



Victorian
Agency for
**Health
Information**

Family violence in Victoria

Findings from the
Victorian Population
Health Survey 2017

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.
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Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

Accessibility

To receive this publication in an accessible format phone (03) 9096 0000, using the National Relay Service 13 36 77 if required, or email the Health Intelligence Unit <health.intelligence@vahi.vic.gov.au>.

ISBN 978-1-76096-030-8 (pdf/online/MS word).

Available at <<https://www.bettersaferecare.vic.gov.au/reports-and-publications/vphs2017-family-violence-in-victoria>>.

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Suggested citation

Victorian Agency for Health Information 2020, *Family violence in Victoria: findings from the Victorian Population Health Survey 2017*, State of Victoria, Melbourne.

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Executive summary

This report is the first population-based report on family violence in the state of Victoria. It is based on the responses of 33,654 randomly selected adults aged 18 years or older to five questions included for the first time in the 2017 Victorian Population Health Survey (VPHS).

This report was produced in the wake of the Royal Commission into Family Violence, which completed its work in 2016 and made 227 recommendations. The purpose of the royal commission was to find solutions to prevent family violence, better support victim survivors and hold perpetrators accountable.

Family violence consists of coercive and abusive behaviours by a person towards a family member of that person that are designed to control, intimidate, humiliate, undermine and isolate, resulting in fear and insecurity. Such behaviours include, but are not limited to, physical, sexual, emotional, financial and spiritual abuse.

The report investigates the prevalence of family violence, who experienced family violence, the frequency of its occurrence, the type of family violence experienced, the services accessed in response to family violence and the knowledge of the general population about where to get outside advice or support for family violence.

Key findings

In Victoria, 5.4% of adults experienced family violence in the two years preceding the survey. Of the 33,654 Victorians surveyed, 4.9% of people refused to answer the questions on family violence.

Family violence by gender

Family violence is significantly higher in women than men, with 6.6% of women and 4.2% of men experiencing it. This represents approximately 167,000 women and 102,000 men.

However, men were more likely than women to experience family violence as an isolated incident (29.5% of men vs 15.1% of women), while women were more likely to experience family violence as repeated incidents (83.4% of women vs 65.2% of men).

When the frequency of occurrence was taken into consideration, 5.5% of women and 2.7% of men experienced family violence as repeated incidents – significantly higher in women than men.

In contrast, 1.2% of men and 1.0% of women experienced family violence as an isolated incident – not significantly different between the genders.

Women aged 35–44 years and men aged 18–24 years experienced the highest prevalence of repeated incidents of family violence (8.2% and 4.1%, respectively).

Women were more likely to experience all forms of family violence than men. Of the adults who experienced sexual abuse or assault in a family violence context, 75.9% were women and 24.1% were men. Of the adults who experienced physical family violence, 59.4% were women and 40.6% were men.

It is important to note that the survey did not collect data about the relationship of the perpetrator to the victim or the gender of the perpetrator. Therefore, we cannot measure the prevalence of intimate partner violence nor determine the proportion of men who experienced family violence from a family member who was male.

The services that most people had contact with in response to family violence were a hospital, health service or a mental health service – significantly higher in women than men, where 50% of women

compared with 35.6% of men received medical attention. Men and women who had contact with a health service were significantly more likely to have had contact with other services. However, 20.5% of women and 14.6% of men did not have contact with any other service.

Other services that adults who experienced family violence had contact with included:

- police – 47.8% of women and 37.8% of men
- a court – 32.6% of women and 23.9% of men
- a legal service – 32.6% of women and 24.2% of men
- a family violence helpline or specialist service – 24.2% of women and 12.6% of men (significantly higher in women than men)
- a family service, Child FIRST or Child Protection – 18.4% of women and 9.9% of men (significantly higher in women than men)
- a homelessness or housing service – 13.8% of women and 9.4% of men
- an alcohol or other drug service – 10.0% of women and 10.7% of men.

Overall, just over 1 in 5 women (20.9%) and close to 1 in 3 men (30.9%) did not access or have contact with a service in response to family violence.

Almost 3 out of 4 men (71.4%) and women (73.7%) knew where to get outside advice or support for family violence – not significantly different by gender. In contrast, just over 1 in 5 women (20.9%) and close to 1 in 4 men (23.0%) did not know where to get outside advice for family violence.

Family violence by country of birth

In the two years preceding the survey, 6.5% of adults born in Australia experienced family violence – significantly higher than all adults in Victoria (5.5%).

Adults born in East Asia, South-East Asia, the Middle East, the Indian subcontinent or sub-Saharan Africa were two to three times more likely to have refused to answer the questions on family violence than all adults in Victoria, while those born in Australia,

the United Kingdom or Ireland were significantly less likely to have refused.

Adults born in Australia were significantly more likely to know where to go to get outside advice or support for family violence than all adults in Victoria, whereas adults born in Europe, East Asia, South-East Asia or the Middle East were significantly less likely to know.

Family violence by Aboriginal and Torres Strait Islander status

In the two years preceding the survey, 12.3% of Aboriginal and Torres Strait Islander Victorians (referred to collectively as 'Aboriginal Victorians' in this report) and 5.4% of non-Aboriginal Victorians reported having experienced family violence. This represents approximately 4,200 Aboriginal adults and 260,000 non-Aboriginal adults.

By gender, 17.2% of Aboriginal women and 9.3% of Aboriginal men experienced family violence compared with 6.7% and 4.0% of their non-Aboriginal counterparts, respectively.

However, Aboriginal Victorians were more likely than non-Aboriginal Victorians to experience family violence as an isolated incident (55.1% vs 19.5%, respectively), while non-Aboriginal Victorians were more likely than Aboriginal Victorians to experience family violence as repeated incidents (77.4% vs 44.9%, respectively).

When the frequency of occurrence was taken into consideration, there was no statistically significant difference in the prevalence of repeated incidents of family violence by Aboriginal Victorians compared with non-Aboriginal Victorians (5.5% vs 4.1%), although the relative standard error associated with the Aboriginal estimate was high enough to warrant caution in its interpretation.

In contrast, Aboriginal Victorians were significantly more likely to experience isolated incidents of family violence than their non-Aboriginal counterparts (6.7% vs 1.1%), although the relative standard error associated with the Aboriginal estimate was high enough to warrant caution in its interpretation.

Aboriginal Victorians were significantly more likely to experience most types of family violence (financial/economic, emotional/psychological, physical) than their non-Aboriginal counterparts, except for spiritual or sexual violence.

There were no statistically significant differences between Aboriginal Victorians and non-Aboriginal Victorians in the types of services accessed in response to family violence, except that more than 1 in 4 (28.7%) Aboriginal Victorians accessed an Aboriginal service.

Aboriginal Victorians (84.2%) were significantly more likely than non-Aboriginal Victorians (72.5%) to know where to get outside advice or support for family violence.

Family violence by LGBTIQ+ status

Overall, adults who identified as lesbian, gay, bisexual, transgender, intersex, queer and/or other (LGBTIQ+) were significantly more likely to experience family violence than their non-LGBTIQ+ counterparts (11.2% vs 5.2%).

Overall, adults who identified as LGBTIQ+ were more likely to have experienced financial/economic, emotional/psychological, physical, spiritual, sexual and other violence than their non-LGBTIQ+ counterparts.

Family violence by socioeconomic status

Family violence occurs among adults regardless of socioeconomic status. However, there was a socioeconomic gradient where the lower the socioeconomic status, the higher the prevalence of family violence. This socioeconomic gradient was consistently found for all five measures of socioeconomic status investigated in this report. For example, 10.0% of adults who had a total annual household income of less than \$20,000 experienced family violence compared with 3.0% of adults with a household income of \$100,000 or more.

A socioeconomic gradient was found for all types of family violence – financial/economic, emotional/psychological, physical, spiritual, sexual and ‘other’ violence.

There were no socioeconomic gradients in the proportions of adults who experienced family violence as an isolated incident or repeated incidents. However, adults who reported a total annual household income of \$100,000 or more were three times more likely to experience family violence as an isolated incident (26.7%) than adults with a household income of less than \$20,000 (8.9%).

There were socioeconomic gradients in the proportions of adults who accessed the police, the courts, a legal service and/or family services (including Child FIRST or Child Protection) and homelessness/housing services in response to family violence – the higher the proportion of adults accessing the service, the lower their socioeconomic status.

Adults in the highest household income bracket were significantly less likely to access a hospital, health service or mental health service, or a family violence helpline or specialist service, in response to family violence compared with adults in the lowest household income bracket.

Adults in the lowest household income bracket were significantly less likely not to have accessed any services (11.5%) than adults in the two highest household income brackets (41.6% and 32.1%, respectively).

There was a socioeconomic gradient in the proportion of adults who knew where to get outside advice or support for family violence – the higher the total annual household income, the higher the proportion of adults who knew where to get outside advice and support in response to family violence.

Family violence by geographical location

Most of the estimates of family violence by Local Government Area were associated with high relative standard errors, indicating that the data was not robust enough to allow comparisons by individual Local Government Area. This is because of the small numbers of adults reporting family violence in each Local Government Area.

However, one robust finding was that the prevalence of family violence was highest in women who lived in the area of Inner Gippsland in South Division (11.8%). The area of Inner Gippsland contains the Local Government Areas of Bass Coast, Baw Baw, Latrobe and South Gippsland.

Family violence by health status

Of the Victorians who reported experiencing family violence, 37.5% of adults had high or very high levels of psychological distress – almost three times higher than adults who did not report family violence (13.8%).

Two in 3 women (66.7%) and 1 in 3 men (36.4%) who experienced family violence had been diagnosed by a doctor with depression or anxiety, compared with 31.3% of women and 20.7% of men who did not experience family violence.

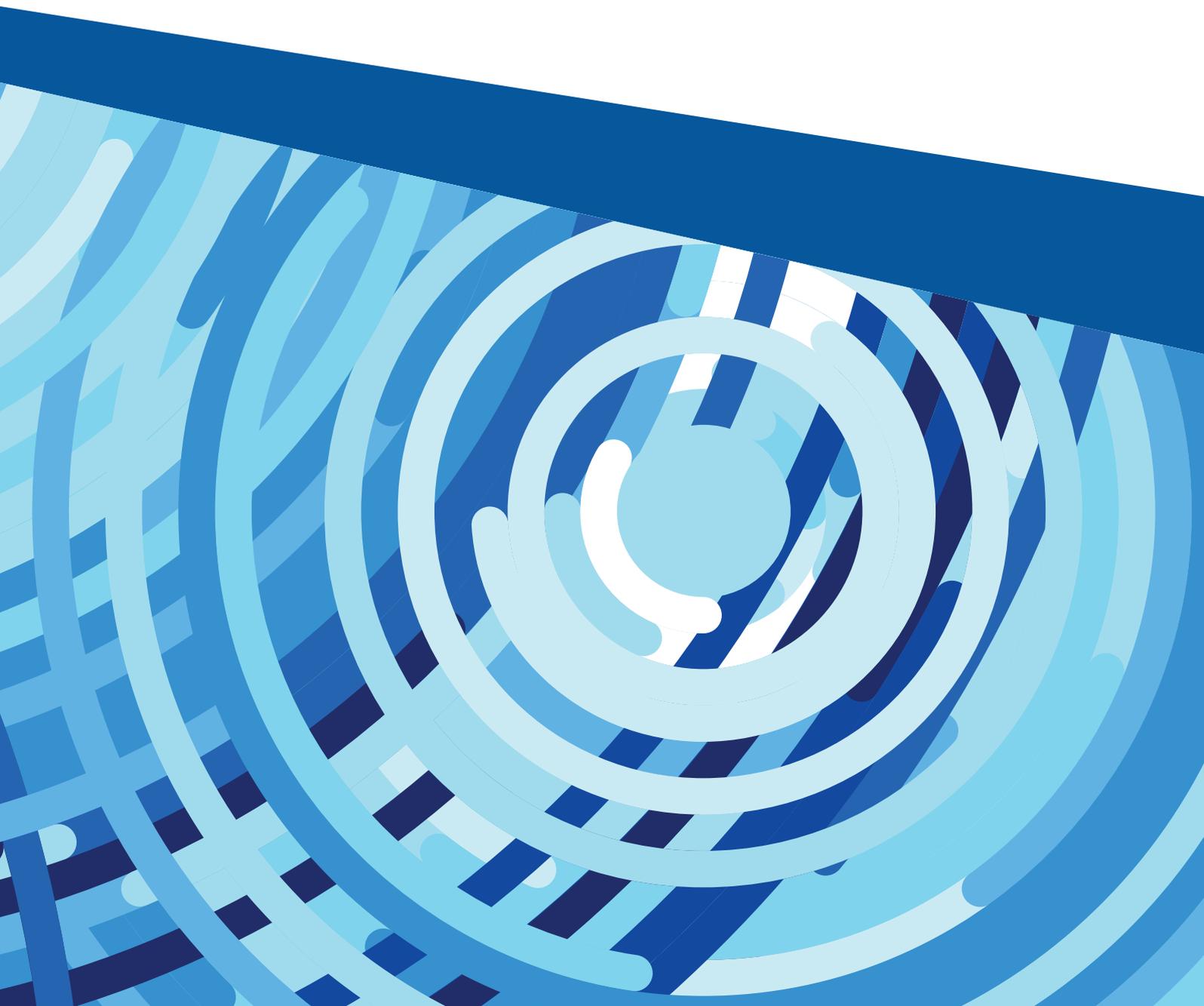
A little over 1 in 4 (28.6%) of women who experienced family violence reported being in fair or poor health – significantly higher than women who had not experienced family violence (19.8%). In contrast, 22.7% of men who experienced family violence reported being in fair or poor health – not significantly different from men who had not experienced family violence (19.8%).

Almost one-third (32.0%) of men and 33.0% of women who experienced family violence felt that the things they did in their lives were not or only somewhat worthwhile – significantly higher than men (17.6%) and women (13.2%) who had not experienced family violence. Similarly, 38.7% of men and 42.0% of women who experienced family violence were not or only somewhat satisfied with their lives – twice as likely as men (19.6%) and women (18.2%) who did not experience family violence.

About the information source:

This report is based on the analysis of data collected in the 2017 VPHS. For the first time, questions about experiences of family violence were included in the annual VPHS to inform the development of policy to address family violence. The ongoing inclusion of these questions in the annual survey will also enable the monitoring of progress towards meeting the goal of reducing family violence.

INTRODUCTION



What is family violence?

Family violence occurs when a perpetrator exercises power and control over another person. It involves coercive and abusive behaviours by the perpetrator that are designed to intimidate, humiliate, undermine and isolate, resulting in fear and insecurity. It covers a wide spectrum of conduct that involves an escalating spiral of violence. These behaviours can include physical and sexual abuse, as well as psychological, emotional, cultural, spiritual and financial abuse.

Although every experience is unique, family violence is not a one-off incident for most victim survivors. It is a pattern of behaviour that can occur over a long period. It does not always end when the victim ends the relationship; in fact, this period can be a very dangerous time because there is a heightened risk that the violence will escalate.¹

While both men and women can be perpetrators or victims of family violence, most victims are overwhelmingly women and children, and the majority of perpetrators are men. The most common and pervasive instances of family violence occur in intimate (current or former) partner relationships, perpetrated by men against women.

At its core, family violence is rooted in the inequality between women and men. This environment fosters discriminatory attitudes and behaviours that condone violence and allow it to occur. For this reason, addressing gender inequality and discrimination is at the heart of preventing family violence and other forms of violence against women such as non-intimate partner sexual assault.²

According to the *Family Violence Protection Act 2008* (Vic) family violence is:

- (a) behaviour by a person towards a family member of that person if that behaviour –
 - I. is physically or sexually abusive; or
 - II. is emotionally or psychologically abusive; or
 - III. is economically abusive; or
 - IV. is threatening; or
 - V. is coercive; or (vii) in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or
- (b) behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a).

Royal Commission into Family Violence

In the wake of the murder of 11-year old Luke Batty by his father in 2014, the Premier of Victoria announced a royal commission into family violence. The purpose of the Royal Commission into Family Violence was to find solutions to prevent family violence, better support victim survivors and hold perpetrators accountable. The Royal Commission completed its work in 2016 and made 227 recommendations, which the Government committed to implementing in full.

The Commission's 227 recommendations are directed at improving the foundations of the current system, seizing opportunities to transform the Victoria's response to family violence, and building the structures that will guide and oversee a long-term reform program that deals with all aspects of family violence.

Recommendation 204 of the Royal Commission into Family Violence was to ‘improve statewide family violence data collection and research’. It is intended that this report will provide a significant contribution to the evidence base and provide critical insights into prevalence of family violence in Victoria.

How this report came to be

In 2017, Family Safety Victoria worked with the Department of Health and Human Services to embed several questions about experiences of family violence in the 2017 Victorian Population Health Survey (VPHS) in hopes of establishing the population representative prevalence of family violence in Victoria for the first time.

The VPHS is a population-representative, cross-sectional, computer-assisted telephone interview (CATI) survey conducted annually since 2001 in adults 18 years of age or older who live in private dwellings in Victoria. The purpose of the survey is to collect relevant, timely and valid health information for policy, planning and decision making. The Department of Health and Human Services’ Human Research Ethics Committee approves the survey method and questionnaire content.

Purpose of the report

The purpose of this report is to highlight, for the first time, the population-based prevalence of family violence in Victoria, the frequency of its occurrence, who is affected and whether there are parts of Victoria that are particularly affected. In addition, the report seeks to determine if and what type of services are accessed in response to family violence and the level of knowledge of the general population about where to go to obtain help in the event of

family violence. Moreover, the report contains detailed epidemiological analysis to understand the association of family violence with socioeconomic status, chronic disease and mental health.

The information provided in the 2017 VPHS is expected to inform policymaking and system planning. It addresses the gaps in family violence data identified by the Australian Bureau of Statistics (ABS) and the Royal Commission into Family Violence. Moreover, the data provided by the 2017 VPHS will constitute baseline data such that future surveys could continue to monitor the prevalence of family violence over time.

Structure of the report

The first five chapters report on the prevalence of family violence, overall and by type, the frequency of family violence, what services were used in response, and the knowledge of the general adult population of Victoria about where to get outside advice and support.

The first chapter does this by age and gender, the second by cultural diversity, the third by Aboriginal status, the fourth by LGBTIQ+ status and the fifth by socioeconomic status.

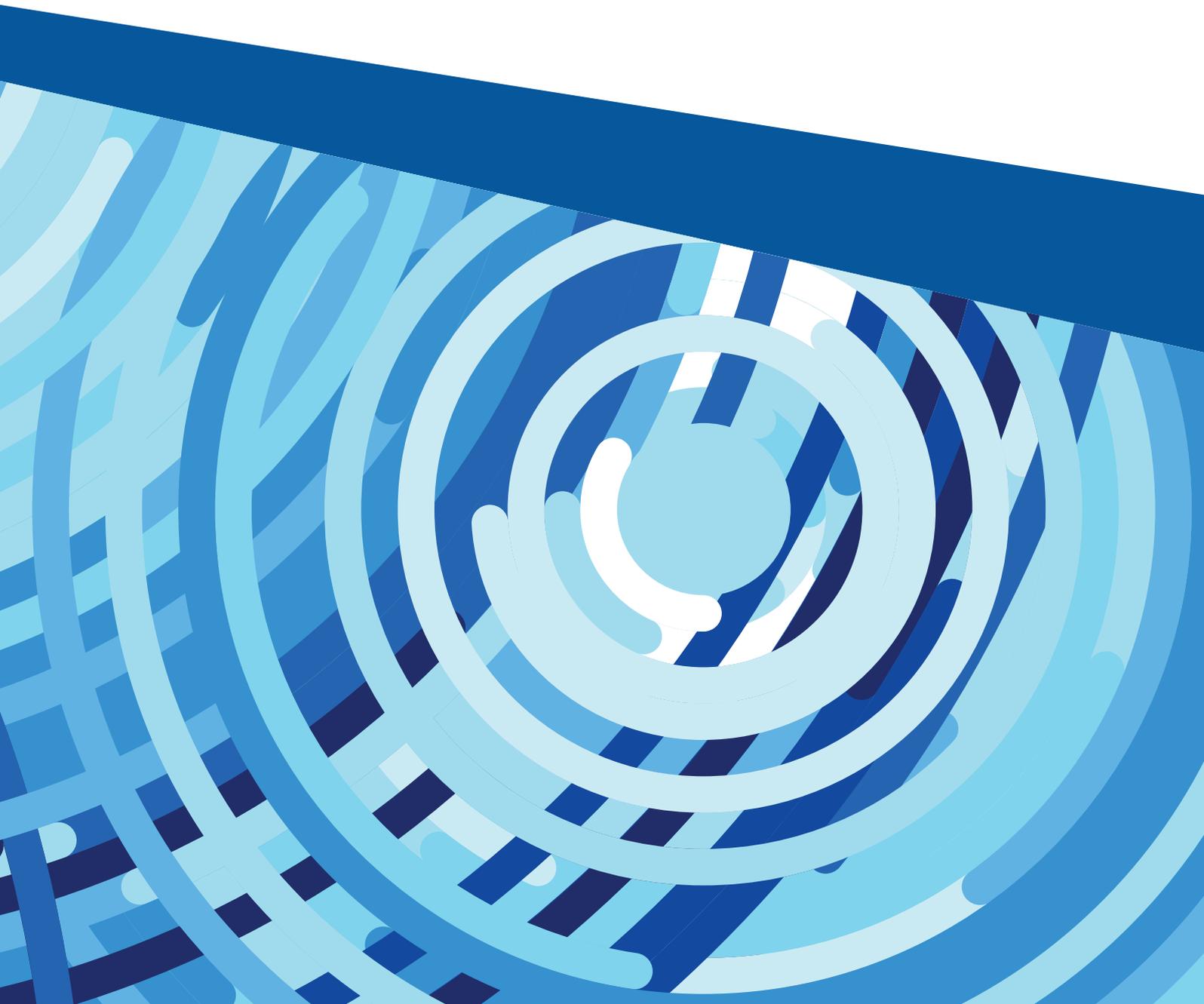
The sixth chapter investigates family violence by geographical location in Victoria – the smallest geographic unit being the Local Government Area (LGA).

The final chapter explores the mental and physical health and wellbeing of adults who experienced family violence.

Questions on family violence included in the 2017 VPHS

1. Have you currently, or in the past two years, experienced family violence?
2. Please let me know which you have experienced in the last two years:
 - a. financial or economic abuse
 - b. emotional or psychological abuse
 - c. spiritual abuse (the denial or use of spiritual or religious beliefs and practices to control and dominate another person)
 - d. physical abuse
 - e. sexual abuse
 - f. other abuse.
3. And when this occurred was it...
 - a. an isolated incident?
 - b. repeated on several occasions?
4. I'm going to read out a list of services, please let me know which you have accessed as a result of family violence:
 - a. police
 - b. hospital / health service / mental health service
 - c. homelessness/housing service
 - d. alcohol and drugs service
 - e. court
 - f. legal service
 - g. family violence helpline (such as Safe Steps) / family violence specialist service
 - h. family services / Child FIRST / Child Protection
 - i. Aboriginal service
 - j. interpreter/multicultural service
 - k. some other service
 - l. none.
5. Would you know where to get outside advice or support for someone about a family violence issue, if needed?

FAMILY VIOLENCE BY AGE AND GENDER



In this chapter we measured the prevalence of family violence in the past two years by age, gender, type of violence, frequency of occurrence of violence, services accessed in response to violence and level of general knowledge of the adult Victorian population about where to go to get outside advice or support for family violence.

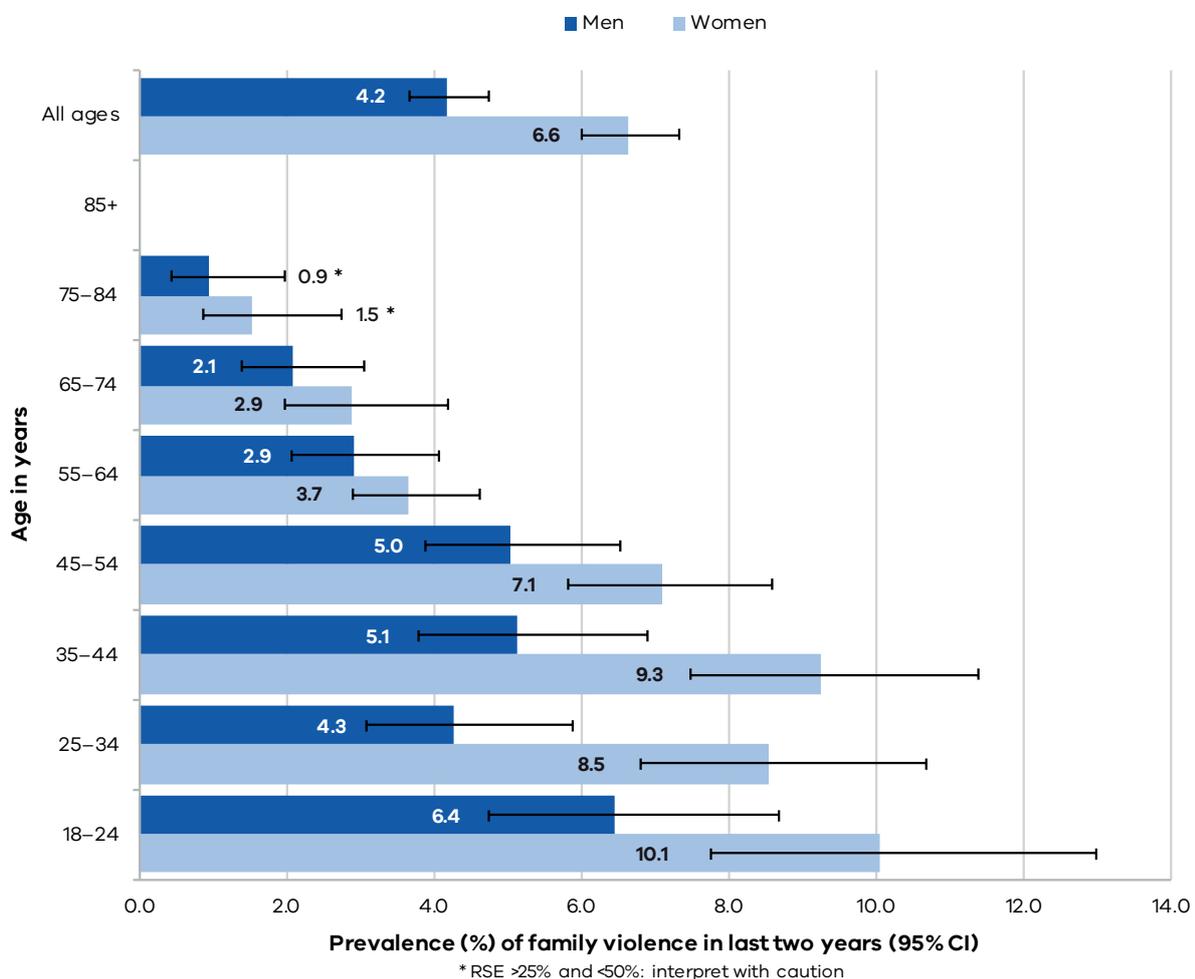
Prevalence

Appendix Table 1 and Figure 1 show the prevalence of family violence in Victoria in the two years preceding the 2017 VPHS, by age and gender.

The key findings are:

- Overall, 4.2% (95% confidence interval (CI): 3.7-4.7%) of men and 6.6% (CI: 6.0–7.3%) of women living in Victoria experienced family violence in the two years preceding the survey, which is statistically significantly higher among women than men.
- Women and men aged 18–24 years experienced the highest prevalence of family violence than any other age group for their gender (10.1%; CI: 7.8–13.0% vs 6.4%; CI: 4.7–8.7%).
- Women aged 25–44 years were significantly more likely to experience family violence than men of the same age.
- The prevalence of experiences of family violence declined with age in both men and women.

Figure 1: Prevalence of family violence experienced in the past two years, by age and gender, Victoria, 2017



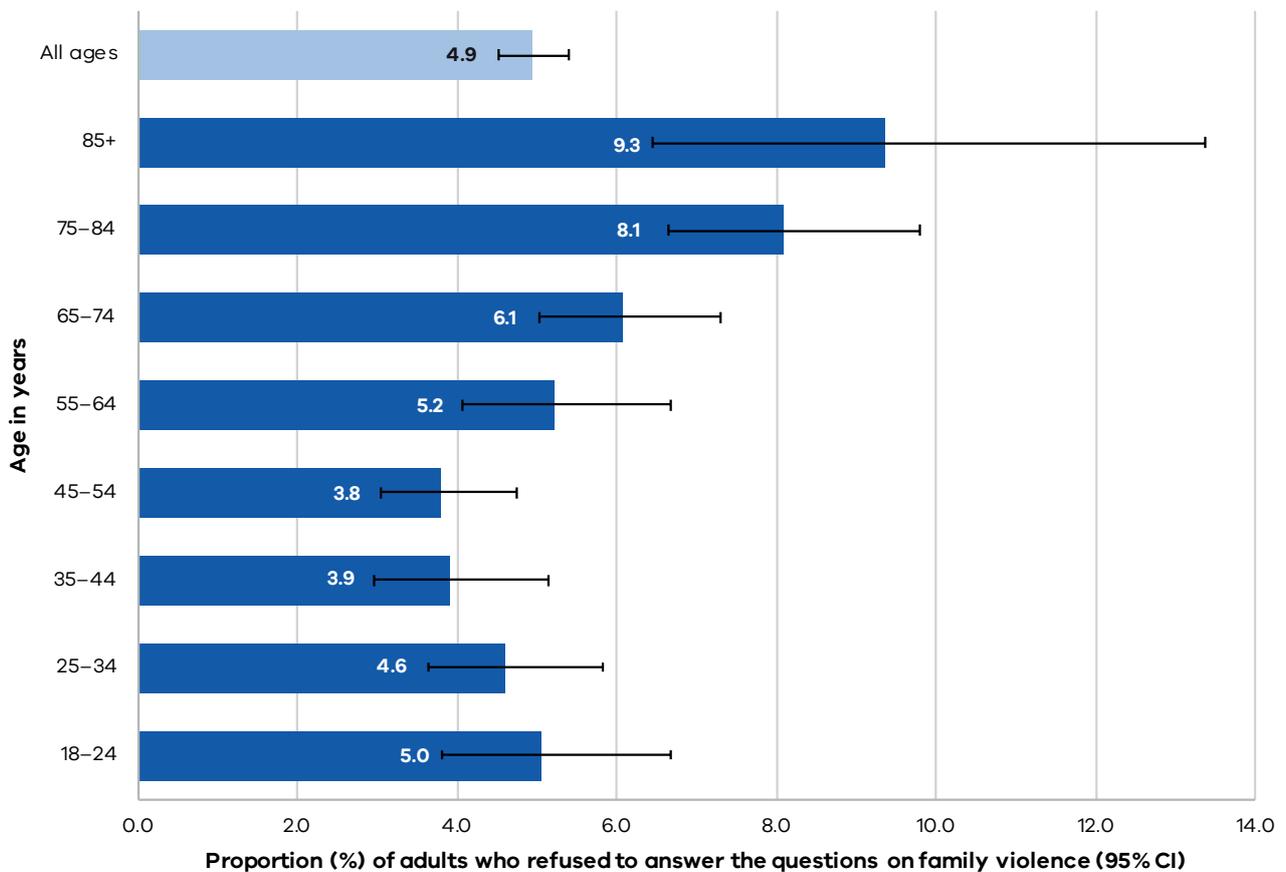
Non-responses

Survey respondents were able to decline to answer the questions on family violence. Given the sensitivities and stigma that surround family violence, as well as reluctance to disclose for a range of reasons, the proportion of people who declined to answer the questions on family violence is of significant interest. It is possible that some of those who declined to answer the questions on family violence also experienced family violence. Alternatively, this may indicate a lack of awareness or understanding about family violence or culturally or generationally specific sensitivities around discussing the topic.

Appendix Table 1 and Figure 2 show the proportions of adults by age who refused to answer the questions on family violence. The key findings are:

- About 5% (CI: 4.5–5.4%) of adults in Victoria refused to answer the questions on family violence.
- Older adults were significantly more likely to refuse to answer questions on family violence; 8.1% (CI: 6.7–9.8%) of adults aged 75–84 years and 9.3% (CI: 6.5–13.4%) of adults aged 85 years or older declined to answer questions on family violence.

Figure 2: Proportion of adults who refused to answer the questions on family violence, by age, Victoria, 2017



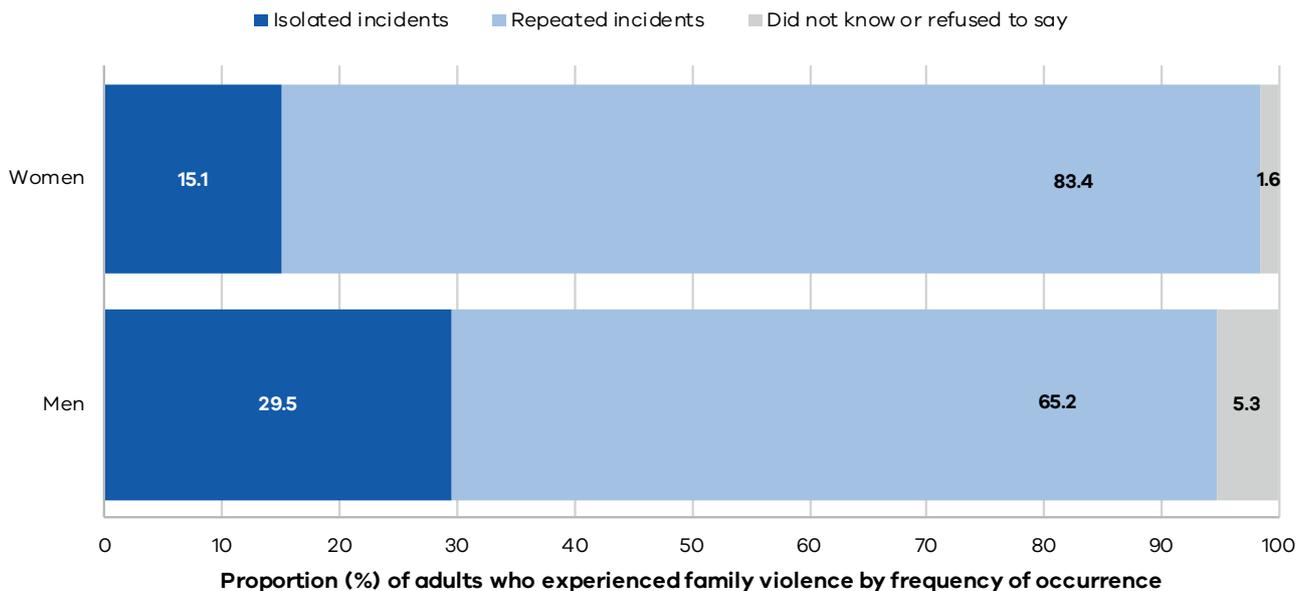
Frequency

Survey respondents who reported experiencing family violence were asked to specify its frequency of occurrence based on two response options: ‘an isolated incident’ or ‘repeated on several occasions’.

Appendix Table 2 and Figure 3 show the frequency of family violence experienced by men and women in the two years preceding the survey. The key findings are:

- Men (29.5%; CI: 23.6–36.2%) were almost twice as likely as women (15.1%; CI: 11.9–18.9%) to experience family violence as an isolated incident.
- Women (83.4%; CI: 79.4–86.7%) were significantly more likely to experience family violence as repeated incidents than men (65.2%; CI: 58.3–71.5%).
- The proportion of women who experienced family violence as repeated incidents increased with age, peaking at 88.9% (CI: 80.5–94.0%) for those aged 35–44 years, and declining thereafter.
- With the exception of men aged 18–24 years, the proportion of men who experienced family violence as repeated incidents also increased with age.

Figure 3: Frequency of family violence experienced by men and women, Victoria, 2017

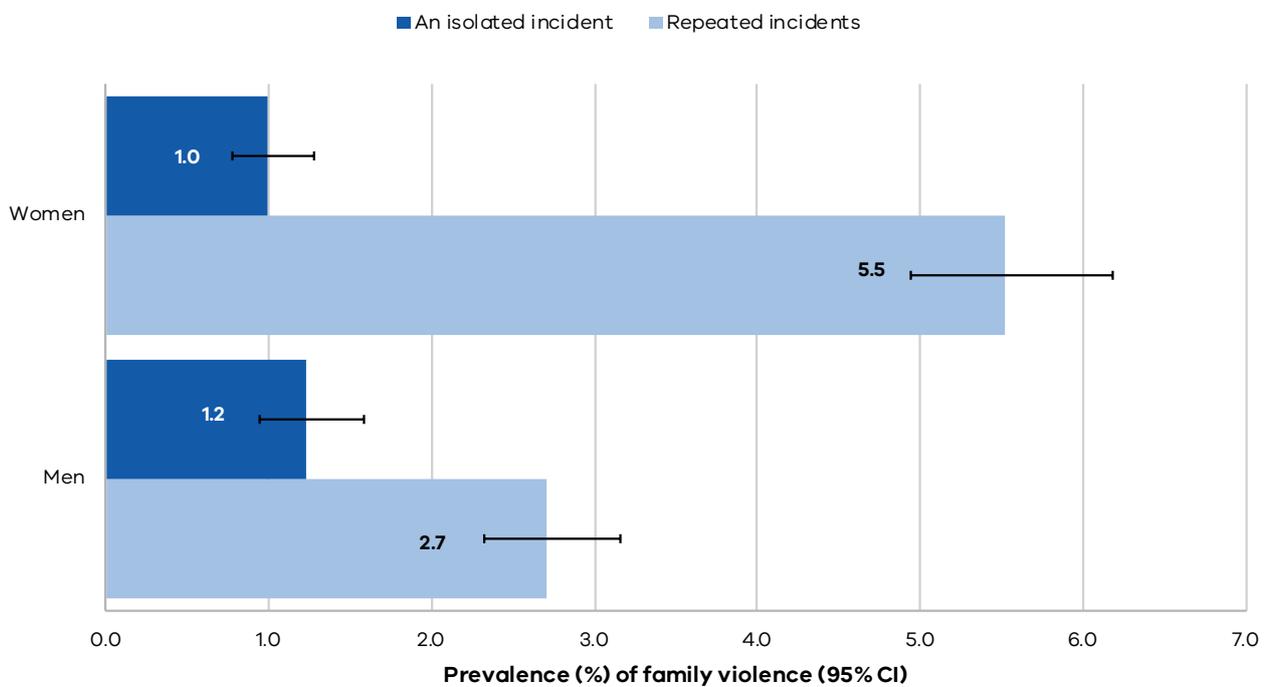


Prevalence and frequency

Appendix Table 3 and Figure 4 show the prevalence of family violence by gender when frequency of family violence is taken into consideration. The key findings are:

- The prevalence of family violence among women who experienced repeated incidents of family violence was 5.5% (CI; 4.9–6.2%) — almost twice the prevalence in men (2.7%; CI: 2.3–3.4%).
- In contrast, men and women were just as likely as each other to experience an isolated incident of family violence.

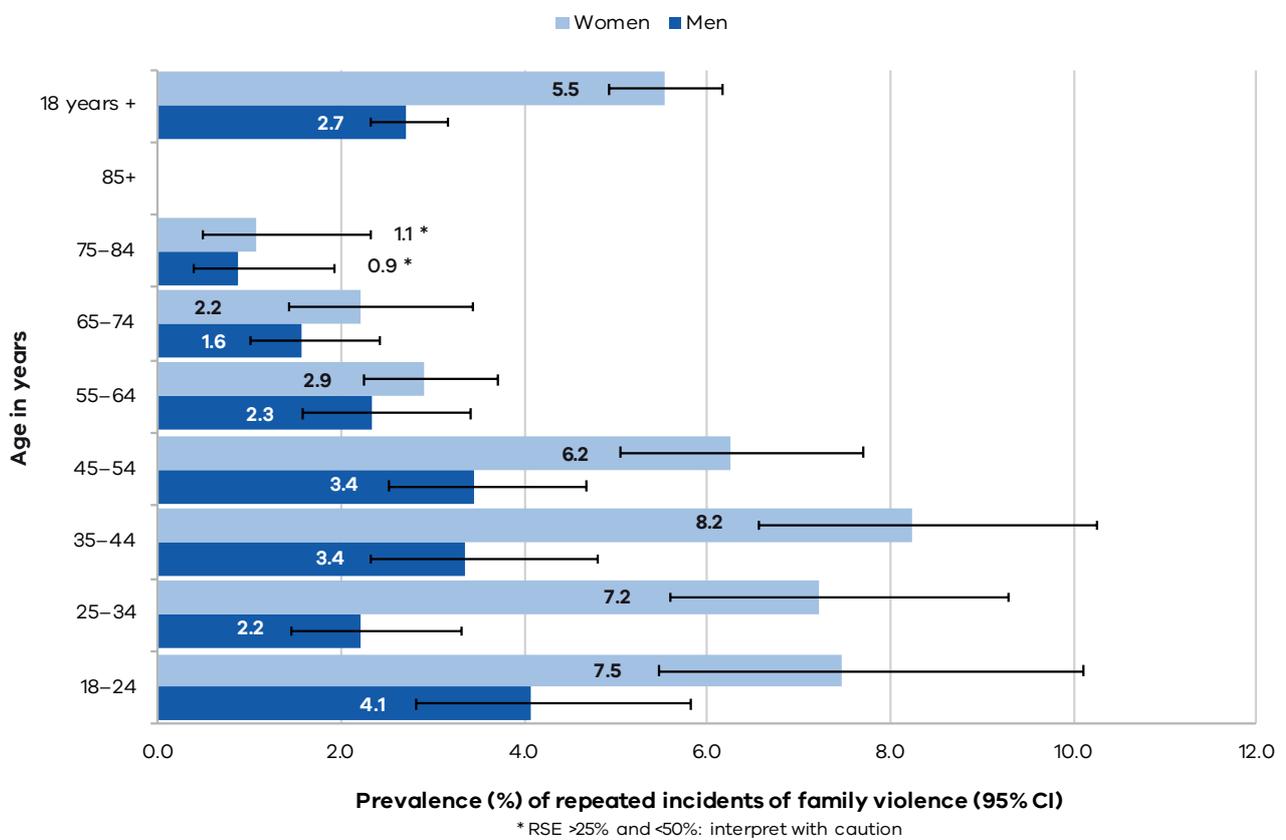
Figure 4: Prevalence of family violence in men and women stratified by frequency of occurrence, Victoria, 2017



Appendix Table 3 and Figure 5 show the prevalence of repeated incidents of family violence by gender and age. The key finding is:

- Women aged 35–44 years experienced the highest prevalence of repeated incidents of family violence (8.2%; CI: 6.6–10.3%).

Figure 5: Prevalence of repeated incidents of family violence in men and women, by age, Victoria, 2017



Type

Survey respondents who reported experiencing family violence were asked to specify the type of family violence they experienced. The options included were:

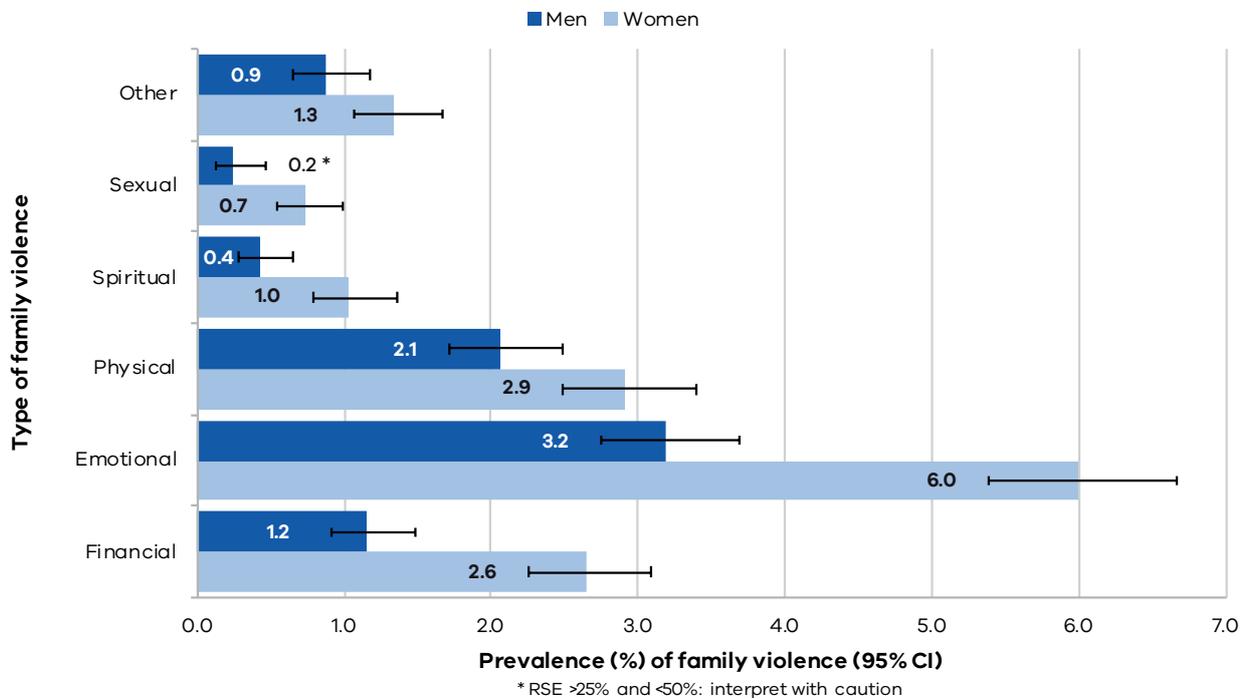
- financial or economic abuse
- emotional or psychological abuse
- physical abuse
- spiritual abuse (the denial or use of religious beliefs and practices to control and dominate another person)
- sexual abuse
- other abuse.

Because people can experience more than one type of abuse, respondents were able to select as many types of family violence as they had experienced.

Appendix Table 4 and Figure 6 show the prevalence of family violence by type of abuse and gender. The key findings are:

- Emotional or psychological abuse was the most common form of family violence experienced by women (6.0%; CI: 5.4–6.7%) and men (3.2%; CI: 2.8–3.7%) but was significantly higher in women.
- The second most common form of family violence, for both men and women, was physical abuse, followed by financial or economic abuse, ‘other’ abuse, spiritual abuse and sexual abuse – significantly higher in women except for ‘other’ abuse where there was no difference between men and women.

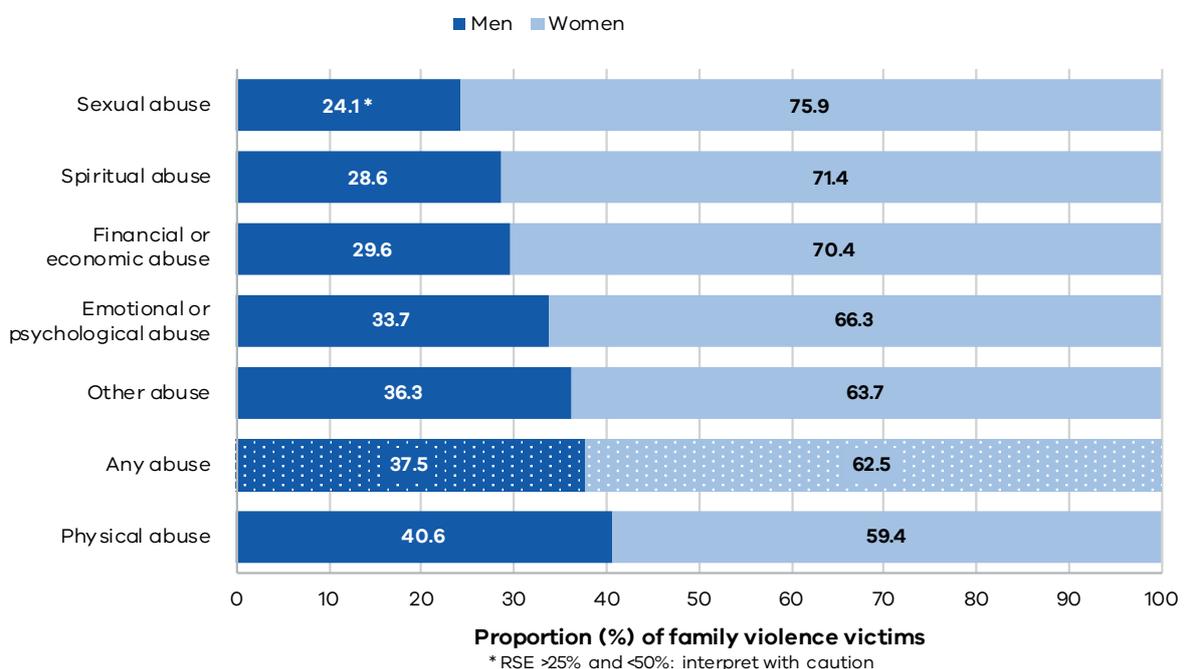
Figure 6: Prevalence of isolated incidents of family violence, by type of violence and gender, Victoria, 2017



Appendix Table 5 and Figure 7 show the gender of those who experienced family violence by type of family violence. The key findings are:

- For every type of abuse and overall, adults who experienced family violence were significantly more likely to be women than men.
- More than 3 in 4 adults (75.9%; CI: 60.9–86.5%) who experienced sexual violence were women.
- Of the adults who experienced physical assault, 59.4% (CI: 53.4–65.2%) were women and 40.6% (CI: 34.8–46.6%) were men.

Figure 7: Adults who experienced family violence, by gender and type of violence, Victoria, 2017



Contact with services

Survey respondents who experienced family violence were asked if they accessed or had contact with any services. They were read out a list of services and asked to respond. Appendix Table 6, Appendix Table 7, Figure 8 and Figure 9 show the proportions of adults who had contact with services in response to family violence, by type of service and gender.

The key findings are:

- 20.9% (CI: 17.1–25.5%) of women and 30.9% (CI: 25.0–37.6%) of men did not access or have contact with any of the services listed in response to family violence.
- 47.8% (CI: 42.7–53.1%) of women and 37.8% (CI: 31.6–44.3%) of men who experienced family violence sought help from or had contact with the police.
- 50.0% (CI: 44.8–55.2%) of women and 35.6% (CI: 29.7–41.9%) of men who experienced family violence went to a hospital or a healthcare service – significantly higher in women than men.
- 13.8% (CI: 18.0–20.5%) of women and 9.4% (CI: 6.1–14.2%) of men who experienced family violence sought help from or had contact with a homelessness or housing service.

- 10.0% (CI: 7.4–13.3%) of women and 10.7% (CI: 7.4–15.3) of men who experienced family violence sought help from or had contact with an alcohol or other drug service.
- 32.6% (CI: 27.8–37.8%) of women and 23.9% (CI: 18.9–29.7%) of men who experienced family violence sought help from or had contact with a court.
- 32.6% (CI: 27.9–37.6%) of women and 24.2% (CI: 19.2–30.0) of men who experienced family violence sought help from or had contact with a legal service.
- 24.2% (CI: 20.1–28.7%) of women and 12.6% (CI: 8.9–17.5%) of men who experienced family violence sought help from or had contact with a family violence helpline or specialist service – significantly higher in women than men.
- 18.4% (CI: 14.7–22.7%) of women and 9.9% (CI: 6.9–14.1%) of men who experienced family violence sought help from or had contact with a family service, Child FIRST or Child Protection – significantly higher in women than men.
- 1.7% (CI: 0.9–3.4%) of women sought help from or had contact with an Aboriginal service – significantly higher in women than men, where the estimate for men could not be accurately calculated due to very small numbers.
- 2.2% (CI: 0.9–5.4%) of men sought help from or had contact with an interpreter or a multicultural service – significantly higher in men than women, where the estimate for women could not be accurately calculated due to very small numbers.
- 16.7% (CI: 13.1–21.2%) of women and 14.1% (CI: 10.2–19.2%) of men sought help from or had contact with another unspecified service.

Figure 8: Proportions of adults who had contact with services in response to family violence, by age and gender, Victoria, 2017

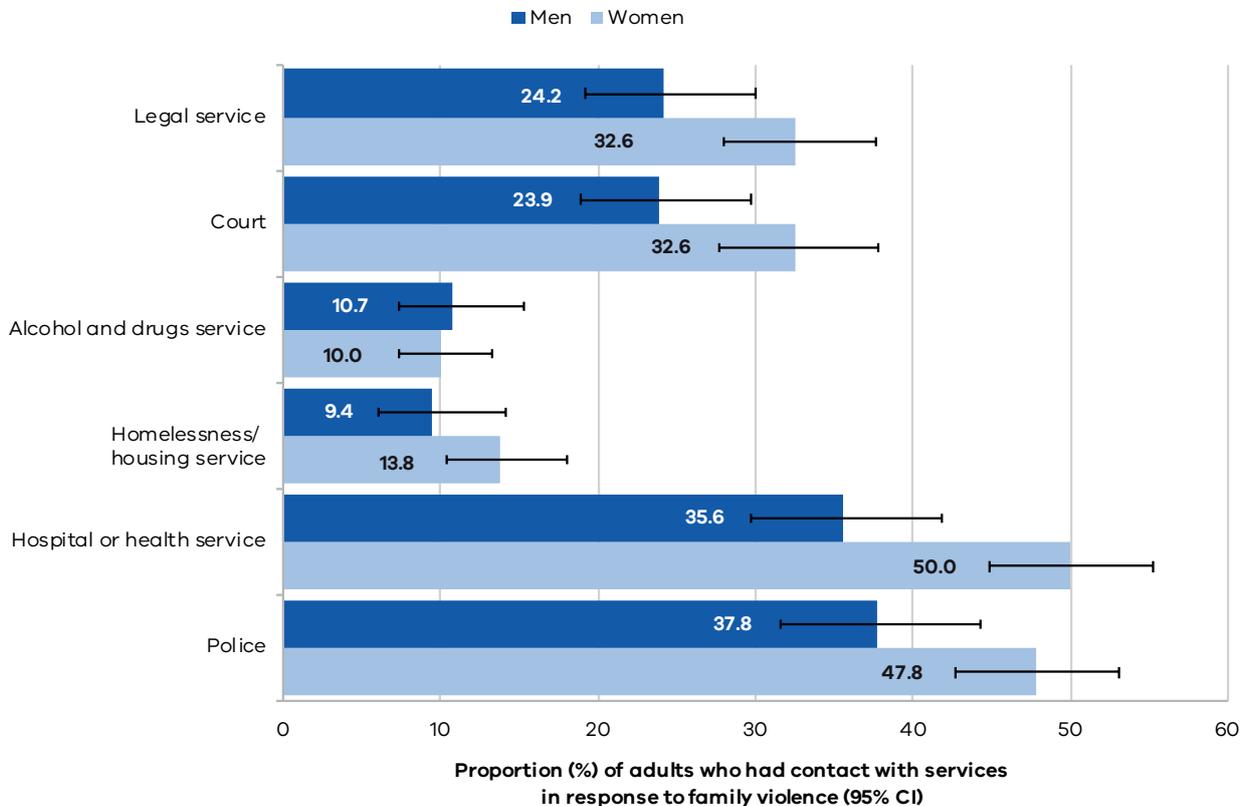
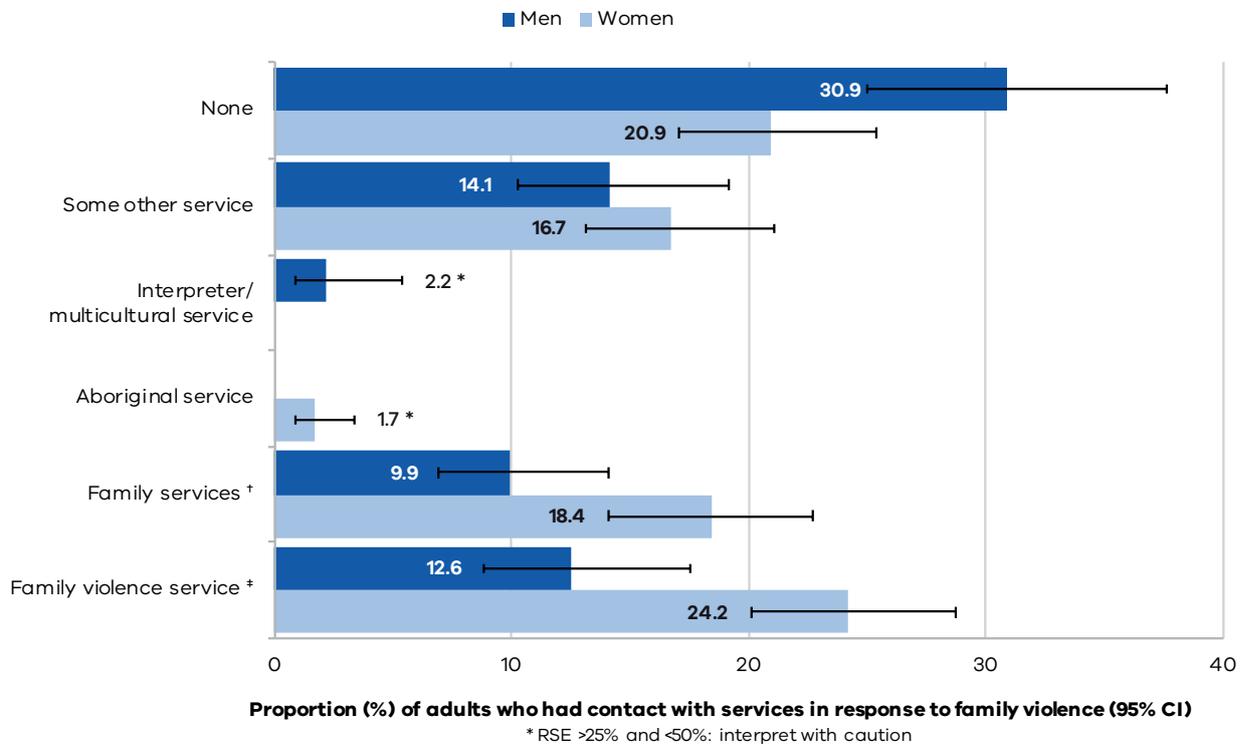


Figure 9: Proportions of adults who had contact with services in response to family violence, by age and gender, Victoria, 2017 (continued)



† Includes Child FIRST and Child Protection

‡ Includes helpline and family violence specialist services

Appendix Table 9, Figure 10 and Figure 11 show service use by men and women who reported having attended a hospital, health service or mental health service in response to family violence. The key findings are:

- Of the women who attended a hospital, health service or mental health service in response to family violence, 20.5% (CI: 15.2–27.1%) did not seek out or come into contact with any other family violence services compared with 42.9% (CI: 35.8–50.2%) who did not attend a hospital, health service or mental health service.
- Of the men who attended a hospital, health service or mental health service in response to family violence, 14.6% (CI: 9.0–22.7%) did not seek or come into contact with any other family violence services compared with 54.3% (CI: 45.6–62.7%) who did not attend a hospital, health service or mental health service.
- Most women (57.5%; CI: 50.0–64.6%) and men (59.9%; CI: 49.9–69.1%) who attended a hospital, health service or mental health service in response to family violence had contact with police compared with 38.7% (CI: 31.6–46.3) of women and 26.8% (CI: 19.9–34.9%) of men who did not attend a hospital, health service or mental health service.
- Overall, both men and women who attended a hospital, health service or mental health service in response to family violence were more likely to also access or have contact with any or all of the other services listed compared with men and women who experienced family violence but did not attend a hospital, health service or mental health service.

Figure 10: Other family violence services accessed or had contact with by women who attended a hospital, health service or mental health service in response to family violence, Victoria, 2017

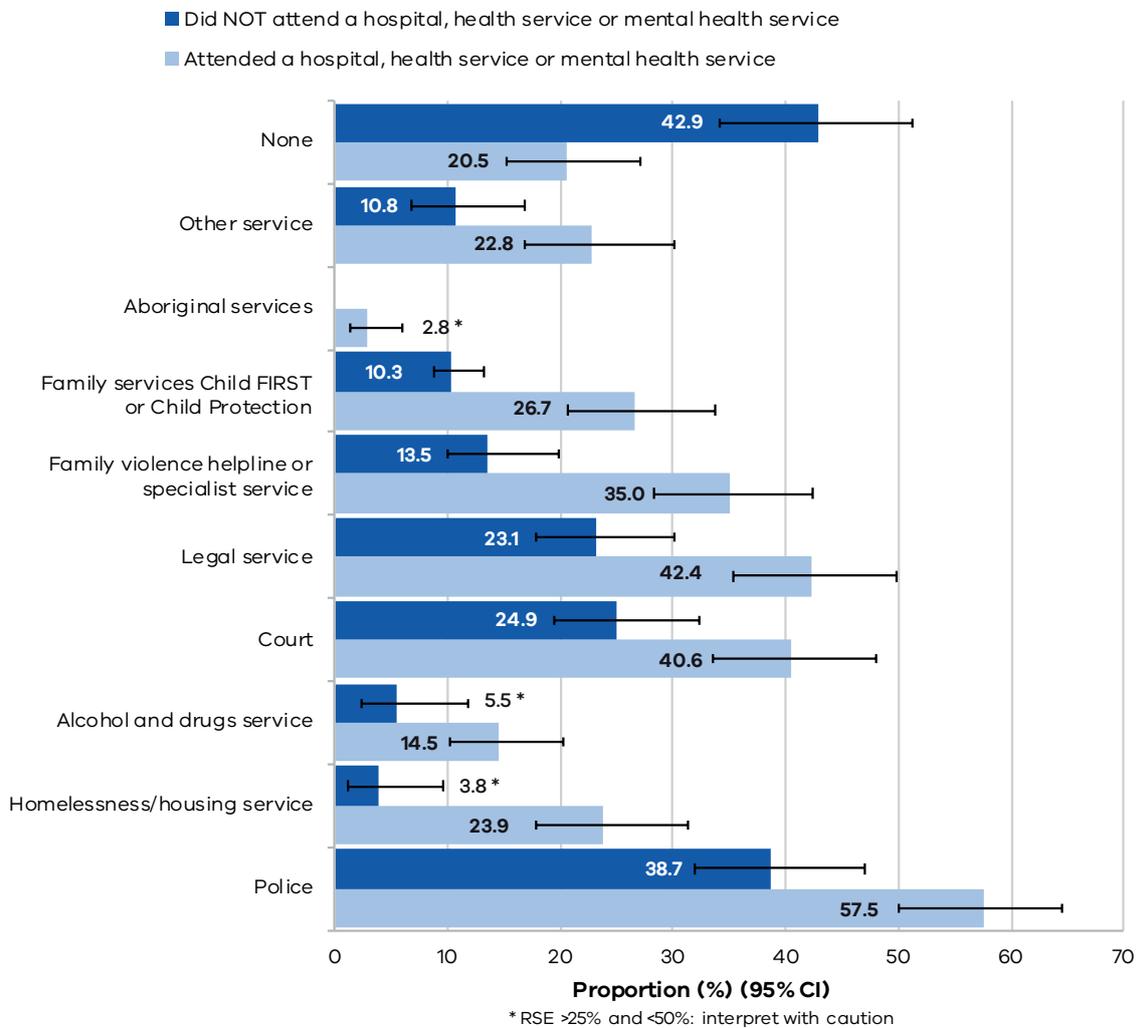
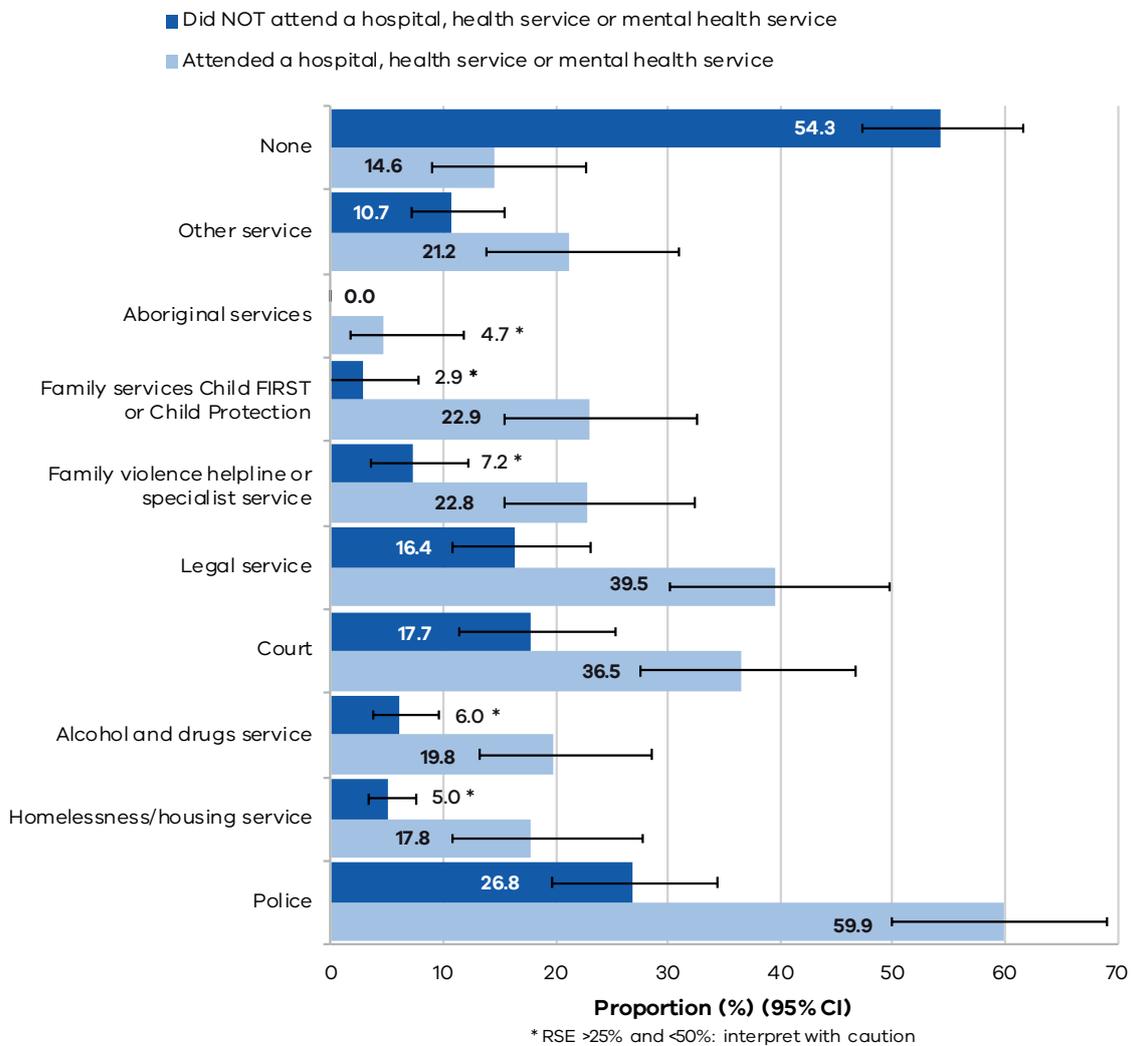


Figure 11: Other family violence services accessed or had contact with by men who attended a hospital, health service or mental health service in response to family violence compared with those who did not, Victoria, 2017



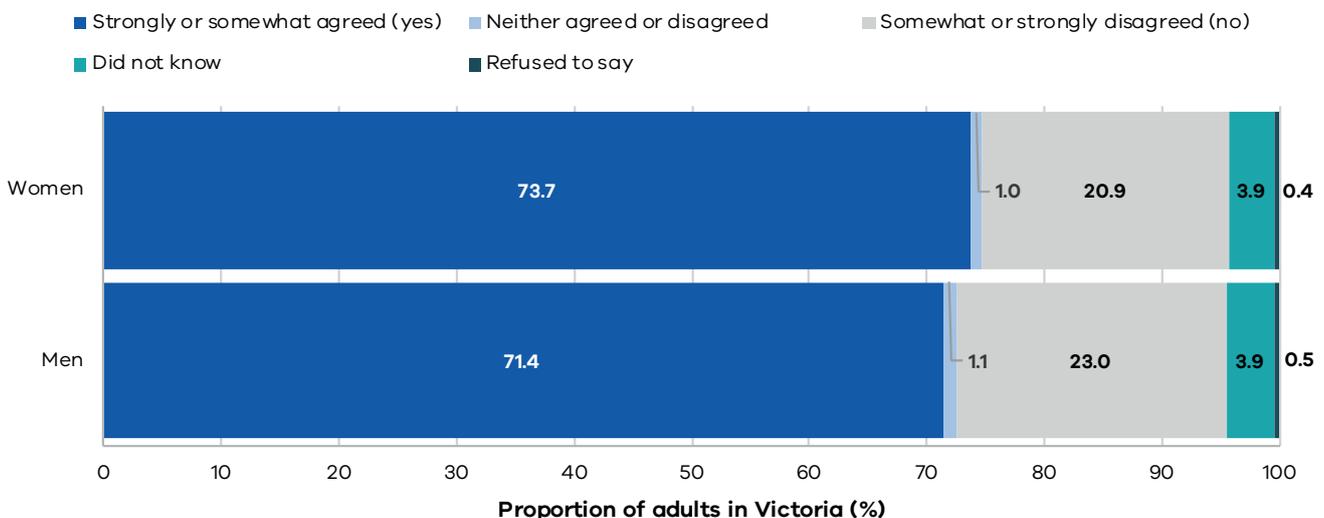
Knowledge of where to get help

All survey respondents were questioned about their knowledge of where one could go to seek advice or support in the event of family violence. Survey respondents were asked to indicate the extent to which they agreed with the following statement: 'If I needed to get outside advice or support for someone about a family violence issue, I would know where to go'. The response options were 'strongly agree', 'somewhat agree', 'neither agree or disagree', 'somewhat disagree', 'strongly disagree' and 'don't know'. If the survey participant responded with 'strongly agree' or 'somewhat agree', this was taken to mean that the participant knew where to get outside advice or support, while those who responded with 'somewhat disagree' or 'strongly disagree' were taken to mean that they did not.

Appendix Table 10 and Figure 12 show the proportions of the adult population in Victoria by gender, irrespective of whether they had experienced family violence in the preceding two years, who did or did not know where to get outside advice or support for family violence. The key findings are:

- Almost 3 in 4 men (71.4%; CI: 70.1–72.6%) and women (73.7%; CI: 72.5–74.9%) knew where to get outside advice or support for family violence – not significantly different by gender.
- In contrast, almost 1 in 5 women (20.9%; CI: 19.9–22.0%) and 1 in 4 men (23.0%; CI: 21.9–24.2%) did not know where to get outside advice for family violence – not significantly different by gender.
- Men aged 18–24 years were significantly more likely than all men to know where to get outside advice or support for family violence.
- In contrast, women aged 18–24 years were significantly more likely than all men not to know where to get outside advice or support for family violence.
- Men and women aged 65 years or older were significantly less likely than all men and women to know where to get outside advice or support for family violence.

Figure 12: Proportion of adult population who agreed or disagreed that they knew where to get outside advice or support in response to family violence, by gender, Victoria, 2017



Discussion

For the first time we are able to report the population-based prevalence of family violence experienced by adults aged 18 years or older in Victoria. Specifically, in the two years preceding the survey, 6.6% of women and 4.2% of men reported experiencing family violence – statistically significantly higher in women than men. However, men were more likely to experience family violence as an isolated incident, while women were twice as likely to experience family violence as repeated incidents. The prevalence of repeated incidents of family violence was 5.5% in women and 2.7% in men.

There are two important caveats in relation to the data reported here. First, some survey participants may have interpreted the word ‘experience’ to include having witnessed violence. Second, the gender and relationship of the perpetrator to the victim or witness was not identified.

Women (5.5%) were twice as likely as men (2.7%) to experience repeated incidents of family violence in the past two years.

It is highly likely that the prevalence estimates are under-estimates of the true population-based prevalence of family violence. There are many reasons why some people are reluctant to report family violence, including holding violence-supportive attitudes, shame, victim-blaming attitudes, fear of reprisal and fear of the potential criminal justice implications.³ There may also be cultural and generational differences in discussing family violence, and this may be contributing to higher rates of non-reporting among some populations.

Moreover, this report only delves into recent experiences of family violence that have taken place over a two-year period. Had we asked about lifetime prevalence of family violence, the prevalence estimates would be expected to be much higher.

The finding that the overall prevalence of family violence was highest among men and women aged 18–24 years may suggest that this age group should be a priority target population for intervention. This is supported by the findings that men and women in this age group also experienced the highest prevalence of severe psychological distress.⁴ Moreover, 35.1% of women aged 18–24 years and 17.8% of men aged 18–24 years had been diagnosed by a doctor with depression or anxiety.⁴ Since we asked about experiences of family violence in the past two years, it is likely that some of the adults in this age group experienced family violence as a child.

However, when the frequency of occurrence of family violence was taken into consideration, the gender and age group with the highest prevalence of repeated incidents of family violence was women aged 35–44 years.

Experiences of family violence overall were highest among women aged 18–54 years. Since these are the child-bearing and child-rearing years of life, and women disproportionately bear the responsibility for the care of children, their children are also at risk of family violence and the consequences of family violence. Moreover, the literature shows that children who are exposed to family violence are at higher risk of becoming a victim or perpetrator of family violence in their adult lives.⁵

Experiences of family violence were highest among women aged between 18 and 54 years – the childbearing and child-rearing years of life.

Women were more likely than men to experience financial or economic abuse, emotional or psychological abuse, physical violence, spiritual abuse and sexual abuse.

There was no difference between men and women in the prevalence of 'other' abuse. However, we don't know what constituted 'other' abuse because the family violence questions were phrased to elicit 'yes', 'no' and 'don't know' responses, in recognition of the sensitive nature of these questions and potential security concerns. This was important to put the respondent more at ease and in case the respondent was out in public or in the company of the perpetrator or other family members. Given that approximately 20% of those who experienced family violence reported 'other' abuse, further research to investigate what 'other' abuse is, is warranted.

The service most commonly accessed or contacted in response to family violence by men and women was a hospital or health service, reported by 50.0% of women and 35.6% of men – significantly higher in women than men. Receiving medical attention in response to family violence was associated with a greater likelihood of accessing or having contact with other additional services. However, a substantial proportion of men (14.6%) and women (20.5%) who received medical attention did not seek or were in contact with any other additional services. This is concerning because it could be hypothesised that by not being in contact with other services, they may be at greater risk of experiencing further violence.

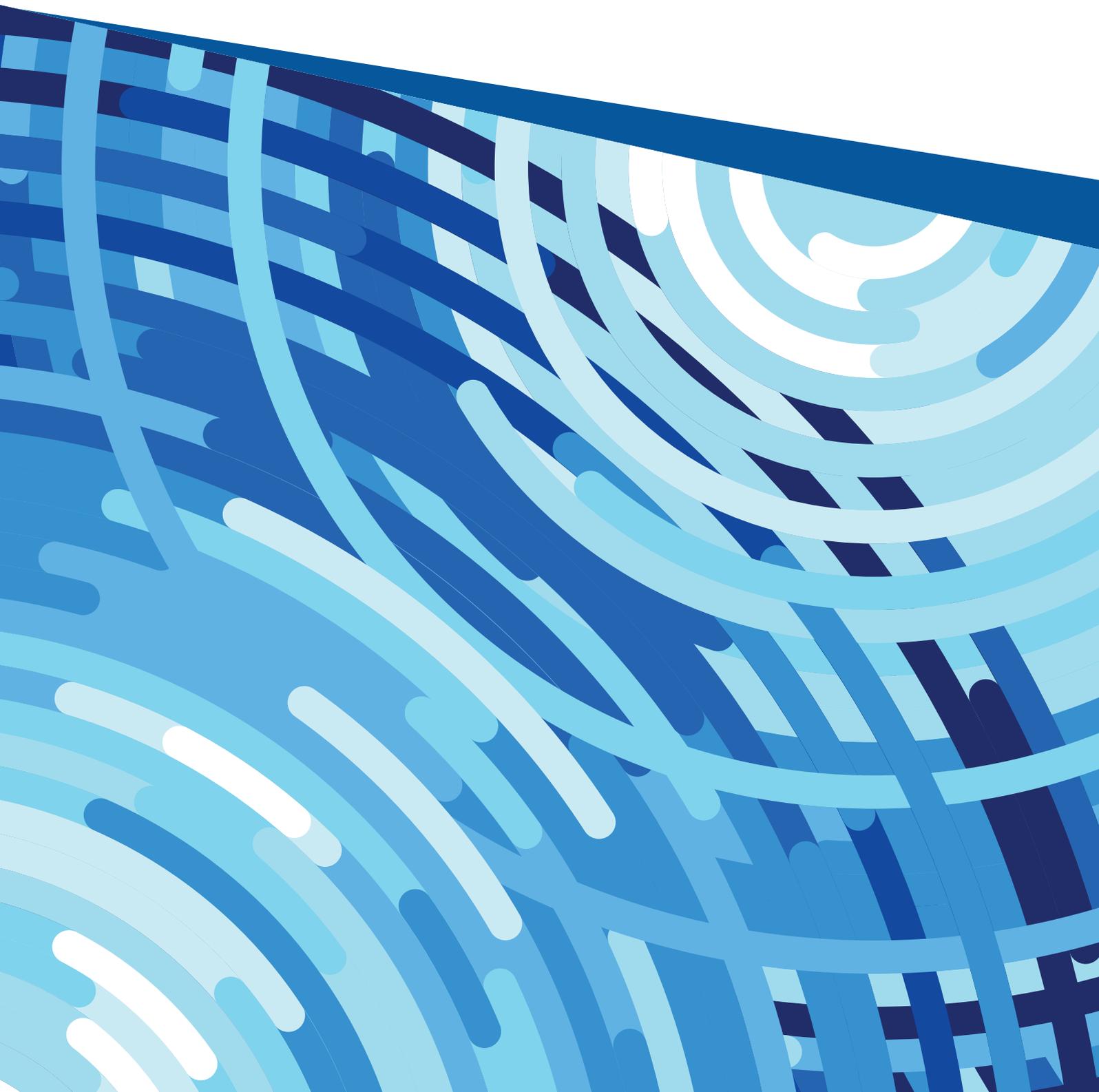
Women were also significantly more likely than men to have accessed or had contact with a family violence helpline or specialist service and services in relation to children (family services, Child FIRST and Child Protection).

Of the people who experienced family violence, 20.9% of women and 30.9% of men did not access or have contact with any family violence services. There are likely to be multiple reasons for this, including denial and fear, barriers to accessing services (including cost barriers associated with transport and co-payments) and victim-blaming attitudes.³

The finding that almost 1 in 5 women and 1 in 4 men in Victoria did not know where to get outside advice or support for a family violence issue suggests there is work to be done to ensure the Victorian population has this knowledge in the event that they or a person close to them experiences family violence.

A limitation of this report is that no information was collected about the survey participant's relationship to the perpetrator. However, the 2016 national Personal Safety Survey found that 36% of Australians have experienced violence (any) by a male perpetrator since the age of 15 compared with 11% where the perpetrator was female. When they specifically looked at intimate partner violence, they found that 1 in 4 (23%) women experienced violence by an intimate partner compared with 1 in 13 (7.8%) men. In contrast, more than 1 in 4 or (27%) men experienced violence by a stranger compared with 1 in 11 (9.4%) women.

FAMILY VIOLENCE BY COUNTRY OF BIRTH



The VPHS collects data on the country of birth of the survey respondent and his or her parents as well as languages spoken. We chose to classify survey respondents on the basis of country of birth and, to obtain sufficient numbers to analyse, grouped the countries of birth into the following geographic areas:

- **Australia**
- the **United Kingdom** and **Ireland**
- **New Zealand** and the **South Pacific**
- **Europe**
- **East Asia** – China, Japan, Mongolia, North Korea, South Korea, Taiwan and the Chinese special administrative regions of Hong Kong and Macau
- **South-East Asia** – Brunei, Burma (Myanmar), Cambodia, Timor-Leste, Indonesia, Laos, Malaysia, the Philippines, Singapore, Thailand and Vietnam
- the **Middle East** – Algeria, Bahrain, the Comoros Islands, Djibouti, Egypt, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Mauritania, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, Turkey, the United Arab Emirates, Uzbekistan and Yemen
- the **Americas** and **Caribbean**
- the **Indian subcontinent** – Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan and Sri Lanka
- **sub-Saharan Africa.**

Comparisons between two different populations are predicated on the underlying assumption that all things are equal in the two populations other than the variable or characteristic being compared. However, recent immigrants to Australia tend to be much younger than the overall Australian population and so it is important to control for the difference in age structures to make a fair and valid comparison. Therefore, the prevalence estimates of family violence by country of birth have been adjusted or 'standardised' for age to ensure we are comparing like with like.

Prevalence

Appendix Table 11 and Figure 13 show the prevalence of family violence by country of birth. The key findings are:

- Adults born in Australia were significantly more likely to have experienced family violence (6.5%; CI: 6.0–7.1%) in the previous two years than all adults in Victoria (5.5%; CI: 5.0–5.9%).
- Adults born in East Asia, South-East Asia, the Middle East, the Indian subcontinent and sub-Saharan Africa were two to three times more likely to have refused to answer the questions on family violence than all adult Victorians (Figure 14).
- Adults born in Australia, the United Kingdom or Ireland were significantly less likely to have refused to answer the questions on family violence than all adults in Victoria.

Figure 13: Prevalence of family violence, by country of birth, Victoria, 2017

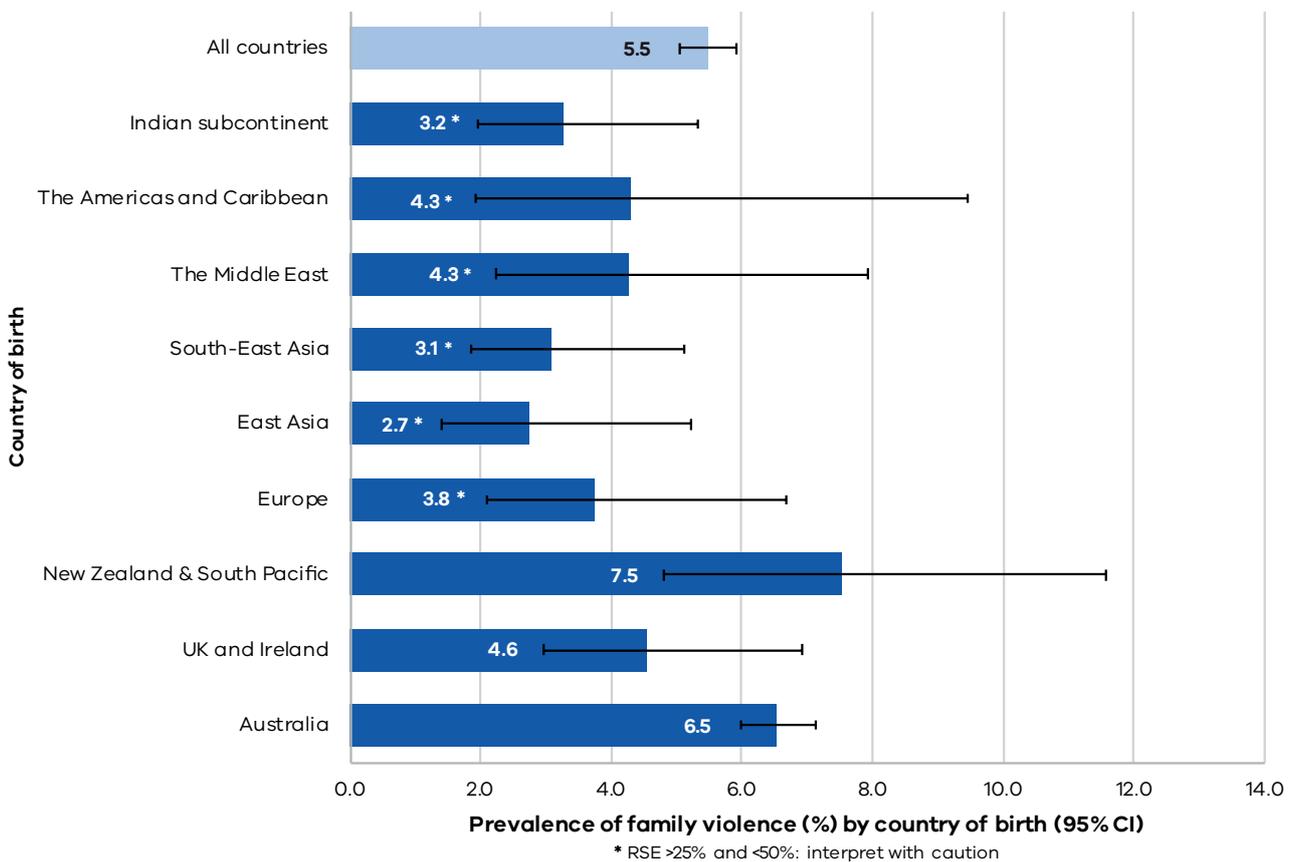
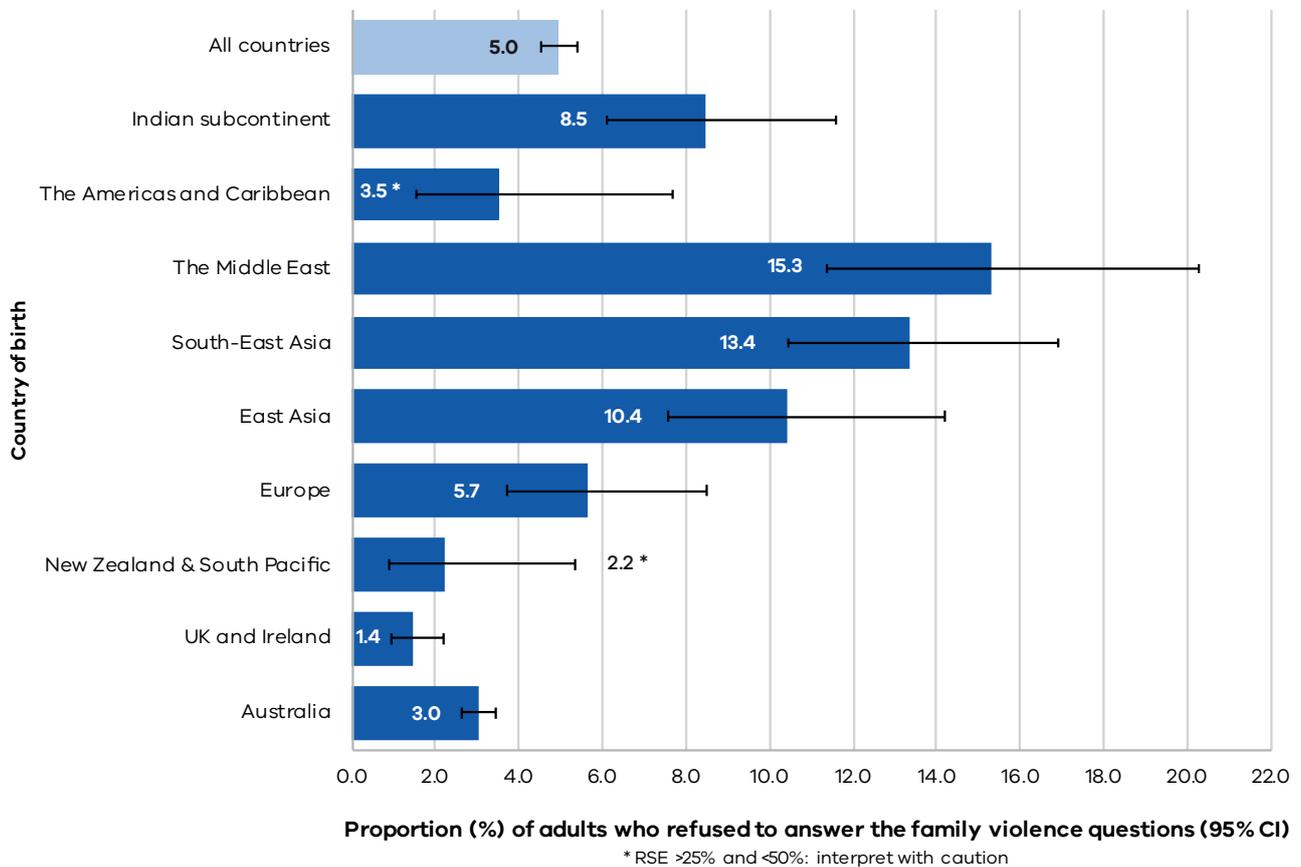


Figure 14: Proportion of adults who refused to answer the questions on family violence, by country of birth, Victoria, 2017



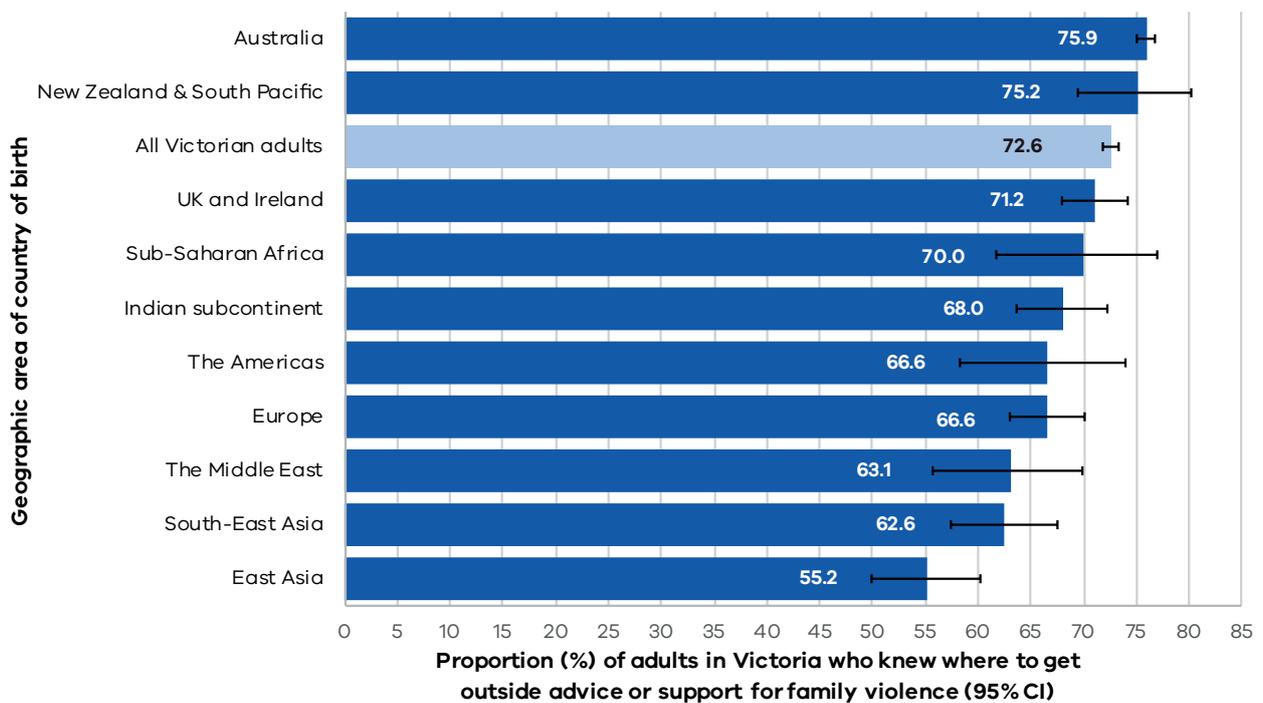
The numbers of adults who experienced family violence by country of birth were too small to allow for analysis by frequency or type of family violence, and service use.

Knowledge of where to get help

Appendix Table 12 and Figure 15 show the proportions of adults in Victoria who knew where to get outside advice or support for family violence, by country of birth. The key findings are:

- Adults born in Australia were significantly more likely to know where to go to get outside advice or support for family violence than all adults in Victoria.
- Adults born in Europe, East Asia, South-East Asia and the Middle East were significantly less likely to know where to get outside advice or support for family violence than all adults in Victoria.

Figure 15: Proportion of adult population who knew where to get outside advice or support in response to family violence, by country of birth, Victoria, 2017



Discussion

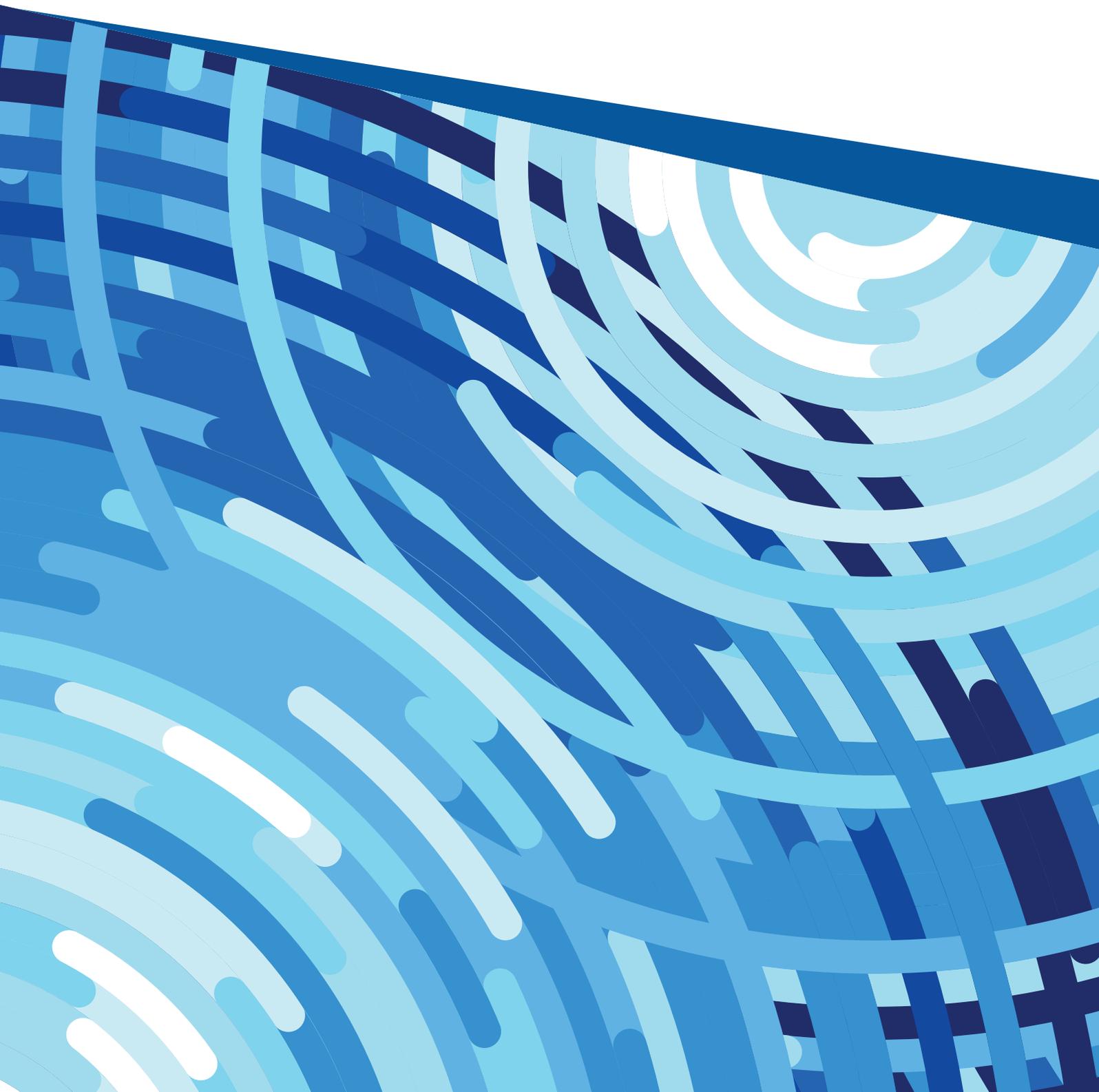
While adults born in Australia were significantly more likely to report experiencing family violence in the two years preceding the survey than all adults in Victoria, those born in East Asia, South-East Asia, the Indian subcontinent, the Middle East and sub-Saharan Africa were significantly less likely to answer the questions on family violence. Therefore, comparisons of prevalence estimates between different geographic areas of country of birth may be confounded by differing propensities to answer questions about family violence.

Adults born in East Asia, South-East Asia, the Middle East, the Indian subcontinent, and sub-Saharan Africa were two to three times more likely to have refused to answer the questions on family violence than all adults in Victoria.

The survey found that Victorian adults who were born in Europe, East Asia, South-East Asia and the Middle East were significantly less likely to know where to get outside advice or support for family violence. The implication of this finding is that more work may need to be done to inform these communities about the availability of family violence services.

A weakness of the survey is that despite the questionnaire being available in 10 non-English languages, these do not include the languages of recent immigrants and refugees. Therefore, it is likely that new immigrant and refugee populations are under-represented in this report.

FAMILY VIOLENCE BY ABORIGINAL AND TORRES STRAIT ISLANDER STATUS



Aboriginal and Torres Strait Islander status was determined by asking the survey participant: 'Are you of Aboriginal or Torres Strait Islander origin?'. (Note: In this report, Aboriginal and Torres Strait Islander Victorians will be collectively referred to as 'Aboriginal Victorians'.)

Comparisons between two different populations are predicated on the underlying assumption that all things are equal in the two populations (Aboriginal and non-Aboriginal) other than the variable or characteristic being compared. However, the Aboriginal population is a much younger population than the non-Aboriginal population, so it is important to control for the difference in age structures to make a fair and valid comparison. Therefore, the prevalence estimates of family violence among Aboriginal Victorians have been adjusted or 'standardised' for age to ensure we are comparing like with like.

Another point of difference between the Aboriginal and non-Aboriginal populations that we are unable to control for is the common definition of a 'family'. Family is often more broadly defined by Aboriginal people to include grandparents, aunts, uncles, cousins, nieces/nephews and members of the community. In contrast, non-Aboriginal people tend to define 'family' as parents and their children – the nuclear family.⁶

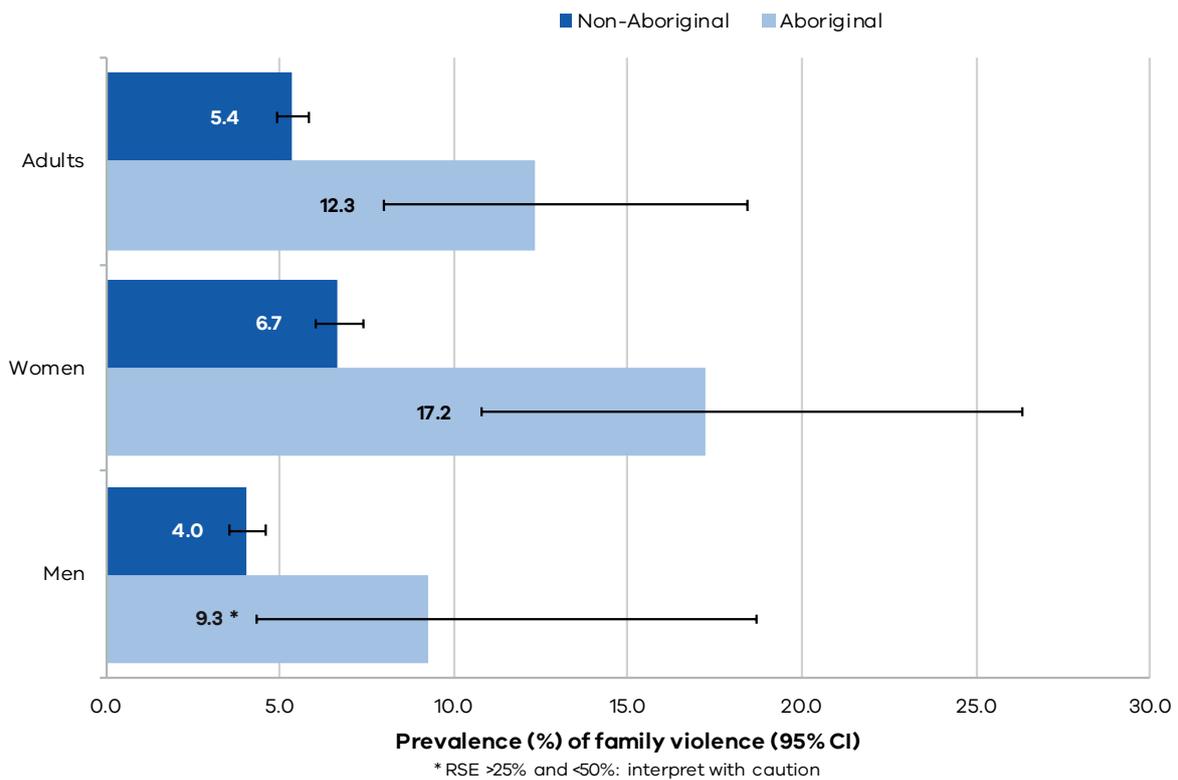
However, unlike the difference in age structure, we cannot control for differences in the interpretation of what does or does not constitute family. Therefore, it is possible, for example, that an incidence of violence that occurs between two distant relatives would be considered to be family violence by Aboriginal Victorians but not by non-Aboriginal Victorians.

Prevalence

Appendix Table 13 and Figure 16 show the prevalence of family violence among Aboriginal Victorians. The key findings are:

- Aboriginal Victorians were more than twice as likely to experience family violence than their non-Aboriginal counterparts after controlling for differences in the age structure of the two populations – 12.3% (CI: 8.0–18.4%) compared with 5.4% (CI: 4.9–5.8%).
- Aboriginal women (17.2%; CI: 10.8–26.3%) were significantly more likely than Aboriginal men (9.3%; CI: 4.3–18.7%) to experience family violence in the two years preceding the survey.
- Twice as many Aboriginal adults (9.9%; CI: 5.7–16.6%) refused to answer the questions on family violence as their non-Aboriginal counterparts (4.8%; CI: 4.4–5.3%), although this did not reach statistical significance.

Figure 16: Prevalence of family violence, by gender and Aboriginal status, Victoria, 2017



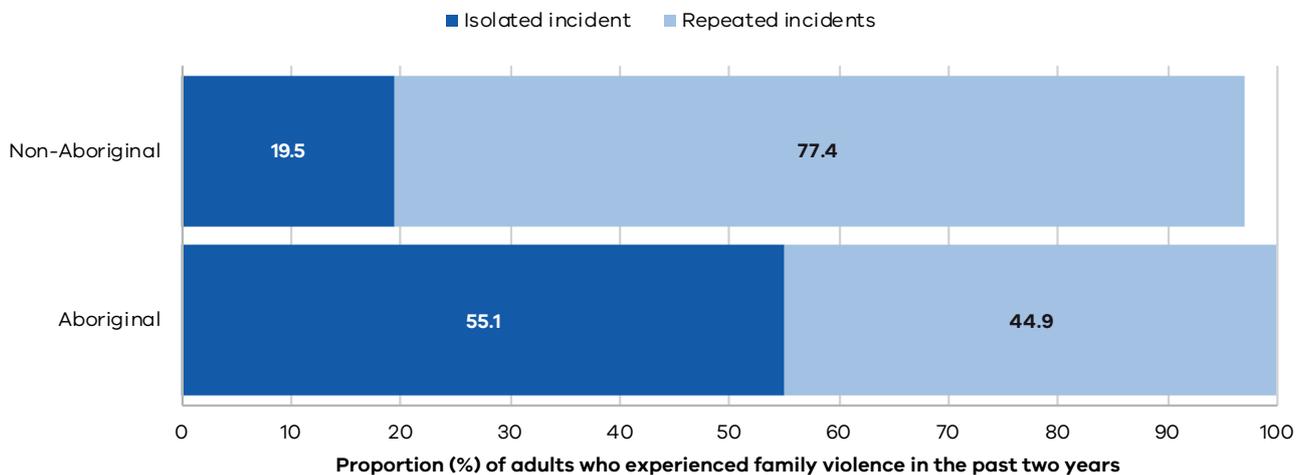
Frequency

Appendix Table 14 and Figure 17 show the frequency of family violence by Aboriginal status. The key findings are:

- More than half (55.1%; CI: 32.2–76.1%) of Aboriginal Victorians who experienced family violence did so as an isolated incident compared with 19.5% (CI: 16.5–22.9%) of non-Aboriginal Victorians.

- In contrast, Aboriginal Victorians were significantly less likely to experience repeated incidents of family violence (44.9%; CI: 23.9–67.9%) than non-Aboriginal Victorians (77.4%; CI: 73.8–80.7%).

Figure 17: Frequency of family violence, by Aboriginal status, Victoria, 2017



Prevalence and frequency

Appendix Table 15, Figure 18 and Figure 19 show the prevalence of family violence by frequency of occurrence and Aboriginal status. The key findings are:

- There was no significant difference in the prevalence of repeated incidents of family violence among Aboriginal Victorians (5.6%; CI: 3.1–9.7%) compared with their non-Aboriginal counterparts (4.1%; CI: 3.8–4.5%).

- In contrast, Aboriginal Victorians (6.7%; CI: 3.4–12.9%) were six times more likely to experience family violence as an isolated incident than their non-Aboriginal counterparts (1.1%; CI: 0.9–1.3%).

Figure 18: Prevalence of ISOLATED incidents of family violence, by gender and Aboriginal status, Victoria, 2017

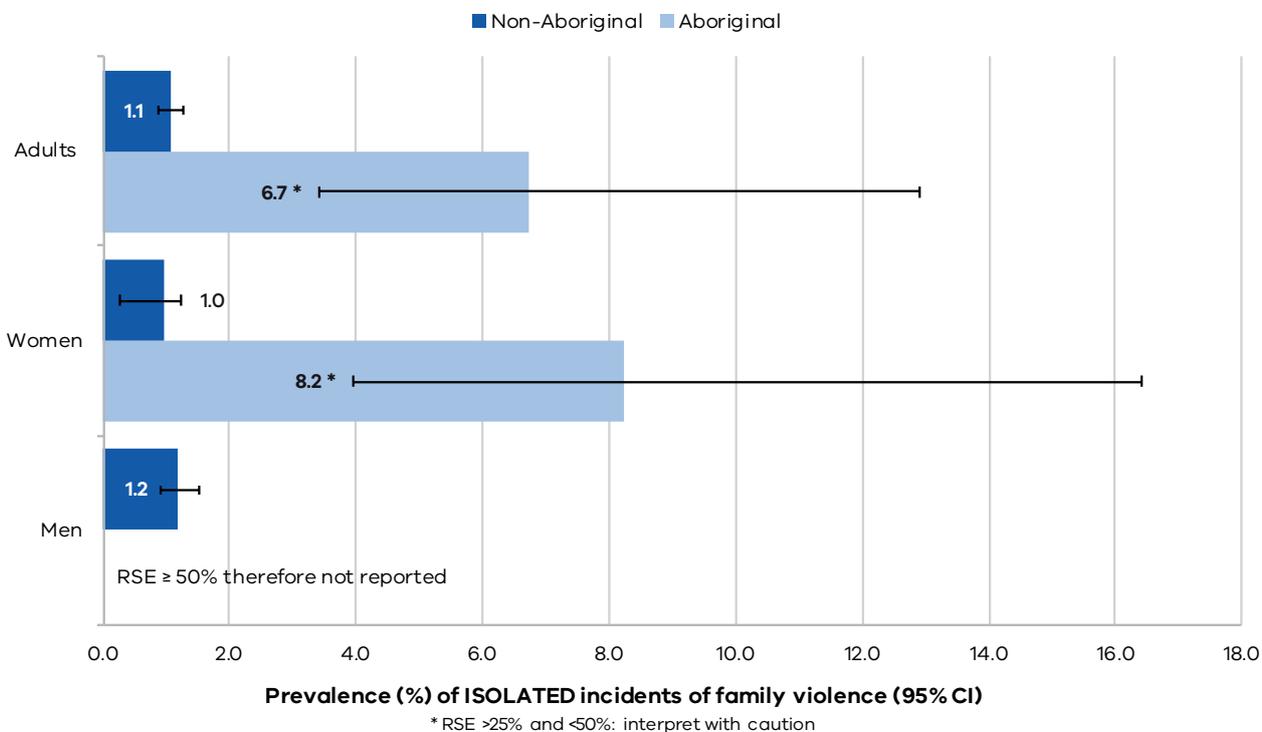
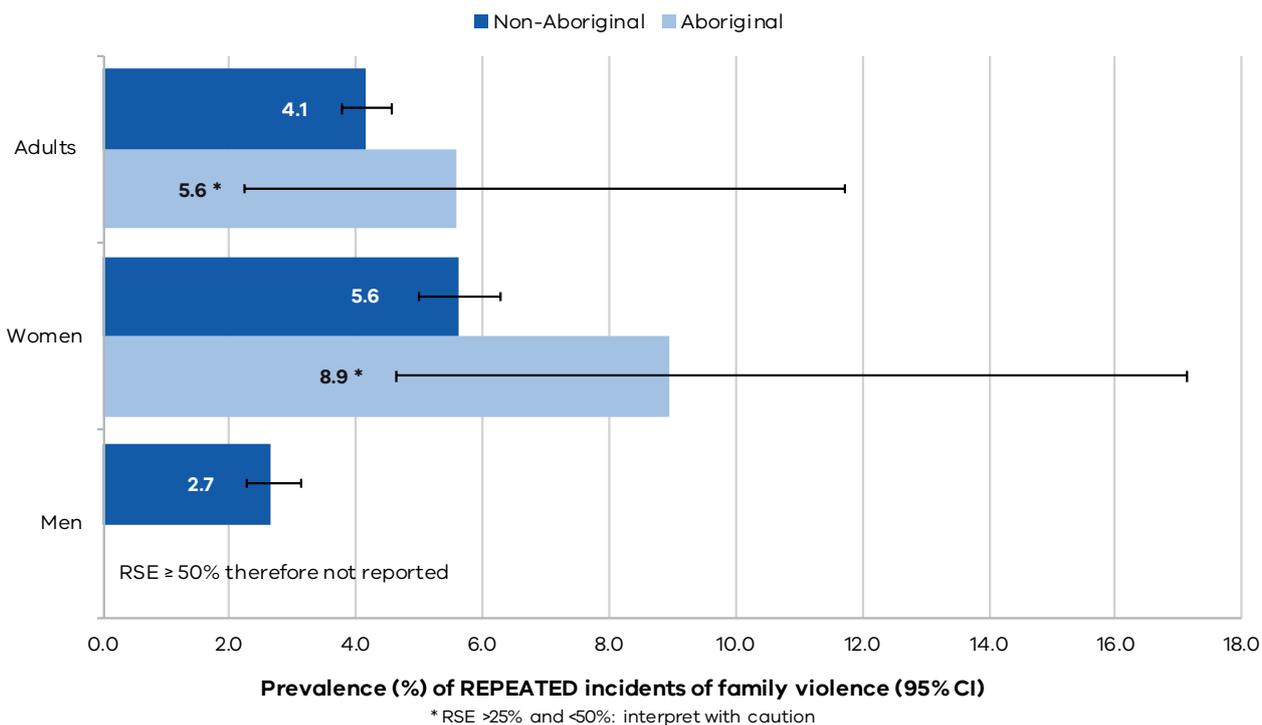


Figure 19: Prevalence of REPEATED incidents of family violence, by Aboriginal status, Victoria, 2017



Type

Appendix Table 16 shows the prevalence of family violence by type of violence and Aboriginal status. A survey participant was not limited to one type of violence since multiple types are often experienced. The key findings are:

- Aboriginal Victorians were significantly more likely than non-Aboriginal Victorians to experience financial/economic, emotional/psychological, physical and ‘other’ violence.
- There was no difference in the prevalence of spiritual or sexual family violence between Aboriginal Victorians and their non-Aboriginal counterparts.

Contact with services

Appendix Table 17 and Appendix Table 18 show the types of services that adults accessed or had contact in response to family violence by Aboriginal status. The key findings are:

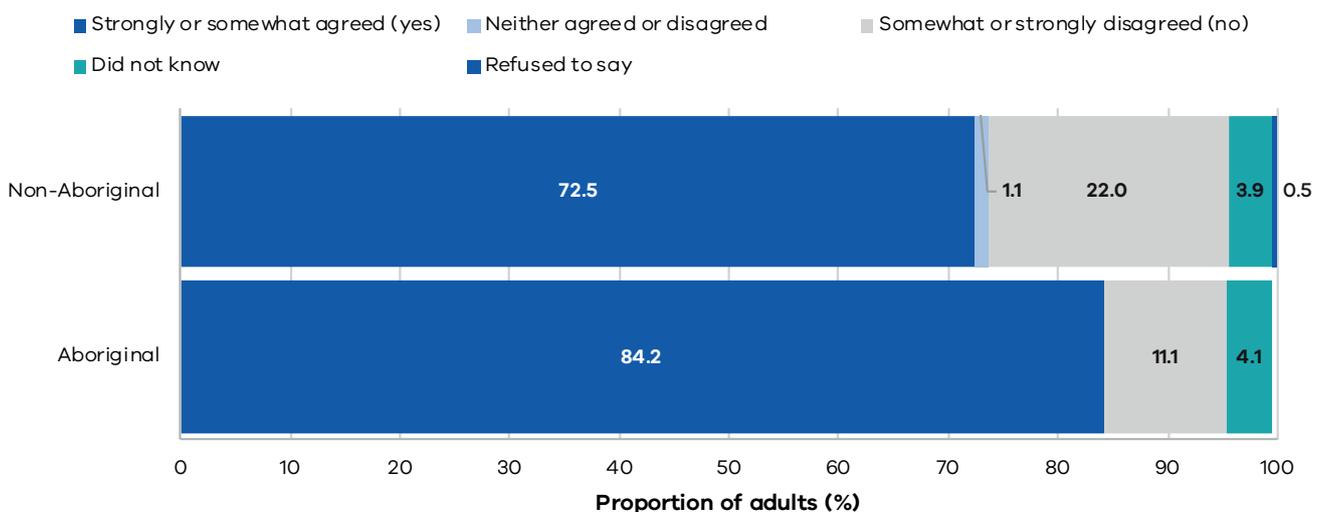
- With one exception (Aboriginal services), there were no significant differences in the proportions of adults who accessed or had contact with services in response to family violence, by Aboriginal status.
- More than 1 in 4 (28.7%; CI: 13.2–51.8%) Aboriginal adults accessed an Aboriginal service in response to family violence.

Knowledge of where to get help

Appendix Table 19 and Figure 20 show the proportions of the adult population in Victoria that did or did not know where to get outside advice or support for family violence, by Aboriginal status. The key finding is:

- Aboriginal Victorians (84.2%; CI: 77.0–89.5%) were significantly more likely than non-Aboriginal Victorians (72.5%; CI: 71.6–73.3%) to know where to get outside advice or support for family violence.

Figure 20: Proportions of adults who agreed or disagreed that they knew where to get outside advice or support in response to family violence, by Aboriginal status, Victoria, 2017



Discussion

Although adults who identified as Aboriginal were significantly more likely to experience family violence than their non-Aboriginal counterparts overall, they were significantly more likely to do so as an isolated incident rather than repeated incidents.

We found that there was no statistically significant difference in the prevalence of repeated incidents of family violence by Aboriginal status, although the relative standard error associated with the estimate was high enough to warrant caution in its interpretation. The high relative standard error most likely reflects the very small numbers of survey respondents who identified as Aboriginal.

The higher prevalence of family violence may reflect the broader definition of family among Aboriginal people, where grandparents, aunts, uncles, cousins, nieces/nephews and members of the community are often considered to be family. Therefore, isolated incidents of family violence that occur between distant relatives may be reported by Aboriginal Victorians but not by non-Aboriginal Victorians, contributing to a higher overall prevalence estimate of family violence in the Aboriginal population relative to the non-Aboriginal population. However, future surveys that include a question that would determine the nature of the relationship between the victim and perpetrator are needed to support or refute this hypothesis.

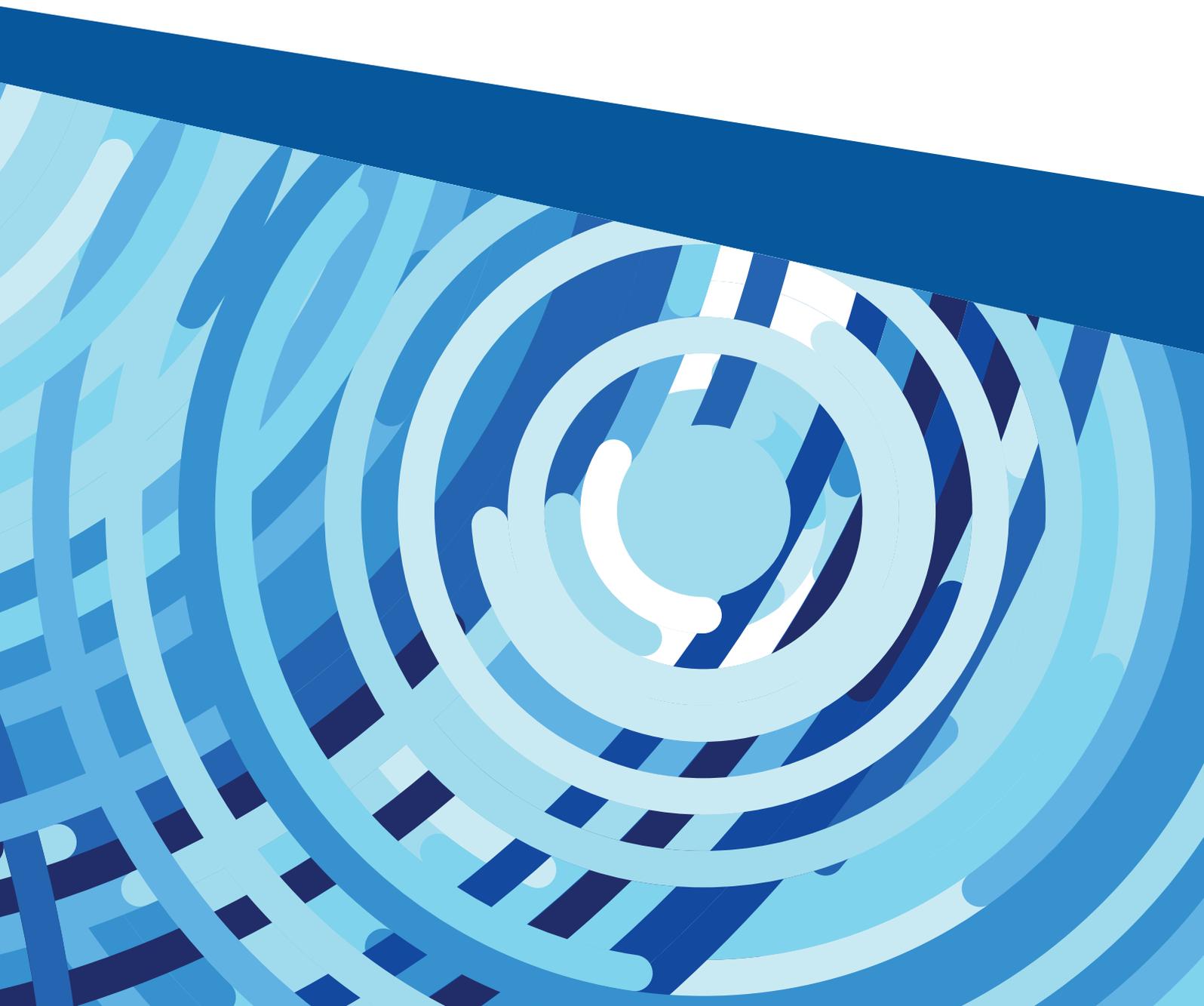
Another important consideration is that the proportion of Aboriginal adults who refused to answer the questions on family violence was twice that of non-Aboriginal adults, although this did not reach statistical significance and was subject to high relative standard error. Nevertheless, this may reflect a difference in propensity to report family violence, in which case the estimate of family violence among Aboriginal adults in Victoria may be subject to greater under-reporting than in non-Aboriginal Victorians. This would be consistent with national findings.⁶

Therefore, the comparisons of prevalence estimates between Aboriginal Victorians and their non-Aboriginal counterparts may be confounded by both differing propensities to answer questions about family violence and different conceptions of who is considered to be a member of a family.

A limitation of this report is that the types of family violence identified may not be understood or interpreted in the same way by different populations. For example, financial or economic abuse is likely to be viewed differently by Aboriginal Victorians where cultural expectations and obligations about collective ownership and the sharing of property and resources with family and kinship networks can be quite different from those of non-Aboriginal Victorians.

The general level of knowledge about where to get outside advice or support in response to family violence is greater among Aboriginal Victorian adults than their non-Aboriginal counterparts. This may reflect the existence of Aboriginal-specific family violence services that provide culturally safe and appropriate services.

FAMILY VIOLENCE BY LGBTIQ+ STATUS



LGBTIQ+ stands for lesbian, gay, bisexual, transgender, intersex and queer. The '+' sign indicates that it also includes people who identify as pansexual, asexual, non-binary, gender diverse and/or other (non-heterosexual). This chapter investigates experiences of family violence by LGBTIQ+ status.

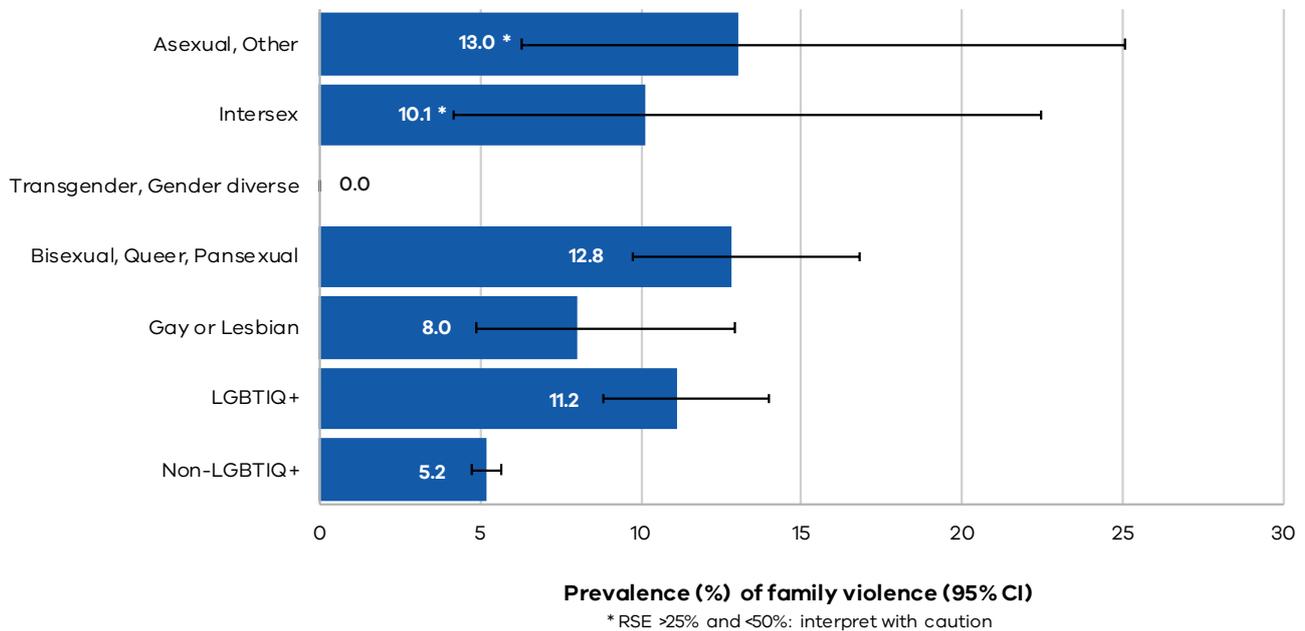
People who identify as LGBTIQ+ tend to be younger than people who do not. Therefore, we controlled for the different age structures of the LGBTIQ+ and the heterosexual populations so the comparisons were valid.

Prevalence

Appendix Table 20 and Figure 21 show the prevalence of family violence by LGBTIQ+ status. The key findings are:

- Overall, adults in Victoria who identified as LGBTIQ+ were twice as likely to experience family violence (11.2%; CI: 8.8–14.0%) as their non-LGBTIQ+ counterparts (5.2%; CI: 4.7–5.6%).
- Adults who identified as bisexual, queer or pansexual were significantly more likely to experience family violence (12.8%; CI: 9.7–16.8%) than all adults who experienced family violence (5.5%; CI: 5.0–5.9%).
- Similarly, adults who identified as asexual or 'other' were also more likely to experience family violence (13.0%; CI: 6.3–25.1%) than all adults who experienced family violence (5.5%; CI: 5.0–5.9%), although the relative standard error associated with the estimate was high enough to warrant caution in its interpretation.
- In contrast, adults who identified as gay or lesbian were as likely as all adults to experience family violence (8.8%; CI: 4.9–12.9% vs 5.5%; CI: 5.0–5.9%).
- Similarly, adults who identified as intersex were also as likely as all adults to experience family violence (10.1%; CI: 4.2–22.5% vs 5.5%; CI: 5.0–5.9%) based on lack of statistical significance. However, the relative standard error associated with the estimate was high enough to warrant caution in its interpretation and indicates that the number of intersex adults who participated in the survey was very small.
- Adults who identified as transgender or gender diverse did not report any incidents of family violence. However, there were only 41 survey respondents who identified as transgender or gender diverse, and therefore this finding should be interpreted with caution.

Figure 21: Prevalence of family violence, by LGBTIQ+ status, Victoria, 2017



There was no difference in the frequency of occurrence of family violence by LGBTIQ+ status (Appendix Table 21).

Type

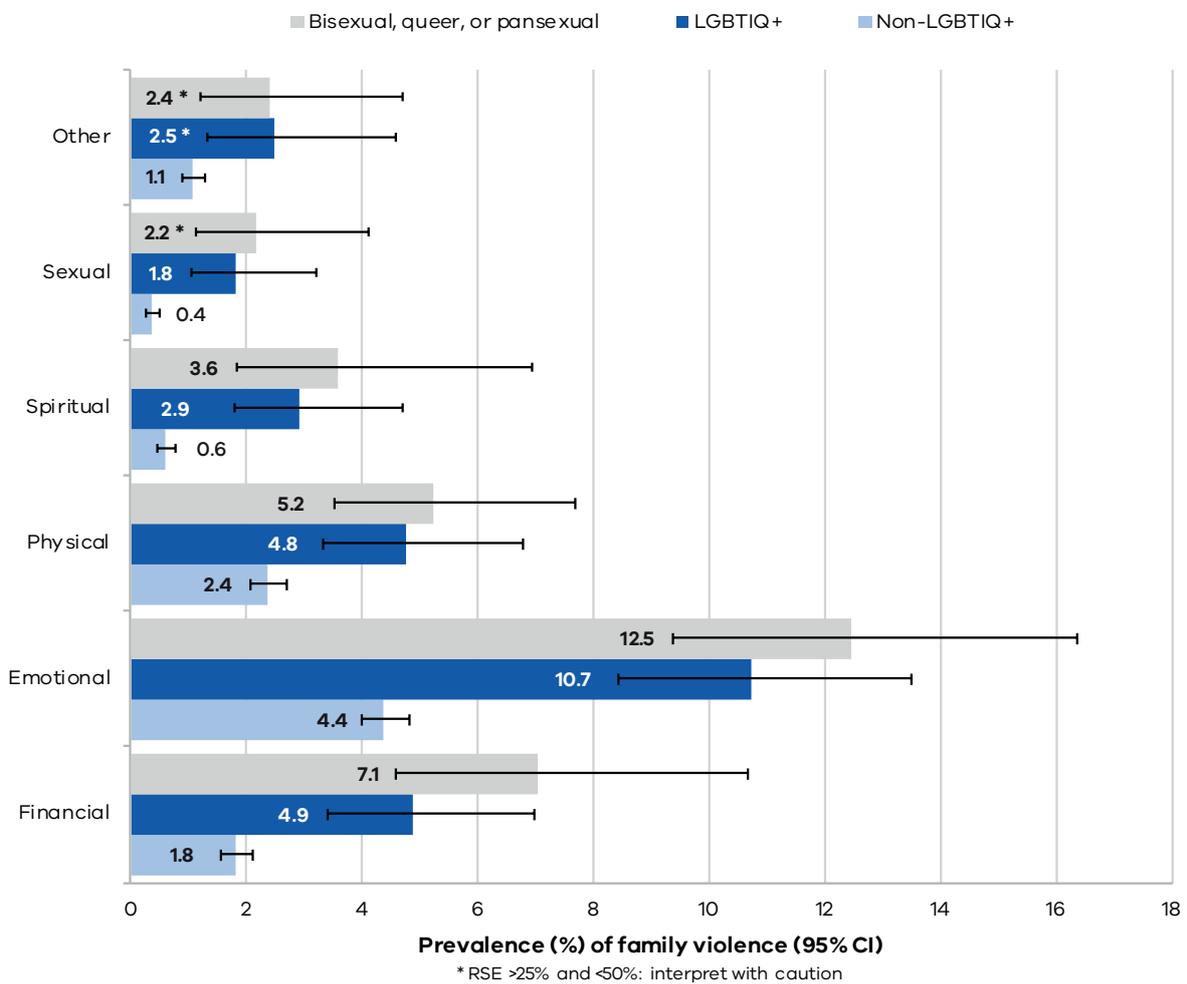
Appendix Table 22 and Figure 22 show the prevalence of family violence by type of violence and LGBTIQ+ status. The key findings are:

- Overall, Victorian adults who identified as LGBTIQ+ were significantly more likely than their non-LGBTIQ+ counterparts to experience all types of abuse – financial/economic, emotional/psychological, physical, spiritual, sexual and ‘other’. However, the relative standard errors associated with the estimates for sexual and ‘other’ violence were high enough to warrant caution in their interpretation.
- Adults who identified as bisexual, queer or pansexual were significantly more likely than all adults to experience financial/economic, emotional/psychological, physical, spiritual and sexual, but not ‘other’, abuse, although the relative standard errors of the estimates of spiritual and sexual violence were high enough to warrant caution in their interpretation.
- Adults who identified as intersex reported a significantly higher prevalence of sexual violence (9.4%; CI: 3.7–22.0%) than all adults (0.5%; CI: 0.4–0.7%), although the relative standard error of the estimate was high enough to warrant caution in its interpretation.

- Adults who identified as bisexual, queer or pansexual were significantly more likely than all adults to experience financial/economic, emotional/psychological, physical, spiritual, sexual, but not 'other', abuse, although the relative standard errors of the estimates of spiritual and sexual violence were high enough to warrant caution in their interpretation.

- Adults who identified as intersex reported a significantly higher prevalence of sexual violence (9.4%; CI: 3.7–22.0%) than all adults (0.5%; CI: 0.4–0.7%), although the relative standard error of the estimate was high enough to warrant caution in its interpretation.

Figure 22: Prevalence of family violence, by type of violence and LGBTIQ+ status, Victoria, 2017



There were no significant differences in the types of services that adults accessed or had contact with in response to family violence, by LGBTIQ+ status (Appendix Table 23 and Appendix Table 24).

There were no significant differences by LGBTIQ+ status in the proportions of adults who knew or did not know where to get outside advice or support for family violence (Appendix Table 25).

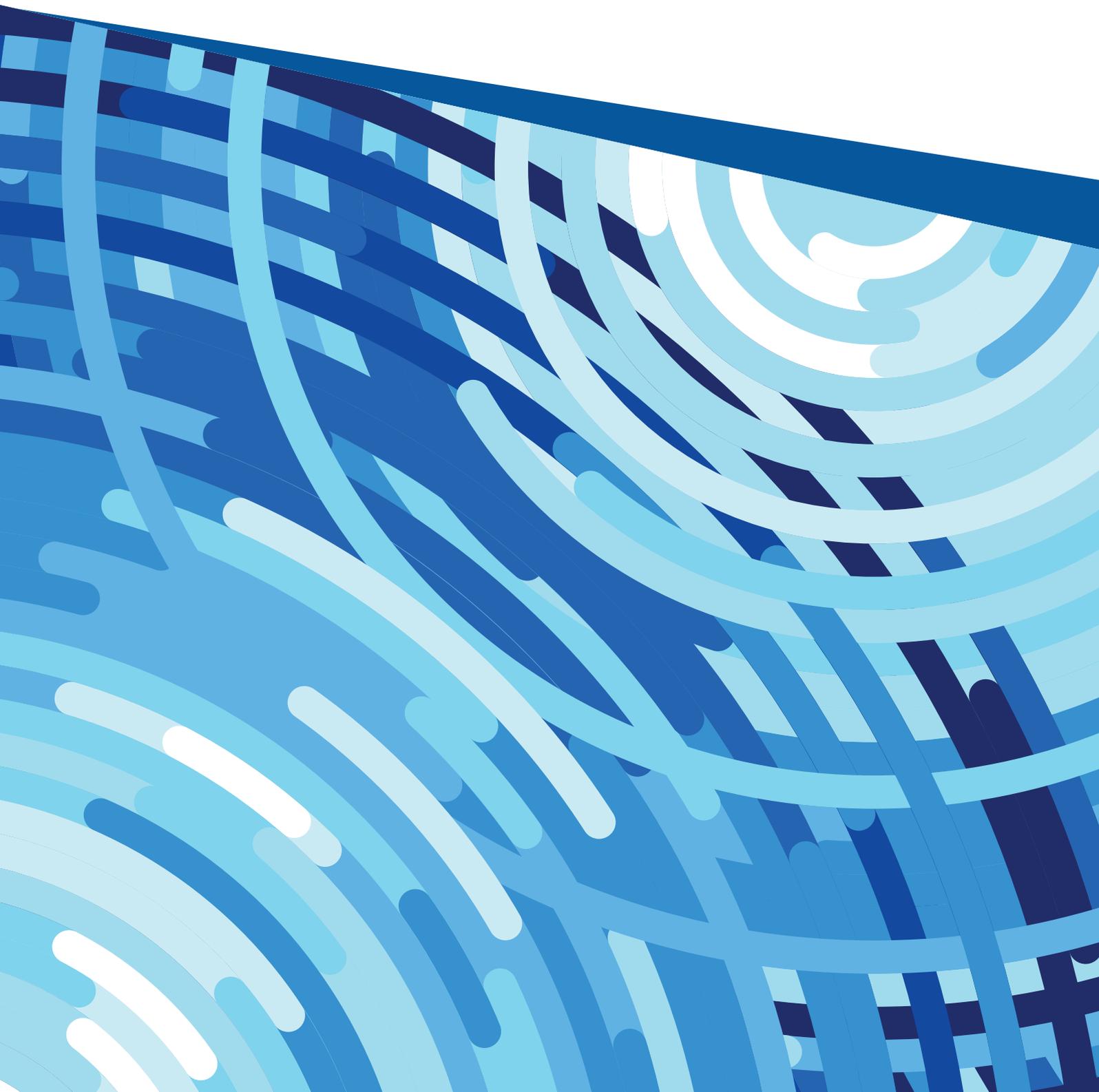
Discussion

Adults who identified as LGBTIQ+ were significantly more likely to experience all types of family violence than their non-LGBTIQ+ counterparts.

The data suggest that adults who identify as LGBTIQ+ are significantly more likely to experience family violence. However, the higher prevalence of family violence in the LGBTIQ+ population appeared to be mainly associated with adults who identified as bisexual, queer or pansexual, and possibly those who identified as asexual or 'other', although the relative standard errors associated with the estimates for asexual and 'other' were high enough to warrant caution in their interpretation.

An important limitation of the analyses by LGBTIQ+ status is that grouping gay, lesbian, bisexual, transgender, queer and intersex people not only conflates sexual orientation with gender identity, but potentially masks a diverse range of experiences. For this report, groupings were done to ensure a sufficient sample size for the analyses.

FAMILY VIOLENCE BY SOCIOECONOMIC STATUS



Socioeconomic status is the social standing or class of an individual or group and is often measured by education, occupation or income. For almost every measure of health and wellbeing, a socioeconomic gradient can be demonstrated, where the higher the socioeconomic status of an individual or group the better their health and wellbeing.

We used five measures of socioeconomic status – four individual-based measures and one area-based measure – to investigate whether experiences of family violence also demonstrate a socioeconomic gradient. Individual-based measures are usually more sensitive and accurate than area-based measures. The measures we used were:

- total pre-tax annual household income (from all sources)
- highest level of educational attainment
- occupation
- employment status
- area-based Index of Relative Socio-Economic Disadvantage (IRSED).

Prevalence

Measure 1: Total annual household income

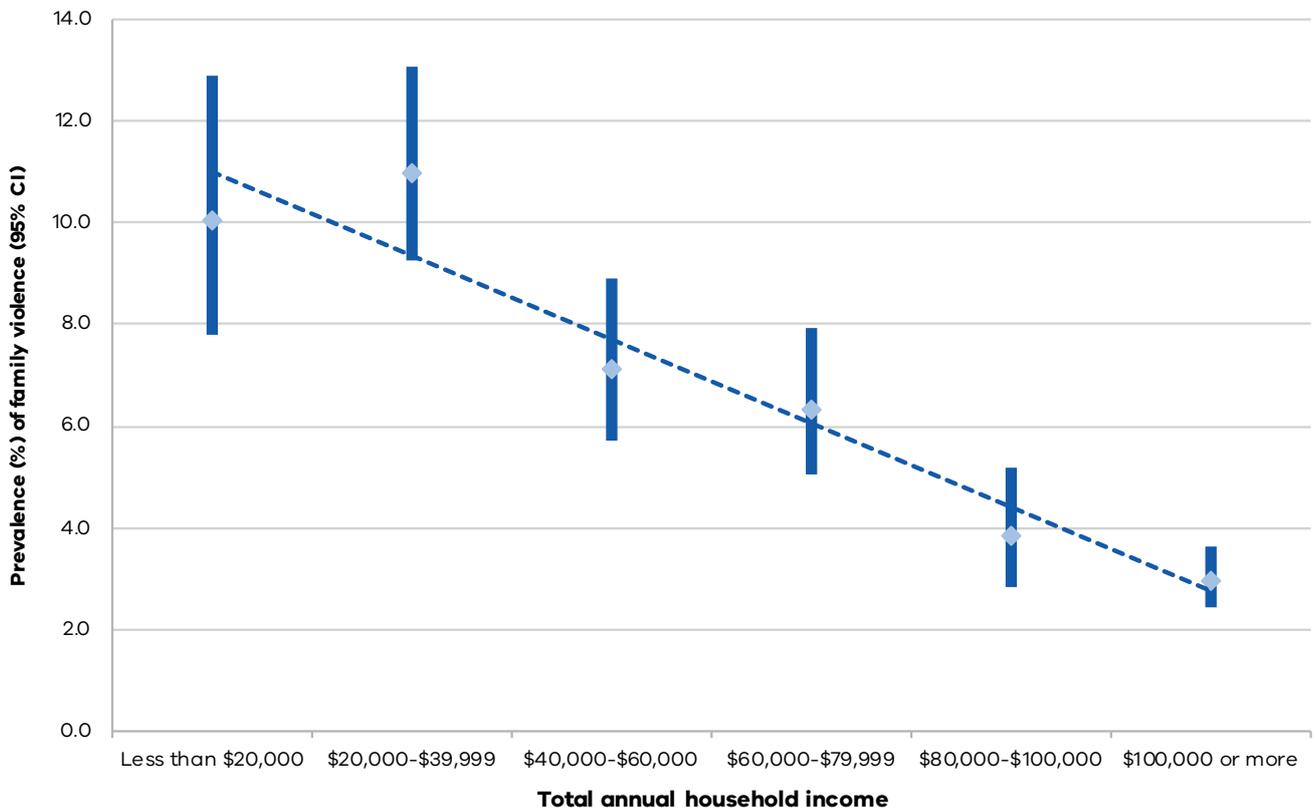
Survey respondents were asked to indicate their approximate pre-tax total annual household income from all sources, selected from a predetermined range – for example, less than \$10,000, \$10,000 to less than \$20,000 and so forth.

Total annual household income changes over the life course, with older adults aged 65 years or older who have retired and younger adults who have just joined the workforce being more likely to report lower total annual household incomes. Therefore, we controlled for the different age structures of the different household income levels to ensure the comparisons of experiences of family violence by household income reflected any differences by socioeconomic status rather than age.

Appendix Table 26 and Figure 23 show the prevalence of family violence by total annual household income. The key findings are:

- While family violence occurs in all socioeconomic classes, there was a strong socioeconomic gradient where the lower the total annual household income the more likely an adult was to experience family violence.
- The prevalence of family violence among adults with a total annual household income of below \$20,000 was 10.0% (CI: 7.8–12.9%) – more than three times higher than adults with a household income of \$100,000 or more (3.0%; CI: 2.5–3.6%).

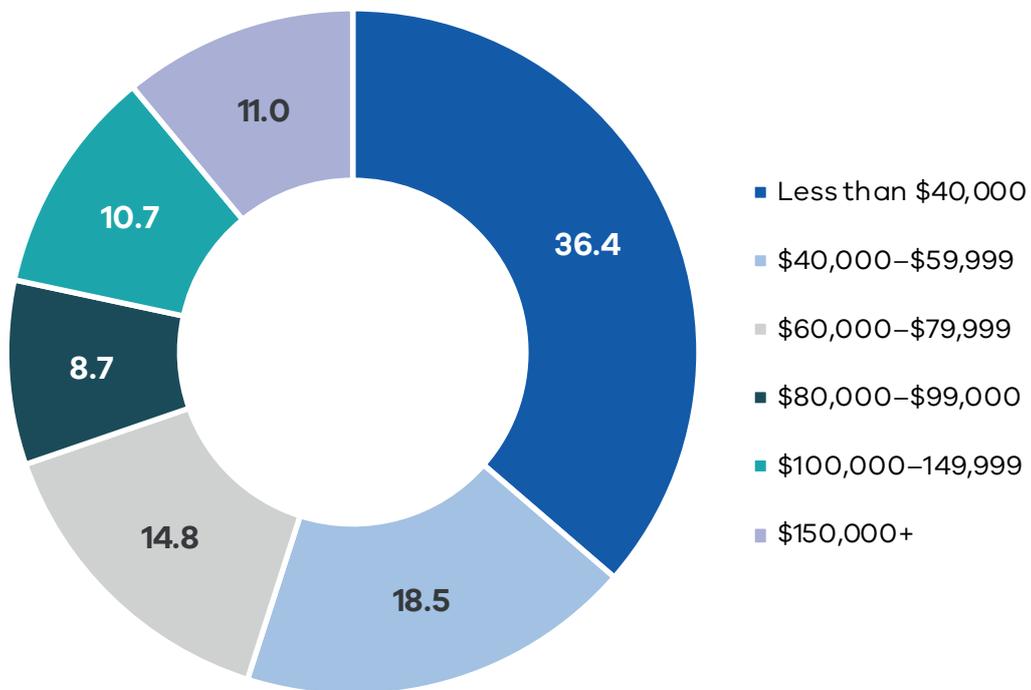
Figure 23: The prevalence of family violence, by total annual household income, Victoria, 2017



While Figure 23 shows the prevalence of family violence by household income bracket, Appendix Table 27 and Figure 24 show the distribution of total annual household incomes for adults in Victoria who experienced family violence. The key findings were:

- More than one-third (36.4%; CI: 32.3–40.7%) of adults who experienced family violence lived in a household with a total annual income of less than \$40,000.
- More than half (54.9%; CI: 50.5–59.3%) of adults who experienced family violence lived in a household with a total annual income of less than \$60,000.
- More than two-thirds of adults (69.7%; CI: 65.5–73.6%) who experienced family violence lived in a household with a total annual income of less than \$80,000.

Figure 24: The total annual household income of adults who experienced family violence, Victoria, 2017



Measure 2: Highest level of educational attainment

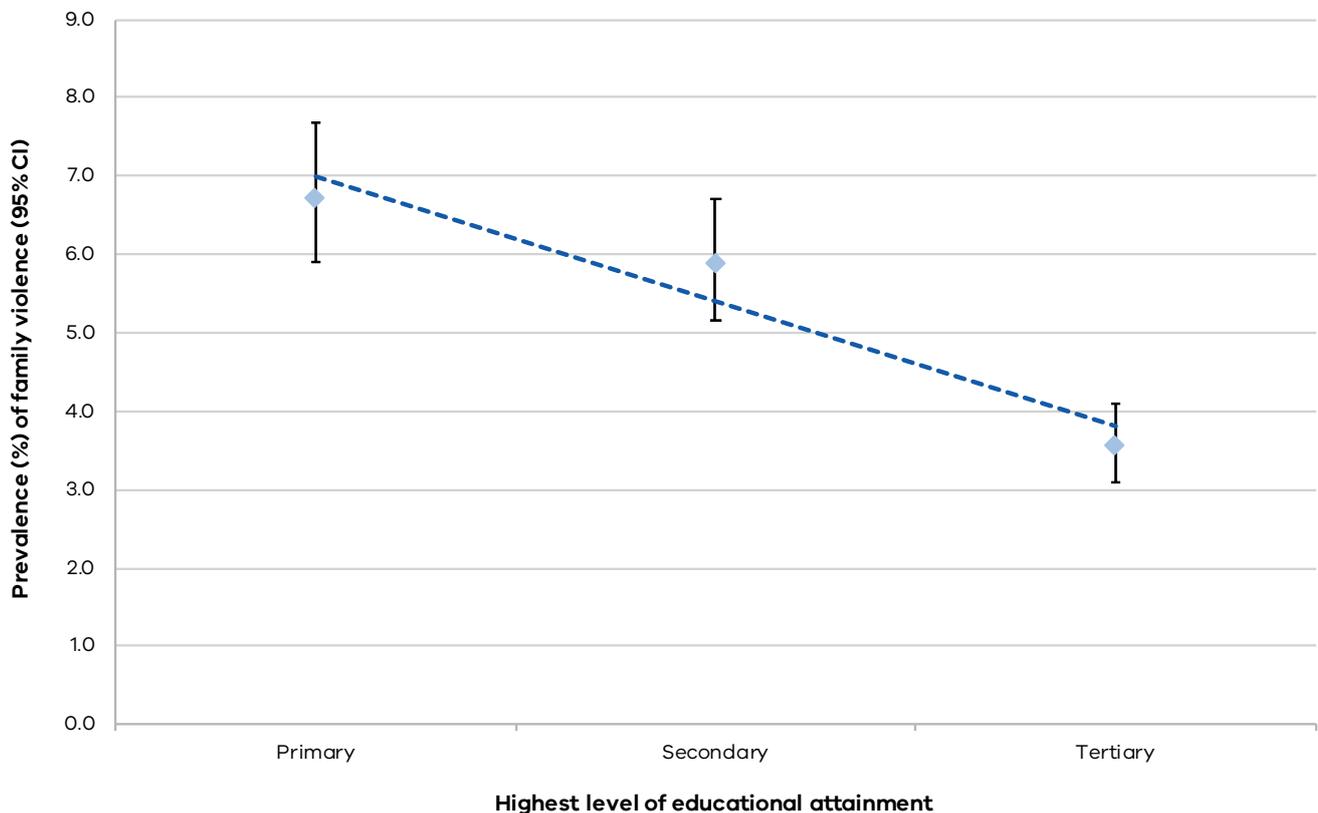
Survey respondents were asked to indicate their highest level of educational achievement. Although many respondents attended vocational education training at a Technical and Further Education (TAFE), respondents were not asked about the course they had undertaken. Therefore, since the courses offered at TAFE span both the secondary and tertiary educational sectors, we determined the highest level of education attained as follows:

- primary – includes all survey respondents who went to secondary school but did not complete Year 12, irrespective of whether or not they attended TAFE
- secondary – includes all survey respondents who completed Year 12 but did not go to university, irrespective of whether or not they attended TAFE
- tertiary – includes all survey respondents who went to university but not those who attended TAFE.

Appendix Table 28 and Figure 25 show the prevalence of family violence by highest level of educational attainment. The key finding was:

- As the level of educational attainment increased, the prevalence of family violence decreased – 3.6% (CI: 3.1–4.1%) of adults who had a tertiary education experienced family violence compared with 6.7% (CI: 5.9–7.7%) of adults who had a primary education.

Figure 25: The prevalence of family violence, by highest level of educational attainment, Victoria, 2017



Measure 3: Occupation

Survey respondents were asked, 'In regard to the work you have done for most of your life, what has been your main occupation?' They were asked to select from the following list:

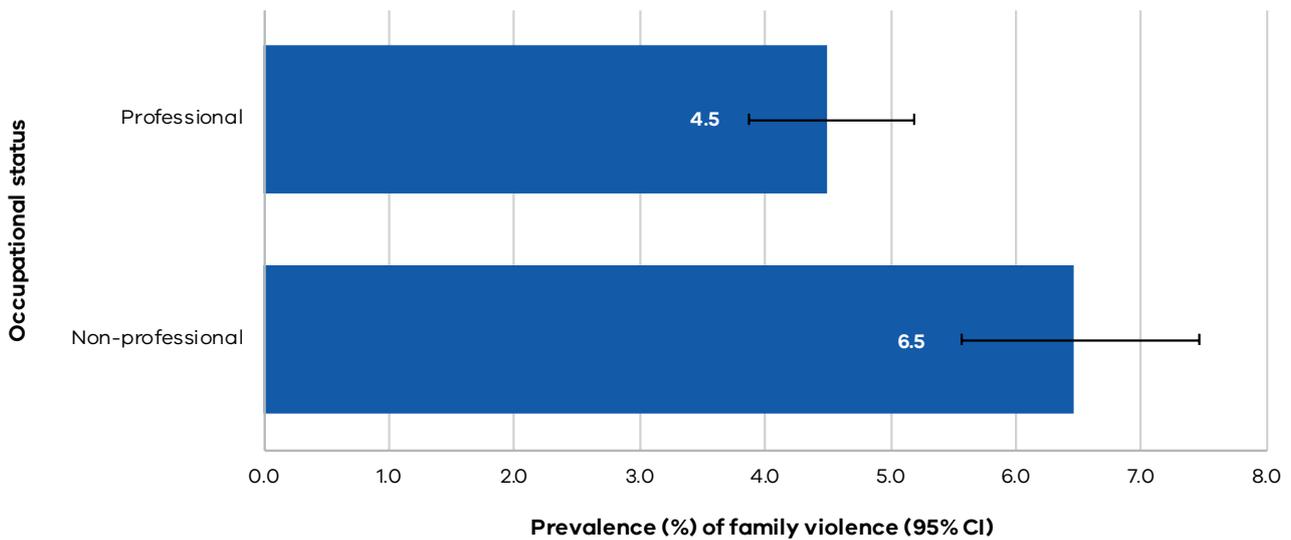
- manager
- professional
- technician or trades worker
- community or personal service worker
- clerical or administrative worker
- sales worker
- machinery operator or driver
- labourer
- other (specify)
- don't know.

A derived variable was created where the categories of 'manager', 'professional' and 'technician or trades worker' were deemed to be 'professional', while the remaining occupations were deemed to be 'non-professional'.

Appendix Table 29 and Figure 26 show the prevalence of family violence by occupational status. The key finding was:

- Adults who experienced family violence and had an occupation deemed to be 'professional' (4.5%; CI: 3.9–5.2%) were significantly less likely to experience family violence than their 'non-professional' counterparts (6.5%; CI: 5.6–7.5%).

Figure 26: The prevalence of family violence, by occupational status, Victoria, 2017

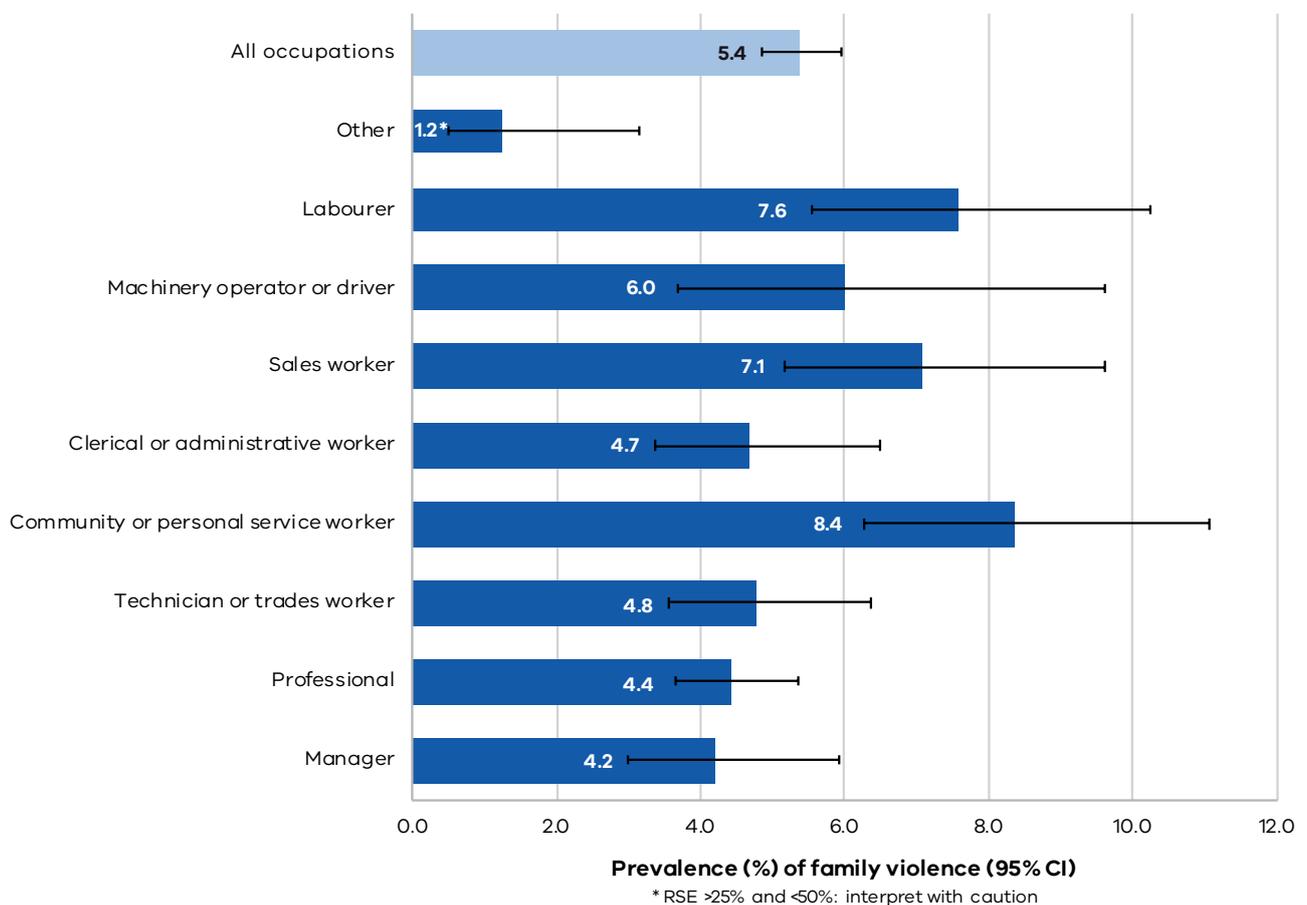


Appendix Table 30 and Figure 27 show the prevalence of family violence by occupation. The key findings are:

- The prevalence of family violence was significantly higher among adults who were employed in the community or personal service sector (8.4%, CI: 6.3–11.1%) compared with all adults who experienced family violence (5.4%; CI: 4.8–6.0%).

- The prevalence of family violence was significantly lower among adults who were employed in occupations not classified.

Figure 27: The prevalence of family violence, by occupation, Victoria, 2017



Measure 4: Employment status

Employment status was determined by asking survey respondents to select from the following categories:

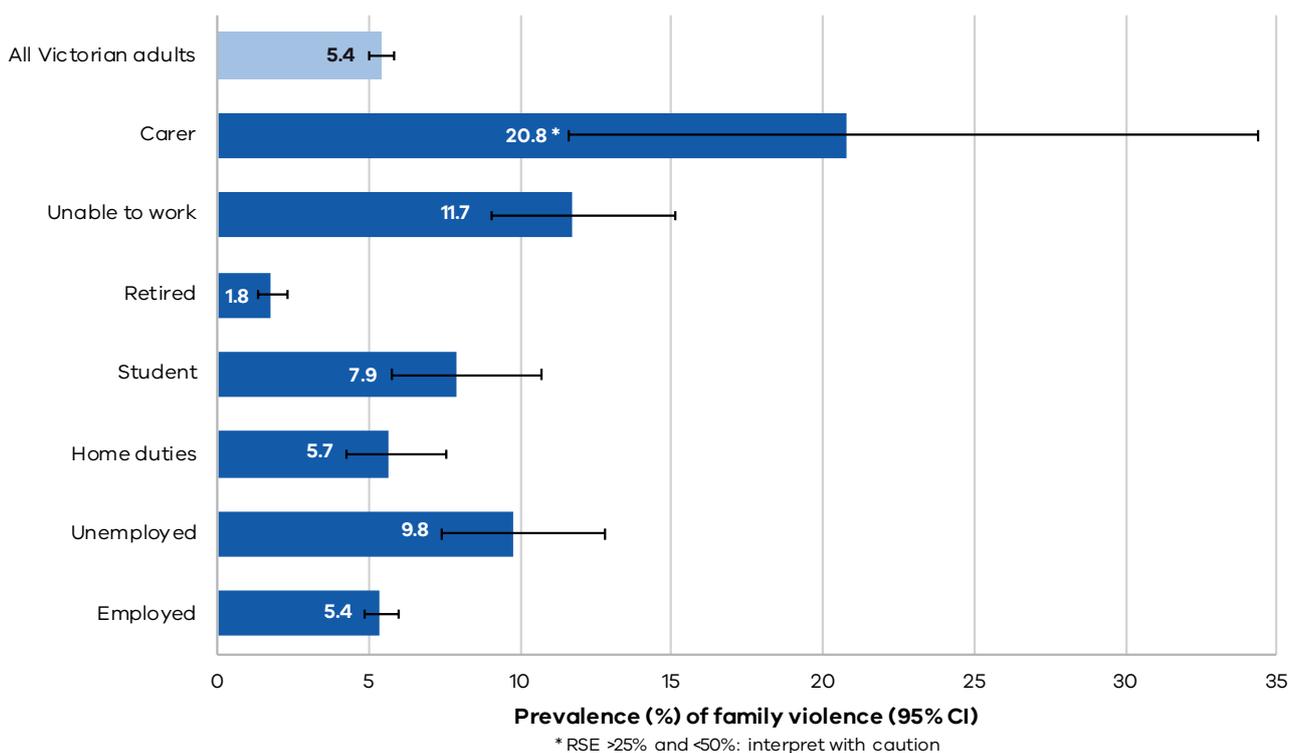
- self-employed
- employed for wages, salary or payment in kind
- unemployed
- engaged in home duties
- a student
- retired
- unable to work
- other (specify).

There were a substantial number of responses coded as 'other' that specified being in the role of a paid or unpaid carer. Therefore, another category was derived to reflect this.

Appendix Table 31 and Figure 28 show the prevalence of family violence by employment status. The key findings are:

- The prevalence of family violence was significantly higher among the unemployed (9.8%; CI: 7.4–12.8%) compared with all Victorian adults (5.4%; CI: 5.0–5.9%).
- The prevalence of family violence was also significantly higher among adults who were unable to work (11.7%; CI: 9.0–15.1%) compared with all Victorian adults (5.4%; CI: 5.0–5.9%).
- More than 1 in 5 (20.8%; CI: 11.6–34.4%) adults who were not working because they were caring for a spouse, parent, adult child or other person experienced family violence. This did not include stay-at-home mothers with children who performed home duties.
- Retired adults (1.8%; CI: 1.4–2.3%) were significantly less likely to have experienced family violence than all Victorian adults.

Figure 28: The prevalence of family violence, by employment status, Victoria, 2017



Measure 5: Area of residence – the Index of Relative Socio-Economic Disadvantage (IRSED)

IRSED is a general socioeconomic index that summarises a range of information about the economic and social conditions of people and households within a geographical area. Unlike the other indexes, this index includes only measures of relative disadvantage. IRSED scores are assigned to each LGA and ranked from lowest to highest. We then computed population-based quintiles of the IRSED scores so the LGAs that fell into the first quintile were the most disadvantaged while those that fell into the fifth quintile were the least disadvantaged.



Interpretation of index scores (IRSED)

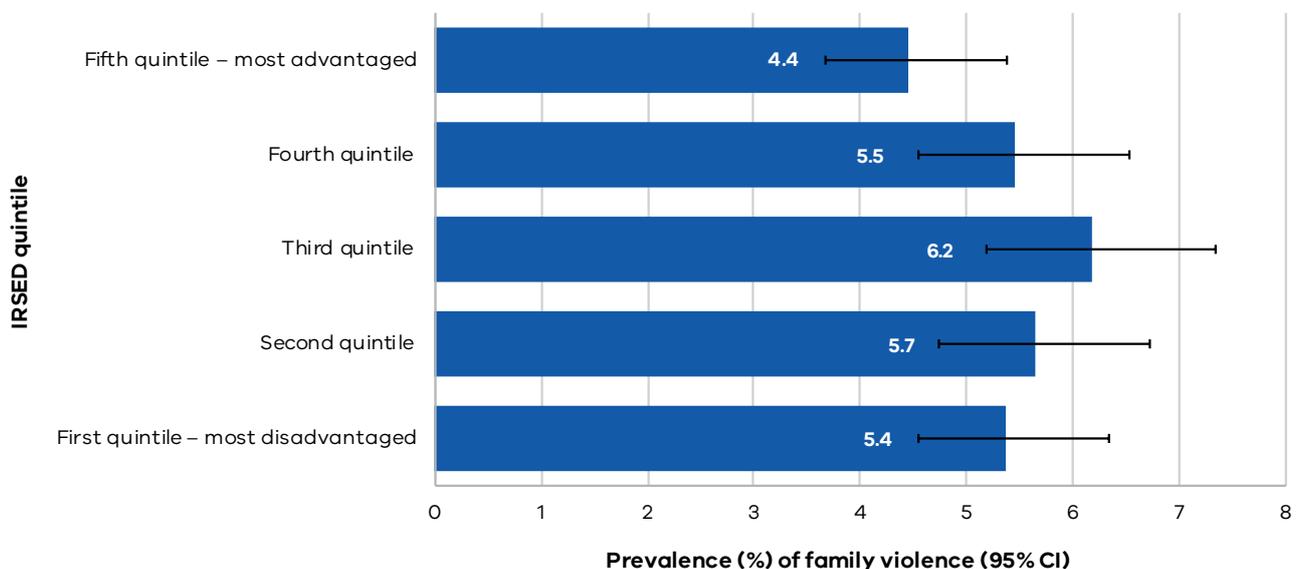
A low score indicates relatively greater disadvantage in general. For example, an area could have a low score if there are (among other things) many households with low incomes, many people with no qualifications, or many people in low-skill occupations.

A high score indicates a relative lack of disadvantage in general. For example, an area may have a high score if there are (among other things) few households with low incomes, few people with no qualifications, and few people in low-skill occupations.

Appendix Table 32 and Figure 29 show the prevalence of family violence by IRSED quintile. The key findings were:

- The prevalence of family violence did not differ by IRSED quintile.
- However, a logistic regression analysis showed a weak but statistically significant relationship where the higher the individual IRSED score of the LGA (indicating decreasing disadvantage), the lower the prevalence of family violence (odds ratio = 0.998; 95% CI = 0.996–0.9997; p-value = 0.023).

Figure 29: The prevalence of family violence, by the Index of Relative Socio-Economic Disadvantage (IRSED) quintile, Victoria, 2017



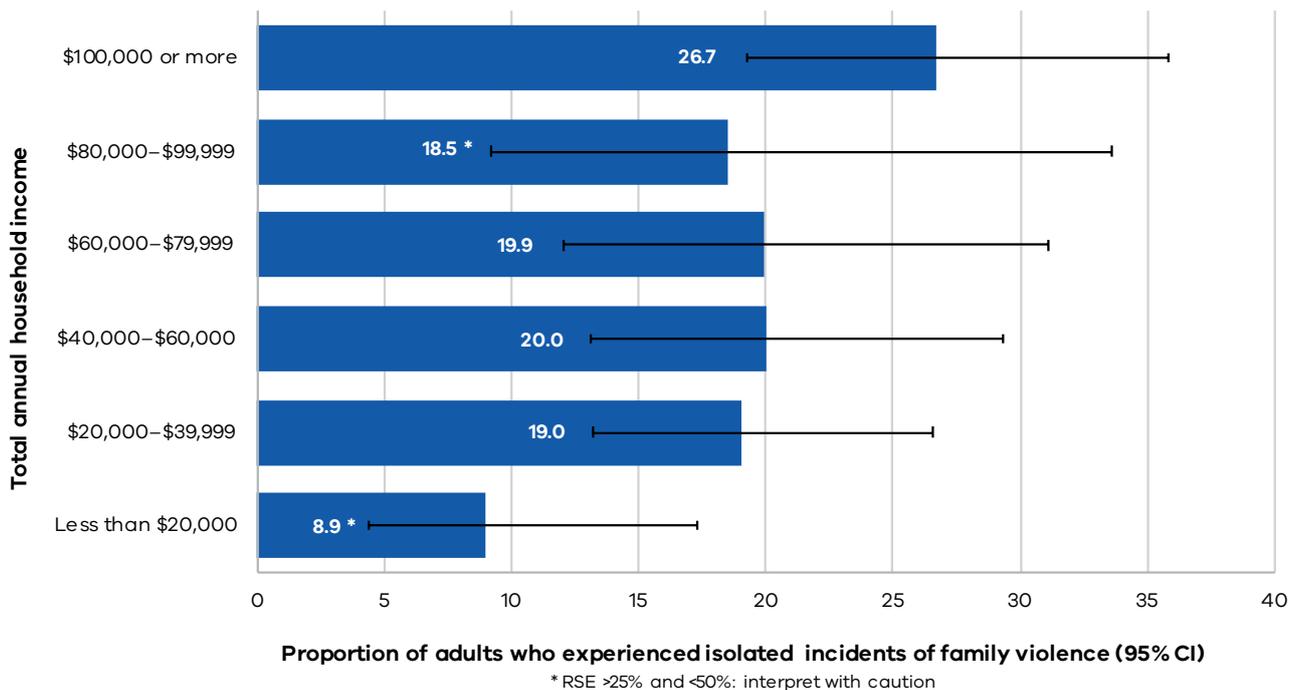
Frequency

The remainder of the analysis of family violence by socioeconomic status will use total annual household income as the measure of socioeconomic status to avoid repetition, since it is clear that there is a socioeconomic gradient associated with family violence.

Appendix Table 33 and Figure 30 show the frequency of family violence by total annual household income. The key findings are:

- While there was no evidence of a socioeconomic gradient, adults who reported a total annual household income of \$100,000 or more (26.7%; CI: 19.2–35.9%) were three times more likely to have experienced family violence as an isolated incident than their counterparts with a household income of less than \$20,000 (8.9%; CI: 4.4–17.3%).
- There were no statistically significant differences in the proportions of adults who experienced repeated incidents of family violence by total annual household income.

Figure 30: Frequency of isolated incidents of family violence, by total annual household income, Victoria, 2017

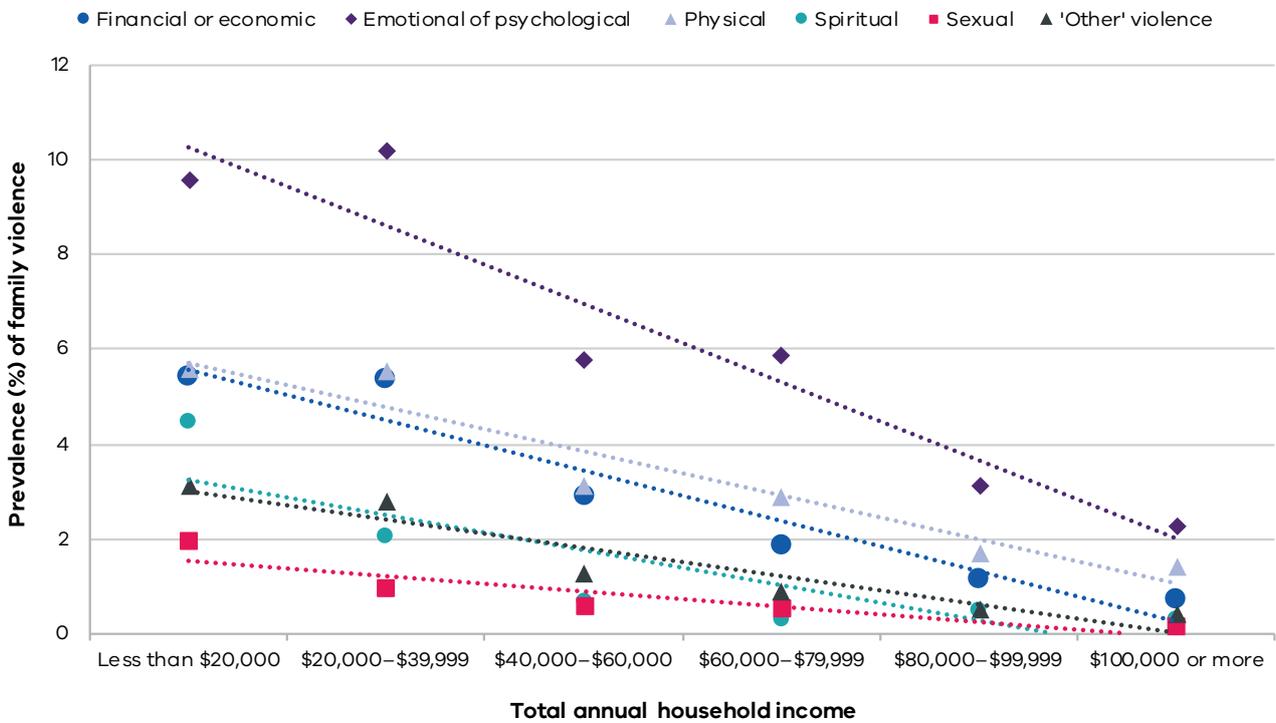


Type

Appendix Table 34 and Figure 31 show the prevalence of family violence by type of violence and total annual household income. The key finding is:

- There was a socioeconomic gradient for every type of family violence, where the higher the total annual household income the less likely an adult in Victoria was to experience economic/financial, emotional/psychological, physical, spiritual, sexual or 'other' violence.

Figure 31: Prevalence of family violence, by type of abuse and total annual household income, Victoria, 2017



Contact with services

Appendix Table 35 and Appendix Table 36 show the proportions of adults who had contact with services in response to family violence, by total annual household income. The key findings are:

- There were socioeconomic gradients in the proportions of adults who accessed or had contact with the police, the courts, a legal service and/or family services (including Child FIRST and Child Protection) and homelessness/housing services in response to family violence – the proportions significantly increased with declining total annual household income (Figure 32).
- In contrast, there was no socioeconomic gradient in the proportion of adults who did not seek or have any contact with a service in response to family violence. However, significantly higher proportions of adults with a household income of \$80,000–\$99,999 (41.6%; CI: 27.4–57.3%) and \$100,000 or more (32.1%; CI: 23.7–41.8%) did not seek or have any contact with a service in response to family violence, compared with adults with a household income of less than \$20,000 (11.5%; CI: 5.6–22.1%) (Figure 33).
- There were no significant differences in the proportions of adults who sought or had contact with an alcohol or other drug service or an ‘other’ service, by household income.
- While there was no socioeconomic gradient in the proportion of adults who attended a hospital or other medical service in response to family violence, those with a household income less than \$20,000 were significantly more likely to have received medical care (68.5%; CI: 50.0–75.5%) than those with a household income of \$80,000–\$99,999 (39.4%; CI: 25.9–54.8%) or \$100,000 or more (39.1%; CI: 30.9–48.0%) (Figure 34).
- While there was no socioeconomic gradient in the proportion of adults who accessed a family violence helpline or specialist service in response to family violence, those with a household income less than \$20,000 were significantly more likely to have done so (39.3%; CI: 26.9–53.3%) than those with a household income of \$100,000 or more (13.6%; CI: 8.9–20.4%) (Figure 34).

Figure 32: Contact with services in response to family violence, by total annual household income, Victoria, 2017

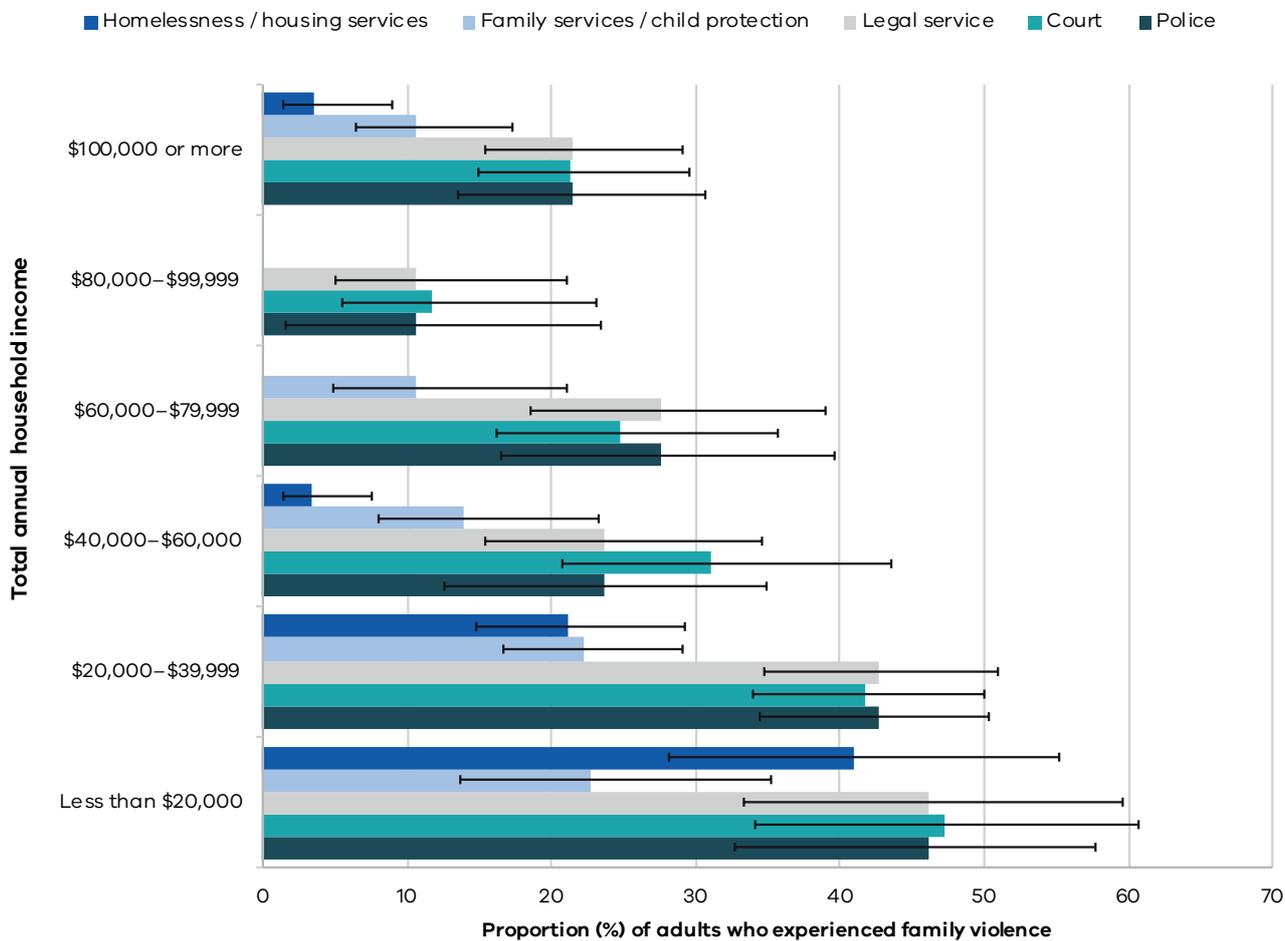


Figure 33: Proportion of adults who did not have contact with any service in response to family violence, by total annual household income, Victoria, 2017

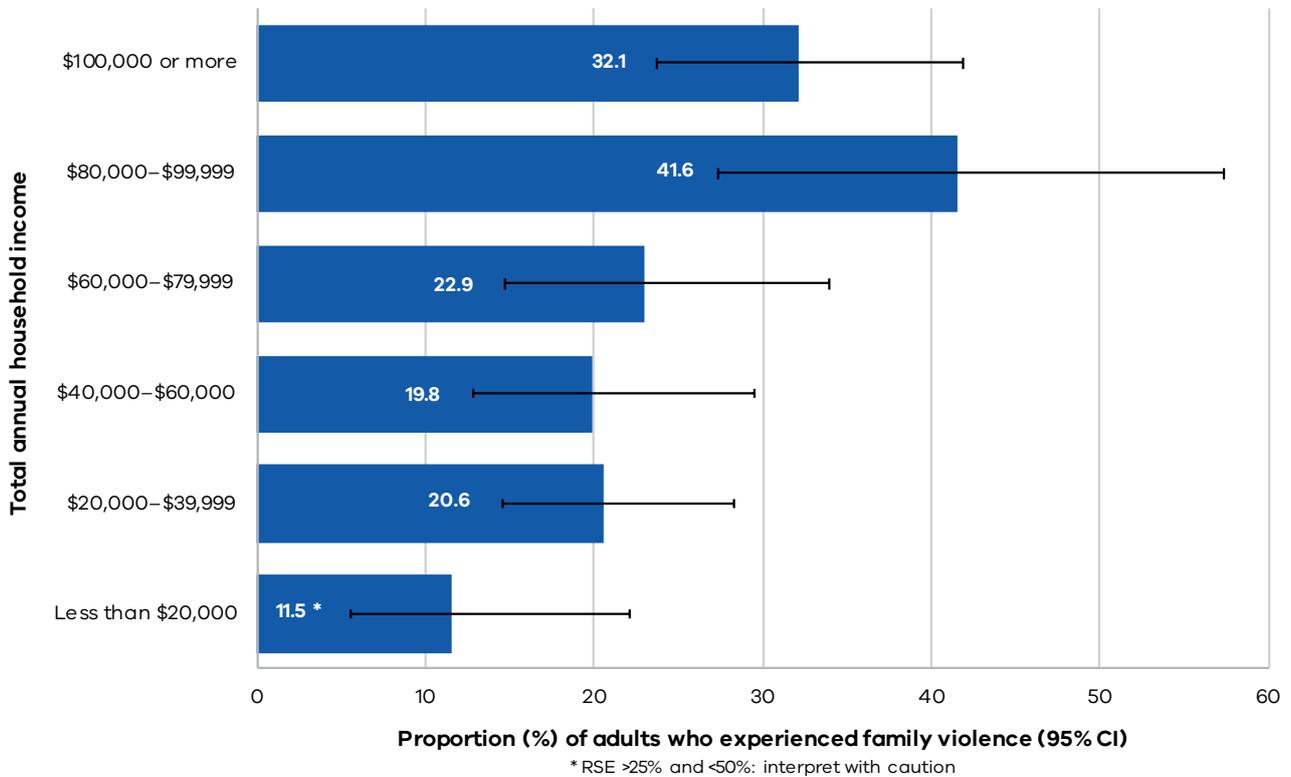
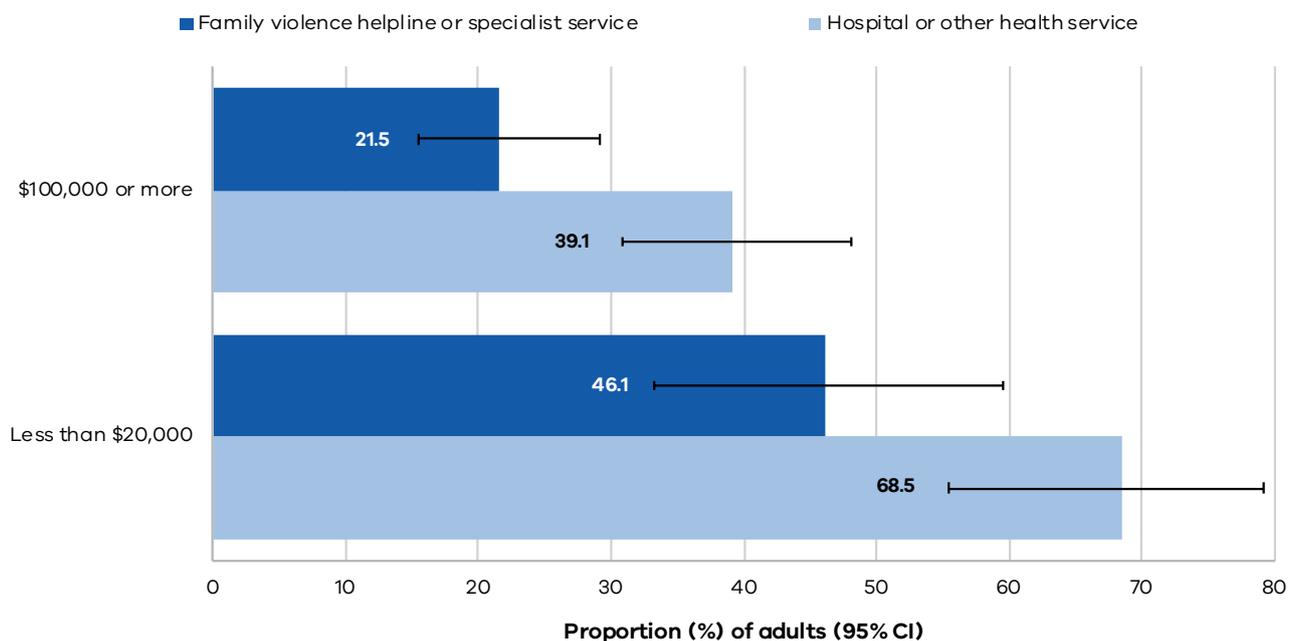


Figure 34: Family violence services accessed by adults who had a total annual household income of less than \$20,000 compared with those who had a total annual household income of \$100,000 or more, Victoria, 2017



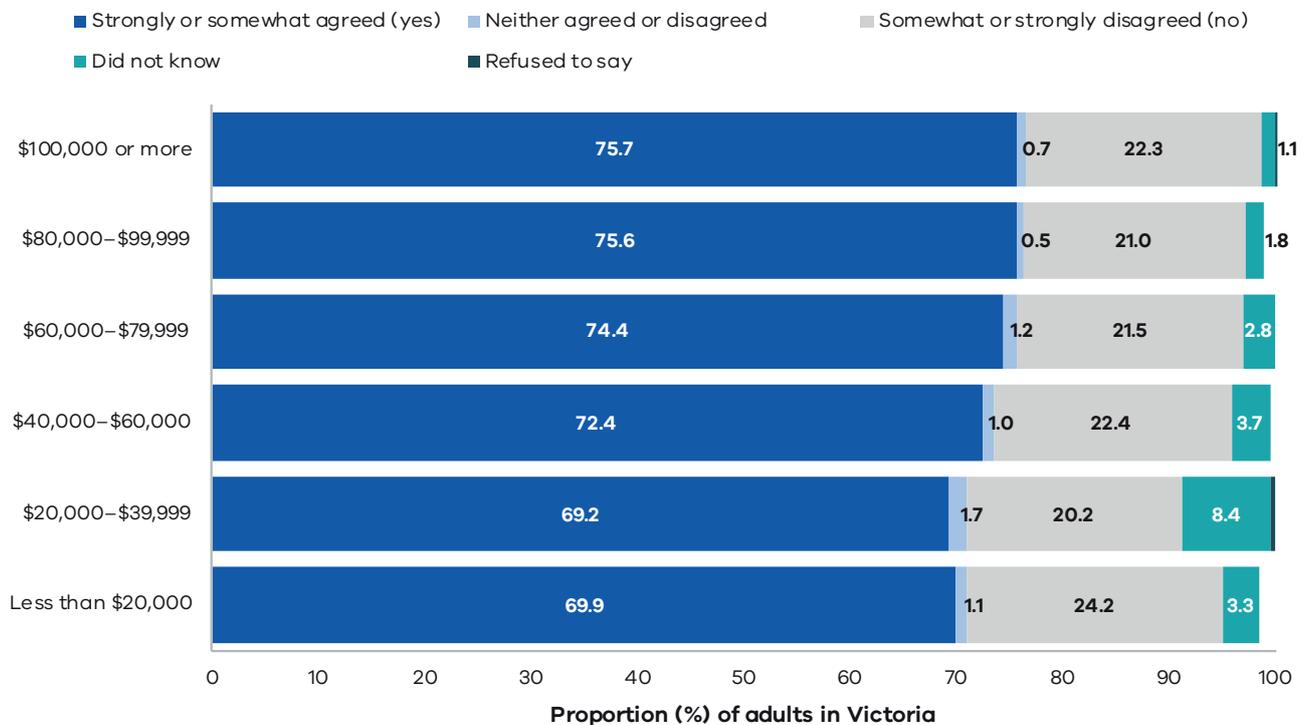
Knowledge about where to get help

Appendix Table 37 and Figure 35 show the proportions of the adult population in Victoria that did or did not know where to get outside advice or support for family violence, by socioeconomic status.

The key finding is:

- There was a socioeconomic gradient in the proportion of adults who knew where to get outside advice or support for family violence – the higher the total annual household income, the more likely an adult was to know where to get outside advice or support for family violence.

Figure 35: Proportion of adult population who agreed or disagreed that they knew where to get outside advice or support in response to family violence, by total annual household income, Victoria, 2017



Discussion

While family violence occurs across all socioeconomic classes, the prevalence of family violence increases as socioeconomic status declines.

We found the existence of a socioeconomic gradient of the prevalence of family violence by all five measures of socioeconomic status. Socioeconomic status is typically measured by income, education or occupation at the level of the individual. However, while people often use these measures interchangeably, they are only moderately correlated with each other, and each measure can mean something different in different populations.⁷

General area-based measures such as the IRSED scale are not as sensitive or as accurate as individual or household-based measures. This may in part explain some perceptions in Victoria that family violence does not follow a socioeconomic gradient.

However, we did find a relatively modest statistical association between individual LGA IRSED scores and the prevalence of family violence that is consistent with our findings for the other four measures of socioeconomic status. It is possible that this modest relationship between LGA IRSED score and prevalence of family violence reflects the heterogeneity of Victoria's LGAs. For example, the city of Boroondara is one of the most affluent LGAs in Victoria, but it has a significant pocket of social housing for people of very low socioeconomic status.

The international literature shows that poverty and its associated stress are key determinants of family violence.⁸ Jewkes noted that 'while family violence occurs in all socioeconomic groups, it is more frequent and severe in lower groups across such diverse settings as the USA, Nicaragua and India'.⁸ Field and Caetano reviewed cross-sectional and longitudinal research on ethnic differences of family violence in the United States and found that the disparities in family violence rates between different ethnic

groups were significantly reduced after controlling for differences in socioeconomic status – indicating that socioeconomic status is a significant predictor of family violence.⁹

In contrast, the International Violence Against Women Survey, conducted by the ABS in 2002–03 to specifically investigate physical and sexual violence, did not find evidence of a socioeconomic gradient when looking at prevalence of violence by income, education or employment status.¹⁰ However, according to the ABS' Personal Safety Survey conducted in 2005, unemployed women and women who relied on government pensions and allowances as their main source of household income were more likely to experience intimate partner violence than women who were employed or not in the labour force.¹⁰

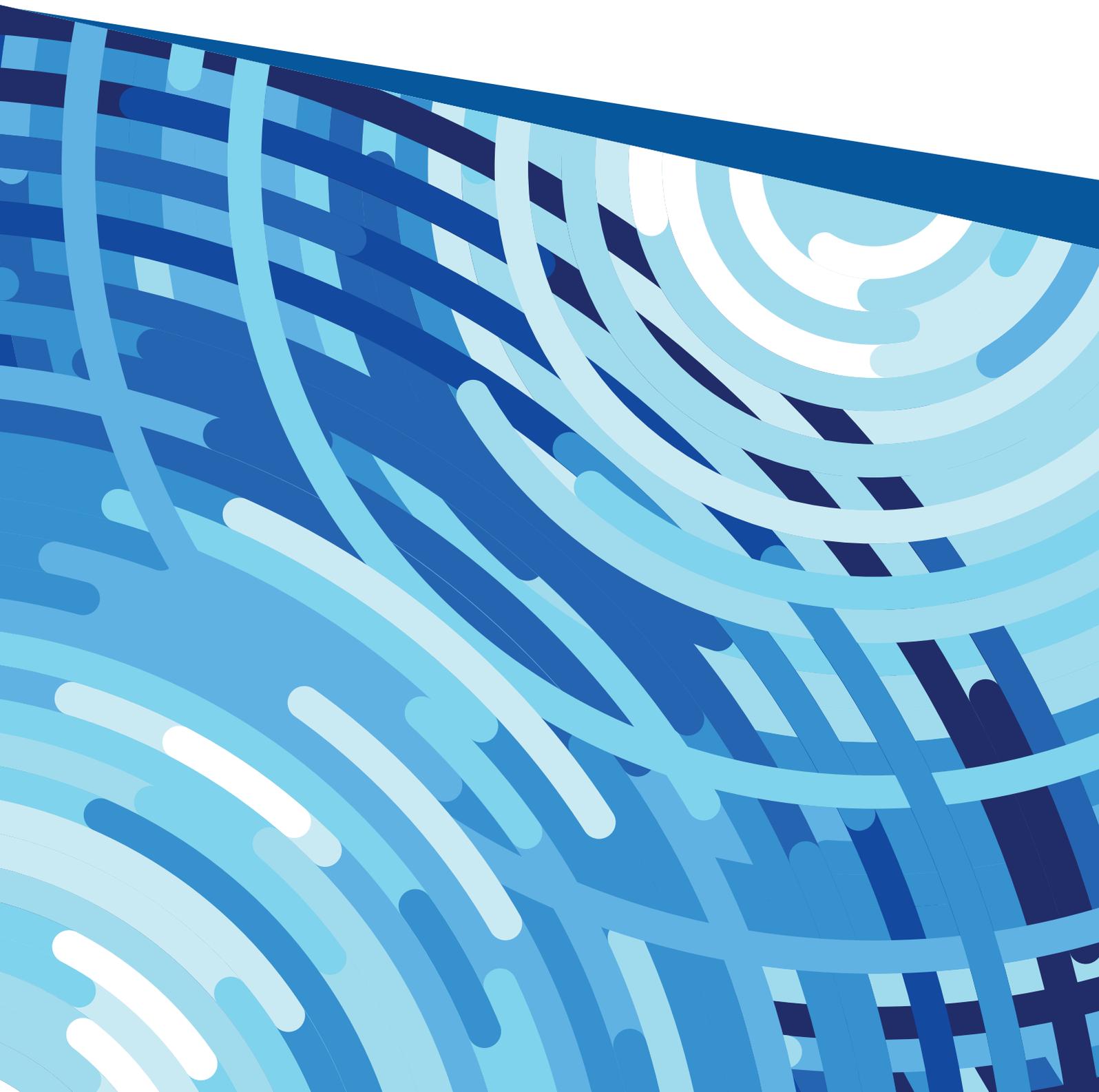
While we did not observe socioeconomic gradients in the frequency of family violence, adults with a total household income of \$100,000 were three times more likely than adults with a household income of less than \$20,000 to have experienced family violence as an isolated event.

The lower the socioeconomic status of an adult who experienced family violence, the more likely they were to access a family violence service.

We also observed a socioeconomic gradient in the proportions of adults who did not access or have contact with any service in response to family violence, where the higher the socioeconomic status, the lower the proportion of adults. The reasons for this warrant further investigation.

The observed socioeconomic gradient of general knowledge about where to get outside advice or support in response to family violence may suggest that future educational campaigns about family violence services should be inclusive of Victorian communities from all socioeconomic groups.

FAMILY VIOLENCE BY GEOGRAPHICAL LOCATION



The Department of Health and Human Services comprises four operational 'Divisions' (North, South, East and West), each of which is further divided into 'Areas'. North, South and East Divisions are divided into four Areas while West Division is divided into five Areas.

The smallest geographic unit that the 2017 VPHS is able to provide estimates by is Local Government Area (LGA), of which there are 79 in Victoria.

We also analysed the data by Primary Health Network, of which there are six in Victoria. Primary Health Networks are a federal initiative that replaced Medicare Locals in 2015. Primary Health Networks were designed to increase the efficiency and effectiveness of medical services for patients by working directly with general practitioners, other primary healthcare providers, secondary care providers and hospitals to facilitate improved outcomes for patients.

Prevalence by rurality, Division and Area

Appendix Table 38 show the prevalence of family violence by Division, Area and rurality. The key findings are:

- There was no difference in the prevalence of family violence among adults who lived in rural compared with metropolitan Victoria.
- There was a significantly higher prevalence of family violence among women (11.8%; CI: 8.7–15.8%) who lived in the Inner Gippsland Area of South Division compared with all women in Victoria (6.6%; CI: 6.0–7.3%). The Inner Gippsland Area of South Division incorporates the LGAs of Bass Coast, Baw Baw, Latrobe and South Gippsland.
- There was a significantly lower prevalence of family violence among men (2.3%; CI: 1.5–3.5%) who lived in the Wimmera South West Area of West Division compared with all men in Victoria (4.2%; CI: 3.6–4.7%). The Wimmera South West Area of West Division incorporates the LGAs of Corangamite, Glenelg, Hindmarsh, Horsham, Moyne, Northern Grampians, Southern Grampians, Warrnambool, West Wimmera and Yarriambiack.

Prevalence by Local Government Area

Appendix Table 39 shows the prevalence of family violence by LGA. The prevalence estimates for 62 of the 79 LGAs have relative standard errors (RSE) of 25% or more which indicates that the estimates should be interpreted with caution. The reason for this is that the sample size for each LGA was not quite large enough to be able to accurately measure the prevalence of family violence at LGA level.

However, the following findings have RSEs of less than 25% and are therefore accurate and reliable:

- Significantly fewer adults who lived in the LGAs of Hume (85.1%; CI: 80.6–88.7%) and Brimbank (81.0%; CI: 75.8–85.3%) reported that they did not experience family violence, compared with all Victorian adults (89.6%; CI: 89.0–90.2%).
- In contrast, a higher proportion of adults who lived in the LGAs of Mount Alexander (94.3%; CI: 90.4–96.6%), Bayside (94.4%; CI: 90.8–96.6%), Boroondara (93.2%; 90.2–95.4%) and Southern Grampians (94.0%; 90.4–96.3%) reported that they did not experience family violence, compared with all Victorian adults (89.6%; 89.0–90.2%).

Prevalence by Primary Health Network

Appendix Table 40 shows the prevalence of family violence by Primary Health Network. The key finding is:

- Women (9.7%; CI: 7.4–12.7%) who lived in the Primary Health Network of Gippsland were more likely to experience family violence in the previous two years than women in Victoria overall (6.6%; CI: 6.0–7.3%).

Discussion

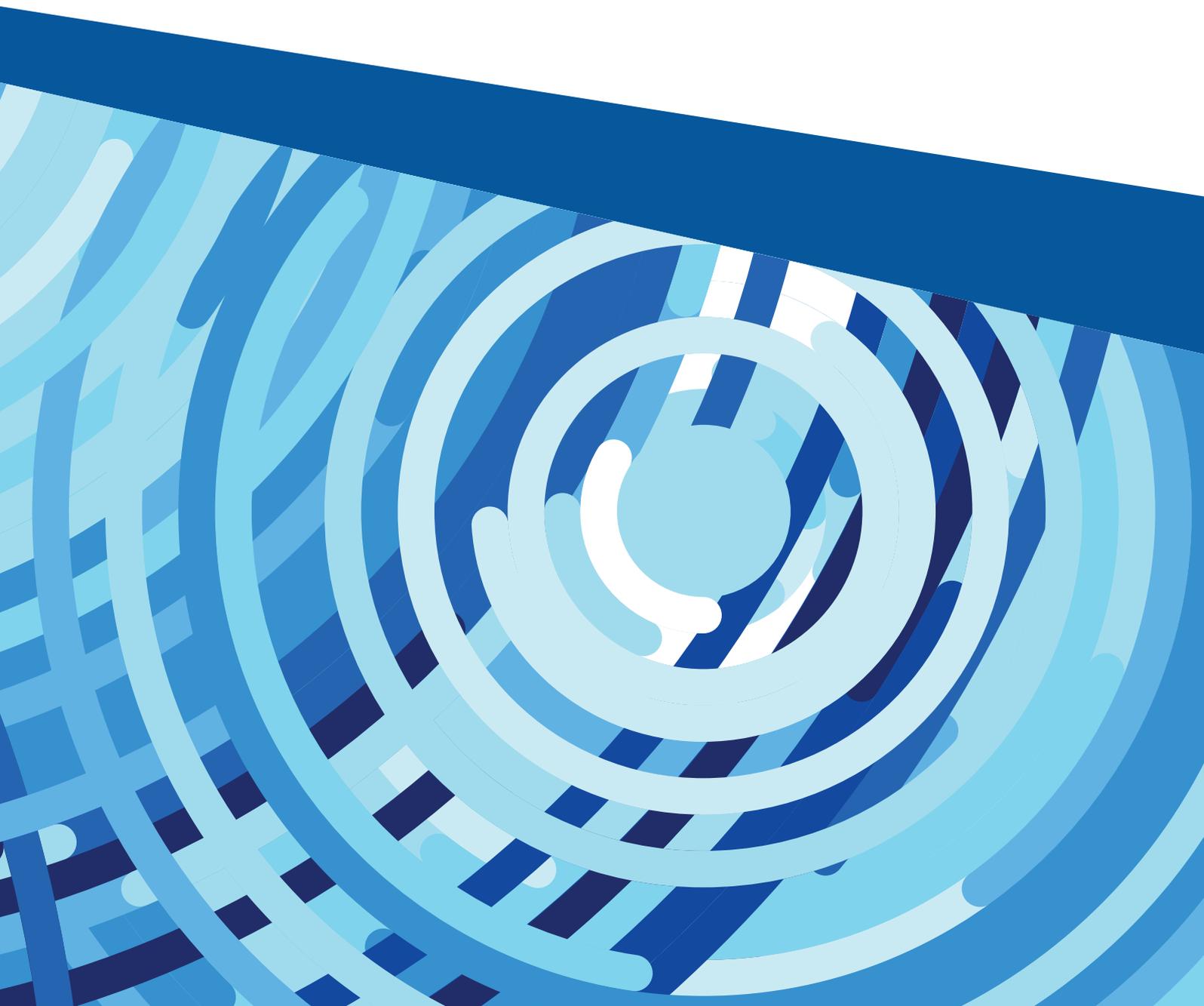
The main purpose of analysing these data by geographical location is to identify potential areas where the prevalence of family violence is particularly high. Such areas can then be targeted and/or further researched to better understand why those areas have a higher prevalence of family violence.

The prevalence of family violence is highest in the Inner Gippsland Area of Victoria, which contains the Local Government Areas of Bass Coast, Baw Baw, Latrobe and South Gippsland

Unfortunately, the estimates by LGA were associated with high RSEs. Therefore, we cannot directly identify areas at the LGA level that have higher rates of family violence than other LGAs. This is because of the small numbers of people reporting family violence by LGA.

However, despite the limited sample size, we found that the area of Inner Gippsland in South Division which contains the LGAs of Bass Coast, Baw Baw, Latrobe and South Gippsland had the highest prevalence of family violence in Victoria for both men and women.

FAMILY VIOLENCE BY HEALTH STATUS



We wanted to investigate whether adults who experienced family violence also experienced poor mental and physical health. Injury due to family violence is not captured in the survey. However, the survey does capture information about self-reported health status and the main risk factor for clinical depression/anxiety – psychological distress. The survey also captures two measures of subjective wellbeing.

Association with psychological distress

Psychological distress is an important incident or secondary risk factor for a number of diseases and conditions including fatigue, migraine, cardiovascular disease, chronic obstructive pulmonary disease, cerebrovascular disease, injury, obesity, depression and anxiety.^{11,12,13} Moreover, psychological distress is associated with a higher risk of mortality, even after adjusting for potential confounders such as socioeconomic status.¹⁴

Psychological distress is also significantly associated with lifestyle risk factors such as excessive consumption of alcohol and drug use¹⁵ and smoking.¹⁶ Therefore, the evidence shows that psychological distress impacts negatively on health both directly and indirectly.

The survey employs the Kessler 10 Psychological Distress Scale (K10) to measure psychological distress. The K10 is a set of 10 questions designed to determine

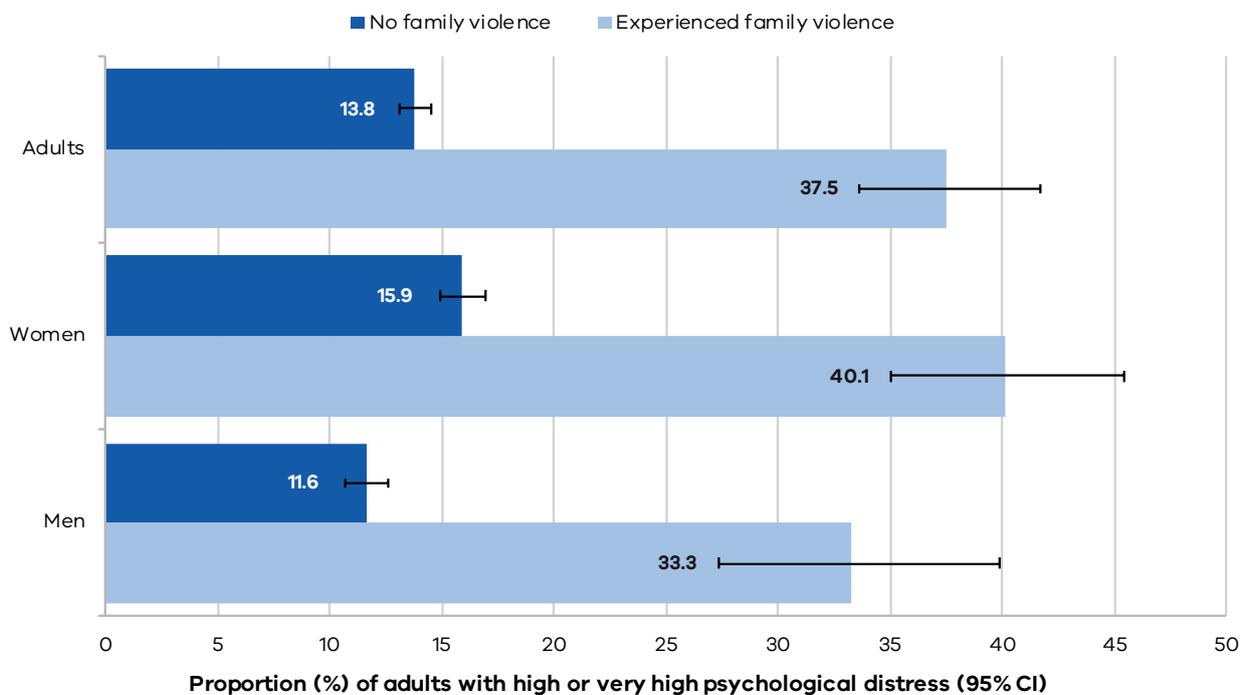
the level of psychological distress over a four-week period. It has been validated as a screening tool for detecting affective disorders such as depression and anxiety and is used in general practice in Australia.¹⁷

The K10 covers the dimensions of nervousness, hopelessness, restlessness, sadness and worthlessness. Its questions all have the same response categories: all of the time, most of the time, some of the time, a little of the time and none of the time (that are scored 5 through to 1). The 10 items are summed to yield scores ranging from 10 to 50. Individuals are categorised to four levels of psychological distress based on their score: low (10–15), moderate (16–21), high (22–29) and very high (30 or over).

Appendix Table 41 and Figure 36 show the proportions of adults and women by level of psychological distress and experiences of family violence. The key findings are:

- Over one-third (37.5%; CI: 33.6–41.6%) of adults in Victoria who experienced family violence had high or very high levels of psychological distress, compared with only 13.8% (CI: 13.1–14.5%) of adults who did not experience family violence.
- Similar proportions of men (33.3%; CI: 27.1–39.8%) and women (40.1%; CI: 35.0–45.4%) who experienced family violence had high or very high levels of psychological distress.
- However, men who had not experienced family violence were significantly less likely to have high or very high levels of psychological distress (11.6%; CI: 10.7–12.5%) than their female counterparts (15.9%; CI: 14.9–17.0%).

Figure 36: Proportion of adults with high or very high psychological distress, by experiences of family violence and gender, Victoria, 2017



Association with depression and anxiety

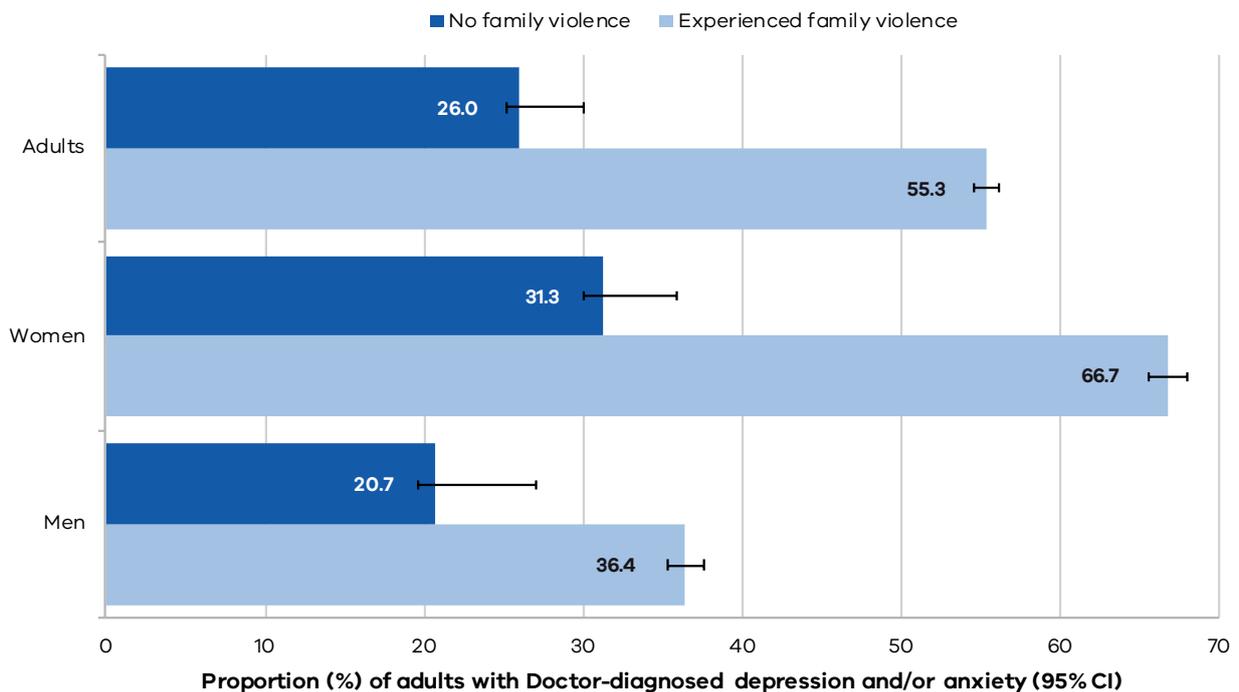
In addition to measuring psychological distress, which is the greatest risk factor for depression and anxiety, we also asked survey respondents about whether they had ever been told by a doctor that they were suffering from depression or anxiety. This was to avoid self-diagnosis, which may or may not be accurate.

Appendix Table 42 and Figure 37 show the proportions of adults and women by whether they had been told by a doctor that they have depression or anxiety and experiences of family violence. The key findings are:

More than half (55.3%; CI: 51.2–59.4%) of adults in Victoria who experienced family violence had ever been told by a doctor that they had depression or anxiety compared with 26.0% (CI: 25.2–26.9%) of adults who had not experienced family violence.

- Two-thirds (66.7%; CI: 61.8–71.3%) of women who experienced family violence had been told by a doctor that they had depression or anxiety – significantly higher than men who experienced family violence (36.4%: CI: 30.5–42.8%).

Figure 37: The proportion of adults with doctor-diagnosed depression or anxiety, by experiences of family violence and gender, Victoria, 2017



Association with self-reported health status

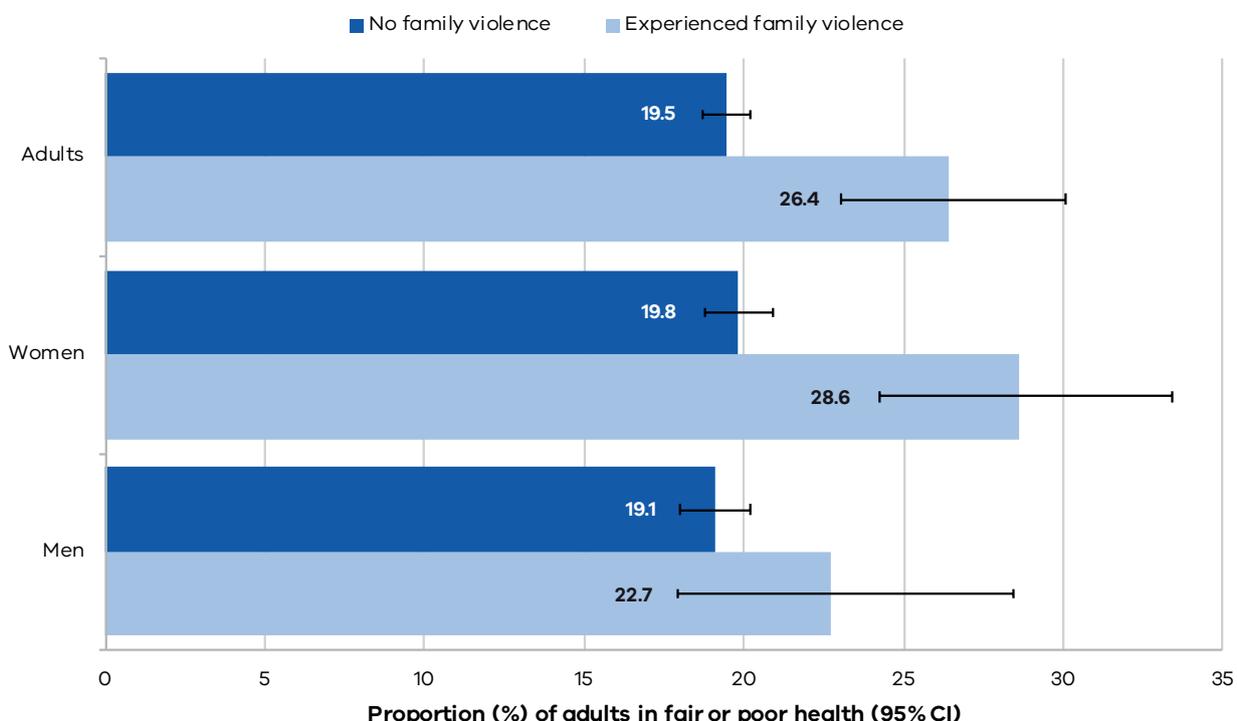
Self-reported health status has been shown to be a reliable predictor of ill-health, future healthcare use and premature mortality, independent of other medical, behavioural or psychosocial risk factors.^{18,19,20}

Survey respondents were asked to rank their current health status by indicating whether, in general, they would say their health was 'excellent', 'very good', 'good', 'fair' or 'poor'.

Appendix Table 43 and Figure 38 show the proportions of women and adults by their self-reported health status and experience of family violence. The key findings are:

- Women who experienced family violence (28.6%; CI: 24.2–33.4%) were significantly more likely to be in fair or poor health compared with women who had not experienced family violence (19.8%; CI: 18.8–20.9%).
- In contrast, men who experienced family violence (22.7%; CI: 17.9–28.4%) were just as likely as men who had not experienced family violence (19.1%; CI: 18.0–20.2%) to report being in fair or poor health.

Figure 38: The proportion of adults with fair or poor self-reported health, by experiences of family violence and gender, Victoria, 2017



Association with subjective wellbeing

Over the past two decades evidence has accumulated to show that subjective wellbeing can be measured in population surveys and that the measures are valid and reliable.²¹

In July 2011 the United Nations General Assembly passed a historic resolution whereby it invited its member countries to measure the happiness of their people and to use this to guide their public policies.²² This was followed in April 2012 by the first United Nations high-level meeting on happiness and wellbeing and the publication of the first *World happiness report*.

In 2011 the Organisation for Economic Cooperation and Development began routine monitoring and comparisons of wellbeing across its member states, including Australia.²³ Today, many national governments of countries such as the United Kingdom, Canada, New Zealand, the Netherlands, France, Italy and the United States have committed to using the data to better inform policymaking.

Subjective wellbeing and its relationship to health has been extensively investigated, and it is well recognised that poor subjective wellbeing is a significant health risk factor; for example:

- People with high subjective wellbeing live four to 10 years longer than people with low subjective wellbeing.²¹
- High subjective wellbeing lowers the risk of mortality in both healthy and diseased populations.²⁴
- The lower a person's subjective wellbeing the more likely he or she is to engage in harmful health behaviours such as consuming a poor diet, smoking and inadequate physical activity.²⁵

There is no absolute consensus on how to measure subjective wellbeing, and the exact wording of questions, out of necessity, will vary by culture and language. In the United Kingdom, the Office for National Statistics has incorporated the following four questions into the annual Integrated Household Survey to measure subjective wellbeing:

1. Overall, how happy did you feel yesterday? (positive affect)
2. Overall, how anxious did you feel yesterday? (negative affect)
3. Overall, to what extent do you feel the things you do in your life are worthwhile? (eudemonic)
4. Overall, how satisfied are you with your life nowadays? (cognitive evaluation)

Each question is measured on a scale from 0 to 10.

The third and fourth questions were included in the survey for 2017.

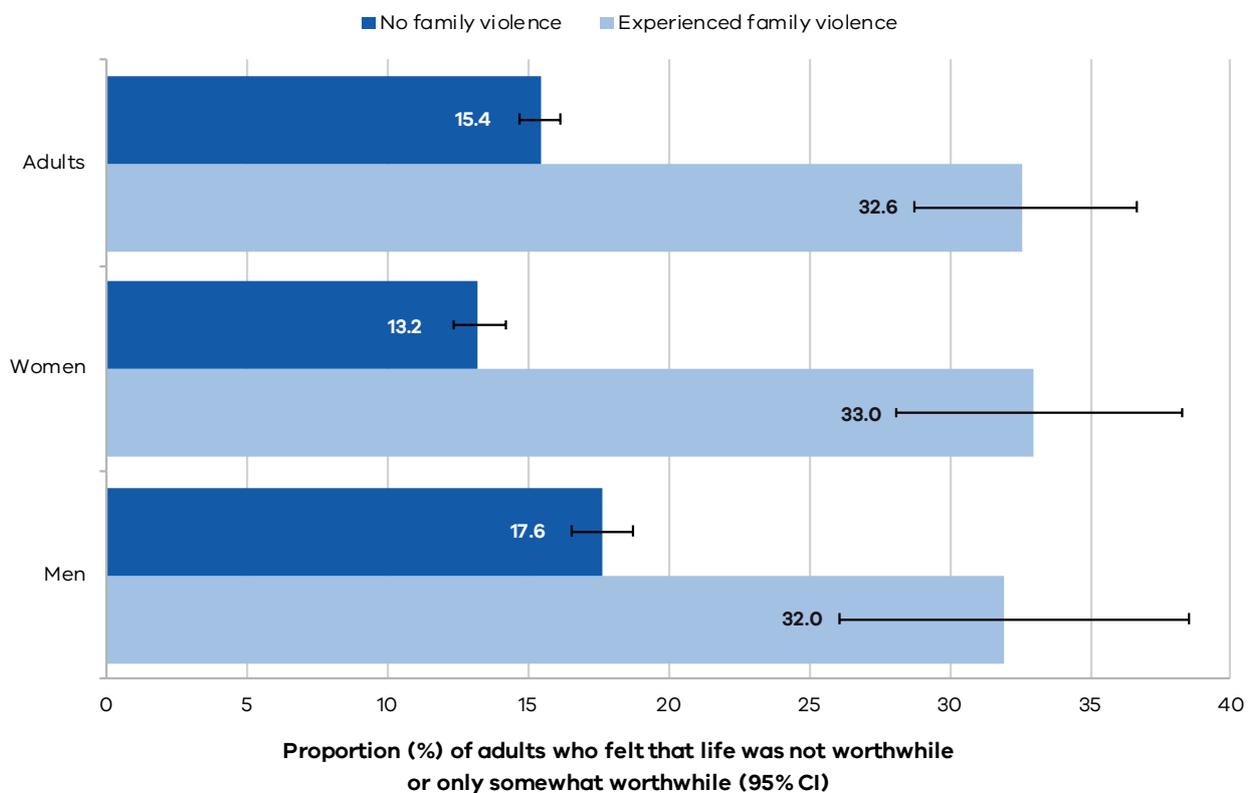
Finding for 'life is worthwhile'

Survey respondents were asked, 'To what extent do you feel that the things you do in your life are worthwhile, on a scale from 0 to 10, where 0 is not worthwhile at all and 10 is completely worthwhile?' A score of 0–6 was deemed to be 'life is not worthwhile or only somewhat worthwhile', a score of 7–8 was 'life is worthwhile' and a score of 9–10 was 'life is really worthwhile'.

Appendix Table 44 and Figure 39 show the association between family violence and subjective wellbeing, measured by whether a person felt that the things they did in their life were worthwhile or not. The key finding is:

- Almost one-third of men (32.0%; CI: 26.0–38.5%) and women (33.0%; CI: 28.1–38.3%) who experienced family violence felt that the things they did in their lives were not or only somewhat worthwhile, which is significantly higher than men (17.6%; CI: 16.6–18.8%) and women (13.2%; CI: 12.3–14.2%) who had not experienced family violence.

Figure 39: Proportion of adults who did not or only somewhat felt that the things they did in their lives were worthwhile, by experiences of family violence and gender, Victoria, 2017



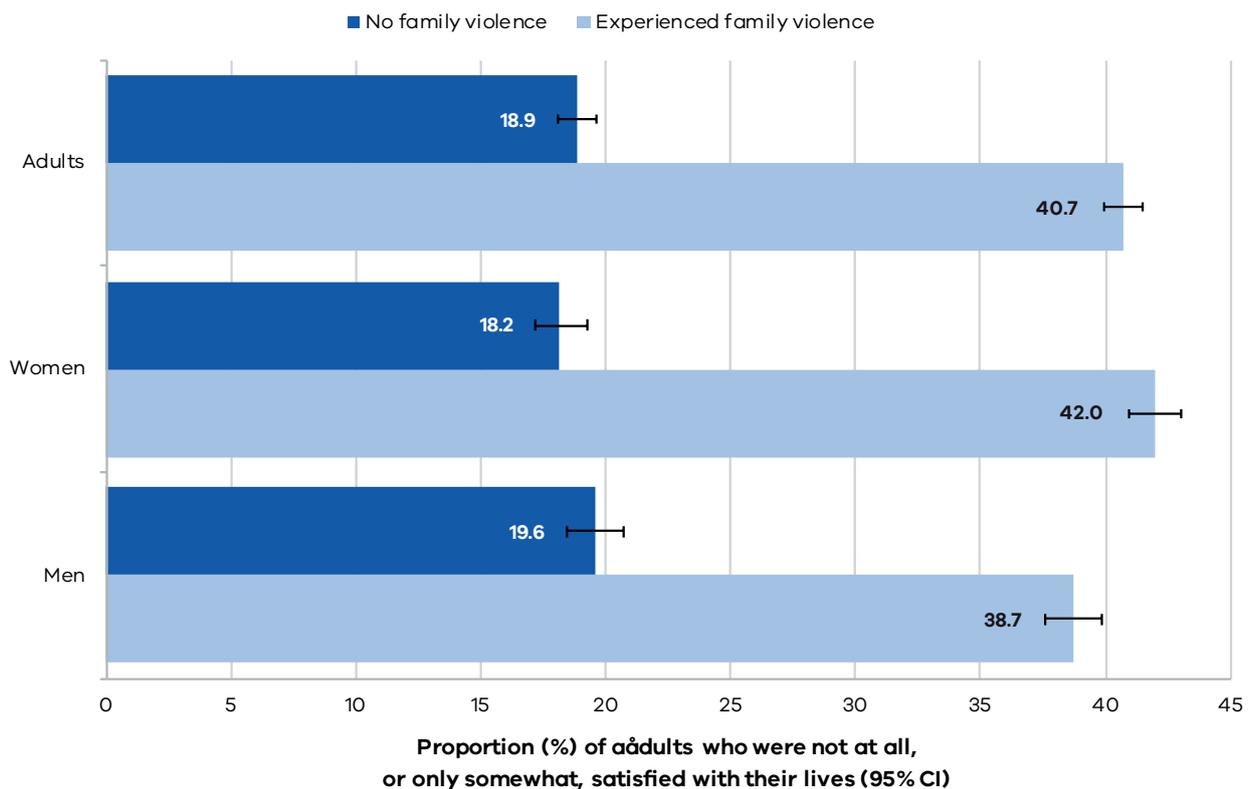
Findings for overall life satisfaction

Survey respondents were asked, ‘How satisfied are you with your life overall, on a scale from 0 to 10, where 0 is not at all satisfied and 10 is completely satisfied?’ A score of 0–4 was deemed to be ‘not at all satisfied with life’, a score of 5–6 was ‘somewhat satisfied with life’, a score of 7–8 was ‘satisfied with life’ and a score of 9–10 was ‘very satisfied with life’.

Appendix Table 45 and Figure 40 show the association between family violence and subjective wellbeing, measured by whether a person felt satisfied with their life overall. The key finding is:

- Of the Victorian adults who experienced family violence, 38.7% (CI: 32.4–45.4%) of men and 42.0% (CI: 36.9–47.2%) of women were not at all or only somewhat satisfied with their lives – twice as likely as men (19.6%; CI: 18.5–20.7%) and women (18.2%; CI: 17.1–19.3%) who did not experience family violence.

Figure 40: Proportion of adults who were not at all or only somewhat satisfied with their lives, by experiences of family violence and gender, Victoria, 2017



Discussion

Overall, the health of women who experienced family violence was significantly worse than the health of women who had not experienced family violence for all measures of health and wellbeing that we investigated in this report. Of particular concern is the two-thirds (66.7%) of women who had been diagnosed by a doctor with depression or anxiety.

Given that many women who experience family violence are mothers, and it is mothers who continue to bear the primary responsibility for children, access to mental health services should be a priority to ensure they are able to function to meet their parental responsibilities. Moreover, untreated depression is a significant risk factor for self-harm and suicide as well as drug and alcohol abuse.

Intimate partner violence, a subset of family violence, has been shown to be the leading cause of death, disability and illness in Victorian women aged 15–44 years.²⁶

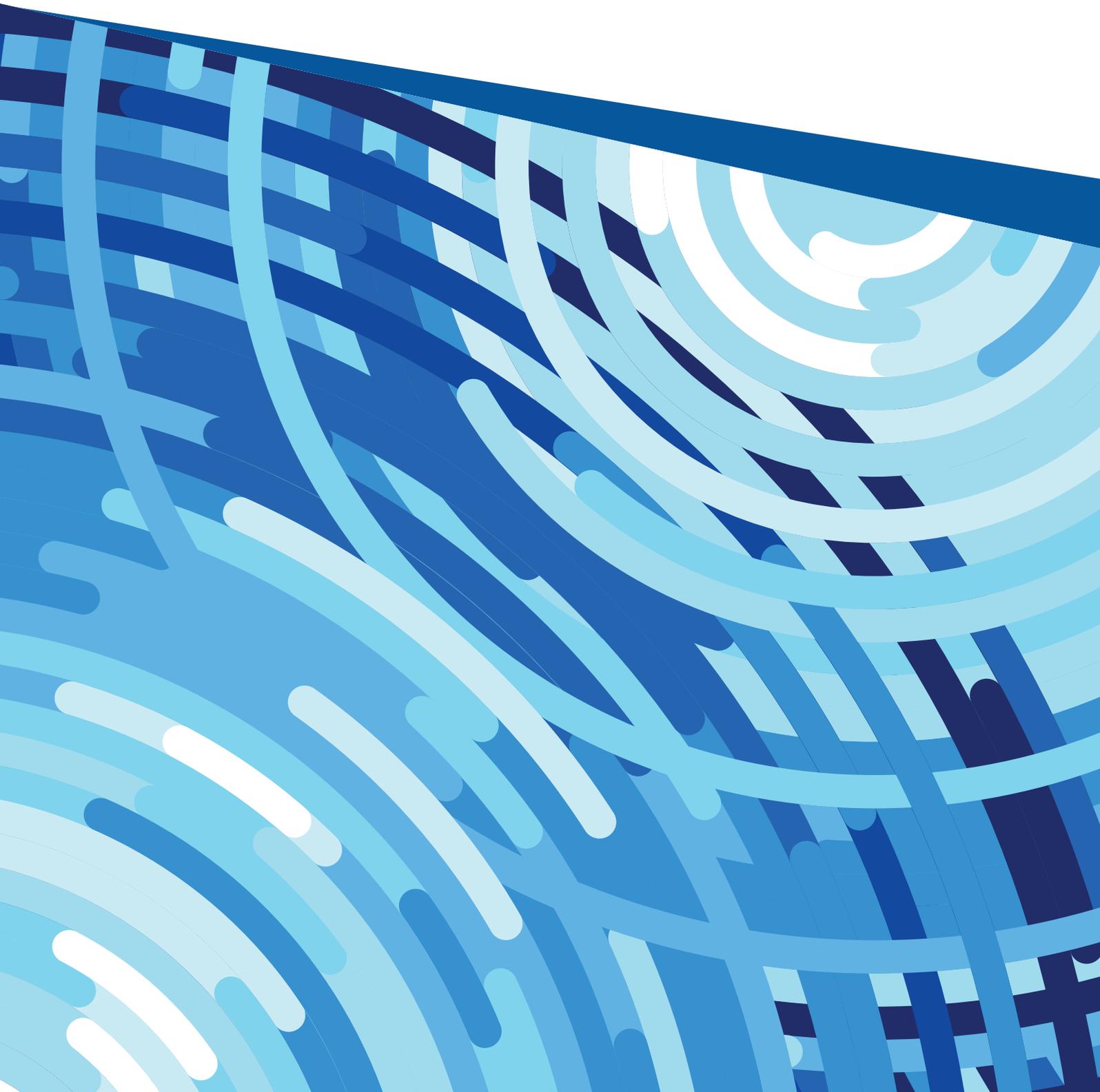
Men who experienced family violence also experienced similar rates of psychological distress as women. However, they were significantly less likely to have been diagnosed by a doctor with depression or anxiety than women, although they were almost three times more likely to have been diagnosed by a doctor with depression or anxiety than men who had not experienced family violence. Whether this is due to a gender difference in the propensity of men and women to become clinically depressed or anxious, and/or a difference in their experience of family violence, and/or men being less likely to present or be diagnosed by a doctor with depression or anxiety, cannot be determined from this data. Moreover, the data does not distinguish between men and women who personally experienced family violence or were a witness to family violence. Men and women who personally experience family violence are more likely to be at risk of clinical depression or anxiety than those who witness family violence.^{27,28}

Rates of psychiatric disorders are almost identical for men and women, but there are consistent and marked gender differences in the patterns of mental illness such as women being twice as likely as men to be diagnosed with unipolar depression.²⁹ In contrast, men are twice as likely as women to present with alcohol dependence and three times more likely to be diagnosed with antisocial personality. However, there are no marked gender differences in the rates of severe mental disorders like schizophrenia and bipolar disorder.²⁹

Similar proportions of men and women who experienced family violence reported significantly lower levels of subjective wellbeing, by both measures of subjective wellbeing, compared with men and women who had not experienced family violence. However, unlike women, men who experienced family violence were not more likely to report being in poor or fair health.

The limitation of these findings is that survey data is cross-sectional so we cannot make any assertions as to cause and effect. For example, there is no way to know whether an adult who experienced family violence became depressed before or after the exposure to family violence. However, in the case of depression, a systematic review of the literature showed there is a bidirectional relationship between depression and family violence.³⁰ Therefore, depression can both precede and be a consequence of family violence.

CONCLUSIONS



This report presents, for the first time, an in-depth, population-representative investigation of family violence in Victoria. The estimates of prevalence reported here should be taken as 'minimum' estimates, since we know that family violence is under-reported for a variety of reasons.

Women, Aboriginal Victorians, and adults who identify as LGBTIQ+ are particularly vulnerable to family violence. Emotional violence is the most commonly reported type of family violence, followed by physical violence.

Family violence occurs at all levels of socioeconomic status, but its prevalence increases with decreasing socioeconomic status.

One-quarter (25%) of adults who experienced family violence in Victoria did not access or have contact with any family violence-related service.

The finding that two-thirds (67%) of women who experienced family violence had been diagnosed by a doctor with depression or anxiety suggests that prioritising access to quality mental health care for women who experience family violence should be considered.

More than one-quarter (27%) of adults in Victoria did not know where to get outside advice or support for family violence.

Strengths and limitations

Strengths

- The data collected by the VPHS is population-representative because it is obtained by random sampling and weighted to correct for sample bias so that the population prevalence of any measured variable can be determined. This contrasts with data collected through health services, which are not population-representative and therefore cannot estimate the population prevalence of a measured variable.
- The VPHS is informed by a public health model of the social determinants of health. This enables a holistic evaluation of the health and wellbeing of the Victorian population.³¹
- The VPHS can measure small changes over time at the state level, assuming the same survey methodology is used at each time point.
- Telephone interviews (landline and mobile) were carried out in English and nine other languages. The questionnaire was translated into Italian, Greek, Mandarin, Cantonese, Vietnamese, Arabic, Turkish, Serbian and Croatian.
- The VPHS has a good participation rate. In 2017 approximately 66% of adults who were contacted and were eligible to participate completed the survey.

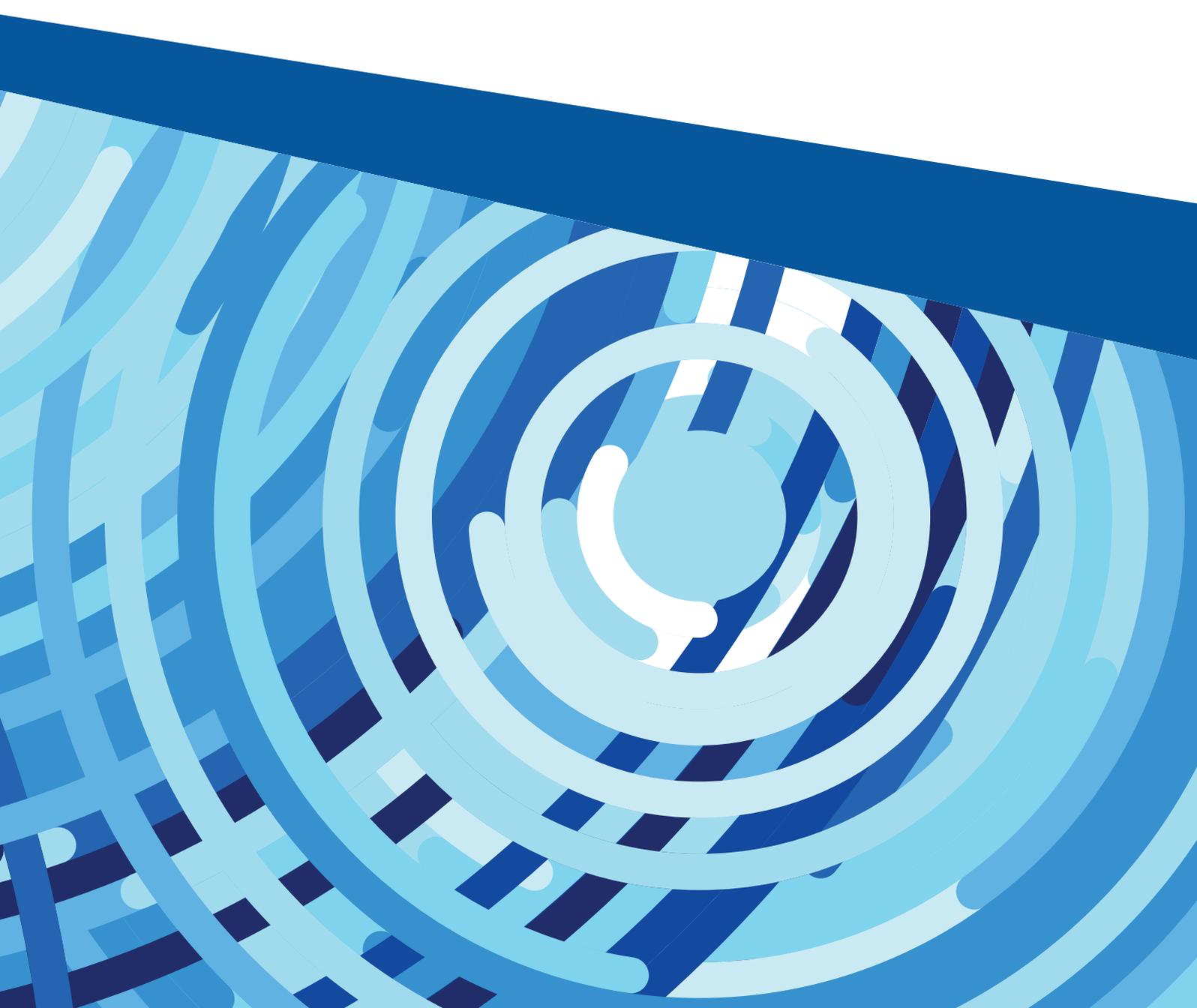
Limitations

- The VPHS excludes people experiencing homelessness, institutionalised people and people who do not have a phone.
- Since the data collected are self-reported, it is likely that for sensitive issues such as family violence many people may be afraid or unwilling to disclose such information, resulting in an underestimation of its true prevalence. This may be reflected in the proportions of adults who refused to answer the questions. Moreover, comparisons between different populations may be confounded by differing propensities to report family violence.
- Survey respondents who reported experiencing family violence may have included those who witnessed family violence as well as those who experienced family violence personally.
- Causality and its direction(s) cannot be determined because the data is cross-sectional.

Potential future directions

- To modify the existing questions based on feedback from stakeholders and Family Safety Victoria.
- To develop new questions that address the issues identified in this report as well as provide additional information not currently captured by the VPHS.
- To consider developing some strengths-based questions to determine protective factors, especially in relation to Aboriginal Victorians – for example, connection to culture and community.

APPENDIX 1: TABLES



Interpreting the tables

Sample table:

Age (years)	Yes, experienced family violence in last two years			No, did not experience family violence			Refused to answer questions on family violence		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Women									
18–24	→ 10.1	7.8	13.0	→ 84.5	81.0	87.0	5.4	3.6	8.1
25–34	8.5	6.8	10.7	87.1	84.5	89.3	4.4	3.1	6.3
35–44	→ 9.3	7.5	11.4	86.5	83.9	88.7	4.2	2.9	6.1
45–54	7.1	5.8	8.6	88.4	86.5	90.2	4.4	3.3	6.0
55–64	→ 3.7	2.9	4.6	→ 91.0	89.4	92.4	5.1	4.0	6.6
65–74	→ 2.9	2.0	4.2	→ 91.0	89.1	92.5	6.2	4.9	7.7
75–84	→ 1.5	0.9	2.7	89.4	86.9	91.5	→ 9.1	7.2	11.4
18+ years	6.6	6.0	7.3	88.0	87.1	88.9	5.3	4.7	5.9

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Estimates that are (statistically) significantly different from the total corresponding estimate for all ages are identified by colour as follows: **above** or **below**.

Red bolding

If the estimate of the age group in the table above is coloured red, this indicates that it is (statistically) significantly **HIGHER** than the estimate for all ages. Therefore, the correct interpretation of the table above is, for all estimates bolded in red, women aged 18–24 years and 35–44 years were significantly more likely than all women to have experienced family violence in the past two years.

In contrast, women aged 55–64 years and 65–74 years were significantly **more** likely **not** to have experienced family violence in the past two years. Women aged 75–84 years were also significantly more likely to have refused to answer the questions on family violence.

As can be seen, the colour red does **not** denote whether the event is a ‘good’ or ‘bad’ event.

Blue bolding

Similarly, if the estimate of the age group is coloured blue, this indicates that it is (statistically) significantly **LOWER** than the estimate for all ages. Therefore, the correct interpretation of the table above is, for all estimates bolded in blue, women aged 55–64, 65–74 and 75–84 years were significantly less likely than all women to have experienced family violence in the past two years.

In contrast, women aged 18–24 years were significantly **less** likely **not** to have experienced family violence in the past two years.

As can be seen, the colour blue does **not** denote whether the event is a ‘good’ or ‘bad’ event.

Appendix table 1. Prevalence of family violence in Victoria, by age and gender, Victoria, 2017

Age (years)	Yes, experienced family violence in last two years			No, did not experience family violence			Refused to answer questions on family violence		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Men									
18–24	6.4	4.7	8.7	88.7	85.8	91.0	4.7	3.2	6.8
25–34	4.3	3.1	5.9	90.9	88.7	92.7	4.8	3.5	6.5
35–44	5.1	3.8	6.9	91.2	88.9	93.1	3.6	2.4	5.4
45–54	5.0	3.9	6.5	91.8	90.0	93.3	3.1	2.2	4.4
55–64	2.9	2.1	4.1	91.7	88.9	93.8	5.3	3.4	8.1
65–74	2.1	1.4	3.0	91.9	89.6	93.7	6.0	4.3	8.1
75–84	0.9*	0.4	2.0	92.1	89.3	94.2	7.0	4.9	9.7
85+	0.0	.	.	94.8	90.1	97.3	3.5*	1.7	7.0
18+ years	4.2	3.7	4.7	91.2	90.3	92.0	4.6	4.0	5.3
Women									
18–24	10.1	7.8	13.0	84.5	81.0	87.5	5.4	3.6	8.1
25–34	8.5	6.8	10.7	87.1	84.5	89.3	4.4	3.1	6.3
35–44	9.3	7.5	11.4	86.5	83.9	88.7	4.2	2.9	6.1
45–54	7.1	5.8	8.6	88.4	86.5	90.2	4.4	3.3	6.0
55–64	3.7	2.9	4.6	91.0	89.4	92.4	5.1	4.0	6.6
65–74	2.9	2.0	4.2	91.0	89.1	92.5	6.2	4.9	7.7
75–84	1.5*	0.9	2.7	89.4	86.9	91.5	9.1	7.2	11.4
85+	**	0.1	1.0	85.8	79.3	90.5	14.0	9.3	20.5
18+ years	6.6	6.0	7.3	88.0	87.1	88.9	5.3	4.7	5.9

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different from the total corresponding estimate for all ages, by gender, are identified by colour as follows: **above** or **below**.

Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

Appendix table 1. Prevalence of family violence in Victoria, by age and gender, Victoria, 2017 (continued)

Age (years)	Yes, experienced family violence in last two years			No, did not experience family violence			Refused to answer questions on family violence		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Persons									
18–24	8.2	6.7	10.0	86.6	84.4	88.6	5.0	3.8	6.7
25–34	6.4	5.3	7.7	89.0	87.3	90.5	4.6	3.6	5.8
35–44	7.2	6.1	8.5	88.8	87.1	90.3	3.9	3.0	5.2
45–54	6.1	5.2	7.1	90.1	88.8	91.3	3.8	3.0	4.7
55–64	3.3	2.7	4.0	91.3	89.8	92.7	5.2	4.1	6.7
65–74	2.5	1.9	3.3	91.4	90.0	92.6	6.1	5.0	7.3
75–84	1.3	0.8	2.0	90.6	88.8	92.2	8.1	6.7	9.8
85+	**		0.5	89.8	85.7	92.8	9.3	6.5	13.4
18+ years	5.4	5.0	5.9	89.6	89.0	90.2	4.9	4.5	5.4

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different from the total corresponding estimate for all ages, by gender, are identified by colour as follows: **above** or **below**.

Estimates may not add to 100 per cent due to a proportion of ‘don’t know’ responses, not reported here.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

Appendix table 2. Prevalence of family violence in Victoria, by age and gender, Victoria, 2017

Age group (years)	Frequency of family violence					
	An isolated incident			Repeated on several occasions		
	%	95% CI		%	95% CI	
		LL	UL		LL	UL
Men†						
18–24	36.8	22.9	53.4	63.2	46.6	77.1
25–34	32.4	19.1	49.4	51.8	35.7	67.6
35–44	30.9	8.7	46.5	65.3	49.5	78.4
45–54	26.1	16.0	39.7	68.3	54.7	79.3
55–64	19.5*	9.8	34.9	80.4	65.0	90.1
65+	19.1*	8.3	38.1	79.8	61.2	90.8
18+ years	29.5	23.6	36.2	65.2	58.3	71.5
Women†						
18–24	23.4	14.1	36.2	74.3	61.2	84.1
25–34	13.5*	8.1	21.6	84.7	76.3	90.5
35–44	10.2*	5.3	18.6	88.9	80.5	94.0
45–54	10.8*	6.1	18.3	88.2	80.7	93.0
55–64	18.7*	10.4	31.4	79.3	66.5	88.0
65+	22.8*	12.7	37.4	75.8	61.1	86.2
18+ years	15.1	11.9	18.9	83.4	79.4	86.7

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all ages, by gender, are identified by colour as follows: **above** or **below**.

Estimates may not add to 100 per cent due to a proportion of ‘don’t know’ or ‘refused to say’ responses, not reported here.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

† Only men and women who experienced family violence

Appendix Table 3: Prevalence of family violence in men and women stratified by frequency of occurrence and age, Victoria, 2017

Gender	Experienced isolated incident of family violence			Experienced repeated incidents of family violence			Did not experience family violence or did not know or refused to answer questions		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Men									
18–24	2.4*	1.4	4.1	4.1	2.8	5.8	93.6	91.3	95.3
25–34	1.4*	0.8	2.5	2.2	1.5	3.3	96.4	95.0	97.4
35–44	1.6*	0.9	2.7	3.4	2.3	4.8	95.1	93.4	96.4
45–54	1.3*	0.8	2.3	3.4	2.5	4.7	95.2	93.8	96.4
55–64	0.6*	0.3	1.1	2.3	1.6	3.4	97.1	95.9	97.9
65–74	0.5*	0.2	1.2	1.6	1.0	2.4	97.9	97.0	98.6
75–84	**			0.9*	0.4	1.9	99.1	98.1	99.6
85+	0.0			0.0			100.0		
18+ years	1.2	0.9	1.6	2.7	2.3	3.2	96.1	95.5	96.6
Women									
18–24	2.3*	1.4	4.0	7.5	5.5	10.1	90.2	87.3	92.5
25–34	1.1*	0.7	1.9	7.2	5.6	9.3	91.6	89.5	93.4
35–44	0.9*	0.5	1.8	8.2	6.6	10.3	90.8	88.7	92.6
45–54	0.8*	0.4	1.4	6.2	5.1	7.7	93.0	91.5	94.2
55–64	0.7*	0.4	1.3	2.9	2.3	3.7	96.4	95.5	97.2
65–74	0.6*	0.3	1.3	2.2	1.4	3.4	97.2	95.9	98.1
75–84	0.5*	0.2	1.0	1.1*	0.5	2.3	98.5	97.3	99.2
85+	0.0			**			99.8	99.1	100.0
18+ years	1.0	0.8	1.3	5.5	4.9	6.2	93.5	92.8	94.1

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different from the total corresponding estimate for all ages, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

Appendix Table 4: Prevalence of family violence, by type and gender, Victoria, 2017

Gender	Type of family violence experienced †								
	Financial / Economic			Emotional / Psychological			Physical		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Women	2.6	2.3	3.1	6.0	5.4	6.7	2.9	2.5	3.4
Men	1.2	0.9	1.5	3.2	2.8	3.7	2.1	1.7	2.5

Gender	Spiritual			Sexual			Other		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
	Women	1.0	0.8	1.4	0.7	0.6	1.0	1.3	1.1
Men	0.4	0.3	0.7	0.2*	0.1	0.5	0.9	0.7	1.2

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different from the estimate for men are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

† Individuals may have experienced more than one type of family violence.

Appendix Table 5: Adults who experienced family violence, by gender and type, Victoria, 2017

Type of family violence	Experienced family violence					
	Men †			Women †		
	%	95% CI		%	95% CI	
		LL	UL		LL	UL
Any abuse	37.5	33.7	41.6	62.5	58.4	66.3
Financial or economic abuse	29.6	23.9	36.0	70.4	64.0	76.1
Emotional or psychological abuse	33.7	29.7	38.0	66.3	62.0	70.3
Physical abuse	40.6	34.8	46.6	59.4	53.4	65.2
Spiritual abuse	28.6	19.6	39.7	71.4	60.3	80.4
Sexual abuse	24.1*	13.5	39.1	75.9	60.9	86.5
Other abuse	36.3	31.9	40.8	63.7	59.2	68.1

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different from the estimate for men are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

† Individuals may have experienced more than one type of family violence.

Appendix Table 6: Services accessed or had contact with in response to family violence, by age and gender, Victoria, 2017

Gender	Type of service †								
	Police			Hospital / health service / mental health service			Homelessness / housing service		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Men									
18–24	31.0	18.5	47.1	27.6*	15.7	43.7	**		
25–34	36.4	22.6	52.9	35.2	22.2	50.9	**		
35–44	33.7	21.3	48.7	26.8	16.8	40.0	**		
45–54	42.2	30.0	55.5	46.2	33.5	59.3	15.2*	7.4	28.6
55–64	44.8	29.2	61.5	44.7	29.2	61.3	12.7*	5.5	26.6
65+	52.4	35.4	68.8	43.6	27.7	61.0	13.1*	5.5	28.4
18+ years	37.8	31.6	44.3	35.6	29.7	41.9	9.4	6.1	14.2
Women									
18–24	41.5	29.0	55.1	48.2	35.0	61.7	9.0*	3.8	20.1
25–34	51.8	40.1	63.3	53.2	41.3	64.7	21.9	13.5	33.5
35–44	53.3	42.5	63.8	61.2	50.5	70.9	17.7	10.7	27.9
45–54	50.3	40.3	60.2	38.2	29.4	47.8	8.4*	4.5	15.1
55–64	43.7	32.4	55.7	47.5	36.1	59.2	6.8*	3.5	12.8
65+	28.6	17.4	43.2	37.4	23.4	53.8	**		
18+ years	47.8	42.7	53.1	50.0	44.8	55.2	13.8	10.5	18.0

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Estimates that are significantly different (statistically) from the corresponding estimate for all ages, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Respondents may have accessed or had contact with one or multiple services.

Appendix Table 6: Services accessed or had contact with in response to family violence, by age and gender, Victoria, 2017 (continued)

Gender	Type of service †								
	Alcohol and drugs service			Court			Legal service		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Men									
18–24	13.9*	6.2	28.0	18.2*	9.1	33.2	12.2*	5.5	25.0
25–34	9.8*	4.0	22.1	18.1*	9.0	33.1	23.1*	12.5	38.7
35–44	12.6*	5.4	26.5	24.9*	14.1	40.1	18.0*	9.6	31.4
45–54	9.7*	4.5	19.7	33.5	22.7	46.3	36.5	25.1	49.5
55–64	7.3*	3.1	16.3	27.2*	15.6	43.1	33.4*	18.8	52.2
65+	**	1.5	20.3	22.2*	12.0	37.5	32.8*	18.4	51.4
18+ years	10.7	7.4	15.3	23.9	18.9	29.7	24.2	19.2	30.0
Women									
18–24	9.2*	4.5	17.9	23.0*	13.6	36.1	26.8	16.4	40.5
25–34	13.1*	6.9	23.4	42.7	31.3	54.9	36.6	26.2	48.4
35–44	9.6*	5.3	16.9	39.5	29.3	50.6	40.9	30.8	51.8
45–54	3.7*	1.9	7.2	28.4	20.9	37.4	30.8	22.9	40.0
55–64	18.5*	10.7	30.2	22.3	14.4	32.8	25.3	17.1	35.7
65+	6.9*	2.7	16.9	19.6*	11.4	31.6	17.1*	9.5	28.7
18+ years	10.0	7.4	13.3	32.6	27.8	37.8	32.6	27.9	37.6

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Estimates that are significantly different (statistically) from the corresponding estimate for all ages, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Respondents may have accessed or had contact with one or multiple services.

Appendix Table 7: Services accessed or had contact with in response to family violence, by age and gender, Victoria, 2017

Gender	Type of service †								
	Family violence helpline or specialist service			Family services Child FIRST or Child Protection			Aboriginal services		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Men									
18–24	**			15.3*	6.8	31.0	**		
25–34	9.7*	3.7	23.1	**			**		
35–44	15.1*	6.9	29.9	9.4*	4.3	19.3	0.0		
45–54	18.9*	10.9	30.8	12.4*	7.0	20.9	**	7.4	28.6
55–64	13.2*	5.5	28.5	10.4*	4.3	23.1	0.0		
65+	7.7*	3.2	17.3	**			**	5.5	28.4
18+ years	12.6	8.9	17.5	9.9	6.9	14.1	**	6.1	14.2
Women									
18–24	18.4*	10.5	30.3	8.7*	4.1	17.5	0.0		
25–34	28.6	19.6	39.7	17.1*	10.2	27.2	**	13.5	33.5
35–44	29.7	20.6	40.7	35.0	25.1	46.4	5.0*	2.0	11.9
45–54	25.4	18.2	34.1	17.3	11.7	24.7	1.3*	0.6	3.1
55–64	16.8	10.4	26.2	7.8*	4.1	14.5	**	3.5	12.8
65+	8.7*	3.9	18.3	6.6*	2.7	15.0	**		
18+ years	24.2	20.1	28.7	18.4	14.7	22.7	1.7*	0.9	3.4

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Estimates that are significantly different (statistically) from the corresponding estimate for all ages, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Respondents may have accessed or had contact with one or multiple services.

Appendix Table 7: Services accessed or had contact with in response to family violence, by age and gender, Victoria, 2017 (continued)

Gender	Type of service †								
	Interpreter/ multicultural service			Other			None		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Men									
18–24	**			**			39.9	26.0	55.6
25–34	**			15.2*	6.7	31.0	25.7*	13.8	42.8
35–44	0.0			10.8*	5.4	20.3	38.3	24.6	54.2
45–54	**			19.3*	10.5	32.9	25.2	15.2	38.7
55–64	0.0			15.4*	7.3	29.7	22.6*	10.9	40.9
65+	0.0			22.4*	10.9	40.4	26.2*	13.9	43.9
18+ years	2.2*	0.9	5.4	14.1	10.2	19.2	30.9	25.0	37.6
Women									
18–24	0.0			10.6*	4.2	24.0	26.5	16.5	39.6
25–34	**			14.2*	7.8	24.3	22.3	14.2	33.1
35–44	**			24.7	16.0	35.9	11.3*	6.2	19.9
45–54	**			17.2	11.0	26.0	21.4	14.1	31.1
55–64	0.0			21.9	13.9	32.8	20.0	12.5	30.4
65+	**			6.2*	3.4	11.2	35.8	21.7	52.9
18+ years	**			16.7	13.1	21.1	20.9	17.1	25.4

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Estimates that are significantly different (statistically) from the corresponding estimate for all ages, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Respondents may have accessed or had contact with one or multiple services.

Appendix Table 8: Other family violence services accessed by whether or not an adult attended a hospital, health service or mental health service in response to family violence, Victoria, 2017

Other services accessed or had contact with in response to family violence [†]									
	Police			Homelessness / housing service			Alcohol and drugs service		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Adults who attended a hospital, health service or mental health service									
Men	59.9	49.9	69.1	17.8	10.8	27.7	19.8	13.2	28.6
Women	57.5	50.0	64.6	23.9	17.8	31.2	14.5	10.2	20.3
All adults	58.2	52.2	64.0	22.0	17.1	27.9	16.1	12.3	20.8
Adults who did NOT attend a hospital, health service or mental health service									
Men	26.8	19.9	34.9	5.0*	2.2	10.8	6.0*	2.8	12.3
Women	38.7	31.6	46.3	3.8*	2.2	6.4	5.5*	3.2	9.2
All adults	33.6	28.4	39.2	4.3	2.7	6.9	5.7	3.6	8.8

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates for men, women and all adults who attended a hospital, health service or mental health service in response to family violence that are significantly different (statistically) from the corresponding estimate for men, women and all adults who did NOT attend a hospital, health service or mental health service are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

[†] Respondents may have accessed one or multiple services.

Appendix Table 8: Other family violence services accessed by whether or not an adult attended a hospital, health service or mental health service in response to family violence, Victoria, 2017 (continued)

	Other services accessed or had contact with in response to family violence †						
	Court			Legal service			
	%	95% CI		%	95% CI		
		LL	UL		LL	UL	
Adults who attended a hospital, health service or mental health service							
Men	36.5	27.5	46.6	39.5	30.2	49.7	
Women	40.6	33.5	48.0	42.4	35.3	49.8	
All adults	39.4	33.7	45.4	41.5	35.7	47.5	
Adults who did NOT attend a hospital, health service or mental health service							
Men	17.7	12.2	25.1	16.4	11.2	23.5	
Women	24.9	18.6	32.6	23.1	17.5	29.8	
All adults	21.8	17.3	27.2	20.2	16.2	25.0	

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates for men, women and all adults who attended a hospital, health service or mental health service in response to family violence that are significantly different (statistically) from the corresponding estimate for men, women and all adults who did NOT attend a hospital, health service or mental health service are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

† Respondents may have accessed one or multiple services.

Appendix Table 9: Other family violence services accessed by whether or not an adult attended a hospital, health service or mental health service in response to family violence, Victoria, 2017

Other services accessed or had contact with in response to family violence [†]									
	Family violence helpline or specialist service			Family services Child FIRST or Child Protection			Aboriginal services		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Adults who attended a hospital, health service or mental health service									
Men	22.8	15.5	32.3	22.9	15.5	32.6	4.7*	1.7	11.8
Women	35.0	28.3	42.4	26.7	20.6	33.8	2.8*	1.2	6.0
All adults	31.4	26.1	37.2	25.5	20.6	31.2	3.3*	1.8	6.1
Adults who did NOT attend a hospital, health service or mental health service									
Men	7.2*	3.7	13.6	2.9*	1.4	5.8	0.0		
Women	13.5	9.7	18.4	10.3	6.8	15.1	**		
All adults	10.8	8.0	14.4	7.1	5.0	10.1	**		

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates for men, women and all adults who attended a hospital, health service or mental health service in response to family violence that are significantly different (statistically) from the corresponding estimate for men, women and all adults who did NOT attend a hospital, health service or mental health service are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

[†] Respondents may have accessed one or multiple services.

Appendix Table 9: Other family violence services accessed by whether or not an adult attended a hospital, health service or mental health service in response to family violence, Victoria, 2017 (continued)

	Other services accessed or had contact with in response to family violence †								
	Interpreter/ multicultural service			Other service			None		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Adults who attended a hospital, health service or mental health service									
Men	**			21.2	13.9	31.0	14.6	9.0	22.7
Women	**			22.8	16.9	30.0	20.5	15.2	27.1
All adults	2.2*	1.0	4.7	22.3	17.5	28.0	18.7	14.5	23.8
Adults who did NOT attend a hospital, health service or mental health service									
Men	**			10.7	6.6	16.8	54.3	45.6	62.7
Women	**			10.8	7.3	15.6	42.9	35.8	50.2
All adults	**			10.7	7.9	14.3	47.8	42.2	53.4

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates for men, women and all adults who attended a hospital, health service or mental health service in response to family violence that are significantly different (statistically) from the corresponding estimate for men, women and all adults who did NOT attend a hospital, health service or mental health service are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Respondents may have accessed one or multiple services.

Appendix Table 10: Proportion of adult population who agreed or disagreed with the statement that they knew where to get outside advice or support for someone about a family violence issue, by gender, Victoria, 2017

Agreed or disagreed with the statement: "If I needed to get outside advice or support for someone about a family violence issue, I would know where to go" †									
Age group (years)	Strongly or somewhat agreed (yes)			Neither agreed nor disagreed			Somewhat or strongly disagreed (no)		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Men									
18-24	77.5	73.9	80.8	1.2*	0.6	2.4	20.6	17.5	24.1
25-34	72.2	69.0	75.2	0.8*	0.4	1.7	23.7	20.9	26.7
35-44	71.5	68.3	74.6	1.3*	0.6	2.6	23.0	20.3	26.1
45-54	71.6	68.6	74.5	0.9*	0.5	1.7	24.3	21.6	27.2
55-64	72.5	69.9	75.0	1.0*	0.6	1.8	22.7	20.4	25.2
65-74	66.1	63.2	68.9	1.9*	0.9	4.0	23.2	20.9	25.7
75+	60.9	56.3	65.4	1.1*	0.7	1.8	23.1	19.3	27.5
18+ years	71.4	70.1	72.6	1.1	0.9	1.5	23.0	21.9	24.2
Women									
18-24	72.2	67.9	76.1	1.2*	0.6	2.4	26.0	22.2	30.3
25-34	74.6	71.6	77.5	1.0*	0.5	1.8	22.2	19.6	25.2
35-44	77.7	74.5	80.7	**	0.2	1.5	18.9	16.4	21.6
45-54	76.6	74.0	79.0	0.7*	0.4	1.2	20.0	17.8	22.4
55-64	75.9	73.5	78.2	1.4	0.9	2.2	19.2	17.1	21.4
65-74	71.2	68.4	73.8	1.6	1.1	2.5	19.8	17.6	22.2
75+	57.9	53.8	61.9	1.0*	0.6	1.7	20.9	18.1	24.1
18+ years	73.7	72.5	74.9	1.0	0.8	1.3	20.9	19.9	22.0

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all ages, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† All adults in Victoria regardless of whether or not they had experienced family violence in the past two years

Appendix Table 10: Proportion of adult population who agreed or disagreed with the statement that they knew where to get outside advice or support for someone about a family violence issue, by gender, Victoria, 2017 (continued)

Age group (years)	Agreed or disagreed with the statement: "If I needed to get outside advice or support for someone about a family violence issue, I would know where to go" †								
	Strongly or somewhat agreed (yes)			Neither agreed nor disagreed			Somewhat or strongly disagreed (no)		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Adults									
18-24	74.9	72.2	77.5	1.2	0.7	2.0	23.3	20.8	26.0
25-34	73.4	71.3	75.5	0.9	0.5	1.4	22.9	21.0	25.0
35-44	74.6	72.4	76.8	0.9*	0.5	1.6	21.0	19.1	23.0
45-54	74.2	72.2	76.0	0.8	0.5	1.2	22.1	20.4	24.0
55-64	74.3	72.5	76.0	1.2	0.9	1.7	20.9	19.3	22.5
65-74	68.8	66.8	70.8	1.8	1.2	2.7	21.4	19.8	23.1
75+	59.3	56.2	62.3	1.0	0.7	1.5	22.0	19.6	24.6
18+ years	72.6	71.7	73.4	1.1	0.9	1.3	21.9	21.2	22.7

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all ages, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† All adults in Victoria regardless of whether or not they had experienced family violence in the past two years

Appendix Table 10: Proportion of adult population who agreed or disagreed with the statement that they knew where to get outside advice or support for someone about a family violence issue, by gender, Victoria, 2017 (continued)

Age group (years)	Agreed or disagreed with the statement: "If I needed to get outside advice or support for someone about a family violence issue, I would know where to go" †						
	Did not know			Refused to say			
	%	95% CI		%	95% CI		
		LL	UL		LL	UL	
Men							
18-24	**			**	0.6	2.4	
25-34	2.7*	1.6	4.4	0.7*	0.3	1.7	
35-44	3.9	2.6	5.6	**	0.6	2.6	
45-54	3.0	2.1	4.4	**	0.5	1.7	
55-64	3.6	2.6	4.9	0.1*	0.1	0.3	
65-74	7.9	6.3	9.8	0.8*	0.4	1.6	
75+	12.3	9.8	15.5	2.5*	1.0	6.2	
18+ years	3.9	3.4	4.5	0.5	0.4	0.8	
Women							
18-24	**			0.0			
25-34	1.8*	1.1	3.1	**			
35-44	1.8*	1.1	2.9	**			
45-54	2.6	1.7	4.0	**			
55-64	3.1	2.2	4.3	0.4*	0.2	1.0	
65-74	7.0	5.3	9.1	0.4*	0.2	0.8	
75+	19.3	15.5	23.8	0.9*	0.4	1.7	
18+ years	3.9	3.4	4.5	0.4*	0.2	1.0	

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all ages, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† All adults in Victoria regardless of whether or not they had experienced family violence in the past two years

Appendix Table 10: Proportion of adult population who agreed or disagreed with the statement that they knew where to get outside advice or support for someone about a family violence issue, by gender, Victoria, 2017 (continued)

Agreed or disagreed with the statement: "If I needed to get outside advice or support for someone about a family violence issue, I would know where to go" †							
Age group (years)	Did not know			Refused to say			
	%	95% CI		%	95% CI		
		LL	UL		LL	UL	
Adults							
18-24	**			**	0.6	2.4	
25-34	2.2	1.5	3.3	0.5*	0.2	1.2	
35-44	2.8	2.1	3.8	**	0.6	2.6	
45-54	2.8	2.1	3.7	0.1*	0.0	0.2	
55-64	3.3	2.7	4.2	0.3*	0.1	0.6	
65-74	7.4	6.2	8.8	0.6*	0.4	1.0	
75+	16.1	13.6	18.9	1.6*	0.8	3.2	
18+ years	3.9	3.6	4.3	0.5	0.3	0.8	

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all ages, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† All adults in Victoria regardless of whether or not they had experienced family violence in the past two years

Appendix Table 11: Prevalence of family violence, by country of birth, Victoria, 2017

Country of birth	Yes, experienced family violence			No, did not experience family violence			Refused to answer questions on family violence		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Australia	6.5	6.0	7.1	90.4	89.7	91.1	3.0	2.7	3.5
UK and Ireland	4.6	3.0	6.9	94.0	91.6	95.7	1.4	0.9	2.2
New Zealand & South Pacific	7.5	4.8	11.6	90.3	85.9	93.4	2.2*	0.9	5.3
Europe ^a	3.8*	2.1	6.7	90.5	86.9	93.3	5.7	3.7	8.5
East Asia ^b	2.7*	1.4	5.2	86.8	82.7	90.1	10.4	7.6	14.2
South-East Asia ^c	3.1*	1.9	5.1	83.4	79.6	86.6	13.4	10.4	16.9
The Middle East ^d	4.3*	2.2	7.9	80.4	74.9	85.0	15.3	11.4	20.3
The Americas and Caribbean	4.3*	1.9	9.4	92.2	86.5	95.6	3.5*	1.6	7.7
Indian subcontinent ^e	3.2*	2.0	5.3	88.0	84.5	90.8	8.5	6.1	11.6
Sub-Saharan Africa	**			87.7	82.1	91.7	10.2	6.7	15.4
Did not know or refused to say	**			87.2	75.4	93.8	7.9*	3.6	16.4
All countries	5.5	5.0	5.9	89.5	88.9	90.1	5.0	4.5	5.4

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

The data were age-standardised to control for differences in the age structures between adults by country of birth.

Estimates that are (statistically) significantly different from the corresponding estimate for all countries are identified by colour as follows: **above** or **below**.

Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

^a Excludes the United Kingdom and Ireland.

^b East Asia includes China, Japan, Mongolia, North Korea, South Korea, Taiwan, and the Chinese special administrative regions of Hong Kong and Macau.

^c South-East Asia includes Brunei, Burma (Myanmar), Cambodia, Timor-Leste, Indonesia, Laos, Malaysia, the Philippines, Singapore, Thailand and Vietnam.

^d The Middle East includes Algeria, Bahrain, the Comoros Islands, Djibouti, Egypt, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Mauritania, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, Turkey, the United Arab Emirates, Uzbekistan, and Yemen.

^e The Indian sub-continent includes Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka.

Appendix Table 12: Proportion of adult population who agreed or disagreed with the statement that they knew where to get outside advice or support for someone about a family violence issue, by country of birth, Victoria, 2017

Country of birth	Agreed or disagreed with the statement: "If I needed to get outside advice or support about a family violence issue, I would know where to go" [†]								
	Strongly or somewhat agreed (yes)			Neither agreed or disagreed			Somewhat or strongly disagreed (no)		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Australia	75.9	75.0	76.9	0.9	0.7	1.2	20.7	19.8	21.6
UK and Ireland	71.2	67.9	74.2	1.3	0.8	2.0	24.4	21.5	27.5
New Zealand & South Pacific	75.2	69.5	80.2	1.3*	0.5	3.3	20.3	15.9	25.5
Europe ^a	66.6	63.0	70.0	1.1*	0.5	2.2	19.0	16.4	21.9
East Asia ^b	55.2	50.0	60.2	1.7*	0.8	3.6	36.2	31.4	41.3
South-East Asia ^c	62.6	57.4	67.5	2.8*	1.5	5.3	26.4	22.1	31.2
The Middle East ^d	63.1	55.7	69.9	**			26.4	20.5	33.3
The Americas	66.6	58.4	74.0	**			25.3	18.9	33.0
Indian subcontinent ^e	68.0	63.6	72.2	**			22.6	19.4	26.3
Sub-Saharan Africa	70.0	61.8	77.1	**			25.0	18.4	33.0
Did not know or refused to say	65.4	47.9	79.5	**			24.3*	13.5	39.8
All countries	72.6	71.7	73.4	1.1	0.9	1.3	21.9	21.2	22.7

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different from the corresponding estimate for all countries are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

^a Excludes the United Kingdom and Ireland.

^b East Asia includes China, Japan, Mongolia, North Korea, South Korea, Taiwan, and the Chinese special administrative regions of Hong Kong and Macau.

^c South-East Asia includes Brunei, Burma (Myanmar), Cambodia, Timor-Leste, Indonesia, Laos, Malaysia, the Philippines, Singapore, Thailand and Vietnam.

^d The Middle East includes Algeria, Bahrain, the Comoros Islands, Djibouti, Egypt, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Mauritania, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, Turkey, the United Arab Emirates, Uzbekistan, and Yemen.

^e The Indian sub-continent includes Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka.

[†] All adults in Victoria regardless of whether or not they had experienced family violence in the past two years.

Appendix Table 12: Proportion of adult population who agreed or disagreed with the statement that they knew where to get outside advice or support for someone about a family violence issue, by country of birth, Victoria, 2017 (continued)

Country of birth	Agreed or disagreed with the statement: "If I needed to get outside advice or support about a family violence issue, I would know where to go" †					
	Did not know			Refused to say		
	%	95% CI		%	95% CI	
		LL	UL		LL	UL
Australia	2.3	2.0	2.6	0.2	0.1	0.3
UK and Ireland	2.9	2.0	4.3	**	0.8	2.0
New Zealand & South Pacific	3.2*	1.3	7.5	**	0.5	3.3
Europe ^a	12.4	10.0	15.4	**	0.5	2.2
East Asia ^b	6.6	4.5	9.6	**	0.8	3.6
South-East Asia ^c	7.3	4.9	10.7	**	1.5	5.3
The Middle East ^d	7.0*	4.1	11.6	**		
The Americas	5.8*	2.9	11.3	**		
Indian subcontinent ^e	5.7	3.9	8.3	3.4*	1.3	8.3
Sub-Saharan Africa	3.9*	1.6	9.2	**		
Did not know or refused to say	**			0.0		
All countries	3.9	3.6	4.3	0.5	0.3	0.8

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different from the corresponding estimate for all countries are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

^a Excludes the United Kingdom and Ireland.

^b East Asia includes China, Japan, Mongolia, North Korea, South Korea, Taiwan, and the Chinese special administrative regions of Hong Kong and Macau.

^c South-East Asia includes Brunei, Burma (Myanmar), Cambodia, Timor-Leste, Indonesia, Laos, Malaysia, the Philippines, Singapore, Thailand and Vietnam.

^d The Middle East includes Algeria, Bahrain, the Comoros Islands, Djibouti, Egypt, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Mauritania, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, Turkey, the United Arab Emirates, Uzbekistan, and Yemen.

^e The Indian sub-continent includes Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka.

† All adults in Victoria regardless of whether or not they had experienced family violence in the past two years.

Appendix Table 13: Prevalence of family violence, by gender and Aboriginal status, Victoria, 2017

Aboriginal status	Yes, experienced family violence			No, did not experience family violence			Refused to answer questions on family violence		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Men									
Aboriginal	9.3*	4.3	18.7	82.9	72.4	89.9	7.7*	3.5	16.1
Non-Aboriginal	4.0	3.5	4.6	91.4	90.6	92.2	4.4	3.8	5.1
Did not know or refused to say	14.1*	5.6	31.3	65.1	48.5	78.7	20.8*	10.6	36.9
All Victorian men	4.1	3.6	4.7	91.2	90.3	92.0	4.6	4.0	5.3
Women									
Aboriginal	17.2	10.8	26.3	73.1	61.5	82.2	9.7*	4.4	20.2
Non-Aboriginal	6.7	6.0	7.4	88.1	87.2	89.0	5.2	4.6	5.8
Did not know or refused to say	10.1*	4.2	22.3	63.3	49.5	75.2	26.5	16.4	40.0
All Victorian women	6.8	6.1	7.5	87.9	87.0	88.7	5.3	4.7	6.0
Adults									
Aboriginal	12.3	8.0	18.4	77.7	69.7	84.1	9.9*	5.7	16.6
Non-Aboriginal	5.4	4.9	5.8	89.7	89.1	90.3	4.8	4.4	5.3
Did not know or refused to say	10.2*	5.3	18.8	63.3	50.0	74.9	26.4	16.3	39.6
All Victorian adults	5.5	5.0	5.9	89.5	88.9	90.1	5.0	4.5	5.4

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

The data are age-standardised to the 2011 Victorian population to control for differences in the age structures of the Aboriginal and non-Aboriginal Victorian populations.

Estimates that are (statistically) significantly different from the total corresponding estimate for all Victorian adults, by gender, are identified by colour as follows: **above** or **below**.

Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

Appendix Table 14: Frequency of family violence, by Aboriginal status, Victoria, 2017

Aboriginal status	Frequency of family violence								
	An isolated incident			Repeated on several occasions			Did not know or refused to say		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Aboriginal	55.1	32.1	76.1	44.9*	23.9	67.9	0.0		
Non-Aboriginal	19.5	16.5	22.9	77.4	73.8	80.7	3.1*	1.8	5.2
Did not know or refused to say	**			74.8	33.0	94.7	0.0		
All Victorian adults	20.5	17.5	23.9	76.5	72.9	79.8	3.0*	1.7	5.1

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

The data are age-standardised to the 2011 Victorian population to control for differences in the age structures of the Aboriginal and non-Aboriginal Victorian populations.

Estimates that are (statistically) significantly different from the total corresponding estimate for all Victorian adults are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

Appendix Table 15: Prevalence of family violence, by Aboriginal status, stratified by frequency of occurrence, Victoria, 2017

Aboriginal status	Experienced isolated incident of family violence			Experienced repeated incidents of family violence			Did not experience family violence or refused to answer questions on family violence		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Men									
Aboriginal	**			**			90.7	81.3	95.7
Non-Aboriginal	1.2	0.9	1.5	2.7	2.3	3.1	96.2	95.6	96.7
Did not know or refused to say	**			13.4*	5.1	31.0	85.9	68.7	94.4
All Victorian men	1.2	1.0	1.6	2.7	2.3	3.2	96.1	95.5	96.5
Women									
Aboriginal	8.2*	3.9	16.4	8.9*	4.7	16.4	82.8	73.7	89.2
Non-Aboriginal	1.0	0.7	1.2	5.6	5.0	6.3	93.4	92.7	94.1
Did not know or refused to say	**			**			89.9	77.7	95.8
All Victorian women	1.0	0.8	1.3	5.6	5.0	6.3	93.3	92.6	94.0
Adults									
Aboriginal	6.7*	3.4	12.9	5.6*	3.1	9.7	87.7	81.6	92.0
Non-Aboriginal	1.1	0.9	1.3	4.1	3.8	4.5	94.8	94.3	95.2
Did not know or refused to say	**			8.9*	4.3	17.3	89.8	81.2	94.7
All Victorian adults	1.1	0.9	1.4	4.2	3.8	4.6	94.7	94.2	95.1

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

The data are age-standardised to adjust for differences in the age structures of the Aboriginal and non-Aboriginal Victorian populations.

Estimates that are (statistically) significantly different from the total corresponding estimate for all Victorians adults, by gender, are identified by colour as follows: **above** or **below**.

Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

Appendix Table 16: Prevalence of family violence, by type of violence and Aboriginal status, Victoria, 2017

Aboriginal status	Type of family violence experienced †								
	Financial / Economic			Emotional / Psychological			Physical		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Aboriginal	4.3*	2.3	7.8	10.5	6.7	16.1	6.8*	3.8	11.8
Non-Aboriginal	1.9	1.7	2.2	4.6	4.2	5.0	2.5	2.2	2.8
Did not know or refused to say	**			10.2*	5.3	18.8	2.0**	0.6	6.9
All Victorian adults	2.0	1.7	2.2	4.7	4.3	5.1	2.5	2.2	2.8

Aboriginal status	Spiritual			Sexual			Other		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
	Aboriginal	2.1*	0.8	5.4	**			4.5*	2.1
Non-Aboriginal	0.7	0.6	0.9	0.5	0.4	0.6	1.1	0.9	1.3
Did not know or refused to say	**			**			**	.	.
All Victorian adults	0.7	0.6	0.9	0.5	0.4	0.7	1.1	0.9	1.3

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

The data are age-standardised to adjust for differences in the age structures of the Aboriginal and non-Aboriginal Victorian populations.

Estimates that are (statistically) significantly different from the total corresponding estimate for all Victorian adults are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Individuals may have experienced more than one type of family violence.

Appendix Table 17: Proportions of adults who had contact with services in response to family violence, by Aboriginal status, Victoria, 2017

Aboriginal status	Type of service †								
	%	Police		Hospital / health service / mental health service			Homelessness / housing service		
		95% CI		95% CI			95% CI		
		LL	UL	%	LL	UL	%	LL	UL
Aboriginal	57.4	32.2	79.3	42.5*	22.2	65.7	**	3.8	11.8
Non-Aboriginal	43.8	39.7	48.0	44.6	40.5	48.7	12.1	9.5	15.3
Did not know or refused to say	33.7*	11.2	67.2	56.0*	23.3	84.2	**	0.6	6.9
All Victorian adults	44.1	40.1	48.1	44.6	40.6	48.7	12.1	9.6	15.2

Aboriginal status	Alcohol and drugs service			Court			Legal service		
	%	95% CI		95% CI			95% CI		
		LL	UL	%	LL	UL	%	LL	UL
		Aboriginal	13.3*	5.3	29.7	43.5*	22.8	66.7	30.1*
Non-Aboriginal	10.1	7.9	12.8	29.1	25.4	33.1	29.6	26.0	33.4
Did not know or refused to say	**			**			**	0.3	14.4
All Victorian adults	10.2	8.1	12.9	29.3	25.7	33.2	29.4	26.0	33.1

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

The data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for Victorian adults who experienced family violence are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50 per cent and should be interpreted with caution.

** Estimate has an RSE greater than 50 per cent and is not reported as it is unreliable for general use.

† Respondents may have accessed one or multiple services.

Appendix Table 18: Proportions of adults who had contact with services in response to family violence, by Aboriginal status, Victoria, 2017

Aboriginal status	Type of service †								
	Family violence helpline or specialist service			Family services Child FIRST or Child Protection			Aboriginal service		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Aboriginal	21.5*	8.8	43.7	31.8*	14.7	55.7	28.7*	13.1	51.8
Non-Aboriginal	19.9	16.8	23.4	14.8	12.1	17.9	0.9*	0.4	2.1
Did not know or refused to say	0.0	.	.	**			**	0.6	6.9
All Victorian adults	19.8	16.8	23.2	15.2	12.6	18.3	1.7*	1.0	3.0

Aboriginal status	Other service(s)						None	
	%	95% CI		%	95% CI		LL	UL
		LL	UL		LL	UL		
	Aboriginal	17.8*	6.8	39.2	32.8*	12.5	62.5	
Non-Aboriginal	15.6	12.8	18.9	24.5	21.2	28.2		
Did not know or refused to say	**			**				
All Victorian adults	15.7	13.0	19.0	24.7	21.4	28.3		

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

The data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for Victorian adults who experienced family violence are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Respondents may have accessed one or multiple services.

Note that this table does not include Interpreting or other multicultural services because the RSEs were all greater than 50 per cent.

Appendix Table 19: Proportion of adult population who agreed or disagreed that they knew where to get outside advice or support for a family violence issue, by Aboriginal status, Victoria, 2017

Agreed or disagreed with the statement: "If I needed to get outside advice or support about a family violence issue, I would know where to go" †									
Aboriginal status	Strongly or somewhat agreed (yes)			Neither agreed nor disagreed			Somewhat or strongly disagreed (no)		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Aboriginal	84.2	77.0	89.5	**			11.1	6.9	17.5
Non-Aboriginal	72.5	71.6	73.3	1.1	0.9	1.3	22.0	21.3	22.8
Did not know or refused to say	60.1	43.0	75.0	**			24.8*	12.2	44.0
All Victorian adults	72.6	71.7	73.4	1.1	0.9	1.3	21.9	21.2	22.7

Aboriginal status	Did not know			Refused to say		
	%	95% CI		%	95% CI	
		LL	UL		LL	UL
Aboriginal	4.1*	1.8	9.1	**		
Non-Aboriginal	3.9	3.5	4.3	0.5	0.3	0.8
Did not know or refused to say	7.7*	3.5	16.0	**		
All Victorian adults	3.9	3.6	4.3	0.5	0.3	0.8

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

The data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all Victorian adults are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† All adults in Victoria regardless of whether or not they had experienced family violence in the past two years

Appendix Table 20: Prevalence of family violence, by LGBTIQ+ status, Victoria, 2017

LGBTIQ+ status	Yes, experienced family violence			No, did not experience family violence			Did not know or refused to answer		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Non-LGBTIQ+	5.2	4.7	5.6	91.0	90.4	91.6	3.7	3.3	4.2
LGBTIQ+	11.2	8.8	14.0	85.9	82.8	88.5	2.9	1.8	4.7
Gay or Lesbian	8.0	4.9	12.9	88.3	82.8	92.2	3.7*	1.8	7.3
Bisexual, Queer, Pansexual	12.8	9.7	16.8	84.3	79.8	88.0	2.8*	1.2	6.2
Transgender, Gender diverse	0.0	.	.	95.4	85.4	98.6	**		
Intersex	10.1*	4.2	22.5	89.9	77.5	95.8	0.0	.	.
Asexual, Other	13.0*	6.3	25.1	84.2	72.3	91.6	2.8*	1.0	7.1
Did not know	2.5*	1.2	5.4	78.3	72.7	83.1	19.0	14.5	24.5
Refused to answer	2.7*	1.3	5.4	69.1	63.3	74.3	28.2	23.2	33.8
All Victorian adults	5.5	5.0	5.9	89.5	88.9	90.1	5.0	4.5	5.4

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

The data are age-standardised to adjust for differences in the age structures of the LGBTIQ+ and non-LGBTIQ+ populations.

Estimates that are significantly different (statistically) from the corresponding estimate for all Victorian adults are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

LGBTIQ+ = lesbian, gay, bisexual, transgender, intersex and queer. The '+' sign indicates that it also includes people who identify as pansexual, asexual, non-binary, gender diverse and/or other (non-heterosexual).

Appendix Table 21: Frequency of family violence, by LGBTIQ+ status, Victoria, 2017

LGBTIQ+ status	Frequency of family violence								
	An isolated incident			Repeated on several occasions			Did not know or refused to say		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Non-LGBTIQ+	21.1	17.8	24.8	76.1	72.1	79.6	2.8*	1.6	5.0
LGBTIQ+	14.4*	7.5	26.0	84.4	73.0	91.5	**		
Victorian adults	20.5	17.5	23.9	76.5	72.9	79.8	3.0*	1.7	5.1

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different from the corresponding estimate for Victorian adults who experienced family violence are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Adults who did not know or refused to say in response to the question on LGBTIQ+ status were not included in the table due to high RSEs.

LGBTIQ+ = lesbian, gay, bisexual, transgender, intersex and queer. The '+' sign indicates that it also includes people who identify as pansexual, asexual, non-binary, gender diverse and/or other (non-heterosexual).

Appendix Table 22: Prevalence of family violence, by type of abuse and LGBTIQ+ status, Victoria, 2017

LGBTIQ+ status	Type of family violence experienced †								
	Financial / Economic			Emotional / Psychological			Physical		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Non-LGBTIQ+	1.8	1.6	2.1	4.4	4.0	4.8	2.4	2.1	2.7
LGBTIQ+	4.9	3.4	7.0	10.7	8.4	13.5	4.8	3.3	6.8
Gay or Lesbian	2.5*	1.2	5.3	7.4*	4.4	12.2	4.4*	2.1	8.8
Bisexual, Queer, Pansexual	7.1	4.6	10.7	12.5	9.4	16.4	5.2	3.5	7.7
Transgender, Gender diverse	0	.	.	0.0	.	.	0	.	.
Intersex	**			10.1*	4.2	22.5	**		
Asexual, Other	**			13.0*	6.2	25.0	**		
All Victorian adults	2.0	1.7	2.2	4.7	4.3	5.1	2.5	2.2	2.8

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

The data are age-standardised to adjust for differences in the age structures of the LGBTIQ+ and non-LGBTIQ+ populations.

Estimates that are (statistically) significantly different from the total corresponding estimate for all Victorian adults are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

Adults who did not know or refused to say in response to the question on LGBTIQ status were not included in the table due to high RSEs.

† Individuals may have experienced more than one type of family violence.

LGBTIQ+ = lesbian, gay, bisexual, transgender, intersex and queer. The '+' sign indicates that it also includes people who identify as pansexual, asexual, non-binary, gender diverse and/or other (non-heterosexual).

Appendix Table 22: Prevalence of family violence, by type of abuse and LGBTIQ+ status, Victoria, 2017 (continued)

LGBTIQ+ status	Type of family violence experienced †								
	Spiritual			Sexual			Other		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Non-LGBTIQ+	0.6	0.5	0.8	0.4	0.3	0.5	1.1	0.9	1.3
LGBTIQ+	2.9	1.8	4.7	1.8*	1.0	3.2	2.5*	1.3	4.6
Gay or Lesbian	**			**			**		
Bisexual, Queer, Pansexual	3.6*	1.8	7.0	2.2*	1.1	4.1	2.4*	1.2	4.7
Transgender, Gender diverse	0.0	.	.	0	.	.	0	.	.
Intersex	**			9.4*	3.7	22.0	**		
Asexual, Other	**			**			**		
All Victorian adults	0.7	0.6	0.9	0.5	0.4	0.7	1.1	0.9	1.3

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

The data are age-standardised to adjust for differences in the age structures of the LGBTIQ+ and non-LGBTIQ+ populations.

Estimates that are (statistically) significantly different from the total corresponding estimate for all Victorian adults are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

Adults who did not know or refused to say in response to the question on LGBTIQ status were not included in the table due to high RSEs.

† Individuals may have experienced more than one type of family violence.

LGBTIQ+ = lesbian, gay, bisexual, transgender, intersex and queer. The '+' sign indicates that it also includes people who identify as pansexual, asexual, non-binary, gender diverse and/or other (non-heterosexual).

Appendix Table 23: Proportions of adults who had contact with services in response to family violence, by LGBTIQ+ status, Victoria, 2017

LGBTIQ+ status	Type of service †									
	%	Police			Hospital / health service / mental health service			Homelessness / housing service		
		95% CI			95% CI			95% CI		
		LL	UL		LL	UL		LL	UL	
Non-LGBTIQ+	44.9	40.6	49.2	42.9	38.7	47.3	11.9	9.2	15.1	
LGBTIQ+	38.4	27.5	50.6	57.2	45.0	68.6	15.2*	7.9	27.3	
All Victorian adults	44.1	40.1	48.1	44.6	40.6	48.7	12.1	9.6	15.2	

LGBTIQ+ status	Alcohol and drugs service						Court			
	%	95% CI			95% CI			95% CI		
		LL	UL		LL	UL		LL	UL	
		LL	UL		LL	UL		LL	UL	
Non-LGBTIQ+	10.1	7.9	12.9	29.2	25.4	33.4				
LGBTIQ+	12.2*	6.2	22.7	26.7	17.2	39.0				
All Victorian adults	10.2	8.1	12.9	29.3	25.7	33.2				

LL/UL 95% CI = lower/upper limit of 95 per cent confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different from the total corresponding estimate for all Victorians are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has a RSE between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a RSE greater than 50 per cent and is not reported as it is unreliable for general use.

† Respondents may have accessed one or multiple services.

LGBTIQ+ = lesbian, gay, bisexual, transgender, intersex and queer. The '+' sign indicates that it also includes people who identify as pansexual, asexual, non-binary, gender diverse and/or other (non-heterosexual).

Appendix Table 24: Proportions of adults who had contact with services in response to family violence, by LGBTIQ+ status, Victoria, 2017

LGBTIQ+ status	Type of service †								
	Legal service			Family violence helpline or specialist service			Family services Child FIRST or Child Protection		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Non-LGBTIQ+	28.8	25.1	32.8	18.8	15.7	22.4	14.9	12.1	18.2
LGBTIQ+	29.8	20.1	41.6	24.5	15.7	36.1	16.9*	10.0	27.1
All Victorian adults	29.4	26.0	33.1	19.8	16.8	23.2	15.2	12.6	18.3

LGBTIQ+ status	Other service(s)						None	
	%	95% CI				%	95% CI	
		LL	UL	LL	UL		LL	UL
		LL	UL	LL	UL		LL	UL
Non-LGBTIQ+	15.9	13.0	19.3	24.9	21.4	28.8		
LGBTIQ+	15.3*	7.9	27.5	21.6	13.2	33.3		
All Victorian adults	15.7	13.0	19.0	24.7	21.4	28.3		

LL/UL 95% CI = lower/upper limit of 95 per cent confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different from the total corresponding estimate for Victorian adults who experienced family violence are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Adults who did not know or refused to say in response to the question on LGBTIQ+ status were not included in the table due to high RSEs.

‡ Respondents may have accessed one or multiple services.

Note that this table does not include Aboriginal services or Interpreting/other multicultural services because the RSEs were all greater than 50 per cent.

LGBTIQ+ = lesbian, gay, bisexual, transgender, intersex and queer. The '+' sign indicates that it also includes people who identify as pansexual, asexual, non-binary, gender diverse and/or other (non-heterosexual).

Appendix Table 25: Proportions of adults who agreed or disagreed that they knew where to get outside advice or support for a family violence issue, by LGBTIQ+, Victoria, 2017

Agreed or disagreed with the statement: "If I needed to get outside advice or support for someone about a family violence issue, I would know where to go" †									
LGBTIQ+ status †	Strongly or somewhat agreed (yes)			Neither agreed nor disagreed			Somewhat or strongly disagreed (no)		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Non-LGBTIQ+	73.2	72.3	74.1	1.1	0.9	1.3	21.9	21.1	22.7
LGBTIQ+	73.9	70.0	77.5	1.1*	0.4	2.8	23.7	20.2	27.5
All Victorian adults	72.6	71.7	73.4	1.1	0.9	1.3	21.9	21.2	22.7

LGBTIQ+ status †	Did not know			Refused to say		
	%	95% CI		%	95% CI	
		LL	UL		LL	UL
Non-LGBTIQ+	3.6	3.2	4.0	0.3	0.2	0.4
LGBTIQ+	1.2*	0.7	2.1	**	0.3	0.8
All Victorian adults	3.9	3.6	4.3	0.5	0.3	0.8

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different from the total corresponding estimate for all Victorians are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Adults who did not know or refused to say in response to the question on LGBTIQ+ status were not included in the table due to high RSEs.

‡ All adults in Victoria regardless of whether or not they had experienced family violence in the past two years.

LGBTIQ+ = lesbian, gay, bisexual, transgender, intersex and queer. The '+' sign indicates that it also includes people who identify as pansexual, asexual, non-binary, gender diverse and/or other (non-heterosexual).

Appendix Table 26: The prevalence of family violence, by total annual household income, Victoria, 2017

Total annual household income	Yes, experienced family violence			No, did not experience family violence			Refused to answer questions on family violence		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Less than \$20,000	10.0	7.8	12.9	78.2	74.4	81.7	11.7	9.0	15.2
\$20,000–\$39,999	11.0	9.3	13.0	81.3	78.8	83.5	7.6	6.1	9.5
\$40,000–\$60,000	7.2	5.7	8.9	88.3	86.2	90.1	4.5	3.4	5.9
\$60,000–\$79,999	6.4	5.1	7.9	91.5	89.7	93.0	2.1	1.4	3.1
\$80,000–\$99,999	3.9	2.8	5.2	93.8	92.0	95.2	2.4	1.5	3.7
\$100,000 or more	3.0	2.5	3.6	95.4	94.4	96.3	1.2	0.9	1.7
Did not know or refused to say	5.1	4.1	6.3	84.5	82.5	86.4	10.3	8.7	12.2
All income levels	5.5	5.0	5.9	89.5	88.9	90.1	5.0	4.5	5.4

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

The data are age-standardised to adjust for differences in the age structures of adults in the different household income levels.

Estimates that are (statistically) significantly different from the corresponding estimate for all income levels are identified by colour as follows: **above** or **below**.

Estimates may not add to 100 per cent due to a proportion of ‘don’t know’ responses, not reported here.

Appendix Table 27: The total annual household income of adults who experienced family violence, Victoria, 2017

Experienced family violence in past two years?	Total annual household income								
	Less than \$40,000			\$40,000–\$59,999			\$60,000–\$79,999		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Yes	36.4	32.3	40.7	18.5	15.1	22.6	14.8	11.9	18.3
No	24.2	23.3	25.1	14.9	14.2	15.6	12.1	11.4	12.8
Do not know	35.4*	11.8	69.3	**			8.0	1.6	32.0
Refused to say	59.7	54.1	65.1	17.0	13.2	21.7	6.7	4.5	9.9
All Victorian adults	26.2	25.4	27.1	15.2	14.5	15.9	12.0	11.4	12.7

Experienced family violence in past two years?	\$80,000–\$99,000			\$100,000–149,999			\$150,000+		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
	Yes	8.7	6.5	11.6	10.7	8.4	13.5	11.0	8.5
No	11.4	10.7	12.1	18.7	17.9	19.5	18.8	18.0	19.6
Do not know	**			33.6*	11.6	66.2	**		
Refused to say	6.9*	4.1	11.2	6.3	4.3	9.1	3.4	2.2	5.2
All Victorian adults	11.1	10.4	11.7	17.8	17.0	18.5	17.7	17.0	18.5

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different from the corresponding estimate for all Victorian adults are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

Appendix Table 28: The prevalence of family violence, by highest level of educational attainment, Victoria, 2017

Highest level of educational attainment	Yes, experienced family violence			No, did not experience family violence		
	%	95% CI		%	95% CI	
		LL	UL		LL	UL
Primary	6.7	5.9	7.7	86.9	85.6	88.1
Secondary	5.9	5.2	6.7	89.6	88.6	90.6
Tertiary	3.6	3.1	4.1	92.7	91.9	93.5
Did not know or refused to say	**			80.3	73.4	85.7
All Victorian adults	5.4	5.0	5.9	89.6	89.0	90.2

Highest level of educational attainment	Did not know			Refused to answer questions on family violence		
	%	95% CI		%	95% CI	
		LL	UL		LL	UL
Primary	0.0	0.0	0.1	6.4	5.5	7.4
Secondary	0.0	0.0	0.2	4.4	3.8	5.2
Tertiary	0.1	0.0	0.3	3.6	3.0	4.3
Did not know or refused to say	0.7	0.2	3.0	15.2	10.6	21.2
All Victorian adults	0.1	0.0	0.1	4.9	4.5	5.4

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different from the corresponding estimate for all Victorian adults are identified by colour as follows: **above** or **below**.

****** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

Appendix Table 29: The prevalence of family violence, by occupational status, Victoria, 2017

Occupational status	Yes, experienced family violence			No, did not experience family violence			Refused to answer questions on family violence		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Professional	4.5	3.9	5.2	92.6	91.6	93.4	2.9	2.4	3.6
Non-professional	6.5	5.6	7.5	90.7	89.5	91.7	2.9	2.3	3.6
Other/did not know or refused to say	4.0*	1.6	9.6	88.3	81.0	93.1	6.4*	3.1	12.8
All occupations	5.4	4.8	6.0	91.6	90.9	92.3	3.0	2.6	3.4

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different from the corresponding estimate for all occupations are identified by colour as follows: **above** or **below**.

Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

Appendix Table 30: The prevalence of family violence, by occupation, Victoria, 2017

Occupation	Yes, experienced family violence			No, did not experience family violence			Refused to answer questions on family violence		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Manager	4.2	3.0	5.9	93.9	92.0	95.3	1.9	1.2	2.9
Professional	4.4	3.6	5.4	93.5	92.4	94.4	2.1	1.6	2.8
Technician or trades worker	4.8	3.6	6.4	90.0	87.7	91.9	5.1	3.7	7.0
Community or personal service worker	8.4	6.3	11.1	89.4	86.5	91.7	2.3	1.4	3.7
Clerical or administrative worker	4.7	3.4	6.5	92.7	90.5	94.4	2.6	1.7	4.1
Sales worker	7.1	5.2	9.6	91.3	88.7	93.4	1.6	1.0	2.6
Machinery operator or driver	6.0	3.7	9.6	90.3	85.9	93.5	3.7*	1.8	7.3
Labourer	7.6	5.5	10.3	87.8	84.3	90.7	4.6*	2.7	7.6
Other	1.2*	0.5	3.1	94.4	89.4	97.1	4.4*	2.0	9.5
Did not know or refused to say	4.0*	1.6	9.6	88.3	81.0	93.1	6.4*	3.1	12.8
All occupations	5.4	4.8	6.0	91.6	90.9	92.3	3.0	2.6	3.4

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different from the corresponding estimate for all occupations are identified by colour as follows: **above** or **below**.

Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

Appendix Table 31: The prevalence of family violence, by employment status, Victoria, 2017

Employment status	Yes, experienced family violence	No, did not experience family violence			Refused to answer questions on family violence				
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Employed	5.4	4.8	6.0	91.6	90.9	92.3	3.0	2.5	3.4
Unemployed	9.8	7.4	12.8	82.8	79.1	85.9	7.2	5.2	9.8
home duties	5.7	4.3	7.5	86.5	83.5	89.1	7.7	5.7	10.5
Student	7.9	5.8	10.7	83.0	79.2	86.2	9.1	6.7	12.3
Retired	1.8	1.4	2.3	91.3	90.2	92.3	6.8	5.9	7.8
Unable to work	11.7	9.0	15.1	75.8	70.4	80.4	12.4	8.5	17.9
Carer	20.8*	11.6	34.4	77.8	64.3	87.2	**		
Did not know or refused to say	**			68.5	54.1	80.0	28.9	17.7	43.3
All Victorian adults	5.4	5.0	5.9	89.6	89.0	90.2	4.9	4.5	5.4

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different from the total corresponding estimate for all Victorian adults are identified by colour as follows: **above** or **below**.

Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

Appendix Table 32: The prevalence of family violence, by Index of Relative Socio-Economic Disadvantage (IRSED) quintile, Victoria, 2017

IRSED quintile	Yes, experienced family violence			No, did not experience family violence			Refused to answer questions on family violence		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
First quintile – most disadvantaged	5.4	4.5	6.3	87.0	85.6	88.4	7.5	6.5	8.7
Second quintile	5.7	4.7	6.7	90.1	88.6	91.5	4.2	3.2	5.4
Third quintile	6.2	5.2	7.3	89.5	88.0	90.7	4.3	3.5	5.2
Fourth quintile	5.5	4.6	6.5	89.2	87.6	90.5	5.4	4.4	6.6
Fifth quintile – most advantaged	4.4	3.7	5.4	92.0	90.8	93.0	3.5	2.9	4.2
All quintiles	5.4	5.0	5.9	89.6	89.0	90.2	4.9	4.5	5.4

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all quintiles are identified by colour as follows: **above** or **below**.

Estimates may not add to 100 per cent due to a proportion of ‘don’t know’ responses, not reported here.

Appendix Table 33: Frequency of family violence, by total annual household income, Victoria, 2017

Total annual household income	Frequency of family violence					
	An isolated incident			Repeated on several occasions		
	%	95% CI		%	95% CI	
		LL	UL		LL	UL
Less than \$20,000	8.9*	4.4	17.3	85.9	75.4	92.4
\$20,000–\$39,999	19.0	13.2	26.6	80.2	72.6	86.1
\$40,000–\$60,000	20.0	13.1	29.3	75.7	65.2	83.8
\$60,000–\$79,999	19.9	12.0	31.1	77.5	65.7	86.1
\$80,000–\$99,999	18.5*	9.2	33.6	80.8	65.8	90.2
\$100,000 or more	26.7	19.2	35.9	71.2	62.0	78.9
Did not know or refused to say	23.3	15.5	33.4	71.3	60.6	80.0
All income levels	20.5	17.5	23.9	76.5	72.9	79.8

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all income levels are identified by colour as follows: **above** or **below**.

Estimates may not add to 100 per cent due to a proportion of 'don't know' or 'refused to say' responses, not reported here.

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

Appendix Table 34: Prevalence of family violence, by type of violence and total annual household income, Victoria, 2017

Total annual household income	Type of family violence experienced †								
	Financial / Economic			Emotional / Psychological			Physical		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Less than \$20,000	5.4	3.8	7.8	9.6	7.3	12.4	5.6	3.9	8.0
\$20,000–\$39,999	5.4	4.1	6.9	10.2	8.5	12.2	5.6	4.3	7.2
\$40,000–\$60,000	2.9	2.0	4.1	5.8	4.5	7.4	3.1	2.3	4.4
\$60,000–\$79,999	1.9	1.3	2.8	5.9	4.6	7.4	2.9	2.0	4.1
\$80,000–\$99,999	1.2*	0.6	2.1	3.1	2.2	4.4	1.7	1.1	2.7
\$100,000 or more	0.7	0.5	1.0	2.3	1.8	2.9	1.4	1.1	1.9
Did not know or refused to answer	1.4	1.0	2.0	4.3	3.4	5.4	2.0	1.4	2.9
All income levels	2.0	1.7	2.2	4.7	4.3	5.1	2.5	2.2	2.8

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

The data are age-standardised to adjust for differences in the age structures of adults in the different household income levels.

Estimates that are significantly different (statistically) from the corresponding estimate for all income levels are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Individuals may have experienced more than one type of family violence.

Appendix Table 34: Prevalence of family violence, by type of violence and total annual household income, Victoria, 2017 (continued)

Total annual household income	Type of family violence experienced †								
	Spiritual			Sexual			Other		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Less than \$20,000	4.5	2.9	7.0	2.0*	1.0	3.7	3.1*	1.9	5.1
\$20,000–\$39,999	2.1	1.3	3.2	1.0*	0.6	1.7	2.8	1.9	4.1
\$40,000–\$60,000	0.7*	0.3	1.6	0.6*	0.3	1.1	1.3	0.8	2.0
\$60,000–\$79,999	0.3*	0.1	0.7	0.5*	0.2	1.1	0.9*	0.5	1.4
\$80,000–\$99,999	0.5*	0.2	1.3	**			0.5*	0.3	1.0
\$100,000 or more	0.3*	0.1	0.7	0.1*	0.1	0.3	0.4*	0.2	0.7
Did not know or refused to answer	0.5*	0.3	1.0	0.8*	0.4	1.5	1.5	1.0	2.3
All income levels	0.7	0.6	0.9	0.5	0.4	0.7	1.1	0.9	1.3

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

The data are age-standardised to adjust for differences in the age structures of adults in the different household income levels.

Estimates that are significantly different (statistically) from the corresponding estimate for all income levels are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Individuals may have experienced more than one type of family violence.

Appendix Table 35: Proportions of adults who accessed or had contact with family violence services, by total annual household income, Victoria, 2017

Total annual household income	Type of service †								
	%	Police		Hospital / health service / mental health service			Homelessness / housing service		
		95% CI		95% CI			95% CI		
		LL	UL	%	LL	UL	%	LL	UL
Less than \$20,000	63.9	50.5	75.5	68.5	55.4	79.2	41.0	28.2	55.2
\$20,000–\$39,999	57.2	49.0	64.9	52.4	44.1	60.5	21.2	14.9	29.3
\$40,000–\$60,000	50.4	39.2	61.6	33.7	24.4	44.6	3.3	1.4	7.6
\$60,000–\$79,999	41.2	30.2	53.2	43.2	32.1	55.1	**	2.0	4.1
\$80,000–\$99,999	22.7	13.6	35.5	39.4	25.9	54.8	**	1.1	2.7
\$100,000 or more	32.9	24.9	42.0	39.1	30.9	48.0	3.6*	1.4	8.9
Did not know or refused to answer	35.1	25.8	45.6	41.4	31.4	52.1	13.0	7.1	22.5
All income levels	44.1	40.1	48.1	44.6	40.6	48.7	12.1	9.6	15.2

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all income levels are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Respondents may have accessed one or multiple services.

Appendix Table 35: Proportions of adults who accessed or had contact with family violence services, by total annual household income, Victoria, 2017 (continued)

Total annual household income	Type of service †					
	Alcohol and drugs service			Court		
	%	95% CI		%	95% CI	
		LL	UL		LL	UL
Less than \$20,000	19.2*	10.0	33.8	47.2	34.1	60.6
\$20,000–\$39,999	12.9	8.5	19.2	41.8	34.0	50.0
\$40,000–\$60,000	5.5*	2.7	10.8	31.0	20.7	43.6
\$60,000–\$79,999	10.7*	5.8	18.9	24.7	16.2	35.8
\$80,000–\$99,999	**			11.7*	5.5	23.1
\$100,000 or more	7.6*	4.4	12.5	21.3	14.9	29.6
Did not know or refused to answer	10.1*	5.2	18.5	22.5	14.9	32.5
All income levels	10.2	8.1	12.9	29.3	25.7	33.2

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all income levels are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Respondents may have accessed one or multiple services.

Appendix Table 36: Proportions of adults who accessed or had contact with family violence services, by total annual household income, Victoria, 2017

Total annual household income	Type of service †								
	Legal service			Family violence helpline or specialist service			Family services Child FIRST or Child Protection		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Less than \$20,000	46.1	33.3	59.5	39.3	26.9	53.3	22.7	13.7	35.1
\$20,000–\$39,999	42.6	34.7	50.9	25.6	19.0	33.4	22.2	16.7	29.0
\$40,000–\$60,000	23.7	15.4	34.7	11.2*	5.8	20.3	14.0*	8.0	23.3
\$60,000–\$79,999	27.6	18.6	38.9	12.1*	7.1	19.7	10.5*	4.9	21.1
\$80,000–\$99,999	10.7*	5.1	21.1	24.4*	14.0	39.2	**		
\$100,000 or more	21.5	15.4	29.1	13.6	8.9	20.4	10.7*	6.4	17.2
Did not know or refused to answer	27.1	18.9	37.2	20.3	13.2	29.8	15.5*	8.9	25.5
All income levels	29.4	26.0	33.1	19.8	16.8	23.2	15.2	12.6	18.3

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all income levels are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Respondents may have accessed one or multiple services.

Appendix Table 36: Proportions of adults who accessed or had contact with family violence services, by total annual household income, Victoria, 2017 (continued)

Total annual household income	Type of service †					
	Other			None		
	%	95% CI		%	95% CI	
		LL	UL		LL	UL
Less than \$20,000	27.1	16.2	41.6	11.5*	5.6	22.1
\$20,000–\$39,999	15.8	10.7	22.7	20.6	14.5	28.3
\$40,000–\$60,000	8.9*	4.5	16.9	19.8	12.8	29.4
\$60,000–\$79,999	8.3*	4.5	14.7	22.9	14.7	33.9
\$80,000–\$99,999	16.5	7.6	32.2	41.6	27.4	57.3
\$100,000 or more	16.3	10.9	23.6	32.1	23.7	41.8
Did not know or refused to answer	20.0	12.5	30.5	27.4	19.2	37.4
All income levels	15.7	13.0	19.0	24.7	21.4	28.3

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all income levels are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Respondents may have accessed one or multiple services.

Appendix Table 37: Proportions of adults who agreed or disagreed with the statement that they knew where to get outside advice or support for family violence, by total annual household income, Victoria, 2017

Total annual household income	Agreed or disagreed with the statement: "If I needed to get outside advice or support for someone about a family violence issue, I would know where to go" †								
	Strongly or somewhat agreed (Yes)			Neither agreed nor disagreed			Somewhat or strongly disagreed (No)		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Less than \$20,000	69.9	65.8	73.7	1.1*	0.5	2.1	24.2	20.6	28.1
\$20,000–\$39,999	69.2	67.1	71.2	1.7	1.2	2.6	20.2	18.6	22.0
\$40,000–\$60,000	72.4	70.0	74.7	1.0*	0.6	1.6	22.4	20.3	24.6
\$60,000–\$79,999	74.4	71.7	76.9	1.2*	0.6	2.2	21.5	19.2	24.0
\$80,000–\$99,999	75.6	72.6	78.4	0.5*	0.3	1.0	21.0	18.7	23.6
\$100,000 or more	75.7	74.2	77.1	0.7	0.5	1.0	22.3	20.9	23.8
Did not know or refused to answer	68.6	66.4	70.8	1.3	0.9	1.9	22.7	20.7	24.8
All income levels	72.6	71.7	73.4	1.1	0.9	1.3	21.9	21.2	22.7

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Estimates that are (statistically) significantly different from the corresponding estimate for all income levels are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† All adults in Victoria regardless of whether or not they had experienced family violence in the past two years.

Appendix Table 37: Proportions of adults who agreed or disagreed with the statement that they knew where to get outside advice or support for family violence, by total annual household income, Victoria, 2017 (continued)

Total annual household income	Agreed or disagreed with the statement: "If I needed to get outside advice or support for someone about a family violence issue, I would know where to go" †					
	Did not know			Refused to say		
	%	95% CI		%	95% CI	
LL		UL	LL		UL	
Less than \$20,000	3.3	2.3	4.7	**	0.5	2.1
\$20,000–\$39,999	8.4	7.1	9.9	0.5*	0.2	1.0
\$40,000–\$60,000	3.7	2.7	5.0	**	0.6	1.6
\$60,000–\$79,999	2.8	1.9	4.2	**	0.6	2.2
\$80,000–\$99,999	1.8	1.1	2.8	**	0.3	1.0
\$100,000 or more	1.1	0.8	1.6	0.1*	0.1	0.3
Did not know or refused to answer	6.7	5.6	7.9	0.7	0.5	1.1
All income levels	3.9	3.6	4.3	0.5	0.3	0.8

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Estimates that are (statistically) significantly different from the corresponding estimate for all income levels are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† All adults in Victoria regardless of whether or not they had experienced family violence in the past two years.

Appendix Table 38: Prevalence of family violence, by Department of Health and Human Services Area and Division, Victoria, 2017

Division	Local Government Area	Local Government Areas	Yes, experienced family violence - men			Yes, experienced family violence - women			Yes, experienced family violence - persons		
			%	95% CI		%	95% CI		%	95% CI	
				LL	UL		LL	UL		LL	UL
North			4.0	3.0	5.3	7.2	5.8	9.0	5.6	4.7	6.7
	Hume Moreland	Hume and Moreland	2.4*	1.0	5.6	5.9*	3.8	9.2	4.2	2.8	6.2
	Loddon	Campaspe, Central Goldfields, Greater Bendigo, Loddon, Macedon Ranges, and Mount Alexander	4.8*	2.7	8.5	6.1*	4.5	8.2	5.5	4.1	7.4
	Mallee	Buloke, Gannawarra, Mildura and Swan Hill	4.8*	2.6	8.7	7.0	4.5	10.8	5.9	4.1	8.5
	North Eastern Melbourne	Banyule, Darebin, Nillumbik, Whittlesea and Yarra	4.4	3.0	6.6	8.4	6.1	11.5	6.5	5.0	8.3

Rural / Metropolitan Department of Health and Human Services Area.

Data are crude estimates.

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Estimates that are significantly different (statistically) from the corresponding estimate for Victoria are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

Appendix Table 38: Prevalence of family violence, by Department of Health and Human Services Area and Division, Victoria, 2017 (continued)

Division	Local Government Area	Local Government Areas	Yes, experienced family violence - men			Yes, experienced family violence - women			Yes, experienced family violence - persons		
			%	95% CI		%	95% CI		%	95% CI	
				LL	UL		LL	UL		LL	UL
South			4.4	3.4	5.6	6.8	5.7	8.2	5.6	4.9	6.5
	Bayside Peninsula	Bayside, Frankston, Glen Eira, Kingston, Mornington Peninsula, Port Phillip and Stonnington	3.5	2.3	5.1	6.7	5.2	8.6	5.1	4.1	6.4
	Inner Gippsland	Bass Coast, Baw Baw, Latrobe and South Gippsland	3.7*	1.9	7.1	11.8	8.7	15.8	7.9	5.9	10.4
	Outer Gippsland	East Gippsland and Wellington	4.5*	1.9	10.4	5.4*	2.9	9.8	4.9	2.9	8.2
	Southern Melbourne	Cardinia, Casey and Greater Dandenong	6.1	4.1	9.0	5.6*	3.7	8.4	5.8	4.4	7.8

Rural / Metropolitan Department of Health and Human Services Area.

Data are crude estimates.

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Estimates that are significantly different (statistically) from the corresponding estimate for Victoria are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

Appendix Table 38: Prevalence of family violence, by Department of Health and Human Services Area and Division, Victoria, 2017 (continued)

Division	Area	Local Government Areas	Yes, experienced family violence - men			Yes, experienced family violence - women			Yes, experienced family violence - persons		
			%	95% CI		%	95% CI		%	95% CI	
				LL	UL		LL	UL		LL	UL
East			3.7	2.8	4.7	6.3	5.0	7.9	5.0	4.2	6.0
Goulburn		Greater Shepparton, Mitchell, Moira, Murrindindi and Strathbogie	4.8	3.1	7.3	4.8*	3.4	6.9	4.8	3.6	6.3
Inner Eastern Melbourne		Boroondara, Manningham, Monash and Whitehorse	2.9	1.9	4.6	5.4	3.7	7.8	4.2	3.1	5.6
Outer Eastern Melbourne		Knox, Maroondah and Yarra Ranges	3.9*	2.3	6.3	8.4	5.7	12.2	6.2	4.5	8.4
Ovens Murray		Alpine, Benalla, Indigo, Mansfield, Towong, Wangaratta and Wodonga	5.5	3.4	8.8	5.6	4.2	7.4	5.6	4.2	7.3

Rural / Metropolitan Department of Health and Human Services Area.

Data are crude estimates.

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Estimates that are significantly different (statistically) from the corresponding estimate for Victoria are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

Appendix Table 38: Prevalence of family violence, by Department of Health and Human Services Area and Division, Victoria, 2017 (continued)

Division	Local Government Area	Local Government Areas	Yes, experienced family violence - men			Yes, experienced family violence - women			Yes, experienced family violence - persons		
			%	95% CI		%	95% CI		%	95% CI	
				LL	UL		LL	UL		LL	UL
West			4.5	3.5	5.7	6.2	5.2	7.5	5.4	4.6	6.2
	Barwon	Colac-Otway, Greater Geelong, Queenscliffe and Surf Coast	3.1*	1.5	6.0	7.2*	4.6	11.3	5.2	3.6	7.6
	Brimbank Melton	Brimbank and Melton	7.0	4.4	11.0	7.8*	5.1	11.7	7.4	5.4	10.0
	Central Highlands	Hobsons Bay, Maribyrnong, Melbourne, Moonee Valley and Wyndham	5.0*	2.9	8.6	6.5	4.6	9.2	5.8	4.2	7.8
	Wimmera South West	Hobsons Bay, Maribyrnong, Melbourne, Moonee Valley and Wyndham	2.3	1.5	3.5	7.3	5.8	9.2	4.8	3.9	5.9
	Western Melbourne	Hobsons Bay, Maribyrnong, Melbourne, Moonee Valley and Wyndham	4.1	2.8	6.1	4.7*	3.3	6.6	4.4	3.4	5.7
	All metropolitan Areas		4.2	3.5	4.9	6.5	5.7	7.4	5.3	4.8	5.9
	All rural Areas		4.2	3.4	5.1	7.0	6.1	8.1	5.6	5.0	6.3
	Victoria		4.2	3.6	4.7	6.6	6.0	7.3	5.4	5.0	5.9

Rural / Metropolitan Department of Health and Human Services Area.

Data are crude estimates.

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Estimates that are significantly different (statistically) from the corresponding estimate for Victoria are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

Appendix Table 39: Prevalence of family violence, by Local Government Area (LGA), Victoria, 2017

LGA	Yes, experienced family violence			No, did not experience family violence			Refused to answer questions on family violence		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Banyule (C)	4.3*	2.4	7.6	91.1	86.7	94.1	4.6*	2.5	8.3
Buloke (S)	3.4*	1.4	8.2	92.2	83.7	96.4	**		
Campaspe (S)	10.1*	5.8	16.9	87.0	80.2	91.7	3.0*	1.4	6.2
Central Goldfields (S)	3.6*	1.9	6.8	91.4	86.3	94.7	5.0*	2.5	9.9
Darebin (C)	6.5	4.3	9.8	89.0	85.0	92.0	4.5*	2.7	7.5
Gannawarra (S)	5.4*	2.8	10.3	91.7	86.9	94.8	2.9*	1.6	5.1
Greater Bendigo (C)	4.2*	2.4	7.3	92.0	88.3	94.6	3.8*	2.1	6.7
Hume (C)	4.2*	2.4	7.3	85.1	80.6	88.7	10.7	7.6	14.7
Loddon (S)	4.9*	2.3	10.1	88.0	79.8	93.1	7.1*	3.1	15.4
Macedon Ranges (S)	5.9*	3.0	11.4	90.3	85.0	93.9	3.8*	2.1	6.6
Mildura (RC)	6.6*	4.0	10.7	90.3	85.9	93.4	3.1*	1.8	5.5
Moreland (C)	4.2*	2.4	7.4	92.4	88.8	94.9	3.4*	1.9	5.9
Mount Alexander (S)	4.6*	2.5	8.6	94.3	90.4	96.6	1.1*	0.5	2.4
Nillumbik (S)	8.0	5.0	12.4	89.7	85.1	93.0	2.3*	1.1	4.6
Swan Hill (RC)	5.2*	2.7	9.9	89.7	84.6	93.2	5.1*	3.0	8.6
Whittlesea (C)	6.7*	4.1	10.9	88.5	83.9	91.9	4.8*	2.8	7.9
Yarra (C)	7.6*	3.5	15.9	89.6	81.9	94.3	2.7*	1.3	5.6
North Division	5.6	4.7	6.7	89.5	88.2	90.7	4.8	4.1	5.7

Rural / Metropolitan.

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for Victoria are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Appendix Table 39: Prevalence of family violence, by Local Government Area (LGA), Victoria, 2017 (continued)

LGA	Yes, experienced family violence			No, did not experience family violence			Refused to answer questions on family violence		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Bass Coast (S)	6.3*	3.5	10.9	90.0	85.2	93.4	3.7*	2.1	6.5
Baw Baw (S)	8.4	5.2	13.3	89.3	84.4	92.8	2.3*	1.3	4.0
Bayside (C)	4.0*	2.1	7.5	94.4	90.8	96.6	1.6*	0.8	3.3
Cardinia (S)	7.2	4.5	11.1	91.6	87.5	94.4	1.2*	0.5	3.1
Casey (C)	5.7	3.6	8.9	88.5	84.3	91.6	5.8	3.6	9.3
East Gippsland (S)	5.9*	3.0	11.5	91.8	86.4	95.1	2.3*	1.2	4.4
Frankston (C)	7.4	4.7	11.4	89.4	85.2	92.5	3.2*	1.9	5.3
Glen Eira (C)	2.8*	1.5	5.2	93.7	90.7	95.8	3.5*	2.1	5.8
Greater Dandenong (C)	5.3*	3.2	8.9	84.1	78.8	88.2	10.6	7.2	15.4
Kingston (C)	4.3*	2.5	7.4	91.2	87.1	94.0	4.5*	2.5	7.9
Latrobe (C)	7.4	4.6	11.9	89.5	84.9	92.8	3.0*	1.7	5.5
Mornington Peninsula (S)	8.3	5.2	12.9	90.0	85.3	93.3	1.8*	0.9	3.5
Port Phillip (C)	4.9*	2.7	8.8	93.1	89.0	95.7	2.0*	0.9	4.4
South Gippsland (S)	10.0*	4.7	20.0	87.2	78.1	92.9	2.7*	1.6	4.6
Stonnington (C)	3.5*	1.5	7.8	91.8	87.3	94.9	4.7*	2.7	8.0
Wellington (S)	3.9*	1.8	8.2	91.8	86.4	95.1	4.4*	2.1	9.0
South Division	5.6	4.9	6.5	90.2	89.1	91.3	4.1	3.5	4.9

Rural / Metropolitan.

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for Victoria are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Appendix Table 39: Prevalence of family violence, by Local Government Area (LGA), Victoria, 2017 (continued)

LGA	Yes, experienced family violence			No, did not experience family violence			Refused to answer questions on family violence		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Alpine (S)	4.7*	2.8	7.8	92.4	88.9	94.9	2.9*	1.6	5.3
Benalla (RC)	5.1*	2.6	9.6	91.5	86.9	94.6	3.5*	2.0	5.9
Boroondara (C)	3.6*	2.2	6.0	93.2	90.2	95.4	3.1*	1.8	5.5
Greater Shepparton (C)	3.8*	2.1	6.8	91.2	87.4	94.0	5.0	3.1	8.0
Indigo (S)	6.3*	3.5	11.1	91.5	86.8	94.6	2.2*	1.3	4.0
Knox (C)	5.9*	3.5	9.9	92.0	88.0	94.8	2.0*	1.0	4.0
Manningham (C)	3.1*	1.5	6.5	88.1	82.9	91.9	8.8	5.6	13.7
Mansfield (S)	4.9*	2.7	8.8	92.1	88.0	94.9	3.0*	1.7	5.2
Maroondah (C)	4.5*	2.3	8.6	90.0	84.5	93.6	5.5*	2.8	10.4
Mitchell (S)	6.2	3.9	9.6	88.0	82.9	91.8	5.8*	3.1	10.6
Moira (S)	4.8*	2.5	9.2	92.5	88.3	95.3	2.6*	1.6	4.4
Monash (C)	4.8*	2.8	8.1	87.5	82.5	91.2	7.7	4.8	12.3
Murrindindi (S)	3.6*	2.1	6.0	93.4	89.2	96.0	3.1*	1.2	7.3
Strathbogie (S)	7.4*	3.9	13.7	88.3	82.4	92.4	4.3	2.7	6.8
Towong (S)	5.6*	3.0	10.3	90.3	85.2	93.8	4.1*	2.2	7.5
Wangaratta (RC)	5.3	3.3	8.5	92.2	88.8	94.6	2.5*	1.4	4.4
Whitehorse (C)	4.9*	2.7	8.7	91.2	87.1	94.0	4.0*	2.4	6.4
Wodonga (RC)	6.1*	3.1	11.4	91.0	85.9	94.3	3.0	1.9	4.8
Yarra Ranges (S)	7.6	4.7	12.2	88.0	82.8	91.8	4.4*	2.3	8.2
East Division	5.0	4.2	6.0	90.3	89.0	91.4	4.7	3.9	5.7

Rural / Metropolitan.

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for Victoria are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Appendix Table 39: Prevalence of family violence, by Local Government Area (LGA), Victoria, 2017 (continued)

LGA	Yes, experienced family violence			No, did not experience family violence			Refused to answer questions on family violence		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Ararat (RC)	3.3*	1.6	6.5	92.9	89.1	95.5	3.8*	2.1	6.7
Ballarat (C)	5.9*	3.6	9.7	89.9	85.3	93.2	4.2*	2.2	7.9
Brimbank (C)	6.9	4.4	10.7	81.0	75.8	85.3	12.1	8.7	16.7
Colac-Otway (S)	2.9*	1.4	6.0	93.4	90.0	95.7	3.7	2.3	6.0
Corangamite (S)	2.2*	1.2	4.2	92.3	88.7	94.8	5.5	3.4	8.9
Glenelg (S)	5.4*	3.0	9.7	88.8	83.0	92.8	5.8*	2.9	11.0
Golden Plains (S)	5.0*	2.9	8.6	93.0	89.3	95.5	2.0*	1.0	3.8
Greater Geelong (C)	5.3	3.4	8.2	90.1	84.3	93.8	4.6*	1.8	11.2
Hepburn (S)	6.6*	3.3	12.8	90.8	84.9	94.5	2.6*	1.4	4.9
Hindmarsh (S)	3.9*	1.8	8.4	93.1	89.0	95.8	3.0	1.9	4.7
Hobsons Bay (C)	5.5*	3.3	8.9	90.0	85.9	93.1	4.5*	2.6	7.7
Horsham (RC)	4.2*	2.2	7.7	92.1	88.4	94.7	3.7	2.4	5.9
Maribyrnong (C)	2.9*	1.3	6.0	89.7	85.1	93.0	7.4	4.7	11.6
Melbourne (C)	3.4*	1.7	6.7	85.8	79.8	90.3	10.8	6.8	16.6
Melton (C)	8.2	5.5	12.2	88.8	84.7	92.0	2.9*	1.7	5.1
Moonee Valley (C)	5.4*	3.2	9.0	89.2	83.9	92.9	5.4*	2.7	10.4
Moorabool (S)	6.7*	3.9	11.1	91.8	87.4	94.7	1.6*	0.8	2.9
Moyne (S)	6.0*	3.3	10.6	91.1	86.3	94.3	2.9*	1.5	5.5

Rural / Metropolitan.

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for Victoria are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Appendix Table 39: Prevalence of family violence, by Local Government Area (LGA), Victoria, 2017 (continued)

LGA	Yes, experienced family violence			No, did not experience family violence			Refused to answer questions on family violence		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Northern Grampians (S)	6.2	3.8	9.9	88.3	84.2	91.5	5.5	3.6	8.2
Pyrenees (S)	4.8*	2.8	8.2	92.8	89.2	95.3	2.4*	1.3	4.3
Queenscliffe (B)	**			92.7	83.7	96.9	1.3*	0.7	2.7
Southern Grampians (S)	3.0*	1.5	5.9	94.0	90.4	96.3	3.0*	1.6	5.7
Surf Coast (S)	6.2*	2.9	12.9	90.8	84.3	94.8	3.0*	1.5	6.0
Warrnambool (C)	5.4	3.4	8.5	91.6	87.7	94.3	3.0*	1.5	6.1
West Wimmera (S)	5.3*	2.2	12.5	86.8	77.8	92.5	7.9*	3.6	16.3
Wyndham (C)	4.9	3.0	7.9	88.0	83.9	91.1	7.1	4.8	10.5
Yarriambiack (S)	7.4*	3.2	16.1	89.6	81.7	94.3	3.0*	1.6	5.4
West Division	5.4	4.6	6.2	88.3	87.0	89.5	6.3	5.3	7.5
Victoria	5.4	5.0	5.9	89.6	89.0	90.2	5.0	4.6	5.5

Rural / Metropolitan.

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for Victoria are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Appendix Table 40: Prevalence of family violence, by Primary Health Network and gender, Victoria, 2017

Primary Health Network	Yes, experienced family violence			No, did not experience family violence			Did not know or refused to say [†]		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Men									
North Western Melbourne	4.5	3.5	5.8	88.8	87.0	90.4	6.7	5.4	8.2
Eastern Melbourne	3.6	2.7	4.7	92.3	90.6	93.6	4.2	3.2	5.5
South Eastern Melbourne	4.4	3.3	5.9	91.7	89.9	93.2	3.9	2.8	5.2
Gippsland	4.0*	2.4	6.7	92.9	90.0	95.0	3.1	1.9	5.0
Murray	4.8	3.6	6.5	92.1	90.3	93.6	3.0	2.2	4.2
Western Victoria	3.4	2.3	5.0	92.3	88.0	95.1	4.3*	2.0	9.2
Victoria	4.2	3.6	4.7	91.2	90.3	92.0	4.7	4.1	5.4
Women									
North Western Melbourne	6.3	5.1	7.7	86.7	84.8	88.4	7.0	5.7	8.5
Eastern Melbourne	6.9	5.5	8.6	87.7	85.6	89.6	5.4	4.2	6.9
South Eastern Melbourne	6.3	5.1	7.8	88.9	87.0	90.6	4.8	3.7	6.1
Gippsland	9.7	7.4	12.7	87.3	84.3	89.8	3.0	2.2	4.0
Murray	5.9	5.0	7.1	89.8	88.3	91.1	4.3	3.4	5.3
Western Victoria	6.9	5.3	8.9	89.2	87.0	91.1	3.9	2.9	5.2
Victoria	6.6	6.0	7.3	88.0	87.1	88.9	5.3	4.8	6.0

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for Victoria are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

[†] Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Appendix Table 40: Prevalence of family violence, by Primary Health Network and gender, Victoria, 2017 (continued)

Primary Health Network	Yes, experienced family violence			No, did not experience family violence			Did not know or refused to say [†]		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Persons									
North Western Melbourne	5.4	4.6	6.3	87.8	86.4	89.0	6.8	5.9	7.9
Eastern Melbourne	5.3	4.4	6.3	89.9	88.6	91.1	4.8	4.0	5.8
South Eastern Melbourne	5.4	4.5	6.4	90.3	89.0	91.4	4.3	3.6	5.3
Gippsland	6.9	5.4	8.8	90.0	88.0	91.7	3.0	2.3	4.0
Murray	5.4	4.6	6.3	90.9	89.8	92.0	3.7	3.0	4.4
Western Victoria	5.2	4.2	6.4	90.7	88.5	92.5	4.1	2.7	6.2
Victoria	5.4	5.0	5.9	89.6	89.0	90.2	5.0	4.6	5.5

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for Victoria are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

[†] Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Appendix Table 41: Psychological distress levels, by experiences of family violence and gender, Victoria, 2017

Experienced family violence in preceding two years?	Level of psychological distress in four weeks prior to survey interview †					
	Low (K10 < 16)			Moderate (K10 = 16-21)		
	%	95% CI		%	95% CI	
		LL	UL		LL	UL
Men						
Yes	32.8	27.0	39.3	26.5	21.2	32.7
No	59.9	58.5	61.2	23.6	22.5	24.8
Refused to say	45.3	37.9	52.8	18.5	13.8	24.2
All Victorian men	58.1	56.8	59.4	23.5	22.4	24.6
Women						
Yes	30.6	26.0	35.5	26.3	22.1	31.0
No	52.6	51.3	53.9	26.0	24.8	27.2
Refused to say	37.1	31.7	42.8	19.0	14.8	24.1
All Victorian women	50.3	49.1	51.6	25.6	24.5	26.8
Adults						
Yes	31.4	27.8	35.3	26.4	23.0	30.0
No	56.2	55.3	57.2	24.8	24.0	25.6
Refused to say	40.8	36.3	45.5	18.8	15.5	22.5
All Victorian adults	54.1	53.2	55.0	24.6	23.8	25.4

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all Victorian adults, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

† Based on the Kessler 10 Psychological Distress Scale.

Appendix Table 41: Psychological distress levels, by experiences of family violence and gender, Victoria, 2017 (continued)

Experienced family violence in preceding two years?	Level of psychological distress in four weeks prior to survey interview [†]					
	High or very high (K10 > 21)			Did not know or refused to answer [‡]		
	%	95% CI		%	95% CI	
		LL	UL		LL	UL
Men						
Yes	33.3	27.3	39.8	7.4*	4.1	12.8
No	11.6	10.7	12.5	4.9	4.4	5.6
Refused to say	19.3	14.4	25.3	17.0	12.8	22.2
All Victorian men	12.8	11.9	13.8	5.6	5.0	6.2
Women						
Yes	40.1	35.0	45.4	3.1*	1.8	5.1
No	15.9	14.9	17.0	5.5	4.8	6.3
Refused to say	21.6	16.6	27.7	22.3	17.6	27.7
All Victorian women	17.8	16.8	18.9	6.2	5.6	7.0
Adults						
Yes	37.5	33.6	41.6	4.7	3.1	7.0
No	13.8	13.1	14.5	5.2	4.8	5.7
Refused to say	20.6	16.9	24.8	19.9	16.6	23.6
All Victorian adults	15.4	14.7	16.1	5.9	5.5	6.4

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all Victorian adults, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

[†] Based on the Kessler 10 Psychological Distress Scale.

[‡] Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Appendix Table 42: Diagnosed by a doctor with depression or anxiety, by experiences of family violence and gender, Victoria, 2017

Experienced family violence in preceding two years?	Depression and/or anxiety †			No depression and/or anxiety			Did not know or refused to say ‡		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Men									
Yes	36.4	30.5	42.8	62.7	56.3	68.7	**		
No	20.7	19.6	21.8	78.9	77.8	80.0	0.4	0.2	0.5
Refused to say	14.3	10.8	18.7	85.0	80.5	88.6	**		
All Victorian men	21.1	20.0	22.1	78.5	77.5	79.6	0.4	0.3	0.6
Women									
Yes	66.7	61.8	71.3	33.3	28.7	38.2	0.0	.	.
No	31.3	30.1	32.5	68.4	67.2	69.6	0.3	0.2	0.4
Refused to say	27.5	22.5	33.1	71.8	66.1	76.8	**		
All Victorian women	33.4	32.3	34.6	66.3	65.1	67.4	0.3	0.2	0.4
Adults									
Yes	55.3	51.2	59.4	44.3	40.3	48.5	**	0.1	1.8
No	26.0	25.2	26.9	73.6	72.8	74.5	0.3	0.2	0.4
Refused to say	21.5	18.2	25.2	77.8	74.0	81.1	0.7*	0.3	1.8
All Victorian adults	27.4	26.6	28.2	72.3	71.5	73.1	0.3	0.3	0.5

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all Victorian adults, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Survey respondents were asked 'Have you ever been diagnosed by a doctor with depression and/or anxiety?'

‡ Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Appendix Table 43: Self-reported health status, by experiences of family violence and gender, Victoria, 2017

Experienced family violence in preceding two years?	Excellent or very good health			Good health		
	%	95% CI		%	95% CI	
		LL	UL		LL	UL
Men						
Yes	37.0	30.8	43.6	37.6	31.4	44.4
No	42.4	41.1	43.8	38.2	36.9	39.5
Refused to say	37.0	29.7	44.9	33.6	27.4	40.5
All Victorian men	41.9	40.6	43.2	38.0	36.7	39.2
Women						
Yes	32.7	28.2	37.7	37.8	32.8	43.1
No	42.8	41.5	44.1	37.0	35.7	38.3
Refused to say	29.4	24.3	35.1	40.3	34.6	46.3
All Victorian women	41.4	40.2	42.7	37.2	36.0	38.5
Adults						
Yes	34.3	30.6	38.3	37.8	33.8	41.9
No	42.6	41.7	43.5	37.6	36.7	38.5
Refused to say	32.8	28.4	37.6	37.3	33.0	41.8
All Victorian adults	41.7	40.8	42.6	37.6	36.7	38.5

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all Victorian adults, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

Appendix Table 43: Self-reported health status, by experiences of family violence and gender, Victoria, 2017 (continued)

Experienced family violence in preceding two years?	Fair or poor health			Did not know or refused to say †		
	%	95% CI		%	95% CI	
		LL	UL		LL	UL
Men						
Yes	22.7	17.9	28.4	**		
No	19.1	18.0	20.2	0.3*	0.2	0.5
Refused to say	26.7	21.2	33.1	2.7*	1.3	5.5
All Victorian men	19.6	18.5	20.7	0.5	0.4	0.8
Women						
Yes	28.6	24.2	33.4	**		
No	19.8	18.8	20.9	0.4	0.2	0.6
Refused to say	28.2	23.1	33.9	2.1*	0.8	5.1
All Victorian women	20.8	19.8	21.9	0.5	0.3	0.8
Adults						
Yes	26.4	23.1	30.0	1.5*	0.7	3.4
No	19.5	18.7	20.2	0.4	0.3	0.5
Refused to say	27.5	23.7	31.7	2.4*	1.3	4.2
All Victorian adults	20.2	19.5	21.0	0.5	0.4	0.7

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all Victorian adults, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Appendix Table 44: Proportions of adults, by the degree to which they felt that the things they did in their lives were worthwhile, experiences of family violence and gender, Victoria, 2017

Experienced family violence in preceding two years?	Life is not or only somewhat worthwhile (score of 0-6) †			Life is worthwhile (score of 7-8)			
	%	95% CI		%	95% CI		
		LL	UL		LL	UL	
Men							
Yes	32.0	26.0	38.5	42.8	36.3	49.5	
No	17.6	16.6	18.8	48.0	46.6	49.4	
Refused to say	24.6	17.9	32.9	39.7	32.9	47.0	
All Victorian men	18.6	17.5	19.7	47.4	46.0	48.7	
Women							
Yes	33.0	28.1	38.3	42.3	37.3	47.5	
No	13.2	12.3	14.2	45.5	44.2	46.8	
Refused to say	17.0	12.8	22.3	39.3	33.5	45.3	
All Victorian women	14.7	13.8	15.7	45.0	43.7	46.2	
Adults							
Yes	32.6	28.8	36.7	42.5	38.5	46.6	
No	15.4	14.7	16.2	46.7	45.8	47.7	
Refused to say	20.5	16.4	25.2	39.5	35.0	44.1	
All Victorian adults	16.6	15.9	17.3	46.1	45.2	47.1	

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all Victorian adults, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Survey respondents were asked 'To what extent do you feel that the things you do in your life are worthwhile, on a scale from 0 to 10, where 0 is not worthwhile at all and 10 is completely worthwhile?'

Appendix Table 44: Proportions of adults, by the degree to which they felt that the things they did in their lives were worthwhile, experiences of family violence and gender, Victoria, 2017 (continued)

Experienced family violence in preceding two years?	Life is really worthwhile (score of 9-10)			Did not know or refused to say †			
	%	95% CI		%	95% CI		
		LL	UL		LL	UL	
Men							
Yes	23.7	18.7	29.4	**			
No	32.0	30.8	33.2	2.4	1.9	2.9	
Refused to say	25.2	20.0	31.3	10.5	7.2	15.0	
All Victorian men	31.4	30.2	32.6	2.7	2.3	3.3	
Women							
Yes	24.1	20.1	28.7	0.6*	0.3	1.2	
No	38.4	37.2	39.7	2.9	2.4	3.4	
Refused to say	29.0	24.1	34.6	14.7	11.0	19.4	
All Victorian women	37.0	35.8	38.2	3.3	2.9	3.9	
Adults							
Yes	24.0	20.8	27.5	1.0*	0.5	1.9	
No	35.2	34.3	36.1	2.6	2.3	3.0	
Refused to say	27.3	23.6	31.3	12.8	10.2	15.9	
All Victorian adults	34.2	33.4	35.1	3.0	2.7	3.4	

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Data are crude estimates.

Estimates that are significantly different (statistically) from the corresponding estimate for all Victorian adults, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Survey respondents were asked 'To what extent do you feel that the things you do in your life are worthwhile, on a scale from 0 to 10, where 0 is not worthwhile at all and 10 is completely worthwhile?'

‡ Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

Appendix Table 45: Proportions of adults, by level of life satisfaction and experiences of family violence, Victoria, 2017

Experienced family violence in preceding two years?	Not at all satisfied or somewhat satisfied with life (score of 0–6) †			Satisfied with life (score of 7–8)			
	%	95% CI		%	95% CI		
		LL	UL		LL	UL	
Men							
Yes	38.7	32.4	45.4	47.8	41.3	54.5	
No	19.6	18.5	20.7	52.0	50.6	53.3	
Refused to say	29.9	22.9	38.0	40.3	33.6	47.5	
All Victorian men	20.8	19.7	22.0	51.2	49.9	52.5	
Women							
Yes	42.0	36.9	47.2	45.4	40.3	50.6	
No	18.2	17.1	19.3	51.5	50.2	52.8	
Refused to say	21.2	16.8	26.4	42.5	36.7	48.5	
All Victorian women	19.9	18.9	21.0	50.6	49.3	51.9	
Adults							
Yes	40.7	36.7	44.9	46.3	42.3	50.4	
No	18.9	18.1	19.7	51.7	50.8	52.7	
Refused to say	25.2	21.0	29.8	41.5	37.0	46.1	
All Victorian adults	20.4	19.6	21.1	50.9	50.0	51.8	

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Estimates that are significantly different (statistically) from the corresponding estimate for all Victorian adults, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Survey respondents were asked 'How satisfied are you with your life overall, on a scale from 0 to 10, where 0 is not at all satisfied and 10 is completely satisfied'.

Appendix Table 45: Proportions of adults, by level of life satisfaction and experiences of family violence, Victoria, 2017 (continued)

Experienced family violence in preceding two years?	Very satisfied with life (score of 9-10)			Did not know or refused to say †		
	%	95% CI		%	95% CI	
		LL	UL		LL	UL
Men						
Yes	12.7	8.9	17.7	**		
No	27.4	26.2	28.6	1.1	0.8	1.4
Refused to say	22.0	16.9	28.0	7.8	4.9	12.1
All Victorian men	26.6	25.4	27.7	1.4	1.1	1.7
Women						
Yes	10.9	8.1	14.4	**	0.6	4.7
No	29.0	27.8	30.1	1.4	1.1	1.7
Refused to say	26.9	21.9	32.6	9.4	6.5	13.5
All Victorian women	27.6	26.6	28.8	1.8	1.5	2.2
Adults						
Yes	11.6	9.3	14.4	1.4*	0.6	3.1
No	28.2	27.3	29.0	1.2	1.0	1.5
Refused to say	24.7	21.0	28.8	8.7	6.5	11.5
All Victorian adults	27.1	26.3	27.9	1.6	1.4	1.9

LL/UL 95% CI = lower/upper limit of 95% confidence interval.

Estimates that are significantly different (statistically) from the corresponding estimate for all Victorian adults, by gender, are identified by colour as follows: **above** or **below**.

Relative standard error (RSE) = standard error ÷ point estimate × 100; interpretation below:

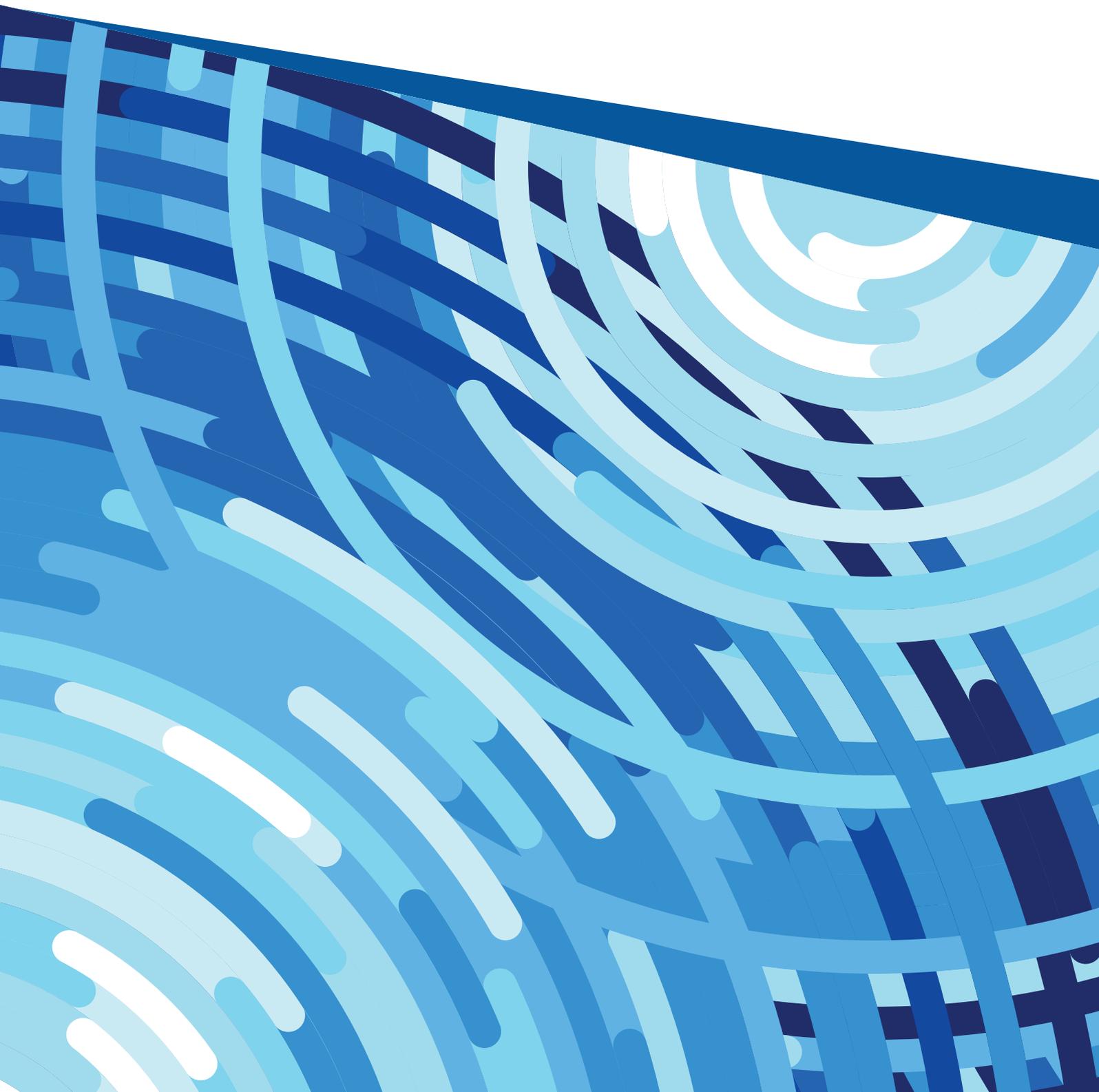
* Estimate has an RSE between 25 and 50% and should be interpreted with caution.

** Estimate has an RSE greater than 50% and is not reported as it is unreliable for general use.

† Survey respondents were asked 'How satisfied are you with your life overall, on a scale from 0 to 10, where 0 is not at all satisfied and 10 is completely satisfied'.

‡ Estimates may not add to 100 per cent due to a proportion of 'don't know' responses, not reported here.

APPENDIX 2: METHODS



The Victorian Population Health Survey (VPHS) was first undertaken in 2001 and is an ongoing source of high-quality information on the health of Victorians aged 18 years or older.

The information collected in the survey is used to inform and support planning, implementation and evaluation of adult population health and health programs in Victoria.

From 2001 to 2007, data was collected annually at the statewide level. In 2008, for the first time, data was collected at the Local Government Area (LGA) level, with a view to undertaking an LGA-level collection every three years. In subsequent years, statewide collections were conducted in 2009, 2010, 2012, 2013, 2015 and 2016, and LGA-level collections were conducted in 2011–12 and 2014. The 2017 VPHS is the fourth LGA-level collection. Following the review of a dual-frame pilot in 2014, a dual-frame design, incorporating mobile numbers into the sampling frame, was used statewide for the first time in 2015.

For the 2017 LGA-level survey an overlapping dual-frame design was used, with half of the total interviews obtained from a random digit dial (RDD) landline frame and the other half from a mobile frame (60/40 RDD mobile and 40% listed mobile).

The VPHS was undertaken using computer-assisted telephone interviewing. In the early years of the VPHS, an 'eligible prefix file' maintained by the then Victorian Department of Health was used to generate the RDD numbers. A form of RDD has been used in the most recent iterations of the survey, based on the 'register of numbers' maintained by the Australian Communications and Media Authority (ACMA) and purchased from the commercial sample providers 'Sampleworx' (2010 to 2012) and 'SamplePages' (2013 onwards).

The target population for the VPHS is defined as all non-institutionalised Victorian residents aged 18 years or older, excluding residents of 'Unincorporated Victoria', as defined by the Australian Bureau of Statistics (ABS).

The respondent is selected using the 'most recent birthday' method for the landline sample and the phone answerer for the mobile sample.

For the 2017 VPHS, a total of 33,654 interviews (16,946 landline and 6,926 listed mobile, 9,782 RDD mobile) were completed, including 642 in languages other than English and 1,288 converted refusals.

The average interview length was 24.2 minutes.

Interviewing was conducted between 28 November 2017 and 30 May 2018. The within-survey response rate for the 2017 VPHS was 66%.

Sample

The target sample size for the 2017 VPHS was 426 interviews in each of the 79 Victorian LGAs, totalling 33,654 interviews. As for previous surveys in the series, the target was not treated as a hard quota per se. The focus for the VPHS was on completing the call cycle for all sample records initiated, resulting in excess interviews in some LGAs, and a small shortfall in others, relative to the target.

The decision to use a dual-frame design and to incorporate mobile RDD into the frame was driven mainly by a desire to address the increasing under-coverage of traditional landline RDD sample frames, particularly for young people.

Based on sample availability by LGA, the overlapping dual-frame design used in 2017 assumed 17,389 interviews with residents of Victoria aged 18 plus using the landline RDD sample, 6,504 interviews conducted using the mobile-listed sample and 9,761 interviews conducted using the mobile RDD sample, bringing the total number of interviews under the dual-frame design to 33,654.

Sample frame

The starting point for both landline and mobile RDD sample generation is the 'Register of Numbers' published and regularly updated by ACMA. This register contains all the number ranges (prefixes) allocated by ACMA to various telecommunication providers and contains the number range and quantity for both landlines and mobiles.

For the 2013 VPHS and subsequent surveys in the series, a customised approach to RDD sample generation was agreed with another commercial list provider, whereby RDD numbers are generated and tested at the time of each request, rather than being drawn from a pre-existing (and potentially ageing) pool of numbers. Internal testing conducted in advance of the 2013 VPHS suggested that the new approach to RDD number generation offered a marginally better contemporary coverage of the population accessible by landline phone, since it offered improved coverage of new connections, and yielded a slightly higher proportion of interviews with people new to their neighbourhood, a higher proportion of renters and fewer interviews with those aged 75 years or older. The new process assigns a 'best estimate' of postcode to each landline number at the number-generation and testing stage, based on information available about the geographical area serviced by each individual telephone exchange.

A two-step process was used to attempt to assign a mailing address for use in the approach letter mailing to the randomly generated landline numbers. The first step was to wash the landline RDD telephone numbers against the Australia on Disk 2015 listings to source name and address information, where available. The second stage was to use Sensis's 'MacroMatch' service to identify those name–address–telephone number combinations that remain current, with reference to the online version of the White Pages directory, which is updated daily. This is a proven method of enhancing the overall efficiency of the approach letter mailing. Selections where the surname and address remained the same, but the phone number had changed, were included in the sample for approach letter mailing, as well as those records where the surname and the phone number remained the same, but the address had changed. For the letter sample, where a postcode and locality were associated with the selected telephone number, locality was used in combination with postcode for the a priori allocation of the sample record to the LGA.

Questionnaire design

The 2017 statewide VPHS questionnaire was based on that used in 2016, with some additional sections and questions included for the first time, some questions reinstated from previous surveys and some questions deleted. The questionnaire included five new sections: palliative care; family violence; LGBTIQ+; Aboriginal cultural participation and connection to culture; and discrimination. Support details for any respondents who reported having experienced family violence or who had provided support to someone who was terminally ill or dying were provided at the end of the interview.

A pilot test of 160 interviews, using dual-frame sample, was conducted between 13 and 24 November 2017. While the primary purpose of the pilot test was to test the questionnaire, procedures relating to the sending of primary approach text messages and follow-up activity following the first non-contact attempt were also tested as part of the pilot test program.

Interviewer briefing

All interviewers selected to work on the VPHS attended a comprehensive four-hour briefing session, which was delivered by the project management team. A total of 228 interviewers were briefed on the project, including 16 bilingual interviewers. A core team of 103 interviewers conducted 70% of the interviews.

Fieldwork quality control procedures

The in-field quality monitoring techniques applied to the VPHS were consistent with existing ISO 20252 procedures and included:

- monitoring (by remote listening) of each interviewer within their first three shifts, whereby the supervisor listened in to at least 75% of the interview and provided comprehensive feedback on data quality issues and respondent liaison technique
- validation via remote monitoring of 1,683 interviews (or approximately 5% of each interviewer's work) covering the interviewer's approach and commitment gaining skills, as well as the conduct of the interview

- field team debriefing after the first shift, and thereafter whenever there was important information to impart to the field team in relation to data quality, consistency of interview administration, techniques to avoid refusals, appointment-making conventions or project performance
- maintaining a 'question and answer' log addressing issues raised by interviewers to clarify survey administration and definitional issues in the questionnaire
- a mid-survey debrief
- examining verbatim responses to 'other specify' questions
- monitoring the interview-to-refusal ratio by interviewer
- an end-of-survey debrief.

Refusal conversion activity

A reason for refusal to participate in the 2017 VPHS was collected from refusing households, or, if the refusal took place after respondent selection or in the case of the mobile sample, from the selected individual. Where the reason for refusal related directly to another (non-refusal) call outcome code (such as too old / frail / unable to do the survey,

business number, non-Victorian resident, or language difficulty) the call result was amended accordingly and the refusal was excluded from the denominator for the response rate calculation. As in previous studies in the series, refusals classified as 'soft – possible conversion' by the interviewer, where the reason for refusal was recorded as 'no comment – just hung up', 'too busy' or 'not interested' (17,842 in total) were regarded as the pool for potential refusal conversion.

Analysis of reason for refusal

Reason for refusal was captured for 16,299 cases and was used to inform strategies for refusal avoidance. As can be seen in Appendix Table 46, immediate refusal outcomes where the sample members perceived lack of salience (not interested, 39.6%) and just hung up (30.2%) were among the most common reasons for refusal. This is similar to other surveys in the series.

Refusals encountered on RDD mobile were more likely to involve the phone answerer hanging up without comment and less likely to respond that they weren't interested in comparison with landline and listed mobile numbers.

Appendix Table 46: Reason for refusal

	Total n	Landline %	RDD Mobile %	Listed Mobile %
Total	16,299	9,206	4,992	2,101
Not interested	39.6	41.1	35.5	42.7
No comment / just hung up	30.2	27.9	36.1	26.3
Too busy	8.1	7.2	8.7	10.6
Never do surveys	3.0	3.7	1.8	2.3
Don't trust surveys / government	2.1	2.0	2.1	2.1
Don't believe surveys are confidential / privacy concerns	2.5	2.7	2.6	1.7
Too personal / intrusive	2.0	2.4	1.5	1.6
Remove number from list (place on do not call register)	1.9	1.2	2.6	2.8
Get too many calls for surveys / telemarketing	1.2	1.2	0.9	1.8
Silent number	0.9	1.3	0.5	*
Interview length is too long	2.3	2.6	1.8	2.2
Don't like subject matter	0.4	0.4	0.3	0.5
Letter put me off	0.1	0.1	< 0.1	–
Other (Specified)	5.7	6.0	5.5	5.3

Note: Does not include opt outs to the text message because the reason for opting out is unknown.

Languages other than English

In total, 3,043 sample members were recorded as having a language difficulty. Of these, 2,119 spoke one of the nine foreign languages (Arabic, Cantonese, Croatian, Greek, Italian, Mandarin, Serbian, Turkish and Vietnamese) for follow-up. An interview was achieved in 30.3% (39.2% landline, 40.7% listed mobile and 26.6% RDD mobile) of cases where a language difficulty relating to one of the nine foreign languages was encountered. Of the 924 cases where a language difficulty was encountered that did not relate to one of the nine target languages, the preferred language was identified in 99.6% of cases. The languages in most demand included Macedonian (73), Korean (69), Spanish (65), Khmer (54), Russian (48) and Thai (46), with almost all cases for Korean sourced from the mobile sample.

Achieved age and gender distribution

The age and gender profile of survey respondents was compared with that of the Victorian population to provide an indication of the extent, if any, of non-response bias.

While the analysis showed that the achieved sample continues to under-represent males and young people (under 35 years), it has improved the profile of both young people and males since the last LGA-level survey in 2014. The weighting strategy for the VPHS addressed imbalances in age and gender.

Sample composition

The composition of the achieved sample is provided in Appendix Table 47. While males and young people have historically been under-represented in the achieved sample, including a mobile sample from 2015 increased the overall proportion of males to levels not seen before in the VPHS and improved the representation of younger people (under 34 years) back to levels not seen since 2006/2007. It has also increased the representation of other difficult-to-reach groups including the proportion of respondents who have lived in their current neighbourhood for less than five years, the proportion who are 'de facto' or 'never married' along with those in 'group households'.

Appendix Table 47: Sample composition, VPHS, 2017

	Characteristic	2017	% change (2016 to 2017)
Gender	Male	42.9	0.1
	Female	57.1	-0.1
Age group	18–24 years	4.3	-2.7
	25–34 years	8.4	-2.8
	35–44 years	11.1	-2.3
	45–54 years	15.8	0.1
	55–64 years	21.1	1.4
	65+ years	39.2	6.2
	Marital status	Married	54.9
Widowed		10.5	0.9
Divorced		8	0
Separated		3.7	0.3
Never married		12.7	-3.5
Other		10.1	1.8
Country	Born in Australia	77.9	8.8
Labour force status	Employed	50.2	-2.1
	Unemployed	3	-0.7
	Not in labour force	44.9	1
Length of tenure	1 year or less	5.4	-2.5
	> 1 up to 5 years	19	0.3
	> 5 up to 10 years	14.6	-0.7
	> 10 years	60.8	2.9
	Household type	Couple only	36.7
Couple with dependent children		16	-2.9
Couple with non-dependent children		5.2	-2.4
One parent family with dependent children		2.6	0
One parent family with non-dependent children		2.6	-0.7
Group household		6.8	-0.3
One-person household		21.1	1.6

Weighting

For the 2017 VPHS the weights were designed to combine the processes for the previous LGA-level VPHS (2014) and the most recent dual-frame statewide VPHS in 2016. For both surveys, this was a two-stage process. The first stage involved calculating an initial design weight to adjust for differing probabilities of selection caused by the sample design. In the second stage this design weight was adjusted so the final weight conformed to population benchmarks obtained from ABS data.

The strength of the weighting approach – which incorporates design weights together with generalised raking to multiple benchmarks – is that it ensures that estimates are robust and as representative as possible of the target population. For the 2016 survey design weights were calculated as the inverse probability of selection obtained from the formula:

$$p = \frac{S_{LL} LL}{U_{LL} AD_{LL}} + \frac{S_{MP} MP}{U_{MP}}$$

where:

S_{LL} is the number of survey respondents contacted by landline

U_{LL} is the population of the universe of landline numbers

LL indicates whether the respondent owns a landline

AD_{LL} is the number of in-scope adults in the respondent's household (limited to a maximum of four)

S_{MP} is the number of survey respondents contacted by mobile

U_{MP} is the population of the universe of mobile numbers

MP indicates whether the respondent owns a mobile phone.

For the 2017 VPHS, S_{LL} , U_{LL} , S_{MP} and U_{MP} were all calculated at the LGA level. The final weighting solution would then adjust the design weights to match ABS benchmarks also at the LGA level. Before finalising the data, a weighting review was undertaken to compare possible weighting strategies. Weight 1 adjusted for sex and age as per previous LGA surveys. Weight 2 added an adjustment for telephone status with benchmarks calculated at the capital city/rest of state level and applied at the LGA level. Weight 3 included sex by age, telephone status, age by education and country of birth and was more methodologically comparable to previous statewide VPHS surveys. **Weight 3** was chosen as the most appropriate weighting strategy. The final data was weighted by sex by age, telephone status, age by education and country of birth (*weight3*). Target population statistics were based on ABS 2016 Estimated Residential Population estimates, of sex by age (18–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years and 65 years or older) within LGA.

Statistical analysis

The survey data was analysed using the Stata statistical software package (Version 14.2, StatCorp LP, College Station Texas).

Crude and age-standardised estimates of prevalence

Prevalence in epidemiology is the proportion of a population found to be affected by a condition or event over a specified period of time, often expressed as a percentage. It is calculated by dividing the number of people who experienced the condition or event of interest by the total number of people in the population. Crude estimates are useful for service planning purposes.

However, where comparisons are made of prevalence estimates between two different populations that differ substantially in their age structures, it is important to take into account the differences in their age structures. That is because any observed difference in the prevalence estimates between two populations may simply reflect the different age

structures rather than representing a meaningful difference. For example, the Aboriginal and LGBTIQ+ populations of Victoria are much younger than the non-Aboriginal and non-LGBTIQ+ populations. Therefore, the prevalence estimates calculated in this report by Aboriginal and LGBTIQ+ status were adjusted (standardised) for the difference in age structures of these populations.

Age standardisation

Age-standardised estimates, also known as age-adjusted estimates, were calculated using the direct method of standardisation. The direct age-standardised estimate that are presented in this report are based on the weighted sum of age-specific rates applied to a standard population – the 2011 estimated resident population of Victoria, using 10-year age groups.

Standard error

The standard error is a measure of the variation in an estimate produced by sampling a population. The standard error can be used to calculate confidence intervals and relative standard errors, providing the likely range of the true value of an estimate and an indication of the reliability of an estimate.

95% confidence intervals

A common confidence interval used in reporting survey results is the 95% confidence interval. If we were to draw 20 random samples from the same population, 19 of every 20 (95%) such confidence intervals would contain the true population estimate and one of every 20 (5%) would not. Ninety-five per cent confidence intervals are reported for all estimates throughout the report and used to ascertain statistical significance (see below). The width of a confidence interval expresses the precision of an estimate; the wider the interval, the less the precision.

In this report we present point estimates with their 95% confidence intervals and advise readers to interpret the data as described in the following example. The prevalence of family violence among adults in Victoria lies between 5.0% and 5.9%, with 5.4% being the most likely estimate (the ‘point’ estimate).

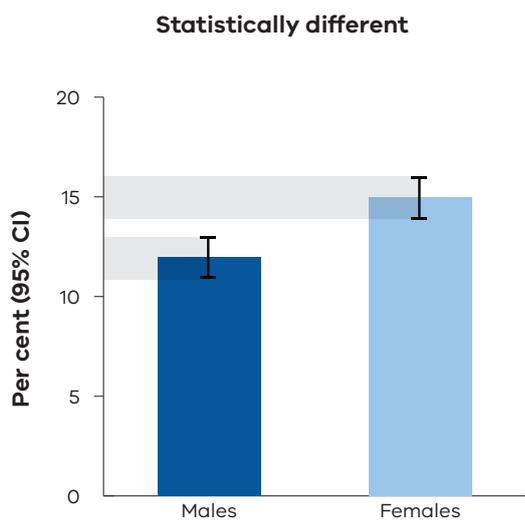
Statistical significance

The term ‘significance’ is used to denote statistical significance. It is not used to describe practical or clinical significance – the relative importance of a particular finding and whether it has a real, palpable, noticeable effect on daily life.

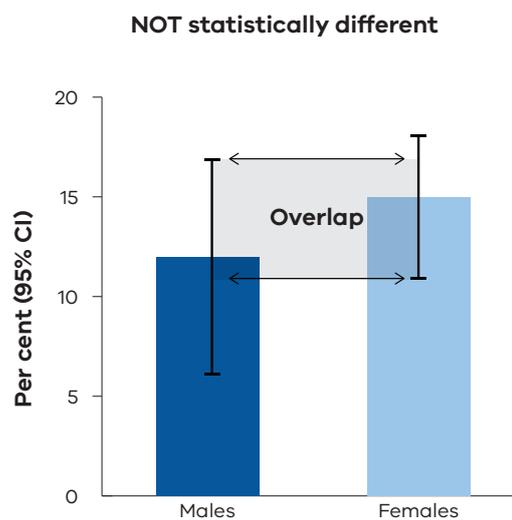
Statistical significance provides an indication of how likely a result is due to chance. Statistically significant differences between estimates were deemed to exist where the 95% confidence intervals for percentages did not overlap.

Figure 41 shows how 95% confidence intervals can be used to determine statistical significance.

Figure 41: How 95% confidence intervals can be used to determine statistical significance



Confidence intervals do not overlap, therefore, estimates are statistically different



Confidence intervals overlap, therefore, estimates are **not** statistically different

Statistically significant differences can reflect either important or non-important differences between two point estimates, which is why one should always ask the question: ‘But is this statistically significant difference practically or clinically meaningful?’

Statistical significance also does not give any information about the effect size – the size of the difference between two estimates. Sometimes there can be a large effect size or difference between two estimates that is not statistically different because the sample size of one or both estimates is too small to be able to detect a statistically significant difference.

Therefore, if one solely relied on the presence of a statistically significant difference to determine whether there was a difference between two estimates, one can sometimes erroneously assume there is no difference between two estimates when in reality there is. This is referred to as a type 2 error.

That is why the American Statistical Association in 2016 issued a position statement in which they stated: ‘Scientific conclusions and business or policy decisions should **not** be based only on whether a p-value passes a specific threshold’.³²

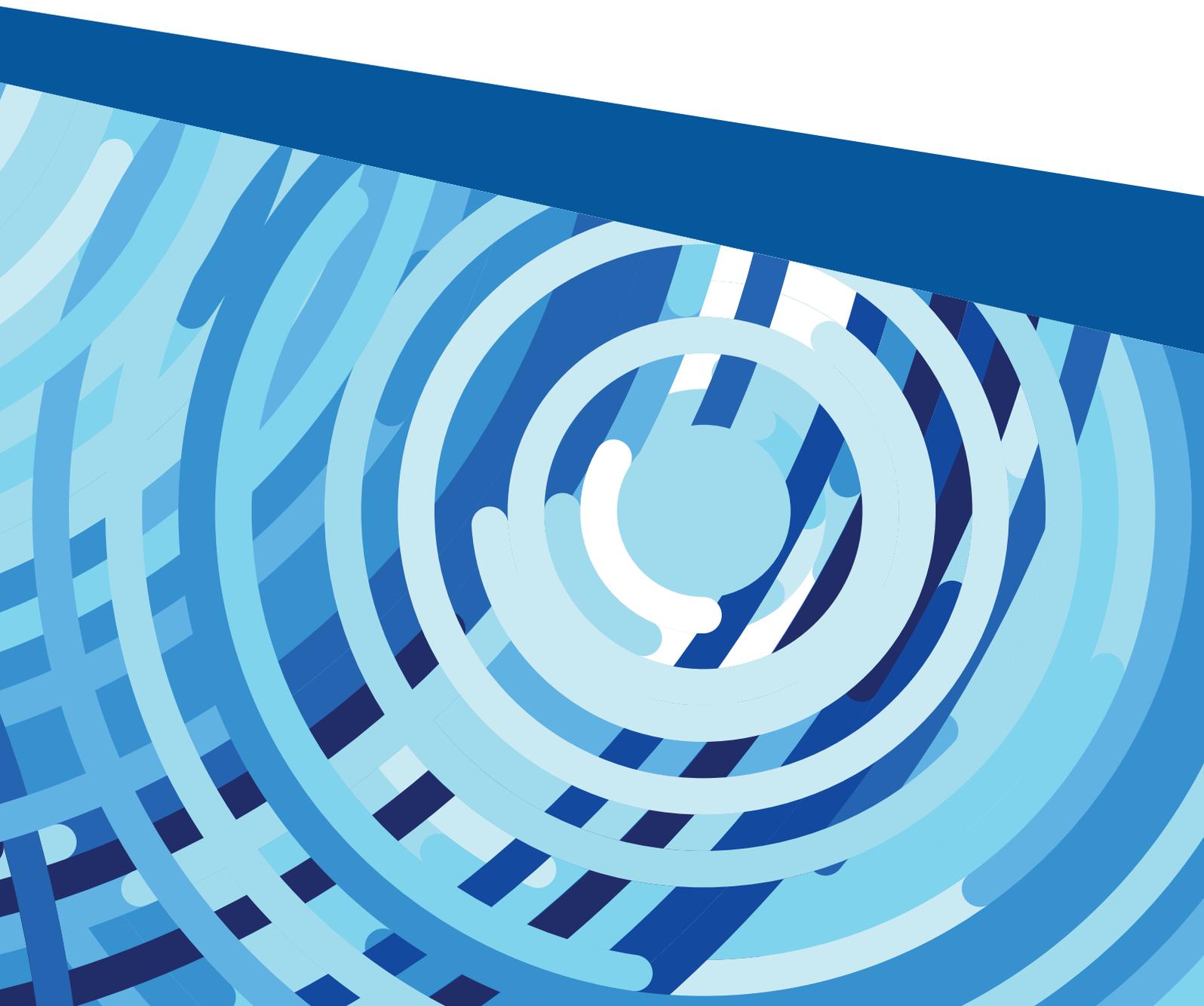
Relative standard error

A relative standard error (RSE) provides an indication of the reliability of an estimate. Estimates with RSEs less than 25% are generally regarded as 'reliable' for general use. The percentages presented in tables and graphs in this report have RSEs less than 25%, unless otherwise stated. Rates that have an RSE between 25 and 50% have been marked with an asterisk (*) and should be interpreted with caution. For the purposes of this report, percentages with RSEs higher than 50% were not considered reliable estimates and have not been presented. A double asterisk (**) has been included in tables and graphs where the percentage would otherwise appear, indicating the relevant RSE was higher than 50%.

Testing for trends by socioeconomic status

Ordinary least squares linear regression of the logarithms of the age-standardised estimates was used to test for trends by socioeconomic status. The 95% confidence interval for the standard error of the slope is used to determine whether any observed increase or decrease by socioeconomic status is statistically significant at the $p < 0.05$ level. This is ascertained if the 95% confidence interval for the regression coefficient does not include the value 0.

REFERENCES



1. Campbell JC, Webster D, Koziol-McLain J, Block C, Campbell D, Curry MA, et al. Risk factors for femicide in abusive relationships: results from a multisite case control study. *Am J Public Health*. 2003; 93(7): 1089–97.
2. State of Victoria. Ending family violence: Victoria's plan for change. Department of Premier and Cabinet. Melbourne: Victorian Government; 2016.
3. Gracia E. Unreported cases of domestic violence against women: towards an epidemiology of social silence, tolerance, and inhibition. *J Epidemiol Community Health*. 2004; 58(7): 536–7.
4. Victorian Agency for Health Information. 2017 Victorian Population Health Survey; 2020 [cited 2019 Oct 8]. Available from: <https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017>
5. Australian Institute of Family Studies. Children's exposure to domestic and family violence. Key issues and responses. CFCA Paper 36. Southbank: AIFS; 2015.
6. Australian Institute of Health and Welfare. Family, domestic and sexual violence in Australia 2018. Cat. no. FDV 2. Canberra: AIHW; 2018.
7. Adler NE, Snibbe AC. The role of psychosocial processes in explaining the gradient between socioeconomic status and health. *Curr Dir in Psychol Sci*. 2003; 12(4): 119–23.
8. Jewkes R. Intimate partner violence: causes and prevention. *Lancet*. 2002; 359(9315): 1423–9.
9. Field CA, Caetano R. Ethnic differences in intimate partner violence in the U.S. general population: the role of alcohol use and socioeconomic status. *Trauma Violence Abuse*. 2004; 5(4): 303–17.
10. Mitchell L. Domestic violence in Australia – an overview of the issues. Canberra: Parliament of Australia; 2011.
11. Andrews G, Slade T. Interpreting scores on the Kessler Psychological Distress Scale (K10). *Aust N Z J Public Health*. 2001; 25(6): 494–497.
12. Hamer M, Kivimaki M, Stamatakis E, Batty GD. Psychological distress as a risk factor for death from cerebrovascular disease. *CMAJ*. 2012; 184(13): 1461–6.
13. Russ TC, Stamatakis E, Hamer M, Starr JM, Kivimaki M, Batty GD. Association between psychological distress and mortality: individual participant pooled analysis of 10 prospective cohort studies. *Br Med J*. 2012; 345: e4933.
14. Pratt LA. Serious psychological distress, as measured by the K6, and mortality. *Ann Epidemiol*. 2009; 19(3): 202–9.
15. Holden L, Scuffham P, Hilton M, Vecchio N, Whiteford H. Psychological distress is associated with a range of high-priority health conditions affecting working Australians. *Aust N Z J Public Health*. 2010; 34(3): 304–10.
16. Leung J, Gartner C, Dobson A, Lucke J, Hall W. Psychological distress is associated with tobacco smoking and quitting behaviour in the Australian population: evidence from national cross-sectional surveys. *Aust N Z J Psychiatry*. 2011; 45(2): 170–8.
17. Smout M. The factor structure and predictive validity of the Kessler Psychological Distress Scale (K10) in children and adolescents. *Aust Psychol*. 2019; 54(2): 102–13.
18. Burstrom B, Fredlund P. Self rated health: Is it as good a predictor of subsequent mortality among adults in lower as well as in higher social classes? *J Epidemiol Community Health*. 2001; 55(11): 836–40.
19. Idler EL, Benyamini Y. Self-rated health and mortality: a review of twenty-seven community studies. *J Health Soc Behav*. 1997; 38(1): 21–37.

20. Manor O, Matthews S, Power C. Self-rated health and limiting longstanding illness: inter-relationships with morbidity in early adulthood. *Int J Epidemiol.* 2001; 30(3): 600–7.
21. Diener E, Chan MY. Happy people live longer: subjective wellbeing contributes to health and longevity. *Appl Psychol Health Well Being.* 2011; 3(1): 1–43.
22. Helliwell J, Layard R, Sachs J. World happiness report 2013; 2013 [cited 2019 Oct 8]. Available from: <http://unsdsn.org/resources/publications/world-happiness-report-2013/>
23. Organisation for Economic Co-operation and Development (AU). Society at a glance 2014. OECD social indicators; 2014 [cited 2019 Oct 8]. Available from: <http://www.oecd.org/els/societyataglace.htm>
24. Chida Y, Steptoe A. Positive psychological well-being and mortality: a quantitative review of prospective observational studies. *Psychosom Med.* 2008; 70: 741–56.
25. Grant N, Wardle J, Steptoe A. The relationship between life satisfaction and health behavior: a cross-cultural analysis of young adults. *Int J Behav Med.* 2009; 16(3): 259–68.
26. Vos T, Astbury J, Piers L, Magnus A, Heenan M, Walker SLL, et al. Measuring the impact of intimate partner violence on the health of women in Victoria, Australia. *Bull World Health Organ.* 2006; 84: 739–44.
27. Douge N, Lehman EB, McCall-Hosenfeld JS. Social support and employment status modify the effect of intimate partner violence on depression symptom severity in women: results from the 2006 Behavioral Risk Factor Surveillance System Survey. *Womens Health Issues.* 2014; 24(4): e425–34.
28. Trevillion K, Oram S, Feder G, Howard LM. Experiences of domestic violence and mental disorders: a systematic review and meta-analysis. *PLoS One.* 2012; 7(12): e51740.
29. World Health Organization. Gender and women’s mental health; 2019 [cited 2019 Oct 8]. Available from https://www.who.int/mental_health/prevention/genderwomen/en/
30. White, ME, Satyen L. Cross-cultural differences in intimate partner violence and depression: A systematic review. *Aggress Violent Behav.* 2015; 24: 120–30.
31. Ansari Z, Carson NJ, Ackland MJ, Vaughan L, Serraglio A. A public health model of the social determinants of health. *Soz Praventivmed.* 2003; 48(4): 242–51.
32. Wasserstein R, Lazar N. The ASA statement on p-values: context, process and purpose. *Am Stat.* 2016; 70(2): 129–33.



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