SAFE+EQUAL   Sexual Assault Services Victoria

Family violence and sexual assault: Moving towards strengthened understanding of cross-sector data and risk management

April 2025

Acknowledgement of Traditional Owners

Acknowledgement of Aboriginal and Torres Strait Islander peoples

Safe and Equal and Sexual Assault Services Victoria acknowledge Aboriginal and Torres Strait Islander peoples as the traditional and ongoing custodians of the lands on which we live and work. We pay respects to Elders past and present. We acknowledge that sovereignty has never been ceded and recognise First Nations peoples' rights to self-determination and continuing connections to land, waters, community and culture.

About Safe and Equal

Safe and Equal is the peak body for Victorian organisations that specialise in family and gender-based violence across the continuum, including primary prevention, early intervention, response and recovery. Our vision is a world where everyone is safe, respected and thriving, living free from family and gender-based violence.

As a peak, we work with and for our members to prevent and respond to violence, building a better future for adults, children and young people experiencing, at risk of, or recovering from family and gender-based violence. While we know that most family violence is perpetrated by men against women and children, we recognise that family violence impacts people across a diversity of gender identities, social and cultural contexts, and within various intimate, family and other relationships. We apply an intersectional feminist lens in our work to address the gendered drivers of violence, and how these overlap and intersect with additional forms of violence, oppression and inequality.

About SASVic

Sexual Assault Services Victoria (SASVic) is the peak body for specialist sexual assault and harmful sexual behaviour services in Victoria. Our member services provide specialist therapeutic support to children, young people and adults who have been subjected to historical or recent sexual violence.

We work to promote rights, recovery and respect for victim survivors and other people impacted by sexual violence and harm. We seek to achieve this by working collectively to change the attitudes, systems and structures that enable sexual violence to occur. Our vision is a world free from sexual violence

Contributions

SASVic and Safe and Equal thank the practitioners who participated in the development of this report. We recognise the value of your contributions and appreciate that you have shared your practice wisdom and experience to support the improvement of this work. We also thank you for your participation in and feedback on the analysis of the findings within this report.

Funding

We are grateful for the funding received through the Commonwealth Government and Victorian State Government to undertake this work.

Content

Project details

Purpose

Sexual violence is commonly used against adult and child family members by family violence perpetrators as part of a pattern of abuse. As a result, experiences of family violence and sexual assault can often co-occur and there is significant cross over between clients of specialist family violence and sexual assault services.

Recent research into co-occurrence of family violence and sexual assault within the Australia, and specifically Victorian context, has begun to fill the evidence gap regarding the experiences of victim survivors of family violence and sexual assault and how to improve service delivery for this cohort. [1] However, data that accurately and systematically captures the nature and extent of this cross over and the needs of clients who have experienced both family violence and sexual assault is limited. This limitation creates challenges for policy makers and service agencies to plan and design policy and service responses that can respond to the needs of victim survivors (adults, children and young people) who have experienced both family violence and sexual assault.

Building on the above research, Safe and Equal and Sexual Assault Services Victoria (SASVic) identified a need to better understand the number of clients experiencing family violence and sexual assault, and better understand the support needs of these clients, opportunities to strengthen cross-sector data, and how to best manage family violence risk.

There is currently limited understanding of the data collected by the sexual assault sector on family violence risk, and conversely, limited understanding of the nature of data on sexual violence collected by the family violence sector. Consequently, it was determined that more insight was needed into what cross sector data is systematically captured in current data reporting systems and how this data could be better linked and used to what data is currently collected by both sectors and how existing data could be better linked and used to inform service delivery and risk management across sectors. .

The OPEN Expansion project provided Safe and Equal and SASVic an opportunity to explore this intersection to try and better understand what data is collected by each sector, if and how data is shared, and implications for managing family violence risk across their client cohorts. Our project aims to:

1) assess where there is available client data within the specialist family violence sector about clients who have experienced sexual assault and where there is available data within the specialist sexual assault sector about clients at current risk of family violence.

2) better understand current data gaps between key data systems used in the family violence and sexual assault sectors and,

3) identify opportunities to close those gaps.

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[1] Hamilton, G., Ridgway, A., Powell, A. & Heydon, G. (2023). Family Violence and Sexual Harm: Research Report. RMIT University.and Ridgway, A., Hamilton, G., Powell, A., & Heydon, G. (2024) Time Will Tell: A temporal analysis of victim-survivor's formal support-seeking for co-occurring family violence and sexual harm. The British Journal of Criminology, XX, 1-17

The research questions that guided this project were:

1. What information is collected in the family violence sector about sexual assault and where is this information recorded?

2. What information is collected in the sexual assault sector about family violence and where is this information recorded?

3. How do the two sectors share information between them about clients who have experienced both family violence and sexual assault and have agreed to be referred to the other service for support?

4. How effectively is this information being shared?

5. Can the above information been regularly and systematically extracted to understand the quantum of clients needing support from both sectors and does this information give policy makers and service providers insight into what levels of support these clients need to effectively support them and address risk?

This information will give both sectors better insight into the level of family violence risk that sexual assault services are holding with their clients and vice-versa, and whether and how effectively cross-referrals are being made. This should enable both peaks to better understand what is needed for family violence and sexual violence services and practitioners to share information and meet the needs of victim survivors, supporting more integrated and effective support and risk management.

This project explores functionality and usage of two platforms for standardised data collection and case management systems used across the two sectors:

*   Specialist Homelessness Information Platform (SHIP); and

*   Integrated Reports and Information System (IRIS).

Through this project, we conclude that limitations in data systems mean that very little is data is able to be linked and utilised across both sectors to understand family violence risk, client need and the severity and quantum of this need. While both the family violence and sexual assault sectors collect data on sexual assault and family violence respectively, this is predominantly recorded in case notes across multiple fragmented systems and this information is not easily or systematically extractable to inform service delivery.

Based on the themes and findings of this project, some next steps are proposed to strengthen data availability, collection and sharing to improve information, referral and risk assessment processes across sectors and enable more holistic and timely support for victim survivors of both family violence and sexual assault.

Methodology

The insights from this study were primarily derived from stakeholder consultations conducted to understand practitioner experiences and data collection practices related to family violence and sexual assault. Four consultations in total were organised with Safe and Equal as well as SASVic staff and member organisations. These consultations were conducted through both existing network meetings, as well as purpose-specific consultation sessions to delve deeper into the types of data collected, current referral processes, and well-known best practices and challenges. One limitation of this study is that only four consultations were conducted in total, which may not adequately represent the diversity of

experiences across the sector. Safe and Equal and SASVic hope to be able to continue to work with member organisations to gather additional information and insights after initial findings of this project have been actioned.

Additionally, publicly available information relating to SHIP and IRIS was utilised for the analysis. Data entry interfaces for these two systems were analysed to understand what data can be input into each system.

The information gathered from these consultations and publicly available data were analysed and grouped into key themes in section three of this report. Several next steps are identified regarding how data collection, information sharing and referral processes could be made to improve understanding of need of clients across sectors and ensure that those needs are met.

History and Context

Co-Occurrence of sexual violence and family violence (Intimate Partner Sexual Violence)

Sexual violence frequently occurs within the context of family violence. According to a study in 2023, 90 per cent of surveyed stakeholders (working in family violence or sexual assault services) responded than, in their professional experience, victim survivors of family violence also experience sexual harm from the same perpetrator 'most of the time' (65%) or 'about half the time' (25%).[2] Additionally, more than a third of sexual assaults reported in the Australian Bureau of Statistics' (ABS) Personal Safety Survey were perpetrated by a partner or former partner.[3] However, the prevalence of intimate partner sexual violence is likely to be much higher as forms of intimate partner sexual violence such as image-based abuse, sexual degradation, reproductive coercion may not be recognised as sexual violence and therefore may not feature in prevalence data.[4] Sexual violence is also grossly under-reported by victim survivors, and sometimes not picked up in MARAM assessments due the wide range of behaviours and dynamics that intimate partner sexual violence may take. Additionally, victim survivors may not immediately make disclosures of sexual violence while more immediate issues of safety, housing, and financial support take precedence.

Given that sexual assault and non-fatal strangulation (which frequently occurs within sexual assault) are high risk indicators for escalation of family violence including homicide, having accurate reporting/measurement, risk management and response between sectors, is crucial. Since the family violence reforms in Victoria, information sharing and the use of the Multi-Agency Risk Assessment Management (MARAM) Framework as a common risk assessment framework for family violence risk have become important elements of service

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[2] Hamilton, G., Ridgway, A., Powell, A. & Heydon, G. (2023). Family Violence and Sexual Harm: Research Report. RMIT University. P 39

[3] Australian Bureau of Statistics (2023). *Personal Safety Survey.* Canberra: https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release

[4] Tarzia, L., Brown, C., McLindon, E., & Hegarty, K. (2024). 'Development and Validation of the Intimate Partner Sexual Violence Scale (IPSVS): A Multi-Dimensional Scale to Measure Sexual Violence in Intimate Relationships'. *Journal of Interpersonal Violence,* epub: https://doi.org/10.1177/08862605241287803

provision and collaboration across specialist family violence and sexual assault services. However, significant challenges remain.

We also know that sexual assault can and does occur in non-intimate partner forms of family violence and can significantly harm children and other family members. While much of what came out of this research concerning data collection and data sharing can be applied to children and young people who have experienced family violence and sexual assault outside of intimate partner relationships, this research project primarily focused on adult victim survivors. Specialist Family Violence and Sexual Assault Sectors

While both the sexual assault and family violence sectors work in gender-based violence, the sectors are distinct and have different scope, roles and specialisation.

Sexual assault services are predominantly therapeutic services designed to support child and adult victim survivors after a recent or historical sexual assault, mostly through the provision of counselling and other psychosocial support. Sexual assault services are also prescribed services under the MARAM and routinely deal with risk. Family violence services are designed to respond to dynamic family violence risk. Case management is a core function of family violence services, whereas sexual assault services are not designed and are not funded to provide longer-term case management. Instead, they mainly focus on providing therapeutic recovery services. Family violence services provide some longer-term therapeutic recovery support. However, the level of demand for family violence crisis support and limited resourcing means that therapeutic recovery supports in family violence services are often limited.

Historically, both sectors have been (and to a varying degree remain) underfunded compared to demand. This is particularly the case for sexual assault services, which were largely excluded from the Victorian family violence reforms following the 2016 Royal Commission into Family Violence. Victim survivors of family violence and sexual assault may face wait times trying to access both service systems. The number of people experiencing family violence crisis means all resources in the family violence sector are pushed towards crisis response. This has flow on effects for anyone experiencing a lower level of family violence risk who needs access to family violence support but is unable to access it until they are in crisis. This can mean that allied workforces, such as homelessness, mental health and sexual assault services, become more likely to hold family violence risk for their existing clients due to these demand pressures.

Similarly, the prevalence of sexual assault in the context of family violence means that family violence practitioners regularly come into contact with victim survivors of family violence who have also experienced sexual assault. Limited resources within the sexual assault sector have meant that it is not always possible for sexual assault counsellors to provide therapeutic support for sexual assault to family violence clients, particularly in the time frames that family violence services are offering family violence case management. These barriers make it difficult for practitioners to provide holistic and integrated support to victim survivors.

While these practice issues are outside the scope of this report, this service context is important to when considering how data systems like IRIS and SHIP are either ameliorating or exacerbating other practice challenges which impact on victim survivor outcomes and what this service context means for data collection.

Data Systems

In Victoria, the family violence and sexual assault sectors rely heavily on two platforms for data collection and case management systems.

1. **Specialist Homelessness Information Platform (SHIP)** – a national platform for homelessness service providers.

2. **Integrated Reports and Information System (IRIS)** – a Victorian-specific client management system historically used by a range of funded agencies, including child and family services.

SHIP

SHIP was developed by the Australian Institute of Health and Welfare (AIHW) as part of the national Specialist Homelessness Services (SHS) data collection reforms introduced in July 2011. The inception of SHIP followed the transition away from the Supported Accommodation Assistance Program (SAAP) National Data Collection, which had been operational since the mid-1990s. SHIP aimed to streamline data collection, improve accuracy, and enable better statistical reporting across a range of services—including homelessness services and family violence services. SHIP has a web-based interface, case management functionalities, and built-in reporting tools, representing improvements over older systems.

Historically, the first family violence services to receive government funding were family violence services provided in an accommodation setting, such as family violence refuges. As a result, family violence agencies were, and continue to be, included in the SHS data collection and were included in the rollout of SHIP.

Today, SHIP remains the primary platform for homelessness and family violence data collection in Victoria. It underpins the nationally consistent dataset held by the AIHW and informs annual reporting on homelessness trends, service gaps, and client outcomes. However, there are a number of key challenges with SHIP for the family violence sector.

Because SHIP was first designed to be a data system for homelessness services, the platform is not fit for purpose for the modern family violence sector. While changes in SHIP have been made to try to accommodate family violence specific information, such as incorporating MARAM into SHIP, services report that it remains difficult to use.

IRIS

IRIS was introduced in Victoria in the mid-2000s as part of broader efforts to modernise and streamline data collection for community services. Previously, community services relied on varied and/or paper-based systems, resulting in inconsistent reporting. By providing a standardised approach, IRIS aimed to reduce administrative burden, enhance accuracy, and improve responsiveness to emerging needs.

Today, IRIS continues to underpin data collection and reporting for numerous Victorian community service organisations, including within the sexual assault services sector, although some program areas use other specialised platforms that then feed in to Iris.

Data Reforms

The Victorian Government and the Australian Government have in recent years outlined intentions to conduct significant reform in relation to client management and program

technology systems used across community services. In Victoria, the Department of Health and Human Services' proposed Communities and Families Transformation Program (CFTP) recognises the need to improve data processes and linkages across multiple systems and sectors, including IRIS and SHIP. The recently released report on the *Inquiry into capturing data on people who use family violence in Victoria* further underscores the need to reduce fragmentation and siloing across data systems and improve consistency in data collection, accuracy and reliability related to family and gender-based violence.[5] It made specific recommendations relating to improving IRIS, SHIP and MARAM integration and brining systems related to family violence together to better collect data on people using violence and reduce the administrative burden on services when using these systems. This presents an opportunity to enable enhanced information sharing and referrals across sectors, ensure risks are appropriately identified, and working together to ensure their clients receive the support they need.

Analysis of current data practice and challenges

Through discussions with practitioners in the sexual assault and family violence sectors, Safe and Equal and SASVic sought to understand how data is currently captured and recorded and how this could be improved to inform client supports, effective risk assessment and referrals.

This section offers an overview of the existing landscape surrounding the data systems, data capture and how cross-sectoral needs are identified and referred. It also identifies various challenges and gaps within current practices.

System integration and technology gaps

SHIP and IRIS have significant functionality gaps and are not fit for purpose

Stakeholders from both sectors reported that neither SHIP nor IRIS consistently use a clearly defined or discrete field for capturing disclosures of sexual assault or family violence respectively. This means that different services and practitioners record incidences differently, often relying on free-text fields, which results in inconsistent data across the sectors. In particular, understanding co-occurrence rates of sexual assault and family violence is challenging because no reporting mechanism exists in IRIS or SHIP to capture both together.

Sexual assault practitioners overwhelmingly report that IRIS has significant functionality gaps, particularly in relation to an inability to save attachments for future reference, which can lead to lapses in record-keeping. MARAM is also not integrated into IRIS, creating a gap that results in unequal data capture across sexual assault and family violence services and increases the likelihood that key risk indicators remain buried in free-text case notes. This situation ultimately impacts best practice responses to survivors, as tools that are not fit for purpose can hinder effective risk assessment and case management.

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[5] Victoria Government Legislative Assembly Legal and Social Issues Committee (2025) Building the evidence base: Inquiry into capturing data on people who use family violence in Victoria.

SHIP is updated more frequently and MARAM is available in SHIP, which offers a limited but structured approach to capturing information about sexual assault in a family violence context. Stakeholders also reported that SHIP can save attachments to client entries. However, stakeholders reported that SHIP functionality is still insufficient for nuanced sexual assault disclosures. Questions in MARAM only ask if a victim survivor has experienced sexual assault. There is no structured way to record if a victim survivor understands their experienced as sexual assault, or the nature or frequency of sexual assault.

Some family violence organisations reported it was common practice to record instances of sexual assault in free text within case notes on SHIP, as there is no discrete field for recent or historical sexual violence. This means that family violence practitioners must review case notes to locate references to sexual assault when conducting referrals, which can be time-consuming and prone to error. This puts greater onus on the practitioner to know when to make appropriate referrals to sexual assault services. The use of case notes to record instances of sexual assault also makes it infeasible for family violence services to generate reliable statistics on sexual assault disclosures or referral outcomes, resulting in challenges during reporting.

Due to the difficulty in using SHIP and IRIS, services reported that sometimes, SHIP and IRIS are used as secondary records and managed by administrative workers, whilst a different CRM tool is used by practitioners. This can lead to data discrepancies, which can have an impact on both aggregated reporting as well as understanding client need and risk.

Sexual assault practitioners reflected that hospital electronic medical records (EMRs) can sometimes provide more useful information for supporting clients than SHIP and IRIS – this is because EMRs can hold comprehensive clinical information, particularly in a disability context. It should be noted that there are complexities around climate privacy with hospital-based sexual assault services commonly limited in terms of how much client information is visible and sharable to those outside the sexual assault service. Some sexual assault practitioners also reflected that they use case plans as a source of information.

Certain practitioners in both sectors mentioned that they have only transitioned to digital documentation recently and paper files were still being used up to a couple of years ago. The current lack of integration between EMRs, case plans, paper documents, and SHIP and IRIS may result in key details being missed if practitioners do not have access to all records, which can complicate risk-assessment, referrals and continuity of care.

Multiple, non-communicating platforms

Stakeholders highlighted that SHIP and IRIS are now outdated and fragmented systems with no interoperability. This makes it very difficult to share, let alone extract, data pertaining to the number of clients across the family violence or sexual assault sectors who would benefit from or who are receiving support from both service types.

Currently, there are many additional data systems used across sexual assault and the family violence sectors that have been developed as work-arounds or to complement IRIS and SHIP, which complicates and hampers coordination, data integration and information sharing efforts. For example, some hospital-based services in the sexual assault sector use systems such as Trakcare, which are not capable of data sharing. CRIS is commonly used in services if working with children. SRS in the family violence sector is another system that is not capable of data sharing. Although some sexual assault practitioners have noted

efforts to link IRIS to Trakcare in the back-end, the progress of this initiative has been slow and remains incomplete. In communities that cross borders with New South Wales and South Australia, this system fragmentation is intensified by additional systems used in other states and the complexities of sharing information across jurisdictional boundaries.

Practitioners working for organisations that use both SHIP and IRIS often only have access to one of these systems. This can lead to uneven coverage and data capture in relation to a client. In some organisations, practitioners must rely on colleagues in other teams to retrieve data on their clients from a system they cannot access directly, which can delay support or hamper accurate referrals and informed decision-making.

Finally, services also reported using other methods to ensure clients are receiving holistic and wrap-around support, including co-location, secondary consultations, and a culture of sharing and learning to help make up for technological shortfalls that tend to entrench soiling of their services and systems.

Identification and disclosure of sexual assault and family violence

Stakeholders from both sectors echoed finding from research which found that the shame and stigma attached to sexual assault, combined with the complexity of identifying sexual assault within an intimate partner relationship and family violence means that it can take a long time before a victim survivor feels able to disclose sexual assault to a practitioner.[6] In addition, stakeholders reported that there may also be a lack of trust between the practitioner and client to disclose experiences of sexual assault (when the client is speaking to a family violence service) or family violence (when a client is speaking to a sexual assault service) when initially meeting. This highly traumatic experience may only emerge after some time when trust is built. As such, the incidence of historical and/or recent sexual assault may not be captured during family violence intake or addressed during the crisis response period. This means that family violence practitioners may only be recording disclosures of sexual assault in case notes once that trust has been established after the initial crisis response period. It is important that this information is not overlooked as a referral to a sexual assault service may be needed some time after intake. Additionally, as discussed above, various dynamics of sexual violence are not always identified and recorded, particularly in MARAM assessments.

Some practitioners from both sectors expressed that relying on MARAM for family violence or sexual assault disclosures can risk a "checkbox approach" due to MARAM's current design and use, hence failing to create an opportunity for more comprehensive disclosure. While MARAM was noted as an easy way to filter for instances of sexual assault within the context of family violence, the format of MARAM, when applied too mechanically, may result in interactions between practitioners and clients feeling transactional. Failure to build rapport with clients through narrative risk assessments can result in crucial contextual details being left out.

Stakeholders also reported that MARAM is currently not translated in a standardised fashion into languages other than English, which leaves the responsibility of providing culturally sensitive and accurate translation to an interpreter. This presents a residual risk

[6] [6] Hamilton, G., Ridgway, A., Powell, A. & Heydon, G. (2023). Family Violence and Sexual Harm: Research Report. RMIT University.and Ridgway, A., Hamilton, G., Powell, A., & Heydon, G. (2024) Time Will Tell: A temporal analysis of victim-survivor's formal support-seeking for co-occurring family violence and sexual harm. The British Journal of Criminology, XX, 1-17

of miscommunication and misunderstanding, that can influence how information is ultimately understood and reported into data systems, potentially leading to missed opportunities for referrals and inadequate support for clients who require a translator. In the family violence sector, practitioners reported that cultural factors may present barriers to victim survivors of family violence disclosing sexual violence. English terms like "sexual violence" or "sexual assault" sometimes do not translate well into other languages. Interpreters may also inadvertently modify or filter sensitive disclosures, resulting in inaccurate information during intake. Opportunities exist to improve training for interpreters on different forms of sexual violence and developing more appropriate language and prompts to gather accurate information and assess risk.

Considering the extreme complexity and inoperability of data systems across sexual assault and family violence services, the fact that most information about sexual assault is likely to be captured in case notes which cannot be easily extracted or analysed compounds the inability to significant implications for data system design and service planning.

Conclusion and Next Steps

Working with the Victorian Government to embrace newer technology

Due to limitations in what data can be collected in each system, where that data is stored, and how that data can be shared across systems, there is currently no ability to systematically extract data from across SHIP and IRIS to indicate the number of victim survivors who need support for family violence and sexual assault, what level of support is required, or what level of family violence risk victim survivors are experiencing and what is needed to mitigate this risk.

Stakeholders reported through consultation that current technology systems used by the specialist family violence and sexual assault services sectors (i.e., SHIP and IRIS) have significant limitations in recording the necessary information to ensure clients can receive wrap-around support and referrals can be made when appropriate. They also cited multiple different client management technology systems, which are required by government, which complicates how information is recorded and shared. Some organisations single-handedly use multiple systems, yet interoperability is extremely limited between the systems and the systems rarely capture all the information necessary to manage clients.

As a result, organisations have adopted other CRM tools and workarounds (e.g., saving files on share drives) to manage clients. This leads to additional administrative burden for practitioners limiting their time with clients and the risks of data discrepancies between systems, data security, incomplete datasets, and practitioners inaccurately assessing client risk due to not having neatly collated information. To ensure clients are receiving holistic and wrap-around support, services are adapting other methods including co-location, secondary consultations, and a culture of sharing and learning to help make up for technological shortfalls and siloing of their services and systems.

Given these systems are government mandated, collaboration with the Victorian Government is needed to guide improvements to existing systems and/or the adoption of new technology. For example, improvements may involve a centralised system to

manage client data and information to support their needs across a range of presentations. This could include real-time access to service capacity and referrals and improved information sharing to support both sectors.

Further the CFTP provides a significant opportunity to review data systems related to family and sexual violence. Concerningly, while both IRIS and SHIP are currently within scope of this project, we understand that the review of SHIP is not scheduled until late stages of the project and consequently is more likely to be dropped if resourcing becomes stretched.

As this report, and the report into the *Inquiry into capturing data on people who use family violence in Victoria,* demonstrate, IRIS and SHIP both crucial to the data landscape across family, sexual and gender-based violence. To get a fully understand what is required to mitigate risk and support victim survivors of family violence and sexual assault, both systems need to be reformed to ensure services have all the tools they need to effectively respond to risk and support victim survivors.