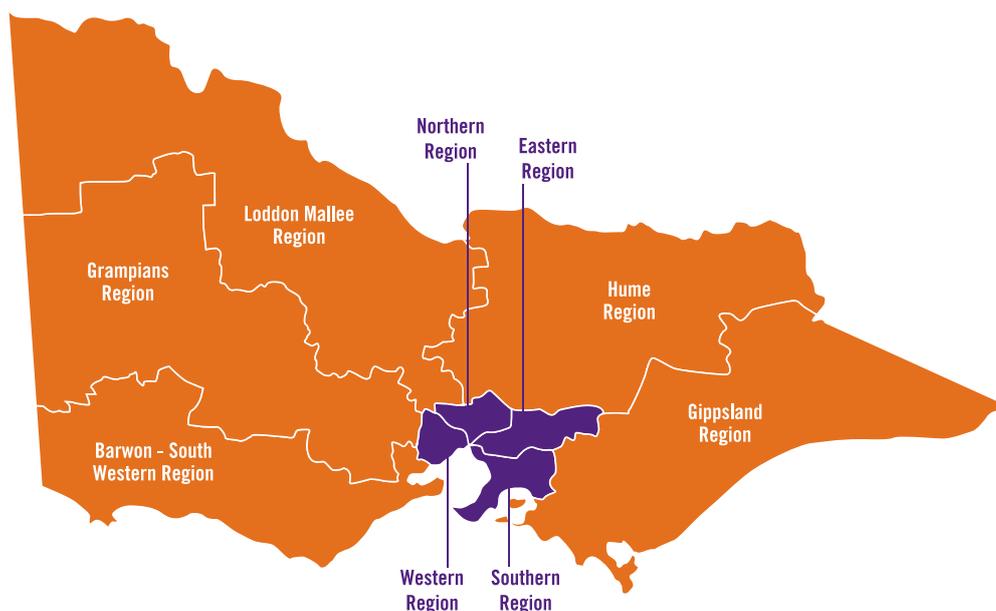
A SAAP analysis will not be included in regional comparison as the SAAP data refer to the location of the service rather than the person accessing the service. The SAAP figures show the utilisation of SAAP services for family violence in particular regions rather than the number of family violence reports in those regions.

In addition, each region has a different number of SAAP agencies covering a range of target groups from young people, single men, single women, families, and women escaping domestic violence, as well as a proportion which are cross-target/multiple/general. A person seeking refuge from family violence, if eligible, may attend any of the agencies where they fit the target, and which has space available.

While the majority of women escaping family violence do approach an agency specifically targeting their needs, many were also supported by different target agencies. For example, in the 2003-04 SAAP figures released across Australia, 78 per cent of support periods for women escaping family violence were through specifically-targeted agencies, the second largest proportion attended cross-target or general agencies (9%) followed by agencies for young people (5%) (AIHW 2005, p. 4).

It is difficult to make inferences about demand for SAAP services providing assistance for family violence as they are not evenly distributed across regions. Across the years, the number of SAAP agencies specifically targeting family violence has risen from 52 agencies in 1999-2000 to 68 agencies in 2005-06 (AIHW 2006). Based on the data included in the Victorian Family Violence Database, we would be unable to determine how these family violence-specific agencies are distributed across regions. Furthermore, victims of family violence frequently access services, such as refuges, outside their local communities for safety reasons. Therefore, analysis as a percentage of the population is only presented for the police and court data, and not for the SAAP data.

FIGURE 61: Department of Human Services regions (2011)

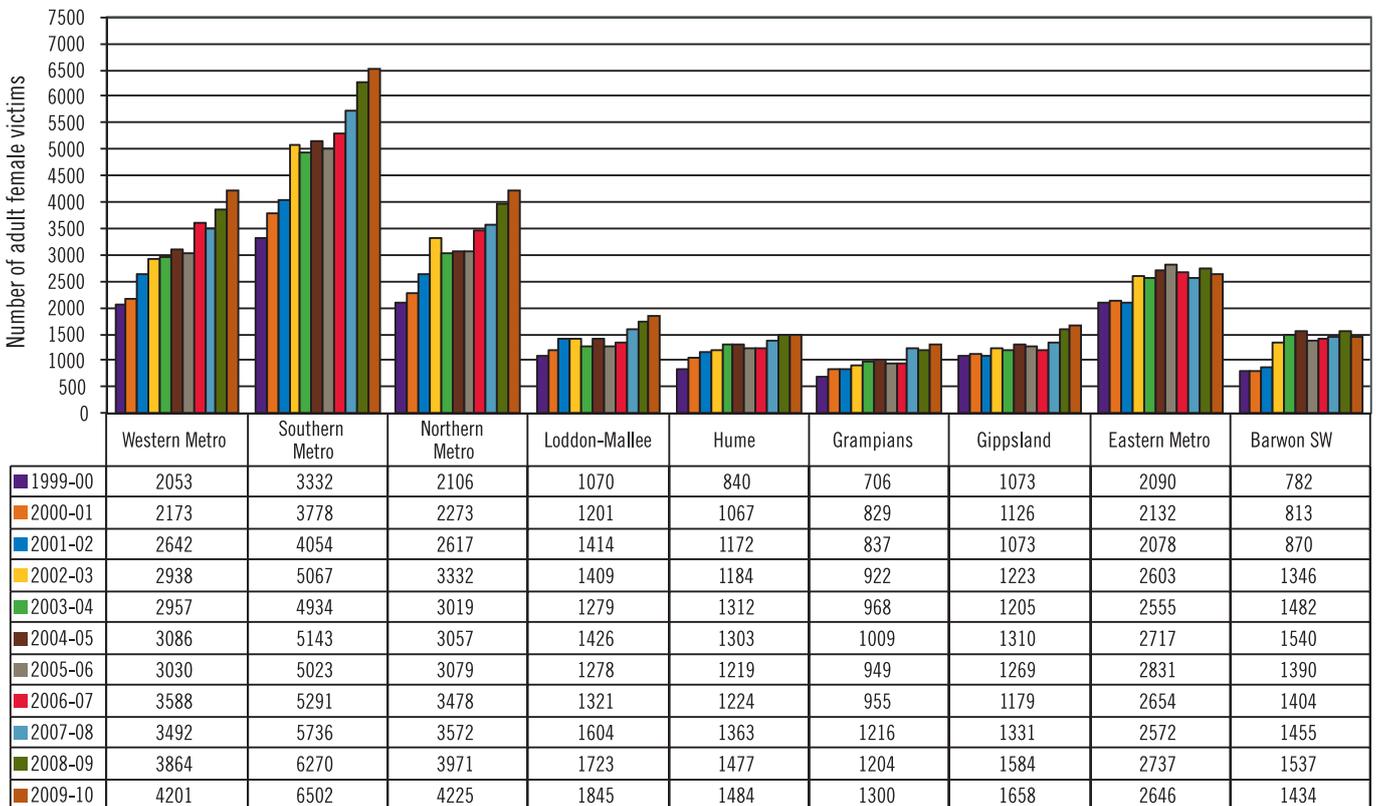


Adult female victims by region

As discussed above, women in all regions have increased their reporting of family violence to police. The proportional increase across all regions varies, but within consistent rates in all regions – that is, those regions with larger actual numbers retain larger numbers in proportion to other regions.

In the most recent two years of data, family violence incident reports continued to increase among women residing across all regions. Western, Northern and Southern metropolitan and Gippsland regions demonstrated the largest proportional increases in 2009-10 (Figure 62). However changes are variable. For example in the Western region, reports decreased in 2008-09 and in the Grampians, reports *decreased* for 2006-07 and 2007-08 then experienced a large increase in 2008-09.

FIGURE 62: Number of adult female victims by region – police

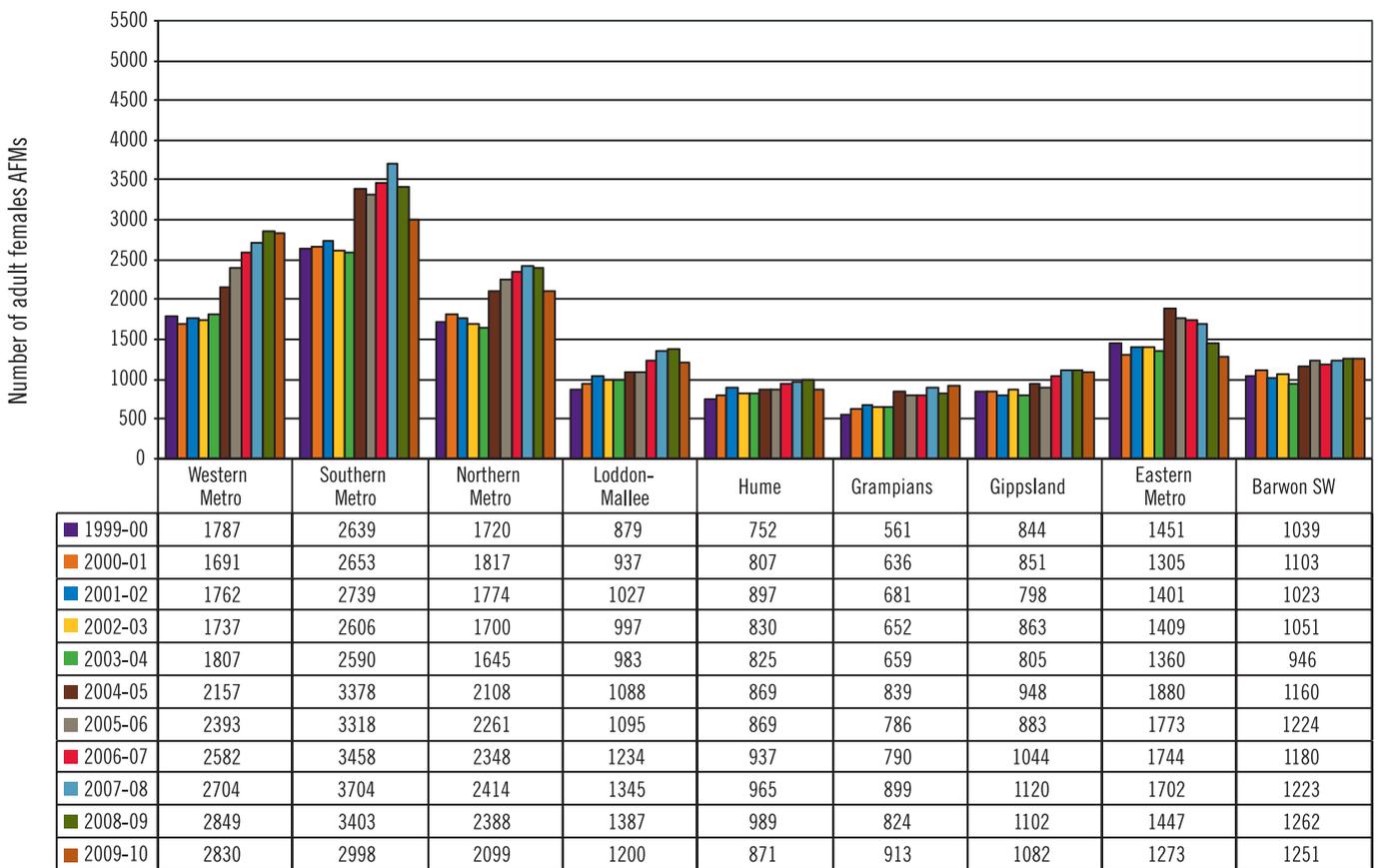


Note: Regional reports are based on the postcode where the victim lives when reporting. While victims often seek services from the regions where they live, this data does not necessarily correlate with rates of service delivery.

The latest two years of court data exploring the regions where affected family members lived at the time their intervention orders were finalised is usual in comparison to earlier years.

While the overall number of affected family members has increased substantially (Figure 1), the location of residence appears to have either stayed the same or decreased in nearly all regions (Figure 63). This result may be due to an anomaly in the data where residential postcode is not provided for an increasing numbers of victims. In 2008-09 postcode was not provided for 1,725 adult female victims and in 2009-10, this increased to no information for 3,853 adult female victims. In previous years, there were fewer than 100 adult females where postcode was unknown.

FIGURE 63: Number of adult female victims by region – courts



Note: Regional reports are based on the postcode where the victim lives. While victims often seek services from the regions where they live, this data does not necessarily correlate with rates of service delivery.

Specialist Family Violence Courts (SFVC)

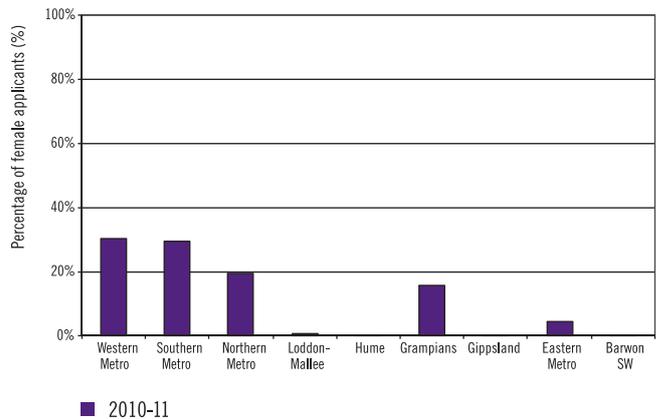
Similar to the wider court population, a higher proportion of women seeking intervention orders through a specialist court program were residing in metropolitan areas (Figure 64). Information is reported only for 2010-11, the only year from which data has been collected from each specialist court. Because court location heavily influences the geographic regions from which the population is drawn, including earlier years without all courts included would bias the results and be misleading.

It is important to note that specialist courts are based in the following three Victorian regions:

- Northern and Western Metropolitan region – Heidelberg Family Violence Court Division, Sunshine (Werribee) Specialist Family Violence Service and Melbourne Specialist Family Violence Service
- Southern Metropolitan regions – Frankston Specialist Family Violence Service
- Grampians region – Ballarat Family Violence Court Division.

Most applicants associated with specialist family violence court programs reside, expectedly, in the Department of Human Services (DHS) region where the specialist court is located (Table 25, and Figure 64). Although applicants can attend courts in any region, they often choose the most convenient to where they live, however many applicants are in transition and may move during the time an intervention order is processed. In addition, if an applicant has sought family violence support prior to attending court they might be directed toward a court with a specialist program. It is also the case that the Melbourne Magistrates' Court absorbs applicants from all regions.

FIGURE 64: Adult female victims by region – SFVC (2010-11)



Base: all applicants seeking support through a specialist court program in 2011-10.

TABLE 25: Regional location of female applicants receiving support by court support worker by court location – SFVC (2010-11)

	Ballarat	Heidelberg	Melbourne	Frankston	Sunshine	Werribee
DHS region	N	N	N	N	N	N
Western Metro	*	*	233	0	345	71
Southern Metro	*	*	157	489	*	0
Northern Metro	0	350	78	*	*	0
Loddon-Mallee	*	0	*	0	0	0
Hume	0	*	*	*	0	0
Grampians	333	0	*	0	*	*
Gippsland	0	*	*	0	*	0
Eastern Metro	0	23	71	*	*	*
Barwon Southwest	*	0	*	0	0	*
Total	346	388	552	497	366	74

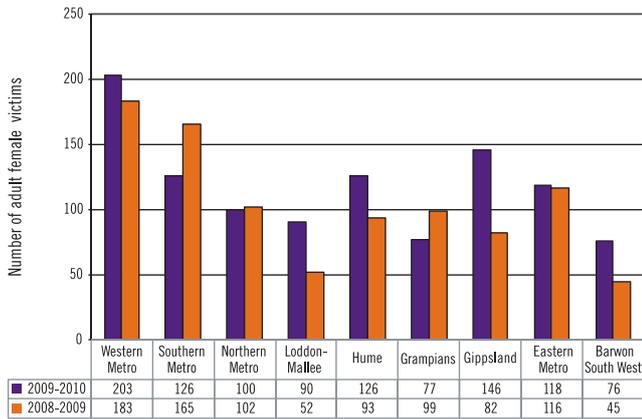
Base: all applicants seeking support through a specialist court program in 2011-10.

* Fewer than ten applicants

Victims Assistance and Counselling Program (VACP)

Regional analysis of VACP clients is introduced for the first time in this report. Numbers of clients (Figure 65) distributed across the two years are similar.

FIGURE 65: Number of adult female victims by region – VACP



Victorian Civil and Administrative Tribunal (VCAT)

The introduction of the *Family Violence Protection Act 2008* saw changes made to the *Residential Tenancies Act 1997* and the *Victorian Civil and Administrative Tribunal Act 1998*.

These changes aim to support victims who have a family violence intervention order or Family Violence Safety Notice in place, to renegotiate tenancy arrangements to enable them either to:

- end the lease and move to another location
- make a change to the term of a lease
- change the name of the person on the lease to remove the other party or transfer the lease to the other party so the affected family member is no longer responsible for the tenancy.

These legislative changes support of the overall aims of family violence reform, which has emphasised the ability of women and children experiencing family violence to stay in the home where they are willing and it is safe to do so and requiring the perpetrator to leave.

Analysis of the regional movement among the VCAT applicants using this section of the legislation is tricky. While specific addresses cannot be identified through the data provided from VCAT, the postcode of the applicant, other party and the property in question can be compared. This means that when applicants and respondents live in different postcode locations from the property some understanding of movements can be gained. However, this is less clear when both parties live in the same postcode area as the property.

What we can identify within this small data set is that VCAT applicants seeking variation on tenancy contracts due to family violence-related issues were living across all regions of Victoria. Properties subjected to VCAT applications were located in all regions except Hume. Four of the 31 applicants seeking tenancy changes moved out of their region at the time of making the application so that applicants resided in six different regions at the time of making a VCAT application (Figure 66).

However, details on the nature of the application and whether applicants were seeking assistance to remain in, or to leave, the property is not systematically recorded. Twenty-five applicants approached the Tribunal to change a tenancy agreement (including creation of a new tenancy and reduction in fixed term tenancy, see Figure 134) but no further information about the specific outcome is available. Information on the section of the Act used in the Tribunal application is discussed in Section 4.2.

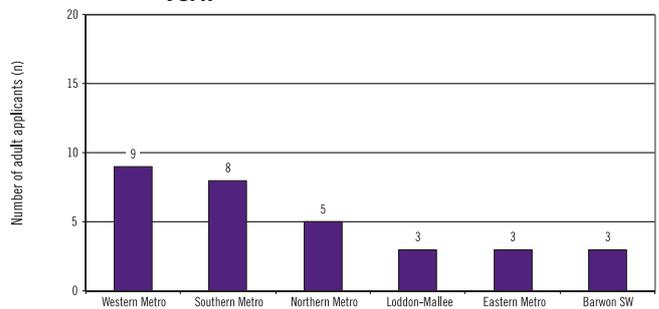
Postcode information does allow high level analysis of VCAT applications in relation to changes to the lease on a property and reveals:

- 24 applicants were living within the same postcode area as the property to which they were seeking tenancy changes.
- in 11 cases both the applicant and the other party had the same postcode as the property.
- in three cases the other party was located in the same postcode area as the property, but not the applicant.

To understand more fully the movement of family violence-related VCAT applications, a data field could be introduced to identify where each of the parties lived in relation to the property at the time of the application, as well as what changes were being sought in relation to the lease (i.e. whether the applicant was seeking access to the property or to be removed from the lease). This information could be recorded without identifying personal information about applicants or respondents.

Case notes from cases already collected could provide some of the information required to back-fill the details in this small data set.

FIGURE 66: Number of adult female applicants by region – VCAT



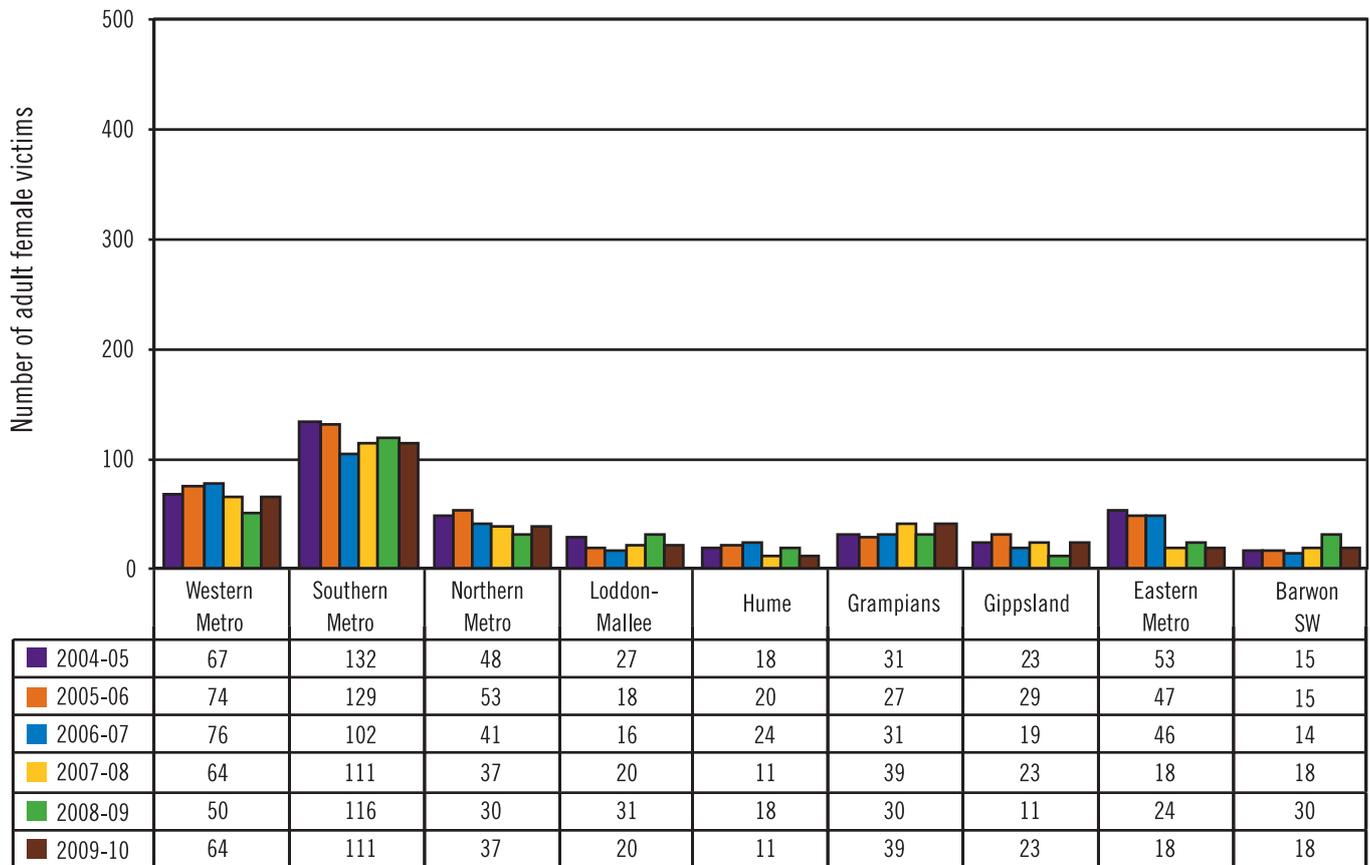
Base: all VCAT applicants July 2010 to June 2011.

Victorian public hospital emergency department (VEMD)

The proportion of adult females presenting in emergency departments of the public hospitals from various regions of Victoria follows a similar distribution to that of police and courts (based on residential postcodes of patients).

The largest population of patients are located in the Southern Metro region followed by Western, Northern and Eastern regions (Figure 67). Although the number of cases is small in some regions, there is relative consistency between the six years of available data.

FIGURE 67: Number of adult female victims by region – VEMD



Note: Regional reports are based on the postcode where the patient lives. While patients often seek services from the regions where they live, this data does not necessarily correlate with rates of service delivery.

In Table 26, numbers are expressed as a percentage of the Victorian adult female regional population. While the greater number of adult females seeking assistance from police and courts were from metropolitan regions (Figure 62 and Figure 63), when analysed as a percentage of the population, victims living in non-metropolitan regions sought more assistance as a proportion of the population.⁶²

TABLE 26: Adult female victims (aged 20 years and older) as a percentage of the Victorian population by region – police and courts

Region	ABS ER population at 30 June		Courts		Police	
	2005	2010	2004–05	2009–10	2004–05	2009–10
Barwon Southwest	132,227	144,039	0.85%	0.82%	1.10%	0.95%
Eastern Metro	380,852	405,244	0.46%	0.30%	0.64%	0.63%
Gippsland	91,003	101,403	1.01%	1.00%	1.35%	1.51%
Grampians	78,689	86,188	1.04%	1.01%	1.20%	1.42%
Hume	93,558	101,455	0.91%	0.81%	1.31%	1.38%
Loddon-Mallee	110,095	119,429	0.97%	0.95%	1.24%	1.43%
Northern Metro	306,724	341,884	0.66%	0.58%	0.94%	1.18%
Southern Metro	462,124	512,951	0.72%	0.56%	1.07%	0.79%
Western Metro	258,954	309,206	0.86%	0.87%	1.24%	1.30%
State total (excluding unincorporated)	1,914,226	2,121,799	0.73%	0.65%	1.03%	1.03%

Note: ABS Estimate Resident population figures have been provided by the Australian Bureau of Statistics.

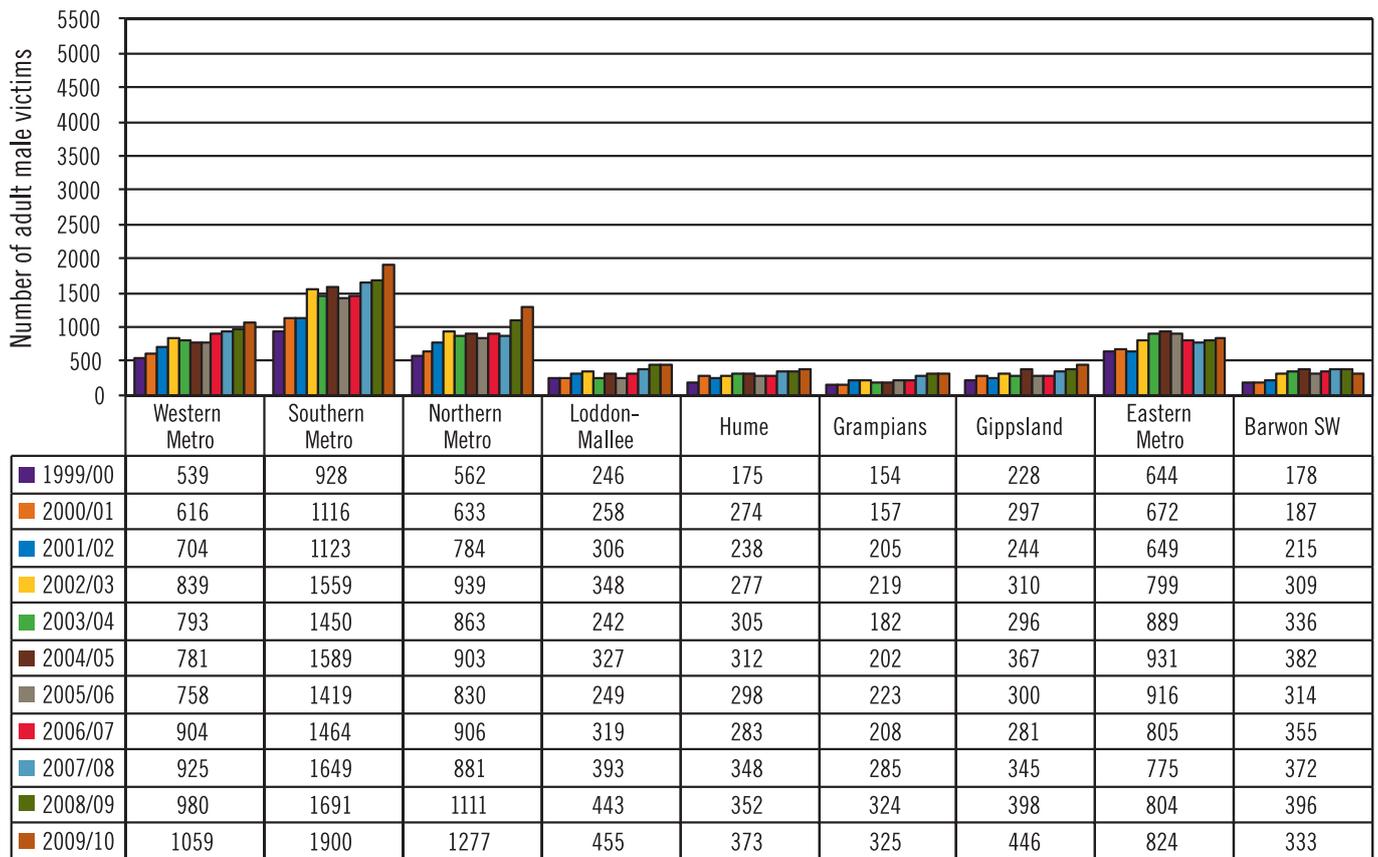
Adult male victims by region⁶³

As with adult female victims, there are generally greater numbers of family violence incidents among male victims living in metropolitan regions.

Family violence police reports among male victims has shown an overall increase across all regions since reporting commenced. However, increases are much more gradual over time as compared with the rate increases in female victim reports.

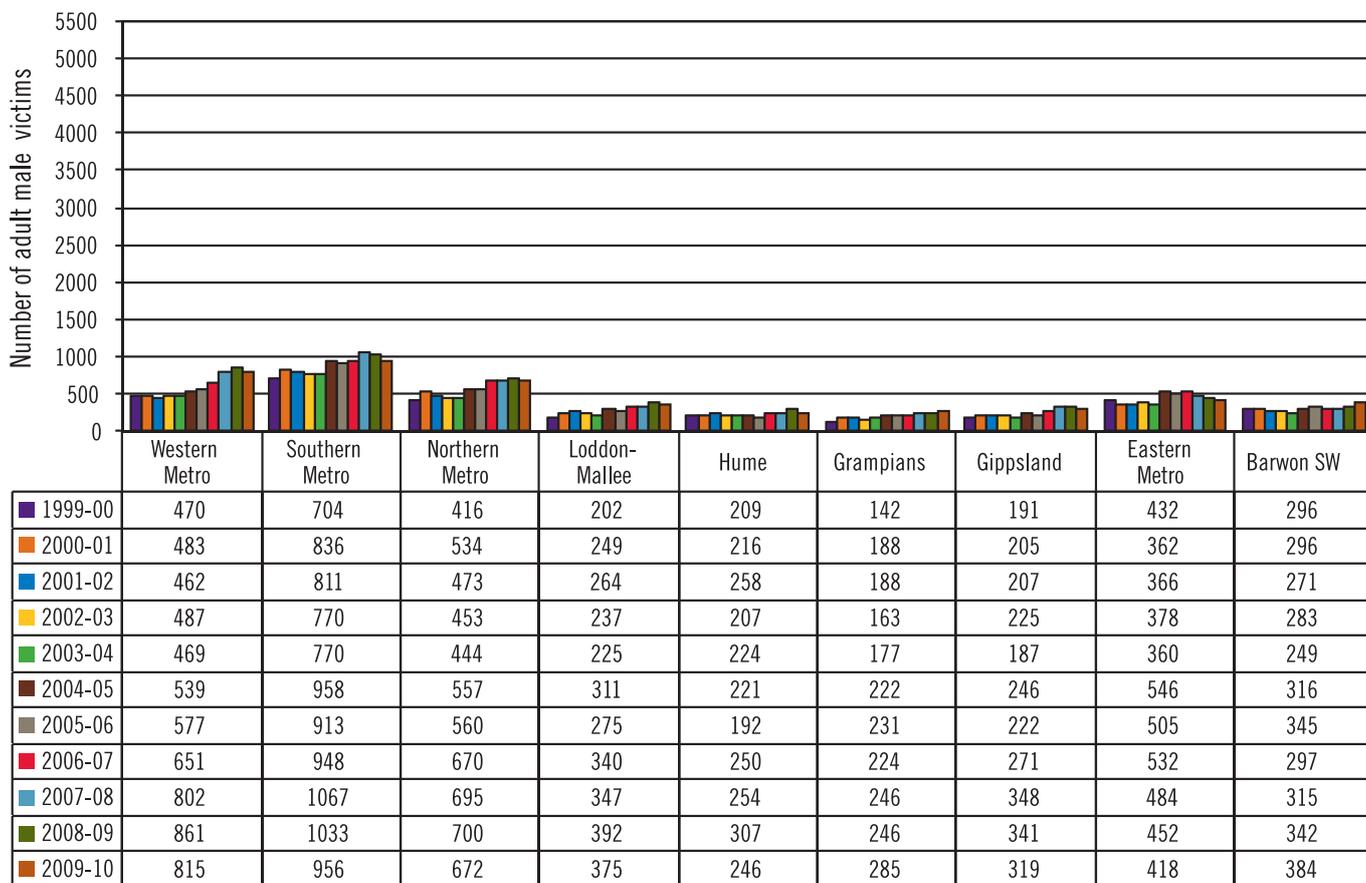
While regional differences in the number of finalised intervention orders among adult male victims of family violence do exist, a gradual increase is apparent overall (Figure 69). While numbers do vary across the years, increased reporting rates are particularly noticeable among men living in the Southern and Northern Metro regions (Figure 68 and Figure 69).

FIGURE 68: Number of adult male victims by region – police



Note: Regional reports are based on the postcode where the victim lives. While victims often seek services from the regions where they live, this data does not necessarily correlate with rates of service delivery.

FIGURE 69: Number of adult male victims by region – courts



Note: Regional reports are based on the postcode where the victim lives. While victims often seek services from the regions where they live, this data does not necessarily correlate with rates of service delivery within the region.

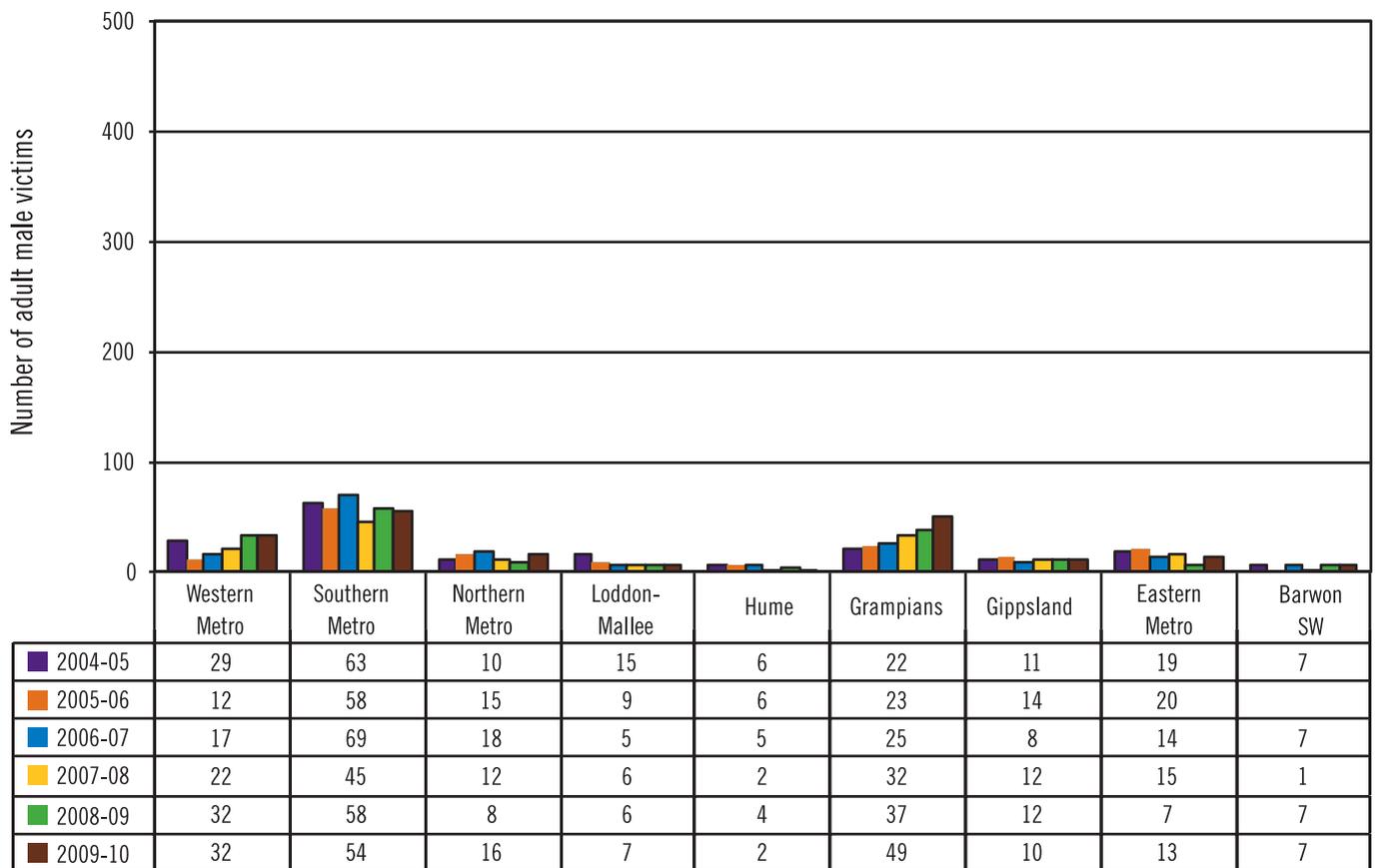
Specialist Family Violence Courts (SFVC)

During 2010-11 there were a small number of male applicants spread across the specialist programs (N=100). For the most part their distribution across regions was similar to that of female applicants in that they lived in the same region in which the court was located (for comparison with females applicants see Table 25).

Victorian public hospital emergency department (VEMD)

As with adult female victims, there are generally greater numbers of male family violence patients living in metropolitan regions while some rural regions show larger proportional increases (Figure 70). Numbers are very small within each region and extreme caution should be taken with drawing any conclusions from changes over time. It is worth continuing to watch future reports from those regional areas trending toward increases (Gippsland and Western Metro) as this mirrors increases in reports to police and court intervention orders.

FIGURE 70: Number of adult male victims by region – VEMD



7. CHILD VICTIMS OF FAMILY VIOLENCE

7.1 Number of child victims of family violence

Historically children and young people experiencing family violence have been treated as an extension of their parents, not identified in need of a service except in cases of directly identifiable child abuse. A more encompassing definition of family violence within the *Family Violence Protection Act 2008* (including emotional and psychological abuse), greater understanding of the complexity of abuse in the family, as well as acknowledgement of children being victimised as witnesses to the violence and abuse in their families, has led to increased numbers of young people being counted across datasets.

The Victorian Family Violence Database has been witness to the increased counting of children over the years this report has been compiled. There have been obvious changes across data providers leading to more accurate counting and identification of children and adolescents separately from their parents, enabling provision of a service in their own right.

In the most recent six years of data, from 2005 to 2010, there has been a notable increase in family violence incidents being recorded where the child is listed as the affected family member, and a notable increase in reporting related to children in the IRIS data. This increased reporting of children as victims of family violence could reflect both a change in awareness of the impact of violence in the family on children – and therefore an increase of finalised intervention orders for children – as well as improved recording of children as victims in ways allowing them to be counted across the system.

Please note a discussion of the relationship between children and adolescent victims to the perpetrator/other party can be found in Section 5.4.

Victoria Police

Across the 11 years of police and court data reported on, the number of child victims recorded has increased dramatically (those aged 17 years and younger). This is in part due to improved reporting and training methods among police members and court staff, changes to the way in which children are recorded on intervention orders, and overall awareness of the impact of family violence on children so that there is a greater willingness to acknowledge children as victims in their own right (Victorian Police 2010, Cumulative Harm Guide Perry 2001).⁶⁴

The second edition of the police *Code of Practice for the Investigation of Family Violence* (2010) directs police to identify and assess children as follows:

Section 2.4.2.1.1 Safety and welfare of children and young people

Upon receiving a report of any family violence incident, police must:

- Check if there are children and young people present, affected by or exposed to family violence.
- Account for the whereabouts of all children or young people from the family.
- Check on the wellbeing of all children and young people.
- Acknowledge to the children and young people that something has happened which may affect them.
- Consider contacting SOCIT regarding a VARE (Video and Audio Recorded Evidence) interview if children or young people have witnessed violence.
- Consider the safety needs of children and young people separately and where appropriate include them in an application for an intervention order to protect the affected family member, or consider the need for a separate application with the child or young person as the affected family member.
- Consider mandatory reporting obligations in section 184 of the *Child Youth and Families Act 2005* where the child has suffered or is likely to suffer significant harm and the parents have not or are unlikely to protect the child.
- Consider making a report to Child Protection or a referral to Child FIRST where a child or young person has or is likely to suffer significant harm to their emotional or intellectual development.
- Establish if there are any Family Law Act orders or child protection orders in force that may be inconsistent with the proposed terms of the Family Violence Intervention Order (FVIO) or Family Violence Safety Notice (FVSN). If this is the case, a FVSN is not an option and an application for a FVIO should be made to the Magistrates' Court. If a Family Law Act order is inconsistent with the safety needs of a child, policy may ask the Magistrates' Court to exercise its jurisdiction to revive, vary, discharge or suspend the operation of the Family Law Act order. See section 68R of the Family Law Act or section 90 of the *Family Violence Protection Act 2008*.
- Make mention of the children and young people present in any referral made on behalf of the affected family member.

The number of children recorded as the affected family member in police family violence incidents has tripled since this report commenced with data from 1999-2000. In 1999-2000, police identified 915 children as affected family members in family violence incidents⁶⁵ and by 2007-08 numbers more than doubled (2,367). In 2009-10 there were three times as many children recorded as victims (2,755, see Figure 71).

FIGURE 71: Number of children (aged 17 years and younger) recorded as affected family member – police

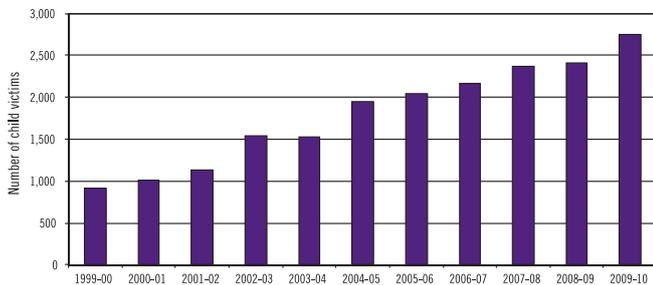
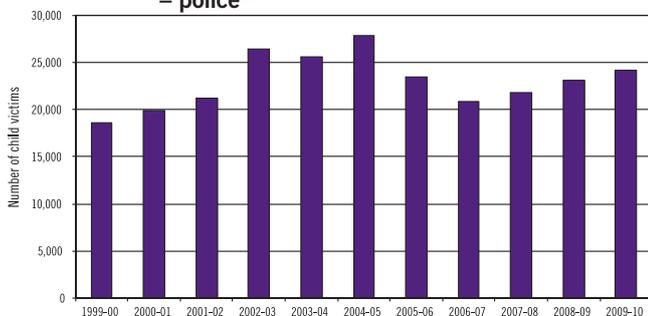
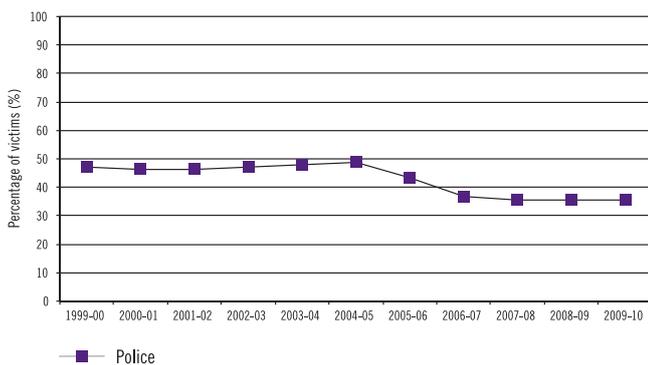


FIGURE 72: Number of children (aged 17 years and younger) present at incidents of family violence – police⁶⁶



Note: Until 2006 children present was recorded only for those aged 16 years and younger. The age of children was increased to 17 years on family violence incident report forms for 2006-08.

FIGURE 73: Proportion of family violence incidents where at least one child is reported as present – police



Compared with children recorded as affected family members (victims), substantially more children were present at family violence incidents recorded by police (Figure 72).

In 1999-2000, there were 18,541 children aged 16 years and under recorded as present at family violence incidents. In 2004-05, this number peaked at 27,795 then declined in subsequent years to 21,846 in 2007-08. Since 2007-08 recording of children present has again increased so that 24,180 children were recorded as present at family violence incidents in 2009-10.

Much of the variation in numbers of children recorded as present at family violence incidents may be related to waves of on-going police training and emphasis on identifying children present in the household.

The proportion of incidents where at least one child was present has declined since 2004-05 (Figure 73) and has remained steady for the past three years. Increased awareness of the impact of family violence on children coupled with increased inquiry about children when attending incidents may have translated into identifying more children as affected family members rather than solely present. This coincides with the introduction of the Victoria Police *Code of Practice for the Investigation of Family Violence* in 2004.

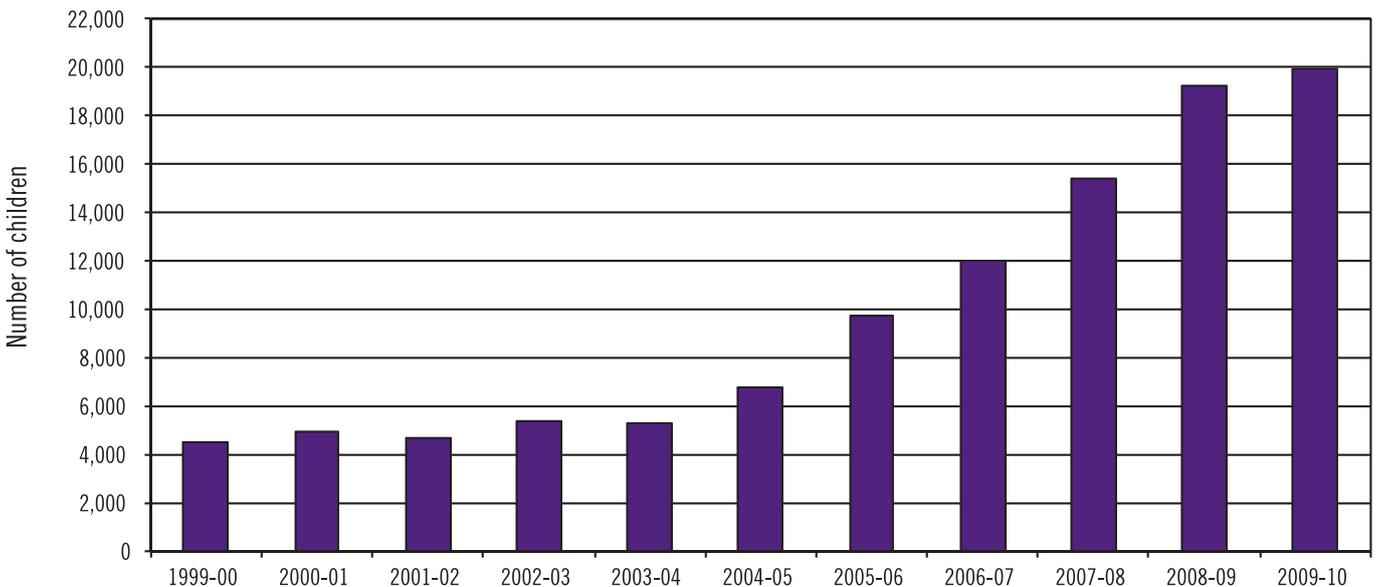
Increases to children recorded as present in 2008-09 and 2009-10 could also be a result of the introduction of the *Family Violence Protection Act 2008* and police-issued Family Violence Safety Notices, and the associated training and awareness raising which accompanied these legislative changes. Both these initiatives emphasise the safety of children and recognise their rights and needs as victims in their own right, separate to their parents.

Victorian Magistrates' and Children's Courts

The number of children identified as affected family members in finalised intervention order applications has, like numbers in other data sets, increased substantially over the 11 years of data covered in this report. In 1999-2000, 4,530 children were identified as affected family members (aged 17 years and under). This figure increased by 341 per cent over the 11-year period to 19,974 children recorded on finalised intervention orders in 2009-10 (see Figure 74). As discussed above in Section 5.1, the rise in numbers of children is due to multiple factors including:

- an increase in police reporting children as victims when present at family violence incidents
- changes in the way in which children are recorded in the court's data collection system which ensures children subject to intervention orders are more visible
- overall increased awareness of the impact of family violence on children resulting in overall increased reporting of children across the system
- the introduction of the *Family Violence Protection Act 2008*, which recognises that children exposed to the effects of family violence are particularly vulnerable and exposure may have a serious impact on their current and future wellbeing
- the incorporation of risk assessment by registrars across the Magistrates' Court, including training to registrars in the use of the Common Risk Assessment and Risk Management Framework (CRAF).

FIGURE 74: Number of children (aged 17 years and younger) with finalised intervention order applications – courts



Specialist Family Violence Courts (SFVC)

Specialist court programs are increasingly collecting information about children affected by intervention orders in a more comprehensive way than what is captured on the intervention order application form (source of the data for the wider Magistrates' and Children's court analysis). More than half (58%, n = 1,236) of the women accessing specialist court support workers when attending court, had children in their care. Another one fifth included a child on their intervention order application and one in ten of these women had children accompanying them on the day they attended the court (Table 27).⁶⁷

Identifying the presence of children at court, and the proportion of women who include children on their intervention orders, is not available from any other data source reported on in this report. Therefore, this result provides an indication of the rate by which this might be occurring in other populations and will be valuable to monitor over time.

TABLE 27: Victims/applicants with children in their care in (all courts, 2010-11) – SFVC

	2010-11 %
Victims/applicants with children in their care	58%
Victims/applicants with accompanying children	11%
Child included in intervention order - Yes	20%
Total	*

Base: all applicants (N=2226) recorded as seeking support through the specialist family violence programs

* Total does not equal 100% as data extracted from multiple data items/questions.

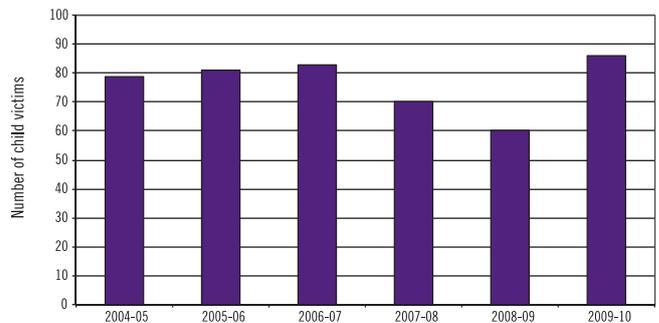
Victorian public hospital emergency department (VEMD)

Although sample sizes are small in the hospital emergency data (Figure 75), there was a consistent number of patients aged 17 years and younger presenting with human intent injuries across the six years included in this Volume 5 report.

An average of 75 children and adolescents per year present to emergency departments with injuries identified as human intended injuries. This comprises approximately 12 per cent of all human intent injuries in each of the six years included in this report.

As is cautioned with the VEMD data, these are small numbers and while care should be taken with drawing conclusions, there has been a relatively consistent number in most years.

FIGURE 75: Number of children (aged 17 years and younger) – VEMD

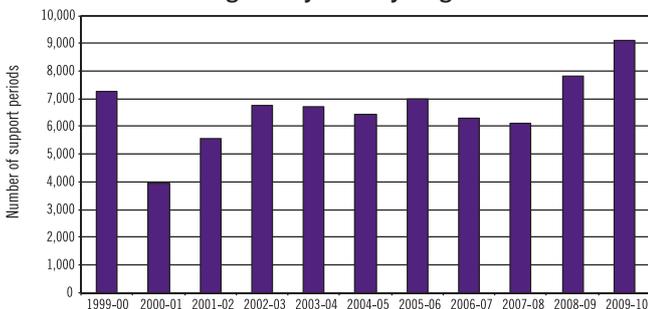


Victorian Supported Accommodation Assistance Program (SAAP)

Figure 76 identifies the number of SAAP support periods for domestic violence clients who had one or more accompanying children.⁶⁸ We can see a large number reported in 1999-2000 then a sharp drop to almost half as many clients with accompanying children in 2000-01. From 2001-02 to 2005-06, clients with accompanying children increased then dropped again in 2006 to 2008. In the last two years there has been a large increase in the number of client support periods recorded with accompanying children, the largest recorded over the 11 years. Changes in the number of support periods with accompanying children may be related to an increase in overall number of support periods, and additional services funded to address the needs of children.

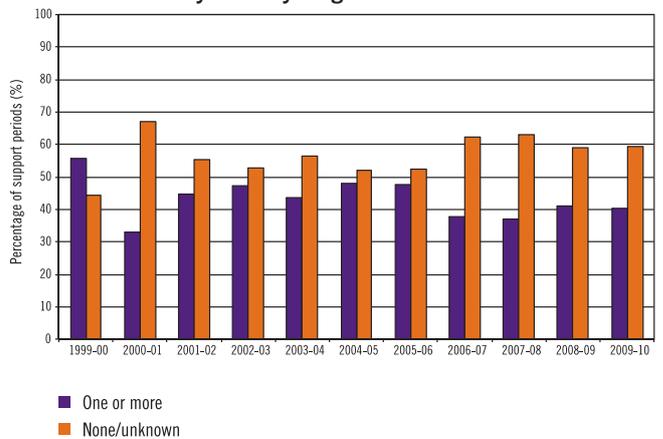
The proportion of clients with one or more accompanying children varied over the 11-year period from approximately 35-50 per cent with an average of 43 per cent (Figure 77). As discussed above, variation across the years may be due to changes in support funding for client type, length of support period, proportion and type of agency participation, data collection changes or emphasis on issues of relevance.⁶⁹

FIGURE 76: Number of support periods for clients of SAAP services who had at least one accompanying child aged 17 years or younger – SAAP



Note: SAAP data represent support periods and are weighted for agency non-participation.

FIGURE 77: Support periods for clients of SAAP services who had at least one accompanying child aged 17 years or younger – SAAP



Note: SAAP data represent support periods and are weighted for agency non-participation.

According to the ABS Women’s Safety Survey, more than two thirds of the women who experienced violence from a former partner reported they had children in their care at some time during this relationship, and nearly one half stated the children had witnessed the violence (1996, p. 8).

The Victorian Family Violence Database, as discussed earlier, does not include data on homicides. However, it is known that family violence also plays a significant part in this form of child death. The National Homicide Monitoring Program shows that from 1989 to 2002, an average of 25 children were killed each year in Australia by their parents (Mouzos 2003).

Family violence incidents involving parents or child abuse are the most prevalent known reasons for the killing of children (Mouzos 2000). Evidence shows that child killings and intimate partner violence are closely related, and that intimate partner violence is a high-risk factor in the context of many cases of filicide, even when children have not been direct victims of abuse previously (beyond witnessing the violence), especially in the context of separation. This same evidence shows noted gender differences in the reasons for killing children, showing that men often kill children in retaliation against their female partners, while women are more likely to kill children as a result of difficulties they experience as mothers (Kirkwood, 2012).

Victims Assistance and Counselling Program (VACP)

In the latest two years of VACP data, we can separate adult and child populations of VACP family violence-related clients. One third of this client population were aged 17 years or younger in 2008-09 and one quarter in 2009-10, with the majority of children aged less than 15 years (Table 28).

TABLE 28: Proportion of victims by age (adolescent/child clients) – VACP

	2008-09 %	2009-10 %
Age of clients		
0-14 years	31%	23%
15-17 years	4%	4%
18 years and older	65%	74%
Total	100%	100%

Base: all VACP clients.

Examining the client type of adolescents or children in the VACP population identifies what might be expected - that a large proportion of clients in this group would be *secondary* clients. While a majority of child victims were classified as a *primary* client, two of five were *secondary* clients. Secondary clients could be attending alongside a parent, adult or another family member identified as the *primary* client.

TABLE 29: Client type (adolescent/child clients) – VACP

	2008-10 %
Client type	
Primary victim	57%
Related victim	2%
Secondary victim	41%
Total	100%

Base: VACP clients aged 17 years and younger.

Victoria Legal Aid (VLA)

Historically children and young people experiencing family violence have been treated as an extension of their parents, and not identified as in need of a service except in cases of directly identified child abuse. A more encompassing definition of family violence (including emotional and psychological abuse), greater understanding of the complexity of abuse in the family, as well as acknowledgement of children being victimised as witnesses to the violence and abuse in their families, has led to increased numbers of young people being counted.

Victoria Police and the Magistrates' and Children's Courts have worked particularly hard toward identifying and counting, more accurately, the number of children involved, to refer them appropriately to services and to apply for intervention orders on behalf of the children.

It is therefore heartening to see that children and young people involved in family violence matters are also accessing Victoria Legal Aid (VLA).⁷⁰ One in five (20%) of VLA family violence casework clients were children or adolescents under the age of 18 years (12% aged 15 years or less). The young people in this population were present in near equal gender proportions: female (48%) and male (52%).

Much smaller proportions of duty lawyer session (6%) and legal aid advice services (4%) were provided to children and adolescents and they were provided near equally to females and males. Approximately half of these young people were aged 15 years and younger.

7.2 Gender of child victims

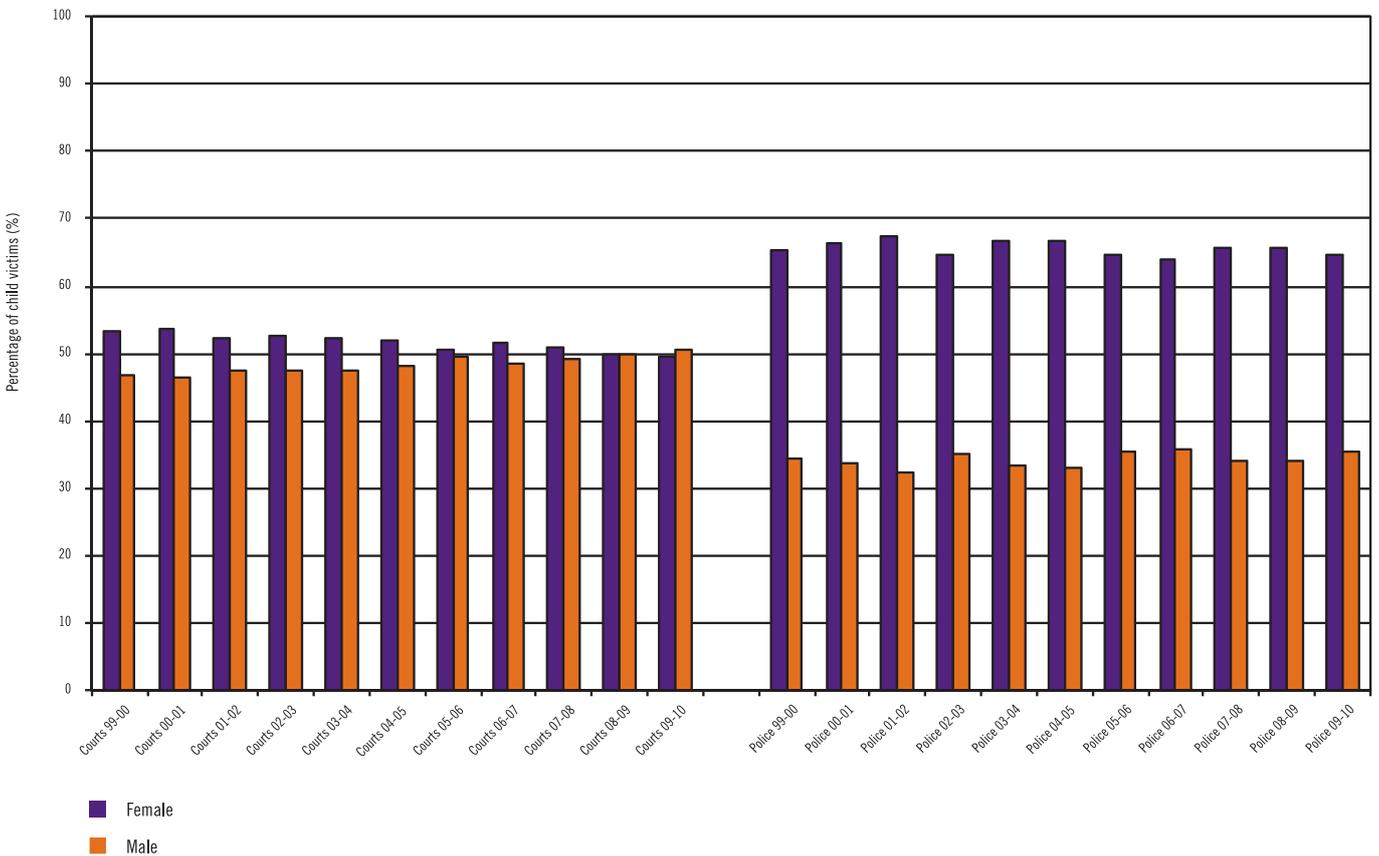
Victoria Police and Magistrates' and Children's Courts

Female children were more frequently identified as victims within police-reported incidents of family violence. On average, over the 11-year period, approximately two thirds were female and approximately one third were male (Figure 78).⁷¹

Within the court data (Figure 78) across the 11-year period the difference in proportion between female and male children narrows to near equal proportions in the most recent years.

Exploration of the ages of children reported on might explain the variation between court and police data (see Figure 80 and Figure 82).

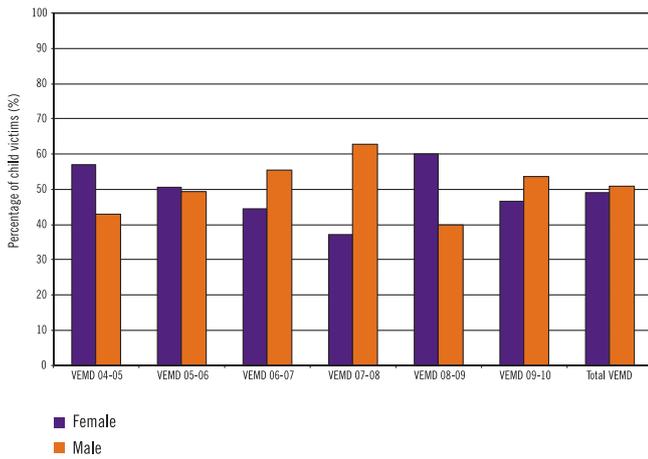
FIGURE 78: Gender of child victims (aged 17 years and younger) – police and courts



Victorian public hospital emergency department (VEMD)

As discussed above, the number of children presenting to the emergency departments annually is small and therefore results in large annual variation in numbers of females and males (Figure 79). When numbers across all six years of VEMD data are combined the gender spread of children is quite even with 49 per cent being female and 51 per cent male.

FIGURE 79: Gender of child victims (aged 17 years and younger) – VEMD



7.3 Age of child victims of family violence

Victoria Police and Magistrates' and Children's Courts

Older children (13-17 years) were more likely to be recorded as affected family members in police family violence incident reports (Figure 80) compared with younger children (aged 12 years and less) who more often appear as affected family members on intervention orders in the court data.

The largest proportion of child victims in police family violence incidents were aged 13-17 years. Over the most recent five years of data presented, there are minor variations within each age group, but the relative proportions remain similar (Figure 80).

Although we cannot be certain as to why different age groups of children are more prominent in the police data versus the intervention order data, it is likely that combinations of several factors are occurring:

- older children are more likely to be able to call the police and report family violence, thereby more clearly identifiable as victims rather than witnesses
- older children and adolescents may be more likely to try and intervene between adults, thereby becoming a more direct victim
- older children may be better able to articulate what has occurred and recognise their own victimisation.

When children and adolescents are compared by gender and age there are marked differences in the proportions recorded by police. Males in the younger age groups (0-12 years) were proportionally more likely than girls in this age group to be identified as victims, and girls aged 13-17 years were more likely than males to be recorded as victims (Figure 81).

Children included as affected family members included on finalised intervention order applications were most commonly aged 12 years and younger, accounting for three quarters of children (Figure 82). The proportions have remained stable across the years reported on.

FIGURE 80: Age of children recorded as victims at family violence incidents – police

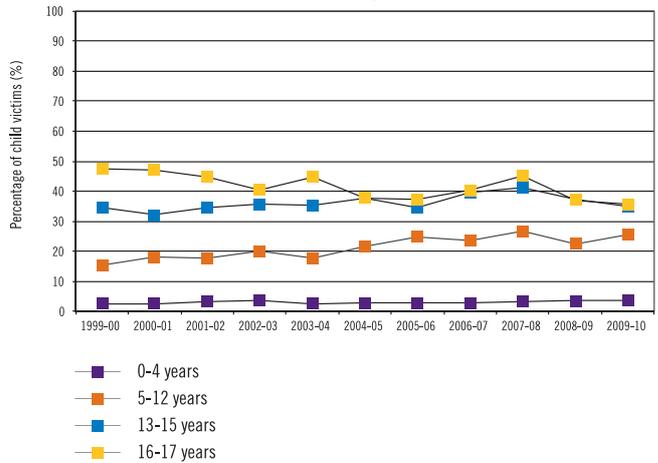


FIGURE 81: Gender of children/adolescents recorded as victims at family violence incidents by age group – police

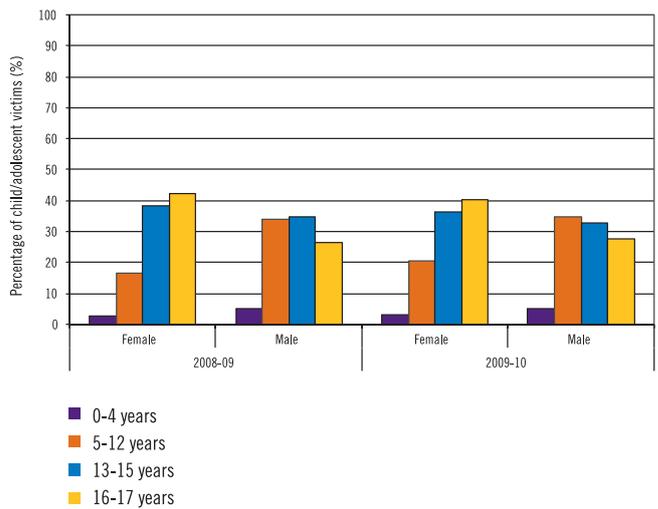
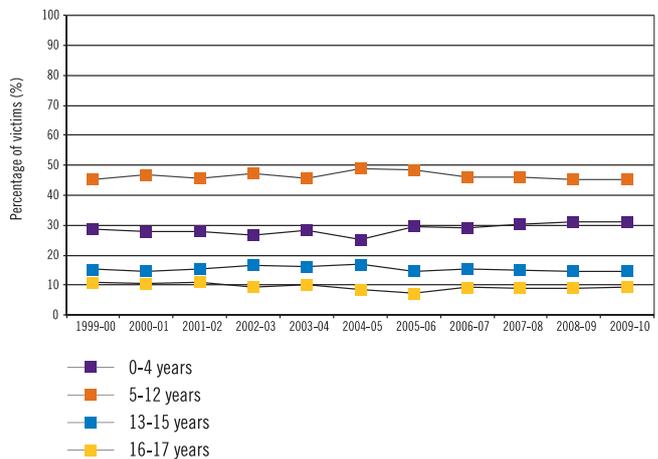


FIGURE 82: Age of children with finalised intervention order applications – courts



It is interesting to note that despite the overall increase in counting numbers of children with intervention orders, there has not been much change in the demographics of children reported on apart from a:

- slight narrowing of gender difference
- slight increase in proportion of youngest children
- slight decrease in children aged 5-12 years.

As seen in Figure 83, accompanying children among clients seeking assistance through SAAP agencies were consistently quite young. Approximately 45 per cent were four years and younger and a further 40 per cent were 5-12 years.⁷²

Victorian public hospital emergency department (VEMD)

Due to the small number of cases identified through the VEMD hospital data it would be expected that the age of child victims might vary dramatically from year to year (Figure 84) as was the case with gender analysis (Figure 79) above.

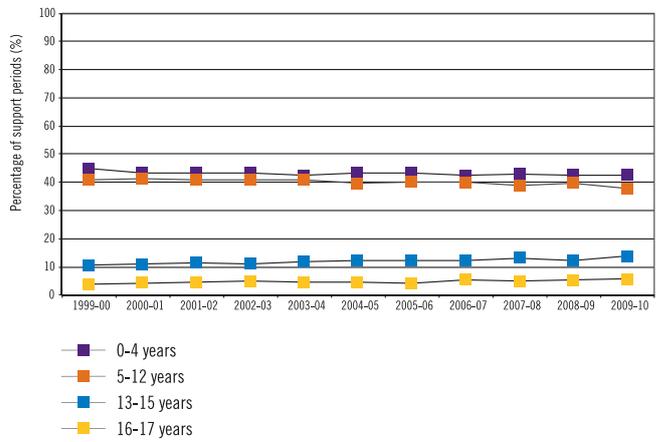
Examination of the number of children combined, across all six years of data, illustrates that younger children are more commonly presenting in the emergency department with human intent injuries. The last data item to the far right in Figure 84 provides an average age combined for the six years of data. One third of children aged 5-12 years followed by one quarter in the 0-4 and 16-17 years groups.

Discussion – 0-4 age group

Overall, comparisons between the data sources are limited due to variations in age groups and methods of recording children affected by family violence. However, it is possible to examine the youngest age group (0-4 years) across all data sources. The 0-4 year age group comprised approximately 40 per cent of children recorded by police as ‘present’ at incidents of family violence or as accompanying clients in SAAP support. Just below 30 per cent of all affected family members in finalised intervention order applications were also aged zero to four years.

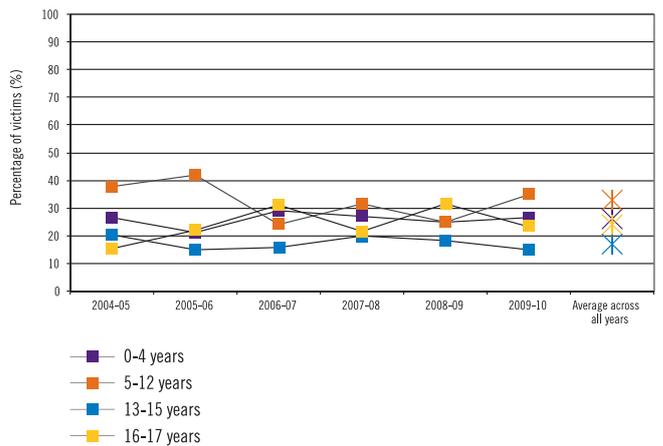
These figures conform with international research showing that children are typically present in homes where family violence occurs, and that children under five years are ‘disproportionately represented’ (Fantuzzo et al. 1997).

FIGURE 83: Age of accompanying children (at least one accompanying child) – SAAP



Note: SAAP data represent support periods and are weighted for agency non-participation and client non-consent

FIGURE 84: Age of children presenting to the emergency department with human intent injuries – VEMD



7.4 Age of respondent/other party where victim is a child (aged 17 years and younger)

Victoria Police

Most commonly, perpetrators against child victims are aged 35-44 years. Across the years of data reported on, this accounts for around one third of respondents/other parties in family violence incidents recorded by police (see Figure 85).

Victorian Magistrates' and Children's Courts

Intervention order data shows a sustained increase in respondents aged 35-44 years and a decrease in younger respondents aged 25-34 years (Figure 86). This is similarly reflective of age changes among respondents for adult affected family members as discussed earlier in this report (Figure 59). In addition, older respondents (aged 45-64 years) have also increased steadily. Other age groupings of respondents have remained relatively static.

Discussion of the relationship between children and adolescent victims and the perpetrator/other party can be found in Section 5.4.

FIGURE 85: Age of respondent/other party where child was a victim – police

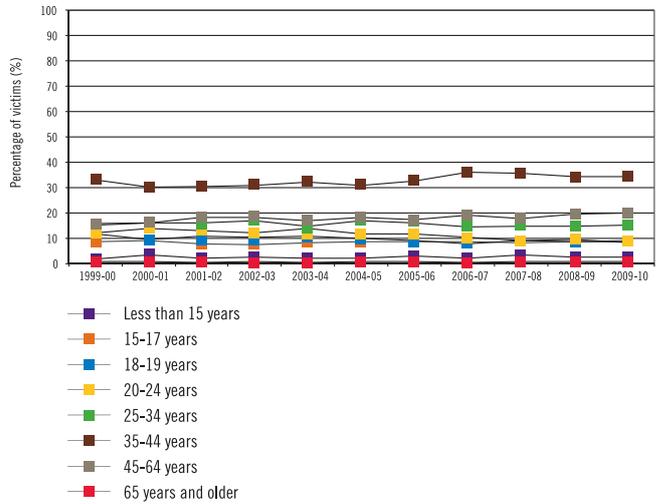
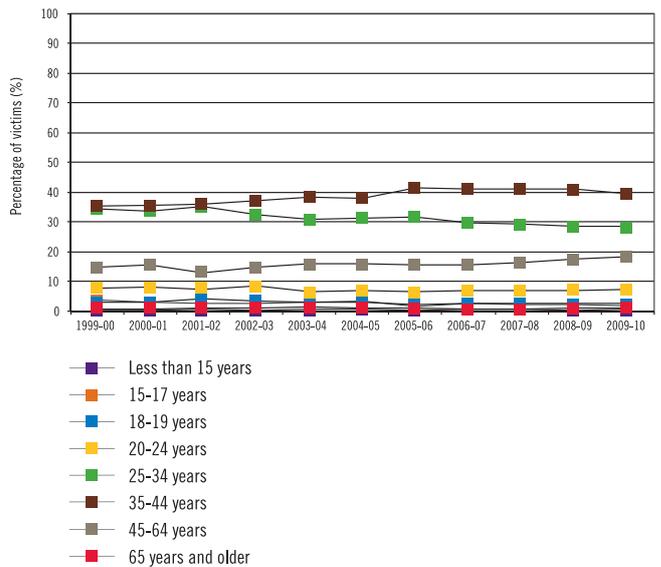


FIGURE 86: Age of respondent/other party where child was a victim – courts



7.5 Children and family violence by region

Victoria Police

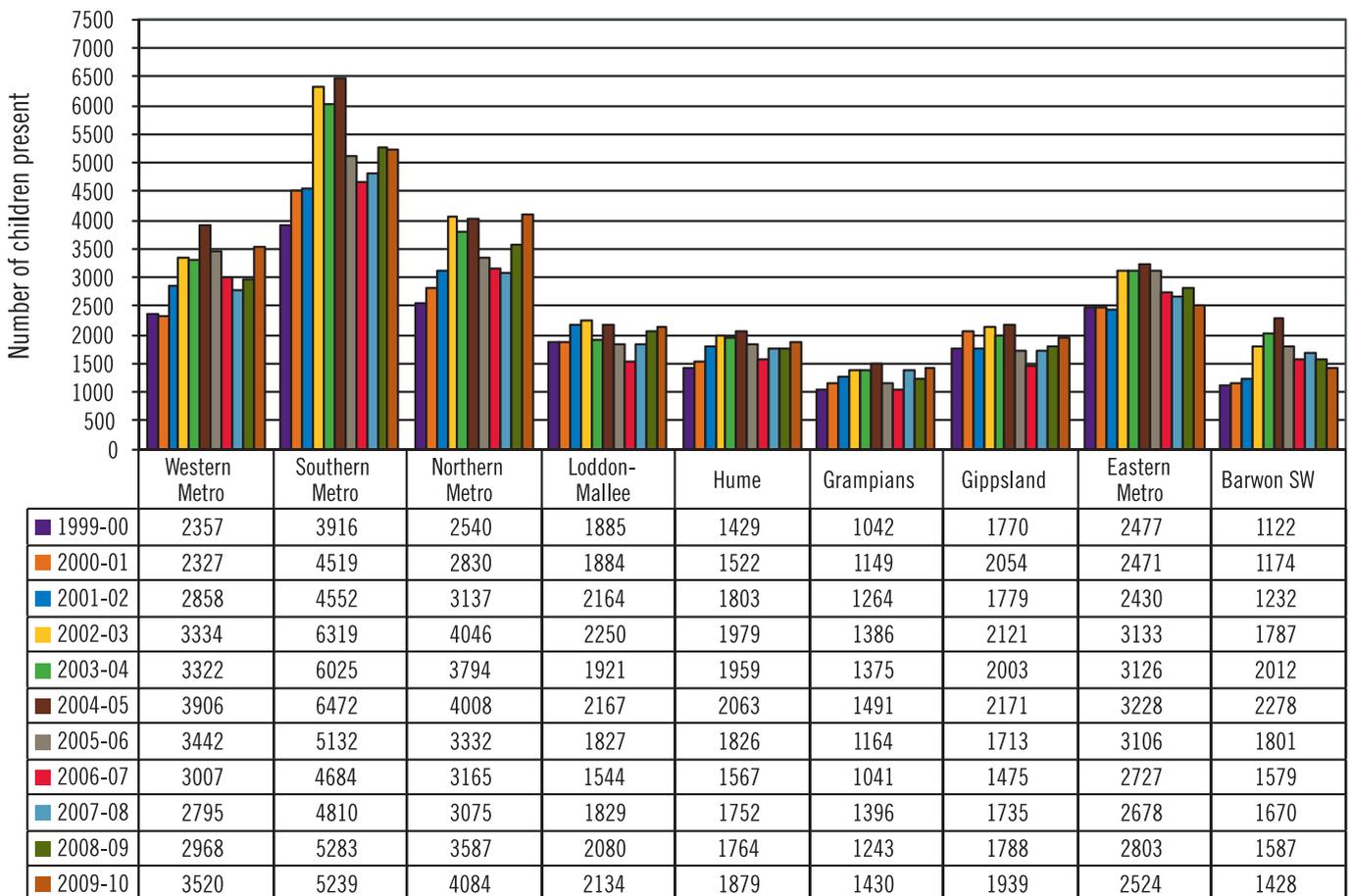
After an overall decline in recording the presence of children at family violence incidents (since 2004-05), there has been a gradual increase (Figure 87). Numbers were higher again by 2009-10 in all regions apart from Barwon Southwest and Eastern Metro.

As discussed earlier in Section 7.1, this increase in recording children at family violence incidents across all regions in recent years can likely be attributed to the increased emphasis placed on children in the Victoria Police *Code of Practice for the Investigation of Family Violence* (2004, 2010), focussing particularly on the need to consider whether children have been exposed to or witnessed family violence. In more recent years, increased recording of children at family violence incidents is likely due to the introduction of the *Family Violence Protection Act 2008* and police-issued Family Violence Safety Notices, as well as the associated training and awareness-raising which accompanied these legislative changes.

Victorian Magistrates' and Children's Courts

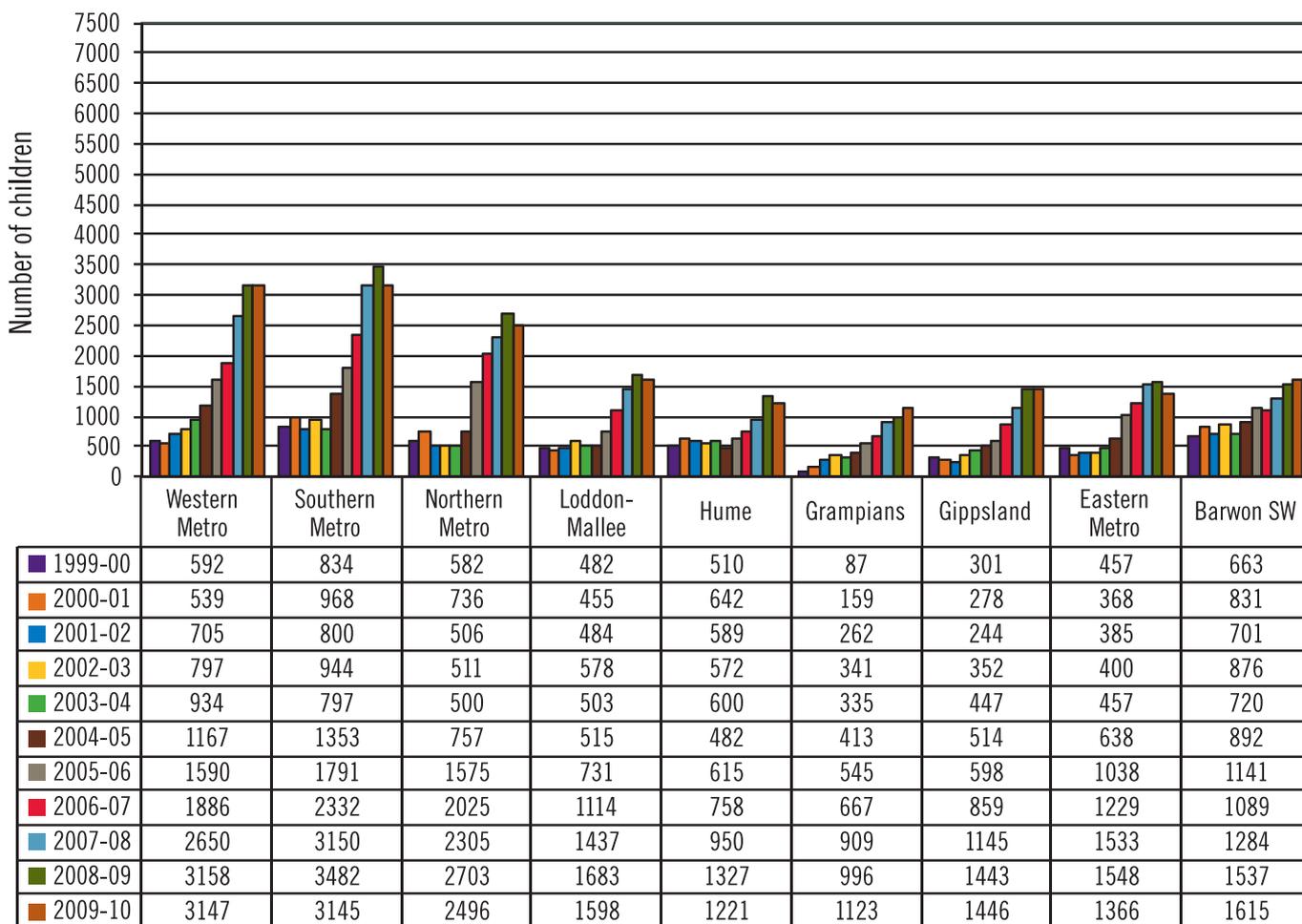
Inclusion of children on finalised intervention orders has seen a noticeable increase within all regions in most years since 2004-05 (Figure 88). This degree of increase was not evident in adult victim distributions (see Figure 63 and Figure 69) and for the most part relates to the legislative changes impacting the way in which children are included on applications for intervention orders (see discussion in Section 4.2). However, the latest data indicates a decrease across all regions, which and as noted in the discussion of adult victims, is most likely due to a change in reporting where residential postcode of the victim was not collected for a larger proportion of the population in 2009-10.

FIGURE 87: Number of children (aged 17 years and younger) present at family violence incidents by region – police



Note: Regional reports are based on the postcode where the victim lives. While victims often seek services from the regions where they live, this data does not necessarily correlate with rates of service delivery.

FIGURE 88: Number of children (aged 17 years and younger) with finalised intervention order applications – courts



7.6 Children and adolescents – referral into the system

Children referred into the family violence system through police, courts and SAAP systems are generally identified due to their presence when working through incidents of adult family violence. Once known to the system, they are often referred on to other services. The IRIS data systems identify where a family or child has been referred from for further assistance with family violence issues. In Section 4.2 and Section 5 above adult referral into the system was discussed. Referral of children naturally differs from that of adults.

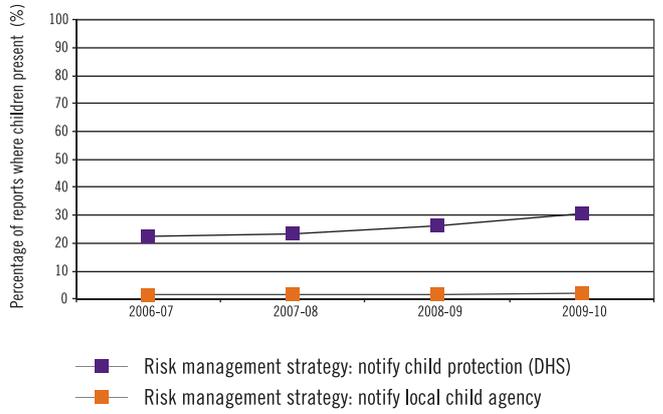
Victoria Police

Once children or adolescents are identified in the household then police members must decide whether that person has been impacted and should be identified as an affected family member, or recorded as being ‘present’ at the incident. Police consider the needs of children separately to other parties present and will also make an assessment of the needs of the child or adolescent to determine the most appropriate referral or report to be made.

Where police have concerns that a child has been, or is at risk, of being injured as a result of physical or sexual abuse, they are mandated to make a report to child protection. In all other instances where police may have concern for the wellbeing of a child, or are concerned about their emotional development or neglect, they may refer the child to Child FIRST or make a non-mandatory report to child protection. In some instances, police will refer children with the affected family members to a specialist family violence service, as part of a formal referral.

Over the past few years, since information on police risk management strategies has been recorded systematically, it can be seen that police members are increasingly reporting children they believe are at risk to child protection agencies. In 2009-10, nearly one third of families with children involved in family violence incidents were referred to child protection and less than five per cent to a family violence agency (Figure 89).

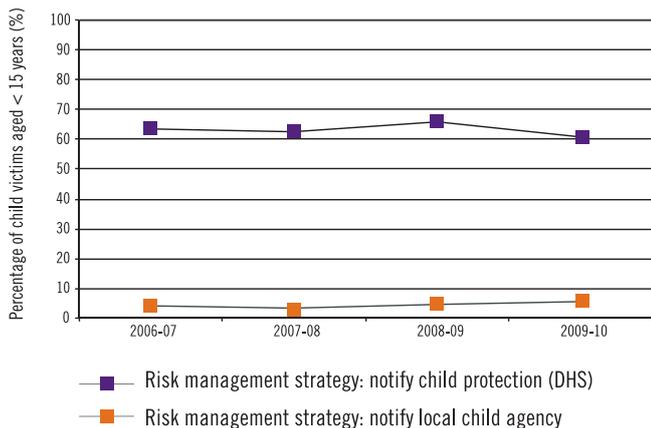
FIGURE 89: Proportion of family violence incidents where children are formally referred to another agency (base incidents where children are present) – police



Base: family violence incidents where children are present.

About two thirds of children and adolescents aged below 15 years (Figure 90) and one third of older adolescents aged 15-17 years (Figure 91) who were recorded as victims themselves on the L17 forms were formally reported on to child protection.

FIGURE 90: Proportion of child victims aged less than 15 years formally referred to another agency – police

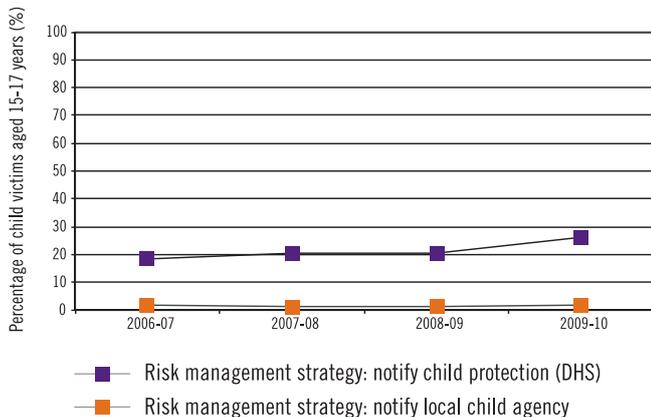


Base: family violence incidents where affected family member is a child aged 17 years and younger.

While police may refer children to a specialist family violence service with the affected family member, this path was very rarely followed (Figure 90 and Figure 91). Discussion with police members to determine their reasoning for reporting to child protection has identified that the local agency option is often filled to capacity and police members often don't feel able to make the distinction about whether a child requires a highly interventionist approach such as child protection or an outreach or counselling model.

To ensure the child receives an appropriate response and is assessed by a suitable practitioner, police have tended to take a more cautious approach when unsure of a child's needs. This is an indicator that police take the affects of family violence on children seriously and are increasingly focussed on ensuring children are linked to appropriate agencies.

FIGURE 91: Proportion of child victims aged 15-17 years formally referred to another agency – police



Base: family violence incidents where affected family members is a child aged 17 years and younger.

Victoria Legal Aid (VLA)

Referrals into the system have become available in the data for 2010-11 and most information on children and adolescents is in relation to access to duty lawyers. More than half of young people, where referral information is known (20 of 34 clients), were referred to the Victoria Legal Service (VLA) through the court or identified by the duty lawyer themselves. This means, they were first put into contact with VLA when they attended court, not prior.

Information about the outcome of matters handled by duty lawyers has been recorded for the six years of data included in this report (Table 30). The outcome of a matter is one form of risk management in anticipation of prevention of further abuse. Clients themselves can withdraw applications or not turn up to court (triggering an order being struck out), and can negotiate an undertaking rather than an intervention order. Because children/adolescents are a more vulnerable population, increased levels of support are needed to ensure decisions are in the best interest of the young person.

In the case of adolescent violence against other family members (especially parents), there is also the likelihood that parents will be reluctant applicants against their children.

Across the matters where information is recorded, more than one third were adjourned (36%) and about one in six were withdrawn or struck out (17%). Just over one quarter (27%) of matters resulted in intervention orders.

TABLE 30: Risk management – outcomes of matters (all years, all clients aged 17 years and younger) – VLA

	2005–11	
	Count	Col %
Matter adjourned*	1,110	36%
Advice only	253	8%
All orders granted (incl. interim orders)	810	27%
Struck out or withdrawn	520	17%
Total undertaking	189	6%
Other	166	5%
Total	3,048	100%

Base: all child and adolescent clients aged 17 years and younger, duty lawyer file, all years.

* Matters adjourned may return to the court and when finalised be counted in other outcome measures. At this stage we are unable to track clients and cases to analyse the conversion rate of adjournments to final orders.

Department of Human Services – Integrated Reporting Information System (IRIS)

Children and youth (17 years and younger) were most commonly referred into IRIS family services through community and local government welfare, followed by internal Department of Human Services referrals, and from family or friends. Referral distribution was similar for both male and female children (Table 31).

TABLE 31: Source of client referral by year (children/youth client from women’s and children’s services) – IRIS

	2006–07		2007–08	
	Count	Col N %	Count	Col N %
Females				
Community welfare and local government welfare	129	41%	209	41%
DHS (including internal)	94	30%	134	26%
Medical and hospital agencies	4	1%	2	0%
Police and courts	2	1%	14	3%
Schools and early childhood intervention	6	2%	17	3%
Other - including Men’s Referral Service (MRS)	6	2%	9	2%
Self, family friend	73	23%	124	24%
Total	314	100%	509	100%
Males				
Community welfare and local government welfare	119	42%	194	40%
DHS (including internal)	58	20%	120	25%
Medical and hospital agencies	3	1%	3	1%
Police and courts	4	1%	7	1%
Schools and early childhood intervention	23	8%	9	2%
Other - including MRS	7	2%	20	4%
Self, family friend	72	25%	127	26%
Total	286	100%	480	100%

Base: all adult clients aged 18 years and older.

Victorian public hospital emergency department (VEMD)

Most children and adolescents are referred to the emergency department for their injuries either by themselves, or through family and friends. Less than five per cent were referred by their local GP, which was the next largest referral agent (Table 32). Some possible explanations for this referral pattern include: injuries were of the extent that it was obvious that medical or emergency treatment was required and/or the injury occurred after hours when a local clinic would be closed.

TABLE 32: Patient referral into the emergency department by year (children/youth patients) – VEMD

	2006–10 Combined Col %
Source from which patient was referred to this emergency department	
Staff from this campus	2%
Self, family, friends	87%
Local medical officer, includes local GP/doctor	4%
Private specialist	0%
Correctional officer/police	2%
Community services staff	1%
Nurse (excluding those in categories above)	1%
Other	3%
Total	100%

Base: N=299, all patients aged 17 years and younger from 2006 to 2010.

Examination of the way in which children and adolescents arrive in the emergency department reveals that few arrive by emergency or community transport (Table 33). Most arrive through other forms of transport, which will include car (family or friend) or taxi.

TABLE 33: Patient arrival into the emergency department by year (children/youth patients) – VEMD

	2006–10 Combined Col %
Arrival transport mode	
Road ambulance	14%
Community/public transport (includes council/philanthropic services)	4%
Police vehicle	3%
Contracted ambulance service, including Metropolitan Ambulance Service and Rural Ambulance Victoria	1%
Other	79%
Total	100%

Base: N=299, all patients aged 17 years and younger from 2006 to 2010.

8. KNOWN DISABILITY AMONG THOSE INVOLVED IN FAMILY VIOLENCE

Background

According to the Australian Bureau of Statistics, disability affects at least one in five women in Victoria, and severe or profound disability affects over six per cent of the Australian population (ABS 2003). Disability is recognised as a risk factor for family violence, and women with physical and cognitive disabilities are reported to experience higher rates of family violence than those without disabilities (see also Section 3.3 above) (Brownridge 2006; Cockram 2003; Cohen, Forte et al. 2005).

Women with disabilities often experience social and economic marginalisation, as well as greater dependence on carers, which may ultimately lead to more severe and prolonged episodes of abuse as compared with women without disabilities (Young, Nosek et al. 1997). Additionally, women with disabilities may be segregated and over-protected, which can lead to isolation and vulnerability, that may serve to further increase their risk of abuse (Carlson 1997; Cockram 2003; Young, Nosek et al. 1997).

The definition of family violence is complex and inexact, and even more so when exploring the risks among women with disabilities. The experience of family violence among women with disabilities may be broader than generally understood, and more specific to their vulnerability. For example, in addition to more commonly understood situations of abuse, a woman with disability may experience withholding of equipment, food and medication, or imposed limitations on their access to communication devices, as well as threats of institutionalisation, restraint and confinement (Curry, Hassouneh-Phillips, et al. 2001; Gilson, Cramer, et al. 2001a; Nosek, Foley, et al. 2001; Healey et al. 2008).

Many agencies collecting data on family violence do not record the presence of a disability; nor do we know the extent to which the violence leads to disability. Discussions with data providers reveal reasons why this information is not generally collected. There are three main barriers.

First, the original, and on-going, intention of the databases are to collect information required to undertake a particular task. Data fields deemed to be unrelated to that task are often not included on the form.⁷³ For example, information collected for taking out and processing an intervention order focuses on specific evidence for the intervention order.⁷⁴ Information about broader client needs may not be requested.

However, women with disabilities report that additional information about their circumstances could inform the ruling on an intervention order and the various conditions imposed.

Family violence workers may find it relevant to identify needs for women with disabilities for a number of reasons, including:

- communication assistance, such as an Auslan interpreter or Teletypewriter (TTY) for hearing impaired or speech assistance technology for those with speech impairment
- physical assistance to complete paperwork, attend the court, mediation, legal aid etc, which may leave them particularly exposed to different risks or further abuse as compared with women without a disability
- comprehension assistance may be required for understanding the process, what is required at different stages, as well as final outcomes.

Second, disability may not be immediately apparent without either spending time with a client or asking specific questions. Family violence and administration workers may not be trained in disability awareness or may not feel confident in asking questions for fear of offending the victim. Overall, family violence workers are often both time-poor and under-resourced, and therefore may not fully establish disability needs, nor have the resources for comprehensively addressing them.

Often disability is recorded only if information is volunteered by the client as directly relevant to service or support issues, if obvious to the agency worker (such as a physical disability), or if the client is accessing a disability support pension and this information is recorded in the database. Further, it might also occur that the disability questions asked are not relevant for the victim. They may not capture the experience of the woman presenting, or the woman presenting may not identify with the chosen disability labels.

Third, but most importantly, is the way in which disability is defined. Traditionally disability has been defined through a medical model of what can be seen and/or diagnosed as being 'different' from 'normal'. However, discussions with the organisation Women with Disabilities Victoria reveals that people with disabilities and organisations supporting them are increasingly adopting a social model rather than a diagnostic model as the most appropriate framework in which to understand the experience of disability.

The social model says disability is a social construct, in the same way gender is. The experience of being a woman and having a disability takes place within a social context, which largely determines the consequences of being female or having a disability. . .

. . .in practice, this means recognising that people who have physical, sensory or intellectual disabilities, or mental or emotional distress, are denied opportunities, discriminated against and excluded by the barriers that society creates. It means focusing, not on our disabilities - what is 'wrong' with our bodies or our minds - but what is wrong with the way society is organised. In other words focusing on the prejudice that we experience, negative attitudes regarding the right to control one's own body, the lack of reproductive rights, inaccessible physical and communication environments, the failure to put resources into enabling technology, and other socially created barriers. This focuses on such prejudice in a way which challenges the stereotypes and places the responsibility for the barriers back onto the society which enables them to exist.

(Women with Disabilities Victoria 1997, pp. 4-5)

Reviewing the way in which disability is understood and defined may assist agencies to focus resources on treating women experiencing family violence according to their specific need for support services, rather than unintentionally isolating some persons because of particular characteristics.

8.1 Disability and data providers

Victoria Police

The Victoria Police *Code of Practice for the Investigation of Family Violence* (2004, 2010) outlines the impact disability can have on both the type of abuse experienced and the way in which a victim responds to, or reports abuse. In addition, through the Family Violence Incident Report and the Code of Practice, police are encouraged to ask and record where a person identifies as having a disability. While police members are guided on ways to question victims about disability or special needs, the data field is not mandatory, and information will be collected most often when the disability is apparent to the officer, or voluntarily disclosed by one of the parties present. This updated form came into widespread usage at the beginning of 2005.

Victorian Magistrates' and Children's Courts

At the time of writing, data is not routinely collected in relation to disability and family violence. The court data collection system is currently undergoing modification and recording disability of affected family members is one of many issues being considered during revision.

Specialist Family Violence Courts (SFVC)

Clients are asked about whether or not they have a disability. Information is recorded as follows: *Yes - disability, No - disability or Not disclosed*. A description of the disability, across nine categories, is also available.

Victorian public hospital emergency department (VEMD)

At the time of writing, information on disability is not routinely collected when a patient presents at the emergency department. Disability would be included in the case notes if directly relevant to the medical history or nature of the injury.

Additionally, if during assessment, it is revealed that the patient has either self-harmed, or has psychiatric-related issues, a data field is derived to identify patients who require a psychiatric examination. This field would only identify a specific group of people and therefore cannot be used for wider public reporting on disability.

Victorian Supported Accommodation Assistance Program (SAAP)

Presence of a disability can be measured among clients seeking support from SAAP agencies through several questions on the intake form. Questions are asked regarding:

- income support based on a disability pension
- living situation prior or subsequent to attendance at a SAAP agency being in a psychiatric facility
- whether a client is referred to specialist services (psychological, drug or alcohol, psychiatric, physical, and intellectual)
- whether a client is attending a specialist disability SAAP service.

While these questions identify *some* women with disability, it will overlook a majority of women with disabilities, including those:

- ineligible for a disability pension⁷⁵
- living with a partner whose income renders them ineligible for a disability pension
- who have never applied for a disability pension
- who are over 65 years of age who do not qualify for a disability pension.

In addition, across the 11 years of data included in this report, data collection systems have changed including revision of intake forms, renaming classifications of living situation and referrals to support services, as well as suitability of services for different forms of disability. Therefore selection criteria cannot be applied consistently across the years.

One consistent measurement of disability among family violence SAAP clients, while not comprehensive, is the *receipt of disability support pension*.

Utilising the disability support pension will selectively bias the sample to represent clients with more severe disabilities⁷⁶ who also qualify for the pension. This was the most reliable source of information on disability available at this time.

Victoria Legal Aid (VLA)

VLA collects information on client disability for casework, *duty lawyer*, *legal advice* and *minor work*. The data field is non-mandatory. In 2010-11 an increased emphasis on collecting information about client disability has seen a dramatic rise in disclosure. Up until 2010-11 there was a relatively stable rate of reporting disability of two to three per cent (see both client files Table 34). In 2010-11 the rate of reported disability among VLA family violence clients has increased to one in ten. Both male and female clients reported disability in similar rates within both data files.

This is a very positive evolution within VLA data collection procedures and sets the stage to ensure people with disabilities are able to access supports which may be relevant to their needs, especially if required during legal proceedings.

TABLE 34: Disability identified (all years, all adult clients) – VLA

	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
	%	%	%	%	%	%
VLA - Duty lawyer client						
No disability	5%	7%	6%	8%	9%	34%
Not known	93%	91%	91%	89%	88%	57%
Yes, disability identified	3%	2%	3%	3%	3%	9%
Total	100%	100%	100%	100%	100%	100%
VLA - Legal advice						
No disability	4%	6%	6%	6%	8%	35%
Not known	94%	92%	91%	91%	87%	55%
Yes, disability identified	2%	2%	3%	3%	4%	10%
Total	100%	100%	100%	100%	100%	100%

Information on the description of the disability is available from four per cent of each of the duty lawyer clients and legal aid clients (Table 35). The most frequently identified types of disability did vary between the two client files. More than two in five duty lawyer clients who described their disability identified mental health issues (45%), followed by just under one third with physical disabilities (31%). Among legal advice clients, two in five identified physical disabilities (39%) and one third mental health issues (35%).

TABLE 35: Description of disability (adult clients where disability was identified) – VLA

	2005–11 Duty lawyer		2005–11 Legal advice	
	Count	Col %	Count	Col %
Mental health	780	45%	202	39%
Physical	529	31%	180	35%
Intellectual	148	9%	46	9%
Other	133	8%	38	7%
Acquired brain injury	69	4%	18	3%
Hearing	55	3%	20	4%
Visual	12	1%	11	2%
Speech	6	0%	3	1%
Not disclosed		0%		0%
	1732	100%	518	100%

Base: all adult clients where description of disability was provided.

8.2 Number of incidents where disability was identified – police

Since the optional recording of disability in relation to family violence incidents attended to by police has been collected, awareness and recognition of victims with disability has increased each year (Figure 92). In 2006-07 there were 252 reports identifying with disability issues (less than 1% of incidents), rising to 606 reports in 2009-10, representing nearly two per cent of total family violence incidents (1.7%). In 2009-10 there were not any male victims of family violence recorded as having a disability.

Further exploration of incident reports among victims with disability shows a not unexpected direct correlation with age. Two in five of the women where disability was recorded were aged 45+ years (Figure 93).

8.3 Disability among specialist court program applicants and respondents (SFVC)

Information about whether or not a victim or perpetrator had a disability was collected across all court programs, although information on description and type of disability was only available from Ballarat and Heidelberg sites (Table 36).

Interesting differences do occur between the two client types. Nearly one in three male perpetrators (respondents) identified a form of disability compared with only one in ten female victims.

Difference also occurs when examining the type of disability (Figure 94). Perpetrators were over-represented in identifying drug and alcohol issues, depression, as well as serious/chronic medical conditions, while victims more frequently identified physical disability and mental illness.

FIGURE 92: Number of victims of family violence where disability was identified – police

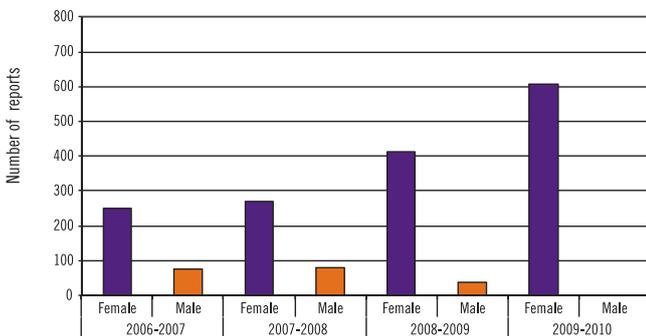


FIGURE 93: Age of female victims of family violence where disability was identified – police (2009-10)

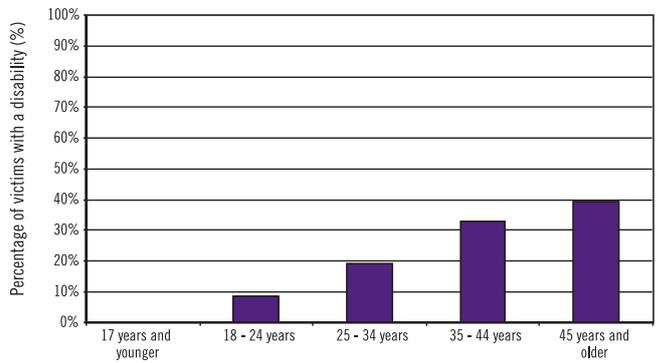
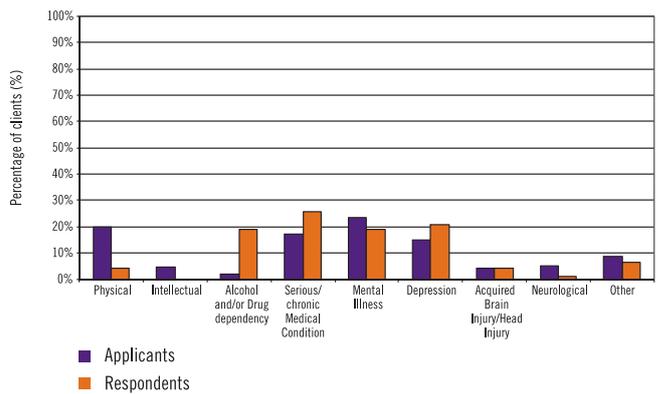


TABLE 36: Disability identified by client type – SFVC (2010-11)

	Female applicants %	Male respondents %
Yes	9%	29%
No	53%	63%
Not disclosed	38%	7%
Total	100%	100%

Base: data included for 2010-11, female applicants and male respondents only.

FIGURE 94: Description of disability by client – SFVC (2009-10 to 2010-11)



Base: all applicants and respondents included, gender comparisons not available.

8.4 Proportion of SAAP family violence clients qualifying for a disability pension

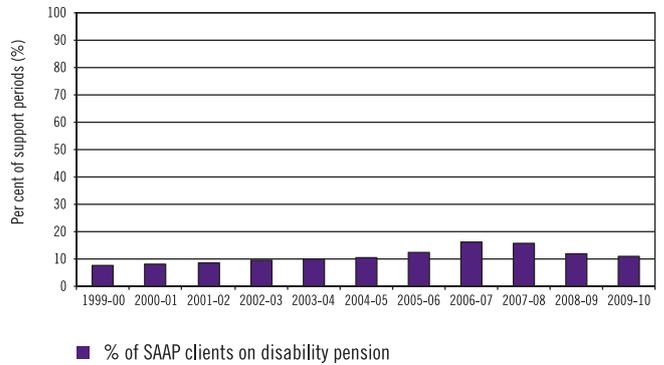
A question on disability type or grouping was introduced for SAAP in 2008-09. However, this information is stored separately to the standard SAAP data file and unable to be provided for this analysis. What can be reported on is the identification of support periods for SAAP clients who were known to be on a disability pension.

In 1999-2000 there were 1,000⁷⁷ support periods for clients⁷⁸ with issues of family violence who also reported a disability pension as primary income source and 2,550 support periods in 2009-10. The proportion of all SAAP family violence support periods for clients with a known disability has remained relatively consistent over the 11-year period beginning at eight per cent in 1999-2000 and increasing to 11 per cent in 2009-10 (Figure 95).

The exceptional years from 2006 to 2008, where there was a notable increase in SAAP support periods for clients with a disability pension among this client group, reflect the change in client selection discussed earlier in this report (see Table 15 and the discussion around gender of SAAP clients). This table illustrates another example where an unintended change in client selection can impact unexpected data items. A larger proportion of the male client types included in 2006-07 and 2007-08 received a disability pension as compared with previous or current years. The proportions of women in this client group remained largely unchanged.

Comparing gender of family violence clients among those with a known disability illustrates noticeable change only in the exceptional two years from 2006 to 2008 (Figure 96) (please see discussion in relation to the change in gender proportion over the most recent two years of data in Section 6.1).

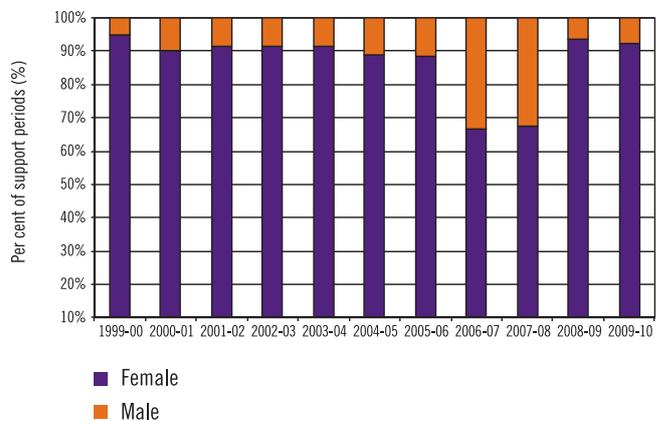
FIGURE 95: Proportion of SAAP clients experiencing family violence where primary income source (either before or after SAAP support period) is from a disability pension



Notes:

1. SAAP data represents support periods and are weighted for agency non-participation and client non-consent.
2. Data based on client support periods.
3. See discussion in Section 8.2 for information on limitations on this measure of disability.

FIGURE 96: Gender of adult SAAP clients experiencing family violence where primary income source (either before or after SAAP support period) is from a disability pension



Notes:

1. SAAP data represents support periods and are weighted for agency non-participation and client non-consent.
2. Data based on client support periods.
3. See discussion in Section 8.1 for information on limitations on this measure of disability.

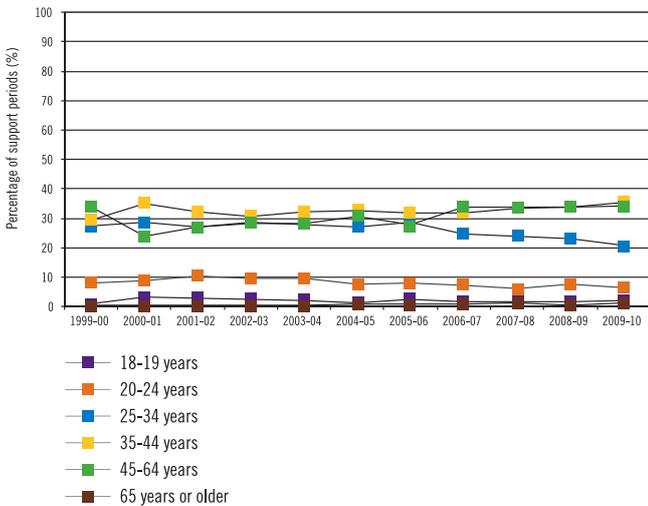
8.5 Adult SAAP clients with disability and age analysis

SAAP clients with a disability were proportionally older (Figure 97) than the overall SAAP client base (Figure 42). Those SAAP clients on a disability pension and supported for family violence-related issues were more often aged 35-64 years. The largest groupings of SAAP clients *not on a disability pension* were younger (25-44 years) and similar to the overall SAAP population.

There has been a notable increase in the proportion of older SAAP clients on a disability pension across the last four years of the analysis (2006-07 to 2010). This finding is not unexpected, as presence of disability tends to increase as a person ages. It is important to note that people over the age of 65 years are not eligible for a disability pension.

Among SAAP clients not receiving a disability pension, during the last two years of data, there was a decrease in clients of the younger and middle years (25-34 years) and corresponding increase in younger clients (18-24 years) (see Figure 98).

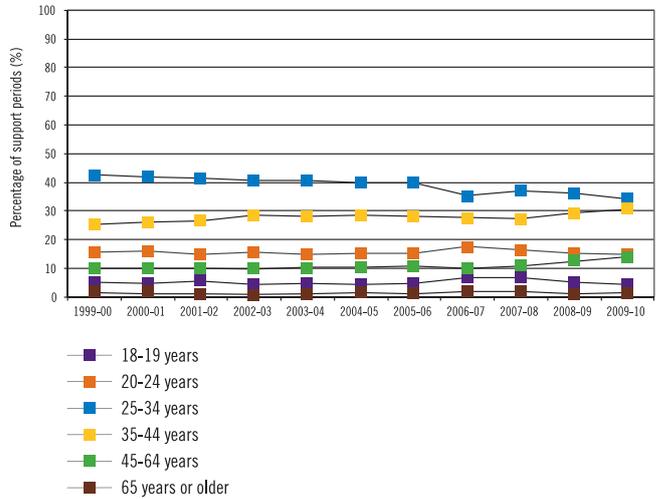
FIGURE 97: Age of adult SAAP clients experiencing family violence where primary income source (either before or after SAAP support period) is from a disability pension



Notes:

1. SAAP data represents support periods and are weighted for agency non-participation and client non-consent.
2. See discussion in Section 8.2 for information on limitations on this measure of disability.
3. People over the age of 65 years are not eligible for a disability pension.

FIGURE 98: Age of adult SAAP clients experiencing family violence where primary income source (either before or after SAAP support period) is NOT from a disability pension



Notes:

1. SAAP data represents support periods and are weighted for agency non-participation and client non-consent.
2. See discussion in Section 8.2 for information on limitations on this measure of disability.
3. People over the age of 65 years are not eligible for a disability pension.

8.6 Disability and home or family type analysis

Note on terminology: in this analysis the term *home type* refers to the type of accommodation a person lives in such as, among other things, whether it is owned or rented, a house or flat. The term *family type* is used when discussing the family a person lives with (single, couple, partner with children).

Victoria Police

Although there were differences in housing type between family violence victims with and without identified disabilities, they were not substantial. Figure 99 illustrates the proportion of victims with disability and housing type and can be compared with those who did not identify a disability in Figure 100.

A similar proportion of both groups (approximately two in five) were likely to live in a home which they owned privately.

A larger proportion of victims with a disability were allocated Department of Housing accommodation (approximately one quarter) compared with around one sixth of victims not identifying a disability. Boarding house accommodation was rare across all groups, but more likely a form of accommodation among male victims with a disability.

FIGURE 99: Housing type for victims of family violence where disability was identified – police

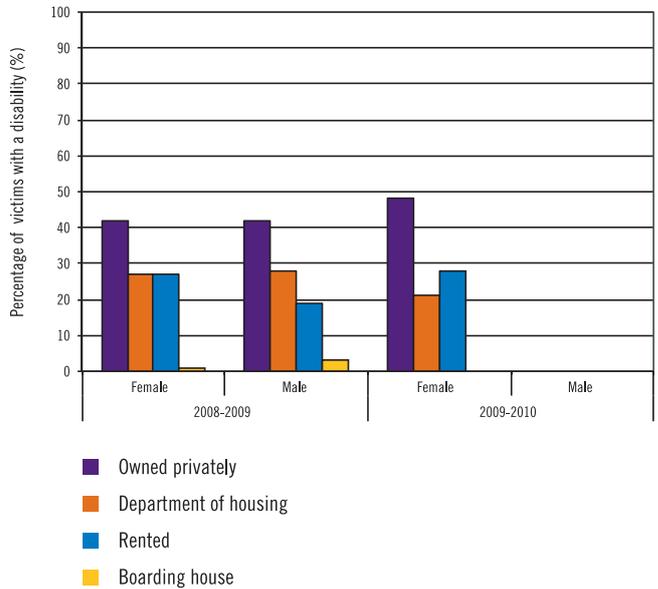
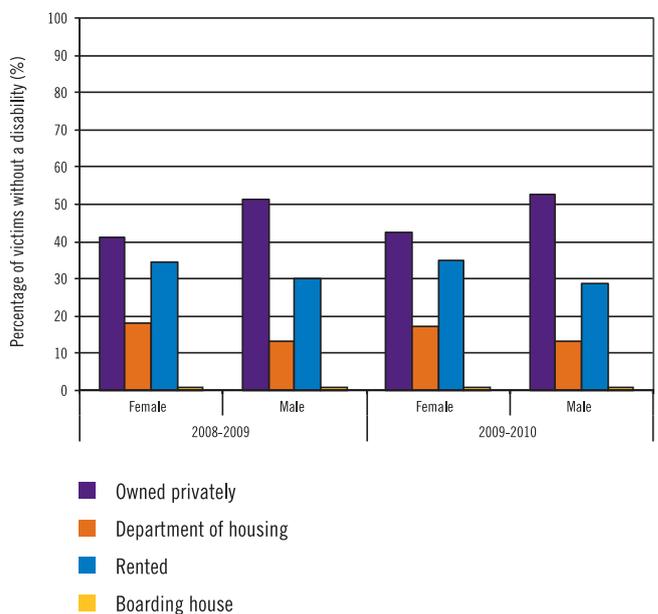


FIGURE 100: Housing type for victims of family violence where disability was not identified – police

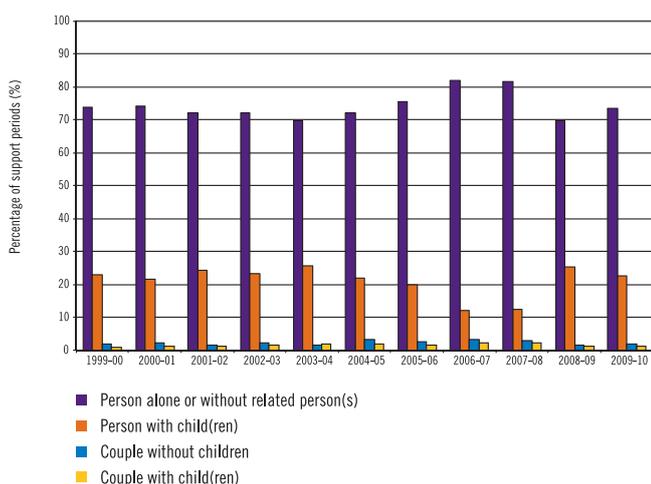


Victorian Supported Accommodation Assistance Program (SAAP)

A majority of clients on a disability pension receiving support periods for family violence-related issues enter as a 'single person alone, without children' at one in seven support periods (Figure 101). As discussed earlier, the change in data collection for 2006-08 shows exception to this otherwise consistent trend.

More than one fifth of support periods for clients with a disability included a single person *with* children. Conversely, half to two thirds of SAAP clients *not* receiving a disability pension (Figure 102) were single persons *with* children.

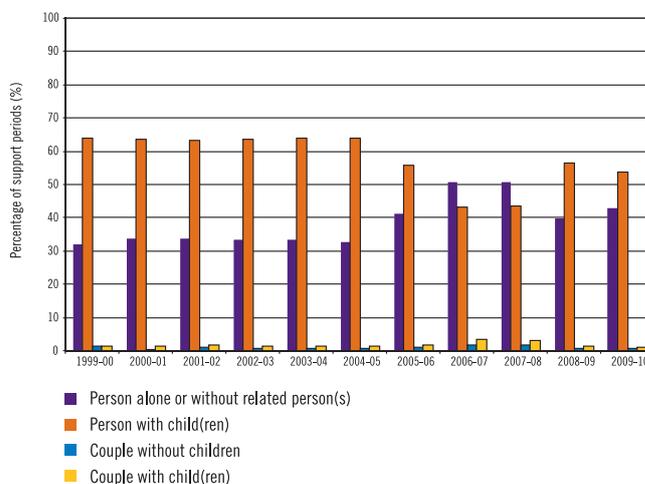
FIGURE 101: Family type and person seeking assistance for family violence where primary income source (either before or after SAAP support period) is from a disability pension



Notes:

1. SAAP data represents support periods and are weighted for agency non-participation and client non-consent.
2. See discussion in Section 8.1 for information on limitations on this measure of disability.

FIGURE 102: Family type and person seeking assistance for family violence where primary income source (either before or after SAAP support period) is NOT from a disability pension



Note: SAAP data represents support periods and are weighted for agency non-participation and client non-consent.

8.7 Summary of SAAP clients with disability

This updated analysis of disability identifies changes within the SAAP client groups seeking support for family violence-related issues. The profile of this client group indicates that family violence SAAP clients with known disability are different from those who are not reliant on a disability pension for their primary income. The number of SAAP family violence clients with a disability has remained largely stable over the 11 years; they are slightly older, and less likely to have children accompanying them into care.

In analysing the disability data among SAAP clients, it is imperative to understand that information on disability has not been collected in an inclusive manner. This analysis of this segment of the population is skewed toward those with the most severe disabilities as their primary income source would be a disability pension.

Disability has been identified as a risk factor for family violence (Brownridge 2006; Cockram 2003; Cohen, Forte et al. 2005) and therefore it is essential that organisations collect data on disability in a comparable and inclusive manner. It is important to be able to analyse disability data according to gender, Aboriginal background, same-sex relationships, cultural and linguistic diversity, and the presence of disability in children as victims of violence. The more access we have to reliable data, the more we can begin to address the needs of this community and subsequently implement more effective prevention strategies and crisis responses to family violence.

9. FAMILY VIOLENCE PATIENTS PRESENTING TO THE EMERGENCY DEPARTMENT OF THE VICTORIAN HOSPITAL SYSTEM

Background

In 1998, the Australian Medical Association issued a position statement about the recognition of family violence within medical settings; however, it is a group of victims not traditionally included in family violence analysis. In research as early as 1993, the prevalence rate of family violence victims presenting to the Australian metropolitan emergency departments was one in seven (Roberts et al. 1993).

In addition, earlier studies (Dobash and Dobash 1979; Dobash et al. 1985) illustrated that victims of family violence are more likely to attend a medical facility due to the violence and associated problems than they are to consult with police or other professionals. However, research in a Queensland emergency department revealed that family violence went largely undetected, unreported and unaddressed (Roberts 1995). Medical professionals in the emergency department were focused primarily on injury treatment and did not know how to address the psycho-social issues related to the abuse. Reasons for a lack of address and detection included:

- lack of knowledge to detect injuries related to family violence
- lack of knowledge about how to question a patient if family violence is suspected (such as separating the patient from other family members when discussing injury cause if abuse is suspected)
- lack of knowledge about community resources available
- four fifths (80 %) of the family violence-related injuries presented from 5pm to 8am when social work staff were not available
- caseload pressure to attend to multiple urgent cases, and therefore limited time available to spend with any one patient (Roberts 1995).

9.1 Gender comparisons and injury event or circumstance

Preliminary analysis earlier in this report indicates this group of family violence victims is compositionally different than other victim groups. A larger proportion of the victim patient group is male (Table 15) as compared with other data sets in this report.

The most likely reason for a greater proportion of males to appear with injuries sustained from family violence is due to the mix of circumstances and events in which patients sustain injury.

Information about the relationship between perpetrator and victim is not recorded in the hospital data and therefore it is sometimes unclear whether the patient is:

- a victim who sustained an injury
- a victim who injured themselves when fighting back against a perpetrator
- a perpetrator who sustained injury from a victim attempting to defend themselves
- a perpetrator who sustained a self-inflicted injury while attempting to inflict injury on another.

It is therefore useful to explore the VEMD data further to understand the type of people and injuries presenting to the hospitals.

This report adopts a gendered and cross-sectional analysis of family violence, recognising that violence in the family context is different for women and men, as well as people of different age groups and experiencing specific vulnerabilities. Therefore closer examination of the VEMD data commences with an exploration of the event or circumstance associated with the injury, as well as the age and gender of patients. Across the three graphs (Figure 103 to Figure 105), clear differences in cause of injury and patient age can be seen.

Due to the small numbers of patients identified with human intent injuries in a family context in each year, data for the six years from 2004 to 2010 are combined for analysis. Once disaggregated into year categories the groupings can become too small for meaningful comparison. It is also the case that the number of patients presenting to the emergency department is less likely to be impacted by state government policy changes related to family violence. Rather, numbers are more likely to be affected by internal hospital policies placing importance on the identification of family violence injuries.

VEMD results presented earlier in this report are largely similar across the years and therefore direct the analysis to examine the data on variables other than year of admission to the emergency department.

In this section, where analysis is undertaken across complex groupings which render the individual number of cases within a category relatively small, discussion will focus on the indicative proportional comparisons rather than the specific change in per cent value. The value of this information increases in the context of viewing the three graphs together.

Cause of injury among children and youth

Girls and boys in the youngest age group (0-15 years) sustained similar rates of injury caused by similar circumstances or events (Figure 103). Exceptions were notable, but not large. Boys were *struck by an object* or experienced *miscellaneous events including a fall >1 metre* at higher rates than girls, and this difference continued across the age groups (see also Figure 104). Girls were more often than boys injured through *external causes*, however the proportions reversed in older age groups and the difference between adults was proportionally smaller.

Injury event of being struck by another person

Across all three age groups, *struck by or collision with a person* was the most frequently reported injury event and females were largely over-represented among patients with this injury event. While differentiation was slight among children, the proportional difference between females and males increased with age. Sixty-five per cent of adult females were *struck by another person* compared with 26 per cent of adult males (Figure 105).

Injury events caused by an object

Males were proportionally more likely to experience an injury event where they were either *injured or cut by an object*. While female children were over-represented with injury events of being *cut by an object*, the proportions reversed in the 16-19 years group. Among patients aged 16 years and older there was a substantial difference between females and males being *cut or pierced by an object*.

Across all age groups males were more likely to be *struck by an object* than were females, and the injury rate remained relatively static across age groupings.

Injury from low fall

The rate of patients who experienced a *low fall* injury event decreased noticeably with age. While *low falls* were a common injury circumstance among one fifth of female children (Figure 103), this declined to a rate of less than one in ten adults (Figure 105).

Cause of injury among patients aged 16-19 years and older

There are very similar gender differences across injury cause in the 16-19 years groups and those 20 years and older. The gender differences are reinforced and increase with age (see Figure 104 and Figure 105).

FIGURE 103: Injury cause by age and gender - children aged 0- 15 years (VEMD 2004-05 to 2009-10 combined)

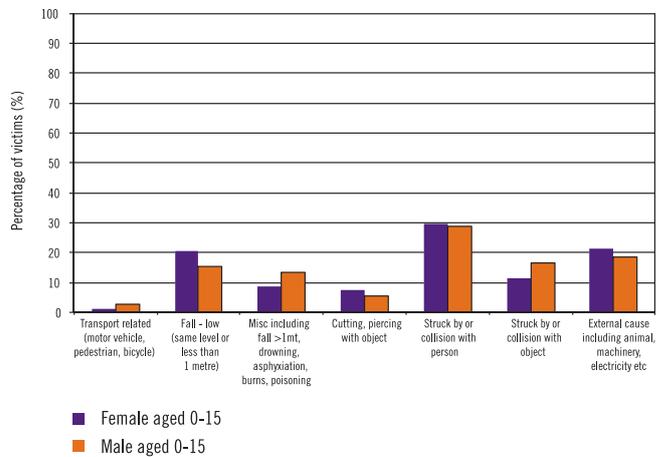


FIGURE 104: Injury type by age and gender - teenagers aged 16-19 years (VEMD 2004-05 to 2009-10 combined)

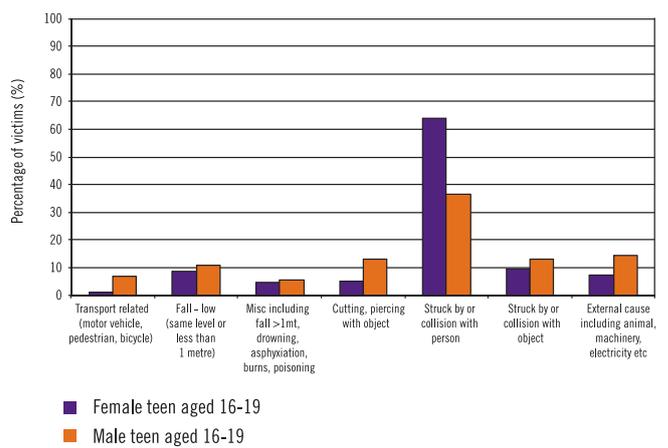
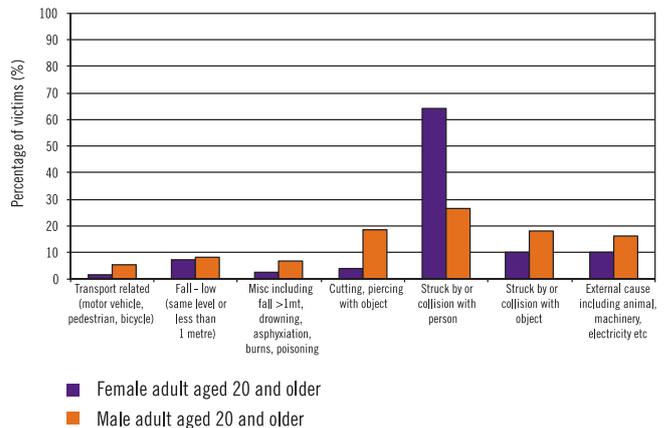


FIGURE 105: Injury type by age and gender - adults aged 20 years and older (VEMD 2004-05 to 2009-10 combined)



9.2 Description of injury events

When reviewing gender and injury type among teens and adults (Figure 104 and Figure 105) gender differences are quite apparent. To understand the events or circumstances associated with injury classifications, long-hand descriptions of injuries are included in the public hospital emergency data (Table 37).

The six consolidated broad categories of injury cause are listed below, alongside descriptive examples of injuries that occurred in the patient's own words. Examples have been chosen to illustrate the variety and range of descriptions presented for men and women.

While human intent injury data for analysis in this report has been selected for patients where the injury is reportedly either *child maltreatment by parent or guardian or maltreatment assault by domestic partner*, when reading injury descriptions there are a notable number of cases mentioning motor vehicle accidents, self-inflicted injuries and overdoses, as well as possible stranger violence on the street. The mention of stranger violence is primarily among male patients. For example, *alleged assault by unknown man - fell to ground on left elbow + left knee*.

It is unclear if there are classification errors within the human intent injury data field, or if medical professionals are identifying inconsistencies of patient descriptions and considering that family violence could be present. Without detailed analysis of case files, this will remain unclear and is part of the on-going difficulty in measuring the extent to which family violence exists in the Australian community. For example, descriptions of stranger violence among male patients *could* mask same-sex relationship violence.

For the current discussion of descriptions, unclear cases will be ignored (such as motor vehicle accidents and self-harm injuries) unless allegations of family violence coexist in the description, for example: *Female patient allegedly assaulted by husband while driving car, high speed mca vs tree c/o lumber pain*.

Based on Figure 104 and Figure 105, male victims more often experience injuries *inflicted by an object other than hands/fist* compared with females who more often are *struck by a person*. This is consistent with the long-hand injury descriptions (Table 37).

Men are typically more adept at fighting with their hands and fists and are more likely to cause serious injury to a female victim through this mode of violence. Women, on the other hand, are usually physically less strong than male partners and may be inclined to pick up an item in self-defence to shield or protect themselves, or actively fight back. Injury cause and descriptions are consistent with women experiencing injuries caused by circumstances of being *struck by another person*, and men injured through *being struck by an object*.

While conclusions about victim/perpetrator relationships cannot be drawn from these limited descriptions, they do offer insight to some gender differences due to both the perception of the person entering the information on the file, and to real differences in the gendered nature of the event.

TABLE 37: Examples of injury descriptions included in injury cause (Adult VEMD 2004-08)

Category description	Female Adult patients Sample of injury descriptions	Male Adult patients Sample of injury descriptions
Transport related (motor vehicle, pedestrian, bicycle)	<ul style="list-style-type: none"> ■ Leg abrasions, arm in seatbelt & dragged from car, multiple grazes to body ■ Struck with car equipment ■ Struck by slow car ■ allegedly assaulted by husband while driving car high speed mca vs tree c/o lumber pain ■ Fell down four steps, Loc, graze to R forehead, painful L hand, graze R shoulder 	<ul style="list-style-type: none"> ■ Fell off back of moving trailer ■ Fall from motor bike - high speed, no neck pain, deformed L wrist ■ During argument, big toe run over by car ■ Painful right shoulder, 20kmh hit car door ■ Partner pushed off bike - both drunk ■ Hit by car at 40kmh - grazes to back and L wrist
Fall - low (same level or less than 1 metre)	<ul style="list-style-type: none"> ■ Alleged assault, pushed down stairs, injury R ankle ■ Allegedly assault by partner, pushed over and fell on shoulder ■ Assaulted and fell over onto outstretched hand ■ Fight with boyfriend, fell off bed, painful lower back ■ Hit head when thrown on floor ■ During domestic at home, fell onto outstretched arm ■ Location in park, while walking, pulled to ground by husband ■ Arguing with boyfriend, pushed over couch ■ In domestic, pulled down stairs, laceration to occipital, painful neck ■ Pushed by husband suspect broken wrist, sent for x-ray ■ Alleged assault by husband intoxicated ■ Fell out of moving car approx 30km patient getting out of car then car went pulling, patient sore right ankle ■ Patient in alleged assault o/night pushed into corner of glass door and floor injury L knee ■ Presents with painful L hand after a fall onto fan 2 days ago 	<ul style="list-style-type: none"> ■ ? Domestic minor head injury ■ Fall from bicycle with shoulder pain ■ Fall on broken glass ■ Fall off motorbike ■ Fall while intoxicated and dislocation to ankle ■ Laceration to back of head after fall ■ Twisted ankle, back pain ■ Laceration head, intoxicated ■ Was pushed, hit head on concrete ■ Twisted L knee ■ Contact with bedside table ■ Graze to face ■ Painful R hand post inj 1/7 ago dec rom swelling & bruising evident ■ Slipped and fell on wet floor landing on shoulder
Misc including fall >1mt, drowning, asphyxiation, burns, poisoning	<ul style="list-style-type: none"> ■ Alleged assault, attempted strangling, numerous bite marks, nausea ■ Beaten by partner, punched her, tried to strangle her, nose swollen ■ Burn to hand ■ Laceration to lip ■ Left arm pain at shoulder joint, elbow and wrist ■ Spilt boiling coffee to upper R thigh ■ Alleged assault, attempted strangulation ■ Allegedly thrown down flight of stairs ■ Alleged assault. Attempted strangulated by ex-boyfriend. Bruising on neck & wrists. No stridor ■ Burns to face arms and hands 	<ul style="list-style-type: none"> ■ Alleged assault facial lacerations ■ Attacked - R & L temporal & occipital ■ Clothes caught fire 2/7 ago right chest and flank ■ In kitchen, during argument with wife, caused by boiling water was allegedly thrown ■ Fall 2/12 ago with subdural haematoma ■ Poisoning/overdose allegedly took x8 clozapine given to him by girlfriend ■ Had hot water poured on groin superficial and partial thickness burns

TABLE 37: Continued

Category description	Female Adult patients Sample of injury descriptions	Male Adult patients Sample of injury descriptions
Cutting, piercing with object	<ul style="list-style-type: none"> ■ Laceration to head, ? domestic abuse, thrown into car by husband ■ 1 cm stab wound to lower L leg ■ History of being involved in argument with partner who was strangling patient and stabbed her in throat . . . ■ Stabbed right through right lower leg with kitchen knife ■ Lacerations to L forearm ■ Laceration to lip with broken glass ■ Self -inflicted, post domestic abuse ■ Patient allegedly had chair thrown at her ■ Multiple stab wounds to upper body ■ Alleged fight with partner cut with machete knife on L side of neck. nil bleeding noted ■ Allegedly assaulted by coffee mug to L side of face ■ Alleged assault by ex- partner. Threw an object and hit and lacerated forehead. ■ Has shallow 1cm laceration to front of neck from a razor blade after being allegedly assaulted by partner ■ Lac L hand following domestic. Put hand through window ■ Shot in Hip by Partner # greater trochanter ■ states she was stabbed by boyfriend to leg with pen 	<ul style="list-style-type: none"> ■ Chest wall injury, stabbed in LT lower chest with long bladed knife, 1-2 cm laceration ■ Alleged assault with scissors ■ Alleged stabbing to the L/side of the chest using steak knife after domestic argument, patient states awoke with knife in chest ■ Allegedly cut with razor blade by girlfriend ■ Assaulted by wife with fish knife lacs to neck ■ Stab wound to back, penetration 4-5 cm ■ Cut tip of finger off with broken jug ■ Fell onto rose bush, large laceration to L neck ■ Hit in head with glass bottle, hit with phone receiver in face, lac to R cheek ■ Domestic argument, stabbed with knife in arm ■ Alleged knife wound inflicted during domestic dispute ■ Argument with partner who allegedly stabbed left upper back and left bicep, superficial in nature ■ Lac to forearm post argument with partner ■ Stab wounds x 2 back x knife x female partner ■ Stabbed by girlfriend while asleep
Struck by or collision with person	<ul style="list-style-type: none"> ■ Alleged assault by husband bruises to face requiring crisis accom ■ Alleges assault by husband, injury to the nose, the R/wrist and the R/occipital region ■ Swelling to R eye after altercation with husband and being pushed into door handle ■ Allegedly punched by boyfriend, impact to nose ■ R/eye h/toma, punch to face, dragged down stairs- back injury ■ Alleged assault by fist to head, now dizzy, vague. Headaches ■ 9 weeks gestation, kicked in stomach ■ Alleged assault by b/friend injury to R ribs ■ Alleged assault by husband 1/7 ago PT states punched in face, arms, pushed to floor. ■ Alleged assault by husband after wedding, bruises to face scratches ■ Dental problems punched in mouth by boyfriend ■ Alleged assault, injury to R big toe, PT 7 months pregnant ■ Bottle to head by domestic partner superficial scalp wound ■ Ft-bites - animals. Left index finger bitten by boyfriend 1500hrs after "slapping" her around. ■ Assaulted by partner, lac to bridge of nose and struck abdomen on door. ■ 32yr female referred by gp after alleged assault in car on Sunday. ■ Alleged assault at home by defacto partner, punched & ?pressure to face, facial injuries & neck ■ Alleged assault - hit to forehead - R pupil non reaction, lacs mouth, sore throat - attempted strangulation ■ Alleged assault. Punched up into chin by partner. Says tooth broken lac tongue and tender R jaw. ■ Alleged assault by estranged husband injured R cheek and ear ■ Assaulted to face with open hand multiple times by ex-husband swelling L temporal region 	<ul style="list-style-type: none"> ■ Chest wall struck by wife's fist to chest during fight. ■ Alleged assault - bruise jaw, lac head ■ Alleged assault by wife lac under L/eye, swollen eye, loss of consciousness for a couple of secs lac to tip of fingers L) hand ■ Alleged assault to face ■ Arm pulled by partner 2/7 ago heard a crack now difficulty sleeping at night ■ Disloc 2 fingers ■ Assaulted sustained human bite to L hand, multiple abrasions hand/arm/knee ■ Injury - chest wall states wife hit him in left chest this am, sharp pain on inspiration ■ PT alleges that his partner hit and kicked him in the head ■ Was hit by girlfriend with closed fist ■ R hand injury & bridge of nose injury post alleged assault by partner & hitting hand on fence ■ ?Domestic assault/hit to forehead/fac/no loc ■ Alleged assault - soft tissue bruising ■ Alleged assault, rib injury ■ Alleged assault by wife-scratches over face and neck. Pt wanting medical paperwork. Has made police report ■ Assault - alleged non sexual. Kicked in testes x2, painful left arm. Assaulted by partner.

TABLE 37: Continued

Category description	Female Adult patients Sample of injury descriptions	Male Adult patients Sample of injury descriptions
Struck by or collision with object	<ul style="list-style-type: none"> ■ Right arm outstretched towards door which was forcefully pushed other side ■ Alleged assault hit L elbow with cup, cup was thrown at her, has bruised cheek ■ Alleged assault by boyfriend head slammed into concrete wall ■ Attacked by defacto hit with fists and screw driver, several superficial lacs, swelling to hand and face, distressed ■ Boyfriend threw PT through a window apparently, Lac to underside of left forearm ■ Claims partner hit patient head with metal teapot ■ Alleged assault. Hit to forehead with wooden chair ■ Alleged rape 3/7 ago also alleged assault tonight struck It ■ Allegedly raped 2/7 and has been staying at women's refuge since. States increased pv pain and swelling ■ Assault - alleged non sexual- allegedly bitten by husband- (brought in by police) ■ Fracture/dislocation suspected allegedly partner threw scissors at her this evening injuring ■ Headache, was seen here this morning after alleged assault hit in head with crowbar, discharged ■ Injury - multiple sites involved in domestic dispute, hit with wood and golf clubs to shoulders 	<ul style="list-style-type: none"> ■ Alleged assault/blow to R ribs with cricket bat ■ Allegedly hit in the face by a metal cosmetic case by ex girlfriend ■ Alleged assault by partner hit across forehead with champagne bottle, lac to bridge of nose ■ Alleged assault hit with broom R) thumb was caught, skin also split, sutures required ■ Assaulted by wife with steel kettle, hit to head ■ Laceration to lateral aspect skull after being hit when wife threw object at him after arguing ■ Ft laceration to L wrist post being hit by wife with a plate ■ Had a fight with his girlfriend last pm and she allegedly struck pt with photo frame ■ Hit with phone, lac R eyebrow ■ Injury - open wound - head, glass cut to head, scratch to face following fight with partner ■ alleged assault with porcelain cup to head ■ Broken plates vs head ■ Etoh tonight - fight with girlfriend - threw bottle at pt hit him, lac to nose. ■ Hit by wife with plate ■ Hit on head with telephone handset at home ■ Hit with object during domestic argument causing open wounds to occipital region and lip. ■ Hit with wood by partner

KEY TO ABBREVIATIONS:

abdo = abdomen, Dislo = dislocation, h/toma = haematoma, L = left, lac = laceration, PT = patient, R = right, 1/7 = 1 day ago, 1/12 = 1 month ago

Information presented in Table 38 provides a sample of injury types identified among children and adolescents aged 17 years and younger. While wording and phrasing are similar in nature to injuries identified among adult victims, there are clearly injury types unique to younger ages. The smallness of this sample and extensive variety of injury type identified render it difficult to derive any meaning other than the ability to view examples of descriptions.

As with the adult sample, information on the injuries sustained in family violence incidents is not available from any other data set. The VEMD sample provides a valuable starting point from which to understand the physical health impact of family violence injury.

TABLE 38: Examples of injury descriptions included in injury cause (Child and adolescent patients aged 17 years and younger VEMD 2004-08)

Category description	Child/adolescent patients aged 17 years and younger Sample of injury descriptions
Transport related (motor vehicle, pedestrian, bicycle)	<ul style="list-style-type: none"> ■ Whiplash ■ Fell off push bike ■ Back seat passenger not in seat belt sudden braking at 40km ■ Child's foot run over by car
Fall - low (same level or less than 1 metre)	<ul style="list-style-type: none"> ■ Dropped onto head pt bought in by dhs staff ■ Fell on stone running at night in dark on own outside house ■ Fell on play equip - labial tear ■ Head injury at 1415 ■ Neurological, other - subdural haematoma ■ Trip & fall hitting l) eye area on blanket box. Cried post nil loc. Haematoma l) eye
Misc including fall >1mt, drowning, asphyxiation, burns, poisoning	<ul style="list-style-type: none"> ■ 5 and 6 yo boys by dhs from gatehouse, burnt by ??, needs eval, burn assessment ■ Awoke itchy rash same worsening on lips swollen nil resp distress current tonsillitis on Amoxil ■ Alleged assault, attempted strangulation ■ Dropped 2M onto hard floor by step father, also hit head on wooden box on way down ■ From gp with ? Spider bite last pm. C/o shivering & aching hips/legs. No nausea. ■ Hot iron ■ Given liquid soap as punishment by mother
Cutting, piercing with object	<ul style="list-style-type: none"> ■ Assault - alleged non sexual knife wound to head. Father allegedly assault child with knife ■ Hit by drinking glass ■ Open lac to R leg ? Cause. No active bleeding
Struck by or collision with person	<ul style="list-style-type: none"> ■ ? assault by boyfriend ■ Radius & ulnar fracture. ? Fell out of bed ■ Alleged assault by parent - brought to ed by dhs ■ Allegedly fell down stairs, later admitted assault by partner ■ Child allegedly involved in a domestic dispute. Held aggressively by L arm and squeezed ■ Had fight with boyfriend, alleged held knife to throat, alleged boyfriend tried to strangle her ■ Contusion - eye and bruise to cheek for 1 week. Was with mother for the week. Parents separated ■ Eye - unspecified- has two black eyes after visiting with ?fa- dhs + police involved
Struck by or collision with object	<ul style="list-style-type: none"> ■ R haematoma from alleged assault, struck on head with wooden basket 0830hrs ■ Location doorway, domestic violence caused by door with slammed door shut

KEY TO ABBREVIATIONS:

abdo = abdomen, Dislo = dislocation, h/toma = haematoma, L = left, lac = laceration, PT = patient, R = right, 1/7 = 1 day ago, 1/12 = 1 month ago

9.3 Gender comparisons and type of injury

The main injury of patients is classified into categories according to the patho-physical nature of the injury primarily responsible for the patient's presentation at the emergency department. There were 26 different categories to which injuries were categorised ranging from sprain, crushing, bite (venomous), asphyxiation, traumatic amputation, burns/corrosion, etc. Most categories contained too few cases to allow meaningful comparison among the human intent injury cases.

The five largest categories of main injury type were extracted for comparison according to gender of adult patient to enable comparisons between types. Women's injuries were proportionally more likely to be classified as superficial (Figure 106) and men's injuries as open wounds. This makes sense in conjunction with description of injury event as discussed above in Section 9.1 and Section 9.2. If adult male patients are more likely than females to be injured in an event where they are *struck by an object or cut by an object*, then they will also be more likely to have an open wound. Female patients are more likely to be injured by being *struck by a person* as compared with males and therefore more often will experience *superficial wounds*, such as bruising, where the skin is not broken. Females were also more likely to experience *multiple injuries*.

Rates of *fractures, sprains and strains* were similar for both female and male patients.

Interesting differences appear in relation to urgency of medical care required and gender among this patient group (Figure 107). The recommended treatment times associated with each triage category are listed in Table 39. Male patients were more likely to present with more extreme urgent care needs including *resuscitation* and *emergency* classification. Across the remaining triage categories females were over-represented in *urgent* or *semi-urgent* classifications and males in the *non-urgent* classification.

FIGURE 106: Main injury type (patho-physical nature of the injury) among adult patients aged 18 years and older by age (VEMD 2004-10 combined)

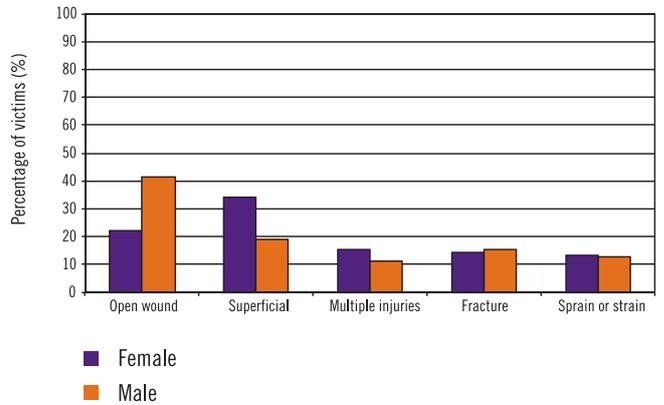


FIGURE 107: Classification according to urgency of need for medical and nursing care, using the National Triage Scale among adult patients aged 18 years and older by gender (VEMD 2004-10 combined)

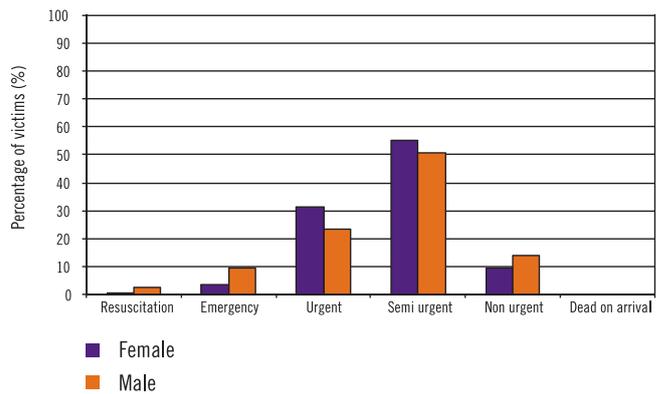


TABLE 39: Classification according to urgency of need for medical and nursing care, using the National Triage Scale - Recommended Time to Treatment

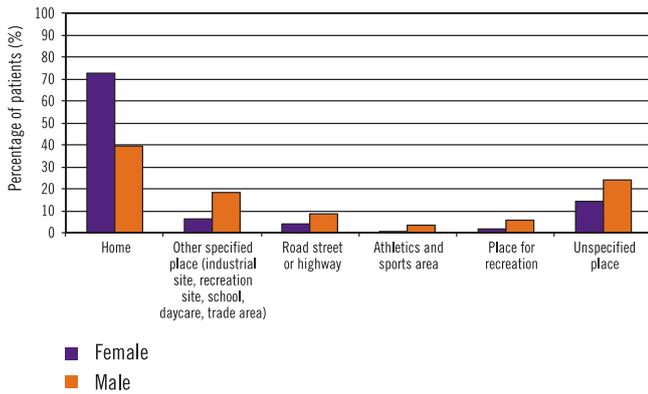
Triage scale	Recommended treatment time
Resuscitation	Immediate: less than or equal to 1 minute
Emergency	Less than or equal to 10 minutes
Urgent	Less than or equal to 30 minutes
Semi urgent	Less than or equal to 60 minutes
Non urgent	Less than or equal to 120 minutes
Dead on arrival	N/A

9.4 Location where injury occurred

Part of the injury description for patient analysis includes information on the location where the injury took place. The majority of injuries among adults occurred in the *home*, regardless of gender (Figure 108). This was the case for nearly three quarters of adult females and two fifths of adult male patients.

Adult male patients (Figure 108) experienced injuries across a more diverse range of locations. Males are over-represented in all other categories and in particular, obtaining injuries in other *specified or unspecified places on the road, street/highway* (as a single specified location) or *recreational/athletic area* as compared with females.

FIGURE 108: Location of where injury sustained by gender of patient – adult patients (VEMD 2004-05 to 2009-10 combined)



10. MEMBERS OF CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) COMMUNITIES WHO HAVE EXPERIENCED FAMILY VIOLENCE

Background

According to the 2006 census, 23.8 per cent of the Victorian population was born overseas and 25.6 per cent spoke a language other than English in their home (ABS, 2008). In addition, 13 per cent were born in a non-English speaking country (VOMA 2002). The diversity of the Victorian population is extensive. Victorians come from over 200 countries, speak over 230 languages and dialects and follow over 120 religious faiths.

The 2002 Victorian Law Reform Commission *Review of Family Violence Laws* identified the need among migrant communities for culturally-specific education programs on the justice system, including information on accessing intervention orders. In addition, the Australian law Reform Commission and NSW Law Reform Commission report *Family Violence - A National Legal Response* (2010) and the *National Plan to Reduce Violence Against Women and their Children* (2011) also identify that migrant and refugee communities need education on the justice system and accessing support.

A range of initiatives have been undertaken in Victoria to improve community awareness and promote help-seeking amongst migrant and refugee communities. These have included targeted CALD strategies as part of a statewide family violence communications campaign, including translated materials, CALD radio and media engagement, and the delivery of a series family violence community awareness sessions for CALD women undertaken in partnership with communities. Another initiative was the development of a Department of Justice Cultural Diversity Plan (2009-11) and its subsequent implementation, and establishment of the Department of Justice for Refugees program.

To inform the development of programs and policies surrounding family violence in migrant communities, the Victorian Family Violence Database has sought to report on the rates of family violence in CALD communities. This section of the report begins by outlining the issues related to monitoring and identifying family violence among CALD communities, and then provides an analysis of the groups able to be identified through the data providers included in this report.

10.1 Identifying CALD status among victims of family violence

Victoria Police

Since January 2005, Victoria Police have included a data field on the Family Violence Incident Report (L17) form to include space where the attending officers can record ethnic appearance, country of birth and risk factors. In addition, more information is now being gathered in relation to use of interpreters and language spoken. These data fields are not mandatory, and information will be collected only if the ethnicity and/or language issues are apparent to the officer, or disclosed by one of the parties present.

The Victorian Family Violence Database collects data for full financial years (such as 1 July to 30 June) and the first full set of data based on the new data fields related to cultural identity is from 2005-06. Information about cultural issues has been included for analysis in 2006-07 onward.

Victorian Magistrates' and Children's Courts

At the time of writing, cultural background and language-spoken information is not routinely collected in the Courtlink database. An indication of cultural background can be gathered from use of translators among both affected family members and respondents. This information has been included for analysis since 2006-07.⁷⁹

Specialist Family Violence Courts (SFVC)

Applicants and respondents are assessed for interpreter need as well as the language spoken. Mention of interpreter rates are provided below for 2010-11.

Victorian public hospital emergency department (VEMD)

The VEMD currently collects information about country of birth and preferred language of the patient presenting at the hospital. This information is available for the VEMD data sets starting in 2004-05.

Victorian Supported Accommodation Assistance Program (SAAP)

SAAP currently collects data on country of birth and English language proficiency. This information is available from 2000-01.

Victorian Civil and Administrative Tribunal (VCAT)

Information about cultural background and language-spoken is only collected when an interpreter is required at the Tribunal. Of the 32 matters examined in this report, three applicants (10%) and one other party required interpreters, all of different language groups. Only one matter required simultaneous interpreters for both the applicant and other party.

Victims Assistance and Counselling Program (VACP)

Information on the country of birth is collected for VACP clients. Information from two years of data (2008-09 and 2009-10) is discussed below.

10.2 Defining CALD communities

Measuring culture, language, ethnicity and their respective effects on individuals and communities within Australia is complex. Although culture and language can be measured through self-reported community identity, language spoken at home and/or country of birth, this does not measure the more subjective experience of various cultural identities, exposure to English as a second language and ability to merge with the dominant Anglo-based Australian culture.

Since the late 1990s there has been a shift away from measuring CALD communities on the basis of country of birth and language spoken, to a constructed scale of English language proficiency. The English language proficient scale combines self-reported proficiency with country of birth to create a standardised scale (ABS, 2001; DIMA).⁸⁰ It is thought that English language proficiency is reflective of a person's ability to mix with the dominant Australian culture, and access English language support services. It may also be reflective of the length of time a community has been living in Australia with newly-arrived communities demonstrating a lower level of English language proficiency.⁸¹

However, English language proficiency will have varying impact upon individuals and families migrating to Australia depending on other influencing cultural issues (Rees and Pease 2007) including:

- the length of time a person has been living within the dominant cultural community
- the length of time other members of the community have been living within Australia and subsequently whether there is an existing cultural network to assist re-settlement through collective experience⁸²
- the degree to which a person is able to immerse themselves within the dominant cultural community
- the social and political climate of the country a person has migrated from other common co-contributing factors including:
 - o low socioeconomic status
 - o alcohol and illicit drug use
 - o unemployment⁸³
 - o previous exposure to violence

- o challenge to identity
- o mental health issues due to prior trauma
- o isolation from social networks.

(Rees and Pease, 2007 p.23)

English language proficiency has also been identified as a risk factor for family violence, as inadequate English language skills can exacerbate social isolation from the wider community. Lack of English language skills is also a perceived barrier to learning about Australia and the type and location of available services, as well as the burden of obtaining translating services for access to social and government support systems (Rees and Pease 2007).

Family violence among CALD communities has more recently been targeted for research and assistance. When approaching and discussing issues among various communities it becomes increasingly important to separate out the issues affecting long-standing and large CALD communities from those of the newly-arrived and very small minority communities. While long-standing communities of larger CALD populations have had the opportunities to form cultural networks and obtain support for translating support service material into their respective languages, newly-arrived communities have not yet formed these connections (PADV 2000, Pittway 2001).

In addition, members of newly-arrived communities (and particularly refugee groups) may experience higher rates of family violence due to 'cumulative risk factors' (Pittway 2004, p.17), which are also often present among those experiencing family violence in the wider community. Members of newly-arrived communities may be experiencing complex, inter-related risk factors that may result in a greater risk for family violence such as:

- unemployment
- lack of English language skills
- low socioeconomic status
- loss of community and family networks
- trauma and alienation
- social isolation
- lack of education
- transition of gender and cultural roles
- lack of appropriate information for re-settlement in Australia.

In addition, social support services to assist re-settlement of migrants are often not as familiar with the cultural, social and community needs for newly-arrived communities. Support services therefore may not have sufficient knowledge or resources to respond effectively to reports of family violence among newly-arrived communities (Rees and Pease 2007, pp. 22-23).

The complex overlay of cumulative risk factors among CALD communities is difficult to assess within the limited data collection capacity of the family violence data providers included in this report.

10.3 Communities from non-English speaking backgrounds

Family violence clients requesting services from an interpreter – police and courts

Information about official interpreter use is available from 2006-07 onward and does not take into account informal interpretation by family and friends of the affected family member or respondent.

Information about interpreters was not widely recorded by police from 2006 to 2008, and was improved in the latest four years (2006-07 to 2009-10, Table 40). In the police data, it is notable that interpreters are more often requested among perpetrators as compared with victims (Table 40). However, in the courts nearly twice as many affected family members as respondents accessed an official interpreter.

TABLE 40: Use of official interpreter by number of adult affected family members (adult aged 18 years and older) and respondents (all ages) – police and courts

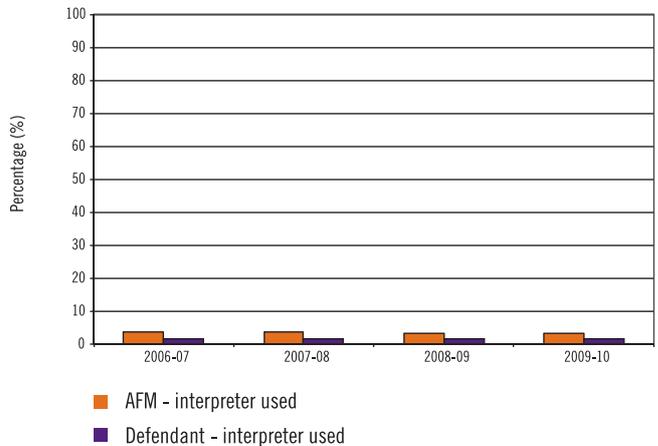
	2006-07	2007-08	2008-09	2009-10
	N	N	N	N
Police data				
Affected family members	12	3	196	151
Perpetrators	56	37	253	235
Court data				
Affected family members	693	719	714	752
Respondents	347	354	396	425

Note: If there are criminal charges against a perpetrator they are more likely to be subjected to a recorded/formal interviewing, and this may require several interviews and therefore multiple uses of an interpreter.

The proportion of affected family members and respondents receiving a translation service at court as a proportion of those attending for family violence matters is small at less than five per cent (see Figure 109).

Applicants and respondents receiving support in the Specialist Family Violence Courts requested translation services in a similar proportion to the wider court population (5% of applicants and 4% of respondents).

FIGURE 109: Use of official interpreter by adult affected family members (adult aged 18 years and older) and respondents (all ages) – courts



As noted in the discussion above, the Australian Bureau of Statistics (2006 Census) reports that more than one quarter of the Victorian population speak a language other than English at home. Public institutions are expected to more closely reflect the general population and therefore we would expect to see a larger proportion of both affected family members and respondents who might require a translator. The small number of cases recorded as accessing translation services in the data may be affected by:

- limited availability of translators in particular languages
- limited availability of translators overall when the hearing of matters cannot be tightly scheduled (they may be adjourned or held over and the translator may not be available to wait)
- lack of awareness of translation services
- unknown proportion of informal translation through family and friends.

TABLE 41: Affected family member: Language classification according to geographic areas for which interpreters were requested⁸⁴ (adult affected family members aged 18 years and older) – courts

	Courts 2006–07		Courts 2007–08		Courts 2008–09		Courts 2009–10	
	N	%	N	%	N	%	N	%
Northern European	4	1	0	0	0	0	3	0
Southern European	94	14	87	12	87	12	74	11
Eastern Europe	107	16	94	13	86	12	95	14
Southwest Asian and North African	145	21	184	26	188	26	148	21
Southern Asia	31	4	22	3	40	6	51	7
South East Asia	151	22	150	21	145	20	153	22
Eastern Asia	74	11	100	14	77	11	72	11
Other - including Oceania and other Africa	84	12	82	12	91	13	91	14
Total	690	100	719	100	714	100	687	100

Base: affected family members 18 years and older, who have utilised an official interpreter.

TABLE 42: Respondent/perpetrator: Language classification according to geographic areas for which interpreters were requested⁸⁵ (adult respondents aged 18 years and older) – courts

	Courts 2006–07		Courts 2007–08		Courts 2008–09		Courts 2009–10	
	N	%	N	%	N	%	N	%
Northern European	1	0	1	0	0	0	3	1
Southern European	29	8	23	7	46	12	37	9
Eastern Europe	59	17	49	14	43	11	66	16
Southwest Asian and North African	75	22	86	25	94	24	88	21
Southern Asia	15	4	10	3	18	5	27	6
South East Asia	79	23	81	23	84	21	91	21
Eastern Asia	47	14	35	10	53	13	61	14
Other - including Oceania and other Africa	42	12	63	18	58	15	52	12
Total	347	100	348	100	396	100	425	100

Base: respondents 18 years and older, who have utilised an official interpreter.

Victoria Legal Aid (VLA)

Quite a comprehensive picture of CALD and English language skills can be pieced together within the VLA data files. Information is collected on country of birth, whether a language other than English is spoken, whether an interpreter is required and in which language, as well as English language proficiency. Information for all these items is available for all six years included in this report among the *Duty lawyer* file and *Legal advice* file. The *Casework* file contains information on language other than English and whether an interpreter is required. In this analysis the need for and use of an interpreter is presented.

Table 43 shows the rates at which clients are identified as speaking a language other than English (LOTE). As with the disability information (Section 8) improvements to information collection in the latest files (2010-11) has resulted in more accurate identification of a larger population of LOTE clients. The rates within all three data files are remarkably similar and indicate that one in ten clients (2010-11) speak a language other than English.

Not all clients speaking a language other than English will require interpreters. Among *duty lawyer* clients and *legal advice* clients speaking another language an average of 40-45 per cent (across all six years) noted that they required an interpreter. However, 83 per cent of the LOTE *casework* clients required an interpreter (average across the six years).

TABLE 43: Language other than English (all years, all adult clients) – VLA

	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
	%	%	%	%	%	%
VLA - duty lawyer client						
No language other than English	97%	96%	96%	96%	96%	89%
Yes, speaks a language other than English	3%	4%	4%	4%	4%	11%
Total	100%	100%	100%	100%	100%	100%
VLA - Legal advice						
No language other than English	96%	95%	95%	96%	95%	88%
Yes, speaks a language other than English	4%	5%	5%	4%	5%	12%
Total	100%	100%	100%	100%	100%	100%
VLA - Casework						
No language other than English	89%	90%	93%	93%	93%	90%
Yes, speaks a language other than English	11%	10%	7%	7%	7%	10%
Total	100%	100%	100%	100%	100%	100%

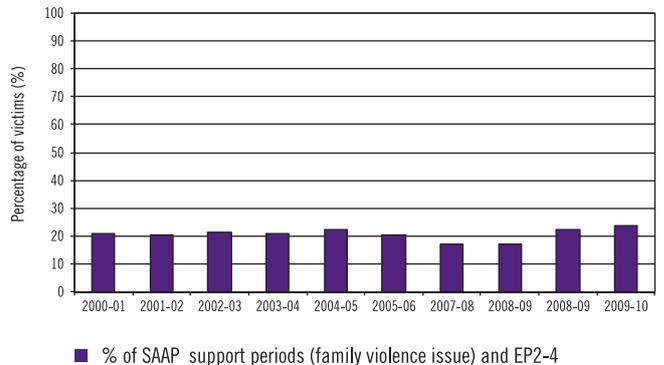
10.4 Communities from non-English speaking backgrounds (SAAP)

Proportion of SAAP family violence clients with EP2, 3 or 4⁸⁶

Across most years, approximately two fifths of SAAP clients accessing support periods for family violence reported speaking a language other than English and were categorised as EP2+ (Figure 110) and compares with the ABS reported information (2008) that 25.6 per cent of the Victorian population speak a language other than English in their home.

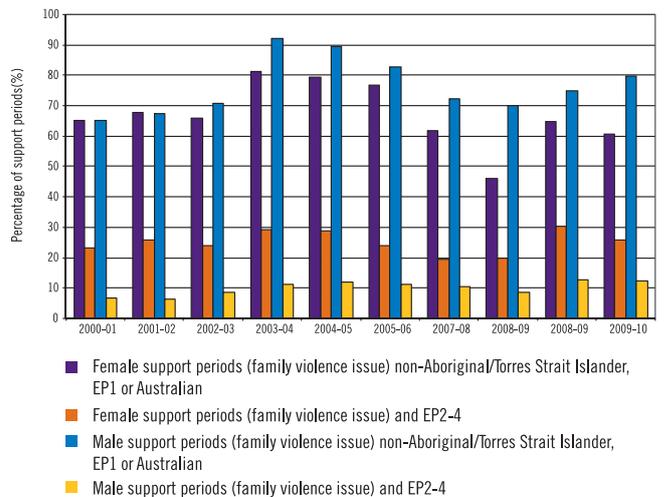
Figure 111 presents the comparative proportion of male and female SAAP client support periods for this client group and English language proficiency. The graph illustrates the proportion of female clients born in EP1 countries (predominantly English speaking countries) compared with EP2-4 (predominantly non-English speaking countries), and the same for the male clients. While EP1 is the dominant language group within both gender groups, across the years one in five female support periods identify with EP2-4 as compared with about one in ten male support periods.

FIGURE 110: Proportion of adult SAAP clients experiencing family violence where client belongs to a language group EP 2, 3 or 4



Note: SAAP data represents support periods and are weighted for agency non-participation and client non-consent. Data not available for 1999-2000.

FIGURE 111: Proportion of SAAP support periods for clients experiencing family violence (excludes Aboriginal and Torres Strait Islander clients) by gender of clients and English language proficiency



Base: all SAAP support periods for family violence-related issues for adult clients 18 years and older

Note: SAAP data represents support periods and is weighted for agency non-participation and client non-consent. In 2009-10, there were 12,841 support periods for women classified as EP1 and 735 support periods for men classified as EP1, 5,450 support periods for women classified as EP2-4 and 114 support periods for men classified as EP2-4.

10.5 Country of birth

Victorian public hospital emergency department (VEMD)

Hospitals collect information on country of birth and the preferred language spoken by the patient. Information on language does not indicate English language proficiency.

One fifth of the VEMD patients in this group were born outside Australia, which compares with nearly one quarter of the Victorian population reported as born outside Australia in the 2006 Census (ABS Catalogue 1367.2).

Table 44 presents the broad range of regions where patients included in this sample were born. Not unexpectedly, a large majority were born in *Australia* - four fifths of the sample group. The next most frequently identified region of birth was *North West Europe* by around five per cent.

As illustrated, very small numbers of patients born outside Australia presented to the emergency department for human intent family violence-related injuries within the four years of data included in this report.

Victims Assistance and Counselling Program (VACP)

Nearly three quarters of adult VACP clients (70%) were born in Australia. Clients who were born outside Australia came from a broad range of countries without any predominant grouping. Countries from where ten or more clients were born (2008-10 combined) included: Chile, China, India, Italy, New Zealand, Pakistan, Rwanda, Turkey, United Kingdom and Vietnam. The range of countries represented illustrates the importance for staff across services to be trained in cultural diversity in order to meet client needs competently

TABLE 44: VEMD human intent injury patients and country of birth (combined, including males, females, adults and children)

	2004–05 to 2005–06		2006–07 to 2007–08		2008–09 to 2009–10	
	N	%	N	%	N	%
Australia	1,077	81	913	79	959	81
Oceania	44	3	30	3	28	2
North West Europe	51	4	65	6	49	4
Southern and Eastern Europe	45	3	11	1	38	3
North Africa and Middle East	14	1	39	3	18	2
South East Asia	38	3	32	3	31	3
North East Asia	15	1	24	2	19	2
Southern and Central Asia	13	1	12	1	23	2
Americas	11	1	15	1	8	1
Sub-Saharan Africa	17	1	12	1	10	1
Total	1,325	100	1,153	100	1,183	100

11. ABORIGINAL AND TORRES STRAIT ISLANDERS WHO HAVE EXPERIENCED FAMILY VIOLENCE

In 2003, the Victorian Indigenous Family Violence Taskforce released a final report highlighting the disproportionately high rate of family violence within the Aboriginal and Torres Strait Islander community as compared with the wider community (Aboriginal Affairs Victoria 2003). The difficulty in documenting the extent of family violence was highlighted as one of the primary barriers to understanding and acting to protect community members from the violence.

The Indigenous Family Violence Ten Year Plan, *Strong Culture, Strong Peoples, Strong Families*, provides a strategic framework for tackling family violence including Objective 8, which aims to improve the effectiveness and efficiency of responses to Indigenous family violence through on-going research and evaluation (Aboriginal Affairs Victoria 2003).

11.1 Identifying Aboriginal and Torres Strait Islander status among victims of family violence

Aboriginal and Torres Strait Islander classification among victims of family violence is available from Victoria Police, the emergency hospital (VEMD) data set and SAAP data system. While changes are being made to data collection programs within the Magistrates' and Children's Courts to enable better classification of victim demographics, these changes had not been implemented at the time of data collection included in this report.

Problems in recording Aboriginal and Torres Strait Islander background are similar in nature to those for CALD communities and women with disabilities. Disclosure can often engender fear of discrimination, and therefore members of the Aboriginal and Torres Strait Islander communities may feel uncomfortable relating this information to a person in authority. In addition, members of the wider community are often uncomfortable with asking about sensitive demographic questions and as a result may make assumptions based on physical appearance, which are often incorrect.

Victoria Police

Victoria Police include data fields to identify Aboriginal and Torres Strait Islander status on their Family Violence Incident Report (L17). These data fields are not mandatory, however police are encouraged to seek this information as it may impact on the procedures required if processing offenders, and can also allow services who receive the report through referral to engage appropriately with the client.

Aboriginal persons often experience greater fear of discrimination in the criminal justice system as compared with other service sectors and may be more likely to withhold their background. Therefore, because this data field is not mandatory and considered highly unreliable, it is not analysed in this report.

Victorian Magistrates' and Children's Courts

At the time of writing, Indigenous status, cultural background and language-spoken information is not routinely collected in the Courtlink database.

Victorian public hospital emergency department (VEMD)

The VEMD currently collects information about Aboriginal and Torres Strait Islander background and this information is available for all years included in this report (2004-05 to 2009-10).

As the Victorian public hospital system is funded partially based on their mix of case-load they have well-developed data collection systems and staff training, which encourages reporting of demographic background information such as Aboriginal and Torres Strait Islander status.

Victorian Supported Accommodation Assistance Program (SAAP)

SAAP currently collects data on Indigenous status and this information is available for ten of the 11 years of data sets included in this report (2000-01 to 2009-10). SAAP services may have access to Aboriginal and Torres Strait Islander specific funding or services and therefore staff may be trained and comfortable with obtaining information about Aboriginal and Torres Strait Islander status.

Victims Assistance and Counselling Program (VACP)

VACP collect information about Aboriginal and Torres Strait Islander background and this information is available for the two years of data included in this report (2008-09 to 2009-10).

Victorian Civil and Administrative Tribunal (VCAT)

At the time of writing, Indigenous status is not routinely collected at VCAT, however one applicant during the time reported on for this analysis did disclose an Aboriginal and Torres Strait Islander background.

11.2 Aboriginal and Torres Strait Islander communities and family violence

Victorian public hospital emergency department (VEMD)

In 2008-09 and 2009-10 there were 51 patients with human intent injuries among individuals identifying themselves as *Indigenous - Aboriginal or Torres Strait Islander* within the VEMD dataset (Table 45). A majority of these patients identified as Aboriginal only with only one or two people in some years nominating *Torres Strait Islander* identity.

TABLE 45: VEMD human intent injury patients and Aboriginal and Torres Strait Islander (combined, including males, females, adults and children)

	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
	N	N	N	N	N	N
Aboriginal/Torres Strait Islander	27	16	24	30	26	25

The actual number of Aboriginal and Torres Strait Islander patients was quite small and encompassed three per cent of the overall VEMD human intent injury patients. Across the six years, fewer than ten patients in this group were under the age of 17 years.

Figure 112 illustrates, similar to other data sets, that the majority of Indigenous victims of family violence presenting to the emergency department are female. The result is similar across all years of the data included here.

Due to the small numbers of patients in this group, small changes in numbers can have a large impact on percentage rates. Therefore, the remaining analysis will be undertaken by combining Aboriginal and Torres Strait Islander patients across all the years for which data has been collected.

Aboriginal and Torres Strait Islander victims of family violence presenting to the hospitals resided in all regions of Victoria (Figure 113). Due to the small number of cases, the increase of a single patient in one region can have a large impact on percentage rates. Therefore, the primary finding is that the largest proportions were located in regional and rural communities as compared with the metropolitan regions. This distribution remains similar across the six years of data included in this report and inverse to the spread of adult female patients in the VEMD population more generally (Figure 67).

FIGURE 112: Gender of Aboriginal and Torres Strait Islander victims – VEMD (combined, including adults and children)

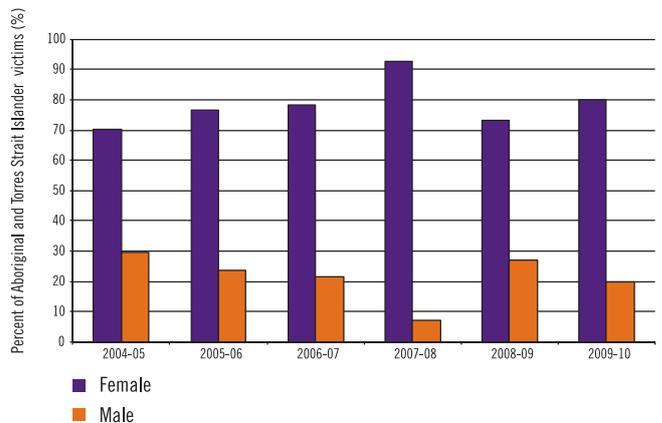
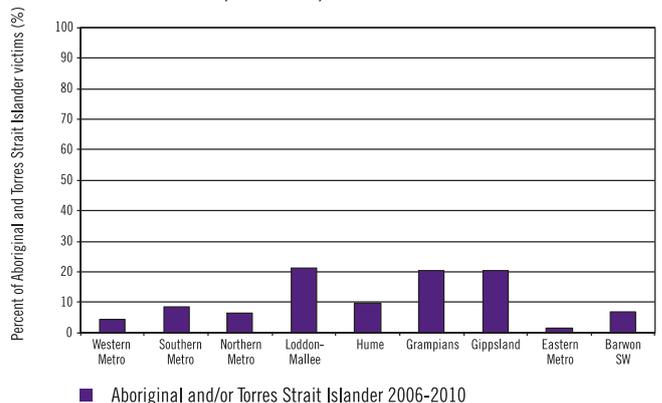


FIGURE 113: Aboriginal and Torres Strait Islander victims by region – VEMD (combined all years, including males, females, adults and children)



Most injuries associated with human intent were events classified as being *struck by another person* or *struck by an object* (Figure 114). Proportional gender differences are obvious and similar to those across the full VEMD adult sample (Figure 105). That is, women were more likely to be *struck by a person* and males were over-represented across other injury cause categories.

Comparing female and male Aboriginal and Torres Strait Islander patient populations with the respective wider patient populations illustrates some very slight differences.

Aboriginal and Torres Strait Islander women and men were slightly more likely than others to experience an injury caused by being hit by a person or object (*i.e. collision with a person or an object*). In addition, male Aboriginal and Torres Strait Islander patients are also more likely to sustain injuries caused by a *collision with machinery/equipment* (Figure 114 and Figure 116).

FIGURE 114: Cause of injury among Aboriginal and Torres Strait Islander patients by gender (VEMD 2004-05 to 2009-10 combined)

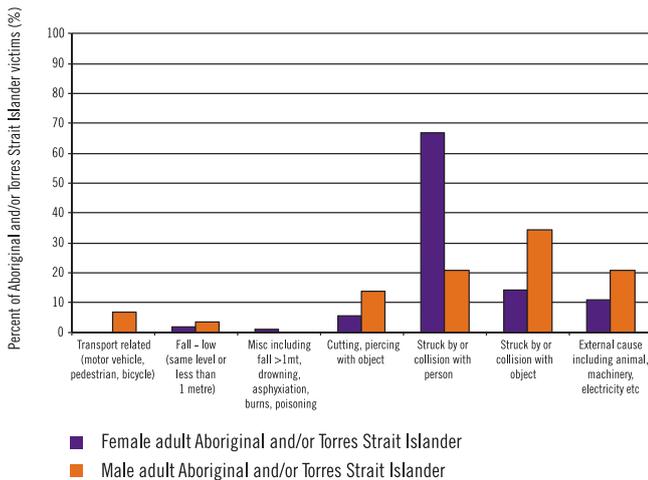


FIGURE 115: Adult female: Aboriginal and Torres Strait Islander and other human intent injury by event associated with injury (VEMD 2004-05 to 2009-10 combined)

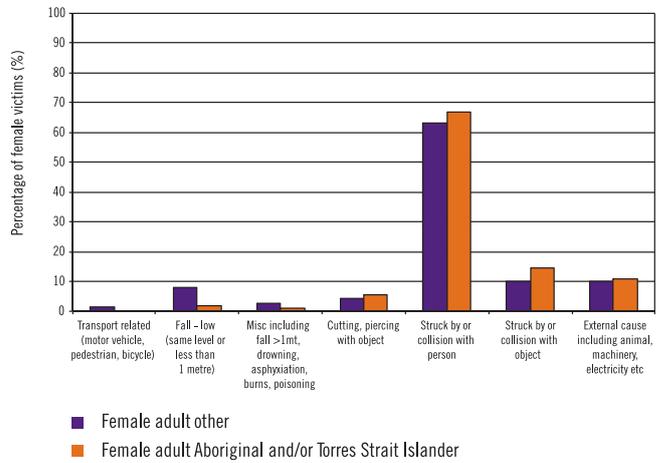
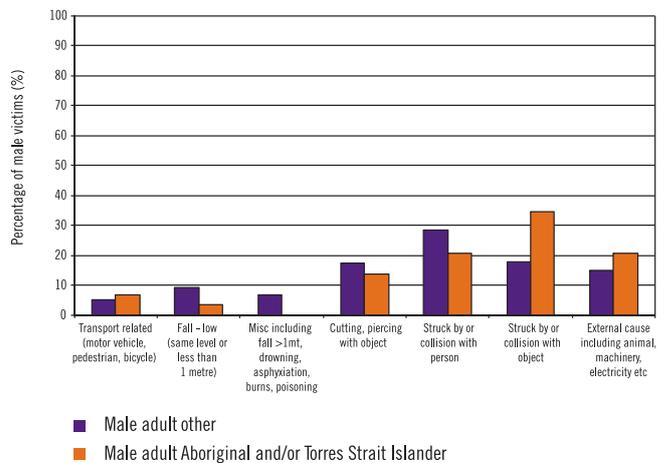


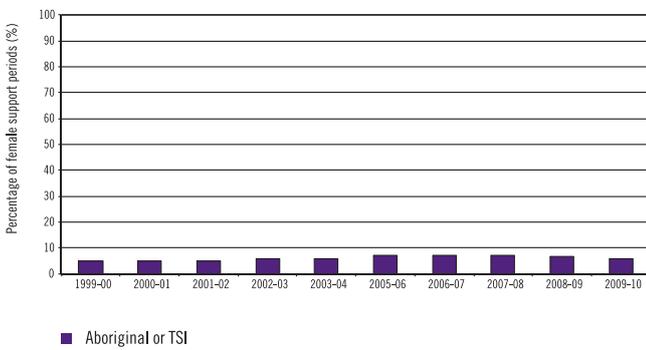
FIGURE 116: Adult male: Aboriginal and Torres Strait Islander and other human intent injury by event associated with injury (VEMD 2004-05 to 2009-10 combined)



Victorian Supported Accommodation Assistance Program (SAAP)

SAAP data includes combined analysis for members of the Australian population disclosing either Aboriginal or Torres Strait Islander background. Although numbers are small, the proportion disclosing Aboriginal and Torres Strait Islander background is steady and represents five to seven per cent of the clients for women seeking SAAP services for family violence (Figure 117). This comprised 568 women in 2000-01, increasing to 1,081 women in 2005-06 and 1,178 women in 2009-10.

FIGURE 117: Proportion of adult female clients disclosing an Aboriginal or Torres Strait Islander background – SAAP



Note: SAAP data represents support periods and are weighted for agency non-participation and client non-consent.

Victims Assistance and Counselling Program (VACP)

Within the VACP programs there were a small number of clients who identified as Aboriginal or Torres Strait Islanders. Most were Aboriginal with fewer than five identifying a Torres Strait Islander background in the two years. The combined group of Aboriginal and Torres Strait Islander clients accounted for two to three per cent of the client population in each year, and nearly all of this population were female victims.

The ages of Aboriginal and Torres Strait Islander clients in VACP agencies are similar, but slightly younger, than the other clients (Table 46).

TABLE 46: Age of adult victims by Aboriginal and Torres Strait Islander and other clients – VACP (2008-09 to 2009-10 combined)

Age	Aboriginal and Torres Strait Islander clients 2008-10	Other clients 2008-10
	%	%
18-24 years	20%	11%
25-39 years	56%	51%
40-54 years	25%	31%
55-64 years	0%	5%
65-74 years	0%	0%
75+ years	0%	1%
Total	100%	100%

Base: all adult VACP clients.

12. FAMILY VIOLENCE: THE NATURE OF THE VIOLENCE, RISK ASSESSMENT AND RISK MANAGEMENT

Family violence system reform across Victoria has led to a number of new and refined data items, exploring the nature of violence, victim and perpetrator risk factors, as well as safety plans to manage the circumstances for the family. While some of this information has been collected previously, increased awareness, practitioner training and attention to family violence risk factors has enhanced data collection across all agencies.

12.1 The family violence incident

Since a major overhaul to the Victoria Police Family Violence Incident Report form (L17) in 2003 and launch of the Victoria Police *Code of Practice for the Investigation of Family Violence* (Victoria Police 2004, 2011), there have been a number of revisions in order to better respond to the needs of victims and better manage risks of future violence. The Victoria Police Code of Practice directs all members attending a family violence incident to complete a risk assessment and report on risk management options:

Police action is based on a combination of risk assessment and risk management. The family violence risk assessment and risk management process has become an integral part of informing decisions on how best to assist AFMs. The Family Violence Risk Assessment and Management Report (VP Form L17) must be completed for every family violence incident and intrafamilial-related sexual offence and child abuse reported to police.

Essentially, the action police take is informed by the risk assessment which helps establish the most appropriate risk management strategy to assist the AFM at that point in time. Risk assessment must always precede risk management.

(Victoria Police 2010, p. 17).

Risk assessment and management information analysed in this report includes:

- Whether there was an active intervention order at the time the police were called to the incident
 - Whether children are present in the household
 - Whether the incident has involved a breach of an intervention order
 - Detailed information about the current incident classification
 - Prior history of abuse and number of previous police reports
 - Duration and perceived trend of the violence
 - Level of fear reported by the victim
 - Whether risk indicators from the Common Risk Assessment Framework (CRAF) are present (e.g. pregnancy, recent separation, controlling behaviours, etc.)
- Risk management options put in place (e.g. application for intervention order, charges laid or referrals, etc.).

New court data items available for this report include:

- if the application was heard in a specialist family violence division of the court
- cases heard after hours (extended hours offered when required)
- if an applicant has a previous *family law restraining order* or *family violence intervention order* against the current respondent
- if a child or dependent person was added to the intervention order by the court under section 4A(3)(a) of the *Crimes (Family Violence) Act 1987*.

The discussion below examines if these changes impacted other aspects of finalising family violence intervention orders, including if the respondent agreed with the order and if the respondent was present at court.

12.2 Nature of the violence – Victoria Police

Classification of the family violence incident

Across the latest four years of data, where detailed information about the family violence incident has been recorded, the most common form of abuse identified was *non-criminal abuse – verbal* (one third) followed by *criminal and non-abuse conflict* (one quarter). Combining physical assaults, both summary and indictable, indicates that another quarter of incidents were coded as *physical assaults* (Table 47). The remaining incident codes were reported individually in very small proportions (5% or less).

Of particular interest is the category of *breach of intervention order*. While an intervention order is a civil order, a breach of the intervention order is a criminal act. From many viewpoints, especially in terms of holding the perpetrator to account, breaches should be enforced rigorously. However, these incidents are often the most difficult offence to police, charge and sentence for a variety of reasons including:

- victims who want the abuse to end, but don't want their partner charged with a criminal offence may not report breaches
- magistrates who may be reluctant to impose a criminal charge on some acts they perceive to be of a lesser nature
- the difficulty and complexity of investigating and substantiating breaches to secure the evidentiary proof required in a criminal court.

A very small proportion of the incidents attended by police in 2009-10 were classified as breaches of intervention orders (less than 5%).

A few incident categories show small signs of either increasing or decreasing across the most recent four years. While care must be taken in reading too much into these small changes at this early stage, it is worth watching the data over the next few years. The types of incidents that appear to be increasing in frequency of recording include: *non-criminal non abuse – conflict, non-criminal abuse – emotional and breach of intervention order – only*. There appears to be a decrease in classification of: *non-criminal abuse – verbal*.

Interestingly, the 2010-11 Victoria Police Crime Statistics (not included in the broader analysis of this report) indicate improved recognition of crimes that occur in a family violence context, with the following points being of particular significance:

- Awareness of a broader range of family violence related incidents.
- The number of *crime against the person* offences arising from family incidents has increased at a faster rate than non-family incident crime against the person offences.
- Offences related to family incidents, such as assaults, sexual assaults and abduction and kidnap have risen as a result of this increased reporting.
- Family violence assaults accounted for 30 per cent of all assaults in 2010-11, increasing by 15 per cent from 2003-04, which was prior to the introduction of the *Code of Practice for the Investigation of Family Violence*.

Turning now to the data in this report, in 2009-10:

- Victoria Police reported that since the Code of Practice for the Investigation of Family Violence was introduced, recording of property damage related to family violence has increased from three per cent (2004) to five per cent (2009-10) (Victoria Police 2010 (c) p.32)
- In 2008-09 and 2009-10, property damage related to family violence incidents increased 2.2 per cent where as property damage not associated with family violence decreased 3.6 per cent in this same 12-month period (*ibid*).
- Victoria Police recorded 856 rape and 3,532 sexual assault (non-rape) victims during 2009-10 (Victoria Police 2010 (b) p. 116). Of rape offences, more than one third (35%) of the offenders were *related to the victim* (excluding co-resident) followed by the next largest single offender category of *acquaintance* (30%). In the sexual assault offences, two fifths (40%) of offenders were *related to the victim* followed by the next largest single offender category of acquaintance where one in five offenders (20%) knew the victim.
- Justice procedure offences (such as *breach of intervention order, fail to answer bail, resisting police*) arising from family incidents increased 9.7 per cent from 2008-09 to 2009-10. The single largest offence category within justice procedures overall is *contravene family violence intervention order* with 7,463 incidents recorded in 2009-10, an increase of 133 per cent since 2008-09 (*ibid*, p. 41).

TABLE 47: Incident code classification by year (adult female victims aged 18 years and older) – police

	2006–07		2007–08		2008–09		2009–10	
	N	%	N	%	N	%	N	%
Non-criminal abuse – verbal	6,420	32%	6,681	31%	6,885	29%	6,786	28%
Non-criminal and non-abuse – conflict	4,036	20%	4,744	22%	5,533	24%	5,865	24%
Assaults – physical (summary)	2,986	15%	3,208	15%	3,374	14%	3,562	15%
Assaults – physical (indictable)	2,064	10%	2,141	10%	2,160	9%	2,204	9%
Assaults – threats	1,039	5%	947	4%	1,086	5%	1,210	5%
Non-criminal abuse – emotional	1,039	5%	1,119	5%	1,339	6%	1,331	6%
Property – damage (indictable)	788	4%	886	4%	992	4%	995	4%
Breach intervention order – only	464	2%	508	2%	720	3%	824	3%
Property – damage (summary)	371	2%	358	2%	448	2%	461	2%
Breach intervention order – plus other charges	227	1%	225	1%	225	1%	280	1%
Assaults – other	305	2%	236	1%	219	1%	200	1%
Assaults – sexual	93	0%	136	1%	117	0%	131	1%
Non-criminal abuse – financial	94	0%	103	0%	103	0%	95	0%
Non-criminal abuse – social	35	0%	47	0%	59	0%	67	0%
Stalking – less than 2 weeks	38	0%	31	0%	43	0%	51	0%
Stalking – greater than 4 weeks	22	0%	39	0%	43	0%	46	0%
Property – theft	23	0%	36	0%	28	0%	25	0%
Stalking – 2 to 4 weeks	6	0%	8	0%	17	0%	18	0%
Non-criminal abuse – spiritual	14	0%	17	0%	15	0%	20	0%
Assaults – pet abuse	3	0%	7	0%	7	0%	6	0%
Total	20,067	100%	21,477	100%	23,413	100%	24,177	99%

Base: adult female victim 18 years and older

Prior reporting and history of abuse

In 2006-07, two of five adult female and male victims had no previous police reports for family violence prior to this incident (Table 48 and Table 49). In subsequent years, this proportion decreased to one in three (2009-10) while the proportion of victims who were not asked the question, or where it was not recorded, increased. Proportions across other categories have not changed over the past four years, so it is unclear if not recording a response to the question masks a large proportion of victims for which this incident is the first report to police or a repeat attendance.

In approximately one quarter of incidents there had been at least one and up to three previous reports of family violence to police. Comparisons between female and male victims were remarkably similar.

TABLE 48: Number of previous police reports by year (adult female victims aged 18 years and older) – police

	2006–07		2007–08		2008–09		2009–10	
	N	%	N	%	N	%	N	%
None	8,793	42%	8,965	40%	8,201	34%	7,603	30%
1 to 3	5,574	26%	6,085	27%	6,870	28%	6,903	27%
4 to 6	1,239	6%	1,355	6%	1,521	6%	1,430	6%
7 to 10	526	2%	603	3%	677	3%	602	2%
11 to 15	240	1%	258	1%	285	1%	310	1%
More than 15	239	1%	223	1%	277	1%	291	1%
Unknown	4,502	21%	4,860	22%	6,541	27%	8,157	32%
Total	21,113	100%	22,349	100%	24,372	100%	25,296	100%

Base: adult female victim 18 years and older.

TABLE 49: Number of previous police reports by year (adult male victims aged 18 years and older) – police

	2006–07		2007–08		2008–09		2009–10	
	N	%	N	%	N	%	N	%
None	2,394	43%	2,601	44%	2,297	35%	2,265	32%
1 to 3	1,357	25%	1,480	25%	1,684	26%	1,742	25%
4 to 6	260	5%	299	5%	313	5%	333	5%
7 to 10	118	2%	129	2%	159	2%	143	2%
11 to 15	57	1%	54	1%	88	1%	60	1%
More than 15	56	1%	50	1%	62	1%	73	1%
Unknown	1,287	23%	1,361	23%	1,896	29%	2,376	34%
Total	5,529	100	5,974	100	6,499	100	6,992	100

Base: adult male victim 18 years and older.

Table 50 illustrates the number of incidents and previous police reports *where children were present* (for a discussion on the number of children present at incidents of family violence see Section 7). In a similar result to information in Table 48 and Table 49, the number of incidents without any history of previous police reports has declined from 2006-07 to 2009-10. However, there has been very little change across other categories except for increases in the proportion where the information is *unknown*, which has increased from 20 per cent to 29 per cent in 2009-10. Overall, approximately two in five incidents with reports of previous family violence incidents also had children present.

An increased proportion of recording information as *unknown* among questions analysed in Tables 48, 49 and 50 makes it unclear if there has been any real change over the years. That is, incomplete data fields (ie response equals unknown) can represent cases where either the question is not asked, a genuine unknown, or the answer is *no* or *none*. Unfortunately decreases and increases in rates may be off-set by the proportion of incidents where the question is not asked.

Unless question completion improves we can not be certain whether the *status quo* remains and there is no difference in distribution of incidents where there have been previous police reports, or there is an increased attendance where there have been previous reports, which could reflect increased confidence in reporting incidents to police.

TABLE 50: Number of previous police reports and number of incidents where at least one child was present by year – police

	2006-07		2007-08		2008-09		2009-10	
	N	%	N	%	N	%	N	%
None	4,565	42%	4,606	41%	3,271	31%	3,176	29%
1 to 3	2,997	28%	3,225	29%	3,186	31%	3,255	30%
4 to 6	652	6%	687	6%	723	7%	745	7%
7 to 10	284	3%	310	3%	330	3%	271	2%
11 to 15	127	1%	136	1%	160	2%	126	1%
More than 15	114	1%	95	1%	129	1%	118	1%
Unknown	2,121	20%	2,232	20%	2,591	25%	3,154	29%
Total	10,860	100%	11,291	100%	10,390	100%	10,845	100%

Base: all incidents where at least one child was present at the incident.

Who notifies police?

When women are the victims of abuse, they are also most likely to be the person notifying police of the incident (7 of 10, Table 51). Next most common is notification by a *neighbour* or *other* person.

When the victim is male, the incident is three times more likely to be reported to the police by *other party/perpetrator* as compared with incidents where the victim is female (Table 52). Closer inspection of this group (the *other party/perpetrator* sample who are themselves likely to report the incident to police), reveals that the incident is more often between two adult males.

When a child was the victim, similar proportions of either the victim or an *other* person reported to the police – from one third to two fifths (Table 53).

TABLE 51: Who first notified police about the violence by year (adult female victims aged 18 years and older) – police

	2006–07		2007–08		2008–09		2009–10	
	N	%	N	%	N	%	N	%
Affected family member	15,322	73%	16,396	73%	17,526	75%	17,721	70%
Anonymous	656	3%	706	3%	699	3%	663	3%
Child	551	3%	501	2%	532	2%	490	2%
Neighbour	1,516	7%	1,460	7%	1,683	7%	1,623	6%
Other	1,614	8%	1,555	7%	1,826	8%	1,950	8%
Other party/perpetrator	807	4%	878	4%	1,061	5%	1,108	4%
Unknown	647	3%	853	4%	1,045	4%	1,741	7%
Total	21,113	100%	22,349	100%	24,372	100%	25,296	100%

Base: adult female victim 18 years and older.

TABLE 52: Who first notified police about the violence by year (adult male victims aged 18 years and older) – police

	2006–07		2007–08		2008–09		2009–10	
	N	%	N	%	N	%	N	%
Affected family member	3,541	64%	3,806	64%	4,130	64%	4,314	62%
Anonymous	183	3%	207	3%	231	4%	216	3%
Child	86	2%	84	1%	88	1%	90	1%
Neighbour	394	7%	461	8%	449	7%	449	6%
Other	500	9%	517	9%	556	9%	626	9%
Other party/perpetrator	647	12%	688	12%	767	12%	834	12%
Unknown	178	3%	211	4%	278	4%	463	7%
Total	5,529	100%	5,974	100%	6,499	100%	6,992	100%

Base: adult male victim 18 years and older.

TABLE 53: Who first notified police about the violence by year (child/adolescents victims aged 17 years and younger) – police

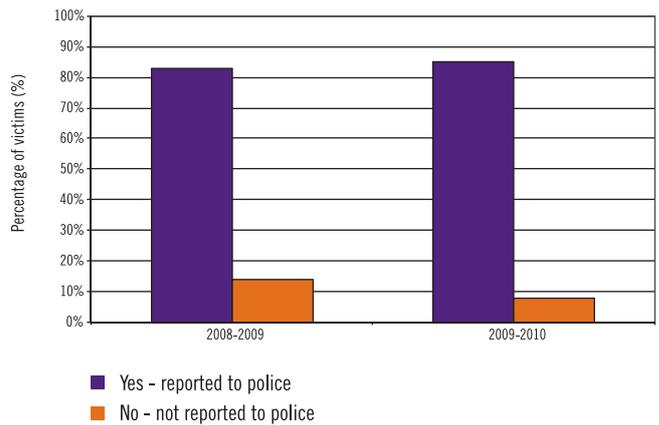
	2006–07		2007–08		2008–09		2009–10	
	N	%	N	%	N	%	N	%
Affected family member	944	44%	1,026	43%	979	41%	1,062	39%
Anonymous	85	4%	92	4%	100	4%	86	3%
Child	49	2%	46	2%	42	2%	46	2%
Neighbour	122	6%	138	6%	133	6%	129	5%
Other	718	33%	816	34%	882	37%	1,074	39%
Other party/perpetrator	169	8%	178	8%	189	8%	193	7%
Unknown	76	4%	71	3%	82	3%	162	6%
Total	2,163	100%	2,367	100%	2,407	100%	2,752	100%

Base: child/adolescent victims 17 years and younger.

Victims Assistance and Counselling Program (VACP)

More than three quarters of Victims Assistance and Counselling Program (VACP) family violence clients had reported the incident to police, either prior to attending the service, or as a part of the support received.

FIGURE 118: Proportion of family violence clients reporting incident to police – VACP



12.3 Frequency and trend of family violence – Victoria Police

Police ask a range of questions to identify the level and severity of violence experienced by the victim. Not all questions can be asked of all victims, and not all victims will feel comfortable providing complete information to the police at the time of attendance. Therefore the results below are indicative, and most likely an under representation of the level, frequency, severity and risk of family violence.

When attending a family violence incident, police ask the victim *how long the violence has been occurring*. Over the latest four years, there has been a reduction in victims reporting the incident as the first incident, but they are increasingly likely to report the abuse has been occurring for approximately one month (Table 54). Overall, about two thirds or more of victims in each year identified the abuse had been occurring for six months or less before this current report. In addition, data indicates that two of five affected family members report to police the family violence has been occurring for more than two years.

When questioned about the perceived change in severity of violence in the relationship (Table 55), again more than two in five victims reported that it was the first incident experienced.

Nearly one third of victims indicated that the violence was *getting worse* or *not constant* suggesting there are some incidents more severe than others.

TABLE 54: Duration of family violence as reported by victim to police (adult female victims aged 18 years and older) – police

	2006–07		2007–08		2008–09		2009–10	
	N	%	N	%	N	%	N	%
First incident	8,865	46%	9,635	47%	8,372	38%	7,115	33%
Less than 1 month	1,370	7%	1,367	7%	2,642	12%	3,145	15%
Less than 6 months	2,322	12%	2,375	12%	2,859	13%	3,071	14%
Less than 12 months	1,676	9%	1,720	8%	2,081	9%	2,069	10%
Less than 2 years	1,731	9%	1,857	9%	2,121	10%	2,105	10%
Less than 5 years	1,709	9%	1,866	9%	2,235	10%	2,402	11%
Greater than 5 years	1,518	8%	1,645	8%	1,725	8%	1,712	8%
Total	19,191	100%	20,465	100%	22,035	100%	21,619	100

Base: adult female victim 18 years and older.

TABLE 55: Perceived trend of family violence as reported by victim to police (adult female victims aged 18 years and older) – police

	2006–07		2007–08		2008–09*	
	N	%	N	%	N	%
First incident	9,183	45%	9,811	46%	4,596	46%
Getting worse	3,057	15%	3,001	14%	1,412	14%
No variation	5,374	26%	5,720	27%	2,617	26%
Not constant	2,680	13%	2,904	14%	1,428	14%
Total	20,294	100%	21,436	100%	10,053	100%

Base: adult female victim 18 years and older.

* The data for this question did not appear in the 2009-10 data and appears to have been removed part way through 2008-09 as responses are only available for half the number of affected family members as compared with the previous two years.

12.4 Risk indicators and level of fear towards the perpetrator – police and IRIS

A Common Risk Assessment and Risk Management Framework (commonly referred to as the CRAF) was developed in 2007 to support the integrated family violence system reforms in Victoria. A key aspect of this framework was the adoption of a consistent approach for assessing and managing family violence throughout the service system, ensuring the focus of intervention and support remains on the safety of the victims.

The CRAF identifies combine three elements for consideration in determining the level of risk:

- the victim's own assessment of their level of risk
- a set of evidence-based risk indicators
- the practitioner's professional judgement.

According to the Office of Women's Policy, workforce development to support the implementation of the Risk Assessment and Risk Management Framework has been delivered to over 3,500 workers across Victorian to family violence services, maternal child health care nurses and other support services who may come into contact with victims of family violence. Victoria Police was also an early adopter of the risk assessment framework, incorporating it into the data fields on the family violence incident report and developing specific police workforce training.

When police attend a family violence incident they are required to identify factors which they believe place the victim at potential or increased risk of family violence. One of the ways a risk is assessed is through the victim's perception of fear of the perpetrator. This is a particularly important measure of risk when there are few other obvious risks.

Level of fear toward perpetrator – police

In each of the years where the level of fear is recorded, nearly half of adult female victims reported a level of fear towards the perpetrator. More than one in ten reported feeling *very fearful* (Figure 119) and one third felt *fearful*.

Male victims were less likely to report feeling fearful of the perpetrator with more than three quarters indicating they were *not fearful at all* (Figure 120). Just five per cent of male victims reported being *very fearful* in each year. Comparatively, female victims were nearly three times more likely to report being *very fearful*.

FIGURE 119: Victim's level of fear as reported by victim to police (adult female victims aged 18 years and older) – police

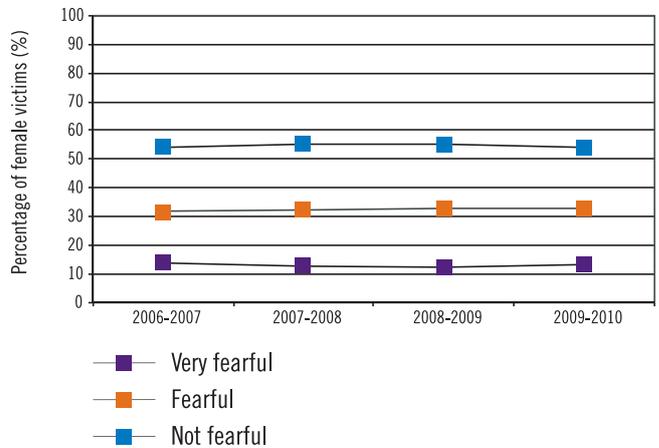
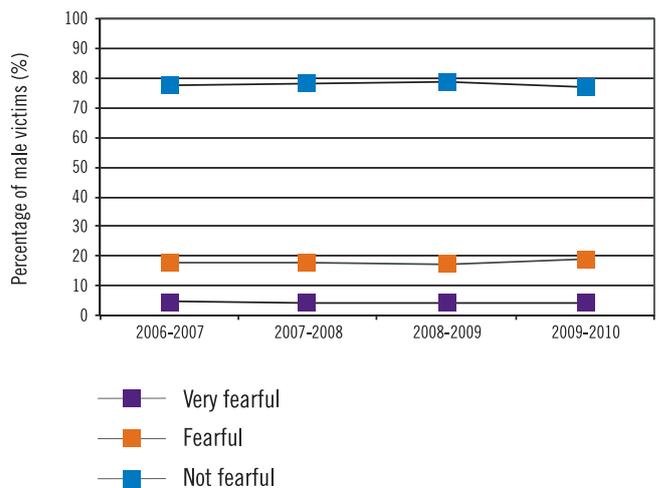


FIGURE 120: Victim's level of fear as reported by victim to police (adult male victims aged 18 years and older) – police



Exploring the level of fear by relationship between the victim and perpetrator reveals notable differences between male and female victims across all four years of data recorded (Table 56 and Table 57). Four fifths of adult female victims expressing fear (either *fearful* or *very fearful*), were fearful of *partners/former partners* compared with around one third of male victims (fearful of a *partner/former partner*).

Male victims indicating fear were primarily fearful of violence from either their *child* or *another relative* (combined two thirds).

TABLE 56: Level of fear toward perpetrator by relationship of victim to perpetrator as reported by victim to police (adult female victims aged 18 years and older) – police

		2006–07		2007–08		2008–09		2009–10	
		N	%	N	%	N	%	N	%
Very fearful of perpetrator									
Relationship of victim to offender (Intimate partner and parent/child separated)	Spouse/defacto/intimate domestic partner	1,723	66%	1,596	64%	1,580	61%	1,705	61%
	Former spouse/defacto/ domestic partner	438	17%	483	19%	542	21%	545	20%
	Parent/step-parent	245	9%	230	9%	267	10%	292	10%
	Child/step-child	22	1%	24	1%	28	1%	42	2%
	Other relative/family member	164	6%	160	6%	187	7%	202	7%
	Total	2,592	100%	2,493	100%	2,604	100%	2,786	100%
Fearful of perpetrator									
Relationship of victim to offender (Intimate partner and parent/child separated)	Spouse/defacto/intimate domestic partner	3,645	62%	3,730	60%	3,976	58%	4,131	58%
	Former spouse/defacto/ domestic partner	1,036	18%	1,125	18%	1,342	20%	1,342	19%
	Parent/step-parent	733	12%	786	13%	924	14%	987	14%
	Child/step-child	77	1%	76	1%	80	1%	101	1%
	Other relative/family member	383	7%	500	8%	510	7%	552	8%
	Total	5,874	100%	6,217	100%	6,832	100%	7,113	100%

Base: adult female victim 18 years and older.

TABLE 57: Level of fear toward perpetrator by relationship of victim to perpetrator as reported by victim to police (adult male victims aged 18 years and older) – police

		2006–07		2007–08		2008–09		2009–10	
		N	%	N	%	N	%	N	%
Very fearful of perpetrator									
Relationship of victim to offender (Intimate partner and parent/child separated)	Spouse/defacto/intimate domestic partner	59	27%	49	24%	50	21%	67	27%
	Former spouse/defacto/domestic partner	17	8%	17	8%	18	8%	20	8%
	Parent/step-parent	76	34%	81	39%	69	29%	80	32%
	Child/step-child	5	2%	8	4%	8	3%	10	4%
	Other relative/family member	64	29%	52	25%	95	40%	72	29%
	Total	221	100%	207	100%	240	100%	249	100%
Fearful of perpetrator									
Relationship of victim to offender (Intimate partner and parent/child separated)	Spouse/defacto/intimate domestic partner	284	35%	313	35%	321	34%	309	28%
	Former spouse/defacto/domestic partner	89	11%	97	11%	107	11%	119	11%
	Parent/step-parent	199	24%	232	26%	260	27%	301	28%
	Child/step-child	38	5%	30	3%	37	4%	44	4%
	Other relative/family member	205	25%	222	25%	225	24%	316	29%
	Total	815	100%	894	100%	950	100%	1,089	100%

Base: adult male victim 18 years and older.

Indicators of risk

Over the past 20 years of international analysis of family violence, a consensus has emerged on the types of experiences, stages of life and threats to victims often associated with escalating or more violent forms of abuse (KPMG 2011). These are referred to as risk indicators and form the basis of the Common Risk Assessment Framework (CRAF, DPCD 2008). While risk indicators do not in themselves lead to abuse, where abuse is present and risk indicators are identified, people working with victims are trained to be more vigilant and safety aware. Measurement of risk is part of an overall risk management and early intervention strategy.

Victoria Police

Signs of risks reported by Victoria Police are recorded where able to be identified and are indicative only. Over the most recent four years a list of risks has been included on the family violence incident forms. However, identifying risk is not mandatory on the form and there have been several changes to the list of risk indicators including how and where they appear on the form. Police may identify multiple risk factors for an individual affected family member, however it is possible that more risks are present than are recorded by police at the incident. This is particularly the case where an affected family member is reluctant to provide information at the time of police attendance.

Table 58 contains an overview of risks included on the form over the years. It is important to note that on 7 December 2008, the categorisation of high risk became ineffective for Victoria Police. High risk indicators were subsequently assigned classification as either related to the *relationship*, *victim (affected family member)* or *perpetrator (other party)* or *other risk*. For congruency in this transition period, the high risk classification is retained in this reporting cycle, but Victoria Police no longer uses the classification of *high risk*.

Analysis of the high risk classification has been reconstructed from the following variables previously assigned as 'high risk' indicators:

- separation
- recent escalation
- pregnancy or new birth
- sensitive cultural issues
- stalking
- sexual assault.

In summary, most risk indicators are reported in similar proportions by either female or male victims and there were differences in recording rates between women and men on just two items:

- the most commonly identified high risk indicator was *separation* (one quarter of the incidents in each year) and separation was identified as a risk for twice as many women as men
- *controlling behaviour* (by the other party) was among the most frequently identified risk indicators and present in twice as many incidents involving female victims as compared with male victims.

Other risks most frequently identified included *alcohol definite or possible* and presence of *drugs possible*, *financial difficulties* and *psychological illness or depression* for more than one in ten reports of family violence.

TABLE 58: Risk indicators identified at the incident – police

	2006–07		2007–08		2008–09		2009–10	
	N	%	N	%	N	%	N	%
High risk indicators								
Separation	6,838	23%	7,814	25%	8,536	25%	9,229	26%
Recent escalation	1,823	6%	1,813	6%	1,952	6%	2,348	7%
Pregnancy/new birth	1,324	4%	1,438	5%	1,846	5%	2,175	6%
Sensitive culture issues	744	3%	900	3%	498	1%	N/A	N/A
Stalking	285	1%	345	1%	313	1%	622	2%
Sexual assault	184	1%	251	1%	172	1%	370	1%
Total family violence incidents	29,648	*	31,666	*	33,893	*	35,701	*
Other risk indicators								
Alcohol definite (either party)	7,754	26%	9,022	28%	12,952	38%	15,271	43%
Alcohol possible (either party)	4,766	16%	4,772	15%	7,185	21%	9,728	27%
Drugs definite (either party)	1,204	4%	1,098	3%	1,766	5%	2,346	7%
Drugs possible (either party)	4,577	15%	5,324	17%	7,552	22%	9,291	26%
Other substance abuse (either party)	1,094	4%	471	1%	317	1%	431	1%
Controlling behaviours	4,617	16%	5,706	18%	5,980	18%	5,844	16%
Other party risk/vulnerabilities harm or threat to harm victim					3,356	10%	6,145	17%
Other party risk/vulnerabilities threaten to kill victim	N/A	N/A	N/A	N/A	829	2%	1,691	5%
Other party risk/vulnerabilities tried to choke victim	N/A	N/A	N/A	N/A	521	2%	1,105	3%
Other party risk/vulnerabilities Homicidal fantasies or threats (children and other family)	91	0%	104	0%	871	3%	1,688	5%
Suicidal fantasies or threats (either party)	517	2%	498	2%	256	1%	N/A	N/A
Other party risk/vulnerabilities suicidal fantasies or threats	N/A	N/A	N/A	N/A	657	2%	1,190	3%
Affected family members risk/vulnerabilities Suicidal fantasies or threats	N/A	N/A	N/A	N/A	220	1%	349	1%
Psychological Illness/depression	3,468	12%	3,786	12%	1,902	6%	N/A	N/A
Affected family members party risk/vulnerabilities depression mental health issues	N/A	N/A	N/A	N/A	1704	5%	3,349	9%
Other party risk/vulnerabilities depression mental health issues	N/A	N/A	N/A	N/A	2,430	7%	4,950	14%
Obsessive/paranoia/delusional behaviour	653	2%	676	2%	367	1%	N/A	N/A
Extreme jealousy	2,372	8%	2,767	9%	1,413	4%	2	0%
Other party risk/vulnerabilities violent past	2,264	8%	2,152	7%	2,482	7%	2,953	8%
Denial of abusive history	354	1%	320	1%	162	0%	N/A	N/A
Other party risk/vulnerabilities Unemployment	2,220	7%	2,506	8%	3,049	9%	3,475	10%
Financial difficulties	3,525	12%	4,411	14%	3,789	11%	3,843	11%

TABLE 58: Continued

	2006-07		2007-08		2008-09		2009-10	
	N	%	N	%	N	%	N	%
Other risk indicators								
Breached intervention order	1,832	6%	1,852	6%	1,978	6%	1,827	5%
Child access/custody	1691	6%	1,749	6%	835	2%	N/A	N/A
Physical injuries	1,465	5%	1,256	4%	563	2%	2	0%
Child abuse	411	1%	460	1%	225	1%	N/A	N/A
Affected family member risk/vulnerabilities isolation	N/A	N/A	N/A	N/A	361	1%	861	2%
Presence of a disability	385	1%	404	1%	590	2%	874	2%
Pet abuse	56	0%	42	0%	105	0%	158	0%
Total family violence incidents	29,648	*	31,666	*	33,893	*	35,701	*

Base: all family violence incidents.

NA = question not asked in that year or changed format.

* Total is greater than 100% due to multiple responses.

Threats of harm, while being a form of emotional, psychological and verbal abuse in their own right, may also be an indicator of risk of escalating abuse. Table 59 presents the most frequently reported threats of violence in the most recent two years of police data.

As stated above, police may identify more than one risk indicator for each incident. Some indicators are nominated in a small proportion of incidents and therefore it's useful to explore the number of risk indicators.

TABLE 59: Risk indicators identified at the incident: threats to harm by other party – police

	2008–09		2009–10	
	N	%	N	%
Threats of violence				
Threaten harm to affected family members	8,875	26%	11,271	32%
Threaten harm to other family	867	3%	1,239	3%
Threaten harm to child	702	2%	855	2%
Threaten harm to pets	119	0%	181	1%
Total family violence incidents	33,893	*	35,701	*

Base: all family violence incidents.

* Total does not equal 100% as these responses are extracted from a series of multiple response indicators.

Comparing the count of the number of risk factors associated with incidents (Table 60), at least one third of incidents had one *high risk* indicator in the first three years, which reduced down to one quarter in 2009-10. However the *high risk* indicator elements on the L17 were restructured in 2008 (see discussion above) and the risk indicator 'sensitive cultural issue' is no longer included on the L17 form.

Less than five per cent of incidents reported *more than one* high risk indicator. However, in actual numbers, this translates to:

- two *high risk* indicators being present in more than 1,000 incidents in each year
- three or more *high risk* indicators at approximately 50-100 incidents in each year (Table 60).

TABLE 60: Count of *high* risks associated with the incident – police

Number of <i>high risk</i> factors identified	2006–07		2007–08		2008–09		2009–10	
	n	%	n	%	n	%	n	%
0	19,599	66%	20,379	64%	22,880	68%	25,152	71%
1	9,006	30%	10,134	32%	9,789	29%	9,341	26%
2	944	3%	1,042	3%	1,096	3%	1,028	3%
3	92	0%	102	0%	72	0%	57	0%
4	7	0%	8	0%	4	0%	2	0%
5	0	0%	1	0%	0	0	0	0%
Total family violence incidents	29,648	100%	31,666	100%	33,893	100%	35,701	100%

Base: all family violence incidents.

Exploring the combination of all risks (*high risk* and *other risk indicators*), one third of incidents had one risk factor and one quarter indicated two risk factors (Table 61). Over the four years there has been a proportional decrease of incidents with only one or two risk indicators but an increase in those with three or more risk indicators.

When comparing the number of risk indicators by gender of victim, in 2009-10 twice as many female victims had five or more indicators reported for them (16%) compared with male victims (7%). Additionally, over one quarter of male victims did not have any risk indicators reported (27%) compared with only one seventh of females (13%) without risk indicators.

More than one in ten incidents (approximately 13%) involved more than three risk indicators, equating to around 4,000 incidents in each year. Recording of incidents with five or more risk indicators has increased from six per cent in 2007-08 to 14 per cent in 2009-10.

TABLE 61: Count of *all* risks associated with the incident – police

Number of risk indicators	2006–07		2007–08		2008–09		2009–10	
	N	%	N	%	N	%	N	%
0	3,191	11%	3,118	10%	4,355	13%	5,864	16%
1	11,095	37%	11,491	36%	9,380	28%	7,770	22%
2	7,807	26%	8,604	27%	8,631	26%	8,038	23%
3	3,849	13%	4,444	14%	4,819	14%	5,045	14%
4	1,942	7%	2,055	6%	2,977	9%	3,530	10%
5 or more risk indicators	1,764	6%	1,954	6%	3,679	11%	5,333	14%
Total family violence incidents	29,648	100%	31,666	100%	33,893	100%	35,701	100%

Base: all family violence incidents.

Department of Human Services – Integrated Reporting Information System (IRIS)

Risk assessment information is increasingly being completed more fully across IRIS agencies. There are multiple reasons for the increase:

- the state-wide rollout of the standardised Comprehensive Risk Assessment Framework (CRAF) for family violence and IRIS agency staff
- increased familiarity with the risk assessment data collection tool (before the standardised CRAF, agencies generally used agency specific risk assessments which may not be recorded in IRIS)
- risk assessment has become a mandatory IRIS data field.

Recognition that women often move in and out of a cycle of risk and contact with perpetrators over time has, in part, driven the demand for risk assessment to become a mandatory IRIS data field as a prevention strategy if the perpetrator remains an influence in women's lives. This is commonly the case with shared parenting of children.

It is therefore heartening to see an overall increase in completion of data in regard to risk assessments, and that the 'not known' category is substantially smaller in the latest two years (Table 62).

While agencies have always undertaken a risk assessment in some format, women and children's counselling and support services are not crisis services and therefore the assessment may be undertaken informally, meaning that incomplete information does not necessarily indicate the risk assessment has not been completed. It is also the case that information on risk assessment may not be entered into the database until after the case is closed and therefore figures quoted here are most likely under-reporting risk assessment completion.

On the other hand, programs for men are premised on the safety of women and children and thus formal risk assessments should be more consistently conducted with perpetrators. The staff at Men's Behaviour Change Programs continually look for threats to women and children, breaches of intervention orders, as well as risk of self-harm for the man. However, the most recent two years of data suggests an increasing proportion of men who use violence where risk assessments are not undertaken (Table 62). There are a few complicated reasons why this is the case.

Several explanations for increasing rates where risk assessments are not completed (as well as safety plans; see discussion in relation to Table 69) among male clients relate to development of the new enhanced intake service, as well as the nature of this service being a first point of contact for many men. The explanations provided by counselling programs include the following:

- The man may not have engaged in any meaningful conversation with the service and therefore staff at the service are unable to complete either a risk assessment or safety plan. In these cases, staff will rely upon the police L17 risk assessment to guide their conversation with the man.
- Some men will be referred from an intake service to Men's Behaviour Change Programs where a risk assessment and safety plan are developed. This information does not necessarily flow back to the enhanced intake service.
- Some counselling programs have advised that during the set-up of the enhanced intake service there was a substantial increase in client numbers and that data accuracy and recording may have suffered as a result. Some data entry has been left for administrative personnel who may not have complete knowledge of the case informing data entry.
- As discussed above, information on risk assessment and safety plans is not required to be recorded until the case is closed and therefore likely to be under-reported. Men's services in particular are very wary of determining that a safety plan or risk assessment has been 'completed' as these are often on-going assessment tools throughout the course of a program.

TABLE 62: Whether or not a risk assessment has been undertaken (adult clients (aged 18 years and older) by year – IRIS

	2006-2007		2007-2008		2008-2009		2009-2010	
	Count	Col %						
Females (family violence services)								
No	29	2%	147	6%	336	9%	604	10%
Yes	340	18%	1,028	39%	2,025	55%	2,834	47%
Not applicable	53	3%	131	5%	266	7%	632	11%
Not stated/not known	1,418	77%	1,348	51%	1,041	28%	1,899	32%
Total	1,840	100%	2,654	100%	3,668	100%	5,969	100%
Males (family violence services)								
No	24	2%	72	5%	296	10%	2155	33%
Yes	386	29%	702	45%	1742	60%	2654	41%
Not applicable	18	1%	56	4%	143	5%	291	4%
Not stated/not known	916	68%	724	47%	718	25%	1372	21%
Total	1,344	100%	1,554	100%	2,899	100%	6,472	100%

Base: all clients aged 18 years and older.

Notes:

1. Adult male sample includes a small number of men who received a family violence counselling service other than a Men's Behaviour Change Program (see discussion around gender in relation to Table 15).
2. Information on risk assessment is not required to be entered into IRIS until a case is closed and therefore it is understandable that a large proportion of clients are contained in the *not known* category.

12.5 Risk management

Victoria Police

One of the measures of need for risk management is the victim’s level of fear. The (arguably) highest form of risk management in a civil system would be the implementation of an intervention order. Figure 121 presents an overview of the level of fear of female victims and whether or not an active intervention order was in place when police attended. As can be seen, the greater a female’s fear in relation to this incident of violence, the more likely she was to already have an active intervention order in place (Figure 121).

In 2006-07 one third of incidents where a victim was *very fearful* did not have an active intervention in place. In 2009-10 this ratio had changed to nearly half of victims who were *very fearful* with an active intervention order.

Interestingly, as the number of previous reports to police increased, the likelihood that a victim would have an intervention order decreased (Figure 122).

FIGURE 121: Whether the victim has an active intervention order against the perpetrator by level of fear (adult female affected family members, aged 18 years and older) – police

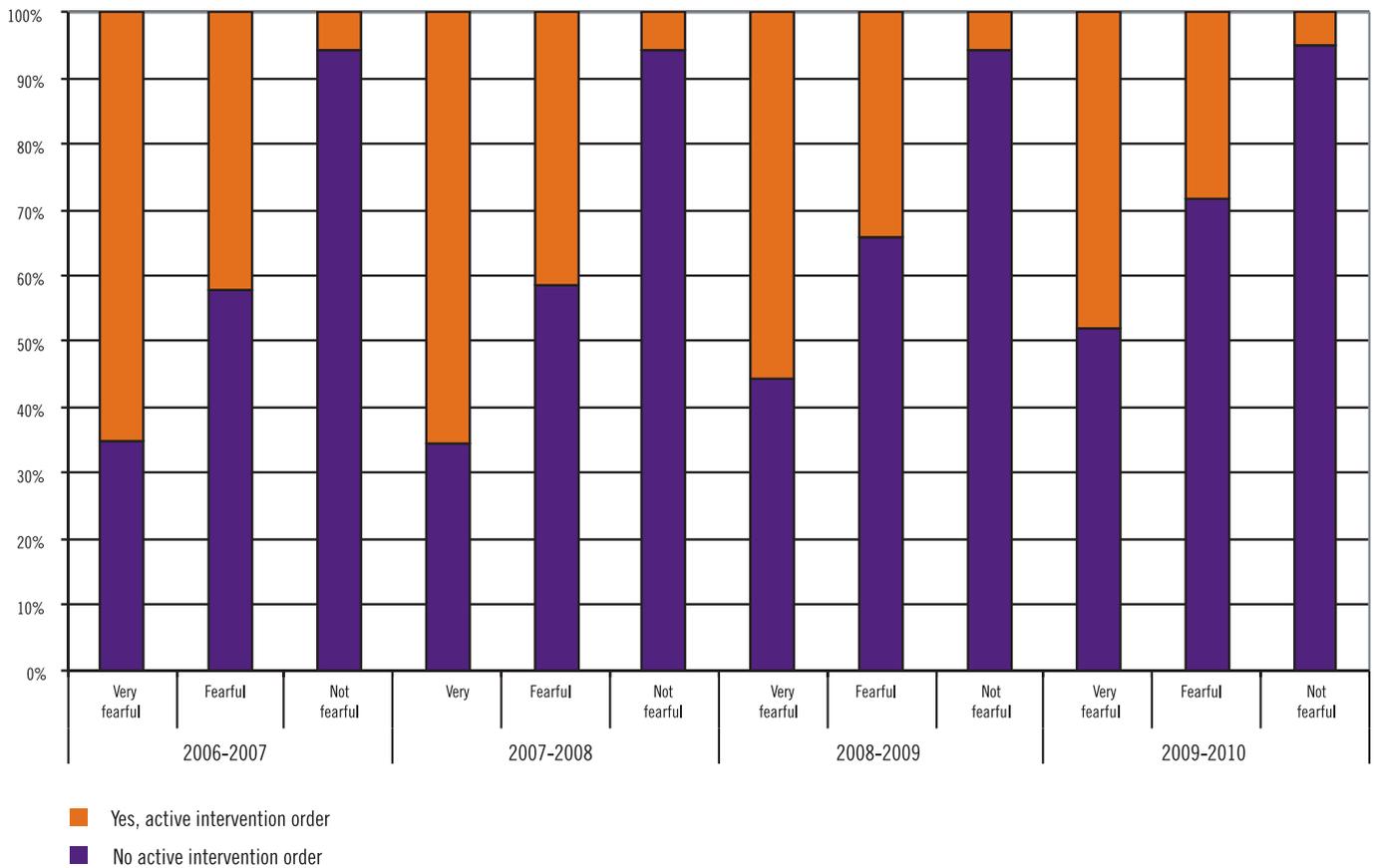
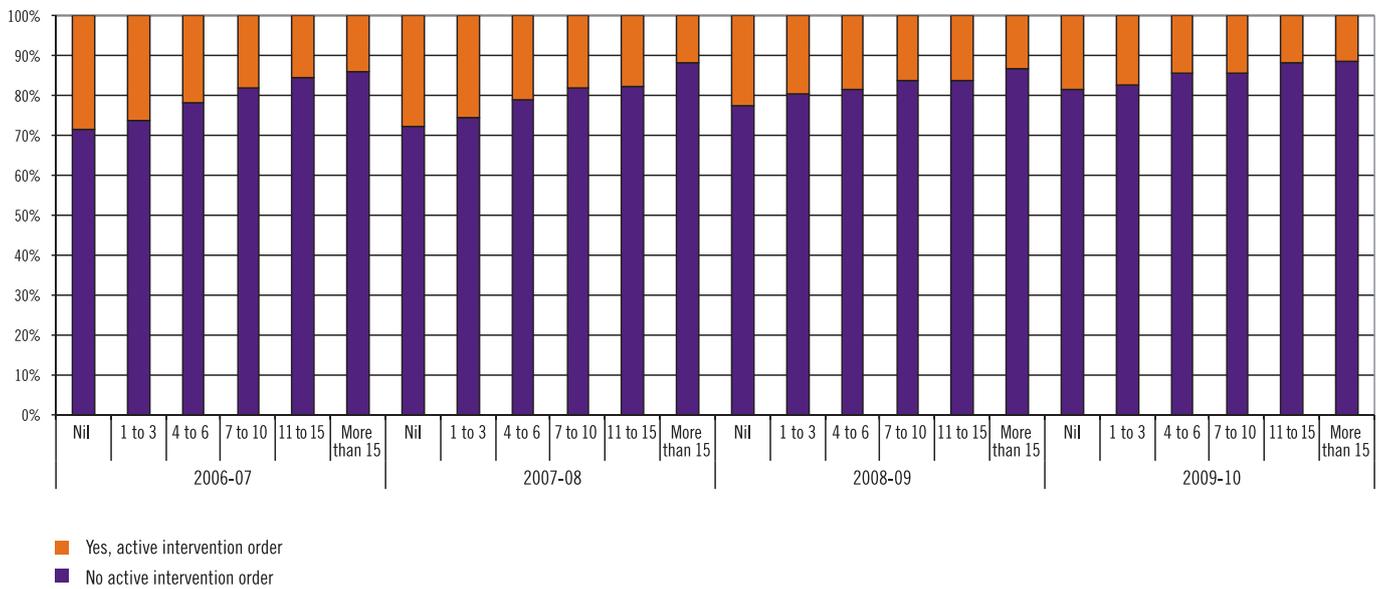


FIGURE 122: Whether the victim has an active intervention order against the perpetrator by number of previous police reports (adult female affected family members, aged 18 years and older) – police



In reviewing all of the information gathered at the incident, police record the likelihood that violence will recur. The violence was assessed as likely to recur for approximately one third of incidents (where information was recorded). Likelihood of recurrence was slightly higher among female victims but the difference between the two groups was not large (Table 63 and Table 64).

TABLE 63: Assessment of likelihood of future violence (adult female victims aged 18 years and older) – police

	2006–2007		2007–2008		2008–2009		2009–2010	
	N	%	N	%	N	%	N	%
Likely	8,771	42%	9,157	41%	9,162	38%	8,673	34%
Unlikely	8,167	39%	8,442	38%	7,481	31%	7,378	29%
Unknown/not able to be established	4,175	20%	4,750	21%	7,729	32%	9,245	37%
Total	21,113	100%	22,349	100%	24,372	100%	25,296	100%

TABLE 64: Assessment of likelihood of future violence (adult male victims aged 18 years and older) – police

	2006–2007		2007–2008		2008–2009		2009–2010	
	N	%	N	%	N	%	N	%
Likely	2,002	36%	2,078	35%	2,127	33%	2,097	30%
Unlikely	2,439	44%	2,626	44%	2,291	35%	2,341	33%
Unknown/not able to be established	1,088	20%	1,270	21%	2,081	32%	2,554	37%
Total	5,529	100%	5,974	100%	6,499	100%	6,992	100%

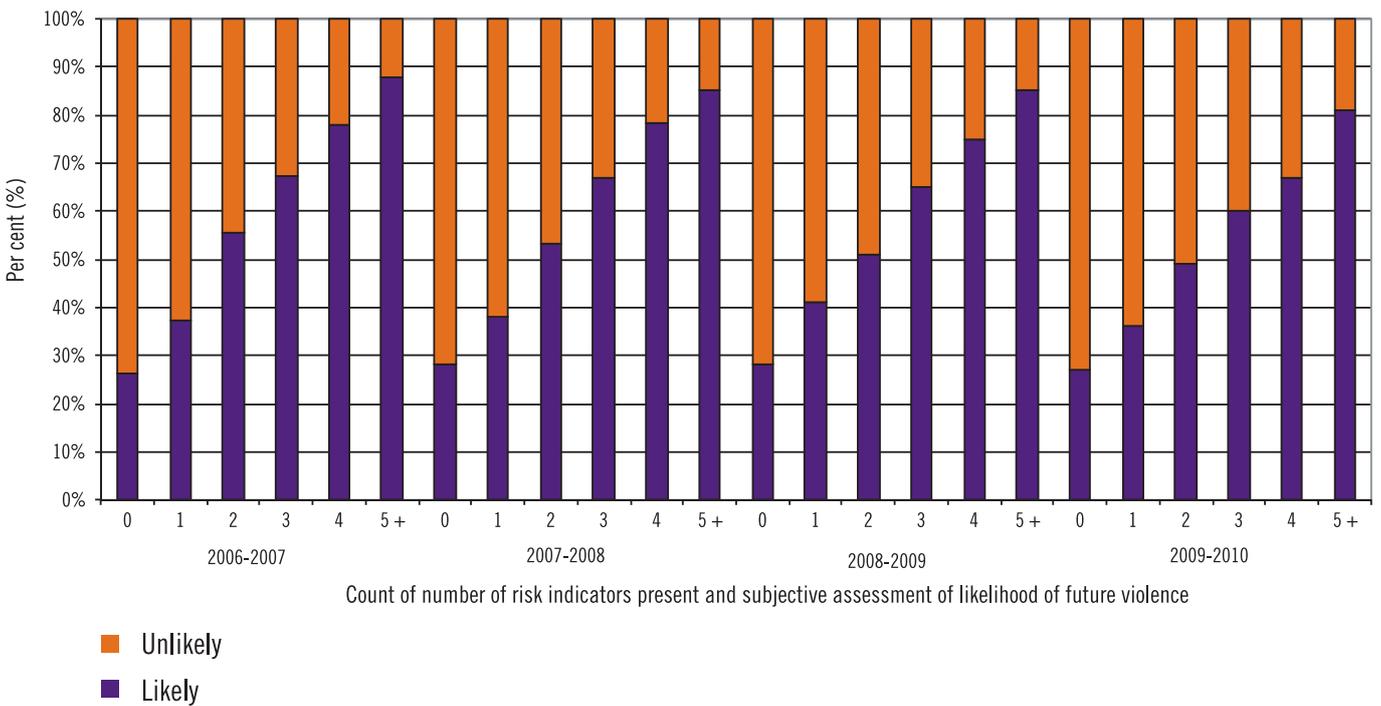
One of the elements police members use to assess the likelihood of future violence is the overall measure of risk indicators. It is therefore useful to explore a count of the number of risk indicators and the assessment made about the likelihood of future violence (Figure 123). As would be hoped, if the data fields on an L17 form are being utilised appropriately, incidents with more risk indicators would also lead police members to assess the victim to be likely to experience future violence.

Figure 123 illustrates consistently similar assessment of likelihood of risk of future violence from 2006-07 to 2008-09. In 2009-10 there is a noticeable shift in lower proportions of all incidents assessed as likely to be at risk of future violence (supported by results in Table 63 and Table 64).

Reasons for this shift are not clear and may be a result of multiple factors including changes in police processing of family violence incidents as well as the restructuring of risk indicators. Changes in police processing and risk management strategies will be discussed in relation to Table 66 below.

In short, as additional risk management strategies have been brought online, and overall risk management becomes embedded in police practice, it might be the case that having active risk management strategies leads police members to assess that the risk of future violence is less likely. Risk management activities to review in particular include: Family Violence Safety Notices and active referrals of perpetrators and victims.

FIGURE 123: Number of risk indicators by assessment of likelihood of future violence (adult female affected family members, aged 18 years and older) – police



When making decisions about appropriate risk management strategies to implement, police members take into account multiple aspects of family violence incidents, including: incident type and severity of the abuse; risk indicators; likelihood of future violence; and the overall safety of the victim. Multiple risk management actions may be enacted and range from providing information about family violence services, informal and formal referrals for both victims and perpetrators, through to arresting and charging the offender.

Possible risk management options are listed in tables below. Table 65 outlines the risk management strategies undertaken from 1999 to 2005. In 2005-06 the L17 family violence incident report form was revised to include risk indicators (Table 57) and risk management strategies in line with the Victoria Police *Code of Practice for the Investigation of Family Violence* (2004, 2011). The more extensive list of risk management strategies from 2006-07 onwards is presented in Table 66.

In 2005-06 (Table 65) a large increase in police taking out an intervention order on behalf of the victim was recorded. This change can be traced to coincide with the release of the Code of Practice and a corporate strategy emphasis on encouraging members to take out the intervention orders on behalf of victims where appropriate. Simultaneously, there was a notable increase in charging rates.

TABLE 65: Risk management actions recorded for the incident – police (1999–2005)

	1999–2000	2000–2001	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
	%	%	%	%	%	%	%
Police applied for an Intervention order (1999–2006)	11%	8%	12%	11%	10%	16%	38%
No charges laid	85%	87%	84%	85%	85%	76%	71%
Def charged: Crime against the person (a)	8%	8%	10%	9%	9%	15%	19%
Def charged: Crime against property (a)	2%	2%	3%	3%	3%	4%	4%
Def charged: Drugs	0%	0%	0%	0%	0%	0%	0%
Def charged: Other	4%	4%	4%	3%	3%	5%	6%
Total charges laid (a)	14%	14%	17%	15%	15%	24%	29%

Base: all family violence incidents.

(a) Question for reporting charges being laid changed after 2005. Comparative results after 2005 are presented in Table 66. While results are not directly comparable, the results are indicative of overall changes in charging rates.

* Total is greater than 100% due to multiple responses.

Subsequent to changes introduced in 2005-06, additional and detailed information on risk management strategies can be identified (Table 66). Upon initial examination it appears there are fewer incidents where charges are laid and a relatively static rate at which intervention orders are taken out. However, due to the nature of processing family violence cases, including delays in serving orders and court adjournments, processing outcomes may be continually updated and recorded in different sections of crime statistics (see Victoria Police Crime Statistics, 2010-11, for the most up to date figures).

A new risk management strategy introduced to Victoria Police in December 2008 and reported on for the first time in this Volume 5, is the number of Family Violence Safety Notice (FVSNs) issued. FVSNs were introduced to enable police to take immediate action after hours to impose restrictions on a perpetrator to protect a victim believed to be at risk where it is not possible to get to court to apply for an intervention order. A FVSN places temporary conditions on the perpetrator for up to 72 hours, until the matter can be heard in court (Victoria Police 2011, pp. 29-30).

TABLE 66: Risk management actions recorded for the incident – police (2006–10)

	2006–07	2006–07*	2007–08	2007–08*	2008–09	2008–09*	2009–10	2009–10*	Direction of Change **
	N	%	N	%	N	%	N	%	
Charges pending (other)	3,278	11.06%	3,276	10.35%	3,395	10.86%	3,629	10.99%	-/+
Charges pending (breach of intervention order)	1,198	4.04%	1,162	3.67%	1,110	3.55%	981	2.97%	-
Charges pending (breach of intervention order and other)	578	1.95%	586	1.85%	924	2.95%	1,100	3.33%	+
Perpetrator arrested for criminal abuse	244	0.82%	263	0.83%	426	1.36%	595	1.80%	+
Total charges laid or pending (a)	5,298	17.87%	5,287	16.70%	5,855	18.72%	6,305 (b)	19.09%	+
Police applying for complaint and warrant	5,013	16.91%	5,368	16.95%	4,764	15.23%	4,063	12.30%	-
Police applying via complaint and summons	1,693	5.71%	1,548	4.89%	1,399	4.47%	1,314	3.98%	-
Police applying for Family Violence Safety Notice (Introduced in Dec 2008)		Not applicable			1,535	4.91%	3,362	10.18%	+
Police applying for interim intervention order	503	1.70%	375	1.18%	590	1.89%	769	2.33%	+
Total intervention orders initiated by police	7,209	24.3%	7,291	23.0%	8,106	23.9%	9,508 (c)	26.6%	+
AFM applying for intervention order	1,652	5.57%	1,500	4.74%	1,522	4.87%	1,311	3.97%	-
Offender bailed with conditions	1,408	4.75%	1,383	4.37%	1,311	4.19%	1,309	3.96%	-
Holding powers (direction) used		Not supplied			404	1.29%	815	2.47%	
Holding powers (detention) used		Not supplied			301	0.96%	622	1.88%	
Perpetrator remanded in custody	300	1.01%	272	0.86%	292	0.93%	346	1.05%	
Weapon/s and/or firearms seized	152	0.51%	148	0.47%	146	0.47%	118	0.36%	-
Firearm(s) licence revocation pending	33	0.11%	38	0.12%	57	0.18%	51	0.15%	+
Total intervention order related civil actions at the time of the incident report	10,754	36.27%	10,632	33.58%	12,321	39.39%	14,080	42.63%	+
Informal referral of perpetrator to program	5,051	17.04%	6,396	20.20%	8,018	25.64%	11,805	35.74%	+
Formal referral of perpetrator to program ⁸⁷	1,288	4.34%	2,413	7.62%	3,475	11.11%	6,278	19.01%	+
Total actions for perpetrator	6,339	21.38%	8,809	27.82%	11,493	36.75%	18,083	54.75%	+

TABLE 66: Continued

	2006–07	2006–07*	2007–08	2007–08*	2008–09	2008–09*	2009–10	2009–10*	Direction of Change**
	N	%	N	%	N	%	N	%	
Informal referral for AFM	16,045	54.12%	17,889	56.49%	18,768	60.01%	18,906	57.23%	-/+
Formal referral for AFM ⁸⁸	5,495	18.53%	6,876	21.71%	8,626	27.58%	11,416	34.56%	+
Notify child protection (DHS)	3,060	10.32%	3,349	10.58%	4,026	12.87%	4,800	14.53%	+
After hours formal referral to Women's Domestic Violence Crisis Service	390	1.32%	299	0.94%	337	1.08%	465	1.41%	+
Notify local child agency	216	0.73%	243	0.77%	252	0.81%	316	0.96%	+
AFM taken to refuge/other crisis accommodation	403	1.36%	401	1.27%	338	1.08%	303	0.92%	-
Total actions for AFM	25,609	86.38%	29,057	91.76%	32,347	103.43%	36,206	109.61%	+
Total family violence incidents	29,648	*	31,666	*	33,893	*	35,701	*	

Base: all family violence incidents.

(a) Question for reporting charges being laid changed after 2005. While results are not directly comparable, the results are indicative of overall changes in charging rates in Table 65.

(b) Victoria Police (2011) reports that charges were laid in 9,367 family violence incidents, 26.4% of all family violence incidents recorded in 2009–10. Data reported on here may not include outcomes subsequent to the incident report.

(c) Victoria Police (2011) reports that police sought an IVO or issued an FVSN in 9223 family violence incidents (25.8%) recorded in 2009–10. Data reported on here may not include outcomes subsequent to the incident report.

* Total is greater than 100% due to multiple responses.

** Indicative direction of trend in change in proportion of reported actions. Care should be taken with interpretation of small proportions – they are included in markings as they illustrate consistent change across the years: '+' indicates increase; '-' indicates decrease; '-/+' indicates mixed results to be watched; no mark indicates comparative results are unclear.

Review of other risk management strategies across the past four years illustrates an overall increase in activity including increased rates of:

- notifying child protection and local child agencies
- *informal referral* and *formal referrals* of the victim to a family violence service agency
- *informal referral* and *formal referrals* of the perpetrator to a program (usually a Men's Behaviour Change Program)
- after hours formal referral to the Women's Domestic Violence Crisis Service.

Informal referrals involve providing agency contact details to the victim or perpetrator who then initiate contact with the support service themselves. Formal referrals involve faxing or emailing victim or perpetrator details to an agency, and the agency contacts the victim or perpetrator. Victims and perpetrators are informed of the referral and advised to expect a phone call, and are usually referred to different agencies.

There have been fewer decreases in risk management actions and most can be explained through increases in alternative processes. In particular, there has been a consistent reduction in *victims taking out an intervention order for themselves*, as well as police applying for *complaint and summons or complaint and warrant*. The rise in Family Violence Safety Notices now often replaces these three actions.

Multiple risk management activities

Police members can implement multiple risk management strategies for the victim, offender and children. A count of the number of risk management actions for all incidents is presented in Table 67. Across the years since the information has been recorded, there is a clear yearly increase in incidents where risk management activities are implemented. That is, fewer incidents report a lack of action in each year coinciding with increasing incidents where two or more actions are undertaken. The trend is slight, but consistent. Rates were similar for both female and male victims.

TABLE 67: Count of all risk management action undertaken with the incident – police

Number of risk management actions	2006–2007		2007–2008		2008–2009		2009–2010	
	N	%	N	%	N	%	N	%
0	3,164	11%	2,790	9%	2,566	8%	2,547	7%
1	12,824	43%	12,990	41%	12,691	37%	9,188	26%
2	8,316	28%	9,734	31%	11,348	33%	13,753	39%
3	3,022	10%	3,459	11%	4,125	12%	5,309	15%
4	1,309	4%	1,442	5%	1,877	6%	2,865	8%
5 or more actions	686	2%	830	3%	1,234	4%	1,918	5%
Total family violence incidents	29,648	100%	31,666	100%	33,893	100%	35,701	100%

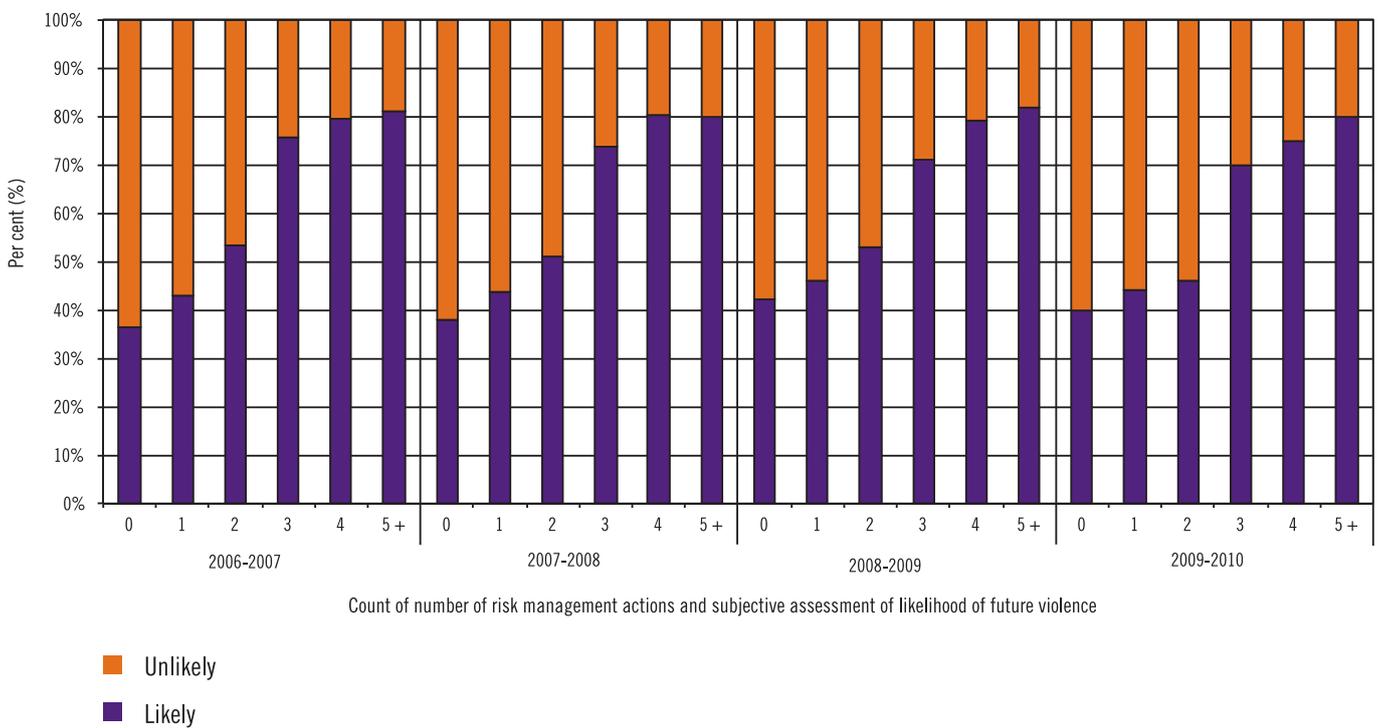
Base: all family violence incidents.

Figure 124 presents a graphic representation of the proportion of incidents where multiple risk management actions were applied, by the assessed likelihood of future risk of violence for all adult female victims.

Overall, police data on risk indicators and risk management clearly illustrates that where police members identify potential greater risk of future or severity of violence, they are also implementing a variety risk management strategies at their disposal.

As would be expected, among incidents where fewer risk management actions were undertaken (0-2), there was also a higher proportion assessed as *unlikely risk of future violence*. Incidents where three or more risk management actions were applied were also those more frequently assessed with *likely risk of future violence*.

FIGURE 124: Count of number of risk management actions for all family violence incidents and subjective assessment of likely risk of future violence by adult female affected family members (adult females aged 18 years and older) – police

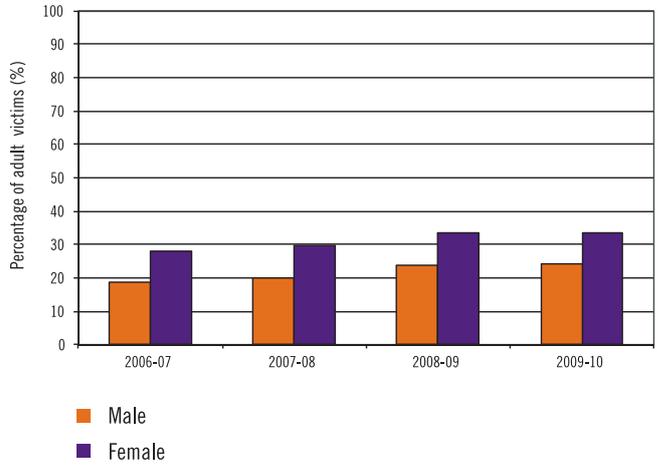


Victorian Magistrates' and Children's Courts

One way in which future risk of family violence can be managed is by expediting applications for intervention orders through the courts. Many victims seek assistance for family violence outside traditional court operating hours. For example, if a victim reports an incident to the police at 5pm on a Friday, she will have to wait 65 hours before court reconvenes on Monday morning before she can apply for an intervention order. The wait could be longer in a rural or regional area where courts might only sit one day per week.

To respond more quickly to manage risk of re-abuse toward victims, and put in place accountability measures toward perpetrators, a provision for hearing intervention order applications outside traditional court hours was introduced in 2006. Four years of data illustrates that although the rate of victims accessing the after-hours court service has increased over the four years, as a percentage of overall clients, it's remained quite similar to when it was introduced. About one in three female and one in four male applicants access the after-hours court programs (Figure 125).

FIGURE 125: Application for intervention orders heard after hours by gender of adult affected family members (adult aged 18 years and older) – courts



Another recent innovation introduced by Victoria Police, with immediate impact upon court processing of family violence incidents, was the Family Violence Safety Notice (FVSN). As discussed for Table 66, FVSNs were introduced to enable police to take immediate action by imposing temporary restrictions (similar to an intervention order) on a perpetrator to protect a victim believed to be at risk where it is not possible to get to court to apply for an intervention order (Victoria Police 2011, pp. 29-30).

The court data identifies the proportion of family violence matters brought to court through complaint and warrants as well as via FVSN. FVSN were first introduced to Victoria Police on 8 Dec 2008 and therefore data is only available for the last two years of this report. Among female victims, the rate by which FVSN-initiated intervention orders were undertaken doubled from one in ten in 2008-09 to two in ten in 2009-10 (Figure 126). Rates among male victims were a little lower, and increasing in a similar proportion (Figure 127).

There are very tight restriction on how FVSNs are implemented, which prevented initial adoption in some areas. It would be expected the rates of use consistently across the state will increase in later years as police members become more comfortable using them.

As noted earlier in this report, the FVSN pilot was evaluated and whilst the evaluation was positive and also acknowledged the significant reforms and progress made by Victoria Police to date, the report also highlighted some areas for improvement relating to a range of policy and operational practices for Victoria Police and the courts. These improvements are ongoing and assist in facilitating smoother and timely processing of the notices.

FIGURE 126: How application for intervention order was initiated by adult female affected family members (adult aged 18 years and older) – courts

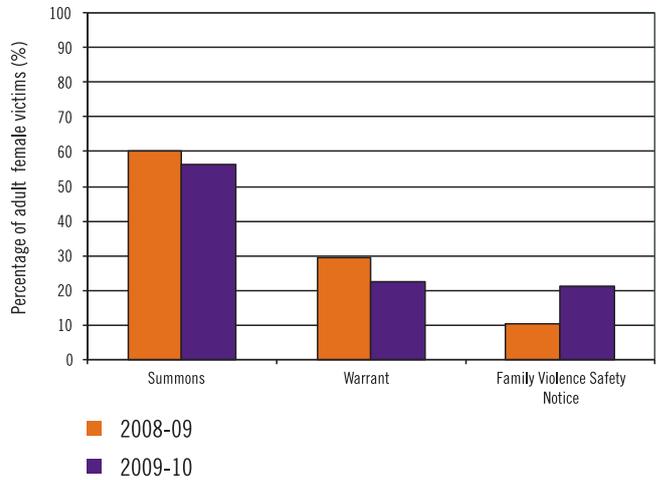
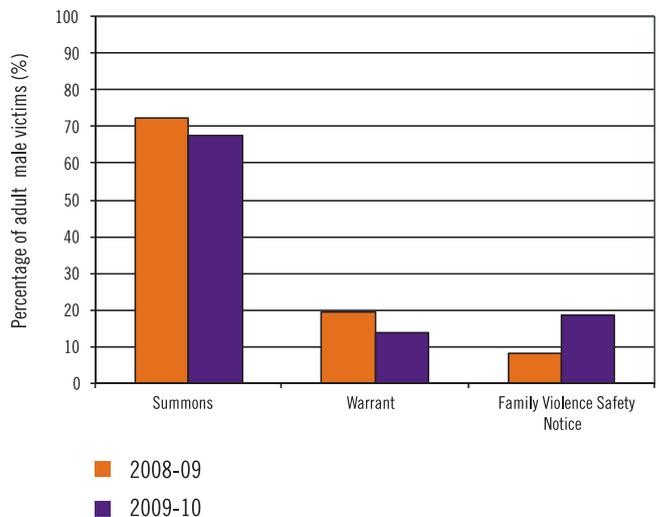


FIGURE 127: How application for intervention order was initiated by adult male affected family members (adult aged 18 years and older) – courts



Outcome of the intervention order

Just under half of intervention orders taken out against female respondents (45%) and two thirds of those against male respondents (63%) were granted. A slightly higher proportion of complaints toward female respondents were withdrawn or struck out compared with those toward male respondents (Table 68).

TABLE 68: Outcome of intervention order by gender of respondent – courts

	2008–09				2009–10			
	Female respondent		Male respondent		Female respondent		Male respondent	
	N	%	N	%	N	%	N	%
Intervention order made	2,057	45%	10,868	61%	2,334	47%	11,894	63%
Complaint withdrawn	772	17%	2,179	12%	787	16%	1,948	10%
Complaint struck out	1,055	23%	3,533	20%	1,166	24%	3,830	20%
Intervention order dismissed	143	3%	209	1%	94	2%	123	1%
Intervention order revoked	5	0%	20	0%	2	0%	28	0%
Intervention order re-instated	542	12%	1,102	6%	586	12%	1,097	6%
Total	4,574	100%	17,911	100%	4,969	100%	18,920	100%

The rate of granting an intervention order did vary a little depending on the method by which it was initiated. Intervention orders initiated by warrant had highest rates of being granted, followed by those initiated by FVSN. Patterns of outcomes were very similar among both female and male adult respondents (Figure 128 and 129).

It was also the case that FVSN-initiated intervention orders had the highest rate of being *struck out*, but they also have the lowest rate of being *withdrawn* in comparison to other methods of initiation.

Through discussion with Victoria Police and courts, it seems the high rate of being *struck out* is due mostly to problems associated with introducing a new system and the high level of technical limitations on using the notices requirements ensuing that the safety notice is issued correctly, rather than the appropriateness of use.

FIGURE 128: Outcome of the intervention order by how application was initiated (male adult respondents only) – courts

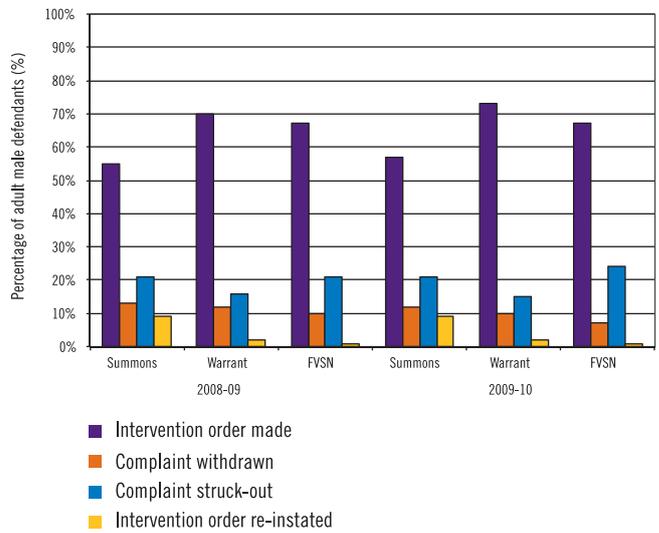
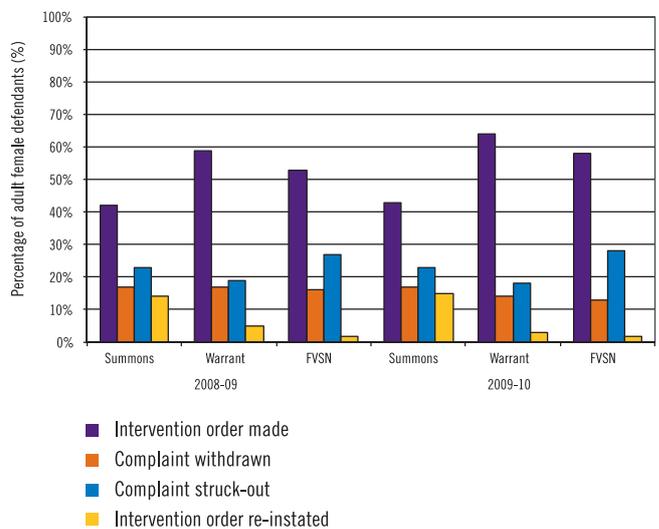


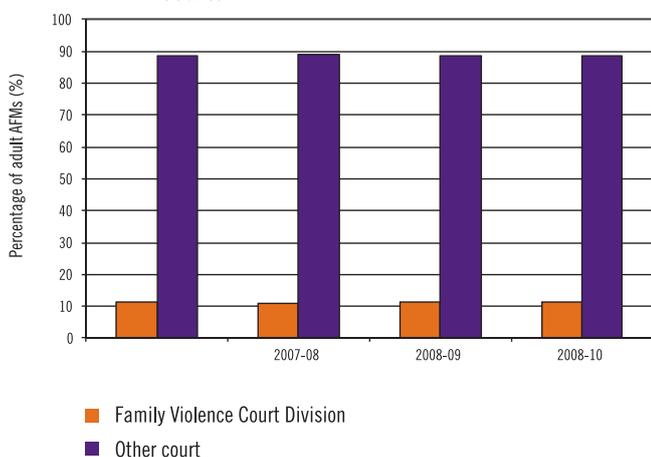
FIGURE 129: Outcome of the intervention order by how application was initiated (adult female respondents aged 18 years and older) – courts



Another recent court-initiated improvement on the management of family violence matters was the introduction of specialist family violence courts. Specifically within the Family Violence Court Division (Ballarat and Heidelberg Courts) staff have access to additional support for both applicants and respondents, thereby assisting them to obtain more appropriate support for the circumstances and managing the risks of further abuse through earlier intervention.

Since 2006-07, one in ten applicants went through the Family Violence Court Division (Figure 130). The details of the specialist programs are discussed in Section 2.4.

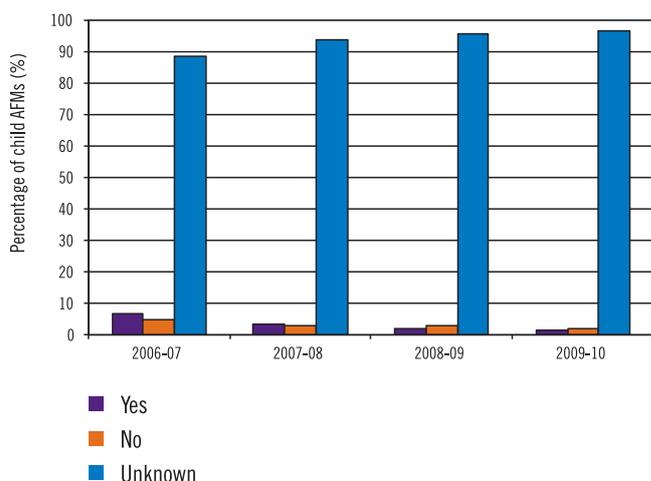
FIGURE 130: Application for intervention orders heard in the family violence division of the court (Ballarat and Heidelberg) by adult affected family members (adult aged 18 years and older) – courts



One risk management strategy aligned with protecting children was a change to the *Family Violence Protection Act 2008* whereby children not already part of an application for an intervention order can be added to the order if the magistrate believes there is risk to the child.

In a large proportion of matters the information about whether this section of the Act was used is not provided (Figure 131) however, where information is known, the proportion of children added to intervention orders under this section of the Act is decreasing. It is most likely that increased awareness and knowledge about family violence risks to children means children are increasingly added to an intervention order before the matter is heard by a magistrate. This might be a positive outcome in that it has increased the rate of children recorded on and intervention order applications and also decreased the reliance upon section 4A(3)(a) of the *Crimes (Family Violence) Act 1987*.

FIGURE 131: Was the affected person added to the intervention order by the court under s4A(3)(a) of the Crimes (Family Violence) Act (child affected family members aged 17 years and younger) – courts



Another element of risk management identifiable through the court data is whether or not a respondent agrees to the order without admitting to the allegations. If parties agree to the order they avoid having to attend a contested hearing, which is quicker and subsequently less stressful. Female respondents were more likely to agree to the order (Figure 133) as compared with male respondents (Figure 132). While the number of female respondents is much smaller (4,776 in 2009-10) than male respondents (18,454 in 2009-10), the consistency of this result over the last four years points to a difference between female and male respondents and their willingness to consent to the order at the time of the application.⁸⁹

FIGURE 132: Was intervention order made by consent without admitting the allegations (adult male respondents aged 18 years and older) – courts

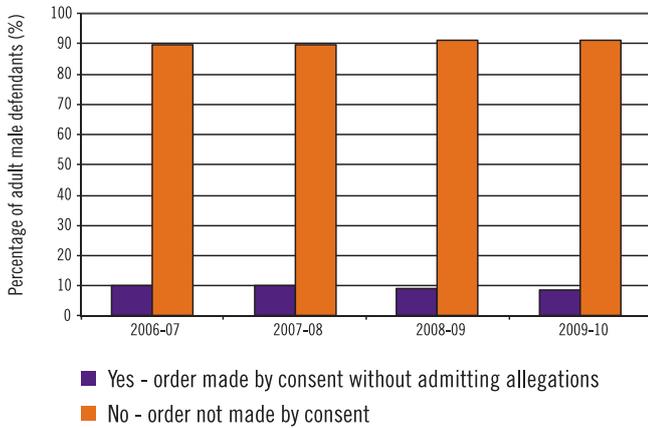
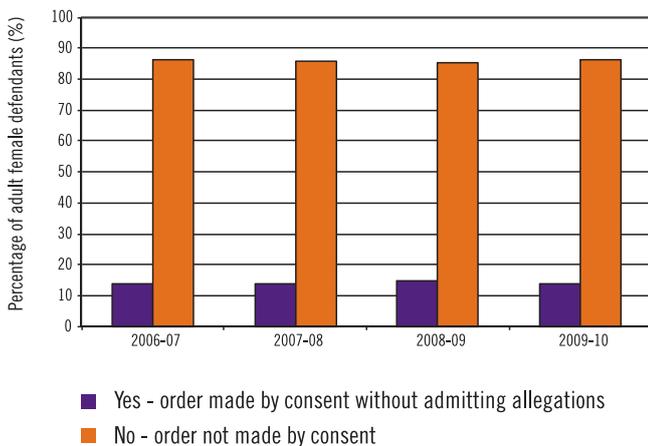


FIGURE 133: Was intervention order made by consent without admitting the allegations (adult female respondents aged 18 years and older) – courts



Specialist Family Violence Courts (SFVC)

One of the primary functions of the specialist court programs is to manage risk of future violence to victims by introducing court support, active referrals into support programs and, in the case of the Family Violence Court Divisions, the possibility of counselling orders for respondents included as a condition on the intervention order.

Family Violence Court Divisions at Ballarat and Heidelberg each include court-mandated Men’s Behaviour Change Programs which have a contracted target number of men to direct to counselling each year. This target has been met in each of the years for which data is included in this report, and in some cases targets have been exceeded. Due to the issues related to accuracy of reporting specialist court data (discussed elsewhere in this report) and provisions around the contract arrangements, these numbers are not disclosed in this Volume 5 report. However, it is worth discussing the restrictions and feasibility issues related to counselling orders.

There are many reasons why counselling may be inappropriate for a perpetrator, including drug and alcohol or mental health issues, disability or language skills which impede participation. In addition, inability to attend due to work commitments or lack of program within a reasonable distance might preclude a magistrate from directing the man to attend a program.⁹⁰

Finally, reported rates of men directed to counselling programs may differ between the overall Courtlink database and that recorded by the Applicant Support Worker (ASW) or the Respondent Support Worker (RSW). It is possible that ASW/ RSW have additional information about screening requirements to that of the registrar at the time of recording information into Courtlink. For example, a magistrate may refer a respondent to a Men’s Behaviour Change Program, but when the respondent meets with the RSW to arrange the referral, the RSW may identify he is ineligible to attend for one of the reasons listed above.

Victorian Civil and Administrative Tribunal (VCAT)

As noted in Section 4 of this report, changes to the *Family Violence Protection Act 2008*, resulted in changes to the *Residential Tenancies Act 1997* and the *Victorian Civil and Administrative Tribunal Act 1998*, allowing a violent person to be excluded from rental premises by a Family Violence Safety Notice or an exclusion in a family violence intervention order.

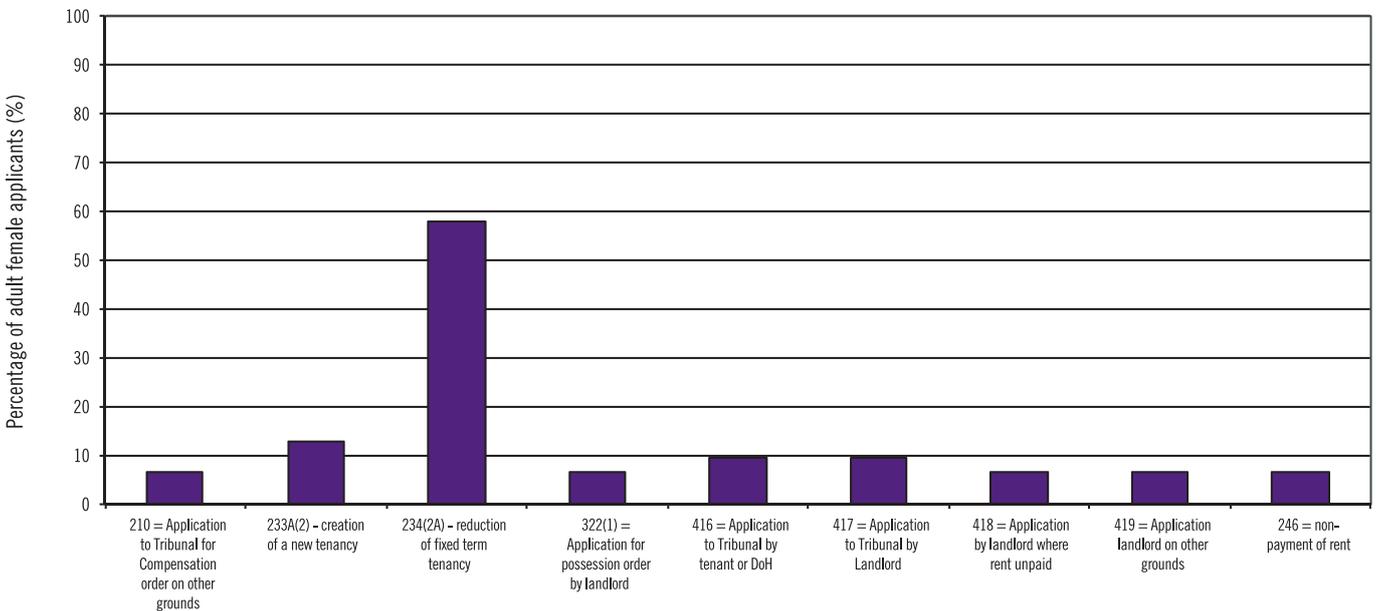
This important legislative change was introduced to allow family violence victims (most often women and children) to remain in the home and exclude the perpetrator, rather than victims having to leave the home to flee violence, which has traditionally occurred in the past. These legislative changes are an important risk management strategy, whereby the perpetrator is legally removed from the home to reduce the likelihood of further family violence occurring.

Also, in recognition that family violence is a major contributor to homelessness for women and children in Victoria (AIHW 2011), allowing victims to stay in the home or to shorten the length of tenancy arrangements due to financial hardships as a result of family violence, can also be seen as a risk management strategy aimed to prevent the risk of homelessness.

Thirty-one applicants to VCAT were identified as seeking changes to their residential tenancy due to the impact of family violence. In connection with these applications, one case had family law matter rulings and six clients had family violence intervention orders imposed. In addition, four of the 31 protected persons had requested remote witness facilities.

More than half of the presentations to VCAT among matters involving applicants with family violence-related issues included a request to reduce a fixed-term tenancy (234(2A)) and 13 per cent sought to create a new tenancy (233A(2)) (Figure 134).

FIGURE 134: Section of the Act relevant to the VCAT application by adult female affected family members (adult aged 18 years and older) – VCAT



Approximately half of applications to the tribunal for this group of protected persons were either granted or presented an outcome in the applicant’s favour (Figure 135). Only one application was dismissed and a further four were *not* found in victim’s favour.

Of interest is the large proportion of applications that are withdrawn (31%). The most common reason for withdrawal was that the other party was not listed on the lease, or information about the other party was not available. One of the limitations of eligibility to apply for changes to tenancy under this section of the Act is that the applicant must have an intervention order against the violent partner with whom they shared a residence. One applicant did not have an intervention order pending and therefore the application was withdrawn.

VCAT also advises that withdrawal is often due to a successful negotiation of the tenancy arrangement between the applicant and respondent.

Among this population there was a small number of applicants seeking to create a new tenancy and all were granted this outcome (Figure 136). Among the larger group seeking to reduce their fixed-term tenancy, less than half were granted and a small proportion dismissed. Approximately half were withdrawn. As discussed in relation to Figure 135, the most common reason for withdrawal was that the other party was not listed on the lease, information about the other party was not available, or an outcome has been successfully negotiated between the applicant and respondent.

FIGURE 135: Tribunal outcome among adult female affected family members (adult aged 18 years and older) – VCAT

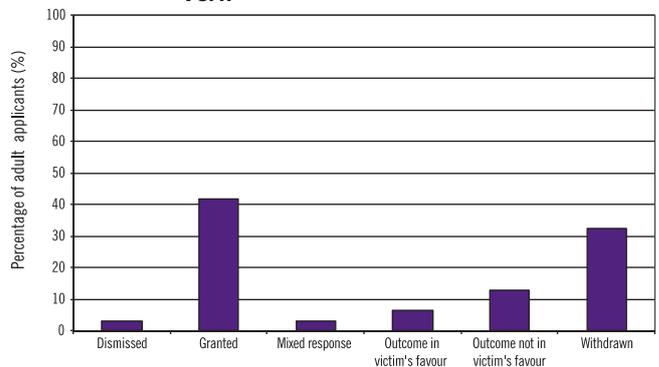
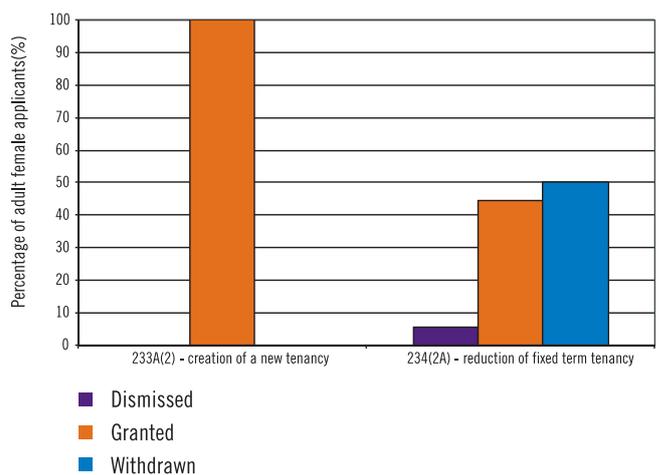
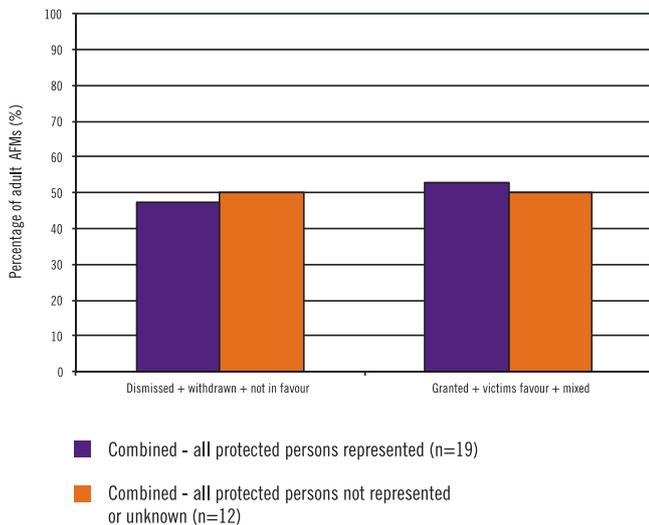


FIGURE 136: Tribunal outcome by section of the Act relevant to the VCAT application (adult female affected family members, adult aged 18 years and older) – VCAT



Whether or not an applicant had representation at VCAT was explored in relation to impact on the outcome (Figure 137). Since the VCAT sample is very small, protected persons with all forms of representation (support worker, Tenants Union of Victoria, community legal centre or housing advocate) were combined to compare with unrepresented protected persons. Outcomes were also grouped, either as favourable or unfavourable responses. While a majority of protected persons did have a form of representation, primarily through the Tenants Union, there was little difference on impact of the outcome of the application. Approximately half of both represented and unrepresented groups received a supportive outcome.

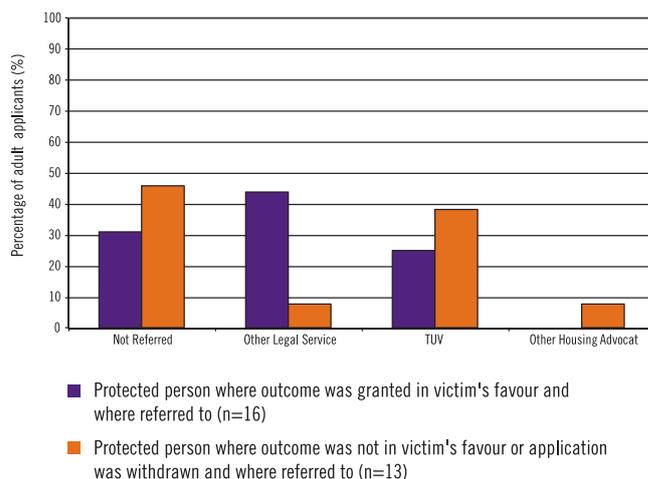
FIGURE 137: Tribunal outcome among adult female affected family members (adult aged 18 years and older) by whether the protected person had representation – VCAT



After the VCAT hearing, one half to two thirds of protected persons were referred on to other support agencies or legal services (Figure 138). Protected persons with outcomes not granted, or not in favour of the client, had more often been referred to the Tenants Union. The referral process to the Tenants Union usually occurs before a hearing gets to VCAT. The Tenants Union will assist with the application, any possible negotiation with the Real Estate Association and then represent the applicant at VCAT. Applicants are not referred to the Tenants Union after their hearing.

Applicants with favourable outcomes were more often referred on for additional legal support. VCAT advises that additional legal support would be required because applicants had not yet spoken to a solicitor in regard to other legal issues arising, such as family law or intervention order issues. In these cases VCAT will refer the applicant to seek further advice.

FIGURE 138: Tribunal outcome by where protected person is referred to for further support (adult female affected family members, adult aged 18 years and older) – VCAT



Department of Human Services – Integrated Reporting Information System (IRIS)

Another method of managing risk is through a safety plan, where a victim creates or plans methods and actions for keeping themselves safe both from potential abuse (such as by avoiding the perpetrator) and/or removing themselves from harm if subjected to abuse. Depending on the way an abuser is likely to harm a victim and her children, a plan is created for keeping and removing them from harm. For some victims it might be physically moving to another location and for others it might be identifying people to call for support. It might even be the way in which they keep their location private or secret.

Smaller proportions of clients had safety plans as compared with risk assessments (see Table 62 and Table 69). Similar to risk assessments, information about safety plans does not need to be entered into IRIS until the case is closed explaining the large number of unknown responses. Consistent with the information available on risk assessments, it is encouraging to see an increase in reported rates of safety plans over the last four years of data and among both female and male clients.

In the first three years where information on safety plans is reported (Table 69) there were proportionally more safety plans reported in relation to adult male clients of Department of Human Services counselling and support services than female clients. In 2009-10 this reversed and there were increasingly more plans prepared for adult female clients.

It is unclear why a larger proportion of safety plans are reported among male clients in all years except the most recent, though this may be related to improved reporting and data entry after establishment of the enhanced intake service.

Additionally, it may be the case that many of the women have left their relationships and a safety plan is no longer relevant for them. Men attending a counselling program would be discussing safety in relation to their behaviour in current and future relationships. Safety plans are undertaken with men both so they can identify the risks they pose, and to offer assistance to help them identify methods for keeping their partner and children safe through their own behaviours (Wheeler 2009).

It is likely the explanation for variation in reporting numbers of clients with safety plans is a combination of multiple reasons.

TABLE 69: Whether or not a safety plan has been prepared (adult clients (aged 18 years and older) by year – IRIS

	2006–07		2007–08		2008–09		2009–10	
	Count	Col %						
Females (family violence services)								
No	23	1%	43	2%	171	5%	512	12%
Yes	178	10%	430	16%	1,161	32%	1,762	41%
Not applicable	69	4%	104	4%	304	8%	557	13%
Not stated/not known	1,570	85%	2,077	78%	2,032	55%	1,481	34%
Total	1,840	100%	2,654	100%	3,668	100%	4,312	100%
Males (Men's Behaviour Change Programs)								
No	37	3%	45	3%	400	14%	2,234	42%
Yes	193	14%	274	18%	1,223	42%	1,625	31%
Not applicable	93	7%	116	7%	373	13%	596	11%
Not stated/not known	1,021	76%	1,119	72%	903	31%	843	16%
Total	1,344	100%	1,554	100%	2,899	100%	5,298	100%

Base = all clients aged 18 years and older.

Notes

1. Adult male sample includes a small number of men who received a family violence counselling service other than a Men's Behaviour Change Program (See discussion around gender of clients in relation to Table 15).
2. Information on risk assessment is not required to be entered into IRIS until a case is closed and therefore it is understandable that a large proportion of clients are contained in the not known category.

In Table 70 comparison is made among adult clients where the status of *both* risk assessments and safety plans are known. It was unknown whether or not a risk assessment or safety plan had been completed for a large number of clients, but the proportion of cases where the information is known has increased overall. Where information *is* known, a majority of female clients had *both* risk assessments and safety plans prepared.

In the latest two years of data, there has been a decrease in completing *both* a risk assessment and safety plan for the same client. This was the case for both female and male clients. It was also the case that increasingly both groups were more likely to have *neither* a risk assessment *nor* a safety plan.

Comments about data reporting in relation to risk assessments are applicable to information reporting on safety plans (see discussion for Table 62).

TABLE 70: Comparison of completing both a risk assessment and safety plan among adult clients (aged 18 years and older) by year – IRIS

	2006–07		2007–08		2008–09		2009–10	
	Count	Col N %	Count	Col %	Count	Col %	Count	Col %
Females (family violence services)								
Neither risk assessment or safety plan	16	7%	36	7%	84	6%	487	14%
Both risk assessment and safety plan	168	74%	410	82%	1,062	71%	2,088	60%
Risk assessment but NOT safety plan	4	2%	6	1%	211	14%	372	11%
Safety plan but not risk assessment	4	2%	14	3%	48	3%	77	2%
Both recorded as not applicable	36	16%	35	7%	94	6%	453	13%
Total	228	100%	501	100%	1,499	100%	3,477	100%
Males (Men's Behaviour Change Programs)								
Neither risk assessment or safety plan	15	7%	20	7%	218	13%	2,014	44%
Both risk assessment and safety plan	181	80%	237	77%	1,017	58%	1,689	37%
Risk assessment but NOT safety plan	22	10%	23	8%	388	22%	627	14%
Safety plan but not risk assessment	4	2%	11	4%	39	2%	74	2%
Both recorded as not applicable	3	1%	15	5%	82	5%	213	5%
Total	225	100%	306	100%	1,744	100%	4,617	100%

Base = all adult clients aged 18 years and older where information recorded about completion of risk assessment and safety plan is known (cases with an unknown status for both questions are excluded from this analysis).

Victorian public hospital emergency department (VEMD)

Treatment in the emergency department does not involve intentional risk assessment or risk management for family violence but there are risk management strategies implemented upon discharge for continuing care if required. Referrals for patients included in all years of this sample are listed in Table 71.

Referral rates among adults were similar to those for children and youths. Half of patients were referred to their local general practitioner (GP) – reinforcing the importance of the role of the GP in screening and detecting family violence (Hegarty 2011).

TABLE 71: Patient referral upon discharge by age of patient – VEMD

	17 years or less	18 years or older
	2006–10 Col %	2006–10 Col %
The agency to which the patient was referred for continuing care		
Review in emergency department scheduled or as required, or outpatient care	15%	11%
Local medical officer	51%	50%
Medical or other health specialist	1%	2%
Home nursing or community services	3%	1%
No referral	11%	16%
Not known	2%	2%
Not applicable (transferred to ward or another hospital, or patient has died)	17%	17%
Total	100%	100%

13. OLDER AUSTRALIANS AND FAMILY VIOLENCE INCIDENTS

According to the Australian Bureau of Statistics (2011) we are entering a period of large population expansion in the older age groups. One projection suggests the population aged 65 years and over has been growing at a rate of 2.7 per cent per year, and growth is expected to increase to an average of 3.5 per cent per year from 2011 in the next 11 years. The rate of ageing is due in part to the large group of baby boomers (born after 1946) reaching 65 years and the overall increase in life expectancy. The population is not expected to start declining until 2056.

In a period of an ageing population we would expect to see corresponding rates of increases in family violence reporting rates within the older age groups. In the court and police data, a subtle increase can be seen among female victims aged 35-44 years and 45-64 years (Figure 39 and Figure 40) and a decrease can be seen in the younger age groups. However, there has not been an evident increase among the oldest age group (65 years and above). This oldest group of women makes up only two to three per cent of the female victim population (courts and police data).

Within the hospital emergency department data (VEMD) a slight increase among older female victims can be seen. The proportion of older victims is larger in this population overall, starting with four per cent in 2004-05 and doubling to eight per cent in 2009-10 (Figure 45). The proportion of adult male victims does not similarly increase within the hospital sample. While care must be taken with this sample due to the comparatively small numbers, the trend is consistent over the six years reported on.

It is worth monitoring this age group over time to see if the increase of reports in the 45-64 years group will eventually shift across to the 65+ population in the court and police data.

While increasing reports of family violence might not be obvious in the 65+ group, repercussions from reporting family violence before 65 years carry through into the older years (Phillips 2000; Dunlop et al. 2005). In an ageing population there are additional stresses and resources required for the provision of income, health and aged care services. Older women may increasingly access social supports, but not necessarily disclose family violence.

As discussed in a recent report for the United States Institute of Justice, a lower rate of help seeking behaviour among older women experiencing family violence (domestic abuse) is often a combination of experiencing abuse *over the course of most of their adult lives* and therefore having *found ways of accommodating and surviving the abuse* resulting in *adaptations that allowed women to survive relationships with a violent partner* (Dunlop et al. 2005, p. 8).

Finally the term elder abuse, while commonly used, is strongly advocated against for application in the family violence arena. Organisations such as Senior Rights Victoria argue that elder abuse is distinct from family violence or intimate partner violence in that it covers a much broader, non-specific focus on the vulnerability of older people, and in particular frailty issues as a person ages. Issues of intimate partner abuse among elders have, until recently, been embedded in responses to other forms of abuse for this age group and tend to be overwhelmed by institutional abuse and neglect of the frail elderly person (Mouton et al. 2004).

In Mouton's (2004) research, with functionally independent post-menopausal women, intimate partner family violence is identified to be as prevalent as it is among younger women. However, much of the research into elder abuse tends to include a large portion of dependent and frail elders thereby biasing the sample toward carer violence and neglect, especially institutionally-based. To meet the needs of older people experiencing intimate partner violence it is important to distinguish different types of abuse at different stages of life (Mouton 1999, 2003 and 2004). The State of Victoria gets around this dilemma somewhat with the expanded definition of family violence to include carers, either family or non-family, who take on the carer role in a 'family-like' way.

Family violence specialists are increasingly working alongside elder abuse specialists to more clearly overcome the barriers to reporting and help seeking among this population group.

It is within this context of an ageing population that we have introduced an exploration of the older population and family violence within this Volume 5 report.

13.1 Relationship and age of victim

Victoria Police

Difference among age groups and relationship between victims and perpetrators is explored in Figure 139 and Figure 140. The two tables separate female and male victims and their relationship to perpetrators across the age groups in 2009-10. The data reveals very clear associations between ageing and relationship of victims to perpetrators. Remarkably, the data patterns are very similar for both female and male victims and nearly identical across all 11 years of the data. Therefore only data for the most recent year is presented in this report.

Family violence incidents occurring between *spouse/intimate partners* is the dominant relationship pattern for most age groups. A clear pattern emerges with a decline among *spouse/intimate partner* proportions and a rise in victims being the *parent/step-parent* abused by their child or being abused by *another family member* from 35 years. In the end, those aged 65+ are more likely to be abused by their child than their partner.

The difference between female and male victims reflects the overall variation identified when examining relationships in Figure 34. Larger proportions of perpetrators against male victims are *other family members* and the *child/step-child of the victim* as compared with female victims.

When factoring in age of the victim, partner abuse is overtaken by children abusing their male parent at the age of 45. By the time a male victim is aged 65 and older they are more likely to report abuse from their *children* or *another family member* rather than their *partner*.

FIGURE 139: Adult female victims by age and relationship between victim and perpetrator – police (2009-10 only)

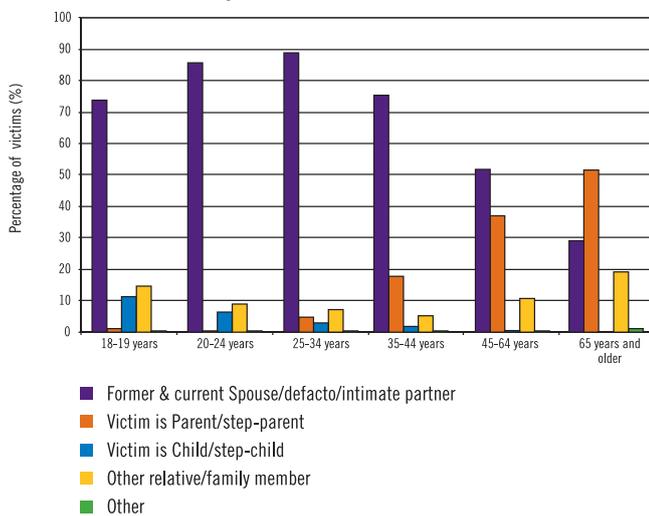
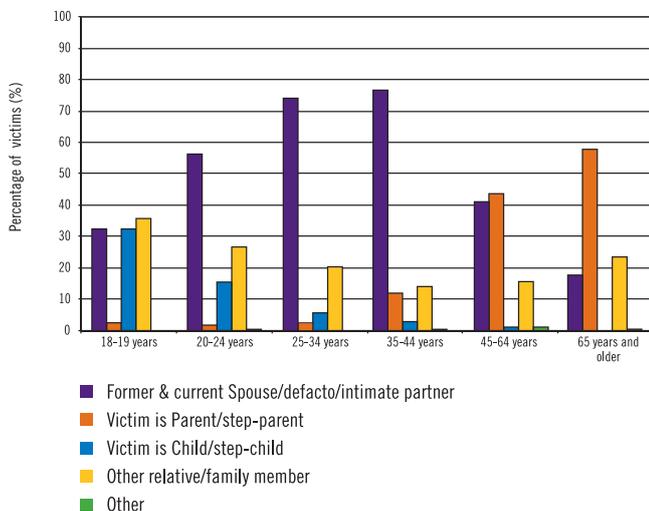


FIGURE 140: Adult male victim by age and relationship between victim and perpetrator – police (2009-10 only)



13.2 Older persons and living situations before and after support

Victorian Supported Accommodation Assistance Program (SAAP)

In the latest two years of data collected, support periods for older people in the SAAP data account for one to two per cent of female family violence support periods. Interpretation of the small number of client support periods for adult females aged 65 years needs to be undertaken with caution. Rather than looking at overall proportions it is comparative movement before and after support periods and the consistency between the two years which tells a story. The results for male clients will not be discussed due to small sample size.

In 2008-09 there were 223 female clients in the 65+ age group, which increased to 346 clients in 2009-10. Although the sample size is small, there are some interesting and consistent differences among this group as compared with the wider adult female population in SAAP.

SAAP data does not identify the relationship between the person being abused and the perpetrator. However examining the living situation before and after the support period provides some insight into relationship categories between the victim and perpetrator.

When comparing adult women aged below and above 65 years, both age groups reduced the proportion living with *spouse/partner* after the support period (Table 72). Women who were older also showed a reduction from living with *family/friends* after the support period. Both groups illustrated an increase in living alone after the support period with younger women also increasing the likelihood of living *alone (without their partner) with children*.

These movements suggest that while a majority of women in both age groups are likely to be abused by their spouse or partner, a larger proportion of older women, as compared with younger women, are more likely to be abused by non-spouse family or friends with whom they may be living.

TABLE 72: Support periods for adult female clients and living situation before and after support for family violence-related issues by age group – SAAP

	2008–09		2008–09		2009–10		2009–10	
	18–64 years		65+ years*		18–64 years		65+ years*	
	N	%	N	%	N	%	N	%
Living situation before support								
With one or both parents/parents spouse/partner	737	5%	1	1%	735	4%	1	1%
With relatives/friends – temporary or long term	2,092	13%	25	13%	2,270	13%	37	14%
With spouse/partner with(out) child(ren)	6,539	40%	101	51%	6,524	37%	94	36%
Alone with child(ren)	4,302	26%	19	10%	5,112	29%	43	17%
Alone	1,706	10%	45	23%	1,928	11%	74	29%
Living with other unrelated persons	996	6%	4	2%	1,271	7%	8	3%
Total	16,373	100%	195	100%	17,839	100%	258	100%
Living situation after support								
With one or both parents/parents spouse/partner	424	3%	0	0%	735	4%	1	1%
With relatives/friends – temporary or long term	1,465	12%	12	8%	1,710	12%	17	8%
With spouse/partner with(out) child(ren)	2,294	19%	64	40%	2,501	18%	56	27%
Alone with child(ren)	4,733	38%	16	10%	5,332	39%	37	18%
Alone	1,890	15%	61	38%	2,228	16%	88	42%
Living with other unrelated persons	1,547	13%	5	3%	1,552	11%	12	6%
Total	12,352	100%	159	100%	13,802	100%	209	100%

Note: SAAP data represents support periods and are weighted for agency non-participation and client non-consent.

* Caution must be made in terms of interpreting results due to small numbers.

Older women and women from Culturally and Linguistically Diverse (CALD) communities

Upon examination of language proficiency it appears there is a larger proportion of older women within EP 2-4 level as compared with younger women. Two fifths to half of adult female aged 65+ identified with an EP 2+ language compared with only a quarter of younger women (Table 73).

TABLE 73: Proportion of adult SAAP clients experiencing family violence and language group by age – SAAP

	2008–09		2008–09		2009–10		2009–10	
	18–64 years		65+ years*		18–64 years		65+ years*	
	N	%	N	%	N	%	N	%
Language group								
Indigenous Australian	1,194	7%	4	2%	1,174	6%	4	1%
Non-indigenous Australian and English Proficiency (EP1)	11,594	64%	95	43%	12,702	60%	149	43%
Other English Proficiency groups (EP2+)	4,328	24%	112	50%	5,307	25%	144	42%
No information	964	5%	12	5%	1,970	9%	50	14%
Total	18,081	100%	223	100%	21,153	100%	346	100%

Note: SAAP data represents support periods and are weighted for agency non-participation and client non-consent.

* Caution must be made in terms of interpreting results due to small numbers.

13.3 Older persons and duration of family violence

Victoria Police

As discussed in earlier sections of this report (see Section 12.3), a large proportion of victims experience abuse for a number of years before seeking support. Further reinforcing that finding, the figures below illustrate that as the age of the victim increases so does the likelihood that both male and female victims will have experienced abuse for two to five years or greater than five years before reporting this incident (Figure 141 and Figure 142). However, more than 30 per cent of each age group, including those aged 65+ years, reported this was the first incident of violence experienced.

FIGURE 141: Duration of family violence as reported by victim to police by age of victim (adult female victims aged 18 years and older) – police (2009-10 only)

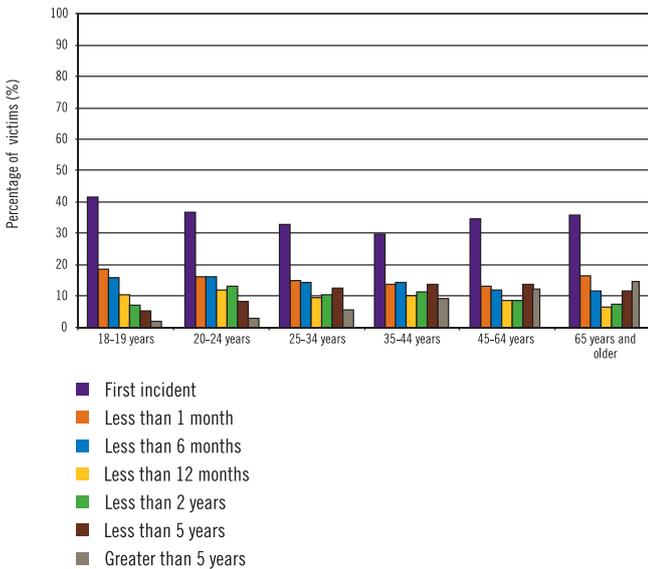
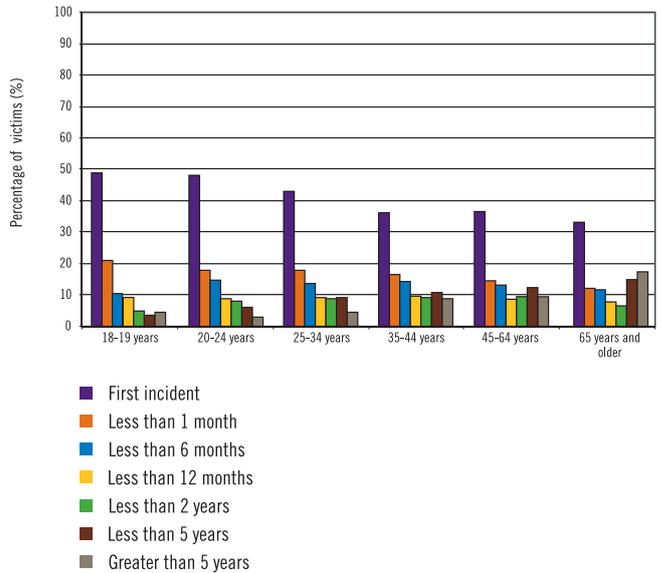


FIGURE 142: Duration of family violence as reported by victim to police by age of victim (adult male victims aged 18 years and older) – police (2009-10 only)



When specifically asked how many times the victim had called police prior to this incident, a majority of both male and female victims, in each age group, reported they had never reported to police previously (Figure 143 and Figure 144).

Women aged 25-44 years were slightly more likely to have made previous reports to the police compared with men in the same age brackets.

Overall, reflecting back on the information presented in Figures 78 to 81, while there are clear gender differences in terms of relationship between victim and perpetrator, there is little difference in *reporting rates* between male and female victims in each age group. It is important to note there are proportionally much smaller numbers of male victims.

What is different, between female and male victims, can be seen in the trend of first time reporting among the two older age groupings. Among women, there is an increasing trend in stating this is the first incident of violence and there have been no previous reports to police.

FIGURE 143: Number of previous police reports by age of victim (adult female victims aged 18 years and older) – police (2009-10 only)

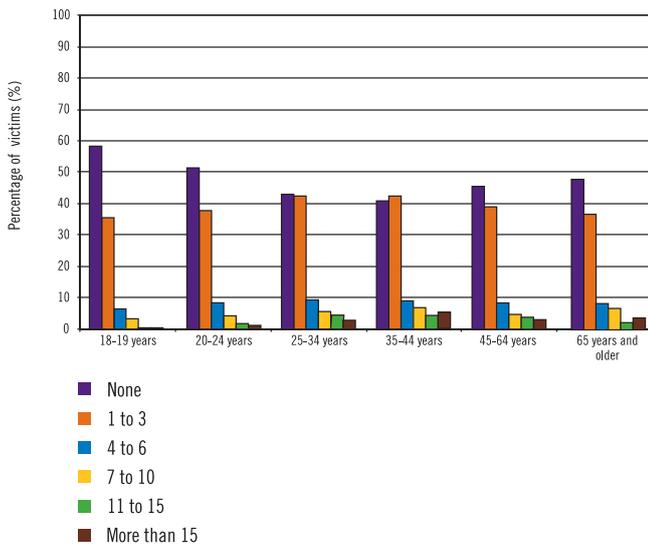
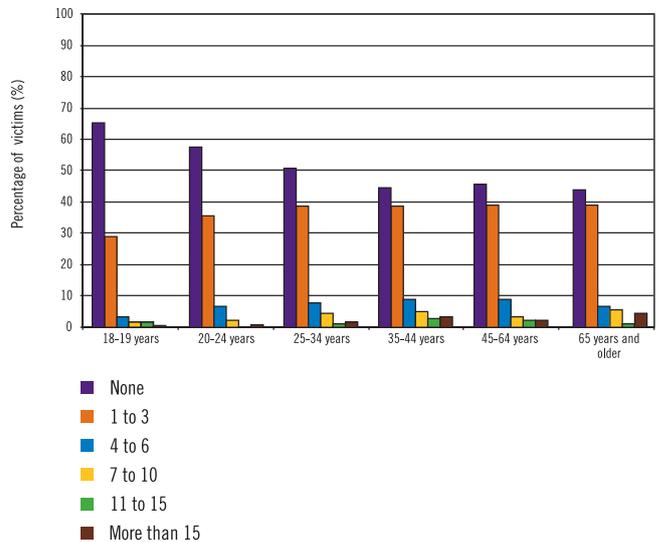


FIGURE 144: Number of previous police reports by age of victim (adult male victims aged 18 years and older) – police (2009-10 only)



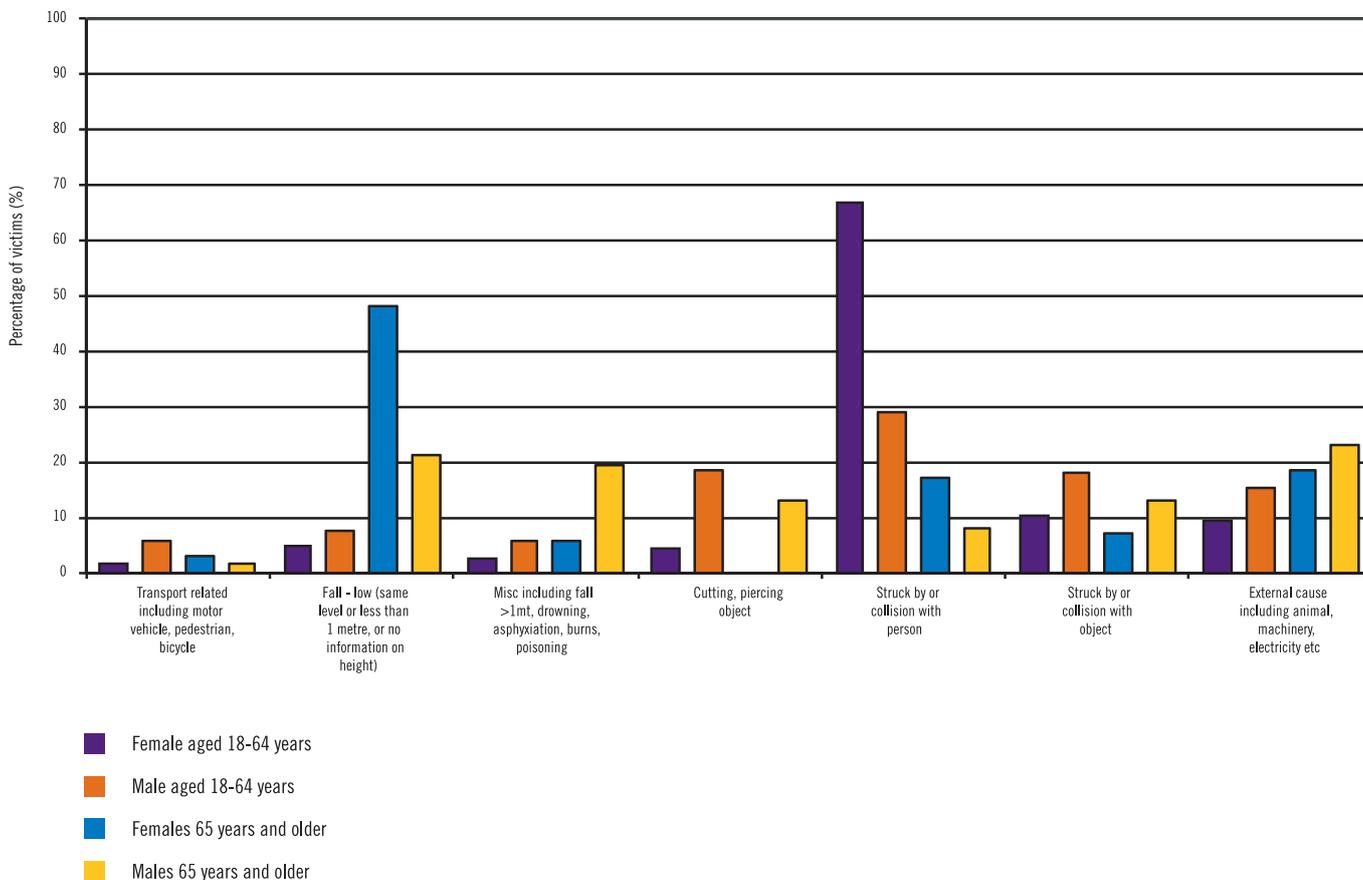
Victorian public hospital emergency department (VEMD)

The number patients aged 65+ years across the six years of data on patients with human intent injuries is relatively small (n=184). However, when compared with patients in the same sample aged 18-64 years there are distinct injury cause differences (Figure 145). Of particular note is that both men and women aged 65+ years were at higher risk of a *low fall* (and particularly women), while men aged 65+ were at greater risk of a fall from *higher heights/poisoning/burns/asphyxiation*. Adult females under 65 years were far more likely to be *struck by a person* and people aged 65+ were more likely to be injured by *an external cause*.

Interrogation of the long-hand descriptions of injuries suggests some injuries among older people, while caused by another person, may be related to increasing frailty as people age. An older person can be more prone to a fall when pushed or jostled, or an older person may use another object to cause injury as their physical strength weakens.

Additional research with older victims of family violence would be helpful to understand the relationship between age and cause of injury.

FIGURE 145: Cause of injury by age and gender – VEMD (2004-05 to 2009-10 combined)



14. CONCLUSION

The Victorian Family Violence Database is the only cross-agency, statewide trend analysis of family violence incident reports in Australia. Volume 5 of the database provides 11 years of trend analysis, presenting a comprehensive picture of reported family violence incidents in Victoria from 1999–2010.

This report builds on previous volumes and includes an additional two years of data for the years 2008–2010. Volume 5 provides a unique opportunity for initial analysis pre and post the implementation of the *Family Violence Protection Act 2008*, which expanded the definition of family violence and family member, and strengthened the intervention order system in Victoria.

Key changes and reforms resulting from and complementing the legislation included the introduction of police-issued Family Violence Safety Notices, new options for victims of family violence to apply for changes to tenancy agreements to remain in the home, and a statewide communications campaign. Another key initiative occurring over this period was the statewide rollout of the Common Risk Assessment Framework (CRAF) and training to over 3,500 workers.

Looking across the data trends in this report, the most apparent pattern evident is the continuous dramatic increase in family violence incident reporting across all data sources. One noteworthy example is the increase in family violence incident reports to police, with an 82 per cent increase in the number of reports to police across the 11 years of reporting, from 19,597 in 1999–2000 to 35,720 reports in 2009–2010.

The increase in reporting has continued in the latest three years of data, with a 13 per cent increase in affected family members subject to finalised family violence intervention order applications at court and a 21 per cent increase in family violence incident reports to police between 2008–09 to 2010–11.

On first consideration, these statistics may appear concerning. However, the aims of the activity undertaken in Victoria to address family violence have been to build an integrated and effective system that encourages reporting of family violence – a crime that is traditionally under-reported – by ensuring the system takes responsibility for victim safety and perpetrator accountability, and enhancing service responses to victims and perpetrators of family violence. An increase in reporting suggests increased confidence in the system, and changing community attitudes about the ‘private’ nature of family violence.

In the longer-term, with a greater focus on prevention and early intervention, it is anticipated that reporting will begin to stabilise and eventually decline, reflecting a decline of gender-based violence in the community, however this is a much longer-term goal and requires a coordinated and sustained effort by Government and across the community.

The Victorian Family Violence Database sets a baseline for standard data analysis and reporting, which may provide a starting point toward improved data collection and reporting more widely. In order to strengthen the evidence base and broaden the scope of information provided through the Database, Volume 5 includes for the first time additional data sources, including data from Victoria Legal Aid (VLA), Victorian Civil and Administrative Tribunal and the Specialist Family Violence Courts.

The new inclusion of VLA data provides a rich source of information about the level, frequency and type of legal support accessed by family violence clients, an area not previously analysed in this context. In this report, statewide data on VLA services provided for family violence-related matters is reported from 2005–2006, allowing for comparison of service activity during the years of family violence system reform.

The findings of Volume 5 continue to confirm existing research and discourse about the extent and nature of family violence. Volume 5 reinforces that family violence continues to be overwhelmingly a crime against women, perpetrated by men and the ratio between male and female victims has remained stable and consistent over the 11 years of reporting.

This volume also provides a snapshot of specific cohorts in our community that may face increased risk of exposure to family violence and barriers to seeking support. In particular, older women, women with disabilities, members of CALD communities, same-sex relationship victims and Aboriginal and Torres Strait Islander women, are often at higher risk of family violence for a variety of reasons, including social and community attitudes, social isolation or the inability to access appropriate support services. In addition, children living in a violent home have been increasingly identified over the years of this report.

Similarly to adult victims, family violence against children is also likely to be highly under-reported. However, the latest police and court data presented in this Volume 5 report shows a dramatic increase in the number of children reported as victims across the 11 years. This finding can be, to some extent, attributed to improved training among police, court and support service staff, changes to the way in which children are recorded on intervention orders, and increased awareness of the impact of family violence on children, recognising children as victims in their own right.

The abuse of older people within the family is another emerging area of focus, which this report has considered. Volume 5 reveals that one in four women who have experienced an incident of physical violence is aged 45 years and older and that older persons (65 years plus) are more likely to report abuse from their children or another family member than they are from a partner.

Analysis of family violence incidents in the context of same-sex relationships is presented for the first time in this volume. This cohort faces specific challenges around barriers to help-seeking and support. Although data is limited to police and courts and numbers are small, inclusion of same-sex data provides some insight into the experiences of same-sex victims in Victoria. Data in this report shows that same-sex partner family violence accounts for four per cent of all male victims and less than one per cent of all female victims.

While the data included in this report are a highly valuable source of information and despite the inclusion of additional data sources, there remain gaps and limitations. For instance, information about disability, Aboriginal and Torres Strait Islander status, cultural background, employment and income, housing and living arrangements, abuse types and severity and the inability to access services for both victims and perpetrators have not been collected in a reliable or comparable way across the data sources. In order to enhance and refine integrated responses to family violence, there is a need to access consistent and reliable data. The Victorian Family Violence Database project will continue to work with data providers to support improved and integrated data collection strategies.

The Victorian Family Violence Database addresses the need for evidence on trends and patterns in family violence, to enable the development of evidenced based policy, programs and services. Collaborative efforts by government and non-government agencies across the 11 years of reporting, reflects an ongoing shared commitment to improving responses to family violence in Victoria.

GLOSSARY

Accompanying child	A person aged 17 years and under who receives support or supported accommodation from a SAAP agency and whose parent or guardian is a client of the same agency.
Adult	A person aged 18 years and over.
Affected family member (AFM)	The family member whose person or property is the subject of the complaint or application for an intervention order or who is the subject of a family violence report (see also <i>victim</i>).
Application refused	An application for an intervention order that was refused by the court.
Application struck out	An application for an intervention order that was struck out by the court usually or generally due to the non-appearance of the applicant at court for the final determination of the application.
Application withdrawn	An application for an intervention order that was withdrawn as a result of the affected family member or complainant, where the complainant is not the affected family member (such as the police) requesting that the application not proceed.
Carer	Within the scope of the <i>Family Violence Protection Act 2008</i> , carers of persons with disabilities are defined as persons in a family-like relationship, whether paid or not.
Child	Defined variously by age (16 years and under; 17 years and under, according to data source, and as indicated in text) or in relationship to a parent (including an adult child), and may include step-child.
Children present	Children recorded by police as 'present' at a family violence incident; included as victims of family violence.
Client	A person aged 18 years or older, or a person of any age not accompanied by a parent or guardian, who receives support or assistance from a SAAP agency or is accommodated by a SAAP agency (see also <i>victim</i>).
Complaint	The grounds for an application for an intervention order.
Respondent	The person against whom a complaint for an intervention order is made.
Intervention order	An order made by the Magistrates' or Children's Courts of Victoria that restricts a person's behaviour in relation to another person, or prohibits a person from undertaking specific activities.
Intimate personal relationship	Includes same-sex relationships that have not been classified as domestic partner/former domestic partner, and includes girlfriend/boyfriend who are/have been in an intimate relationship but are not domestic partners/former domestic partners.

IRIS	IRIS is an acronym for <i>Integrated Reporting Information System</i> and is used as a record keeping data entry software package among family service agencies the Department of Human Services funds. The software is designed to record agency service provision to inform agencies, management and catchments about client needs, service response and assist with service planning. It is also used for performance reporting to government.
Other party	The person involved in a family violence incident as recorded by police, other than the affected family member.
Region	Department of Human Services region (see Figure 36).
SAAP agency	An organisation that receives Supported Accommodation Assistance Program funding to provide services.
Support	Assistance, other than supported accommodation, provided to a client as part of an on-going support relationship between a SAAP agency and a client.
Supported accommodation	Accommodation paid for, or provided directly by, a SAAP agency.
Support period	The period during which a client receives support and/or supported accommodation from a SAAP agency.
VEMD	Acronym for the Victorian Emergency Minimum Dataset (Victorian public hospital emergency department data).
Victim	A generic term to refer to an <i>affected family member</i> or a <i>client</i> who has sought assistance as a result of family violence.
Victorian courts	Magistrates' or Children's Courts of Victoria.
VSA	Victims Support Agency, located within the Victorian Department of Justice. The VSA manages and oversees services provided to victims of crime through a telephone helpline (Victims of Crime Helpline) and regional VACP agencies (Victim Assistance and Counselling Programs).
Weighting	Formulae applied by the SAAP National Data Collection Agency to adjust for agency non-participation and client non-consent. For consistency, in this report, weighting has been applied where required to SAAP agencies' data.

COUNTING RULES

In this report, the counting rules outlined below apply.

Victoria Police

Each incident of family violence recorded by Victoria Police is counted as one affected family member. However, one affected family member may have been recorded as having sought police assistance on more than one occasion in any given year. Information on multiple incidents is not available to the Victorian Family Violence Database so it is not possible to determine how many incidents of family violence relate to the same victim.

Victorian Magistrates' and Children's Courts

One application for an intervention order may include multiple affected family members. For the purposes of this report, each affected family member who was the subject of a finalised intervention order application is counted.

An affected family member may have applied for an intervention order on more than one occasion in any given year, or in more than one year. Information on multiple finalised intervention order applications is not available to the Victorian Family Violence Database and therefore it is not possible to determine how many applications relate to the same affected family member.

Specialist Family Violence Courts (SFVC)

Information on court intervention orders among affected family members and respondents accessing specialist programs is captured in the overall Victorian courts data system (Courtlink). However, information specific to the specialist programs is only collected locally at the site then imported into a central database separate from the Courtlink database, the Lizard database.

While intervention order information is duplicated within both the Courtlink and Lizard databases, the Lizard database differs from Courtlink in that it enables the applicant and respondent support workers to record client and order related details, such as housing status, disability, referrals to support agencies eligibility for and attendance at MBC programs, as well as child data.

In summary, the Lizard database provides additional information on the same affected family members and respondents recorded in the overall Victorian court database (Courtlink).

Victorian Civil and Administrative Council (VCAT)

Changes to the *Family Violence Protection Act 2008*, allowing a violent person to be excluded from rental premises by a Family Violence Safety Notice or an exclusion on a family violence intervention order, resulted in changes to the *Residential Tenancies Act 1997* and the *Victorian Civil and Administrative Tribunal Act 1998*.

The VCAT clients reported on were parties to residential tenancy disputes where family violence intervention orders impacted changes to tenancy arrangements. At the time the data was extracted for this report, VCAT used a manual system of recording clients attending for matters related to these changes. While this model allows tremendous flexibility in recording information and back-entering data at this stage, data collection is reliant on the position of tribunal support person being filled and that person aware of the need to record the data separate to other data collection processes.

Victoria Legal Aid (VLA)

VLA activities and services provided under different classifications (i.e. duty lawyer, telephone information, legal advice and substantive grants) are recorded separately. At the time of this analysis VLA is unable provide data that links the same client to the same matter across multiple services. VLA is currently refining this process of cross-matching service provision in order to map and assess multiple service support pathways for future analysis.

VLA services and matters are not able to consistently identify and separate the client by applicant and respondent at this time. Therefore, the information provided illustrates family violence-related service activity through VLA, but not by client type.

Victims of Crime Helpline (VoC Helpline)

The Victims of Crime (VoC) Helpline is an anonymous service and therefore limited information is collected on callers. Nearly all data items, other than items related to the services provided (such as crime type and referral information), are optional. Therefore, accurate information on demographics of the caller are not available for the full data set and are therefore not reported on in this report.

Each call to the VoC Helpline is counted as one contact with a victim for support. However, victims may call the VoC Helpline as many times as they choose and need not disclose that they have sought assistance previously. Information on multiple VoC Helpline calls from the same victim is not recorded.

Victims Assistance and Counselling Programs (VACP)

Victims Assistance and Counselling Programs (VACPs) provide general support to assist a victim with the criminal justice system (information only or assistance to complete forms) as well as longer-term therapeutic counselling or referrals. VACP agencies collect general information on each victim to which they provide service. In each year a victim may seek different forms of support for the same, different or related crimes and may access different VACPs in different parts of the state. Similar to most other databases, we are unable to link the type or number of times a client accesses support for family violence related crime.

Victorian Supported Accommodation Assistance Program (SAAP)

Each support period is counted. However, in any one year, a client of a SAAP agency may receive more than one support period. The Victorian Family Violence Database does not receive data on clients presenting to SAAP agencies on multiple occasions and, therefore, it is not possible to determine how many of the support periods relate to the same client. Previous research indicates that some SAAP clients do receive more than one support period in a given year. For example, in 1998-99, across clients of all SAAP agencies targeting women and children escaping family violence, 65.3 per cent had one support period, 19.1 per cent had two support periods, and 7.9 per cent had three support periods (Chung et al. 2000, p. 40).

“In July 2005, a Core Data Set was introduced. The Core Data Set collects fewer data items than were previously collected, includes a new statistical linkage key and incorporates changes in some definitions, such as that of client, support period, accompanying child and accompanying child support period. For this reason, data from 2005-06 onwards is not strictly comparable with previous years” (AIHW, 2008, Catalogue No. HOU 185 p. 98).

In addition, during 2006-07 “Victoria created a relatively large number of new agencies and many of these new agencies did not supply data, resulting in a larger non-participation rate across Victoria . . . The principle for inclusion or exclusion of reporting agencies assumes that all agencies operate for a full 12 months . . . It affects the participation rate and weighting” (AIHW, 2008, Catalogue No. HOU 185 p. 98).

Victorian Public Hospital Emergency Departments (VEMD)

The Victorian Emergency Minimum Dataset (VEMD) contains de-identified demographic, administrative and clinical data detailing emergency department presentations at Victorian public hospitals that receive Non-Admitted Emergency Services Grant funding.

The majority of data items and code sets utilised in the VEMD have been based on, or taken from, definitions and code sets specified in the National Health Data Dictionary (NHDD).

An Emergency Department Presentation should be reported even if the patient leaves the emergency department before the treatment has commenced or if the registration was commenced but not completed (using the appropriate Departure Status code).

If a patient attends the emergency department for the treatment of two or more conditions concurrently, only one episode should be reported to the VEMD. For example: a patient attends the emergency department with a foreign body in the eye and otitis media. Even though the two complaints are independent and may be treated as such by the clinicians, the patient has only presented at the emergency department once.

Up to three diagnoses and 30 procedure codes can be recorded in the VEMD, which allows sites to differentiate between different complaints and the applicable treatment.

Department of Human Services – Integrated Reporting Information System (IRIS)

The Integrated Reporting Information System (IRIS) is used as a record-keeping data entry software package among family service agencies the Department of Human Services funds. The software is designed to record agency service provision to inform agencies, management and catchments about client needs, service response and assist with service planning. It is also used for performance reporting to government.

INTERPRETATION OF TABLES

When interpreting the tables in this report, readers should note a number of points:

- The main unit used in the table (for example, percentages, numbers or dollars) is shown at the end of the table title. If no unit is given there, the units used are given in the body of the table.
- SAAP data reported in numbers of clients or support periods are rounded to the nearest 50.
- SAAP data have been weighted to adjust for agency non-participation and, where necessary, for client non-consent. The weight used is identified in the notes to the table.
- Records with missing data (due to either errors or omissions) are not included in the percentages or numbers in a table.
- Percentages may not add to totals because of rounding or multiple responses for multiple services. A note to the table will indicate whether this is the case.
- Notes to the tables or figures will include any additional information needed to interpret the tables and figures.

APPENDIX A

The following chronology outlines some of the major initiatives that have shaped Victoria's response to violence against women and children.

2001

- Victoria Police announces a review of all matters relating to violence against women.
- In recognition of the impact of family violence on Aboriginal communities, the Victorian Aboriginal Family Violence Taskforce (VIFVT) is formed.
- *Taking Responsibility: A framework for developing best practice in programs for men who use violence toward family members is released.*

2002

- The Victorian Government's *Women's Safety Strategy* (2002–2007) is launched, outlining the policy framework to guide government in the area of violence against women.
- Three Statewide Steering Committees are established: Family Violence; Sexual Assault; and Violence Against Women in the Workplace.
- *The Way Forward: Violence Against Women Strategy* is launched by Victoria Police.
- The first report of the Victorian Family Violence Database is released providing family violence data for a two-year period from 1999–2000 to 2000–01.
- The Victorian Law Reform Commission (VLRC) considers the *Crimes (Family Violence) Act (1987)* and begins to identify changes necessary to ensure the legislation provides the best available response to the problem of family violence in Victoria.
- The Victorian Budget includes funding for the development and implementation of the Indigenous Family Violence Strategy.

2003

- Ten Indigenous Family Violence Regional Action Groups are established across Victoria with Indigenous Family Violence Regional Coordinators.
- The *Victorian Indigenous Family Violence Taskforce Final Report* is released.

2004

- Victoria Police introduces a *Code of Practice for the Investigation of Family Violence*.
- The Victorian Government responded to the Victorian Indigenous Family Violence Taskforce Report and supports initiatives to be implemented as part of a 10-year plan to address family violence in the Aboriginal community.
- VicHealth releases *The Health Costs of Violence – Measuring the burden of disease of intimate partner violence*. This shows that intimate partner violence is the leading contributor to the disease burden in Victorian women aged 15–44 years.
- The Victorian Law Reform Commission releases the *Sexual Offences: Law and Procedure Final Report 2004*.

2005

- The Statewide Steering Committee to Reduce Family Violence's report *Reforming the Family Violence System in Victoria* is released. The Family Violence Crisis Protection Framework was released by the Office of Housing, Department of Human Services, to set the direction for comprehensive delivery of protection responses for women and their children who are experiencing family violence.
- The Victorian Government releases its family violence reform package. Strengthened and integrated police, court and support services are the key to Victoria's new approach to family violence.
- The government releases *Changing lives: a new approach to family violence in Victoria*.
- The Aboriginal Family Violence Partnership Forum (the Partnership Forum) is established to enable government and community to work in partnership to address family violence in the Aboriginal community.
- The Victorian Law Reform Commission (VLRC) releases the *Family Violence Police Holding Powers: Interim Report*, recommending police holding powers in family violence situations.
- Changes to homicide laws are introduced under the Crimes Act to abolish provocation as a defence to murder and create a new offence of 'defensive homicide'.
- The Family Violence Court Division commences operation at Heidelberg and Ballarat of the Magistrates' Court of Victoria, including the Family Violence Court Intervention Program (mandated Men's Behaviour Change Program). The Specialist Family Violence Service also commences at Melbourne Magistrates' Courts.
- The Male Adolescents at Risk Project is funded to provide a voluntary intervention to facilitate behaviour change amongst adolescent males who have come to the attention of the justice system as a result of exhibiting aggressive or violent behaviours.

2006

- Regional Integrated Family Violence Committees are established to oversee the reform process and drive service integration at a local level.
- The VLRC releases the *Review of Family Violence Laws Report* outlining 153 recommendations regarding procedural, administrative and legislative changes to the justice system. A major recommendation of the Commission is to introduce a new Act to deal exclusively with family violence.
- The Specialist Family Violence Service commences at the Frankston, Sunshine and Werribee Magistrates' Courts.
- *The Men's Behaviour Change Group Work: Minimum Standards and Quality Practice* by No To Violence (Victoria's male family violence prevention association) is released.
- New guidelines are released to help general practitioners better respond to family violence.
- VicHealth releases *Two Steps Forward, One Step Back: community attitudes to violence against women* outlining progress and challenges in creating safe and healthy environments for Victorian women.
- Domestic Violence Victoria releases a *Code of Practice for Specialist Family Violence Services for Women and Children*.
- A formal protocol is developed by the Department of Human Services and Victoria Police in relation to family violence referral pathways.
- The Victims' Charter is introduced and sets out principles which criminal justice agencies must follow in their dealings with victims of crime.
- The new *Crimes (Sexual Offences) Act (2006)* for Victoria is passed.
- Funding is allocated over four years to reform sexual assault responses in the criminal justice system.

2007

- Funding is allocated for:
 - a new Family Violence Act for Victoria
 - implementation of the Risk Assessment and Risk Management Framework through the Safer Families Training Program
 - continuation of the Family Violence Court Division and the Family Violence Court Intervention Program for a further two years
 - funding for a network of specialist family violence lawyers across Victoria to support people applying for intervention orders.
- The Family Violence Common Risk Assessment Framework is released and provides a standardised approach to risk assessment and risk management across service providers.
- Victoria is successful in receiving a five-year Australian Research Council Linkage Grant to research the family violence reforms in partnership with the University of Melbourne and Monash University.

- The first Family Violence Benchmark data snapshot (September 2007) is undertaken across Victoria, collecting two weeks of snapshot data from police, courts and family violence services to more effectively measure reform outcomes.
- The VicHealth report *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria* is launched.
- The *Children Youth and Families Act (2005)* is implemented.

2008

- The Victorian Budget commits funding over four years, which includes development of a new Victorian State Prevention Plan addressing violence against women, increased support for women and children, and increased investment in responses to men who use violence.
- The Victorian Government requests the Sentencing Advisory Council review sentences handed down by the Victorian courts for breaches of family violence intervention orders. Advice is also sought on appropriate maximum penalties for breaching family violence intervention orders.
- The *Practice Guidelines for Family Violence Women's and Children's Counselling and Support Programs* is released.
- A Statewide Partnership Agreement is developed by Family Violence Services, Child Protection and Child FIRST/Family Services.
- The second Family Violence Benchmark data snapshot is undertaken (March 2008) across Victoria, collecting data from police, courts and family violence services.
- The *Indigenous Family Violence 10 Year Plan – Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities* is launched.
- The *Family Violence Protection Act (2008)* commences in December, including a pilot of Family Violence Safety Notices, which provide police with another tool to ensure that immediate protection is available when responding to a family violence incident.
- The family violence state-wide communications campaign, ENOUGH, is launched to accompany the commencement of the Family Violence Protection Act.
- The third Family Violence Benchmark data snapshot is undertaken (September 2008) across Victoria.
- The Victorian Government announces a systemic review of family violence-related deaths in Victoria by the State Coroner to identify prevention strategies and contribute to a reduction of preventable deaths.
- Funding is allocated for the establishment of a Specialist Sexual Offences Unit in the Office of Public Prosecutions in Geelong.

2009

- The fourth and final Family Violence Benchmark data snapshot is undertaken (March 2009) across Victoria.
- The third report from the Victorian Family Violence Database is released in January, providing trend data on family violence for a seven-year period from 1999 to 2006.
- Regional roadshows to support the state-wide communications campaign are rolled out across Victoria in five regional locations and one metropolitan location. The ENOUGH family violence campaign is extended to the end of 2009, through a partnership with Netball Victoria.
- An intake model and practice guidelines for organisations working with men who use violence is developed.
- Ten Indigenous Family Violence Prevention Projects commence in communities across Victoria and the development of an Indigenous Family Violence Prevention Framework is endorsed.
- A Framework for the Comprehensive Assessment for Men's Behaviour Change Programs is released to complement the Family Violence Risk Assessment and Risk Management Framework.
- The Victorian Budget allocates on-going funding to continue the Family Violence Court Divisions operating at the Ballarat and Heidelberg Magistrates' Courts as well as funding over four years for the Family Violence Court Intervention Program (mandated Men's Behaviour Change Programs).
- Victoria Police launches *Living Free From Violence – Upholding the Right: Victoria Police Strategy to Reduce Violence against Women and Children 2009–2014*.
- *A Right to Respect: Victoria's Plan to prevent violence against women 2010–2020* is launched.
- The Commonwealth National Partnership Agreement – Homelessness provides additional funding for family violence responses through Safe at Home, Enhanced After Hours, Indigenous case management and Men's Case Management programs.

2010

- VicHealth launches the findings of the *National Survey on Community Attitudes to Violence Against Women 2009: Changing cultures, changing attitudes – preventing violence against women*.
- A series of regional and metropolitan workshops on 'measuring family violence' are held to support the sector's understanding of family violence data.
- The state-wide family violence communications campaign is extended to the end of 2010, through an extension of a partnership with Netball Victoria, and a new partnership with the Victorian Country Football League.
- The Victorian Budget allocates \$14.1 million (over four years) to support the establishment of primary prevention of violence against women. The Budget also allocates \$2.7 million (over three years) to extend the Family Violence Risk Assessment and Risk Management Framework

to prioritised sectors and a wider range of professions including general practitioners, mental health, drug and alcohol and other primary health providers.

- \$12 million is allocated to the establishment of a Multidisciplinary Centre in Geelong and expansion of the pilot sites in Frankston and Mildura, and the introduction of 'just-in-case' forensic medical examinations in Victoria.
- The ALRC and NSW Law Reform Commission Report *Family Violence – a National Legal Response* is tabled in Parliament by the Commonwealth Attorney-General in November. The report makes 187 recommendations to improve legislation and practice covering a broad range of areas relating to family violence, sexual assault, child protection and family law proceedings and improved interaction between these areas.
- In December, Victoria Police launches the second edition of the *Code of Practice for the Investigation of Family Violence*.

2011

- The Protecting Victoria's Vulnerable Children Inquiry is launched in January to investigate Victoria's child protection system and make recommendations to strengthen and improve the protection and support of children and young people.
- The Commonwealth Government releases the *National Plan to Reduce Violence Against Women and their Children 2010–2022* endorsed by the Council of Australian Governments (COAG).
- The VLRC is given reference to conduct an inquiry into access to and interaction with the justice system by people with an intellectual disability and their families and carers.
- In April, the final evaluation report on the Sexual Assault Reform Strategy is released, which finds positive feedback from victims and survivors for responses provided through specialist sexual assault support services and makes a series of recommendations about improving responses.
- In June, funding is announced for new whole-of-community clusters for prevention of violence against women in the Western Metropolitan, Outer East Metropolitan and Loddon Campaspe regions.
- In July, the Standing Committee of Attorney-Generals (SCAG) agree to a national response to the ALRC/NSWLRC Report *Family Violence – a National Legal Response*.
- The Koori Family Violence Support Program at Melbourne Magistrates' Court is launched in July to improve the courts' capacity to provide a culturally appropriate response for family violence cases in the Koori community.
- Two Strengthening Risk Management Demonstration projects in the cities of Hume and Greater Geelong are announced to test the delivery of coordinated multi-agency approaches to strengthen family violence risk management.
- In November, Victoria Police launches an Enhanced Service Delivery Model for responding to family violence more effectively.

REFERENCES

- Aboriginal Affairs Victoria, 2003, *Victorian Indigenous Family Violence Task Force Final Report*, Department for Victorian Communities, Melbourne.
- Access Economics, 2004, *The Cost of Domestic Violence to the Australian Economy*, Office of the Status of Women, Australian Government, Canberra.
- Agnew, R. and Huguley, S., 1989, Adolescent Violence toward Parents, *Journal of Marriage & Family*, 51(3), pp. 699–711.
- Alexander, Renata, 2002, *Domestic Violence in Australia: The Legal Response*, third edition, Federation Press.
- Astbury, J., Atkinson, J., Duke, J. E., Eastal, P. L., Kurrle, S. E., Tait, P. R., et al. 2000, The impact of domestic violence on individuals. *Medical Journal of Australia*, 173(8), 427-431.
- Australasian Police Commissioners, 2008, *Australasian Policing Strategy on the Prevention and Reduction of Family Violence* (pp. 16), Australasian Police Commissioners.
- Australian Bureau of Statistics, 1996, *Women's Safety Australia*, Catalogue No. 4128.0, Australian Government, Canberra.
- Australian Bureau of Statistics, 2003, *Disability, Ageing and Carers, Australia: Summary of Findings, State Tables for Victoria*, Catalogue No. 4430.0, Australian Government, Canberra.
- Australian Bureau of Statistics, 2004, *Migration, Australia, 2002-03*. Retrieved from: <[http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/179567A9B64A5DBOCA256E840017CE2/\\$File/34120_2002-03.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/179567A9B64A5DBOCA256E840017CE2/$File/34120_2002-03.pdf)>.
- Australian Bureau of Statistics, 2004, *Sexual Assault in Australia: A Statistical Overview*, Catalogue No. 4523.0, Australian Government, Canberra, Retrieved from: <[http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/C41F8B2864D42333CA256F070079CBD4/\\$File/45230_2004.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/C41F8B2864D42333CA256F070079CBD4/$File/45230_2004.pdf)>.
- Australian Bureau of Statistics, 2006, (re-issued 2005), *Personal Safety Survey*, Catalogue No. 4906.0, Australian Government, Canberra.
- Australian Bureau of Statistics, 2006, *National Regional Profile, 2000 to 2004*, Catalogue No. 1379.0.55.001, Australian Government, Canberra.
- Australian Bureau of Statistics, 2008, 2006 *Census Community Profile Series: Victoria*. Retrieved from: <<http://www.censusdata.abs.gov.au/ABSNavigation/prenav/Vi-ewData?action=404&documentproductno=2&documenttype=Details&order=1&tabname=Details&areacode=2&issue=2006&producttype=Community%20Profiles&&producttype=Community%20Profiles&textversion=false&navmapdisplayed=true&breadcrumb=D&&collection=census&period=2006&producttype=Community%20Profiles&>>
- Australian Bureau of Statistics, 2008, 2006 *Census Quickstats: Victoria*, Australian Government, Canberra.
- Australian Bureau of Statistics, 2008, *Australian Historical Population Statistics*, Catalogue No. 3105.0.65.001, Australian Government, Canberra.
- Australian Bureau of Statistics 2008, *Population Projections Australia, 2006 to 2010*, Catalogue No. 3222.0, Australian Government, Canberra.
- Australian Bureau of Statistics, 2011, *Recorded Crime - Victims Australia*, Catalogue No. 4510.0, Canberra: Australian Bureau of Statistics. Retrieved from: <[http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/8612E58B8BCDCF9DC A2578B700119690/\\$File/45100_2010.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/8612E58B8BCDCF9DC A2578B700119690/$File/45100_2010.pdf)>.
- Australian Human Rights Commission, 2011, *Mechanisms for advancing women's human rights: A guide to using the Optional Protocol to CEDAW and other international complaint mechanisms*. Australian Human Rights Commission. Retrieved from: <http://www.google.com.au/url?sa=t&rct=j&q=in%20march%202009%2C%20Australia%20strengthened%20its%20commitment%20to%20addressing%20discrimination%20against%20women%20by%20becoming%20party%20to%20the%20cedaw%20optional%20protocol&source=web&cd=2&ved=0CCYQFjAB&url=http%3A%2F%2Fwww.hreoc.gov.au%2Fsex_discrimination%2Fpublication%2Fmechanisms%2Fopcedaw.doc&ei=6K0DT_naGJOhIQeA4LWnAQ&usq=AFQjCNHcxQWH24d0NOUvtrDe-cGg-j26pA>.
- Australian Human Rights Commission and Office for Women, 2008, *Women's Human Rights*. Attorney-General's Department. Retrieved from: <http://www.hreoc.gov.au/sex_discrimination/publication/CEDAW/CEDAW_complete.pdf>.
- Australian Institute of Health and Welfare (AIHW), 2001a, *SAAP National Data Collection annual report 1999–2000 Victoria supplementary tables*, SAAP NDC report series 5, Catalogue No. HOU 52, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW), 2001b, *SAAP National Data Collection annual report 2000–01 Victoria supplementary tables*, SAAP NDC report series 6, Catalogue No. HOU 63, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW), 2003, *Homeless people in SAAP: SAAP National Data Collection annual report 2002–03, Victoria supplementary tables*, SAAP NDC report series 8, Catalogue No. HOU 93, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW), 2005a, *Homeless people in SAAP: SAAP National Data Collection annual report 2003–04 Victoria supplementary tables*, SAAP NDC report series 9m, Catalogue No. HOU 134, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW), 2005b, 'Female SAAP Clients and Children escaping domestic and family violence', *Bulletin*, Issue 30, September, AIHW, Canberra.

- Australian Institute of Health and Welfare (AIHW), 2006a, *Homeless people in SAAP: SAAP National Data Collection annual report 2004–05 Victoria supplementary tables*, SAAP NDC report series 10. Catalogue No. HOU 115, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW), 2006b, *Homeless people in SAAP: SAAP National Data Collection annual report 2004–05 Australia*, SAAP NDC report series 10, Catalogue No. HOU 132, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW), 2007, *Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 Victoria supplementary tables*, SAAP NDC report series 11, Catalogue No. HOU 158, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW), 2008a, *Homeless people in SAAP: SAAP National Data Collection annual report 2006–07 Australia*, SAAP NDC report series 12, Catalogue No. HOU 185, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW), 2008b, *Homeless people in SAAP: SAAP National Data Collection annual report 2006–07 Victoria supplementary tables*, SAAP NDC report series 12, Catalogue No. HOU 178, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW), 2008c, *Victorian Homelessness Data Collection (Incorporating SAAP National Data Collection: Support Data Collectors Manual*, Canberra: National Data Collection Agency.
- Australian Institute of Health and Welfare (AIHW), 2009a, *Homeless people in SAAP: SAAP National Data Collection annual report 2007–08 Australia*, SAAP NDC report series 13, Catalogue No. HOU 191, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW), 2009b, *Homeless people in SAAP: SAAP National Data Collection annual report 2006–07 Victoria supplementary tables*, SAAP NDC report series 13, Catalogue No. HOU 194, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW), 2010a, *Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09, Australia*, Catalogue No. HOU 219, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW), 2010b, *Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 Victoria supplementary tables*, Catalogue No. HOU 222, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW), 2011a, *Government-funded specialist homelessness services: SAAP National Data Collection annual report 2009–10 Australia*, Catalogue No. HOU 238, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW), 2011b, *Government-funded specialist homelessness services: SAAP National Data Collection annual report 2009–10 Victoria supplementary tables*, Catalogue No. HOU 241, AIHW, Canberra.
- Australian Law Reform Commission, & New South Wales Law Reform Commission, 2010, *Family Violence - A National Legal Response: Final Report* 114. (ALRC Report 114, NSWLRC Report 128), Canberra: Commonwealth of Australia Retrieved from: <http://www.alrc.gov.au/sites/default/files/pdfs/publications/ALRC114_WholeReport.pdf>.
- Bagshaw, D. and Chung, D., 2000, 'Reshaping responses to domestic violence: The needs of children and young people', in *The Way Forward: Children, Young People and Domestic Violence, National Forum Proceedings*, Partnerships Against Domestic Violence.
- Bagshaw, D. and Chung, D., 2000, *Women, Men and Domestic Violence*, University of South Australia.
- Bagshaw, D., Wendt, S., & Zannettino, L., 2009, Preventing the Abuse of Older People by their family Members. *Stakeholder paper*, Australian Domestic and Family Violence Clearinghouse.
- Barnett, O. W., Miller-Perrin, C. L., & Perrin, R. D., 2005, *Family violence across the lifespan: an introduction*, Thousand Oaks, Sage.
- Bhandari, M. et al., 2008, '(Mis)Perceptions about Intimate Partner Violence in Women Presenting for Orthopaedic Care: A Survey of Canadian Orthopaedic Surgeons' in *The Journal of Bone and Joint Surgery (American)*, vol. 90, pp. 1,590–7.
- Bobic, N., 2004, *Adolescent Violence Towards Parents*, Australian Domestic and Family Violence Clearinghouse Topic Paper.
- Brown, D. and Endekov, Z., 2005, *Childhood Abused: The Pandemic Nature and Effects of Abuse and Domestic Violence on Children in Australia*, The Alannah and Madeline Foundation.
- Brown, D., & Endekov, Z., 2005, *Childhood abused: the pandemic nature and effects of abuse and domestic violence on children in Australia*, Bundoora, LaTrobe University.
- Brownridge, D. A., 2006, Partner Violence Against Women With Disabilities: Prevalence, Risk, and Explanations, *Violence Against Women*, 12(9), 805-822.
- Brownridge, D. A., 2009, *Violence against Women: vulnerable populations*, New York, Routledge.
- Brownridge, D. A., 2006, 'Violence against Women Post-separation' in *Aggression and Violent Behavior*, vol. 11, no. 5, pp. 514–530.

- Campbell, A. 1993, *Out of Control: Men, Women and Aggression*, Pandora, London.
- Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., et al., 2003, 'Risk factors for femicide in abusive relationships: Results from a multisite case control study', *American Journal of Public Health*, 93(7), 1089-1097.
- Carcach, C. and James, M., 1998, 'Homicide between intimate partners in Australia' in *Trends and Issues in Crime and Criminal Justice*, no. 90, Australian Institute of Criminology.
- Carlson, B. E., 1997, 'Mental retardation and domestic violence: an ecological approach to intervention' in *Social Work* 42(1): 79–89.
- Charles, A. V., 1986, 'Physically abused parents' in *Journal of Family Violence*, vol. 1, pp. 343–355.
- Children, Youth and Families Act 2005*, Act No. 96/2005 C.F.R. (Vic).
- Chung, D., Kennedy, R., O'Brien, B. and Wendt, S., 2000, *Home Safe Home: The Link Between Domestic and Family Violence and Women's Homelessness*, Partnerships Against Domestic Violence.
- Clare et al., 2011, *Examination of the Extent of Elder Abuse in Western Australia*, Crime Research Centre, The University of Western Australia.
- Clare, M., Blundell, B. B., & Clare, J., 2011, *Examination of the Extent of Elder Abuse in Western Australia: A Qualitative and Quantitative Investigation of Existing Agency Policy, Service Responses and Recorded Data*, The University of Western Australia, Crime Research Centre.
- Cockram, J., 2003, *Silent voices: Women with Disabilities and Family and Domestic Violence*, Women with Disabilities Australia.
- Cohen, M. M., T. Forte, et al., 2005, 'Intimate partner violence among Canadian women with activity limitations, in *Journal of Epidemiology and Community Health*, vol. 59, no. 10, pp. 834–9.
- Coker, A. L., Smith, P. H., McKeown, R. E., & King, M. J., 2000, 'Frequency and Correlates of Intimate Partner Violence by Type: Physical, Sexual, and Psychological Battering', *American Journal of Public Health*, 90(4), 7.
- Commonwealth of Australia, 2011, *The National Plan to Reduce Violence against Women and their Children*. Canberra: Australian Government Retrieved from: <www.ag.gov.au/cca>.
- Copel, L. C., 2006, 'Partner Abuse in Physically Disabled Women: A Proposed Model for Understanding Intimate Partner Violence Perspectives', *Psychiatric Care*, 42.
- Cottrell, B. and Monk, P., 2004, 'Adolescent-to-parent abuse', *Journal of Family Issues*, 25, 1,072–1,095.
- Crime Prevention Victoria, 2002, *Safer Streets and Homes: A Crime and Violence Prevention Strategy for Victoria, 2002–2005*, Victorian Government, Melbourne.
- Cunneen, C. and Stubbs, J., 2002, *'Migration, political economy and violence against women: the post immigration experiences of Filipino women in Australia'* in J Freilich, G Newman, S Shoham and M Addad (eds) *Migration, Culture Conflict and Crime*, Dartmouth, Ashgate.
- Curry, M. A., D. Hassouneh-Phillips, et al., 2001, 'Abuse of women with disabilities: an ecological model and review' in *Violence Against Women*, vol. 7, no. 1, pp. 60–79.
- Davies, J., 2008, *When Battered Women Stay... Advocacy Beyond Leaving for Building Comprehensive Solutions to Domestic Violence (BCSDV)*, a project of the National Resource Center on Domestic Violence, Pennsylvania Coalition Against Domestic Violence, Harrisburg, PA.
- Dearden, J., & Jones, W., 2008, *Homicides in Australia: 2006-07, National Homicide Monitoring Program Annual Report*, Canberra, Australian Institute of Criminology.
- Department of Human Services, 2009, *With respect to age — 2009: Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse*, Retrieved from: <http://www.health.vic.gov.au/agedcare/downloads/with_respect_to_age.pdf>.
- Department of Human Services, 2011a, *Sexual Assault Support Services contact list*, Retrieved January 3, 2012, from: <http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/sexual-assault/support-services/sexual-assault-support-services-contact-list>
- Department of Human Services, 2011b, *Sexually Abusive Behaviours Treatment Services*, retrieved December 30, 2011, from: <<http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/sexual-assault/sexually-abusive-behaviours-treatment-services>>
- Department of Human Services, 2012, *Addressing Violence against Women and their Children: Action Plan Consultation Framework*, retrieved 30 January 2012 from: <<http://www.dhs.vic.gov.au/about-the-department/news-and-events/news/general-news/community-input-needed-on-new-plan-to-address-violence-against-women>>.
- Department of Justice, 2011, *Sexual Assault Reform Strategy: Final Evaluation Report*, Victorian Government.
- Department of Justice, 2006, *Family Violence Court Division*, retrieved December 9, 2011, from: <http://www.justice.vic.gov.au/resources/1/e/1e7c3a8045b5a7f28e65aee6d4b02f11/overview_family_violence_court_division.pdf>.

- Department of Planning and Community Development (DPCD), 2008, *Family Violence Risk Assessment and Risk Management: Comprehensive Assessment Training Handbook*, Victorian Government, Melbourne.
- Department of Premier and Cabinet, 2001, *Growing Victoria Together*, Victorian Government.
- Distaff Associates, 1991, *Costs of Domestic Violence*, Sydney, New South Wales Women's Co-ordination Unit.
- Dobash and Dobash, 1979, *Violence against Wives*, Open Books, London.
- Dobash, R.E., Dobash, R.P., and Cavanagh, K., 1985, 'The contact between battered women and social and medical agencies', in *Private Violence and Public Policy*, Pahl, J. (ed), Routledge and Kegan Paul, London.
- Dunlop, B. D., Beaulaurier, R. L., Seff, L. R., Newman, F. L., Malik, N., and Fuster, M., 2005, *Domestic Violence Against Older Women: Final Technical Report*, North Miami, FL: The Centre on Aging of Florida International University.
- Edleson, J. L., 1999, 'Children's witnessing of adult domestic violence' in *Journal of Interpersonal Violence*, vol. 14, no. 4, pp. 839–870.
- Etienne G., Krug, Linda L. Dahlberg, James A. Mercy, Anthony B. Zwi and Rafael Lozano (eds), 2002, *World Report on Violence and Health*, World Health Organisation, Geneva.
- Evans, E. D., and Warren-Sohlberg, L., 1988, 'A pattern of analysis of adolescent abusive behaviour toward parents' in *Journal of Adolescent Research*, vol. 3, pp. 201–216.
- Evertsz, J., & Miller, R., 2011, *Children with problem sexual behaviours and their families: Best interests case practice model: Specialist practice resource*, (pp. 56). Melbourne: Department of Human Services.
- Family Violence Protection Act 2008* (Vic), Retrieved from: <[http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/083D69EC540CD748CA2574CD0015E27C/\\$FILE/08-52a.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/083D69EC540CD748CA2574CD0015E27C/$FILE/08-52a.pdf)>.
- Fantuzzo, J., Boruch, R., Beriama, M., Atkins and Marcus, S., 1997, 'Domestic Violence and Children: Prevalence and Risk in Five Major US cities' in *Journal of the American Academy of Child and Adolescent Psychiatry*, vol. 36, no. 1, pp 162–122.
- Felson, R. B., & Paré, P. P., 2005, 'The Reporting of Domestic Violence and Sexual Assault by Nonstrangers to the Police', *Journal of Marriage and Family*, 67, 597–610.
- Ferrante, A., Morgan, F., Indermaur, D. and Harding, R., 1996, *Measuring the Extent of Domestic Violence*, Hawkins Press.
- Fitzsimons, N. M., 2009, *Combating Violence and Abuse of People with Disabilities: A Call to Action*, Baltimore: Brookes.
- Flood, M (LaTrobe University) and Pease, B (Deakin University), 2009, The Factors Influencing Community Attitudes in relation to Violence Against Women, *Trauma Violence Abuse*, Vol 10, no. 2, pp. 125-142.
- Flood, M., Fergus, L., Heenan, M., & Victorian Health Promotion Foundation, 2009, *Respectful Relationships Education: Violence prevention and respectful relationships education in Victorian secondary schools*, Melbourne: Student Wellbeing Division Department of Education and Early Childhood Development.
- Frank, J. B., and Rodowski M. F., 1999, 'Review of Psychological Issues in Victims of Domestic Violence Seen in Emergency Settings', in *Emergency Medicine Clinics of North America*, vol. 17, issue 3, pp. 657–677.
- Gilson, S. F., Cramer, E. P. et al., 2001a, 'Redefining Abuse of Women with Disabilities: A Paradox of Limitation and Expansion', in *Affilia*, vol. 16, no. 2, pp. 220–235.
- Hanmer, J., & Saunders, S., 1993, *Women, Violence and Crime Prevention: A West Yorkshire Study*, Avebury, UK.
- Harbin, H. T. and Madden, D. J., 1997, 'Battered parents: A new syndrome' in *American Journal of Psychiatry*, vol. 136, pp. 1,288–1,291.
- Healey, L., Howe, K., Humphreys, C., Jennings, C. and Julian, F., 2008, *Building the Evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria*, Victorian Women With Disabilities Network, Advocacy Information Service, Melbourne.
- Hester, M., 2010, 'Mothering through domestic violence', Paper presented at the Mothers, children and change: Strengthening service support and safety, Retrieved from http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Marianne%20Hester_Mothering%20through%20DV.pdf
- Holt, S., Buckley, H., & Whelan, S., 2008, 'The impact of exposure to domestic violence on children and young people: A review of the literature', *Child Abuse and Neglect*, 32, 797–810.
- Howard, J., 2008, *It all Starts at Home: Male Adolescent Violence to Mothers*, Inner South Community Health and Child Abuse Research Australia, Monash University.
- Howard, J., 2011, 'Adolescent Violence in the Home – the Missing Link in Family Violence Prevention and Response' in vol. 11, *stakeholder paper*, Australian Domestic and Family Violence Clearinghouse.
- Human Rights and Equal Opportunity Commission, 1997, *Bringing them Home: National Inquiry into the separation of Aboriginal and Torres Strait Islander Children from Their Families*, Human Rights and Equal Opportunity Commission, Australian Government.

- Humphreys, C., 2008, 'Problems in the System of Mandatory Reporting of Children Living With Domestic Violence', *Journal of Family Studies* (Special Edition) 14(2), 228-239.
- Indermaur, D., 2001, 'Young Australians and domestic violence' in *Trends and Issues in Crime and Criminal Justice*, no. 195, Australian Institute of Criminology.
- Iredale, R. R., Mitchell, C., Regalia, P. P., & Pittaway, E. (Eds.), 1996, *Ambivalent Welcome: The Resettlement Experiences of Humanitarian Entrant Families in Australia*, Canberra: Department of Immigration and Multicultural Affairs.
- Jackson, D., 2003, 'Broadening Constructions of Family Violence: Mothers' Perspectives of Aggression from their Children', *Child and Family Social Work*, 8, 321-329.
- James, K., 1999, 'Men as Victims of Domestic Violence' in *Challenging Silence: Innovative responses to sexual and domestic violence*, Breckenridge, J. and Laing, L. (eds), Allen and Unwin, St Leonards, New South Wales.
- Jennings, C., 2007, 'The use of Sole Occupancy Orders in Supporting Women with Disabilities', *DVIRC Quarterly*, vol. 4, Summer.
- Johnson, M. P., 2009, 'Where do "Domestic Violence" statistics come from and why do they vary so much?' *Paper presented at the Towards Common Understanding: Domestic Violence Typologies and Implications for Healthy Marriage and Domestic Violence Programs*, Warrenton Virginia, USA.
- Kaplan, I., & Webster, K., (Eds.), 2003, *Refugee Women and Settlement: Gender and Mental Health*, Victoria, Oxford University Press.
- Keel, M., 2004, *Family Violence and Sexual Assault in Indigenous Communities*, Australian Centre for the Study of Sexual Assault, Briefing No. 4, September.
- Kimm, J., 2004, *A Fatal Conjunction: Two Laws, Two Cultures*, Federation Press.
- Kirkwood, D., 2012, *Just Say Goodbye: Parents who kill their children in the context of separation*, Discussion paper No.8 2012, Domestic Violence Resource Centre Victoria
- Knitzer, J., Theberge, S., and Johnson, K. 2008, 'Reducing Maternal Depression and Its Impact on Young Children: Toward a Responsive Early Childhood Policy Framework' in *Project Thrive*, National Centre for Children in Poverty, Columbia University.
- KPMG 2009, *The Cost of Violence against Women and their Children*, The National Council to Reduce Violence against Women and their Children, Australian Government.
- KPMG, 2011, *Development of a Framework and Practice Guidelines for Strengthening Risk Management across the Integrated Family Violence System*, Melbourne, Department of Human Services.
- Kurrle, S., 2004, 'Elder abuse', *Australian Family Physician*, vol. 33, no. 10, October, pp. 807-812
- Kurrle, S., 2004, 'Rehabilitation and Aged Care Service', case reports in *Australian Family Physician* vol. 33(10), pp. 807-812.
- Laing, L., 2000, 'Children, young people and domestic violence', *Issues Paper 2*, Australian Domestic and Family Violence Clearinghouse.
- Laing, L., 2000, 'Progress, trends and challenge in Australian responses to domestic violence' in *Issues Paper 1*, Australian Domestic and Family Violence Clearinghouse.
- Laing, L., 2004, *Risk Assessment in Domestic Violence*, Australian Domestic and Family Violence Clearinghouse, Retrieved from: http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/risk_assessment.pdf.
- Laing, L. and Bobic, N., 2002, *Economic Costs of Domestic Violence: Literature Review*, Australian Domestic and Family Violence Clearinghouse, UNSW Sydney, Australia.
- Laurent, A. and Derry, A. 1999, 'Violence of French adolescents towards their parents' in *Journal of Adolescent Health*, vol. 25(1), pp. 21-26.
- Leonard, W., Mitchell, A., Pitts, M., & Patel, S., 2008, *Coming Forward: The Underreporting of Heterosexual Violence and same sex partner abuse in Victoria*, Monograph Series no. 69, Melbourne: The Australian Research Centre in Sex, Health and Society, La Trobe University.
- Lievore, D., 2003, *Non-reporting and Hidden Recording of Sexual Assault: An International Literature Review*, Australian Institute of Criminology.
- Lundy, M., & Grossman, S. F., 2005, 'The mental health and service needs of young children exposed to domestic violence: Supportive data', *Families in Society*, 86, 17 -29
- Magistrates' Court of Victoria, 2010, *Magistrates' Court of Victoria: 2009-10 Annual Report*, State Government of Victoria, Melbourne.
- Magistrates' Court of Victoria, 2011, *Magistrates' Court of Victoria: 2010-11 Annual Report*, State Government of Victoria, Melbourne.
- McGregor, H., 1990, 'Conceptualising male violence against female partners: political implications of therapeutic responses', *ANZ Journal of Family Therapy*, vol. 11, no. 2, pp. 65-70.
- Memmott, P., Stacy, R., Chambers, C., & Keys, C., 2001, *Violence in Indigenous Communities*, Canberra: Attorney General's Department.
- Menjivar, C., & Salcido, O., 2002, 'Immigrant Women and Domestic Violence: Common Experiences in Different Countries', *Gender & Society*, 16(6), 898-920.

- Mouton, C. P., 2003, 'Intimate Partner Violence and Health Status Among Older Women' in *Violence Against Women*, vol. 9 (12), pp. 1,465–1,477.
- Mouton, C. P., Rodabough, R. J., Rovi, S. L. D., Hunt, J. L., Talamantes, M. A., Brzyski, R. G., et al., 2004, 'Prevalence and 3-Year Incident of Abuse Among Postmenopausal Women' in *American Journal of Public Health*, vol. 94 (4), p. 8.
- Mouton, C. P., Rovi, S., Furniss, K. and Lasser, N. L., 1999, 'The Associations between Health and Domestic Violence in Older Women: Results of a Pilot Study' in *Journal of Women's Health and Gender-Based Medicine*, vol. 8, pp. 1,173–1,179.
- Mouzos J., 2001, 'Homicidal Encounters: A Study of Homicide in Australia 1989–1999', *Research and Public Policy Series* No. 28, Australian Institute of Criminology, Canberra.
- Mouzos, J., 1999, *Femicide: The Killing of Women in Australia 1989–1999*, Australian Institute of Criminology, Canberra.
- Mouzos, J., and Makkai, T., 2004, 'Women's Experiences of Male Violence: Findings from the Australian Component of the International Violence Against Women Survey', *Research and Public Policy Series* No. 56, Australian Institute of Criminology, Canberra.
- Mulroney, J., 2003, *Australian Statistics on Domestic Violence, Australian Domestic and Family Violence Clearinghouse*, topic paper.
- New South Wales Women's Coordination Unit, 1991, *New South Wales Domestic Violence Strategic Plan: Costs of Domestic Violence*, New South Wales Government.
- Nosek, M. A., C. C. Foley, et al., 2001, 'Vulnerabilities for abuse among women with disabilities' in *Sexuality and Disability*, vol. 19, no. 3 pp. 177–89.
- Nosek, M. A., Howland, C. A., & Hughes, R. B., 2001, 'The investigation of abuse and women with disabilities: Going beyond assumptions', *Violence Against Women*, 7, 477-499.
- Office of the Status of Women, 2003, *The health and wellbeing of women in prison: issues impacting on health and wellbeing*, Canberra, Commonwealth of Australia.
- Office of the Status of Women, Department of Prime Minister and Cabinet, 1995, *Community Attitudes to Violence Against Women*, Canberra, Commonwealth of Australia.
- Office of the Status of Women, Department of Prime Minister and Cabinet, 2001, *Working together against violence: the first three years of partnerships against domestic violence*, Commonwealth of Australia
- Office of Women's Policy, 2001, *Key Directions in Women's Safety*, Victorian Government.
- Office of Women's Policy, 2001, *Northern Territory Government Domestic Violence Strategy Data Collection Project Report*, Northern Territory Government.
- Office of Women's Policy, 2002, *Women's Safety Strategy: A Policy Framework*, Victorian Government.
- Office of Women's Policy, 2007, *Family Violence Risk Assessment and Risk Management Training Manual*, Melbourne: State of Victoria, Retrieved from: <<http://www.tafe.swinburne.edu.au/CRAF/resources/CRAF%20Manual%202007.pdf>>.
- Office of Women's Policy, 2009, *A Right to Respect: Victoria's Plan to Prevent Violence against Women 2010–2020*. Melbourne, Office of Women's Policy.
- Office of Women's Policy, 2010, *A Right to Safety and Justice: Strategic Framework to Guide Continuing Family Violence Reform in Victoria 2010–2020*, Melbourne, Office of Women's Policy
- Office of Women's Policy, 2010, *The Victorian Family Violence Risk Assessment and Risk Management Framework: Summary of the Evaluation Report of the Statewide Training Program*, Retrieved from: <http://www.dhs.vic.gov.au/__data/assets/pdf_file/0003/643566/CRAF_Evaluation_Summary_Report_PDF.pdf, 29/12/2011>.
- Oktay, J. S., & Tompkins, C. J., 2004, 'Personal assistance providers' mistreatment of disabled adults', *Health & Social Work*, 29(3), 177–188.
- Pagani, L., Tremblay, R. E., Nagin, D., Zoccolillo, M., Vitaro, F. and McDuff, P., 2009, 'Risk Factor Models for Adolescent Verbal and Physical Aggression Toward Fathers' in *Journal of Family Violence*, vol. 24, pp. 173–182.
- Paulson, M. J., Coombs, R. H. and Landsverk, J., 1990, 'Youth who physically assault their parents' in *Journal of Family Violence*, vol. 5, pp. 121–133.
- Petersilia, J. R., 2001, *Crime Victims with Developmental Disabilities: A Review Essay. Criminal Justice and Behaviour*, 28(6), 655–694.
- Phillips, L. R., 2000, 'Domestic violence and Aging Women' in *Geriatric Nursing* (21:4).
- Pink, B., 2009, *Conceptual Framework for Family and Domestic Violence*. (4529.0). Canberra, Australian Bureau of Statistics, Retrieved from: <[http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/93A8147E47758043CA2575B70011D2A9/\\$File/45290_2009.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/93A8147E47758043CA2575B70011D2A9/$File/45290_2009.pdf)>.
- Pittaway, E., 2005, 'The Ultimate Betrayal: An Examination of the Experience of Domestic and Family Violence', in *Refugee Communities*. Occasional Paper 5 (pp. 75): Centre for Refugee Research UNSW.

- Pollett, H., 2008, *The Connection Between Violence, Trauma and Mental Illness in Women*, Canadian Mental Health Association, Newfoundland and Labrador Retrieved from: <<http://www.cmhanl.ca/pdf/The%20Connection%20between%20Violence,%20Trauma%20and%20Mental%20Illness%20in%20Women.pdf>>.
- Pratt, D. R., & Miller, R., 2010, *Adolescents with problem sexual behaviours and their families: Best interests case practice model Specialist practice resource* (pp. 52), Melbourne, Department of Human Services.
- Putt, J. and Higgins, K., 1997, 'Violence Against Women in Australia: Key Research and Data Issues', *Research and Public Policy Series No. 6*, Australian Institute of Criminology.
- Rajan, D., 2004, *Violence Against Women with Disabilities*, National Clearinghouse on Family Violence, Public Health Agency of Canada.
- Rees, S., & Pease, B., 2006, *Refugee Settlement, Safety and Wellbeing: Exploring Domestic and Family Violence in Refugee Communities*, Melbourne, Immigrant Women's Domestic Violence Service and Victorian Health Promotion Foundation.
- Rees, S., Silove, D., Chey, T., Ivancic, L., Steel, Z., Creamer, M., et al., 2011, 'Lifetime Prevalence of Gender-Based Violence in Women and the Relationship with Mental Disorders and Psychosocial Function', *Journal of the American Medical Association*, 306(5), 513-521.
- Roberts G. L., Williams G. M., Lawrence J. M., & Raphael B., 1998, 'How does domestic violence affect women's mental health?' *Women Health*, 28(1), 117-129.
- Roberts, G. L., O'Toole B. I., Lawrence, J. M. and Raphael, B., 1993, 'Domestic Violence Victims in a Hospital Emergency Department', in *Medical Journal of Australia*, vol. 159, pp. 307-310.
- Roberts, G. L., O'Toole B. I., Raphael, B., Lawrence, J. M. and Ashby, R., 1996, 'Prevalence Study of Domestic Violence Victims in an Emergency Department' in *Annals of Emergency Medicine*, vol. 27, Issue 6, pp. 747-753.
- Roberts, G., 1988, 'Domestic Violence: Costing of Service Provision for Female Victims – 20 case histories' in Queensland Domestic Violence Task Force (eds), *Beyond these Walls: Report of the Queensland Domestic Violence Task Force to the Honourable Peter McKechnie, MLA, Minister for Family Services and Welfare Housing* (pp. 429-503). Brisbane, Australia.
- Roberts, G., 1995, 'Domestic Violence Victims in Emergency Departments', in *Australian Violence: Contemporary Perspectives II*, Chappell, D. and Egger, S. J. (eds), Australian Institute of Criminology, Canberra.
- Salthouse, S., and Frohmader, C., 2005, 'Real Trouble in the Home: the Domestic Violence Reality for Women with Disabilities' in *DVIRC Newsletter*, Issue No 4 2004/2005, summer.
- Sherrard, J., Ozanne-Smith, J., Brumen, I.A., Routley, V. Williams, F., 1994, *Domestic Violence: Patterns and Indicators*, Report 63, Monash University Accident Research Centre, Melbourne.
- Stark, E. and Flitcraft, A., 1991, 'Spouse Abuse' in *Violence in America: A Public Health Approach*, M. L. Rosenberg and M.A. Fenley (eds), Oxford University Press, New York.
- Strang, H., 1996, 'Children as victims of homicide' in *Trends and Issues in Crime and Criminal Justice*, vol. No. 53, Australian Institute of Criminology.
- Strauss, M., 1993, 'Physical Assault by Wives' in *Current Controversies on Family Violence*, Gelles, R. and Loseke, D. (eds), Sage, California.
- Strauss, M., Gelles, R. and Steenmetz, S., 1980, *Behind Closed Doors: Violence in the American Family*, Anchor/Doubleday, New York.
- Success Works, 2011, *Sexual Assault Reform Strategy: Final Evaluation Report*, Melbourne, Victoria: Department of Justice Retrieved from: <<http://www.justice.vic.gov.au/resources/3/d/3df3cc00468072d18d509d4d58beb1dd/sexualassaultreformstrategyfinalevaluationreportjanuary2011.pdf>>.
- Susan Rees, P., Derrick Silove, M., Tien Chey, M., Lorraine Ivancic, P., Zachary Steel, P., Mark Creamer, P., et al., 2011, 'Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function' in *Journal of the American Medical Association*, vol. 306 (5), pp. 513-521.
- Taft, A., 2002, 'Violence against women in pregnancy and after childbirth', *Issues Paper, 6*, Australian Domestic and Family Violence Clearinghouse.
- Taylor, N., & Mouzos, J., 2006, *Community Attitudes to Violence Against Women Survey 2006: A full Technical Report*, Canberra, Australian Institute of Criminology.
- National Council to Reduce Violence Against Women and their Children, 2009, *Time for Action: The National Council's Plan for Australia to Reduce Violence against Women and their Children, 2009-2021*, Canberra, Commonwealth of Australia Retrieved from: <www.ag.gov.au/ccca>.
- Thomson Goodall Associates Pty Ltd., 2010, *Family Violence Safety Notice Evaluation*, Melbourne: Victoria Police.
- Thomson, R. G., 1994, 'Redrawing the boundaries of feminist disability studies', *Feminist Studies*, 20, 582-598.
- VicHealth, 2004, *The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence*, Victorian Government.

- VicHealth, 2007, *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*. Carlton South, Victoria, Victoria Health Promotion Foundation.
- VicHealth, 2008, *Violence against women in Australia as a determinant of mental health and wellbeing*. Carlton South, Victoria, Victoria Health Promotion Foundation.
- VicHealth, 2009, *National Survey on Community Attitudes to Violence Against Women 2009 Changing cultures, changing attitudes – preventing violence against women*, Carlton South, Victoria, Victoria Health Promotion Foundation.
- VicHealth, 2009, *Preventing violence against women: A framework for action*, Carlton South, Victoria, Victoria Health Promotion Foundation.
- VicHealth, 2011, *Everyone Wins – toolkit for community sporting clubs*, Retrieved January 3, 2012, from http://www.vichealth.vic.gov.au/en/Publications/Physical-Activity/Sport-and-recreation/Everyone-Wins_clubs.aspx
- Victoria Police, 2002, *A Way Forward: Violence Against Women Strategy*, Victoria Police, Victorian State Government, Australia.
- Victoria Police, 2004, *Victoria Police Code of Practice for the Investigation of Family Violence*, Victoria Police, Victorian State Government.
- Victoria Police, 2010, *Victoria Police Code of Practice for the Investigation of Family Violence*, Second Edition, Victoria Police, Melbourne.
- Victoria Police, 2011, *Crime Statistics 2010/2011*, Victoria Police, Melbourne
- Victoria Police, 2009, *Living Free from Violence - Upholding the Right: Victoria Police Strategy to Reduce Violence against Women and Children 2009-2014*, Melbourne, Victoria Police.
- Victorian Community Council Against Violence (VCCAV), 2002, *Victorian Family Violence Database: First Report*, Victorian Government.
- Victorian Community Council Against Violence (VCCAV) 2006, *Victorian Family Violence Database: Five Year Report 1999–2004*, Victorian Government.
- Victorian Equal Opportunity and Human Rights Commission, 2011, *My work rights - young women's rights at work*, Retrieved December 9, 2011, from: http://www.humanrightscommission.vic.gov.au/index.php?option=com_k2&view=item&layout=item&id=1451&Itemid=587>.
- Victorian Foundation for Survivors of Torture. (2004). *Towards a health strategy for refugees and asylum seekers in Victoria*, Retrieved December 29, 2011, from: <http://www.google.com.au/url?sa=t&rct=j&q=victoria%20hosts%20a%20small%20proportion%20of%20settlers%20who%20are%20refugees%20who%20have%20come%20from%20conflict%20zones&source=web&cd=6&ved=OCFcQFjAF&url=http%3A%2F%2Fwww.foundationhouse.org.au%2FliteratureRetrieve.aspx%3FID%3D25046&ei=YpsET8eHAcGZiAfgOu2ICQ&usg=AFQjCNFwBBUyNgDfdX64WcHjP68DSnFkOw>>.
- Victorian Government, 2005, *Changing Lives: A New Approach to Family Violence in Victoria*, Victorian Government.
- Victorian Law Reform Commission, 2004, *Defences to Homicide Options Paper*, Melbourne.
- Victorian Law Reform Commission, 2004, *Sexual Offences*, Melbourne, Victorian Law Reform Commission.
- Victorian Law Reform Commission, 2006, *Review of Family Violence Laws* Melbourne, Victorian Law Reform Commission.
- Victorian Office of Multicultural Affairs, 2002, *Valuing Cultural Diversity*, Victorian Office of Multicultural Affairs, Melbourne.
- Virueda, M., & Payne, J., 2010, *Homicide in Australia: 2007–08 National Homicide Monitoring Program annual report*, Canberra, Australian Institute of Criminology.
- Walsh, D., 2000, 'Domestic violence in pregnancy' in *Domestic Violence and Incest Resource Centre Newsletter*, vol. 1.
- Walsh, D. and Weeks, W., 2004, *What a Smile Can Hide: A Study on the Violence Against Women During Pregnancy*, Royal Women's Hospital, Melbourne.
- Wheeler, E., 2009, *Men who use violent and controlling behaviours: A framework for comprehensive assessment in men's behaviour change programs*, Melbourne, Victorian Government
- Women with Disabilities Australia, 1997, *More than just a ramp: a guide for women's refuges to develop Disability Discrimination Act action plans*, Canberra, Commonwealth of Australia.
- World Health Organisation, 2002, *World Report on Violence and Health*, Geneva, World Health Organization.
- Wouldes, T., Merry, S., and Guy D., 2011, 'Social and emotional competence; intervening in infancy', in A report from the Prime Minister's Chief Science Advisor, *Improving the Transition Reducing Social and Psychological Morbidity during Adolescence*, Office of the Prime Minister's Advisory Committee, Wellington, New Zealand, pp. 35-48.
- Young, M. E., Nosek, M. A., Howland, C., Chanpong, G., & Rintala, D. H., 1997, 'Prevalence of Abuse of Women With Physical Disabilities', *Archives of Physical Medicine and Rehabilitation*, 78, 34-38.

ENDNOTES

- 1 The 2008-09 evaluation of the CRAF identified training and engagement with 2,491 workers across a range of service sectors. Training has continued and is now estimated to have been delivered to 3,500 workers including family violence, sexual assault maternal and child health care, court registrars, ChildFIRST, child protection, family services, housing and homelessness services, disability services, counselling and mediation services, some corrections staff men's behavioural change programs and, in some regions, family violence specific Indigenous services (Office of Women's Policy 2010, p. 3).
- 2 This figure refers to the total number of affected family members included in applications for intervention orders finalised during the period. For instance, if a mother and her two children sought an intervention order against the husband or father, this would constitute three affected family members and one complainant.
- 3 Children can be included on their parent's intervention order or have one granted for them in their own right.
- 4 Results are based on reports from women who have ever experienced an intimate partner relationship, and experienced an episode of physical violence in any of those relationships over their lifetime (since the age of 16).
- 5 From 2005-06 to 2008-09 in national homicide data reports, "an average of 47 women per year have been recorded as killed for an alleged 'domestic' motive. Figures vary from 33 in 2006-07 to 66 in 2005-06" (J Dearden & W Jones 2008) Homicide in Australia: 2006-07 National Homicide Monitoring Program Annual Report, Australian Institute of Criminology, Canberra, p.50; and M Davies & J Mouzos (2007) Homicide in Australia: 2005-06 National Homicide Monitoring Program Annual Report, Australian Institute of Criminology, Canberra. p.58 as cited in Office of Women's Policy, 2009).
- 6 The database project has also provided approximately 20 reports to individual agencies that requested LGA-specific family violence data. For instance, data were provided to Werribee Legal Service on the Wyndham LGA data that were used to create a profile of family violence in Wyndham. These informed local policy development in that area.
- 7 The committee has been reformed into the Family Violence Statewide Advisory Committee.
- 8 Best practice models such as the Duluth Model, implemented in Minnesota, USA, demonstrate that coordinated and integrated responses to family violence, together with measuring, monitoring and tracking, result in a reduction of family violence and a reduction in victimisation.
- 9 Updates available on Victoria Police website at www.police.vic.gov.au.
- 10 The 2008-09 evaluation of the CRAF identified training and engagement with 2,491 workers across a range of service sectors. Training has continued and is now estimated to have been delivered to 3,500 workers including family violence, sexual assault maternal and child health care, court registrars, ChildFIRST, child protection, family services, housing and homelessness services, disability services, counselling and mediation services, some corrections staff men's behavioural change programs and, in some regions, family violence specific Indigenous services (Office of Women's Policy 2010, p. 3).
- 11 See <http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/projects-and-initiatives/women/preventing-violence-against-women-initiatives>
- 12 See <http://www.mav.asn.au/policy-services/social-community/women/Pages/default.aspx>
- 13 See <http://www.evas.org.au/>
- 14 See <http://www.vichealth.vic.gov.au/Programs-and-Projects/Freedom-from-violence.aspx>
- 15 Based on the Department of Human Services, Children Youth and Families Division's annual funded performance target for sexual assault services.
- 16 The single exception is that Victorian courts are able to report on the number of complaints for intervention orders that were made by police.
- 17 Due to the nature of the data and limitations on data collection, it is difficult to ascertain appropriate confidence levels and error rates for statistical significance testing. With this qualification, based on the ABS estimated resident population of Victorian adults aged 18 years and older being 3,814,912 as of 30 June 2004 (excluding those located in unincorporated Victoria), to obtain a confidence level of 95 per cent and a confidence interval of ± 3 percentage points, our sample size would need to be 1,067. Apart from individual years of data from VEMD, VCAT, family violence specialist courts and VOC Helpline, this sample size is achieved.
- 18 Due to the large variation in sample population sizes across agencies included in this report, the majority of graphs have their scales standardised. This allows graphs to provide information not just of the proportions within the agency, but also in relation to other data sets. The benefit of this standardisation is that small populations are not exaggerated out of proportion; the downside is that some graphs can appear to have a large amount of unused space.

- ¹⁹ Family violence protection applications currently use the terms *affected family member* to replace 'aggrieved family member' and *Respondent* to replace 'other party'.
- ²⁰ Data relating to family violence incidents attended to by Victoria Police is provided to the Victims Support Agency under the Memorandum of Understanding between Corporate Statistics and the Victims Support Agency. While Corporate Statistics undertakes a review of analysis prior to publication, Corporate Statistics is not responsible for any interpretation of the data produced by the Victorian Family Violence Database.
- ²¹ Victoria Police annual Crime Statistics can be accessed from its website at www.police.vic.gov.au.
- ²² The family violence risk assessment asks questions about the length of time the violence has continued, how many previous police visits there have been, the intervals between violence, victim's level of fear and specific risk indicators (such as pet abuse, pregnancy, controlling behaviour, recent separation and isolation).
- ²³ From 5 September 2011, all non-family violence intervention orders relating to personal safety (stalking) are dealt with under the *Personal Safety Intervention Orders Act 2010*.
- ²⁴ See section 5 of the *Crimes (Family Violence) Act 1987* for a list of restrictions that can be included in an intervention order at the time data in this report was collected.
- ²⁵ *The Stalking Intervention Orders Act 2008* was replaced by the *Personal Safety Intervention Orders Act 2010* in September 2011. Prior to 2008, stalking-type intervention orders were legislated under the *Crimes Act 1958 (section 21A)*
- ²⁶ In 2007–08, 58 per cent of original applications for intervention orders were granted and this rate has risen each year to now being 61 per cent in 2009–10 (Magistrates' and Children's Court data provided for this report).
- ²⁷ This is now included under the *Family Violence Protection Act 2008*.
- ²⁸ Section 4 of the *Crimes (Family Violence) Act 1987*.
- ²⁹ The *Magistrates' Court (Family Violence) Act 2004* allows the court to make intervention orders for children on its own initiative. The Act introduces a procedure where the court must inquire into the welfare of children when making an intervention order. Before making an intervention order, the court must consider whether there are any children are family members of the defendant or the affected family member. If so, the court must consider whether they have been subjected to family violence or seen or heard family violence, and whether they are likely to do so again. If there are such children who have not been included as affected family members on the complaint for an intervention order, the court may, on its own initiative, include the child/children on the adult's intervention order, or make a separate intervention order for the child or children (see section 4A of the *Crimes (Family Violence) Act 1987*).
- ³⁰ The Child/First and Integrated Family Services Program is currently undergoing transition to combine with another data set within the Department of Human Services. It is expected that future data extractions will be through the CRISSP system rather than IRIS.
- ³¹ Sexual assault services included in this data set sometimes see men who are victims of family violence; however this would be very rare and would be limited to only a couple of people within the entire dataset.
- ³² For more information see SAAP *National Data Collection, Data Dictionary, Version 2, November 2001*, pp. 3–6.
- ³³ The Australian Institute of Health and Welfare recommends rounding estimates and numbers other than percentages to the nearest 50 to allow for any errors inherent in the weighting process. Australian Institute of Health and Welfare, *Homeless People in SAAP, SAAP National Data Collection Annual Report 2003–04*, p. 91.
- ³⁴ The VEMD records details of injuries treated at the emergency departments of the 38 Victorian public hospitals with 24-hour emergency departments. The 38 hospitals currently contributing data to the collection include: Austin and Repatriation Medical Centre, Ballarat Base Hospital, The Bendigo Hospital, Box Hill Hospital, Echuca Base Hospital, The Geelong Hospital, Goulburn Valley Base Hospital, Maroondah Hospital, Mildura Base Hospital, Northern Hospital, Royal Children's Hospital, St Vincent's Public Hospital, Northeast Health Wangaratta, Warrnambool Hospital, Western Hospital (Footscray), Sunshine Hospital, Williamstown Hospital, Wimmera Base Hospital, Dandenong Hospital, Royal Victorian Eye and Ear Hospital, Frankston Hospital, Latrobe Regional Hospital, Alfred Hospital, The Angliss Hospital, Monash Medical Centre, Royal Melbourne Hospital, Werribee Mercy Hospital, Rosebud Hospital, Sale Hospital, Warragul Hospital Bairnsdale Hospital, Swan Hill Hospital, Wodonga Hospital, Hamilton Hospital, Sandringham Hospital, Royal Women's Hospital, Mercy Women's Hospital, Casey Hospital.

- 35 Victorian Injury Surveillance System data was collected from 1988 to 1996 and was limited to four major metropolitan hospitals and one large rural hospital (Western Hospital Footscray and Sunshine, Royal Children's Hospital, Preston and Northcote Community Hospital, Latrobe Regional Hospital and Royal Melbourne Hospital).
- 36 The results of two controlled studies conducted through the University of Queensland at the Royal Brisbane Hospital Emergency Department, from 1990 to 1993, revealed that one per cent of patients were accompanied by partners/parents who refused to leave their side and therefore could not be questioned about family violence (Roberts et al. 1996).
- 37 Changes to Residential Tenancies Act and VCAT Act, <http://www.vcat.vic.gov.au/CA256DBB0022825D/page/Residential+Tenancies?OpenDocument&1=70-Residential+Tenancies~&2=-~&3=-~>, sighted June 1, 2011.
- 38 Throughout this Volume 5, the term 'reports' of family violence incidents is used to indicate that a victim reports their abuse to the agency and is not an indication of official reports from one agency to another. An alternative equivalent would be victim disclosure to an agency.
- 39 The Provisional Crime Statistics released by Victoria Police reports the total number of family violence incidents in Victoria for 2006–07 as 29,652. (http://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=21749).
- 40 It should be noted that these statistics are based on the number of times police have recorded on the family violence incident form that they sought a complaint and warrant for an intervention order. This may differ to Magistrates' and Children's Court of Victoria statistics regarding the number of police applications for an intervention order as courts count both complaint and summons for an intervention order, and complaint and warrant for an intervention order.
- 41 As noted previously, these numbers are weighted for agency non-participation and client non-consent and rounded to the nearest 50, as are the figures and percentages in the following discussion unless indicated otherwise.
- 42 A client represents an individual. Information about related persons is available for some clients, and if services are provided to the related person they become a client in their own right.
- 43 See former Chief Commissioner Ms Christine Nixon's inaugural speech. Sighted 28 April 2008: http://www.police.vic.gov.au/content.asp?Document_ID=44
- 44 Family Violence Safety Notices were introduced under the *Family Violence Protection Act 2008* which commenced on 8 December 2008.
- 45 Sessions in Sunshine and Werribee courts are part of the same court circuit but sitting on different days. The same Applicant Support Worker and registrar attend both courts.
- 46 Relationship between victim and perpetrator information is not available from the IRIS, SAAP, VSA or VEMD data sets. The child category includes adult children in relationship to a parent as well as those aged 16 years and under.
- 47 In this report the age range of adolescents has been broadly defined from 12–25 years as discussed by Patterson (2007).
- 48 In 2003–04 there were no children aged under 12 who were defendants in intervention orders. In other years there were less than five children as defendants in this age category.
- 49 For the purposes of this report, adults are aged 18 years and over.
- 50 See discussion of cross-applications in Section 4.2 of this report. Some of the male affected family members may have sought cross-applications against female affected family members.
- 51 See discussion in Section 4.2 regarding classification of human intent injuries between family members.
- 52 Intimate partners are those couples known to one another but the relationship can not be established as necessarily as permanent as might be classified as partner.
- 53 *Other family member* is comprised of relationships including: sibling, step-sibling aunt, uncle, cousin, in-laws (including defacto in-laws) grandparents, grandchildren, nephew and niece.
- 54 Leonard et al (2008) use the acronym GLBT.
- 55 The age groups used are consistent with those provided by SAAP. SAAP does not provide single-year data. Single-year data are available from ABS statistics, police, courts and VEMD which have been recoded into age groups compatible with SAAP. It must be noted that the numbers of years included in each category are not equal.
- 56 The largest age group of adult female victims was 25–34 years, notably younger than male victims (see discussion in Section 6.5).

- 57 Pearson's chi-squared (X^2) is used as a test of independence to assess whether paired observations on two variables are independent of each other. This probability test compares the difference between the populations which appear in a table cell against the expected value if each of the variables were independent.
- 58 A Z-test is any statistical test for which the distribution of the test statistic under the null hypothesis can be approximated by a normal distribution.
- 59 df stands for "degrees of freedom". The number of degrees of freedom is the number of values in the final calculation of a statistic that are free to vary.
- 60 In statistics, the Bonferroni correction is a method used to counteract the problem of multiple comparisons.
- 61 It is beyond the scope of this project to examine why changes have occurred in regional populations over the period.
- 62 Population analysis was not included for the SAAP data, as the SAAP data relate to the location of the services rather than the address of the victim.
- 63 Due to the smaller numbers of adult male victims, we have not included analysis as a percentage of the regional population.
- 64 Recent evidence indicates that on-going exposure to traumatic events as a child, such as witnessing or being the victim of family violence, results in chronic overactivity of the body's stress response (the fight or flight response) and permanent changes to the brain's architecture, leading to behaviours such as hyper vigilance and hyperactivity (taken from the Family Violence Risk Assessment and Risk Management Framework: supporting an integrated family violence service system 2007).
- 65 For the purposes of this report, children are classified as aged 17 years and under as affected family members in court and police and SAAP data. Police and SAAP data for reporting on children *present* identifies children aged 16 years and younger. In 2006–07 police family violence incident reports changed to include children aged 17 years and younger. Both the SAAP client forms and police forms reporting children present contains pre-determined age categories which cannot be disaggregated for direct age comparisons.
- 66 The number of children 'present' at the time a police member attends a family violence incident is likely to underestimate the number of children regularly present in the home who potentially experience the effects of family violence.
- 67 Children can be included on their parent's intervention order or have one granted for them in their own right.
- 68 The presence of children accompanying an adult into SAAP accommodation is noted as "at least one child or more" within each of four age categories. Children are not identified individually and therefore we are unable to report an accurate number of children or disaggregated age analysis. Accompanying children are considered up to 17 years of age.
- 69 This figure is also likely to be an underestimate and should only be considered as a guide.
- 70 As discussed in Section 4.2, it is not possible to differentiate between victims and perpetrators seeking Legal Aid. Therefore some adolescents in this group will be perpetrators of violence. See discussion of adolescent violence in Section 5.5.
- 71 Police do not collect information about the gender of children recorded as 'present' at family violence incidents.
- 72 As noted, exact numbers of accompanying children have not been provided and analysis is based on 'at least' one child accompanying the client in the stated age groups. This analysis may be different from SAAP report analysis on the basis of exact numbers of children in given age groups.
- 73 Some institutions also implement strict privacy principles whereby information not required for the specified purpose of the database cannot be collected in the view that it may breach the *Privacy Act 2000*.
- 74 At the time of writing the report, the courts were undergoing review of how they might implement training among workers for supporting women with disabilities, as well as meeting the needs of culturally and linguistically diverse (CALD) and Indigenous women.
- 75 Women may not qualify for a disability pension if they are earning an income above the level for means testing; if their disability is not assessed as 'severe'; or if their circumstances have changed and they *are* eligible but undergoing a period of delay before the pension can be accessed.
- 76 The disability support pension has strict qualifying criteria and will not identify most women with disabilities who are not eligible. This may include women who are marginalised and unable to apply, are dependent on their partner for income, those who are employed, and those who believe the difficulty in meeting requirements is not worth the effort for the benefits they may in turn receive.
- 77 SAAP data are weighted for agency non-participation and client non-consent, and rounded to the nearest 50 cases.
- 78 SAAP data represents client support periods. All agencies may include victims who seek assistance on multiple occasions.

- ⁷⁹ While the use of interpreters is recorded, it was not available in the data extracts for the Victorian Family Violence Database prior to 2006–07.
- ⁸⁰ “The EP index is defined as the percentage of recent immigrants (those entering in the five years before the Census) who speak English only or another language and good English. Good English is defined as those who reported at the Census that they spoke ‘English Only’ or spoke English ‘Very Well’ or ‘Well’ (Department of Immigration and Multicultural and Indigenous Affairs 2003, p. 2).
- ⁸¹ Care should be taken with this assumption, as migrants from some communities have greater contact with English prior to migration and therefore EP may not be accurately reflective of newly arrived and emerging communities. It has also been demonstrated that segments of some communities may be reluctant to learn English regardless of the number of years having lived in
- ⁸² For further detailed discussion on identifying new and emerging communities see Jupp, J. 2002, *From White Australia to Woomera – The Story of Australian Migration*, Cambridge University Press, Cambridge.
- ⁸³ English language proficiency plays a vital role in a person’s employment status. Approximately one quarter of migrants report they speak English ‘not very well’ or ‘not at all’ 18 months after arrival, are unemployed. This compares with only one-fifth or fewer migrants who speak English ‘well’ or ‘very well’ being unemployed 18 months after migration. Australian Government Department of Immigration and Citizenship, 2007, Migrant Labour Market Outcomes, Fact Sheet 14 [online], January 30. Available from internet: <URL: <http://www.immi.gov.au/media/fact-sheets/14labour.htm>>. Viewed October 9, 2007.
- ⁸⁴ ABS Catalogue No. 1267.0 Australian Standard Classification of Languages (ASCL)
- ⁸⁵ ABS Catalogue No. 1267.0 Australian Standard Classification of Languages (ASCL)
- ⁸⁶ Australian Institute of Health and Welfare, 2007, *Homeless People in SAAP, SAAP National Data Collection, Annual Report 2005–2006*, Australia, Canberra. English proficiency relates to people born overseas. The English proficiency status of clients is determined by their country of birth. Four English proficiency groups based on country of birth (excluding Australia) have been specified by the Department of Immigration and Multicultural Affairs (DIMA 2003). These are combined into two groups for the SAAP data:
- English proficiency group 1 countries—Canada, Ireland, New Zealand, South Africa, the United Kingdom, the United States of America and Zimbabwe
 - English proficiency groups 2–4 countries—all other countries (excluding Australia).
- ⁸⁷ The Code of Practice for the Investigation of Family Violence (Victoria Police 2004, 2010) specifies that formal referrals can only be made when there are serious concerns for the mental, psychological and physical wellbeing of the affected family member.
- ⁸⁸ Ibid.
- ⁸⁹ Advice from court staff is that higher rates of respondents do agree to consent to the order during the court process. This figure represents the information initially provided at time of application. As more information about the benefits of consenting are discussed with respondents they are more likely to agree, however the application form may not be updated.
- ⁹⁰ The original design of the option for court ordered counselling programs included a screening on residential postcode. At the end of 2010 this screening was no longer in place; however a respondent may be screened as ineligible if a counselling program is not available within a reasonable distance.



