



Family Violence in the Southern Metropolitan Region – a data analysis

Executive Summary

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About this project

Family violence remains one of the top causes of morbidity and mortality on Victorian women. The latest report for 2015–16 shows that Victoria Police attended 18,073 family incidents in the Southern Metropolitan Region where a Victoria Police Risk Assessment and Risk Management Report (also known as an L17 form) was completed and recorded on LEAP. This accounts for 23% of the total number of incidents for Victoria, and represents a 10.5% increase on the rate from the previous year.¹ The incidence of family violence is likely to be much higher than these figures indicate, as these rates only reflect incidents that reach the attention of the police.

In order to address this knowledge gap at a local level, the Southern Metropolitan Region Integrated Family Violence Executive Committee commissioned Keleher Consulting to collect data from all agencies in the partnership across the ten Local Government Areas (LGAs) in the Region. This data was then collated and analysed to develop a far more detailed understanding of what family violence looks like in the Southern Metro Region (SMR).

Data was obtained from 21 organisations in the Southern Region Family Violence Partnership across a range of services at the response end of family violence – outreach programs, emergency housing and accommodation services, crisis support, legal services, Child FIRST, Men’s Behaviour Change Programs, case management, sexual assault services, and counselling. No data was provided by Child Protection, the Magistrates Courts and a number of Maternal and Child Health Services.

This project and the process of conducting a bottom-up data collection exercise from family violence services revealed a number of key learnings about family violence in the region. The analysis is detailed in the main report from this project, *Family Violence in the Southern Metropolitan Region - An analysis of data for the Southern Metropolitan Region Integrated Family Violence Executive Committee*, and at the end of this summary document.

Key issues

1. Police referrals only account for 25% of all referrals to family violence services

The first key learning from this project relates to the proportion of referrals to family violence services that are received from Victoria Police. It was assumed amongst the partnership organisations that police referrals would account for a fairly high proportion of overall referrals.

Most family violence services collect good quality data on intake identifying the referral source for each client. However, once this data was combined and analysed for all services across the region, it showed that on average, only 25% of referrals to family violence services in the SMR come from Victoria Police. This means that police statistics could well only account for 25% of all family violence incidents, and the true annual rate of family violence in the region could be closer to 72,000 per year, or 200 incidents per day.

It also means that there is a high rate of women in particular who are seeking support for family violence directly to the services, or via a number of other avenues outside of the police. These include telephone/crisis referrals, schools, hospitals, family and child support agencies or community welfare, or Maternal & Child Health services. A large proportion of referrals (often a third or even higher) are classed

¹ <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data/family-incidents-1>

² Murdoch Children’s Research Institute, 2015. *Policy Brief 2: Health consequences of family violence – Translating evidence from*

as self-referred or present with no formal referral. This is a key factor that should be taken into account in the design of the Family Violence Safety Hubs.

2. Significant inconsistencies in data collection and reporting capabilities

The process of extracting data from a wide range of organisations for this project has highlighted the differences in data gathering and management across Partnership agencies. For some, it is as simple as selecting a few parameters on their reporting system and they are quickly able to run a detailed report. For other agencies, it is a manual and time-consuming process to extract the same information, and even then the same information may not be captured in their system at all.

In order to build up a volume of credible data, Keleher Consulting worked with the involved agencies to scope and identify what data was available, the sources and reliability of that data, and identify what else was needed. There was wide variation in the availability of quality data, which was largely dependent on the type of systems used by each organisation, the fields contained within their reports and the accessibility and ease with which the data could be extracted. There was also wide variation in how different characteristics and demographics of clients were categorised in both L17s and in service databases – particularly in relation to CALD and ATSI clients on L17s, which did not appear to be consistently captured. The age brackets used are not consistently the same, for example some use 10 year age brackets such as ‘25-34 years’, and others use brackets such as ‘31 – 40 years’, so comparison is not possible. Other data points that were inconsistently captured included ethnicity, whether they are a new or repeat client, employment status, housing situation, and previous homelessness.

3. Extent of repeat offenders and/or victims is unknown

A major information gap identified during this project was the hidden rate of recidivism amongst perpetrators of family violence, and the rate of repeat victimisation for women and children. Whilst this data will be held by VicPol for individuals in the LEAP system, it is not visible for service providers, which has implications for their ability to make informed decisions on service provision, risk assessments and safety plans.

Having this level of data would also enable understanding of:

- How many men account for multiple incidents, either with the same or different women and children, and the identification of chronic offenders
- Whether intervention strategies are having an impact, by identifying
 - Whether services are achieving a reduction in the number of repeat victimisations
 - Whether there is an increase in the time interval between incidents

4. Family Violence data capture in Maternal & Child Health services is highly inconsistent and unreliable

The Royal Commission into Family Violence identified pregnancy and childbirth as a time of heightened risk for the onset or exacerbation of intimate partner violence. There is also now evidence from the Maternal Health Study that shows that in Australia, one in five mothers (20%) experienced emotional and/or physical abuse by an intimate partner in the first 12 months postpartum, and one in four mothers (25%) experience family violence in the first four years after having their first child.² MCH nurses are front-line workers who see 98% of all new parents over an extended period of time during the infant/child’s early years.

² Murdoch Children’s Research Institute, 2015. *Policy Brief 2: Health consequences of family violence – Translating evidence from the Maternal Health Study to inform policy and practice*, Melbourne.



As part of the project, requests were sent to a number of Maternal and Child Health Services in the region, to understand the number of family violence notifications that had been received from mothers with a new baby. It became apparent that there are issues in some MCH services with the reporting functions of the Child Development Information System (CDIS) system, whereas others are still using a legacy system (Expedite) that more accurately captures the number of family violence notifications received. Data from the LGAs who had confidence in their Maternal and Child Health data regarding family violence notifications demonstrated that in some LGAs in the region, 1 in 10 mothers with a new baby disclose family violence to their Maternal & Child Health Nurse.

Universal services are critical for identification of family violence and early intervention. Issues with the unreliability of data captured by MCHS either in CDIS or other systems for family violence notifications and referrals are a concern that needs investigation.

5. Low rate of L17s directed to MARS

Analysis of the L17 data received by the four direct referral agencies in the region revealed that of almost 21,000 direct referrals in 2015-16, 62% of these were for women's support services and 38% were for men's behaviour change services. This raises the question of why more men are not being referred to the Men's Action Referral Service (MARS).

There were 8,002 referrals received in 2015-16 from L17s to the Men's Action Referral Service. 36% of these were unable to be actioned when first received because police had not spoken to the respondent and/or there was no phone number provided for the respondent.

Conclusion

This project has demonstrated that there are significant issues with consistent and quality data on family violence that tells the real story and can reliably inform service responses. Without this, the true extent of service needs for women and children experiencing family violence will not be well understood. These issues will continue to affect the capacity of governments and service agencies to respond effectively to family violence.

Summary of key findings relating to family violence in the Southern Metropolitan Region

1. On average, only 25% of referrals to family violence services in the SMR come from Victoria Police. This means that police statistics could well only account for 25% of all family violence incidents. Therefore the true annual rate of family violence in the SMR is likely to be closer to 72,000 per year, or 200 incidents per day.
2. Three out of four women seeking family violence services in the SMR are unemployed or not in the labour force, meaning they have very poor access to economic resources.
3. 40% of women seeking support for family violence were relying on government payments as their source of income in the previous week.
4. Only 9% of women seeking support for family violence in this region were receiving an income from an employer in the previous week.
5. 40% of women seeking support for family violence had no source of income in the previous week.
6. More than 1 in 3 women (38%) seeking outreach support in the SMR were living in insecure housing in the previous week.
7. 31% of women who seek outreach support for family violence have been homeless at some point in the last year.
8. Nearly 1 in 3 women (29%) who seek outreach support for family violence have been homeless in the last month.
9. Three out of four women (75%) seeking outreach support in the SMR are living with children, meaning very high numbers of children are also experiencing family violence.
10. 44% of families, and 60% of children assessed by Child FIRST in the SMR came from L17s, police e-referrals and family violence referral sources.
11. 1 in 3 clients to Family Violence Services in the SMR are repeat clients.
12. In some local government areas in the region, 1 in 10 mothers with a new baby disclose family violence to the Maternal and Child Health Nurse.
13. Almost 21,000 direct referrals from L17s were received in 2015-16. 38% of these were for men's services and 62% were for women's services.
14. 8002 referrals were received in 2015-16 from L17s to the Men's Action Referral Service. 36% of these (2,846) were unable to be actioned when first received because the respondent had not been spoken to and/or there was no phone number for the respondent.
15. 921 men attended Men's Behaviour Change Programs in the financial year 2015-16. This represents 5% of Victoria Police recorded family incidents.
16. 42% of clients seeking community legal support in the SMR have a family violence indicator.
17. For one community legal agency, 41% of their family violence clients have a CALD background. For another agency, 31% of their clients don't have proficiency in English.
18. 3.9% of people seeking support for Family Violence in the SMR identified as Aboriginal and/or Torres Strait Islander.
19. In 2011-12, there were approximately 6,700 Intervention Orders for Family Violence finalised between the Dandenong and Frankston Magistrates Courts. This represents 50% of the number of family incidents recorded in that same year (13,320).