

# Submission to the Royal Commission into Family Violence

## Frankston City Council, Frankston, Victoria

May 2015

### 1. Purpose of the submission:

1.1 The purpose of this submission is to share with you:

- How Frankston City Council is approaching family violence in Frankston (Section 9 and Appendix 2) by addressing a gap in the system and augmenting the work of the secondary and tertiary service sector
- How, by recognising the behaviours of abusers, we can adopt a unique primary prevention approach that assists women and girls to make better relationship choices (Sections 5,6,7 and 8)
- A broad acknowledgement of the work in the current system (Sections 2 and 3)
- The prevalence of family violence in Frankston (Section 4 and Appendix 2).
- Recommendations for the Commission to consider.

### 1.2 Recommendations

It is recommended that the Commission:

- 1.2.1 Considers the lack of primary prevention programs to empower girls and women as a significant gap in services
- 1.2.2 Endorses Frankston City Council's approach to embedding family violence primary prevention in its universal services delivery
- 1.2.3 Recommend to State Government that greater and broader financial support be channelled through local Government as the first line relationship with the grass roots of communities for primary prevention to strengthen the building blocks of 'a good society'
- 1.2.4 Endorses the Unmask the Abuser program as a program that addresses a gap in the program services.
- 1.2.5 Supports the further development and customisation of these types of programs to support:
  - The sector's support of participants and their type(s) of contact with teens, women, victims or perpetrators
  - Cultural norms and religious beliefs
  - Age
  - Marital Status

- Abuse history
- Education and income levels
- Sexual orientation.

**1.2.6** Acknowledges that research needs to be undertaken to establish evidence of the success of this type of program. As such Frankston City Council is seeking funding to evaluate the results of the program over 5 years. The title of this research is: 'Can community based domestic violence prevention programs empower women and girls to avoid abusive relationships: A study of a vulnerable community.'

Frankston City Council acknowledges and welcomes the efforts across the service sector and sees this submission as a way to add to the understanding of the problem. The submission has been prepared by Dr Gillian Kay of Frankston City Council and Dr Dina McMillan. An opportunity to present to the Commission would be welcomed.

## **2. The problem in general:**

Family violence is still a gendered issue, especially intimate partner violence. Women remain statistically and dramatically more vulnerable than men.

- 2.1 The groundswell of support to address violence against women primarily targets men's behaviour change. These programs do not adequately address the underlying cultural factors that support male control, domination or maltreatment of women. And while there is anecdotal evidence that some men have found helpful there is insufficient evidence as to their effectiveness in significantly reducing emotional, psychological and physical abuse long term<sup>1</sup>.
- 2.2 Family violence reputedly remains the most under-reported violent crime. Many families and communities still regard reporting abuse to either the police or another authority as shaming and a betrayal, and strongly discourage it among their members. While reporting rates have increased over the past decade, our statistics regarding family violence incidents remain incomplete.
- 2.3 Women without independent means and resources are more likely to be trapped if their relationship is abusive. This involves a number of factors, including the fear of financial limitations, homelessness, uncertainty about their ability to rear their children alone and a lack of practical knowledge. Current police practice when attending a family violence is for men to leave the family home. However, should a woman flee it takes, on average, 2 ½ to 3 years in many circumstances to be able to set up an alternative household and adequately provide for herself and her children. This highlights the need for a whole-system response that supports women and children to remain in their own community so that their existing social and service connections remain intact. It was noted that whereas there are plenty of family violence services in place, victims are still finding themselves without adequate

support, particularly around housing and finances. To this end Frankston City Council is also supporting a pilot housing project to provide shared rental accommodation as per the Magpie Nest Model to increase alternative housing options for people who may face homelessness. (The Magpie Nest Model is supported with case work support services by Salvo Care Eastern.)

**2.4** Current funded family violence resources are primarily focused on dealing with immediate crises. Services are primarily designed to help:

**2.4.1** Victims, usually women, only after the relationship has become violent. Other types of abuse including severe emotional, psychological and financial abuse receive limited support; victims often can be offered suggestions (such as marital counselling) that are highly inappropriate for their situation.

**2.4.2** Men, usually as perpetrators, when concerns about their behaviour (controlling, aggressive or violent) have been raised by their partners, counsellors or through the court system.

### **3. Prevention efforts**

**3.1** Prevention efforts in Victoria typically promote:

**3.1.1** The **White Ribbon campaign** which is the most recognised effort designed to reduce men's violence against women. This program, developed by men for men in 1991 in Canada, focuses on promotional campaigns and 'bystander' efforts to remove active and tacit support for violent behaviour towards women. The brand has been very successful. There has not, however, been a substantiated link between White Ribbon brand recognition, White Ribbon certification in organisations or White Ribbon Ambassadorial membership and a commensurate reduction in abuse of women.

and

**3.1.2** The **'Respectful Relationships' program**, which was introduced in schools in 2009 (nationally) has not been correlated with a notable reduction in young women experiencing emotional, psychological or physical abuse. In fact, more young women are reporting incidents of abuse than when the programs began. While this may be viewed as a positive step – women seeking help when needed – these programs have not offered tools to assist young women in avoiding entry into abusive relationships.

There are a number of agencies and organisations in Frankston who support White Ribbon, Men's Behaviour Change programs and Respectful Relationships programs in schools. Frankston City Council is involved in White Ribbon events and Respectful Relationships program at the universal level and will continue to support these efforts.

- 3.2** However, there is a service gap with regard to informing and empowering teen girls and women to enable them to make better relationship choices, especially with regard to avoiding entry into an emotionally and psychologically abusive relationship. There is no real, substantive primary prevention available for girls and women.

#### **4. The Problem – Frankston:**

Currently, the city of Frankston (population 126,000) features prominently in Victorian family violence statistics. For the years 2013-14, Frankston had the highest rate per 100,000 persons of police callouts to family violence incidents in Metropolitan Melbourne<sup>1</sup>.

In these reported incidents of family violence, approximately 80% of victims were female and approximately 80% of the violence was perpetrated by males. Nearly 70% of these family violence incidents involved intimate partner violence, with perpetrators identified as the current or former partner of the victim.

While the incidents with children present have declined over the past ten years, 30% of reported family violence incidents still occurred with children present.

There are additional areas where Frankston is especially vulnerable, with all of following factors noted as contributing to family violence risk:

- More than 20% of families in Frankston are one-parent families (20.5%). This is higher than the Victorian average of 15.5%. In 82.5% of these families, the single parent is a woman.
- In Frankston (2011 ABS), the median weekly individual income is \$541; and the weekly median household income is \$1,140.
- Children in Frankston North have been ranked as the second-highest for childhood vulnerability and the worst in Victoria for children's emotional health.
- Frankston North has the 10th highest rate of young mothers (<25 years old) in the greater Melbourne area. In other areas of Melbourne with a high proportion of young mothers, these women are often married or in other stable family structures that provide daily support.
- Only 65.8% of 16 year-olds in Frankston North are attending high school full time.

#### **5. Improving our understanding of the breadth of the problem:**

In our efforts to consider the appropriate solutions to family violence that is both significant and widespread in the Frankston area, we met with Dr Dina McMillan and evaluated her unique program, Unmasking the Abuser©. Her research and work in the area of domestic and family violence over the past eighteen years has noted the following factors:

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<sup>1</sup> 1,773 police callouts per 100,000 persons versus 1,129 average callouts per 100,000 persons in Victoria as a whole.

- 5.1** Abusive relationships do not normally begin with violent assault. Rather, they begin with emotional and psychological abuse that escalates into violence. If women can avoid emotional and psychologically abusive relationships, they can avoid violent relationships.
- 5.2** Most abusive relationships are not physically violent, or only become physically violent after the woman leaves the relationship (if ever). These non-violent abusive relationships are still incredibly destructive for the victims and their children. Advocating only against physical violence still leaves women largely vulnerable to entry into an abusive relationship. It also suggests to boys and men their behaviour is acceptable as long as it does not involve physical assault of their partner.
- 5.3** There is a systemic way in which females are socialised to be passive, focused upon being physically appealing and dedicated to meeting the needs of males. This teaching places males in the role of provider and protector – and implies females do not need to provide for or protect themselves. Programs that attempt to reduce abuse rates by discouraging males from acting violently against females inadvertently feed into this model by continuing to place the control and responsibility for women’s outcomes in men’s hands.
- 5.4** Many of the attitudes and perceptions maintained by abusers with regards to their victims are also supported by overarching cultural norms. Societies with fewer of these cultural norms, as in Scandinavia, have correspondingly lower rates of domestic and family violence.
- 5.5** In contrast, the Australian ‘norm’ is more accepting of male entitlement which is demonstrated in a number of ways, including:
- 5.5a** A greater acceptance of male dominance over females, including acceptance of male leadership and control as natural, right and true
  - 5.5b** A societal double standard with regard to rules and conduct and permissive attitudes with regard to the selfishness, aggression and misbehaviour of males, often excused as ‘boys will be boys’. This not only carries within it a lower accepted standard of behaviour but also the expectation of little or no punishment for infractions and more rapid and total forgiveness.
  - 5.5c** A gender role focus for girls still primarily on the home and family while boys and men are more strongly encouraged and encouraged full access to the wider world
  - 5.5d** The role of women limited to ‘use or ornament’ – girls and women are required to be useful in their service to the needs of others, especially men and children, and encouraged or manipulated to make themselves physically pleasing, alluring or sexually provocative to men

- 5.5e Women as the property of the men with whom they have (or have had) a sexual relationship, a committed relationship or with whom they have had children
  - 5.5f Social, cultural and media images that link successful males with multiple physically attractive female partners
  - 5.5g Inundation of images of scantily clad, sexually provocative females for the admiration of males (men's magazines, sporting events, television shows, etc.)
  - 5.5h Provision of sexual partners for use by males even when this involves the obvious exploitation of vulnerable females, as with pornography and prostitution
  - 5.5i Cultural norms that excuse male exploitation or deception of females in pursuit of sex (e.g. 'Pick-up artists')
- 5.6 Objectification of women increases women's risk of harm. 'Objectification' in this sense means perceiving women as items whose purpose is to be used by men, rather than fellow human beings with equal intrinsic value. Inherent within these attitudes is the devaluation of women and the lack of genuine interest, empathy or compassion for them. They are perceived as worthy only in their usefulness in a narrow range of roles (sex, home maintenance, child-bearing and rearing). Rebellion within the objectified group (in this case, women) against this limited role is often met with aggression and swift action intended to return group members to their 'place'.

## 6. Refining our understanding and approach to family violence in Frankston:

In our discussions with Dr McMillan and examining her Unmasking the Abuser© Program, we gained additional insight that is critical to family violence issues:

- 6.1 It is the underlying psychology of abusers combined with broader cultural norms that drives their behaviour. It is **not** due to stress, job loss, alcohol or any of the other reasons provided by abusers to rationalise their aggression and excessive need for control of their partners and families.
- 6.2 Abusers are highly manipulative. They are adept at finding and using tactics they know will gain trust and generate strong emotional attachment by their victims. They are aware of their actions and the impact it has on others. They will not admit this unless they are in a setting that provides them with confidentiality and immunity (as was the case with the more than 600 abusers interviewed by Dr McMillan).
- 6.3 Abusers are manipulative of other people (in addition to their victims). Most are skilled at eliciting sympathy and finding excuses that will keep them from being held fully accountable for their actions. This includes the misuse of social norms and expectations to escape punishment by those with legal, financial or social authority

over them, including family of their victims, mutual friends, persons in the legal system and people providing support through social services.

- 6.4** The excessive emotional, practical and financial dependence demanded by abusers is quickly established within their relationships. As a result, victims attempting to leave these relationships require enormous external support to do so. Without that support, most quickly return to their abuser. This support is extremely expensive and complex, requiring a vast network of services and organisations to maintain.
- 6.5** The seeming-acceptance by victims regarding their abuse is due to the adaptive processes of the brain. It is not because victims like or accept their abuse. Breaking free from an abusive relationship requires substantial support (see above) along with new learning for the victims. Both areas are crucial to helping victims exit their abusive relationship and function independently.

## **7. Gaps in the current approach**

Rather than rely on society to change its embedded cultural norms; and abusive men to change their behaviour, an approach that informs and empowers women and girls to make better relationship choices provides the foundation to change the perpetual cycle of violence and 'victimhood'.

With regard to this issue we noted:

- 7a** Women have not been taught about the manipulation tactics used by abusers. This leaves all women, including professional women and women of independent means vulnerable to being enticed into an abusive relationship. However, when combined with other known vulnerabilities (lack of education, lack of employment, unstable family structure) the high reported family violence incident rate in Frankston becomes more understandable.
- 7b** Many victims who are (or have been) in abusive relationships remain unaware of manipulation tactics used on them. This increases their risk of being lured back into that abusive relationship post-crisis and of being tricked into a new abusive relationship should they leave their current one.
- 7c** Those who work with victims and abusers, or potential victims and abusers, also are unlikely to have been taught about the tactics of abuse, the psychology of abusers or the full range of harm experienced by victims. This leaves them vulnerable to victim-blaming as well as manipulation by abusers who seek to avoid punishment. This lack of knowledge also limits their ability to educate victims who mistakenly give credence to their abuser's excuses and promises.
- 7d** We are strongly motivated to break the intergenerational cycle of abuse. Yet, psychological issues (often resulting from early trauma experienced by abusers and victims during childhood) are not easily remedied. Gaining sufficient healing to

maintain a long-term, healthy relationship requires sustained motivation and long-term therapy with a qualified psychotherapist all of which requires funding.

## **8. Consideration of an alternative view**

In Dr Dina McMillan's research findings she notes there are two types of abuser:

*Type One – The Aggressor: these men are obviously aggressive, misogynistic and possessive. They are open about their selfishness, disdain for women and their demand for complete control over their partners. They react harshly and unapologetically to any perceived slight or defiance by their partners. They are not as skilled at manipulation, but will often be savvy regarding rules, norms and expectations that can keep them from being held fully accountable for their misdeeds (or even crimes). This group comprises a small minority of abusers, although these men are most likely to be involved in the criminal justice system.*

*Type Two – The Charmer: these men pretend to be good, fair and loving partners at the beginning of their relationships. They are skilled manipulators. Their use of 'grooming' tactics quickly elicits trust, emotional attachment, dependence and hope for the future in their victims. Abusers blame their troubled pasts for any deficiencies they possess that are noticed by their victims. Even at the earliest phases, however, their domination and need for control are evident (though disguised). They are adept at using the rules, norms and systems of law to maintain their control and punish their victims. This group comprises the vast majority of abusers.*

An improved understanding of abusers and their tactics allows us to offer effective primary prevention programs and improve our services to victims and their families. For instance, in addition to the Respectful Relationships program which develops an understanding of the general dynamics of a healthy romantic relationship; the inclusion of an understanding of abusers can further help reduce the number of young women being abused<sup>2</sup>. This thinking is based on:

- 8a** People largely model their relationships after their family relationships. If they do not have healthy relationships at home, they're at risk of replicating these dynamics in their own lives.
- 8b** We are strongly influenced by the norms and values promoted in our communities and our society. Many of these leave women vulnerable to involvement with an abuser.
- 8c** Most abusers overtly promise 'happily ever after' to their victims at the beginning of the relationship. Most promise to offer exactly the kind of relationship presented as ideal in the Respectful Relationships programs.

## **9. Frankston City Council's approach to addressing family violence in Frankston**

As previously mentioned Frankston City Council is involved in the Respectful Relationships Program in schools, through its Youth Services, and also involved in White Ribbon events.

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<sup>2</sup> National rollout of 'Respectful Relationship' programs began in 2009. There was a state-wide rollout of this type of program since 2002 in New South Wales.



However, concern about the lack of empowerment for young women to make better choices for their future potential, particularly in the suburbs recognised for their high vulnerability in the city, gave cause for concern and motivation to address this gap.

Rather than waiting until women are abused to assist them, we consider that efforts should be targeted to help teens and women avoid abusive relationships. While primary prevention focuses on practical tools for teen girls and women it can also include information on financial literacy, healthy relationships, legal information and other practical guidance that can increase their independence and choices.

The universal service delivery system in Victoria's Local Government is a cornerstone of communities that is largely unrecognised as a major asset. These services comprise major infrastructure from libraries to child care and community centres; extensive local relationships with the community, other tiers of government including politicians and other service providers, policy knowledge both as developers and implementers of social policy; and strategists using the knowledge of their demographic profile and resources to effect change.

Councils across Victoria prepare a statutory health and wellbeing plan that guides efforts over a four year period. These efforts form the foundation for engaging and empowering communities to achieve greater resilience and resourcefulness across a range of dimensions which for Frankston City Council includes, Stronger Families; Community Strength, A Learning Community; A Safe Community; A Healthy Community, A Sustainable Economy and a Sustainable Environment. It should be noted that this framework of community building outcomes also comprise a series of secondary outcomes that shape the direction of change to 'forge a new future' and enable a calculation of the Social Return on Investment. A further aspect of this approach is the notion of empowering the general community to collectively take up the challenge to champion the issue for change. This has already occurred with the Frankston Toy Library leading a grassroots approach, primarily with women, to share information to grow community ownership of the issue.

It is in this context that Frankston City Council is focussing on the first major step on the Stronger Families dimension: Respectful Relationships with a view that it is better to prevent than to cure (this approach is outlined further in Appendix 2). With this in mind we have been able to incorporate additional support skills in our staff who deliver maternal and child health, early childhood development, youth services, general family support including aged care through our community centres and in home services to help address abuse in families.

In our quest to take a strong prevention stand and forge a new future for Stronger Families in our community we have found comprehensive and necessary information in the Unmasking the Abuser© Program, developed by international social psychologist Dr Dina McMillan, PhD, which we have not found available in any other source. As a result we are piloting an approach incorporating the program as it provides an opportunity to engage with women and teens through Council's universal services. It is the first primary prevention program to offer a real alternative future for some of our young people. It exposes the tactics used by abusers, including the critical strategies used at the beginning of the abusive relationship. This allows teens and women to recognise their danger and get out before they become entrapped.

The program 'Unmasking the Abuser' © is immediately applicable. Those who wish to utilise the learning within it do not have to wait until society improves in any significant manner.

Factors that make the programs easy to disseminate include:

- 9a** The highly effective tactics used by abusers involve psychological manipulation. (This has been noted by social psychologists to be the most powerful type of influence methods.)
- 9b** Abusers share a psychology with a narrow continuum. This means their attitudes, perceptions and behaviours are similar, regardless of their personal demographics. Their psychology drives them to seek similar types of relationships.
- 9c** As abusers are seeking similar relationships, the range of tactics that are most effective in creating these relationships is small.
- 9d** The tactics used to create abusive relationships are recognisable.
- 9e** The combination of these factors: a small set of recognisable tactics, means it is easy to teach teen girls and women how to spot these tactics when they see them. Because these tactics are powerful, however, the only reasonable advice is to exit the relationship as quickly as possible if these methods are being used.

The Unmask the Abuser program contains two modules, each easily customised for relevance to its audience or participants. The first module is offered directly to the teen girls and women. The information can be offered on its own or combined with existing education programs.

The second module has been created for professionals who work with teen girls, women, victims or abusers. These components are customised according to profession and include a more thorough discussion of the psychology of abusers as well as the full range of non-injury harm done to victims. This decreases victim-blaming, reduces the ability of abusers to manipulate those in authority and improves the ability of service providers to offer effective assistance to victims.

In Frankston, we recognised aspects of this Program can be embedded in universal services including Maternal and Child Health, Youth Services, Home and Community Care, police, magistrates, legal aid services and educational systems including high schools, TAFE's and universities. To this end Frankston City Council is embedding these aspects into its universal services (please refer to Appendix 2 which details Frankston City Council's overall approach). As part of the second stage of the approach Council is running one of the program's modules which is aimed at mothers and daughters and titled 'Protect Your Daughters', (a brochure is attached for your information at Appendix 1). The module is currently being held in Frankston and promoted to the City of Frankston service providers and to social and community service providers in the Frankston area. However, it should be noted that Council can only continue this level of service with external funding support. Importantly the approach needs to be fully evaluated to provide quantitative and qualitative evidence to enable general application across a wider Victorian community. While data needed for the evaluation is already being

collected, further data to enable an analytical review needs to be collected through the delivery of the programs and universal services. To conduct the research including the programs over a 5 year period would cost an estimated \$1.5M.

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<sup>i</sup> Babcock, Julia C., Green, Charles E., and Robie, Chet. 2004. "Does batterers' treatment work? A meta-analytic review of domestic violence treatment". *Clinical Psychology Review*, 23 (2004) 1023–1053. National Institute of Justice. 2011. "Batterer Intervention Programs Often Do Not Change Offender Behavior." *Office of Justice Programs*. July 6, 2011. Day, Andrew, Chung, Donna, O'Leary, Patrick, Justo, Donna, Moore, Susan, Carson, Ed and Gerace, Adam. Australian Institute of Criminology, 2010. "Integrated responses to domestic violence: Legally mandated intervention programs for male perpetrators." *Trends & issues in crime and criminal justice*, No. 40, 401-420

<sup>i</sup> Australian Bureau of Statistics. 2012. **Personal Safety Survey**. Cat. 4906.0. Commonwealth of Australia, Canberra; Mouzos, Jenny and Toni Makkai. 2004. **Women's Experience of Male Violence: Findings from the Australian Component of the International Violence Against Women Survey (IVAWS)**.

# Protect Your Daughters

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An innovative new approach to  
Family Violence Prevention presented by  
international social psychologist  
and author, ***Dr Dina McMillan, PhD***



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# **VIOLENCE: A WHOLE OF COMMUNITY PERSPECTIVE AND FRANKSTON CITY COUNCIL'S RESPONSE**

## **PURPOSE:**

This paper and project plan is an attachment to the Frankston City Health and Wellbeing Plan.

The project plan comprises health promotion, prevention and early intervention elements embedded into Council's universal service delivery. References in this document to Tertiary Outcomes / the Community Building Outcomes Framework are components of an overarching framework based on a higher order program and data logic.

The prevention program contributes to Frankston City's:

TERTIARY OUTCOME:       STRONGER FAMILIES

SECONDARY OUTCOME:   RESPECTFUL RELATIONSHIPS (RR)

PROGRAM OUTCOMES:   1. RR INFORMED COMMUNITY & RESIDENTS' DECISIONS (to recognise and avoid violent behaviour):

- a)       For children
- b)       By young people
- c)       By adults
- d)       By older adults

2. LOCAL UNIVERSAL SERVICE SYSTEM RR AWARENESS &  
EFFECTIVENESS

- a) Perpetrator behaviour
- b) Victim's needs.

## The relationship between Frankston City Council's RR program outcomes and Australian and Victorian Government outcomes is mapped at Appendix 1.

## **1. INTRODUCTION**

Violence has long been part of the human experience. In modern times it has been dealt with as a criminal justice or human rights issue but increasingly it is recognised as an important public health problem. The World Health Organisation defines violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community,

which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.

Globally, violence takes the lives of more than 1.6 Million people annually (50% due to suicide, 35% due to homicide and just over 12% as a direct result of war or some form of conflict). For each single death due to violence there are dozens of hospitalisations, hundreds of emergency department visits and thousands of doctors' appointments. Furthermore, violence often has lifelong consequences for victims' physical and mental health and social functioning and can slow economic and social development.

Violence in many forms is preventable. Evidence shows strong relationships between levels of violence and potentially modifiable factors such as concentrated poverty, income and gender inequality, the harmful use of alcohol and other drugs and the absence of safe, stable and nurturing relationships between children and parents. Scientific research shows that strategies addressing the underlying causes of violence can be effective in preventing violence.

Policy and resource responses to violence in Australia cross three tiers of government and extend into the Not For Profit sector through funding arrangements. Frankston City Council's response to growing evidence is a reflection of its broad universal service delivery focus which encompasses safety, maternal and child health, youth and aged and disability services.

## **2. BACKGROUND**

Research shows that the issue of family violence is complex with two divergent views amongst professionals. This primarily is to do with defining family violence and how it is measured. On the one hand feminist researchers who tend to favour qualitative approaches to clinical studies, have identified 'gender symmetry' in domestic violence arguing that women are the primary targets of abuse and that men comprise the large majority of perpetrators. On the other hand, family conflict researchers, who tend to favour quantitative approaches to clinical studies, typically find 'gender symmetry'; arguing that women and men experience and perpetrate violence at similar rates but acknowledge that females suffer a greater level of physical injuries. Regardless of which position you may adopt it is important to reflect that no single type of data collection method provides a complete picture of this issue (refer statistics attached). All violence is unacceptable - please refer to Typology of Violence depicted on page 5.

Violence is a complex construct and can be categorised in a number of ways. Two key ways that it can be categorised include:

- On the basis of the motivation that drives it:
  - With the intent to destroy the victim
  - Executed during a crime
  - Acted upon during an episode of intense rage or anger
  - Considered as psychopathic (Hinde, 1997).
- With regard to the connection between the perpetrator and the victim:
  - Self directed (self harm)
  - Interpersonal including family violence comprising child abuse, elder abuse and domestic or intimate partner violence

- Community violence made up of stranger and acquaintance violence comprising assault, workplace violence, youth violence and violence whilst committing a crime.
- Collective violence, which is violence committed by groups of people, comprising political violence, economic violence and social violence. (World Health Organisation, n.d.)

While socio cultural aspects such as an individual's upbringing, early family life or education process have dominated research biological and personality are also considered to contribute to the profile of violent behaviour.

In an effort to respond to the most hidden type of violence within our communities this response will focus on family and community violence from a Local Government perspective.

## **2.1 Family violence forms of abuse**

Family violence is any of the forms of abuse listed below. All types are unacceptable some are criminal offences.

### **2.1.1 Child abuse / maltreatment**

Child abuse/ maltreatment: refers to any non accidental behaviour by parents, caregivers, other adults or older adolescents that is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm to child or young person. Such behaviours may be intentional or unintentional and can include acts of omission. There are a number of complex issues to consider when determining child maltreatment including, cultural values and beliefs, age appropriate supervision, the extent to which neglect will cause physical or emotional harm

Child maltreatment is commonly divided into five main subtypes:

- Physical abuse includes shoving, hitting, slapping, shaking throwing, punching, kicking, biting, burning, strangling and poisoning
- Emotional maltreatment includes rejecting, isolating, terrorising, ignoring, corrupting
- Neglect including physical, emotional or psychological, educational and environmental neglect
- Sexual abuse refers to the use of a child for sexual gratification by an adult or significantly older child/ adolescent caregiver. Any sexual behaviour between a child under the age of consent and an adult is abusive and any sexual behaviour between a child and an adult family member is abusive.
- The witnessing of family violence is broadly defined as a "child being present (hearing or seeing) while a parent or sibling is subjected to physical abuse, sexual abuse or psychological maltreatment or is visually exposed to the damage caused to persons or property by a family member' violent behaviour

Although there is broad consensus regarding the different subtypes of maltreatment, different definitions exist because different professional fields tend to emphasise the facets of maltreatment that are most salient to their own field.

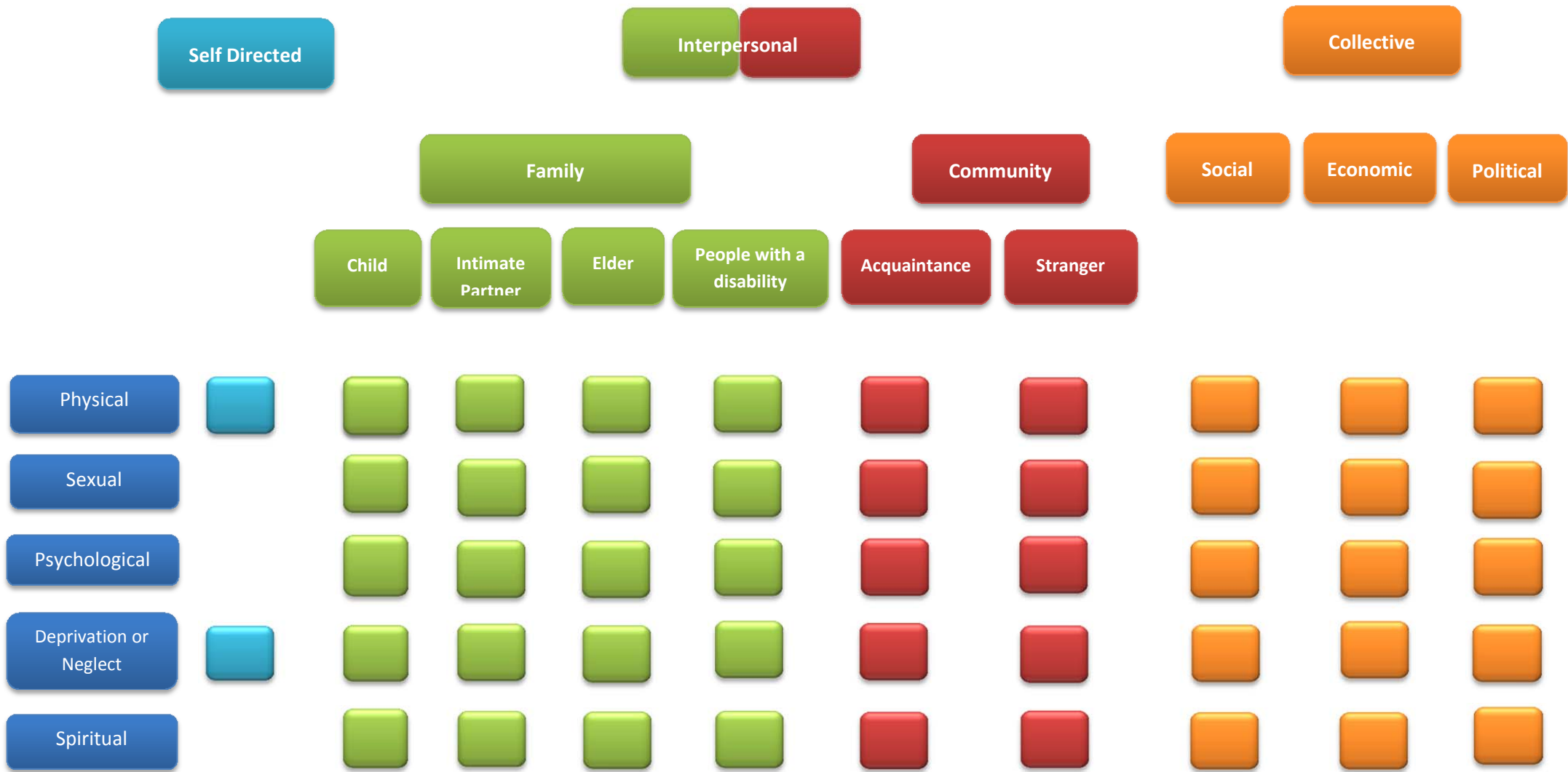
### 2.1.2 Domestic (AKA) intimate partner violence

Intimate partner violence can comprise one or more of the following behavioural elements:

- **Creating fear:** Fear is a key element in domestic violence and is often the most powerful way a perpetrator controls their victim. Fear is created by giving looks or making gestures, possessing weapons (even if they are not used), destroying property, cruelty to pets - or any behaviour which can be used to intimidate and render the victim powerless.
- **Intimidation:** This includes smashing things, destroying possessions, handling of weapons, using intimidating body language (angry looks, raised voice), hostile questioning of the victim or reckless driving of vehicle with the victim in the car. It may also include harassing the victim at their workplace either by making persistent phone calls or sending text messages or emails, following them to and from work or loitering near their workplace.
- **Verbal abuse:** This includes using words as a weapon to cause significant damage. This may include screaming, shouting, put-downs, name-calling, swearing, using sarcasm or ridiculing her for her religious beliefs or ethnic background. Verbal abuse may be a precursor to physical violence.
- **Physical abuse:** Behaviour such as pushing, shoving, hitting, slapping, choking, hair-pulling, punching etc. and may or may not involve the use of weapons. It could also be threats to destroy or actually destroying her prized possessions. It can range from a lack of consideration for her physical comfort to causing permanent injury or even death.
- **Emotional abuse:** Behaviour that deliberately undermines a person's partners' / spouses' confidence leading them to believe they are stupid or that they are a bad parent or useless. This type of abuse humiliates, degrades and demeans the victim. The perpetrator may make threats to harm the victim, their friends or family members or to take the children or to commit suicide. The perpetrator may use silence and withdrawal as a means to abuse.
- **Social abuse:** This involves isolating the victim from their social networks and supports either by preventing them from having contact with their family or friends or by verbally or physically abusing them in public or in front of others. It may involve continually putting friends and family down so the victim is slowly disconnected from their support network.
- **Physical abuse:** this may include Inappropriate handling; taking away or controlling an aid such as moving a wheelchair or walker out of reach; using medication to sedate or providing care in a cruel or rough manner.
- **Sexual abuse:** this includes sexual assault, force or coercion to take part in unwanted sexual activity or withholding needed care in exchange for sexual favours
- **Psychological/emotional abuse** includes denying the right to make decisions due to their cognitive state; convincing the older person that they couldn't cope without the carer, denying access to 'small pleasures' and talking about 'how hard it is to provide care' in front of the older person. (Continued on page 6)



# Typology of Violence



The Typology of Violence is taken from the World Health Organisation's typology however, 'People with a Disability' has also been included for Frankston City Council's purposes due to their vulnerability to abuse.

- Financial abuse: The perpetrator takes full control of all the finances, spending and decisions about money so the victim is financially dependent on their partner. Also denying access to money, and forcing the victim (and their children) to live on inadequate resources also demanding the victim accounts for every cent spent. This type of abuse is often a contributing factor to 'becoming trapped' in violent relationships.
- Sexual abuse: Refers to any unwanted sexual behaviours. This may include forced sexual contact, rape, forcing involvement in sexual acts that cause pain or humiliation, forcing the victim to have sex with others or causing injury to sexual organs.
- Controlling behaviours: This includes the perpetrator dictating what the partner does, who they see and talk to, where they go, keeping them from making any friends or from talking to their family or having any money of their own. This can include preventing the victim from going to work, expressing their own feelings or thoughts or to making decisions for themselves, not allowing any privacy or forcing them to go without food or water.
- Spiritual abuse: This includes ridiculing or putting down beliefs and culture, prevention from belonging to or taking part in a group that is important to spiritual beliefs or practising their faith religion.
- Separation violence: Often after the relationship has ended violence may continue. This can be a very dangerous time for the victim because the perpetrator may perceive a loss of control over the victim and may become more unpredictable. During and after separation is often a time when violence will escalate leaving the victim more unsafe than previously.
- Stalking: Sometimes the victim is stalked by the perpetrator; either before or after separation. Stalking includes loitering around places the victim is known to frequent, watching them, following them and making persistent telephone calls and sending mail including unwanted love letters, cards and gifts although the relationship has ended. Stalking is a criminal offence. Under the stalking legislation more than one type of behaviour has to occur or the same type of behaviour has to occur on more than one occasion.
- Domestic homicide: The victim and/or their children are killed by the intimate partner as a result of domestic violence.

### **2.1.3 Elder abuse**

Elder abuse is a form of family violence that is experienced by older people. It is defined as “any action, or deliberate inaction, by a person in a position of trust, which causes harm to an older person.” (World Health Organisation, 2002). Although family violence and elder abuse both cause harm to elders, family violence and aged care workers have often provided different support pathways.

Elder abuse can take the form of domestic violence, such as psychological and financial abuse. However, elder abuse is often not as readily identified as abuse by other family members and workers. There are some abuse tactics that older people and those with disabilities are more at risk from, including:

- Financial abuse includes: using a power of attorney to withhold money or misuse finances, not allowing the person to keep or carry their own money, withholding knowledge of their bank account balance or household bills paid
- Neglect: This includes poor hygiene or refusing to wash the older person, withholding medication, personal or medical care, withdrawing care or equipment that immobilizes or leaves the older person without a way to call for help, refusing or delaying assistance following a personal accident or spillage or receiving the carer's pension without providing the care

#### 2.1.4 People with a disability abuse

While no specific data is available anecdotal evidence suggests that family members with a disability have higher levels of vulnerability with regard to being subjected to abuse. The forms of abuse would be consistent with those outlined above

#### 2.1.5 Community violence

Community violence is recognised as a major public health problem (WHO, World Report on Violence and Health, 2002) that Australians increasingly understand as having adverse implications beyond large conurbations or inner-cities.

While still interpersonal by nature community violence occurs outside of the family context and as such is more visible, perpetrators more readily detected and the community more broadly supported by a range of services including police enforcement, CCTV surveillance, courts and tribunals.

Community violence includes the following forms of abuse: physical and sexual assaults, kidnap, murder, verbal abuse, bullying, including cyber bullying and intimidation and harassment, damage of personal property and abuse of power. Paradoxically, while the majority of research on chronic community violence exposure focuses on ethnic minority, impoverished, and/or crime-ridden communities treatment and prevention focuses on the perpetrators of the violence, not on the people who are its direct or indirect victims.

Street based offending is gaining considerable media coverage presenting considerable challenges in terms of community health, social burden, loss of productivity and expense in terms of medical, policing and infrastructure. The nature of offending is highly variable, influenced by numerous factors that include poverty level, region, substance abuse and ethnicity. While school-based treatment and preventive interventions have enjoyed some levels of success, it is recognised that a broad range of intervention strategies are necessary to make any meaningful impact

Statistically most **victims** of street based violence are male; predominantly involving youths or adolescents, which presents a unique range of psychological problems in terms of loss of safety and societal stress. (In 2000, among the age group of 10-29 year olds there were 200,000 homicides worldwide and for **every** homicide there are 20-40 violent events requiring hospital attention (WHO, 2006)).

Drug and alcohol fuelled violence is an area of growing concern. The consumption of alcohol during social events is widely accepted as a significant part of Australian culture and therefore difficult to

manage and minimise. Excessive misuse of drugs and alcohol is a significant risk factor for violence in the community and adversely affects the public's perception of personal safety outside the home. The link between substance abuse and violence should be considered in a contextual setting i.e. drug trafficking and criminal activity, unemployment as a result of substance abuse, loss of trust in relationships and social and family disruption as well as a situational problem, such as increased likelihood of committing a violent offence while under the influence of drugs and/or alcohol.

While considered a facet of generalised community violence, gang violence falls within the typology's 'collective violence'. Gangs are often based on affiliation or common belief such as ethnic or religious principles or by shared needs as found in organised crime or prison gangs; most prominent in Australia are outlawed motorcycle gangs. Youth gangs traditionally have a high affiliation with criminal activity and violence.

### **3. LOCAL GOVERNMENT'S ROLE IN ADDRESSING VIOLENCE**

Within the three tiers of government Local Government has an important role to play in contributing to the wider community response to family violence.

Support for a major role for Councils is also found at the federal and State levels, highlighting that local government has a key leadership role in responding to family violence and driving and co-ordinating initiatives tailored to their local communities.

Broadly, the activities of local government to date have been focused upon the fields of advocacy, public education, community development and organisational change. Local Government is well placed to deliver prevention programs as it:

- Owns extensive community infrastructure
- Builds community relationships
- Implements social policy
- Designs local strategies and plans
- Provides key universal services, which in the case of Frankston City Council includes:
  - Maternal and Child Care
  - Long Day Care (Frankston North only)
  - Family Day Care
  - Play groups
  - School Crossing Supervision
  - Youth Services
  - Aged and Disability Services
  - Local Law and Environmental Health Enforcement

- Fire prevention
- Emergency Management and Recovery.
- Community Strengthening programs
- Libraries and literacy programs
- Community centre programs
- Aboriginal support
- Arts and culture programs

The very nature of these grass roots services enable residents to have access to community infrastructure and a network of non-threatening professional relationships.

These universal services, which traverse the whole of life continuum, lend themselves to the integration of health promotion, prevention and early intervention initiatives into the service delivery system.

*## N.B. The priorities and services will change from time to time based on needs. The needs and the services are determined through Council's strategic and business planning processes and final decisions are resolved by Council. As part of this process consideration is given to whether the private and Not For Profit sectors are meeting the need. Council's focus is prevention and as such and where identified as necessary clients are referred to secondary and tertiary service sector providers.*

#### **4. 'Current State' Demographic profile of Frankston Municipality**

The following statistics have assisted in targeting priorities. The statistics have been grouped together consistent with Frankston City Council's Community Building Outcome Framework which comprises the following Tertiary Outcomes:

##### **4.1 Learning City**

- In 2012, the kindergarten participation rate in Frankston was 91.5% compared to 98% for Victoria. While this percentage was still lower than the state rate of participation, it represented a significant increase in Frankston over the previous four years.
- Year 9 students in Frankston attained lower minimum standards in reading (91.9%) writing (87.6%) and numeracy (94%) than the rest of Victoria (92.3%; 89.4%; 94.4% respectively)
- Frankston has higher rates of disengagement of young men and women aged 15 -24 in employment or education (14.8%) compared to rest of Victoria (10.7%)
- Frankston City's year 12 (or equivalent) completers in 2013 continue to be less likely than the Victorian average to attend university, yet more likely to attend TAFE.
- While the 2013 cohort was slightly less likely to attend university, and slightly more likely to attend TAFE than the 2012 cohort, it is assumed that this is within standard variation levels.

## 4.2 Healthy City

- The Victorian Population Health Survey 2011 (released late 2014) demonstrates a range of positive and negative health behaviours amongst Frankston residents.
- Of particular concern is a high rate of obesity in the municipality (22.2%) although for women the figure is even higher (25.6%), 38.7 % of men are considered to be overweight.
- The data indicates that while Frankston residents are more likely to live active lifestyles than other Melbournians, many eat and drink poorly.
- 21% of Frankston survey respondents reported that they consumed sugar sweetened soft drinks daily and only 7.1 % reported that they met vegetable intake guidelines and 42.4% met fruit intake guidelines.
- The survey indicated that 46.5% of Frankston respondents were at risk, or high risk of short term alcohol related harm which is slightly higher than Victorian rate (45.3%).
- 3.9% of residents ran out of food in the previous 12 months. This is lower than the Victorian average of 4.6%.
- While Frankston formerly had high rates of psychological distress, this is no longer evident. Indeed, it would appear that the mental health of Frankston residents has improved noticeably.
- 54% of Frankston survey respondents had been to the dentist in the previous 12 months compared to 57.1% for Victoria. A further 22% reported that they had been to the dentist within the last two years compared to 18.1% in Victoria. 6.9% reported that it was 10 years or more since they had been to a dentist compared to 4.9% for Victoria.
- 18.4% of Frankston respondents reported that they had fair to poor dental health, slightly lower than the Victorian rate of 19%.
- 17.4% of Frankston respondents reported that they smoked, slightly higher than the Victorian rates (15.7%)
- The reported prevalence of asthma (current) in Frankston was 14.6% compared to the Victorian rate of 10.9%.
- Prevalence of Type 2 Diabetes in Frankston is 6.3%, and is slightly higher than Victorian rate (5%)
- Prevalence of hypertension in Frankston was 27%, slightly higher than Victorian rate of 24.5%
- Reported prevalence of heart disease (7.6%) cancer (9.5%) and arthritis (20.8%) in Frankston are all slightly higher than Victorian rates (6.9%; 7.0% ; 19.8% respectively)

### 4.3 Safe City

- According to Victoria Police data, the Frankston LGA experienced an 8.7% increase in crime rates during 2013-14. This compares to a 3.7% increase for Victoria. This was driven largely by Drug Offences (16% increase) and Other Crime (20% increase). Robbery (thefts with violence or threats of violence) increased by 49.4% over the period.
- However, Crimes Against the Person fell by 3.8% in this time period and Crimes against property also fell by 4.3%.
- Road safety figures show that total injuries reduced by 8.2%, however there were two road deaths during the period.

### 4.4 Community Strength

- 69.6% of Frankston residents “feel part of their community” according to the Victorian Population Health Survey 2011. While this is 1.3% lower than the Metropolitan Melbourne average, this may represent an improvement on 2007, where 65.7% of residents felt part of a community (3.2% less than the metropolitan average).
- Neighbour Day events held in 2014 - 8
- Harmony day events held in 2014 - 4
- Local area plan consultations occurred in Carrum Downs and Frankston Central/Frankston Heights

### 4.5 Stronger Families

- In 2012, 23.3% of Frankston children were developmentally vulnerable on one or more domain. While lower than in 2009, this is still higher than the Victorian average. It would appear that progress is being made.
- 20.5% of families in Frankston are one parent families. This is higher than the Victorian average of 15.5%. In most (82.5%) of the one parent families in Frankston, the parent is female.
- In 2011- 12, 72 women under 19 years old gave birth in Frankston (16.9 per 1,000 women in this age group). This is higher than the Victorian rate (10.4 per 1,000 women).
- 39% of Frankston families have household incomes of less than \$400 per week.
- Nearly 25 % of Frankston residents spend more than 30% of their gross income on rent or mortgage payments. This is higher than the Victorian average. Average mortgage repayments increased from \$1,200 (2006) to \$1,647 (2011).
- Nearly 40% of Frankston residents are buying their own homes, 26% own their own homes and 26% rent.

- Frankston is one of the top six areas nationally for homelessness. 2011 Census recorded 486 individuals living in a caravan, cabin, houseboat, tent or who sleep out. SalvoCare Eastern reported 2,200 unique clients in the 2012-13 financial year, as well as an additional 600 repeat clients. This equates to approximately 1 in every 65 members of our community requiring emergency accommodation in any given year.
- Police data illustrates that in 2013-14 family violence incidents continued to grow in the Frankston municipality. In 2013 -14, Frankston had the highest rate of police callouts to family violence incidents in Metropolitan Melbourne (1,773 callouts per 100,000 persons) and third highest in Victoria. 80% of reported family violence incidents in Frankston are directed towards women.

#### **4.6 Sustainable Economy**

- In the period from 2006 to 2011, job growth outstripped population growth in Frankston City by 0.17%. However, the ratio of jobs to residents (0.29) falls well short of the target set in FCC's Economic Development Strategy 2011 (0.413).
- Employment in the MAC grew by 1,702 jobs from 2006 to 2011 – from 8,405 to 10,107 jobs or 17% (compared with job growth of 8.4% across the whole municipality).
- In terms of residential development, there has been significant progress in recent times, with the approval of 5 major apartment developments in 2013-2014. The majority of these have not yet commenced construction, which indicates that the property market is yet to mature.
- Key industries outlined in Economic Development Strategy 2011 that have had significant growth include: Health and Wellbeing; Tourism and Hospitality; Government Services
- Education (increased delivery of higher education), Business Services and Retail have been relatively stagnant.
- As of the 2011 Census 15.4% of Frankston residents were employed in the highly skilled 'managerial or professional' roles, compared to 24.0% of metropolitan Melbourne. However 18.0% of Frankston residents were employed in the "mid-skill" level roles of "technician or tradesperson" compared to 13.4% of metropolitan Melbourne. Ultimately, this still reflects a low level of skilled work attained by Frankston residents.

#### **4.7 Sustainable Environment**

- Total open space area is 1317.71 ha
- Open space provision per capita is 10.42ha/1000 residents
- Open space sporting provision per capita is 2.29 ha/1000 residents
- No. of open space reserves – 269.

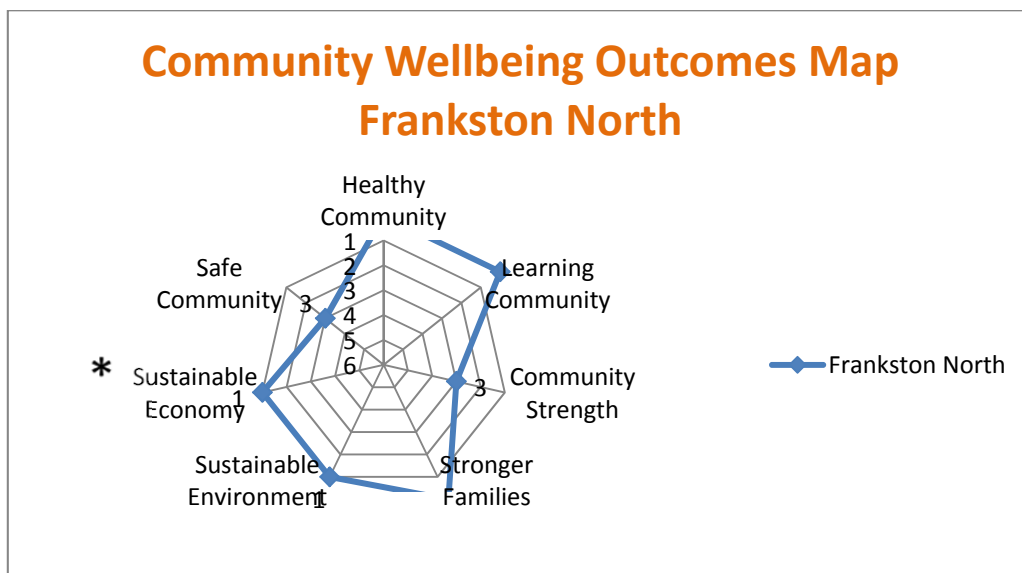


## 5. Respectful Relationships Project – Frankston City Council

### 5.1 Project introduction

An assessment against the Community Building Outcomes Framework of all 7 suburbs was undertaken in 2014. As a consequence the Secondary Outcome: Respectful Relationships in the Stronger Families Tertiary Outcome hierarchy was identified as a key priority in Frankston North. The diagram below depicts the overall wellbeing.

*N.B. The closer of the assessed grid line to the centre of the graph the greater the representation of the wellbeing of the community. While Healthy Community and Learning Community are equally important outcome hierarchies it was considered that an improvement to the Stronger Families outcome hierarchy would also positively improve both Learning Community (e.g. reduction of trauma on children witnessing violence) and Healthy Community (e.g. improved awareness of the impact of violence and where to and how to seek help).*



The Respectful Relationships Project is targeted at increasing the prevalence of Respectful Relationships in Frankston North. The assessment and identification of this priority project is based on qualitative (Council's universal service front line officers) and quantitative evidence.

### 5.2 Respectful relationships / family violence perspective

While local suburb breakdowns are not available, Frankston LGA has the highest rate of family violence in the metropolitan Melbourne area. The Frankston North community demonstrates high proportions of a number of recognised at-risk groups, including:

- Women with disabilities
- Aboriginal women
- Older women (20% of Frankston North women are over 65 years)
- Those struggling financially.

### 5.2.1 Family Violence Incidents, Frankston LGA. 2009-10 FY

In 2009-10 police reported on 1,377 separate incidents of family violence. Due to the high availability of data from the 2009-10 year, this will be the focus of our study.

For the 2013-14 year, Frankston had the highest rate per 100,000 persons of police callouts to family violence incidents in Metropolitan Melbourne. At 1,773 callouts per 100,000 persons, Frankston's rate dwarfs both neighbouring Casey (at 1,364 callouts per 100,000 persons), and Hume in Melbourne's outer West (with the second highest rate at 1,587 callouts per 100,000 persons).

#### 5.2.1 (a) Sex of Affected Family Member

Police data consistently shows that approximately 80% of reported incidents of family violence in Frankston are directed towards women. This is marginally higher than the 76% reported across the Australian population by the Australian Bureau of Statistics. While marginal, the difference is statistically significant.

		2009-2010	
		N	%
Gender of affected family member	Female	1093	80%
	Male	279	20%
	Total	1372	100%

#### 5.2.1(b) Sex of Perpetrator

Police data further shows that approximately 80% of reported incidents of family violence in Frankston are perpetrated by men. While slightly higher than the Australia-wide ABS figure, the difference is not statistically significant (to 95% confidence).

		2009-2010	
		N	%
Gender of other party	Female	264	19%
	Male	1102	81%
	Total	1366	100%

#### 5.2.1(c) Age of Affected Family Member at time of Incident

Persons aged 25-45 make up approximately 60% of those affected by family violence in the Frankston local government area, despite making up less than 30% of residents. This evidence is particularly interesting as police data shows great variance in the age profiles of

affected family members between LGA's. Typically it is understood that younger people are at an increased risk of family violence.

		2009-2010	
		N	%
Age of affected family member at time of family violence incident report	17 years and younger	114	8%
	18 - 24 years	200	15%
	25 - 34 years	366	27%
	35 - 44 years	401	30%
	45 years and older	278	20%
	Total	1359	100%

#### 5.2.1(d) Age of Perpetrator

The age of perpetrators of family violence in Frankston broadly corresponds with the ages of those affected. This is likely a reflection on the fact that the two most prevalent forms of family violence in Frankston (as we explore in the next section) are where the perpetrator is a current or former partner.

		2009-2010	
		N	%
Age of other party at time of family violence incident report	19 years and younger	170	13%
	20-24 years	143	11%
	25-34 years	404	30%
	35-44 years	414	31%
	45 years and older	220	16%
	Total	1351	100%

#### 5.2.1(e) Relationship or affected family member to other party.

Nearly 70% of family violence in the Frankston local government area is perpetrated by a current or former partner. Compared to other municipalities in metropolitan Melbourne, there is a higher proportion of former partners, and a lower proportion of child-to-parent violence.

		2009-2010	
		N	%
Relationship of affected family member to other party	Spouse/defacto / domestic partner	610	51%
	Former spouse /defacto / domestic partner	212	18%
	Parent / step-parent	146	12%
	Child / step-child	81	7%
	Other relative /family member	129	11%
	Other house resident	0	0%
	Carer	7	1%
	Total	1185	100%

### 5.2.1(f) Presence of Children at Incident

Children are present in 30% of family violence incidents in the Frankston LGA. This represents a large decrease in proportion over ten years, although there has been growth in absolute terms of reported family violence incidents with children present. It is not immediately clear what the decreasing proportion of incidents with children present is attributable to. A similar, although less dramatic trend is notable across metropolitan Melbourne.

		1999-2000		2009-2010	
		N	%	N	%
		Number of children present at family violence incident	None	252	53%
	One	93	19%	193	14%
	Two	73	15%	124	9%
	Three	39	8%	67	5%
	Four or more	20	4%	20	1%
	Total	477	100%	1377	100%

### 5.2.2 Key existing and available data also reflects that:

- Frankston North is the 7th most disadvantaged postcode (of significant population) in Victoria.
- Frankston North is one of only 4 suburbs in Melbourne in which greater than 20% of residents indicate that their health is either 'poor' or 'fair'.
- 6.7% of Frankston North residents have a disability or need for core assistance. This compares to just 4.7% for Victoria
- Further, disability in Frankston North is highly skewed towards females.
- Frankston North has the lowest incomes in the Frankston municipality.
- Frankston North households experience a high level of housing stress.
- Frankston North has the 2nd highest childhood vulnerability ranking of any suburb in Victoria.
- Frankston North is the worst suburb in Victoria for children's' emotional development.
- Frankston North has the 10th highest rate of young mothers (<25yo) in Melbourne
- Only 65.8% of Frankston North 16 year olds are attending high school fulltime.
- One in five (19.7%) Frankston North residents aged 16-24 are Not in Employment, Education or Training (NEET)
- Frankston North has half the rate of volunteering that Victoria has (10.6% to 19.3%)

## Frankston Municipality

- The survey indicated that 46.5% of Frankston respondents were at risk, or high risk of short term alcohol related harm which is slightly higher than Victorian rate (45.3%).
- 17.4% of Frankston respondents reported that they smoked, slightly higher than the Victorian rates (15.7%)
- Police data illustrates that in 2013-14 family violence incidents continued to grow in the Frankston municipality. In 2013 -14, Frankston had the highest rate of police callouts to family violence incidents in Metropolitan Melbourne (1,773 callouts per 100,000 persons) and third highest in Victoria. 80% of reported family violence incidents in Frankston are directed towards women.
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## Respectful Relationships Project Program Logic



Why

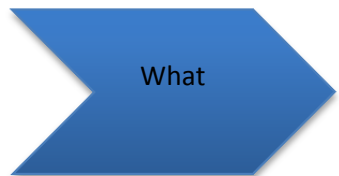
To reduce the impact of family violence and empower families and individuals to improve their quality of life and reach their full potential.

To increase service efficiency and reduce costs of secondary and tertiary family violence and health sector support systems.



How

- Facilitated engagement and agreement
- Agreed business process reengineering
- Shared Value funding
- Project management
- Data and document management



What

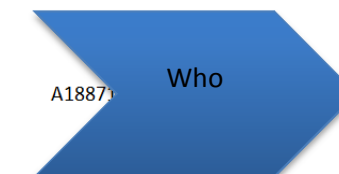
Incorporate respectful relationship training and guidance within existing universal services to include:

Antenatal care (to also include nutrition and hygiene and parenting skills – Family & Youth Services); early childhood literacy (library and Mahogany Community Centre); mothers and daughters and fathers and sons program; Youth Leadership Program (Mahogany Community Centre); elder abuse awareness (Aged and Disability Services)



Where

Frankston North



Who

Frankston City Council Community Development Directorate; Victorian Police;

Local community, individuals, families and carers and volunteers where appropriate

Emerge Inc, Researcher (TBA)

# Respectful Relationships Project Data Logic

To identify agreed data measures that will demonstrate:

- The relationship between respectful relationships and family violence
- The benefits of prevention and early intervention efforts to increase the prevalence of respectful relationships
- The social return on investment in reducing the incidents and impact of family violence

Why

How

- Facilitated engagement and agreement
- Project management
- Agreed business process reengineering
- Data and document management
- Shared Value funding

What

To establish a network of measures and data ensuring research and evidence has integrity and can be generalised for use by partners, government and philanthropists.

Where

Frankston North

Who

Frankston City Council Community Development Directorate; Victorian Police;

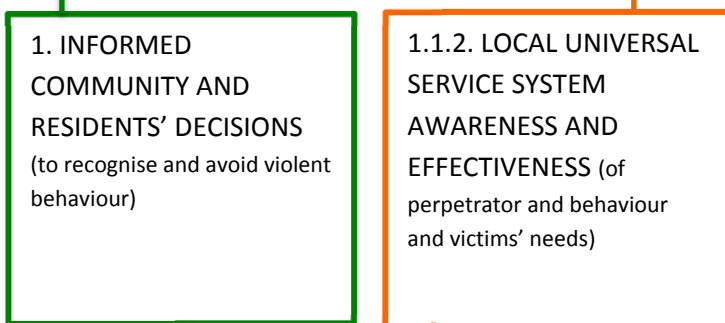
Local community, individuals, families and carers and volunteers where appropriate

Emerge Inc, Researcher (TBA)

### Relationship of Frankston City Council Planned Outcomes to Australian Government Outcomes and Victorian Family Violence Action Plan

**Australian Government Outcomes**

- 1. Communities are safe
- 2. Relationships are respectful
- 3. Indigenous communities are strengthened
- 4. Services meet the *needs* of women and children experiencing violence
- 5. Justice responses are effective
- 6. Perpetrators stop their violence and are held to account



**Victorian Government family Violence Action Plan**

- 1. PREVENTION
  - Educate To change attitudes and behaviours
  - Engage organisation and communities
  - Respectful and non-violent relationships
- 2. EARLY INTERVENTION
  - Identify women and children at greatest risk of violence
  - Target interventions to those who are at risk of committing violence
- 3. RESPONSE
  - Protect and empower women and children to rebuild their lives
  - Get tougher on perpetrators and prevent re-offending.