

## #2

# GETTING LOCAL DATA ABOUT VIOLENCE AND PREVENTION

## WHAT WE HAVE LEARNED FROM OUR PROJECT

- Obtaining good local data about violence and prevention is essential for effective action. This includes not only a sense of needs and priorities emerging from data, but also community resources to meet these needs.
- If well managed, obtaining data can also contribute towards community mobilization, improved skills and interest in combating violence, and enhanced partnerships

## WHAT IS THE PROBLEM?

- Most local violence initiatives primarily use police data to generate a baseline and measure progress against this baseline.
- However, many forms of violence are underreported to the police. The 2005 'Personal Safety Survey' (Australian Bureau of Statistics) found that only about 40% of women reported incidents of intimate partner violence to the police (an increase since the previous national victimization survey in 1996), and only about 20% of women reported incidents of sexual assault to the police.
- It is important to have a gender analysis of data. The same Australian survey found that about 50% of men, and 40% of women, have suffered at least one incident of violence in their lives. Yet men are far more likely to be assaulted as a one-off incident from a stranger or acquaintance in a public place, while women are far more likely to be assaulted by a current or previous partner as part of an ongoing violent relationship
- It is also difficult to find localized information on violence, despite the fact that both offending and victimization is concentrated within certain populations and locations.



## WHAT SOURCES OF INFORMATION ARE THERE?

There are three important sources of information on violence:

- 1. Police information**, particularly on assaults, sexual assaults, and robberies
- 2. Agency information**, including child protection orders; elder abuse complaints; calls to domestic violence hotlines or shelters for battered women; health centre or hospital visits that have indicated signs of violence; Centrelink, legal aid clinics or social housing calls that have indicated leaving violent relationships as a reason for seeking welfare, legal aid, or housing support; calls to ethnospecific agencies, agencies serving LGBTI (lesbians, gays, bisexuals, transsexuals, and intergendered people), religious leaders and other forms of support
- 3. Victimization surveys or focus groups**, which are unusual at the local level, but may be most likely to capture 'the base of the iceberg' – the majority of violent incidents that are not reported to the police. Perceptions of local safety surveys have also been used in the past, and show considerable gender differences in terms of fear of violence.

The best source of information on prevention is a survey that focuses on both local government resources and community agency resources (see Programs, Policies, Practices factsheet for more information).

## WHAT KIND OF FOCUS GROUPS WOULD BE USEFUL IN GETTING DATA?

Since violence is often concentrated in certain places and among certain groups, the idea of focus groups with particular vulnerable populations, particularly those hard to reach in a telephone survey like the one above. Focus groups can be 'piggybacked' onto regular meetings, or people can be brought together for a focus group. Focus groups are often used with the following vulnerable populations:

- People with physical or intellectual disabilities, or people with a history of mental illness
- Aboriginal and Torres Strait Islanders
- People with English as a Second Language (with translation and interpretation)
- People in a particular neighbourhood with problems of violence and insecurity
- Children, Youth, Older People

Often these groups are separated by gender, because of the sensitivity of certain questions. Focus group leaders would need to be trained in appropriate responses to reported abuse, including referral to agencies and the police

1. Have you ever been the victim of violence (being hit, threatened, or yelled at by a date, spouse, partner, acquaintance, or stranger)?
2. Did you seek help from police, a health or social service organization, friend or family? If so, did you feel the response met your needs? Why or why not?
3. What do you think the three most important violence prevention issues are in your community?
4. What do you think are the three most important things your community can do to address these issues?

## GOOD PRACTICE EXAMPLES

- *The City of Darebin provides information on risk factors identified by maternal and child health nurses, Child Abuse Notifications, children in homeless families, children with special needs or risk factors in schools, family violence-related calls to Men's Referral Services, waiting lists for Family Violence Prevention Initiatives, women and men who have presented to the Northern Centre Against Sexual Assault, and self-harm related calls to ambulance and other emergency services as part of their Health and Wellbeing Plan*
- *The City of Casey, a locality with rapid population growth, underwent an audit of family violence services in 2006, with Casey Cardinia Community Health Service as a partner. They found that of the 26 local services providing family violence programs, a little under half did not have family violence protocols or a family violence risk assessment tool, most did not serve many elderly, CALD, LGBTI, Aboriginal, or people with a mental health or physical disability, most did not offer health promotion activities, and only half had ties to family violence networking. This audit provided the rationale for better training and networking in this locality.*

