



Submission to the Inquiry

Submission to the Inquiry into the mechanisms for capturing data on the profile and volume of perpetrators of family violence in Victoria and barriers to achieving a full understanding of this cohort.

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Summary of recommendations

In this document we respond to the Committee's invitation to provide input on:

- What data on the profile and volume of family violence perpetrators is collected in Victoria?
- How is the current data on the profile and volume of family violence perpetrators used in Victoria?
- What additional data on the profile and volume of family violence perpetrators should be collected in Victoria?

In responding to these questions, we offer the following recommendations:

1. Upskill service providers to *ask* questions about elder abuse.
2. Consistently collect data on elder abuse.
3. Centralise data repositories.
4. Make data available in real time.
5. Harness the potential of artificial intelligence and machine learning.
6. Digitise, deidentify, and make data publicly available.
7. Collect data on risk factors for elder abuse.
8. Collect data on perpetrator social and clinical characteristics.
9. Collect data on immediate, mid-term and long-term outcomes of elder abuse.

What data on the profile and volume of family violence perpetrators is collected in Victoria?

What data is collected? Who collects this data? When and how is it collected?

Data relevant to the perpetrator's demographic characteristics; health status (including mental health and use of drugs and alcohol); types of abuse perpetrated (physical, verbal/emotional, financial, sexual, coercive control) including extent and frequency; risk factors for abuse (such as access to weapons or previous history of violence); forensic history (including involvement with courts or justice system); outcomes related data; and level of community engagement are collected by multiple agencies and services (See Appendix 1).

The most comprehensive data are collected via the MARAM (Multi-Agency Risk Assessment and Management) family violence risk assessment tool, which is often used by agencies such as health and family violence services. See Appendix 2 for a description of the ways in which data are collected about perpetrators by multiple agencies (e.g. using screening tools, risk assessment tools, etc).

These data are often collected from victims at a time of crisis when the victim is presenting for help. As such the data are 'second-hand' and may not present a full or accurate picture of the perpetrator's circumstance.

Where is it stored? Who has access to it?

These data are typically stored within agencies and services in their in-house databases. Services may also share risk assessment data with other services in accordance with information sharing requirements under the MARAM framework, and with their funders. Victim outcomes data are reported on the Commonwealth's Data Exchange online portal 'DEX' (www.dex.dnss.gov.au), which services may use instead of, or as well as, in-house case management programs. Data reported on DEX is also stored in a common data repository, after deidentification, and is accessible to Commonwealth funding agencies. Select data are publicly accessible through the *Family Violence Dashboard* hosted on crimestatistics.vic.gov.au (e.g. the number of perpetrator intervention clients serviced within a financial year, sources of referral). However, data from specialist family violence services such as the Orange Door are not included.

Data may be stored electronically and/or in paper-based formats. The latter is usual in health services. Data are accessible to authorised personnel with appropriate clearances and can usually be shared in de-identified or aggregate formats for the purposes of modelling or service planning.

See Appendix 3 for a description of all platforms and repositories where data are stored and shared. More detailed information is included in Appendix 4.

How could these processes be improved?

We offer five recommendations to improve current processes:

- **Recommendation #1: Upskill service providers to ask questions about elder abuse.** Services, especially in health and aged care, must ensure that staff are trained in elder abuse identification and response (including sensitive enquiry) in order to identify abuse and collect necessary information. Some health workers have expressed hesitation in using screening tools when not specifically instructed to by organisational leaders and therefore it may be important to mandate the use of screening tools. Health services must also establish and disseminate clear protocols to do with storing sensitive information safely and securely.
- **Recommendation #2: Consistently collect data on elder abuse.** In our consultations with services that respond to elder abuse, respondents reported that data relating to incidences of elder abuse are not collected with adequate consistency. Similarly, users of Dex have reported that the system does not allow for adequate specificity in recording cases of elder abuse. Templates and processes should be given to providers with detailed instructions to improve consistency in data entry, interpretation, and action.
- **Recommendation #3: Centralise data repositories.** Joined up, secure, electronic data repositories are urgently needed. This facilitates information-sharing in real time, enables inter- and intra-agency collaborations, modelling data to monitor trends and identify 'red flags,' and plan for services. A centralised system would also standardise templates, which could enhance uniformity and consistency of data collection across the state.
- **Recommendation #4: Make data available in real time.** Data needs to be available as close to real time as possible. Outdated and/or incomplete data render effective service responses and planning difficult. There is scope for artificial intelligence and machine learning to assist with data collection and storage, facilitate 'warm' referrals and link victims and perpetrators in with multi-disciplinary services.

- **Recommendation #5: Harness the potential of artificial intelligence and machine learning.** Too often, intervention happens at crisis point or after abuse has occurred. There is scope for AI and machine learning to analyse data, assist in identifying 'high-risk' perpetrators, and to raise 'red flags' for appropriate early intervention.

How is the current data on the profile and volume of family violence perpetrators used in Victoria?

How is the current data used? What is the purpose of data collection?

The current data are primarily collected for the purpose of service provision. For example, family violence services and mediation and counselling services use the data to inform the creation of safety plans and connect clients with appropriate services; health services use the data also to provide necessary treatment and develop an appropriate patient discharge plan; and banks may use the data to assist victims in protecting their finances. Additionally, police and the courts may also use the data in the investigation, prosecution or punishment of criminal offences or breaches of a law.

Data are also used by agencies such as family violence services, banks, and courts for the purposes of developing new policies, services, and initiatives, as well as for workload analysis, grants program administration, research and evaluation, and as the basis of publications for the community.

Research-related activities and publications using data about perpetrators may address gaps in knowledge to inform public policy efforts, public education and other prevention-related activities.

How could the way this data is used be improved?

Recommendation #6: Digitise, deidentify, and make data publicly available. This will enable better data use by services and researchers, to understand conditions surrounding elder abuse more fully, trajectories of abuse, and outcomes for perpetrators as well as victims.

What additional data on the profile and volume of family violence perpetrators should be collected in Victoria?

Organisations such as family violence services and community legal centres are not required to collect extended demographics data about victims or perpetrators of elder abuse, but may choose to do so for their own purposes.

Recommendation #7: Collect data on risk factors for abuse. It would be of benefit for data variables on elder abuse risk factors to be reported consistently across organisations, for example:

- Information about the perpetrator's cognitive impairment status.
- Whether or not they require care or are a carer.
- Their type of accommodation or living arrangement.
- Whether or not the perpetrator is an appointed enduring power of attorney (EPOA).
- Level of community engagement or support (e.g. engagement with mental health services).
- Past history of family violence as a victim or perpetrator.
- Previous involvement with police and the justice system.

Recommendation #8: Collect data on perpetrator social and clinical characteristics. Older people who are LGBTIQI+, from culturally and linguistically diverse (CALD) backgrounds, Aboriginal and Torres Strait Islander backgrounds, live in aged care, and/or have cognitive impairment are particularly vulnerable to elder abuse. Data are required across agencies that encounter and address elder abuse in these vulnerable cohorts and settings to improve understandings of perpetrator characteristics and motives, and the prevalence of elder abuse within these communities and settings.

Recommendation #9: Collect data on outcomes. Follow-up data are also required to understand outcomes of abuse (including immediate, mid-term and long-term outcomes), and how perpetrator circumstances, behaviours and interpersonal relationships may change over time, including several years following incidences of elder abuse.

How will this help to achieve a full understanding of this cohort?

Improved data collection in the ways described may aid prevention and intervention work, including advocacy and community education activities, and responses to elder abuse. By addressing critical gaps in information, this data will help to provide a more comprehensive picture elder abuse perpetration across

diverse and often underserved communities, encompassing the social and health vulnerabilities of perpetrators of elder abuse, life histories relevant to elder abuse, and the consequences of abuse.

What data cannot be collected?

As the main focus of many organisations data collection is service provision rather than research, information may only be collected if it can assist organisations to provide better services. Some information may be useful for prevention and advocacy efforts, however may unnecessarily burden clients and therefore the collection of additional data may not be advisable. For example, information about personal income may have limited use for service provision and can also be off-putting or considered to be too invasive. Further, some information about perpetrators may be difficult to collect from victims rather than perpetrators themselves, such as the forensic history of the perpetrator.

About NARI

Our story

NARI is Australia's leading independent, non-profit medical research institute dedicated to ageing and aged care research. We specialise in translational research, accelerating change in policy and practice.

For nearly 50 years, NARI has led nationally and globally significant research, making a measurable difference to health outcomes and quality of life for older people and those who care for them. Our accomplished team includes public health experts, physiotherapists, psychologists, nurses, sociologists, anthropologists, and social workers. We work with geriatricians, psychiatrists, health economists, statisticians, and other specialists.

Our work is informed by meaningful engagement with older people, policy makers, and health and aged care providers. We provide a bridge between academia, policy, and practice, translating research into accessible evidence and knowledge to enable informed decision-making by governments and practitioners. NARI is governed by an independent skills-based board, and funding is derived from a mix of government, non-government, philanthropic and competitive grant programs.

For further information:

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Appendix 1: Data collected by Victorian agencies about perpetrators of elder abuse

	Personal information (e.g. name, address).	Demographic information (e.g. age, gender).	Types, extent and frequency of perpetration	Risk factors for abuse (e.g. past use of violence).	Forensic history (e.g. criminal record)	Mental health status (includes drug or alcohol use)	Community engagement (includes use of services).	Outcomes related data (E.g. the resolution).
Family violence services	X	X	X	X	X	X	X	X
Victoria Police		X	X	X	X			
Community legal centres		X	X			X		
Health services (including ambulance)			X					
Courts and tribunals		X	X	X		X	X	
Mediation & counselling services			X	X		X		
Other: • Banks: It is unclear what data are specifically collected about perpetrators of financial elder abuse. • Fire services: May record observations about neglect as indicated by poor living conditions or other signs of abuse. • Research organisations: Original data collected varies between studies.								

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Appendix 2: How data about elder abuse perpetrators is collected.

	<i>Data are collected directly from victims, as guided by tools or other forms</i>					<i>Data are based on observation</i>	
	Risk assessment tools (e.g. MARAM, L17).	Commonwealth Data Exchange portal	Screening tools (e.g. MARAM, AUSI).	Other tools or systems (e.g. in-house)	Application forms (e.g. for FVIO).	Direct observation of victims	Direct observation of homes
Family violence services	X	X					
Victoria Police	X						
Community legal centres				X			
Health services (including ambulance)	X		X			X	
Courts and tribunals					X		
Mediation & counselling services	X		X				
Fire services							X
Research organisations				X			
Other: Banks: It is unclear what tools or systems are used to collect information about elder abuse from victims or third parties.							

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Appendix 3: Platforms and repositories where data is stored and shared.

	In-house databases	Commonwealth Data Exchange portal (DEX)	Crime Statistics Agency Victoria	L17 Family Violence Portal	National Hospital Morbidity Database	Victorian Emergency Minimum Dataset	Courtlink database (reported on websites*)	Other common repositories for funders
Family violence services	X	X	X					X
Victoria Police			X	X				
Community legal centres	X							X
Health services (including ambulance)	X		X		X			
Courts and tribunals			X				X	
Mediation & counselling	X							
Fire services	X							
Research organisations	X							
Other: • Banks: It is unclear where data on financial elder abuse is stored by banks.								

*Including discover.data.vic.gov.au; abs.gov.au (Directory of Family and Domestic Violence Statistics metadata dashboard); magistratescourt.vic.gov.au; justice.vic.gov.au

Appendix 4: Where is the data stored? Who has access?

Family violence services

Family violence services store the data within in-house databases. Services may also share risk assessment data with other services in accordance with information sharing requirements under the MARAM framework. Victim outcomes data are reported on the Commonwealth's Data Exchange online portal 'DEX' (www.dex.dnss.gov.au), which services may use instead of, or as well as, in-house case management programs. Data reported on DEX is also stored in a common data repository, after deidentification, and is accessible to commonwealth funding agencies. Select data are publicly accessible through the *Family Violence Dashboard* hosted on crimestatistics.vic.gov.au (e.g. the number of perpetrator intervention clients serviced within a financial year, sources of referral), however data from specialist family violence services such as the Orange Door is not included.

Police

Data collected by Police is stored in a web-based application called the 'L17 Family Violence Portal'. The Portal receives a referral incident from police, identifies which services should receive the referral, and sends the referral/report to the service(s). Information collected in the process of risk assessment is accessible to those agencies. This is done in accordance with provisions in the Family Violence Information Sharing Scheme (FVISS), which allow information to be shared without consent where appropriate (such as related to risk posed by a perpetrator of family violence). Data on L17 risk assessments conducted by police are also publicly accessible through www.crimestatistics.vic.gov.au, however statistics as presented in the *Family Violence Dashboard* cannot be filtered by age of the victim to produce statistics on elder abuse.

Community legal centres

Data collected by community legal centres is stored in the in-house databases of Community Legal Centres. This data are shared with funding bodies.

Health services

Data collected by health services is recorded in in-house databases, which can be accessed by medical and other staff (e.g. social work). Information relating to abuse that is obtained through screening or other sensitive enquiry is recorded in database fields that cannot be accessed by perpetrators via discharge reports or other forms of information accessible to third parties such as carers. This information may be shared with community services. Some information on episodes of admitted patient

care as a result of domestic or family violence is also reported in the AIHW National Hospital Morbidity Database, which is publicly accessible. Data on presentations at Victorian public hospitals with designated emergency departments is also stored in the Victorian Emergency Minimum Dataset (VEMD), from which selected data on family violence is made publicly accessible via the *Family Violence Dashboard* hosted on crimestatistics.vic.gov.au. These statistics can be filtered by age to produce statistics on elder abuse as a subset of family violence. This Dashboard also includes data reported by Ambulance Victoria.

Courts

Data on applications for Family Violence Intervention Orders (FVIO) are reported in the Courtlink database, the official register of the Magistrates' and Children's Courts of Victoria. Datasets from this database are publicly accessible through discover.data.vic.gov.au. Datasets from Courtlink are also accessible on the Australia Bureau of Statistics (ABS) *Directory of Family and Domestic Violence Statistics* metadata dashboard. The data are also compiled into reports published on magistratescourt.vic.gov.au as well as justice.vic.gov.au. Data from the Coroner's Court on family violence resulting in homicide can also be accessed from crimestatistics.vic.gov.au, as well as data on FVIO's from the Magistrate's Court. This includes data on family violence perpetrated against people aged 65+.

Banks

It is unclear where data on financial elder abuse is stored by banks. In 2022, Commonwealth Bank published a report on financial abuse in partnership with Deloitte, however the statistics contained within were derived from ABS data and other sources, and did not include data on financial abuse reported to or encountered by banks.

Family mediation and counselling

Information reported to mediation and counselling services by victims or perpetrators of elder abuse is stored within in-house databases which can be accessed by practitioners involved in providing services to clients.

Fire services

Data collected by fire services is recorded within in-house databases and may be shared with police and social workers.

Research organisations

Data are stored in password protected electronic files maintained by research organisations, or in data storage drives maintained by universities affiliated with Human Research Ethics Committees. Unless

deidentified and stored in an open-access database, only authorised members of research teams can access this data. Data may also be shared upon request.

