# Changing Ways
# MARAM Alignment Project

## Year One 2025

## Mapping Report

BAYSIDE PENINSULA
Integrated Family Violence Partnership

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# Our Acknowledgements

**Acknowledgement of Country:** We acknowledge the people of the Boonwurrung, Bunurong and Wurundjeri tribes of the Kulin Nation who are the traditional owners and custodians of the Aboriginal land of our region. We recognise their continued connection to the land and waters and acknowledge that sovereignty was never ceded. It always was and always will be Aboriginal land.

We embrace diversity in all its forms, and respect everyone's strengths and contributions irrespective of gender, ethnicity, culture, religious beliefs, sexual orientation and political views.

**Recognition of Victim Survivors:** We recognise the strength and resilience of victim/survivors of family violence, their voices, bravery and experiences continue to inform the work we do. We also honour those who are prevented from coming forward and those whose voices can no longer be heard.

# Contents

# Executive Summary

This report presents the findings of the Changing Ways MARAM Alignment (CWMA) Project's Year One mapping exercise managed by the Bayside Peninsula Integrated Family Violence Partnership (BPIFVP). The mapping exercise was inclusive of both consultations with BPIFVP member organisations regarding MARAM alignment and desktop research on the current socio-economic status of the Bayside Peninsula.

## MARAM Alignment Mapping

17 of the BPIFVP's 25 member organisations (68%) participated in the Multi-Agency Risk Assessment and Management (MARAM) alignment mapping exercise. This work occurred over a three month period and covered those aspects of MARAM and information sharing which are particularly relevant to Persons using Violence (PUVs). This focus aligns with the Changing Ways Program being run by Good Shepherd in partnership with Peninsula Health.

### Aims

External contractors were engaged by the BPIFVP to:

- Conduct environmental scans and consultations on use of MARAM Adults Using Violence (AUV) tools[1] and Family Violence Information Sharing Scheme (FVISS)[2]
- Identify strengths, barriers, and strategic priorities for MARAM alignment across the BPA
- Develop a Year 2 and 3 capability building plan and an evaluation model

### Key Findings

- Partnership members shows strong commitment to MARAM and Information Sharing schemes but face complexity, resource constraints, and uneven practice maturity.

[1] https://www.vic.gov.au/maram-practice-guides-professionals-working-adults-using-family-violence
[2] https://www.vic.gov.au/family-violence-information-sharing-scheme

- AUV tools are widely used and valued for shared language, yet confidence, consistency, and flexibility remain challenges.
- Workforce mapping confirmed MARAM responsibilities extend beyond specialist PUV programs, requiring broader capability uplift across the system.
- Training is critical but mixed in quality; while external options (e.g., No to Violence) are common, issues of accessibility and relevance lead organisations to rely on internal training.
- Information sharing is recognised as essential, but barriers include infrastructure gaps (e.g., L17 portal), unclear roles of Information Sharing Entities, and practitioner hesitancy.
- Leaders expressed strong willingness to collaborate, share resources, and create mechanisms to escalate systemic issues to Family Safety Victoria.

## Mapping the BPA

Desktop research on the Bayside Peninsula Department of Families, Fairness and Housing (DFFH) Area[3] (BPA) was undertaken by the BPIFVP team over a two month period. The aim of this research was to build a picture of the BPA demographics, inclusive of evidence-based and anecdotal data.

### Key Findings

- BPA is marked by stark contrasts: high affluence alongside entrenched disadvantage.
- Frankston and Mornington Peninsula record some of Victoria's highest rates of family violence, homelessness, and housing stress.
- Rising rents, limited affordable housing, and older women at risk of homelessness are intensifying service pressures.
- Practitioners report concerning trends:
    - Stalking and coercive control are widespread.
    - Misidentification and rising numbers of female PUVs complicate responses.
    - Young people with disability or mental health needs increasingly coming to attention.

[3] https://www.dffh.vic.gov.au/our-structure

- Technology-facilitated abuse and strangulation are on the rise.

# Summary of Recommendations

## Year 2 & 3 Key Areas of Focus

Recommendations for Years 2 & 3 arising from this report include a focus on:

1. Strengthening workforce capability through relevant, accessible training, practice insights, shared resources, and practitioner feedback loops.
2. Rebuild and clarify information sharing systems by defining roles, reinstating key tools, and supporting practitioner confidence for timely, effective collaboration.
3. Embed continuous improvement and accountability via structured feedback, peer learning, and active leadership engagement under the BPIFVP Governance Framework.
4. Address systemic barriers through targeted partnership work on housing, homelessness, justice responses, data gaps, and culturally safe approaches.

All Year 1 and 2 activities should be considered within the context of local Area needs, specifically better data collection for underrepresented groups, including sex workers, older people, young people, and Aboriginal and Torres Strait Islander communities. Refer to Findings and Recommendations for full details.

## Recommendations

Further Understand Workforce Experience and Barriers

- Undertake structured research and consultation (including workforce mapping and practitioner feedback loops) to understand how policies, frameworks, and tool complexity are impacting practice on the ground.
- Collaborate with Peninsula Health MARAM Practice Lead (Changing Ways program) to identify areas where resources and learnings can be applied and aligned across the BPA.

Strengthen Information Sharing Systems

- Build capability and confidence in information sharing regarding PUVs, beginning with Team Leaders and Managers and cascading across organisations.
- Provide clear sector guidance on ISE roles, responsibilities, and thresholds for decision-making.

- Advocate for reinstatement/replacement of key resources such as the L17 portal and practitioner support lines.
- Obtain and apply relevant insights from information sharing projects conducted elsewhere to avoid duplication and accelerate alignment.

Strengthen Collaborative Leadership and Feedback Mechanisms

- Convene a forum of senior leaders and quality representatives from partner organisations, including bi-annual meeting
- Facilitate collaborative learning and peer exchange on AUV MARAM implementation.
- Share resources, tools, and practice insights.
- Identify and document common challenges emerging.
- Provide leadership in continuous improvement cycles and embedding of AUV MARAM alignment to enhance family violence responses.
- Provide structured feedback to Family Safety Victoria (FSV) to inform system-level responses and future priorities.
- Position the BPIFVP Governance Framework as central to oversight, accountability, and systems impact.

## Next Steps

The CWMA Project Advisory Group will review this report and determine what should be in scope for Year 2 & 3 by producing a Recommendations Report, investing in a Training and Capability Building Plan, and Program/Action Plans to guide and measure implementation. The Group will then provide an updated Year 2 workplan to Family Safety Victoria (FSV) for endorsement

## Contacts

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# Mapping Report

## Overview

### Bayside Peninsula Integrated Family Violence Partnership

Established in 2006, the Bayside Peninsula Integrated Family Violence Partnership (BPIFVP) is one of 13 Family Violence Regional Integration Committees (FVRICs) in Victoria. Formed initially to improve the coordination of family violence services, FVRICs are now key in the rollout of the Victorian Government's Family Violence reforms.

The Strategic Pillars of the BPIFVP's 2025-2028 Strategic Plan[4] are as follows:

1. Partnership for systems impact
2. Lived/living experience leadership
3. Strengthening our workforce
4. Prevention/early intervention
5. Evidence-informed strategy

All projects undertaken by the BPIFVP will align to one or more of these Strategic Pillars.

**Members**

The member organisations of the BPIFVP are:

- Alfred Health
- Anglicare
- Better Health Network
- Better Place
- Department of Education
- Department of Justice
- Department Families, Fairness & Housing
- Emerge Women & Children's Support Network Inc
- Family Life Victoria Inc

[4] https://southsafe.org.au/wp-content/uploads/2025/08/BPIFVP_Strategic-Plan_2025-to-2028_FINAL.pdf

- Good Shepherd
- inTouch
- JewishCare
- Peninsula Community Legal Centre
- Peninsula Health
- Salvation Army
- SECASA (South Eastern Centre Against Sexual Assault)
- South Port Community Housing Group
- Southside Justice
- The Orange Door
- Thorne Harbour Health
- Uniting Vic/Tas
- Victoria Police
- VincentCare
- WHISE (Women's Health in the South East)
- Windana

### The Changing Ways Program

The Changing Ways program delivers intensive interventions and behaviour change work with people using violence (PUVs) within Frankston Hospital. It is led by Good Shepherd in partnership with Peninsula Health and is uniquely focused on early engagement through mental health (MH) or alcohol and other drug (AOD) services.

### The Changing Ways MARAM Alignment Project

The Changing Ways MARAM Alignment Project was established in 2024 by Family Safety Victoria (FSV) with Commonwealth funding. The project will run over three years until end June 2027. The BPIFVP has been engaged by FSV to focus on strengthening MARAM alignment work across the BPA, with an emphasis on PUVs and the MARAM Adult Using Violence (AUV) practice guide and tools.

Year One

This goal of Year 1 is to inform broader capability building efforts across Years 2 and 3. Such subsequent efforts will encompass practice uplift based on Year 1's understanding of BPA organisational readiness for the embedding of relevant MARAM/IS practice guides, tools, and reforms. Focus is also on identifying collaboration and coordination opportunities and approaches across the BPA.

# Mapping Exercise

## Year One Project Design

To achieve the Year 1 project objectives the BPIFVP engaged two external consultants, Carly Versace Consulting[5] and Powered for Purpose[6], and the following activities were designed and implemented.

- Conducting environmental scans and consultations on use of MARAM AUV tools and FVISS.
- Identifying strengths, barriers, and strategic priorities for MARAM alignment
- Developing a Year 2 and 3 capability building plan and an evaluation model

**Online Consultations**

Initial online consultations were sought with stakeholders within each of the relevant Partnership organisations who held responsibility for MARAM implementation and alignment. These consultations were designed to gather information via the review of a standardised questionnaire – refer Appendices – Consultation Questionnaire.

Roles that were consulted included the following:

- Manager Service Development
- Family Services and Family Violence Practice and Performance Lead
- Director Quality, Risk, Compliance and Clinical Safety
- Family Violence Practice Lead, System Integrity, and Workforce Capability
- Operations Director

[5] https://carlyversaceconsulting.com/
[6] https://www.poweredforpurpose.com.au/

- Practice and Program Development Manager (and Advisor)
- Senior Manager Clinical Governance and Quality
- Manager Recovery and Support Services
- Deputy Director Disability and Social Services
- Manager Specialist Family Violence
- Safeguarding, Strategy and Reform Practice Lead
- Senior Manager of Practice and Development (Family Violence Stream – Victoria)
- Senior Manager Integrated Men's Services (Family Violence Stream – Victoria)
- Senior Project Officer Family Violence Initiatives
- Quality and Risk Coordinator
- Program Manager Family Violence Services (Victim Survivor and PUV)
- General Manager Older Person Services
- Specialist Family Violence Advisor (2)

**Forum**

An in-person forum was designed to discuss themes that arose during consultations and, as a Partnership group, contribute to recommendations for years 2 and 3 of the project.

**BPA Demographics**

A mapping of the BPA demographics was undertaken by the BPIFVP team to provide additional context to the objectives. This report includes such data as Local Government Area profiles, socioeconomic status, homelessness, community connectedness and family violence statistics.

## Findings and Recommendations

The mapping exercise found that organisations are committed to MARAM and Information Sharing but face persistent complexity, resource demands, and practice gaps. Tailored training, better infrastructure, and stronger multi-agency collaboration are critical to embedding confidence, capability, and consistent alignment across the sector. The in-person forum demonstrated strong appetite for ongoing collaboration, and to form a working group to address challenges, share practices, and strategically feedback to FSV.

Findings from the consultations and forum, aligned to the Year 1 project objectives, and with accompanying recommendations, are available in *Table 1 – Project Objectives, Findings and Recommendations*, on the following page.

## Table 1 – Project Objectives, Findings and Recommendations

| Project Objective | Project Findings | Recommendations |
|---|---|---|
| **Understand maturity of engagement with MARAM Adults Using Violence (AUV) practice guide and tools** | **Partial Alignment between Organisations**<br><br>*Implementation*<br><br>• Majority of organisations have implemented the AUV tools, though a proportion (>10%) had not, citing relevance or resource constraints.<br>• Implementation has required significant effort, with staff describing MARAM as complex and time-consuming.<br>• Tools were often perceived as less compatible with therapeutic practice, at risk of eroding practitioner judgement and with impact on clients and funding.<br>• Specialist programs for Persons Using Violence (PUVs) exist across many organisations, though more than 10% of members have no direct workforce roles in this space.<br>• Workforce mapping to MARAM responsibility levels has been common (completed by approximately two-thirds of organisations) and has clarified that many non-specialist roles still carry obligations to identify, screen, and use AUV tools. However, it may still be somewhat unclear in the sector that AUV tools are not just for programs that work directly in the PUV space.<br>• Engagement with AUV practice guide and tools was difficult to quantify.<br><br>*Training*<br><br>• Organisations have accessed and implemented various training formats, with varying degrees of efficacy.<br>• Most organisations reported accessing external training (primarily via *No to Violence*), with some also developing/accessing tailored internal training to improve relevance and track completion.<br>• Key challenges with external training included the length, cancellations, applicability to diverse staff cohorts and access to completion rates. | Year 2: The following recommendations are likely to be suitable for consideration, taking into account budget and timeframe:<br><br>**Further Understand Workforce Experience and Barriers**<br><br>• **Explore practice challenges**: Undertake structured research and consultation (including workforce mapping and practitioner feedback loops) to understand how policies, frameworks, and tool complexity are impacting practice on the ground.<br>• **Leverage Peninsula Health analysis**: Collaborate with Peninsula Health MARAM Practice Lead (Changing Ways program) to identify areas where resources and learnings can be applied and aligned across the BPA. |

| Project Objective | Project Findings | Recommendations |
|---|---|---|
| | • Internal supplementary training was seen as both resource-intensive and valuable, but questions remain about whether training is consistently translating into effective practice.<br><br>*MARAM AUV - Overall*<br>• Maturity is still being established, given the delayed roll-out and associated support for these tools (compared to Victim Survivor tools). Maturity also depends on availability of organisational resources.<br>• Although having a shared framework, language and tools is useful, AUV MARAM assessments and MARAM meeting the *multi-agency risk assessment* and alignment intent more broadly has its challenges.<br>• There is a sector-wide need to build capability and confidence with AUV MARAM tools, not only for frontline staff but also for those responsible for quality, compliance, and organisational alignment. | |
| **Further strengths for AUV MARAM alignment** | • As part of this project, organisations have been engaged at the level of those responsible for MARAM implementation. This is a first for the Partnership.<br>• A number of organisations have utilised the MARAM implementation self-assessment tool. While some positive results were reported, there is likely a gap between 'on paper' compliance and practical implementation. | **Strengthen Stakeholder Engagement**<br>• **Continue to engage:** Implement regular communication with Risk/Quality teams of member organisations, including bi-annual meeting |
| **Further barriers to AUV MARAM alignment** | • Information sharing barriers contributing to duplication of assessments and excess efforts, rather than a multi-agency iterative assessment.<br>• Organisational availability of resources and efforts required can be barriers to continuous improvement. | *Refer to recommendations in next section* |
| **Understand maturity of engagement with** | **Partial Alignment between Organisations** | **Strengthen Information Sharing Systems** |

| Project Objective | Project Findings | Recommendations |
|---|---|---|
| **Family Violence Information Sharing Scheme (FVISS)** | *Implementation*<br>• Organisations have implemented policy/procedure.<br>• Organisations broadly fit into three varying categories of implementation/engagement:<br>  ○ Business-as-usual: regular utilisation of FVISS and no significant issues<br>  ○ Addressing challenges: facing and attempting to address barriers, such as – clear identification of Information Sharing Entities (ISEs) to allow for timely information sharing<br>  ○ Less relevant: organisation's services are victim-survivor-focussed, and they engage with FVISS in that regard<br>*Training*<br>• Training is delivered via e-learn or embedded within MARAM training.<br>*Overall*<br>• Information sharing was viewed as essential but hindered by timeliness, unclear roles and responsibilities, and loss of key infrastructure (e.g. the L17 portal, practitioner support line).<br>• Positively, place-based initiatives, shared training modules and policy alignment projects were seen as valuable, with participants highlighting the role of information sharing in safety, cultural change, and quality service delivery. | • **Break down barriers**: Build capability and confidence in information sharing regarding PUVs, beginning with Team Leaders and Managers and cascading across organisations.<br>• **Clarify system settings**: Provide clear sector guidance on ISE roles, responsibilities, and thresholds for decision-making.<br>• **Restore infrastructure**: Advocate for reinstatement/replacement of key resources such as the L17 portal and practitioner support lines.<br>• **Share learnings**: Obtain and apply relevant insights from information sharing projects conducted elsewhere to avoid duplication and accelerate alignment. |
| **Strategic priorities for alignment** | **Strengthening Our Workforce / Enhance Sector Capacity Building:**<br>• Training – review alignment of organisations with respect to training detail and address barriers to effective training.<br>**Strengthen Collaborative Risk Assessment and Management:**<br>• Information sharing – address barriers to effective information sharing of MARAM assessments and otherwise. | **Resource and Support Sustainable Implementation and Strengthen Workforce Capability**<br>• **Develop and implement plans**: Post this mapping report, determine what is in scope via producing a Recommendations Report, investing in a Training and Capability Building Plan, and Program/Action Plans to guide and measure implementation. |

| Project Objective | Project Findings | Recommendations |
|---|---|---|
| **Collaboration and coordination opportunities and approaches across the Bayside Peninsula Area** | **Partnership For Systems Impact**<br>• There was an appetite from the stakeholders engaged in this project (those responsible within organisations for MARAM implementation and alignment) to come together/collaborate more regularly, further build relationships and:<br>  ○ Share and workshop challenges regarding MARAM and Information Sharing<br>  ○ Participate in capability building efforts<br>  ○ Share detail of relevant projects and initiatives<br>  ○ Be a voice of strategic feedback to Family Safety Victoria (FSV)<br>• Other findings included:<br>  ○ Few organisations had clear policies for staff identified as PUVs; most relied on Codes of Conduct<br>  ○ Lived Experience Engagement was limited, with only isolated initiatives involving Victim Survivors or PUVs in program design or feedback<br>  ○ First Nations engagement in the Family Violence context was minimal, though some notable initiatives existed | **Strengthen Collaborative Leadership and Feedback Mechanisms**<br>• Convene a forum of senior leaders and quality representatives from partner organisations – retaining that relationship.<br>• Facilitate collaborative learning and peer exchange on AUV MARAM implementation.<br>• Share resources, tools, and practice insights.<br>• Identify and document common challenges emerging.<br>• Cascade capability building: Begin with implementation leads (via the Working Group) and extend learning into organisations to ensure consistent adoption.<br>• Provide leadership in continuous improvement cycles and embedding of AUV MARAM alignment to enhance family violence responses.<br>• Provide structured feedback to Family Safety Victoria (FSV) to inform system-level responses and future priorities.<br>• Position the BPIFVP Governance Framework as central to oversight, accountability, and systems impact. |

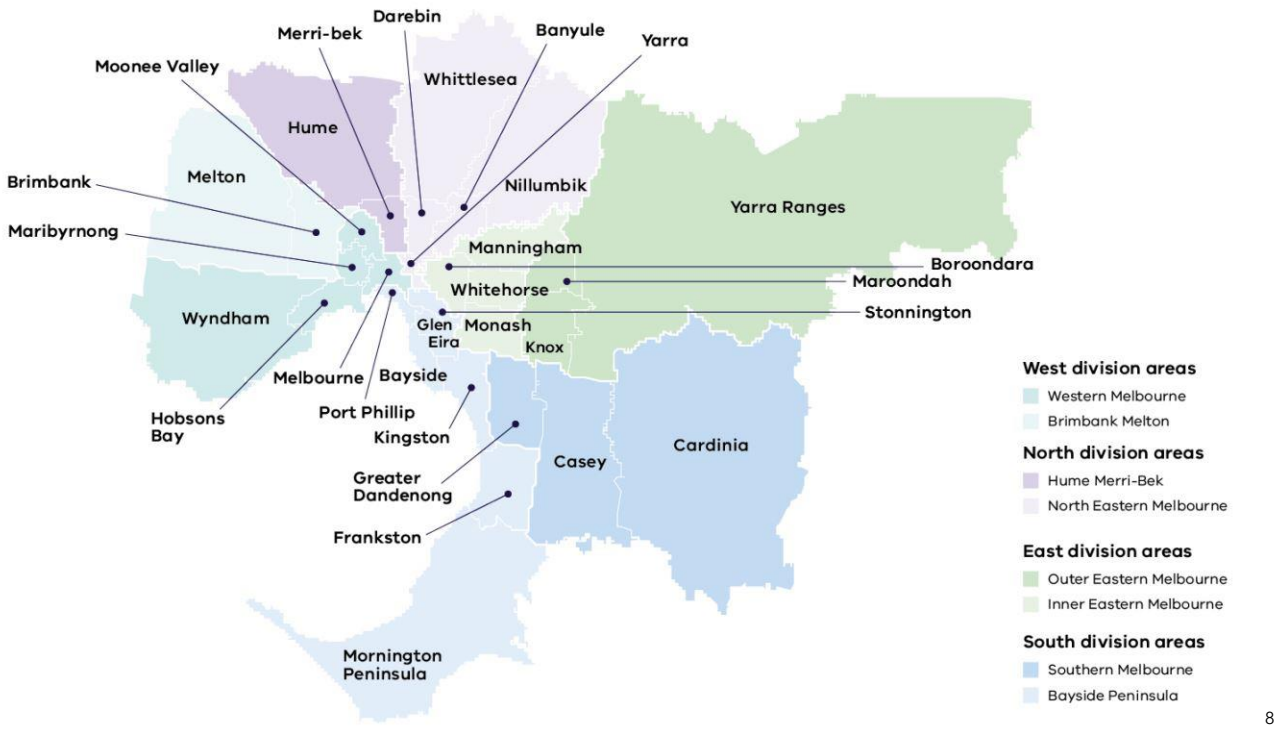
# ‘Who’ is the Bayside Peninsula?

The Bayside Peninsula reflects both extreme socioeconomic advantage contrasting with deep disadvantage, with high family violence harms in vulnerable communities. Systemic reform, targeted resource allocation, and strengthened partnerships across government, specialist services, and community organisations are essential to build safer, more connected, and equitable outcomes.

The BPA is comprised of seven Local government Areas (LGAs), being Stonnington, Port Phillip, Glen Eira, Bayside, Kingston, Frankston, Mornington Peninsula[7]. The BPA runs along the Southeast of Port Phillip Bay:


[7] Refer Appendices for details of each suburb covered by these LGAs

The Bayside Peninsula Area borders with the following DFFH Areas - Southern Melbourne, Inner East, North Eastern Melbourne, and Western Melbourne:



[8]

## LGA Profiles

The Bayside Peninsula's LGAs span an area that reaches over 40kms from the city of Melbourne, encompassing a diverse mix of communities ranging from inner-urban, high-density areas to coastal and semi-rural environments. Those LGAs within 10kms of Melbourne are primarily residential, with the other LGAs having a greater focus on construction and manufacturing.

The Bayside Peninsula region Stonnington and Glen Eira are largely residential, with strong professional, retail, and service-based economies, and Glen Eira is notable for its cultural and linguistic diversity. Bayside and Port Phillip combine established residential areas with vibrant entertainment, retail, and foreshore precincts, while Kingston remains a key manufacturing and employment hub. Further south, Frankston serves as the major retail, service, and administrative centre for the region, and the Mornington Peninsula is characterised by its older population, significant tourism sector, and industries spanning healthcare, construction, agriculture, and

[8] https://services.dffh.vic.gov.au/sites/default/files/2022-10/DFFH%20Division%20Local%20Area%20LGA%20Map.pdf

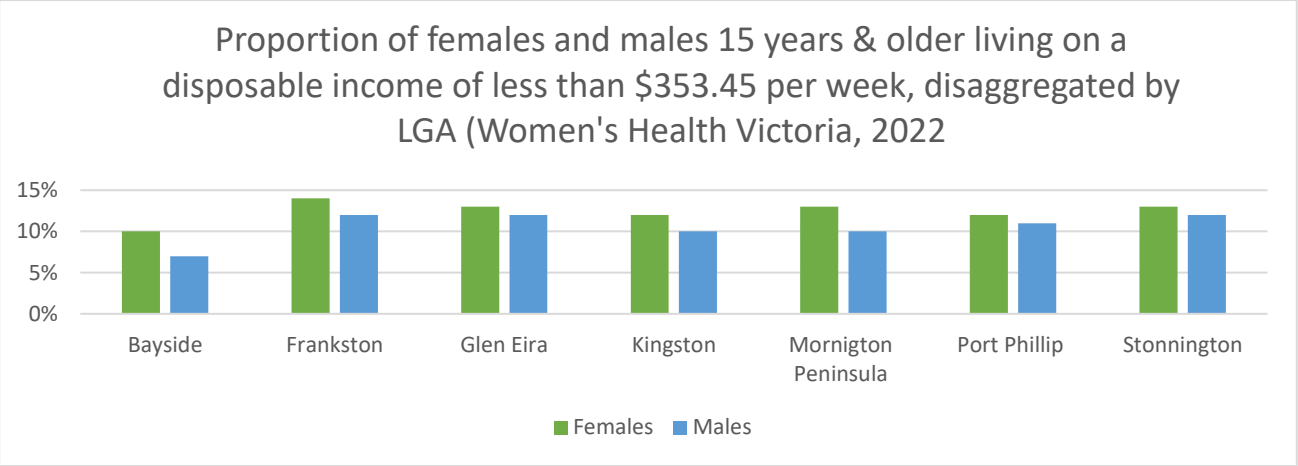
manufacturing. Collectively, these municipalities reflect a region of economic variety, cultural richness, and contrasting social profiles.

## Socio-economic Status

According to the Socio-Economic Index for Areas (SEIFA), all of the LGAs within the BPA rank as the most advantaged with the exception of Frankston which falls into the second most advantaged category. The median income for Bayside is $2,487.00 per week for persons over the age of 15 and is one of the least disadvantaged areas in the country.[9]

### Females living in Poverty

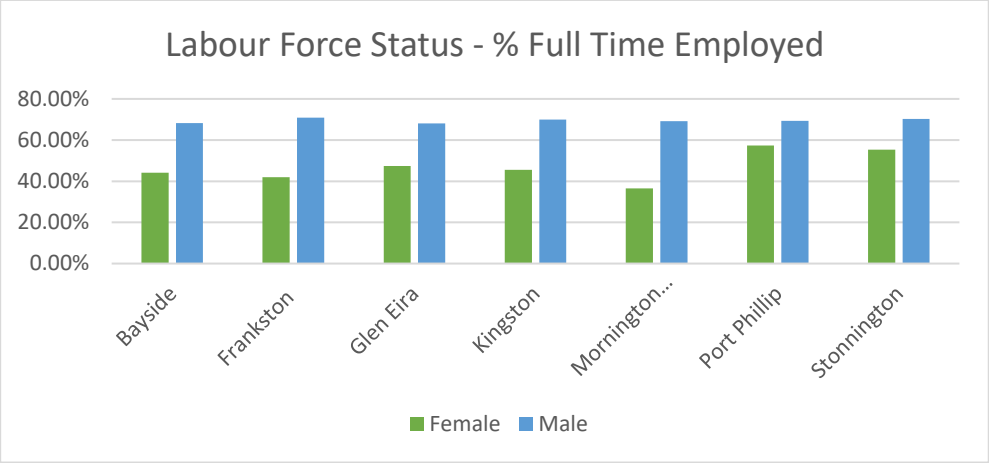
The following table shows the proportion of females and males aged 15 years and over who live in households with a disposable income of less than $353.45 per week. As can be seen in each LGA more females than males live in poverty. Bayside has the lowest proportion of people living in poverty.[10]



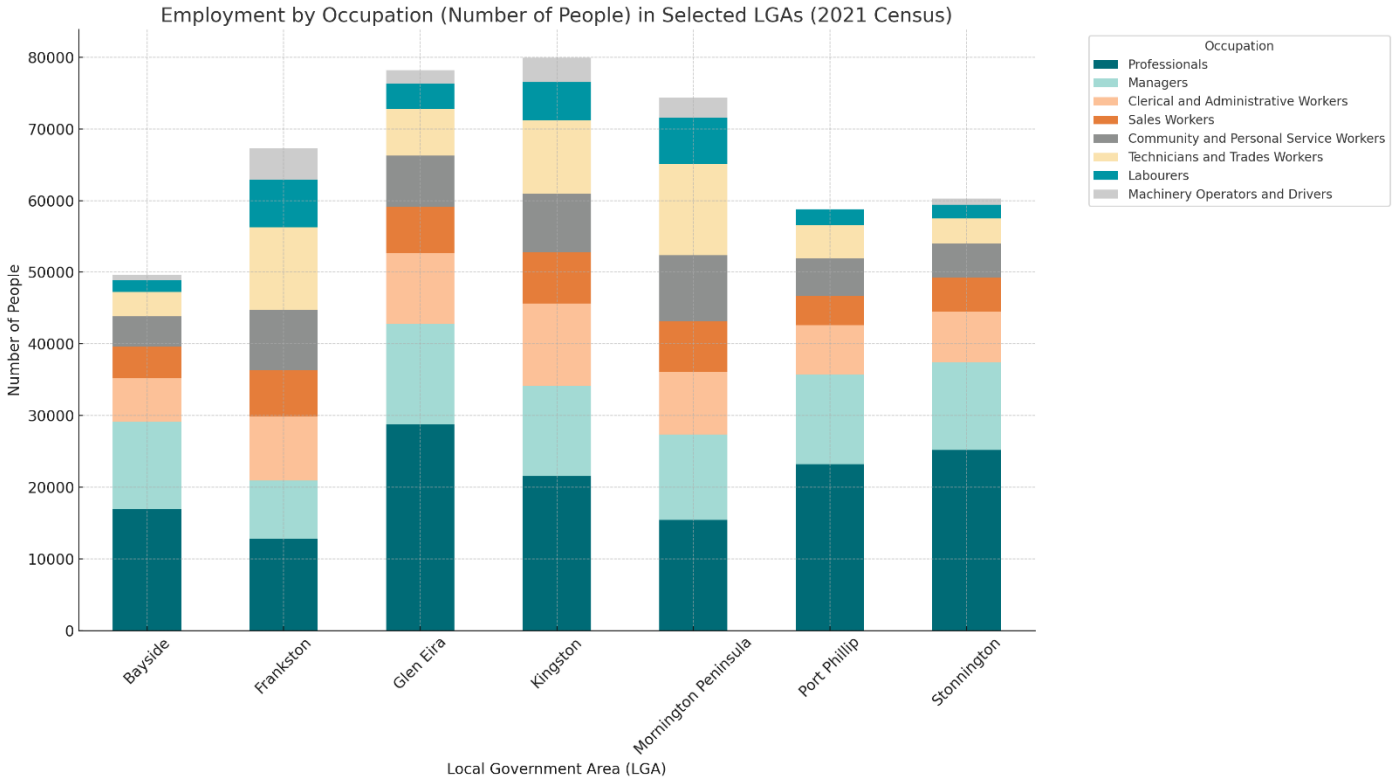

[9] https://www.abs.gov.au/statistics/people/housing/index-household-advantage-and-disadvantage/latest-release
[10] Women's Health Victoria, 2022

## Labour Force Status

Labour Force Status applies to all people aged 15 years and over, based on paid work during the week prior to the Census (2021).[11][12]




## Occupation, Top Responses – Employed people aged 15 years and over (2021)[13]




[11] ABS Census 2021. Census Table: Labour Force Status by Employment type by Labour Force Status by Sex by LGA, Population: Persons aged 15 years or over

[12] Currency: 2021; http://www.abs.gov.au

[13] https://www.abs.gov.au/census/find-census-data/quickstats/2021/

# Homelessness

## Lack of affordable housing

In a 2025 report, just two Victorian properties were deemed affordable and appropriate for a single parent with two children relying on the Parenting Payment[14]. There were no properties that met the affordability criteria for single parents with one child.[15] Outer suburbs remain the most affordable – but only for those earning a wage. Frankston, Banyule, and the Mornington Peninsula were the most affordable LGAs for those receiving income support. While the total number of listings has risen since last year, affordable properties are still few and far between for those reliant on Centrelink benefits. Just five of the 246 properties available in Frankston were affordable for at least one category of income support recipient.[16] According to Launch Housing's Building Futures Report 2025, in the last year, weekly rents increased form a median of $450 to $500 in Frankston.

## Women and homelessness

- In 2022, the LGAs of Frankston, Port Phillip and Stonnington were reported to have the largest rates of homelessness per 10,000 population for females.[17]
- Domestic and family violence is the leading cause of homelessness for women, with 45% of all women and girls seeking homelessness assistance identifying family and domestic violence as a cause.[18]
- Women over 65 are the fastest-growing cohort of homeless people in Australia. When faced with family violence or a relationship breakdown, women often don't have the savings needed to secure housing in the private market.[19]

[14] 2 three-bedroom homes in Hoppers Crossing, a suburb 24 kilometres south-west of the CBD.
[15] Whether they were receiving Parenting Payment (Single) for a child under 14 or Jobseeker if their youngest child was over 14; Anglicare-Victoria-2025-Rental-Affordability-Snapshot-report.pdf
[16] Image from Snapshot weekend of 15 March 2025 https://cdn.anglicarevic.org.au/wp-content/uploads/2025/04/Anglicare-Victoria-2025-Rental-Affordability-Snapshot-report.pdf
[17] Women's Health Victoria, 2022
[18] https://homelessnessaustralia.org.au/wp-content/uploads/2024/03/IWD-2024-3.pdf
[19] This is often because these women have taken time away from paid work to care for children or worked in casual and part-time roles while juggling family responsibilities. As a result, they have accumulated less wealth than men of the same age, including less superannuation. https://chp.org.au/article/international-womens-day-ending-homelessness-for-older-women-in-victoria/

### Homelessness services in the Bayside Peninsula

The data on clients receiving homelessness services in 2023–2024 across the BPA shows a significantly higher number of clients accessing Specialist Family Violence Services (3,238) compared to General Services (2,085).

- Frankston reported the highest number of clients for both service types, with 548 in General Services and 983 in Specialist Family Violence Services, indicating a high level of service demand in that area.
- Mornington Peninsula and Port Phillip also recorded high numbers, particularly for Specialist Family Violence Services (687 and 454 respectively).
- In contrast, Bayside and Stonnington had the lowest client numbers overall. This variation suggests differing levels of demand and possibly population needs across LGAs.

## Community Connectedness

Community strength is found in the human relations that people draw upon for identity, interaction, and support. A strong community is one where people understand and work towards sustainability and is inclusive of their most disadvantaged groups. To do this people need to be involved, feel capable of working through issues and feel supported by their fellow citizens.[20][21]

**Female:** Females in the Mornington Peninsula, Glen Eira & Bayside rated community connectedness in the middle range, whereas Frankston, Kingston, Port Phillip & Stonnington all rated it in the lowest range.

**Male:** Males in every LGA across the BPA rated community connectedness in the lowest range

[20] Currency: 2011; http://www.communityindicators.net.au; The measure of community connectedness is determined by averaging the score given in the community connection domain of the Personal Wellbeing Index Indicator. This score is converted into a scale with a range of 0-100, with 0 being completely dissatisfied and 100 being completely satisfied.
[21] Note: Statewide and region estimates are calculated by Atlas programming based on LGA values for female/male only and may differ to Victorian estimates published elsewhere. Community Indicators Victoria, Feeling Part of the Community Indicator; https://victorianwomenshealthatlas.net.au/#!/atlas/Mental%20Health/MH/Community%20Connectedness/MH_02/2011%20Index/8/M/state/all/true

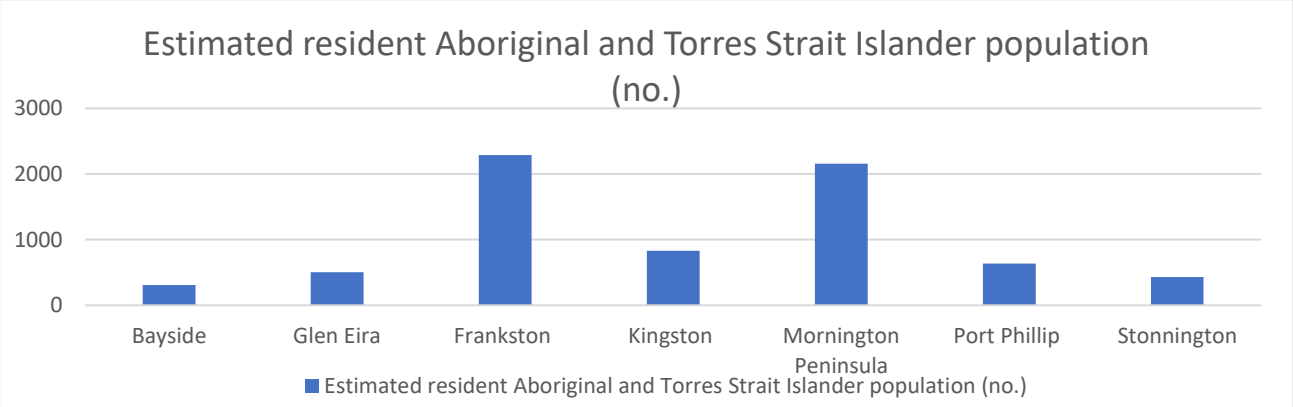
# Communities and Culture

## Ethnicity

Glen Eira (49%) & Port Phillip (39%) has the highest proportion of overseas born residents. Glen Eira's top responses to country of birth include China, India, England, South Africa & New Zealand. Port Phillip's top responses to country of birth include England, New Zealand, India, China & Ireland. [22]

## Indigenous Population

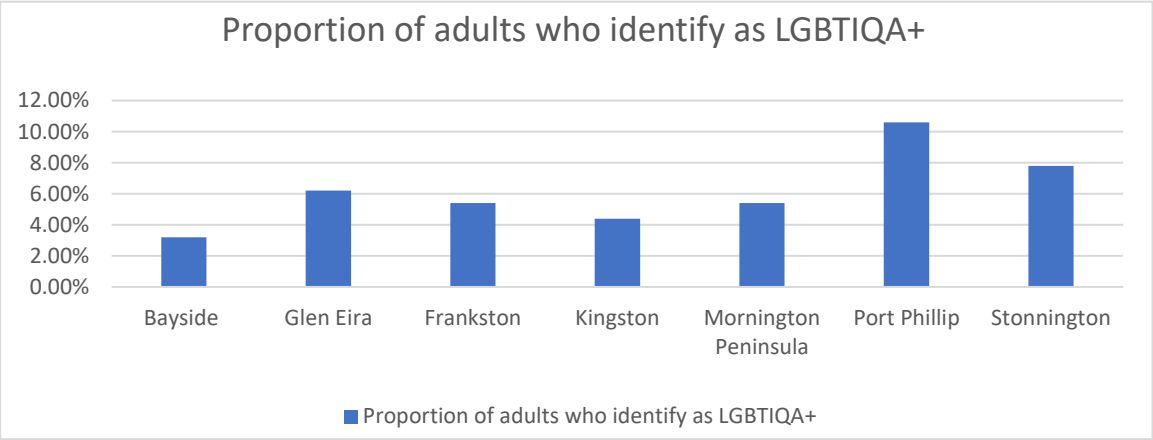
Frankston and Mornington Peninsula have the highest rate of Aboriginal and Torres Strait Islander populations within the Bayside Peninsula area with Frankston having 2290 estimated residents and Mornington Peninsula having an estimated 2159 residents.[23]




## LGBTIQA+ Community

According to the Victorian Population Health Survey 2017, it was estimated that 5.7% of Victorian adults (aged 18+) identified as LGBTIQA+. In the Bayside Peninsula Area, Port Phillip (10.6%) had the highest proportion of adults who identified as LGBTIQA+ and Bayside as the lowest (3.2%). There is little population-wide data available on the prevalence of intimate partner violence in LGBTIQA+ communities.[24]

[22] https://dbr.abs.gov.au/
[23] https://dbr.abs.gov.au/
[24] https://vahi.vic.gov.au/reports/population-health/health-and-wellbeing-lgbtiq-population-victoria




## BPA Family Violence Statistics

Across all 7 LGA's in the Bayside Peninsula relating to family violence incidents 2023 -2024[25]

- 128 Ambulance Patients
- 860 Emergency Department Patients
- 1,103 FVSN Issued

Total Number of Family Violence Incidents (Financial year 2023-24): 11,289[26]

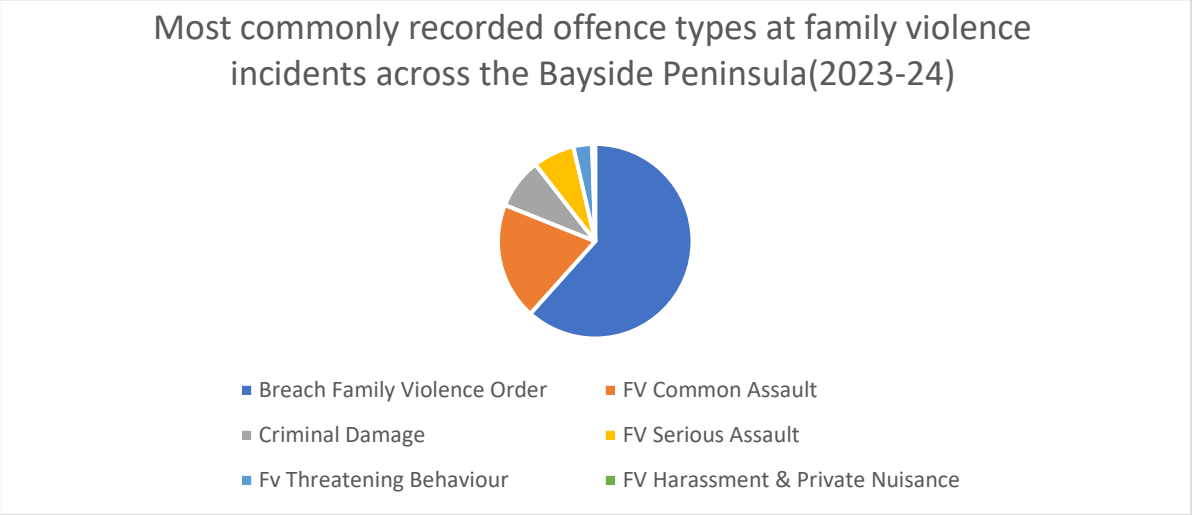
| LGA | Incidents |
|---|---|
| Bayside | 744 |
| Frankston | 3,051 |
| Glen Eira | 1,090 |
| Kingston | 1,823 |
| Mornington Peninsula | 2,281 |
| Port Phillip | 1,357 |
| Stonnington | 943 |
| **Total:** | **11,289** |

Refer to Appendices – BPA Family Violence Statistics for further BPA family violence statistics.

[25] https://www.crimestatistics.vic.gov.au/family-violence-data
[26] Sum of all incidents across the 7 LGAs; https://www.crimestatistics.vic.gov.au/family-violence-data

## Most commonly recorded offence types at family violence incidents across all of the Bayside Peninsula.

This chart shows that the breach of a family violence order was the most commonly recorded offence across all 7 LGA's[27]. Breaching a Family Violence order was in the top 5 principal offence subgroups (all crime not just crime related to family violence) for Frankston & Mornington Peninsula




## Number of Family Violence Perpetrator Intervention Cases 2023 - 2024[28]

In general, there are two types of interventions for perpetrators: behaviour change interventions[29] (often referred to as men's behaviour change programs), and police and legal responses[30].

| LGA | 2023 -2024 |
|---|---|
| Bayside | 39 |
| Frankston | 235 |
| Glen Eira | 49 |
| Kingston | 74 |
| Mornington Peninsula | 182 |

[27] https://www.crimestatistics.vic.gov.au/family-violence-data

[28] https://www.crimestatistics.vic.gov.au/family-violence-data/family-violence-data-tables

[29] https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/specialist-perpetrator-interventions#findings; Behaviour change interventions are referred to as 'specialist perpetrator interventions' to distinguish them from police and legal responses. These interventions work within the broader service system – as well as with the community – to hold perpetrators to account.

[30] The term 'responses' is used to refer to the services and service providers that play a role in assisting people when violence has occurred

| LGA | 2023 -2024 |
|---|---|
| Port Phillip | 54 |
| Stonnington | 21 |
| **Total:** | **654** |

## Alexis Family Violence Response Model

The Alexis Family Violence Response Model (AFVRM) was established in 2014 as a partnership between The Salvation Army (TSA) and Victoria Police to provide a coordinated and effective response to family violence, particularly in serious risk and recidivist situations. The program integrates Specialist Family Violence Practitioners within Police Stations' Family Violence Investigation Units (FVIUs) and is currently active in four police stations across three divisions in Victoria. Each year, AFVRM supports up to 160 victim-survivors and 160 persons using violence, achieving an 85% reduction in recidivism and significantly improving policing and family outcomes.[31]

## What our practitioners are seeing across the Bayside Peninsula

We asked our member organisations what they believe to be current and emerging trends regarding high/serious risk persons using violence

*Themes presented in this report are based on anecdotal evidence and should not be interpreted as comprehensive or representative of broader population trends. While these figures offer valuable insights into the experiences and observations of those consulted, they are intended to illustrate themes and support discussion rather than serve as definitive findings. Caution should be used when drawing conclusions from this information.*

### Stalking, Coercive Control, & IVO Breaches

- Increase in victim survivors reporting persistent stalking and repeated breaches of Intervention Orders (IVOs) – in current & previous relationships.
- PUV's show obsessive behaviours, struggling to accept relationship endings.

[31] https://acrobat.adobe.com/id/urn:aaid:sc:AP:b7ae2d7f-bb17-46f2-8f5a-53f7bfad0138

- Limited justice system intervention in high-risk stalking cases.
- Common themes of stalking, coercive control, and fixation.
- Coercive control is present in almost every case. Coercive control is often subtle, cumulative, and non-physical, making it difficult to identify and document. As a result, victim survivors face significant challenges when seeking justice through traditional legal frameworks.
- Victim survivors may not express fear that he will cause fatal harm, but rather that he is unwilling to accept the end of the relationship and is unable to let go.

### Female PUVs & Misidentification

- Ongoing increase of female PUVs and misidentification requiring assessment and advocacy. Staff supported through workshops to improve identification and response.

### Systemic Service Delays

- Long wait times (8+ weeks in some cases) for case management and therapeutic service allocations.

### Young People & Disability/Mental Health:

- Increase in referrals involving young people with serious mental health issues and developmental disabilities (e.g., autism).
- Parents facing significant challenges; L17s often name children as respondents due to disability-related incidents.

### Mental health & AOD

- Mental health and alcohol/drug use are ongoing risk factors.
- Less physical violence compared to The Orange Door intake; more psychological and controlling behaviours.
- Illicit drug use by the PUV at the time of incident across all LGA's

### Sexual Assault & Technology-Facilitated Abuse

- Increase in sexual assault cases affecting both adults and children.
- Surge in tech-facilitated abuse

### Physical Violence, Strangulation, Weapons

- Seeing a lot of physical violence
- Increased number of threats involving weapons
- Increase in the amount of strangulation cases – key risk factor as it is a strong predictor of future fatal violence and must be treated as a critical warning sign.

### Financial Abuse

- Seeing an increase of financial abuse especially since the increased cost of living.

### Same sex Couples

- Increase in same sex couple intimate partner violence

### Does the Person using Violence (PUV) have a typical profile in the Bayside Peninsula area?

When agencies across the BPA were asked to describe the typical profile of a person using violence, the most consistent response was that there is no single profile—it varies significantly. The BPA represents a highly diverse cohort, and this is reflected in the range of individuals using violence. Agencies reported seeing PUVs across the full socio-economic spectrum. On one end, this includes individuals in high-level professional roles such as executives, CEOs, and business owners—often described as "well off." On the other end, agencies are engaging with PUVs who are experiencing homelessness or living in socio-economic disadvantage. This diversity underscores the need for flexible, tailored responses that acknowledge the varied backgrounds and circumstances of individuals who use violence.

### Does the Victim Survivor have a typical profile in the Bayside Peninsula area?

Similarly, when agencies across the BPA were asked to describe the typical profile of a victim survivor, the most consistent response was that there is no single profile—it varies significantly. However, there has been an observed increase in victim survivors who are single women (separated or broken up as opposed to married) without children, reporting multiple perpetrators—many of whom have extensive police histories or currently being managed by the police and have prior involvement with other victim survivors. The most common age range of victim survivors being approximately 25 – 39.

## Data Gaps & Underreporting in the BPA

While available data provides valuable insights, the absence of information on certain themes is equally revealing. Multiple agencies across the BPA have noted a number of victim survivors they are working with are current or former sex workers. Despite this, there is minimal data capturing this group's experiences of family violence, suggesting potential underreporting or limitations in data collection frameworks. Despite sex work being decriminalised in Victoria in 2022, sex workers can be put off from engaging with support systems like healthcare providers, the justice system, or other government services because they fear being stigmatised. [32]Southside Justice lawyer, Emily Smith, who works to support sex workers with their cases, says despite decriminalisation, sex workers still struggle to have their cases taken seriously by police.[33]

Similarly, reports indicate low recorded rates of elder abuse within the BPA, although practitioners acknowledge that it is occurring. This underrepresentation may stem from elder abuse not being identified or recorded as family violence at the time of the incident, due in part to limited awareness that elder abuse falls within the family violence framework.

There is also limited data on intimate partner violence among young people, despite anecdotal evidence from non-specialist agencies indicating that such violence is present. This gap could be attributed to a lack of awareness among young people about what constitutes family violence, or reluctance and uncertainty around reporting.

Additionally, there is a notable lack of data relating to Aboriginal and Torres Strait Islander peoples and their experiences of family violence in the region. Contributing factors may include mistrust of authorities, fears around child protection involvement, and historical experiences of discrimination, all of which can deter individuals from engaging with reporting and support systems.

These data gaps highlight the need for improved identification, recording, and culturally safe engagement strategies across sectors to ensure that all experiences of family violence are recognised and addressed.

[32] https://www.vic.gov.au/sex-work-decriminalisation?utm_source=chatgpt.com
[33] https://southsidejustice.org.au/our_work/sex-work-legal-program

# APPENDICES

## Consultation Questionnaire – Abbreviated version

**Strengthening MARAM Alignment Across the Bayside Peninsula DFFH Area**
**Bayside Peninsula Integrated Family Violence Partnership**
**Member Organisation Questionnaire**

| | |
|---|---|
| **ORGANISATION** | |
| Organisation, Contact name/s, Role/s, Date: | |
| **ROLES** | |
| Roles that specifically respond to/work with Persons Using Violence (PUV): | (Reference: https://www.vic.gov.au/sites/default/files/2022-09/MARAM-Decision-Guide-06.09.22.pdf) |
| Roles that are not specialist PUV roles but that do align to MARAM responsibility levels and are required to use Adults Using Violence (AUV) tools: | |
| **POLICIES AND PROCEDURES** | |
| **MARAM AUV tool/s** availability<br>• List of relevant policies/procedures:<br>• Level of alignment/integration with MARAM:<br>• When policies/procedures established:<br>• Date of last review; Reviewed by [role]: | |
| MARAM AUV tool implementation<br>• Training available/implemented *(include data, as available)*:<br>• Organisational capacity/number of relevant staff trained *(include data, as available)*:<br>• Efficacy of implementation:<br>• Number of MARAM assessments conducted *(data, as available)*: | |
| **Family Violence Information Sharing Scheme (FVISS) Policy/Procedure** availability<br>• List of relevant policies/procedures:<br>• When established:<br>• Date of last review; Reviewed by [role]: | |
| FVISS Policy/Procedure implementation<br>• Training available/implemented *(include data, as available)*:<br>• Organisational capacity/number of relevant staff trained *(include data, as available)*:<br>• Efficacy of implementation:<br>• Number of information sharing instances conducted *(data, as available)*: | |
| **Managing staff who identify/are identified as PUV**<br>• Is there a current policy?<br>• Is there a plan for a policy? | |
| **Lived experience engagement**<br>• Is there a current policy/practice?<br>• Is there a plan for policy/practice? | |
| **First Nations engagement**<br>• Is there a current policy/practice?<br>• Is there a plan for policy/practice? | |
| Any general comments on training, implementation, capability/capacity barriers: | |
| **FINAL COMMENTS** | |
| • Strategic gaps? Barriers? Areas of good practice? Other? | |

## Consultation Process

- Online consultation/meetings took place with 17 relevant Partnership organisations between July and August 2025.
    - Consultations did not always adhere strictly to the questionnaire provided, thus the commentary in the following sections is based on responses obtained.
- In late August, 4 relevant stakeholders that were new to the Partnership were contacted and invited to provide feedback by completing the questionnaire and/or attending the forum.
- The in-person Partnership forum was convened on 2 September 2025. 10 organisations were represented.

The list of Partner Organisations below was as of 21st August 2025.

| Partnership Consultations | | |
|---|---|---|
| **Partner Organisation** | **Online Consultation (Green = Yes, Yellow = Attempted/No, White = Not applicable)** | **Forum attendance (Green = Yes, Yellow = Attempted/No, White = Not applicable)** |
| Alfred Health | | |
| Anglicare | | |
| Better Health Network | | |
| Better Place | | |
| Department of Education | | |
| Department of Justice | | |
| Department Families, Fairness & Housing | | |
| Emerge Women & Children's Support Network Inc | | |
| Family Life Victoria Inc | | |
| Good Shepherd | | |
| inTouch | | |
| JewishCare | | |
| Peninsula Community Legal Centre | | |
| Peninsula Health | | |
| Salvation Army | | |
| SECASA (South Eastern Centre Against Sexual Assault) | | |
| South Port Community Housing Group | | |
| Southside Justice | | |
| The Orange Door | | |
| Thorne Harbour Health | | |

| Partnership Consultations | | |
|---|---|---|
| Uniting Vic/Tas | | |
| VACCA[34] | | |
| Victoria Police | | |
| VincentCare | | |
| WHISE (Women's Health in the South East) | | |
| Windana | | |

# Findings

## Consultation Findings

Findings from the consultations were as follows:

**Workforce Roles And MARAM Responsibility Levels**

What roles specifically respond to/work with Persons Using Violence (PUVs)?

- Many organisations responded to this from a program perspective. Such programs included:

  A Better Way, Men's Behaviour Change, Men's Intake and Case Management, Care and Dads, Men's Services, Pathways to Change, Specialist Family Violence Program, Support for Change, Talk 4 Change, Dads in Focus, Home in Focus, Perpetrator Case Management Program, Stepping Forward, Adolescent Violence in the Home Program, Motivation for Change Program, Changing Ways Pilot Program, Keeping Families Safe Program (Adolescents using FV), Alexis Family Violence Response Model, U-Turn Program.
- For several other organisations, there were no workforce roles that specifically responded to/worked with PUVs, as the organisation did not work in that space and/or did not have specialist staff in that space. Such organisations included Better Place, Emerge Women and Children's Support Network Inc, and VincentCare – Olive's Place. Such organisations account for >10% of the Partnership.

What roles are not specialist PUV roles but do align to MARAM responsibility levels and are required to use AUV tools?

[34] Not currently a BPIFVP member

- Approximately 65% of organisations consulted had conducted a mapping of their workforce to MARAM responsibility levels/tiers. This assisted them to identify non-specialist PUV roles that still aligned to MARAM responsibility levels and requirements to use AUV tools – for identification and screening, for example.
    - At least one organisation noted that, although they had conducted the workforce mapping exercise initially, they may need to revisit this to review what is occurring in practice and to consolidate.

Key Insights

- Via workforce mapping exercises and identifying specialist and non-specialist PUV roles, it is evident that organisations have a significant proportion of staff that require capability and confidence with MARAM AUV tools.
- Further to frontline staff, those with responsibility for implementation and alignment of MARAM tools within organisations (e.g. Quality staff) also require this capability and confidence at an advanced level.
- One organisation noted that it is 'unclear in the sector that the AUFV tools are not just for programs that work directly with PUV' and suggested that this be addressed.

**MARAM Training**

Training made available/implemented.

- >70% of organisations referred to their staff accessing external training by No to Violence. A few organisations made mention that No to Violence had delivered them closed, dedicated and/or bespoke training. Other select organisations reported that FSV had endorsed a completely in-house/closed-session approach to training of their workforce, and also queried whether this would continue to be funded. The latter was of particular importance, given that some of the feedback regarding external training included that it's one-size-fits-all approach was not always relevant, effective nor efficient.
- Further to the above, organisations had supplemented external training for their workforces with foundational training, e-learns, online modules (including via LMS) and other internal activities.

Key Insights

- Despite a lack of data and evidence, there was strong attestation that workforces had accessed MARAM training. Part of the reason reported for limited data was lack of ability to track training completion rates through the external training provider.
- Other challenges reported with external training included the following inefficiencies:
    - Lengthy duration and time required for staff to be away from business-as-usual
    - Limited applicability for various cohorts of staff members, and the subsequent requirement to supplement this with further internal training
    - Training provider cancellations and necessity to reschedule, although it was noted that cancellations had been reducing in recent times
- The indication was that the development of supplementary and tailored internal training was essential.
    - Resources and time required to implement this were significant, however there were positives in terms of being able to deliver more relevant training and track training completion.
    - At least one organisation was only in the early stages of developing such training and indicated a desire to collaborate with and learn from organisations that worked in a similar space.
- The question remained, whether training translated to effective practical application and utilisation of MARAM. And whether lack of collaborative training and alignment is a strategic gap.

### Availability, Implementation And Use Of MARAM Tools

Organisations were asked about their availability of policies and procedures for MARAM, level of alignment with the tools, and the efficacy of their MARAM implementation

**Availability and Implementation**

- The majority of organisations had made MARAM policies, procedures, and tools available to their workforce. Tools had been integrated into pre-existing organisational processes and/or made available via a SharePoint repository and their implementation supported with internal training as referenced in the section above.
- For the small proportion that had not (still >10% of respondents), this was due to limited relevance to their workforce, resource constraints and/or an identified need for further support with implementation.

- Organisations reported that it had taken, and continues to take, significant effort to understand the sheer volume of MARAM information and tools and then implement and align same. It was noted that such work requires the dedication of considerable resources.

  *"MARAM is quite complicated, confusing and can be extremely hard to locate the right information in a timely manner. This is why we set up the resource hub, to allow staff ease of access to all relevant documents. It can take YEARS [original formatting] to fully understand every aspect and nuance of the MARAM and takes dedication to be able to understand Tiers and Responsibilities under the scheme."*

**Utilisation**

- Determining the utilisation of MARAM tools was difficult for a number of organisations to quantify and MARAM records were infrequently available in a central location.
- Utilisation challenges were noted, such as the tools not being user-friendly due to:
  - Significant time taken to complete a MARAM assessment and related processes
  - Limited compatibility of the MARAM assessment with a therapeutic relationship, leading to further inefficiencies in assessment completion
  - AUV tools and associated support had been released late and, thus, implementation of these tools remained at an earlier stage of maturity compared to implementation of Victim Survivor MARAM tools.

**Key Insights**

- A number of organisations had completed a standardised self-assessment of their MARAM implementation and reported a positive result, although at least one noted that there was a difference between assessing this 'on paper' and evaluating implementation in practice.
- It was noted that organisations were focussed on implementation and utilisation challenges at the agency and practitioner level. That is, there was somewhat limited reference to MARAM as the multi-agency aligned, iterative and information sharing tool it is intended to be.

### Availability, Implementation And Utilisation Of Family Violence Information Sharing Scheme

Organisations were asked about their availability of policies and procedures for Information Sharing, training made available and implemented, and the efficacy of implementation of Information Sharing

**Availability and Training**

*Availability*

- All organisations reported the availability of policy/procedure for Information Sharing.

*Training*

- Training delivery included via e-learn/LMS in at least 35% of organisations, however, was also supplemented with further organisational support.
- More than 20% of organisations advised that training in information sharing was included in MARAM training and was delivered specific to MARAM roles and responsibilities.

**Implementation and Utilisation**

- Implementation, utilisation, and efficacy of information sharing varied due to the following factors:
    - *Business-as-usual:* For some organisations information sharing is a business-as-usual activity, undertaken regularly
    - *Overcoming challenges:* Others found ways to overcome information sharing challenges and barriers by implementing clear policy/procedures, internal collaboration processes and subject matter experts, and/or administrative solutions such as an email signature identifying the organisation as an Information Sharing Entity (ISE). The efforts of further organisations to facilitate smooth information sharing processes remained in progress, and included alignment attempts via technology solutions (websites, forms etc)
    - *Less relevance:* A small proportion of organisations are predominantly receivers of information, rather than sharers – these being organisations where the clientele focus is Victim Survivors.

**Key Insights**

- No significant issues were reported with training as such.
- Predominant challenges included uncertainty regarding which organisations are an ISE and the need to clarify same to facilitate effective information sharing and alignment.
- Another consideration that organisations had - was what information can/should be shared and with who. Conscious of what is deemed appropriate in legislation and what is appropriate in practice.
- One organisation reported participating in a project where Information Sharing policies of member organisations were being reviewed with a view to continuous improvement and

alignment. At the forum on 2nd September 2025, it was noted that this project had been completed and a summary of the findings now available.

### Availability, Implementation And Utilisation Of Other Relevant Policies And Practices

Organisations were asked whether they had:

**Policies/procedures regarding managing staff who identify/are identified as PUVs**

- Very few organisations had a dedicated policy/procedure in place.
- Some organisations referred to their Code of Conduct and other such policies and procedures.
- Other organisations noted the complexity of managing such an issue with workplace policies.

**Policies/procedures regarding Lived Experience engagement**

- For organisations with a Lived Experience Framework in place or being developed, the majority reported no specific focus on Family Violence.
- At least one organisation reported the existence of a group that focussed on the Lived Experience of Victim Survivors.
- Two organisations responded to this question in the context of organisational processes or projects:
    - One organisation reported that they engage Lived Experience by inviting those who have completed Behaviour Change Programs back to the program to share their experience with current participants. The organisation stressed that this was not to applaud such individuals, rather to share the experience of behaviour change.
    - A second organisation reported current involvement in a project in another region, whereby a focus was to consider client experience in the context of improving program efficacy. That is, how programs may be enhanced to more effectively impact behaviour change. This organisation had encouraged their PUV clients to participate in this project.

**Policies/procedures regarding First Nations engagement**

- Minimal organisations reported First Nations engagement/focus in the specific context of Family Violence. One organisation noted, however, that one of their initiatives in this space had received a NAIDOC award.

**Key Insights**

- Although there was not a lot of depth in these spaces, there remained a number of opportunities where valuable insights, practices and initiatives could be shared across the Partnership.
- There may be a role to address policy and practice gaps:
    - Lived Experience: Broaden engagement frameworks to include safe and ethical integration of both Victim Survivor and PUV perspectives in system improvement work.
    - First Nations engagement: Better understand and enable ACCOs to lead culturally informed approaches, embedding these across PUV MARAM and IS practice.

## Forum Findings

Findings and outcomes from the in-person forum convened on 2 September 2025 were as follows:

**MARAM**

Positives

- The Changing Ways MARAM Alignment Project - Project Advisory Group emphasised that MARAM should be considered as the broad Framework and not isolated to a narrow view of use of the tools (and the associated detail involved in same). MARAM tools don't have to be applied verbatim. Rather, they should be integrated and utilised as appropriate.
- Participants agreed that the MARAM Framework and having a shared Framework and language is useful. Participants also noted the utility of the Predominant Aggressor tool, particularly in complex situations.

Challenges

- The complexity of the MARAM Framework/tools can serve to decrease the interpersonal aspects and increase the intellectual aspects of client consultations. This can have flow-on effects to practitioners losing confidence in their professional judgement. A consideration of how clients are receiving the MARAM Framework was also posed.
- Client funding can be exhausted purely via the time spent completing a MARAM assessment.

- Organisational quality leads were finding it a significant challenge to digest the recently released and significant volume of Children and Young Person MARAM practice guidance. This is likely to have flow-on effects to implementation within organisations.
- The challenges posed the question – is MARAM meeting its intent?

**Information Sharing**

Positives

- The importance of information sharing for the following reasons was noted:
    - as imperative for managing risk and safety (though conscious of how many stakeholders need to be privy to same)
    - for providing a quality-focussed service
    - as a tool for cultural change
- Initiatives including an Information Sharing Policy enhancement project, and a health-service-focussed implementation guide to Information Sharing were noted as good examples of bringing organisations into alignment. Place-based information sharing was also noted as positive.
- Feedback that two Information Sharing training modules had been very well received.

Challenges

- Timely information sharing – including currency of information. Challenges included both time lags and a lack of information sharing. Unclear roles and responsibilities and a lack of understanding of risk may be impacting.
- The loss of key resources that had been instrumental in supporting effective information sharing:
    - Access to the L17 portal. It was noted that this was owned by DFFH but was not currently active.
        - The prior benefits of this portal had been the ability for practitioners to view a PUVs pattern and history in an efficient manner and without the backward and forward with The Orange Door.
        - That this portal was not currently active meant the inverse was occurring – inefficiencies in risk assessment and management.
    - A hotline to answer queries regarding legislation – it was noted that this was no longer funded but that understanding legislation was of key importance.

**General**

- The importance of enhancing user-friendly and aligned processes via this project, and including for workforce retention, was noted.
- It was agreed that the forum participants would be a great basis as an ongoing working group for building confidence and capability within organisations and workforces via:
    - The group meeting regularly to workshop MARAM/IS and related matters
    - Training targeted to pain points
- Building and consolidating multi-agency/inter-agency partnerships to work through issues at a group level, feedback to organisational staff and then re-group was agreed to be a good model and one that had worked well elsewhere.
- It was agreed that the Partnership (and associated working groups) as a central mechanism to strategically feedback to FSV was a valuable opportunity and should be utilised more readily.

# BPA LGAs

## Stonnington

Stonnington is located in Melbourne's inner south-eastern suburbs, a short distance from the centre of Melbourne and alongside the Yarra River. Covering an area of 25.62 square kilometres, the city is primarily a residential area, with some commercial, industrial, office and institutional land uses. The Chapel Street Precinct attracts both residents and visitors to the municipality. The industry sectors that contribute most significantly to Stonnington's growing economy are professional, scientific, and technical services, health care and social assistance, and retail trade.[35]

Key Aboriginal Organisations[36]:

- Bunurong Land Council Aboriginal Corporation
- Wurundjeri Tribe Land and Compensation Cultural Heritage Council
- Reconciliation Stonnington Incorporated

[35] https://www.vic.gov.au/know-your-council-stonnington-city-council
[36] https://www.maggolee.org.au/lga/stonnington

### Bayside

Bayside City's northern boundary is about 8 kilometres from the Central Business District of Melbourne, while the coastline of Port Phillip Bay forms the western boundary. The city coastline stretches for 17 kilometres from Head St Brighton in the north to Charman Rd Beaumaris in the south. Bayside is primarily a residential area. The main industries include building construction, fruit, and vegetable processing.[37]

Key Aboriginal Organisations[38]:

- Bunurong Land Council Aboriginal Corporation

### Glen Eira

The City of Glen Eira is in Melbourne's south-east, around 10 kilometres from the central business district. Land use is predominantly residential with associated retail and services. Glen Eira is a densely populated and culturally diverse residential area. Of its residents, 36% were born overseas, and 31.4% speak a language other than English at home, and 16.8% identify their religion as Judaism, making Glen Eira the centre of Melbourne's Jewish community.[39]

Key Aboriginal Organisations[40]:

- Boon Wurrung Foundation Ltd
- Bunurong Land Council Aboriginal Corporation

### Port Phillip

One of the oldest areas of Melbourne, Port Phillip is located on 11 km of foreshore at the northern edge of Port Phillip Bay and south of the Melbourne central business district. The city is known for cultural events, recreational facilities, restaurants, and entertainment venues. These features have resulted in increased residential redevelopment in recent times. Significant business areas include the St Kilda Road office district and industrial, warehousing and manufacturing districts in South Melbourne and Port Melbourne.[41]

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[37] https://www.vic.gov.au/know-your-council-bayside-city-council
[38] https://www.maggolee.org.au/lga/bayside
[39] https://www.vic.gov.au/know-your-council-glen-eira-city-council
[40] https://www.maggolee.org.au/lga/glen-eira
[41] https://www.vic.gov.au/know-your-council-port-phillip-city-council

Key Aboriginal Organisations[42]:

- Boon Wurrung Foundation Ltd
- Ngwala Willumbong Cooperative
- Star Health Integrated Team Care

### Kingston

Kingston City sits beside the north-eastern shores of Port Phillip Bay, about 15kms south of the Melbourne central business district. It is one of the major manufacturing areas of Melbourne, including automotive, printing, and chemical production. Commercial centres at Southland, Moorabbin and Mordialloc provide an important employment source. The main industries include plastic product manufacturing, other chemical product manufacturing.[43]

Key Aboriginal Organisations[44]:

- Bunurong Land Council Aboriginal Corporation
- Boon Wurrung Foundation Ltd
- Derrimut Weelam Gathering Place

### Frankston

Frankston City is situated on the eastern shore of Port Phillip Bay, about 40 kilometres south of Melbourne central business district. It is the major retail, employment, cultural, professional, and administrative services centre for Melbourne's south-eastern suburbs and the Mornington Peninsula. The City's five major industry sectors are construction, property and business services, retail trade, personal and other services, and manufacturing.[45]

Key Aboriginal Organisations[46]:

- Boon Wurrung Foundation Ltd
- Bunurong Land Council Aboriginal Corporation
- The Frankston Gathering Place
- Victorian Aboriginal Legal Service

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[42] https://www.maggolee.org.au/lga/port-phillip
[43] https://www.vic.gov.au/know-your-council-kingston-city-council
[44] https://www.maggolee.org.au/lga/kingston
[45] https://www.vic.gov.au/know-your-council-frankston-city-council
[46] https://www.maggolee.org.au/lga/frankston

### Mornington Peninsula

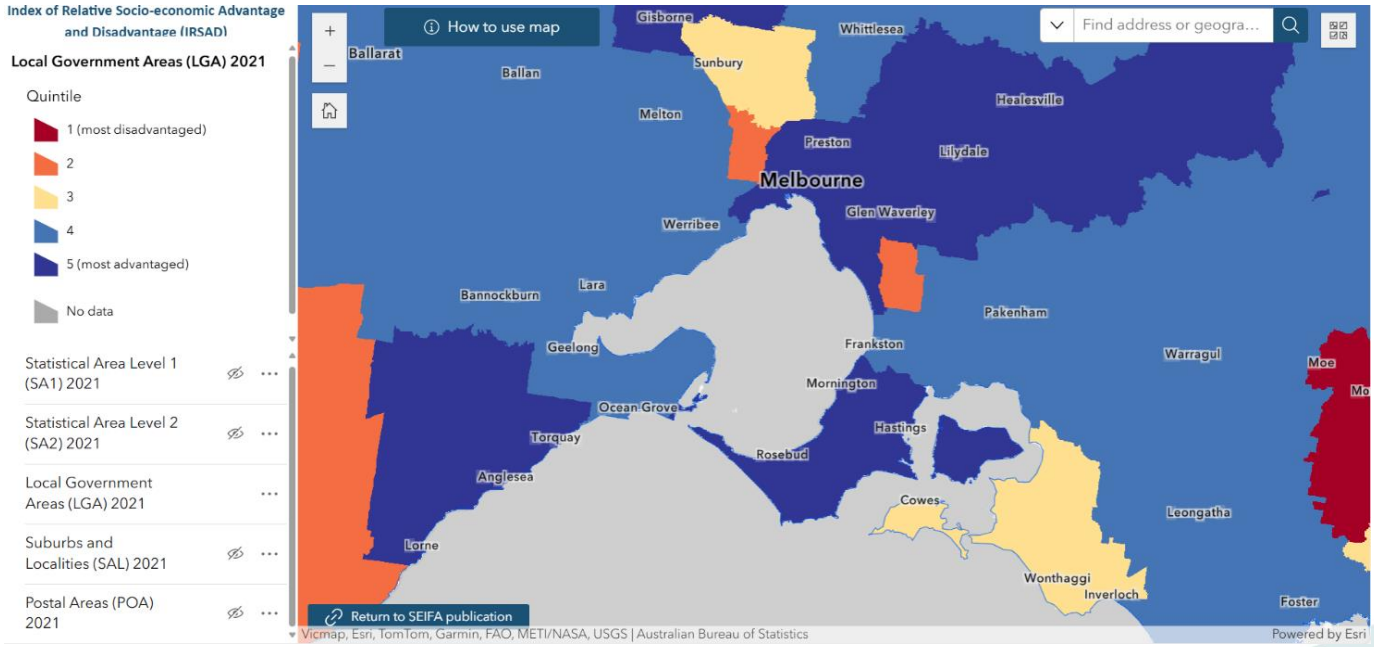
The Mornington Peninsula Shire is just over 40 kms southeast of Melbourne, encompassing 10% of Victoria's coastlines, spanning 192 kilometres. The Peninsula is one of the major holiday destinations for Melbourne. It encompasses some of Victoria's most iconic national and state parks, world class wineries, a large and diverse range of parks and reserves, foreshore areas, and wetlands. The Peninsula has an older population with 24% of the population aged over 65, the highest proportion in Greater Melbourne. The Shire's industry strengths include building construction, manufacturing, healthcare, tourism and agriculture, forestry, and fishing.[47]

Key Aboriginal Organisations:

- Boon Wurrung Foundation Ltd
- Bunurong Land Council Aboriginal Corporation
- Willum Warrain Gathering Place
- Baluk Arts

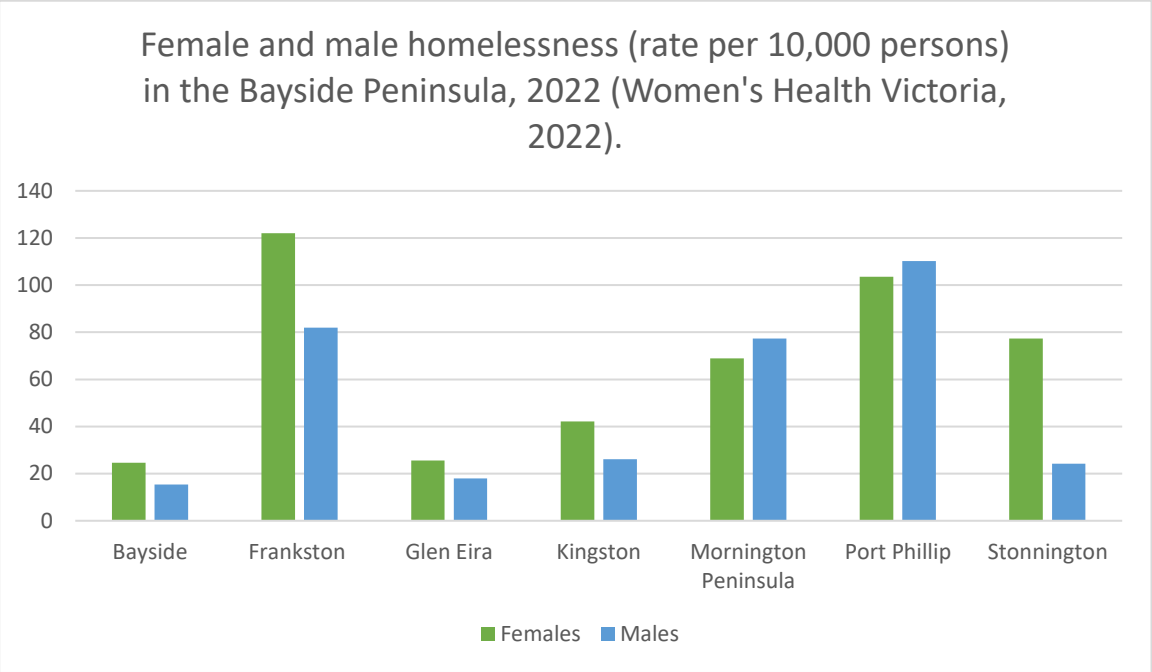
## Reference Charts

**Socio-Economic Index for Areas (SEIFA)** [48]




[47] https://www.vic.gov.au/know-your-council-mornington-peninsula-shire-council
[48] https://www.abs.gov.au/statistics/people/housing/index-household-advantage-and-disadvantage/latest-release

**Homelessness Rates in 2021**[49]



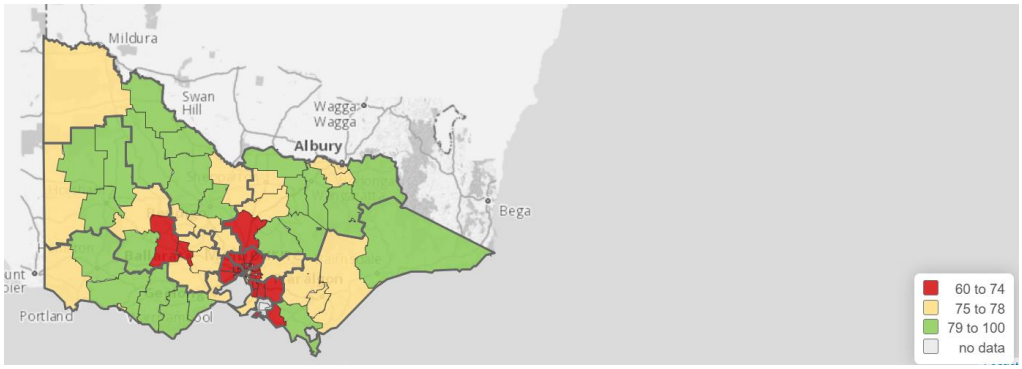

**Number of clients receiving homelessness services by service type 2023 - 2024**[50]

| LGA | General Service | Specialist Family Violence Service |
|---|---|---|
| Bayside | 95 | 225 |
| Frankston | 548 | 983 |
| Glen Eira | 117 | 234 |
| Kingston | 295 | 491 |
| Mornington Peninsula | 326 | 687 |
| Port Phillip | 542 | 454 |
| Stonnington | 126 | 164 |
| **Total:** | **2,085** | **3,238** |

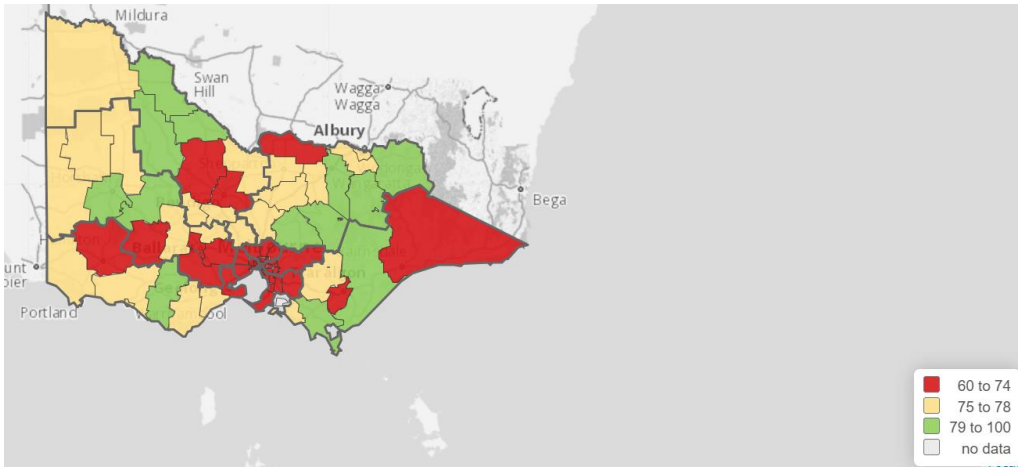
[49] Women's Health Victoria, 2022
[50] Family Violence Data Tables | Crime Statistics Agency Victoria

## Community Connectedness

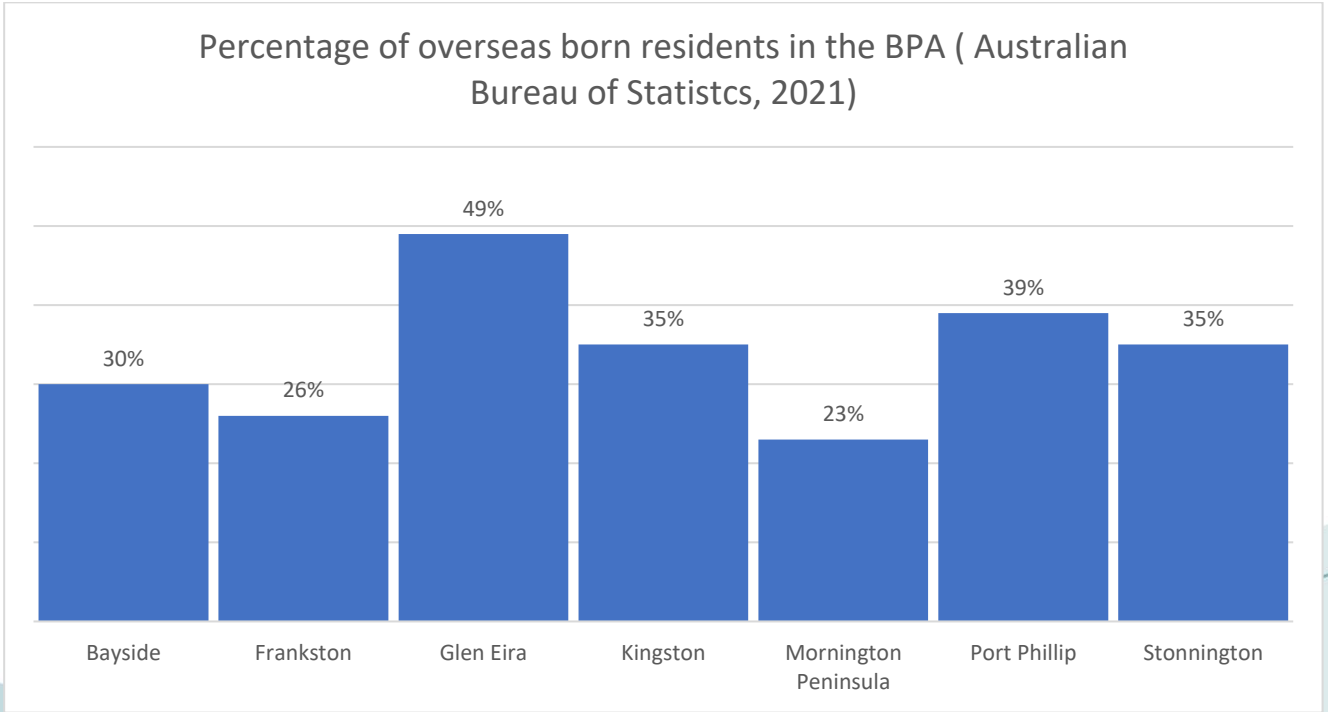
Females




Males




## Ethnicity



# BPA Family Violence Statistics

## Family Violence, First Nations AFM – Reported Incidents (2023)

The number of First Nations affected family members (AFMs) in the year 2023, where incidents were attended by Victoria Police and a Victoria Police Risk Assessment and Risk Management Report (also known as an L17 form) was completed[51].

| LGA | Female | Male |
|---|---|---|
| Bayside | 15 | NA |
| Frankston | 60 | 24 |
| Glen Eira | 22 | 4 |
| Kingston | 20 | 16 |
| Mornington Peninsula | 28 | 6 |
| Port Phillip | 38 | 7 |
| Stonnington | 18 | 5 |
| **Total:** | **201** | **62** |

## Stalking, Harassment and Threatening Behaviours Rate (per 10,000) 2023

The Victorian Crime Statistics Agency (CSA) reports on stalking, harassment, and threatening behaviours as a group. This category includes repeated acts of unreasonable conduct intended to: cause physical or mental harm; arouse apprehension or fear; threaten or invade privacy; create nuisance or offend someone based on personal characteristics[52].

| LGA | Female | Male |
|---|---|---|
| Bayside | 3.85 | 2.57 |
| Frankston | 11.06 | 3.95 |
| Glen Eira | 2.35 | 1.34 |
| Kingston | 7.08 | 1.71 |
| Mornington Peninsula | 4.85 | 2.72 |
| Port Phillip | 9.02 | 4.61 |
| Stonnington | 6.59 | 3.34 |
| **Total:** | **44.8 (per 10,000)** | **20.24** |

[51] https://www.crimestatistics.vic.gov.au/crime-statistics/download-crime-data/download-data-15
[52] https://victorianwomenshealthatlas.net.au/

### Number of family violence incidents involving children, 1 July 2023 to 30 June 2024[53]

| LGA | 2023 -2024 |
|---|---|
| Bayside | 220 |
| Frankston | 1,091 |
| Glen Eira | 376 |
| Kingston | 630 |
| Mornington Peninsula | 783 |
| Port Phillip | 253 |
| Stonnington | 190 |
| **Total:** | **3,543** |

### Incidents of family violence attributed to definite or possible alcohol consumption 2021-2022 Financial Year[54]

| LGA | 2021 -2022 |
|---|---|
| Bayside | 162 |
| Frankston | 556 |
| Glen Eira | 221 |
| Kingston | 390 |
| Mornington Peninsula | 496 |
| Port Phillip | 457 |
| Stonnington | 242 |
| **Total:** | **2,524** |

### Number of offences recorded at family violence incidents by offence categories, 1 July 2019 to 30 June 2024

Frankston had the highest rate of homicide recorded at family violence incidents with 6 being recorded ( 1 July 2019 – 30 June 2024), followed by Bayside, Kingston, Mornington Peninsula &

[53] https://www.crimestatistics.vic.gov.au/family-violence-data/family-violence-data-tables
[54] https://aodstats.org.au/explore-data/family-violence/

Port Phillip who all recorded less than 3, with Glen Eira & Stonnington being the only LGA's in the Bayside Peninsula recording 0 homicides in relationship to family violence from 1 July to 30 June 2024. Other types of offences are recorded below[55].

| LGA | Assault and related offences | Breaches of orders | Sexual Offences | Stalking, harassment, and threatening behaviour |
|---|---|---|---|---|
| Bayside | 942 | 1,973 | 239 | 257 |
| Frankston | 3,210 | 9,089 | 726 | 998 |
| Glen Eira | 1,609 | 3,021 | 357 | 348 |
| Kingston | 2,412 | 5,520 | 579 | 703 |
| Mornington Peninsula | 2,302 | 6,858 | 492 | 707 |
| Port Phillip | 1,939 | 3,648 | 308 | 616 |
| Stonnington | 1,452 | 2,398 | 246 | 428 |
| **Total** | **13,866** | **32,507** | **2,947** | **4,057** |

## Family, domestic and sexual violence cohorts

Different experiences of FDSV for certain population groups.[56].

**Young Women:** In 2023, younger women were more likely to be victims of sexual assault than older women (55% were under 18 years old and 30% were aged 18-34)[57].

**Older People:** 1 in 6 (15% or 598,000) people in Australia experienced elder abuse in the past year[58].

**People from culturally and linguistically diverse backgrounds:** Some forms of violence are more likely to be influenced by a person's visa status and/or by religious, cultural or community contexts, for example visa abuse, dowry abuse and female genital mutilation/cutting[59].

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[55] https://www.crimestatistics.vic.gov.au/family-violence-data/family-violence-data-tables
[56] While this reporting provides useful high-level insights, it is based on a single characteristic and conceals diversity within the group. It is important to note that there are many factors that can combine to create a risk and experience of violence that is unique to each person (see the Factors associated with FDSV topic for more information); https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups
[57] https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/young-women
[58] https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/older-people
[59] https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/cald

**Aboriginal and Torres Strait Islander people:** 2 in 3 (67%) First Nations people aged 15 and over who had experienced physical harm in the last 12 months reported the perpetrator was an intimate partner or family member. Over 7 in 10 (72%) assault hospitalisations involving First Nations people were due to family violence[60].

**Pregnant people:** 1 in 7 women who experienced violence by a current partner and were pregnant during the relationship, experienced the violence during their pregnancy[61].

**People with disability**: Adults with severe or profound disability (24%) in 2016 were about 3 times as likely as adults without disability (9.6%) to have experienced sexual violence since the age of 15[62].

**Veteran families:** In 2015, almost 3 in 10 (29%) recently transitioned Australian Defence Force (ADF) members and more than 1 in 5 (22%) current ADF members reported IPV exposure in their current relationship[63].

**Children and young people:** 13% of adults in 2021–22 had witnessed partner violence against a parent before the age of 15[64].

**Mothers and their children:** Almost half of adult female clients who presented to specialist homelessness services as single with child/ren identified FDV as the main reason for seeking assistance[65].

**LGBTIQA+ people:** Of respondents to the 2019 Private Lives 3 survey:1 in 2 (49%) had ever experienced sexual assault, 3 in 5 (61%) had ever experienced violence from an intimate partner, 8 in 10 (81%) with severe disability had ever experienced family violence[66].

[60] https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/aboriginal-and-torres-strait-islander-people
[61] https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/pregnant-people
[62] https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/people-with-disability
[63] https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/veteran-families
[64] https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/children-and-young-people
[65] https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/mothers-and-their-children
[66] https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/lgbtiqa-people