

SAFE+EQUAL

Standing strong
against family
violence

Measuring Specialist Family Violence Service Demand and Capacity

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Acknowledgement of Traditional Owners

Acknowledgement of Aboriginal and Torres Strait Islander peoples

Safe and Equal is based on Wurundjeri Country. We acknowledge Aboriginal and Torres Strait Islander peoples as the traditional and ongoing custodians of the lands on which we live and work, and 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 and community.

Honouring Victim Survivors

Safe and Equal acknowledges the strength and resilience of adults, children and young people who have experienced family violence and recognises that it is essential that responses to family violence are informed by their expert knowledge and advocacy. We pay respects to those who have not survived and acknowledge the lasting impacts of this preventable violence on families and communities.

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.

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Introduction

*'The capacity of specialist family violence services should be increased, so that they can move from managing demand to meeting demand.'*¹

The Measuring Family Violence Demand Project began in 2021 and seeks to develop a state-wide data set to better understand the capacity of the specialist family violence sector. This work aims to develop a measurement of demand and a systems-view of capacity to advocate for specialist family violence support to be appropriately funded in a way that meets victim survivors' needs.

Since the Royal Commission into Family Violence (the Royal Commission), Victoria's family violence system has undergone a rapid expansion. Despite this, findings from past years of the Measuring Family Violence Service Demand project, alongside feedback from Safe and Equal's member services and victim survivors, indicate that victim survivors are waiting too long for the help they need; are presenting with higher levels of family violence risk; and continue to face barriers to accessing support.

This report provides analysis and insights on data collected through Safe and Equal's 2024 Demand and Capacity Survey. The data collection is focused on gathering an overall picture of demand for specialist family violence services and case management support, rather than intake demand across the system, including key intake points such as The Orange Door network, Safe Steps and local specialist family violence services.

Conducted between May and August 2024, the survey gathered 43 responses from specialist family violence case management services. Among these, eight responses came from Aboriginal Community Controlled Organisations (ACCOs)² or targeted family violence services³. Data from these eight organisations has been combined for analysis, to prevent identification of individual organisations.

The analysis reveals several key insights:

- Specialist family violence services are operating in the context of an ongoing housing and cost-of-living crisis, which, coupled with increasing complexity in service system barriers and needs, is placing additional pressures on providers. Despite these challenges, services are utilising available funding to meet demand and expanding their supports where possible, including counselling, dedicated workers for children and young people, after-hours support, case

¹ [The Royal Commission into Family Violence: Report and Recommendations.](#)

² The Code of Practice for Specialist Family Violence Services defines Aboriginal Community Controlled Organisations as services within Aboriginal-led organisations, community health, or local family violence programs. These services offer varied support such as case management, accommodation, and therapeutic programs, depending on the organisation and funding.

³ The Code of Practice for Specialist Family Violence Services defines targeted family violence services as programs offering support to victim survivors from specific communities, such as multicultural communities or ethno-specific groups, LGBTIQ communities, older people and people with disability, at local or statewide levels.

management post-exit, and secondary consultation. However, existing, new and/or extended services are not always receiving adequate government funding to match increased demand and support long-term planning and sustainability.

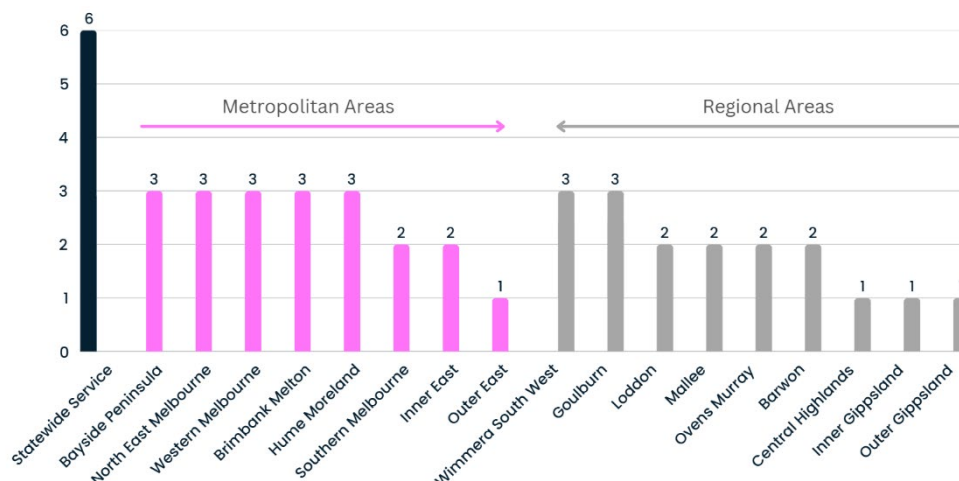
- Mainstream services, working alongside ACCOs and targeted services, play a crucial role in supporting First Nations and culturally and linguistically diverse (CALD) victim survivors. It is essential that mainstream services prioritise cultural safety and inclusion, while ensuring system resourcing for the critical role that ACCOs and targeted services have; this includes resourcing to build capability in mainstream services.
- The integration of The Orange Door network into the broader service system remains a work in progress, with some potential duplication in hold and waitlist functions observed.
- While staffing vacancies reported were generally low, consultations with stakeholders revealed that vacancies can be long-term, leading to understaffing, staff burnout, and higher attrition rates. This situation can either limit the number of victim survivors that services can support or hinder service delivery.
- Misidentification is a significant issue, with serious negative impacts for victim survivors, highlighting the need for a comprehensive, systemic response to address the factors and issues that contribute to misidentification.
- Organisations reported that victim survivor feedback has been positive, though it underscores ongoing system challenges such as housing and financial stress. There is a strong need for increased government funding to help services meet the growing and complex needs of victim survivors.

Safe and Equal would like to thank its members, partners and stakeholders in continuing to contribute to this critical work.

Responding Organisations

There were 43 organisations that responded to the Demand and Capacity Survey across Victoria, including six state-wide services. Of the respondents, eight organisations were either a targeted service or an Aboriginal Community-Controlled Organisation (ACCO). In metropolitan Melbourne, a total of 20 services responded, and a total of 17 services in regional Victoria, as demonstrated in Figure 1 below.

Figure 1: Family violence organisations by region (n=43)



Navigating the Family Violence System

Referral Pathways

There are several pathways through which victim survivors can enter or be referred into the family violence system to access specialist family violence case management services. These pathways may include referrals from emergency services (e.g. police); MARAM prescribed universal services (e.g. mental health services, drug and alcohol services, disability services); support services (e.g. counselling services, legal aid); social services (e.g. child protection); through avenues within the family violence sector; and self-referrals.

Intake

Victim survivors can access case management through multiple intake points within the system, regardless of the referral pathway. The Orange Door is the most common intake point. It is an accessible community entry point that provides information and support to people of all ages experiencing or choosing to use family violence, alongside children, young people and families seeking parenting and wellbeing support. A victim survivor (including children and young people) may contact The Orange Door themselves, or they may be contacted in response to a service or an L17 family violence referral from Victoria Police. The Orange Door then provides the victim survivor with

risk and needs assessments, safety planning, brief response and connection with services to meet longer-term needs.

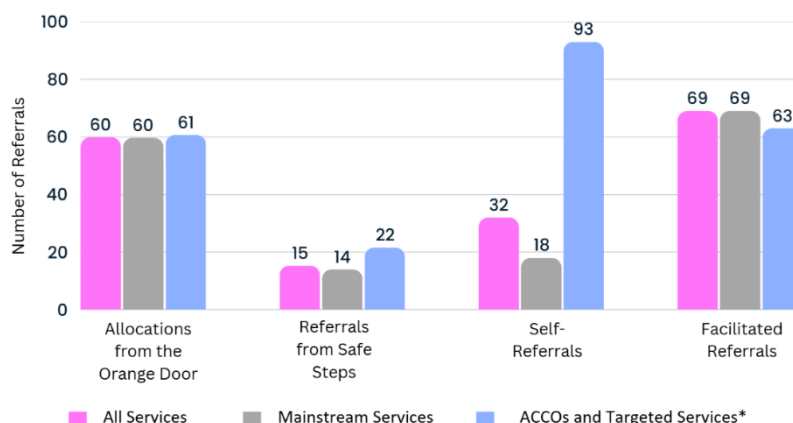
Another common intake point is Safe Steps, Victoria's 24/7 state-wide specialist family violence crisis service. Victim survivors may contact Safe Steps for an initial risk assessment and referrals to local case management services for further, ongoing, support.

Facilitated referrals from allied services also play a significant role in victim survivors accessing specialist family violence case management support. In cases where facilitated referrals occur, a victim survivor may initially seek help from another community service, such as a GP, hospital, housing service, mental health provider or alcohol and other drug service, for concerns other than family violence. Disclosures of family violence may be made during the processes of seeking support, and victim survivors may be offered, and agree to, a referral to a local family violence case management service. In this case, allied services can refer victim survivors to the local Orange Door or directly to the local specialist family violence case management service.

Alternatively, some victim survivors choose to self-refer directly to a local specialist family violence service for support, without going through other agencies or services. In this case, the local specialist family violence service completes the initial intake and risk assessment and then allocates directly to their case management team.

Understanding how victim survivors navigate the system to access specialist family violence case management helps identify points of contact where support is most needed, ensuring targeted support. Figure 2 below compares the types of referrals received by organisations between 1 February and 30 April 2024. The data is categorised into three groups – all services, mainstream services, and ACCOs and targeted services.

Figure 2: Types of referrals received by organisations; all responding organisations, mainstream services, and ACCOs and targeted services (n=43)[#]



*Due to the small sample size, ACCOs and targeted services are combined to ensure confidentiality.

[#]Variations in response rates mean some totals may not directly align with the sum of individual service categories.

Across all services, the majority of referrals into specialist family violence case management services were made through facilitated referrals from other agencies, followed closely by referrals and allocations from The Orange Door. The high number of facilitated referrals to local specialist family violence services indicates strong collaboration among agencies, ensuring individuals experiencing family violence receive active guidance in accessing the support they need, rather than navigating the system alone. Additionally, The Orange Door plays a crucial role as a key referral pathway, directly connecting individuals with specialist services. This pattern highlights the importance of sector-wide cooperation in providing information as well as practical assistance to those in crisis.

Given the small sample size of ACCOs and targeted services in this survey (a total of eight organisations), the responses from these organisations cannot be considered representative of all ACCOs and targeted services. However, the responses from participating organisations show significantly higher numbers of self-referrals into ACCOs and targeted services, compared to other forms of referral pathways. During qualitative workshops, organisations noted that the comparatively high number of self-referrals may be a result of victim survivors' views that the mainstream sector is unsafe and/or inaccessible, making it more likely for them to self-refer directly to an ACCO or targeted service.

State-wide Crisis Service⁴

Safe Steps is Victoria's specialist family violence crisis service, offering 24/7 support to victim survivors, particularly in cases that require urgent and immediate intervention. Their services include emergency accommodation, risk assessment, safety planning, and connecting victim survivors with a range of other services (e.g. legal services, counselling services, and family violence case management services). For some victim survivors, Safe Steps may be their first point of contact, representing their first attempt to access support and navigate the family violence service system. Once their immediate crisis needs have been addressed, Safe Steps often refers victim survivors to local specialist family violence services who can offer longer-term support.

During the data collection period, 127 victim survivors self-referred to Safe Steps for support, and 588 victim survivors engaged with Safe Steps through a facilitated referral from another organisation or service. Safe Steps further reported that they had open support periods for 84 adult victim survivors and 68 children and young people at the time of data collection. On average, Safe Steps engaged with victim survivors for approximately two weeks, reflecting the short-term, crisis-driven nature of their family violence intervention. This highlights Safe Step's critical role in providing immediate and intensive support during critical periods of family violence risk.

Victim Survivor Characteristics

Adult Victim Survivors

Among all organisations across the state, survey results indicate that there was a significant range in the number of adults they supported during the reporting period. For example, one service noted an average of seven open support periods for adult victim survivors during the three-month reporting period; while another reported up to 450. The state-wide average across all services was 108.1 open support periods for adult victim survivors.

The varying number of adult victim survivors supported by different organisations reflects the diversity in organisational scope, models, and capacity. For example, organisations with family violence refuges typically support fewer survivors due to space limitations. In contrast, services using a co-case management model, where multiple organisations collaborate, can support more victim survivors by sharing resources and providing comprehensive care.

⁴ Safe Steps data provision is reported separately in this section, due to its unique and key function as a 24/7 state-wide crisis service; the survey is intended to explore demand for case management support, rather than intake demand more broadly across The Orange Door network, Safe Steps or local specialist family violence services.

Children and Young People Victim Survivors

The specialist family violence sector is committed to supporting children and young people as victim survivors of family violence in their own right. However, data pertaining to the extent to which children are supported has been, and continues to be, limited and inconsistent.

To gain a clearer understanding of the extent to which services work with children and young people victim survivors, services were asked both how many children and young people they work with or support, and how many have open support periods for children and young people. This distinction was made based on feedback from service providers, who noted that entering data about children and young people in client management systems (such as SHIP) is challenging and therefore inconsistent. As a result, the number of open support periods for children and young people may not fully reflect the actual number of children engaged with these services.

On average, services reported that during the data collection period, they worked with approximately 91 children and young people, and approximately 86 of those had open support periods. These findings illustrate that many children and young people receive case management for family violence; however, the number of open support periods may not fully reflect the extent of the work being done with children and young people. The findings also suggest potential inconsistencies in how services record their data. Further work is needed to better understand the support being provided to children and young people in specialist family violence services.

Victim Survivor Demographics

The limitation of data systems impacted the ability to comprehensively collect data across a range of identity markers and characteristics (e.g. disability and LGBTIQ+).

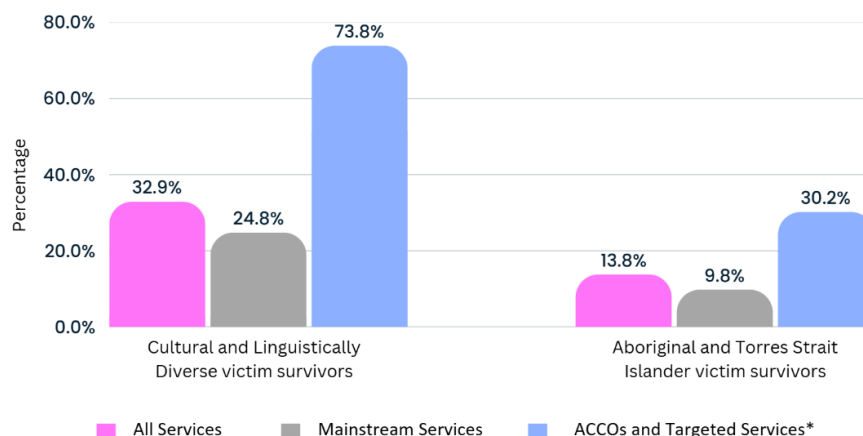
Of the available data during the collection period, on average all services, including ACCOs and targeted services, reported that approximately 33.7 per cent of victim survivors supported were from a refugee or migrant background, and 13.4 per cent were Aboriginal and Torres Strait Islander.

When ACCOs and targeted services were separated from mainstream services, 75 per cent of mainstream services reported that they supported victim survivors from a migrant or refugee background, and 72 per cent reported supporting victim survivors who identified as Aboriginal and Torres Strait Islander. It was further reported that nearly a quarter (24.8 per cent) of victim survivors were from a migrant or refugee background and 9.8 per cent of victim survivors were Aboriginal and Torres Strait Islander. This highlights the need for mainstream services to continue to strengthen culturally safety and accessibility.

Figure 3 below provides a comparison of culturally and linguistically diverse (CALD) victim survivors and Aboriginal and Torres Strait Islander victim survivors across all services, mainstream services, and both ACCOs and targeted services.

Due to the sample size, particularly in relation to ACCOs and targeted services, Figure 3 should be viewed with the understanding that it does not represent the total percentage of victim survivors seeking assistance.

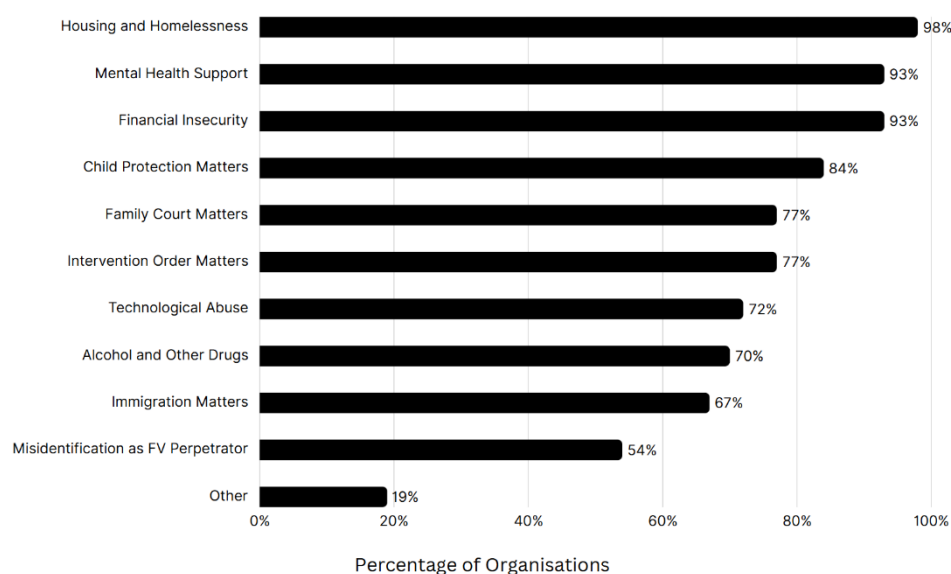
Figure 3: Percentages of Aboriginal and Torres Strait Islander and CALD victim survivors across services



*Due to the small sample size, ACCOs and targeted services are combined to ensure confidentiality.

The Diverse Needs of Victim Survivors

Organisations identified a wide array of recent trends and themes for victim survivors accessing their services. In addition to support with family violence risk, housing and homelessness emerged as the most common trend, reported by 98 per cent of organisations. Mental health support needs and financial insecurity were both identified as the second most common trends, as reported by 92 per cent of organisations for each (see Figure 4 below).

Figure 4: Percentages of reported victim survivor needs by trend/theme (n=43)

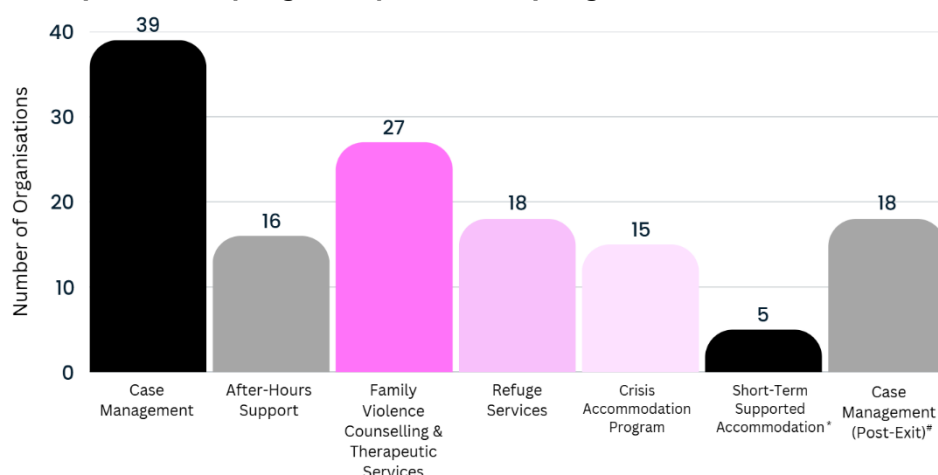
Fifty-four per cent of organisations reported that victim survivors expressed concerns about being, or had been, misidentified as the person using violence. Misidentification has serious negative impacts upon victim survivor safety and how family violence risk is understood and responded to. This highlights the need for a comprehensive, multi-disciplinary response to address the factors and systemic issues that contribute to misidentification.

Other trends and themes included needs regarding disability and complex living needs, including assistance related to the National Disability Insurance Scheme (NDIS); sexual assault and abuse; assistance with fines incurred as part of family violence; material aid and groceries; gender affirmation and discrimination related to sexuality and gender; legal matters; and physical health concerns.

Overview of Family Violence Programs

Specialist family violence services provide a range of programs to support victim survivors' safety and recovery from violence. These include case management, after-hours support, family violence counselling and therapeutic services, short-term supported accommodation (or Short Stay Refuge) and refuge services.⁵

⁵ Note that respondents were not provided a detailed definition of Short Term Supported Accommodation (Short Stay Refuge), so their understanding of this service is based on self-interpretation.

Figure 5: Family violence programs provided by organisations (n=43)

*Short-term stay.

#Post-exit from refuge accommodation.

Case Management

Case management in specialist family violence services involves assessing victim survivor risk, safety and needs; creating personalised safety plans; and connecting victim survivors to essential resources such as housing, legal support, and counselling. This approach ensures coordinated support, recognising varied experiences and the different stages at which victim survivors are processing their experiences.

As shown in Figure 5, case management is the most widely provided service, with 90.6 per cent indicating it as part of their service delivery. This high proportion underscores the central role of case management in supporting victim survivors, and its critical importance in addressing the complex and ongoing needs arising from the impacts of family violence. This is also indicative of resourcing, with service providers receiving allocations for some interventions and not others.

After-Hours Support

Having support services available beyond regular business hours is critical, as it allows victim survivors to seek assistance at times of crisis, when other resources may not be available. In addition to Safe Steps who provide 24/7 support, findings indicate that 37.2 per cent of services offer after-hours support; this suggests that nearly four in ten services are equipped to respond to the critical need for support outside of regular business hours. One service in each Department of Families, Fairness Housing region is funded to provide after-hours support. Consequently, the availability of after-hours support reported in this survey is likely a reflection of funding, not a reflection of demand.

Due to the nature of this survey, there is no specific feedback from victim survivors on the availability of after-hours support within specialist family violence services, and it is not known if victim survivors consider this level of availability sufficient.

Family Violence Counselling and Therapeutic Services

Family violence counselling and therapeutic supports play an essential role in the recovery process for victim survivors. By providing a space to discuss their experiences, these services support victim survivors in their healing journey.

In total, across all organisations (n=46), more than half (65.2 per cent) of organisations indicated that they provide family violence counselling and therapeutic services, with three services exclusively offering these supports. Given that these three organisations exclusively offer these services and no other additional family violence-specific services, they are excluded from other sections of this report.

Refuge and Supported Accommodation

Refuge services play a vital role in supporting victim survivors at high-risk of family violence, offering immediate safety, stability, and a secure place to recover. These services provide high-security temporary accommodation; conduct risk assessments; develop safety plans; and offer case management for adult, child, and young person victim survivors. They also supply information, referrals, and advocacy, addressing complex issues such as legal and financial matters while supporting health and well-being needs.

Eighteen services, accounting for 41.9 per cent, reported that they provide family violence refuge services. Some of these refuges are a part of larger organisations that also offer a variety of other family violence services, while other refuges operate independently.

All refuges provide case management support, and some refuges may also provide therapeutic family violence counselling and/or post-exit case management support, as shown in Figure 5.

Demand Pressures

Case Management

Staffing

On average, organisations have 12.2 full-time equivalent (FTE) positions allocated to case management. The average vacancy rate for case management teams was 1.06 FTE, with 18 organisations reporting having at least one vacancy, and 10 reporting having two or more vacancies. This suggests that more than half of all services are likely to have at least one unfilled case manager position, with an average of 8.7 per cent of case management FTEs being unfilled during the reporting period.

Despite these seemingly low vacancy numbers, the impact of having a FTE case load unavailable can greatly impact teams and organisations, contributing to staff burnout, longer wait times, and reduced capacity to provide timely support. In qualitative

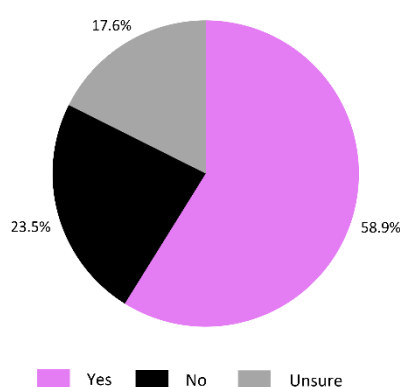
workshops, services reported that three to six months prior to the period in which survey data was collected, vacancy rates were much higher, indicating that rates of staff vacancies can vary substantially across a year, with some positions taking several months to fill.

With reported vacancy rates relatively low, the investment from government in recent years on workforce attraction initiatives may be having a positive impact on vacancy numbers. However, it is imperative for this investment and the focus on workforce wellbeing to continue so the required workforce can be recruited, sustained, and have their wellbeing supported.

Waitlists and Active Hold

Of the responding organisations (n=34), 50 per cent reported that they maintained a waitlist or active hold for long-term case management during the collection period. A review of the data from the 2023 survey indicates that a similar proportion (46 per cent) of organisations utilised waitlists and active hold, highlighting a consistent demand for case management and insufficient case management capacity to support victim survivors adequately.

Figure 6: Whether organisations with victim survivors on waitlists were supported by The Orange Door (n=17)



Regarding supports for victim survivors on waitlists, Figure 6 shows that of the organisations that reported maintaining an active hold or waitlist (n=17), 10 organisations reported that The Orange Door provides support and assistance to victim survivors while they are waiting for case management services to commence. Additional responses included 17.6 per cent that were unsure. This suggests there may be some duplication in effort across the system when managing waitlists. When a victim survivor is allocated to a specialist family violence service from The Orange Door, their case is closed. Survey responses indicate that further research is needed to better understand how coordination is functioning between Orange Doors and local specialist family violence services.

Regarding their methods to engage with victim survivors while they are on a waitlist, organisations reported using more than one approach to continue engagement with victim survivors awaiting case management. Of the 17 organisations that responded to this survey question, weekly calls or check-ins were reported as the most used method of engagement with victim survivors who were on waitlists or active holds, presented in Figure 7 below. This reflects an effort to stay connected with victim survivors and provide a degree of continuity and responsiveness.

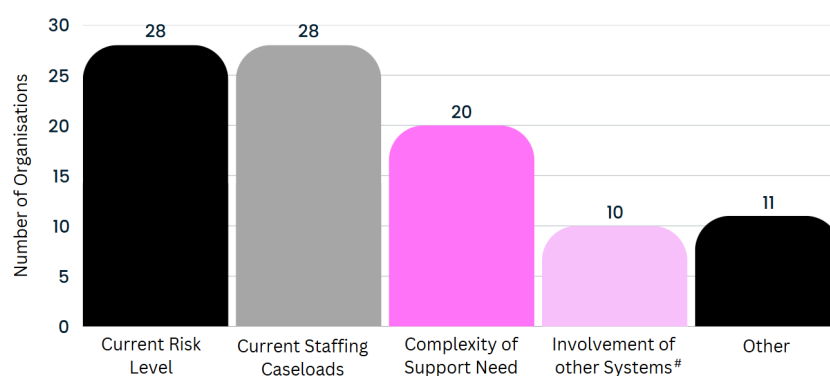
The high number of services managing waitlists suggests demand for case management exceeds capacity, indicating widespread challenges in providing immediate access. Organisations have confirmed through the survey that victim survivors have expressed the urgent need for timely support and are feeling the impacts of the lack of system capacity, stating concerns regarding '*[practitioners] not getting back to [victim survivors] in a timeframe they expected*', and '*[long] wait times to access services and early closure*'. This underscores the need for additional resources or system improvements to ensure timely support for victim survivors.

Length of Wait Times and Prioritisation

Of the organisations who reported that they maintain a waitlist, several factors are considered when prioritising victim survivors. This includes family violence risk level; team capacity; immediate or escalating risk; police or Child Protection involvement; and housing status or likelihood of homelessness.

The data indicates that current risk levels and staffing caseloads are the main factors influencing wait times, and are key determinants in prioritising victim survivors and managing service delivery. Figure 7 below presents a breakdown of factors affecting victim survivor wait times to receive services.

Figure 7: Factors affecting wait times for victim survivors to receive services (n=35*)

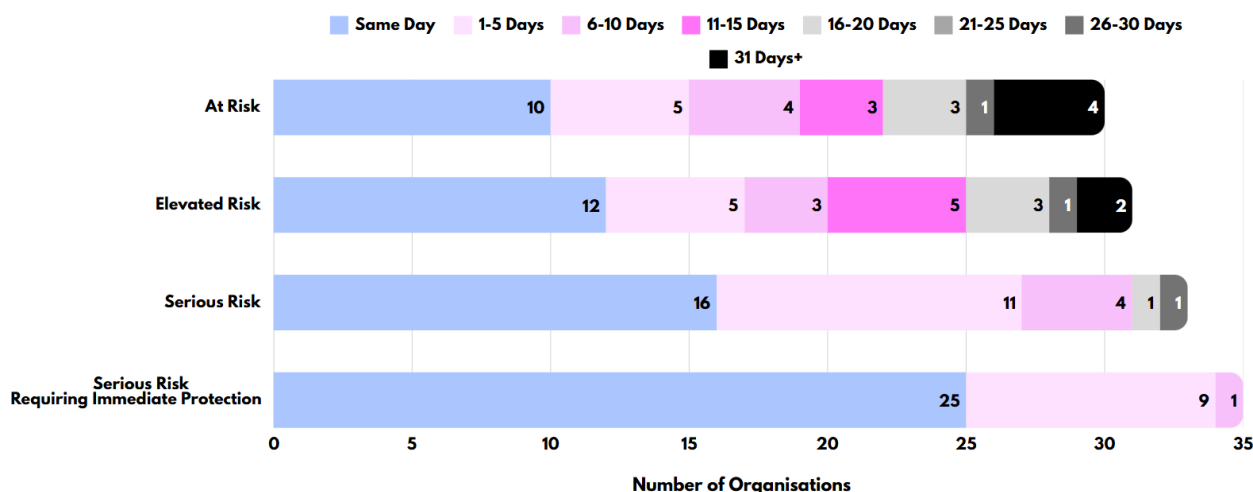


*Eight organisations were excluded as no responses were provided.

[#]Includes other systems such as Child Protection.

Across all risk categories, most organisations reported that victim survivors were, on average, seen within five days. Figure 8 shows a breakdown of average wait times by the risk profile of victim survivors and/or families.

Figure 8: Wait times by risk profile of victim survivors / families (n=38*)



*Number of organisations who responded to the survey questions.

The data indicates that victim survivors assessed as being at '*serious risk requiring immediate protection*' are more likely to be assigned a case manager immediately; however, over a quarter of organisations (n=10) reported that victim survivors may still experience wait times between one to 10 days. Thirty-three per cent of organisations reported that victim survivors who are assessed as being at '*serious risk*' may experience wait times up to five days before being assigned to case management, and 18 per cent reported that victim survivors may wait between six to 30 days, depending on their level of risk.

Services triage victim survivors based on their level of risk, ensuring those at the highest levels of risk are seen immediately. However, due to capacity limitations, victim survivors assessed with lower risk levels often experience longer wait times before receiving case management support. The prioritisation of victim survivors based on level of risk can lead to missed opportunities for early intervention.

Case Load

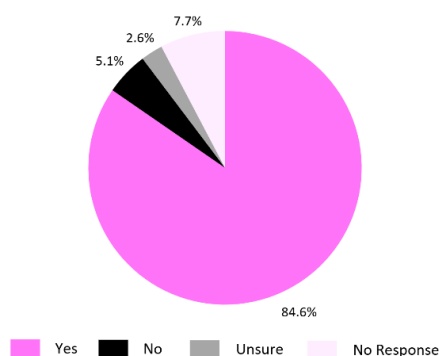
Of the 36 organisations who responded to the survey questions regarding case load, the average case load reported was 12.2 cases per staff member. However, there were significant variations in the number of staff across organisations, with caseloads per FTE ranging from 2 to 27. Factors that could contribute to this include differences in the overall size of an organisation, the availability of staffing resources, and the varying level of demand for services.

Feedback from organisations consistently noted that the reported number of cases refers to households, rather than individual victim survivors supported, including children. This leads to incomplete data. To gain a more accurate understanding of the true level of demand and services provided, further investigation is needed into how work with children is captured and recorded. Average case load is also an insufficient indicator of workload for case management staff, as it fails to capture the complexity of victim survivor needs.

Co-Case Management

Of the 39 organisations who reported they provide case management, 84.6 per cent⁶ reported engaging in co-case management with another organisation (presented in Figure 9 below).

Figure 9: Whether organisations undertake co-case management procedures (n=39*)



*Four organisations were excluded as no responses were provided.

Comments provided by organisations highlighted a broad recognition of the benefits of co-case management for victim survivors, stating that *'collaboration is key in ensuring [victim survivors] are provided with wrap-around support'*, and that co-case management is *'critical to achieving outcomes'*; this is due to co-case management being *'efficient, effective and trauma-informed'*.

However, many organisations noted that while co-case management is common practice across services, the coordination between multiple services requires significant time and effort and is not recognised or resourced appropriately. This is due to *'a good understanding of the scope of each service involved with the [victim survivor]'* being required, with organisations potentially needing to *'provide a lot of education to other services about [their] role and capacity'*.

⁶ This does not imply that all victim survivors of these organisations are co-case managed, but rather that 84.6 per cent of responding organisations providing case management are willing to implement co-case management where appropriate.

Duration and Extent of Case Management Support

Organisations reported that the average length of family violence case management support over the previous 12 months across the state was 14.4 weeks (or 3.3 months), and the average number of service hours provided was 52.1 hours⁷.

Data from ACCOs and targeted services compared to mainstream services suggests that ACCOs and targeted services work with victim survivors for longer periods of time.

Table 1 below shows the average length of a support period and the average service hours per closed support period for the 12 months before the time of response across different types of organisations.

Table 1: Average length of a support period and the average service hours per closed support period*

	AVERAGE LENGTH OF SUPPORT PERIOD (WEEKS)	AVERAGE SERVICE HOURS PER CLOSED SUPPORT PERIOD (HOURS)
All Services	15.4 (N= 35)	47.9 (N= 20)
Mainstream Services	14.5 (N= 29)	48.4 (N= 16)
ACCOs and Targeted Services	19.8 (N= 6)	46 (N= 4)

*The variations of the response number (n=x) between services are indicative of either no responses provided by organisations, or organisations being excluded due to the responses provided appearing to be inaccurate and identified as outliers.

The average length of support provided and the average number of service hours do not fully capture the intensity, degree or nature of support given to victim survivors. Ranges of averages for the length of support (3 to 52 weeks) and the average of service hours (5 to 125 hours) reported by organisations suggest that there may be differences in practices across organisations, or reflective of organisations tailoring their approach to the specific needs of each victim survivor.

Organisations reported that feedback from victim survivors about case management services was generally positive, with many stating that victim survivors said they had the '*ability to make informed decisions*', experienced an '*increase in confidence*', felt '*heard and supported/empowered*', and had '*voice and power*' in their interactions with services.

⁷ Two organisations were removed due to responses appearing to be inaccurate and were identified as outliers. Those included ranged between 10 to 125 hours.

Organisations also reported that victim survivors often expressed a desire for longer support periods, as services closed *'before [the victim survivor] would like to'* and before they felt *'ready'* to disengage from services.

This feedback indicates that there is scope to increase capacity and resources for longer-term case management, which has the potential to further strengthen the safety, well-being, and long-term recovery of victim survivors. This could also increase the ability for organisations to address the evolving needs of victim survivors, which could reduce victim survivors needing to re-present to services.

Workforce Considerations

An analysis of responses related to caseloads, support periods and service delivery hours reveals that, on average, specialist family violence practitioners across the state are providing approximately 40 hours per week of direct service delivery.⁸

On average, approximately 49 percent of family violence case managers have two years or less of experience⁹. This represents a significant portion of the workforce who require increased supervision, peer support, and professional development. Services have reported that when experienced staff leave, it becomes *'difficult to recruit individuals with the appropriate skillset, qualifications, and experience'*, especially when a large proportion of the workforce is relatively new. As a result, *'a great deal of organisational and sector knowledge has been lost'*.

Prolonged vacancies and/or a high proportion of entry level staff impacts the workforce by being *'not able to keep up with the demand'*, leading to increased caseloads, reduced organisational capacity, and longer wait times for victim survivors.

Organisations have also indicated that staff wellbeing is affected, with some expressing that they *'often feel the strain of staff who are experiencing burnout'* and feel as though they *'cannot take leave'*. This reflects the challenges in supporting staff and emphasises the importance of providing adequate resources and support to promote their wellbeing. It is critical that staff have access to sufficient wellbeing supports, such as supervision, peer support, and professional development, to prevent future burnout and attrition from the sector.

⁸ Average service delivery hours per support period, divided by average length of support period and multiplied by average caseload. Of the 42 organisations that were in scope to answer questions related to these domains, only 18 organisations provided answers to all three domains. Further, individual organisations' responses are averages of their organisational data, which have been averaged across responses. As a result, conclusions drawn from these figures may not be fully representative across all organisations and/or staff experiences.

⁹ Twenty-eight of the 39 services that were in scope for questions regarding experience levels of case management staff completed these questions in full. Levels of staff experience may vary across services.

Re-presentation to Family Violence Services

Re-presentation of victim survivors to specialist family violence services reflects the ongoing, often long-term nature of family violence, even when incidents seem isolated, and can create additional demand pressures¹⁰. Of the 24 organisations that responded to the survey question, on average 23.4 per cent of victim survivors re-presented during the collection period. The reasons for re-presentation varied across services and included an escalation of risk, insufficient reduction of family violence risks, housing instability or unmet housing needs, and the ongoing impact of family violence.

While repeated engagement may reflect trust in services, it may also indicate an organisation's limited resources and capacity to fully meet the needs of victim survivors in the first instance, and the ongoing impacts of family violence. Re-presentation demonstrates the importance of ensuring that services are adequately prepared for and resourced to provide longer-term, holistic support to victim survivors.

Children and Young People

The Royal Commission highlighted that children and young people who experience family violence should be recognised as victim survivors in their own right, rather than being viewed as extensions of their parent¹¹. In an effort to implement this into practice, more than half of the responding organisations (58 per cent) indicated that they have a dedicated individual or team to support children and young people.

Services highlighted the critical importance of addressing the unique needs of children and young people experiencing family violence. These needs differ from those of adult victim survivors, and require specialised knowledge and expertise in providing trauma-informed and age-appropriate support within the context of family violence. Services emphasised the value of having dedicated teams or individuals focused specifically on supporting children and young people, as this enables a more tailored and effective response.

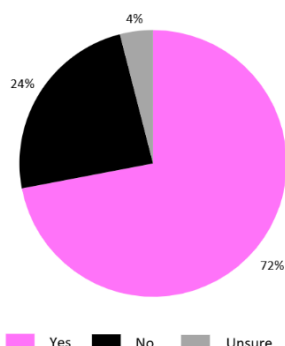
Despite the recognition that children and young people have specific needs, only 72 per cent of organisations who have a dedicated individual or team to work with children and young people receive funding specifically for these services (as displayed in Figure 10). This means that approximately one quarter of specialist family violence services are not receiving the necessary funding to adequately support children and young people¹².

¹⁰ Family Safety Victoria. (2021). *Multi-Agency Risk Assessment and Management (MARAM) practice guides: Foundation knowledge guide*, State of Victoria, Australia. Retrieved from: <https://www.vic.gov.au/maram-practice-guides-and-resources>.

¹¹ Royal Commission into Family Violence. (RCFV, 2016). *Royal Commission into Family Violence: Report and Recommendations*, Vol II Parliamentary Paper No 132.

¹² Family violence case management funding is expected to be used for adults, children, and young people; due to service capacity and demand, dedicated funding is needed to expand system capacity to support all children and young people.

Figure 10: Whether organisations have specific funding to work with children & young people (n=25*)



*Number of organisations that reported having a dedicated individual or team to work with children and young people.

Both the lack of funding for some organisations and the nature of the current funding pose challenges; when asked about how work with children and young people was funded, many organisations indicated that funding they receive was time limited and insecure, leaving little opportunity for long-term intervention.

Organisations reported that *'children [are] the majority of [victim survivors] coming into case management,'* and *'funding to support them directly is not sufficient'*. It was also explained that because *'funding does not target children as [victim survivors] in their own right,'* it means that *'most risk and needs of children are identified through the primary carer or other services involved'*.

For organisations that do receive funding to support dedicated individuals or teams to work with children and young people, there was a clear consensus that the funding is insufficient *'to respond to unaccompanied children and young people [victim survivors] of family violence in their own right'*.

Family Violence Counselling and Therapeutic Services

Staffing

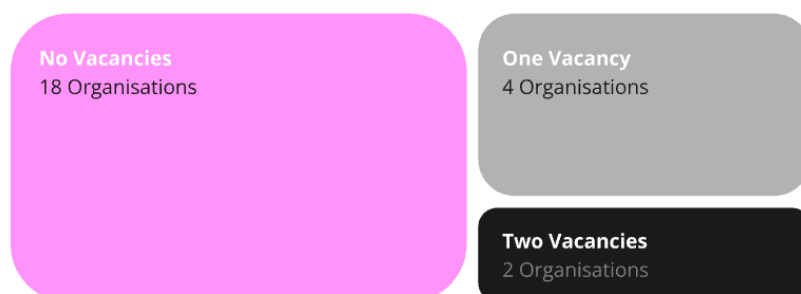
On average, organisations have 4.3 FTE dedicated to caseloads for family violence counselling and therapeutic services. However, the number of these positions varies significantly across organisations, ranging from one dedicated FTE to as many as 12 FTE. This variation highlights the generally small size of these targeted teams and services.

The average number of vacancies across organisations was reported at 0.3 FTE, suggesting that while some services are facing staffing shortages, more than half of the services do not have any vacancies¹³. This indicates that, although a few organisations

¹³ Including the three organisations who solely provide family violence counselling and therapeutic services. Their other responses to the survey have been excluded in other sections of the report.

may be struggling to fill positions, the majority are able to maintain full staffing levels. While the data does not demonstrate the details surrounding low vacancy rates within organisations, this could either reflect effective recruitment strategies and/or stable staffing within those services.

Figure 11: Vacancies within family violence counselling & therapeutic services (n=24*#)



*Does not include six organisations as no response was provided.

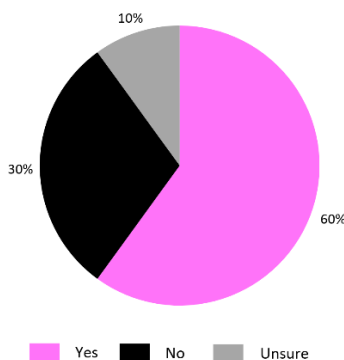
#Includes the three organisations that exclusively offer family violence counselling and therapeutic services.

Resources

Organisations emphasised the critical need for family violence counselling and therapeutic services, noting that *'there is an unmet demand in counselling and case management for children and young people due to lack of funding'*. Victim survivors echoed this concern, expressing a desire for increased access to therapeutic support, where they reportedly stated they *'would like more opportunity for therapeutic support'*. This highlights the gap in available resources for all victim survivors, including children and young people, reinforcing the need for additional funding and services to meet growing demands.

Among the thirty organisations that reported offering family violence counselling and therapeutic services, only 18 organisations, accounting for 60 per cent, indicated that they receive funding specifically for these services, illustrated in Figure 12 below.

Figure 12: Whether organisations receive government funding for family violence counselling (n=30*)



*Includes the three organisations that exclusively offer family violence counselling and therapeutic services.

This suggests that a significant portion of these organisations may be offering services without adequate funding, limiting consistent service delivery and the number of victim survivors supported. This can lead to reduced access to support and force organisations to reallocate resources, impacting their ability to provide other critical services and affecting the overall quality of support for victim survivors.

Waitlists and Active Hold

Of the 30 organisations that offer family violence counselling and therapeutic services, 56.7 per cent maintain a waitlist, with 40 per cent reporting that they do not maintain a waitlist. This highlights the demand for these services and resourcing and capacity limitations.

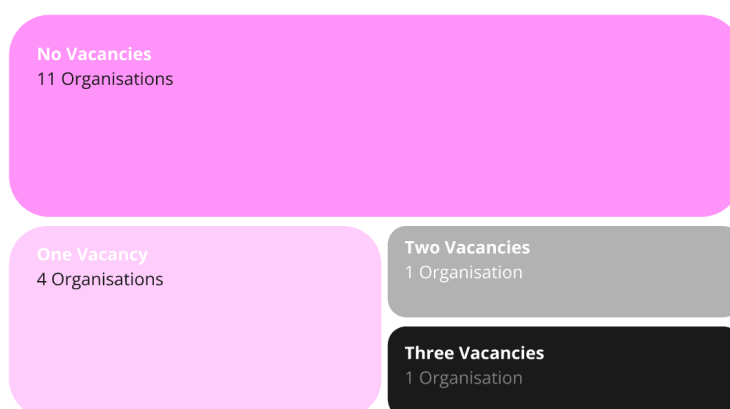
Refuge

Staffing

On average, 17 of the 18 organisations providing refuge services reported that 9.3 FTE positions are dedicated to working within refuge. There was a wide range in the number of staff members across organisations (between two and 31 FTE), indicating significant variability in the size of refuge services.

On average, refuge services have 0.5 FTE vacancies, suggesting that while some services are experiencing staffing shortages, more than half of the services do not have unfilled positions. Similar to the vacancy rates in other services provided by organisations, the presence and absence of vacancies in refuge services may be reflective of state-wide recruitment and retention strategies.

Figure 13: Vacancies within refuge services (n=17*)



*One organisation was excluded as no response was provided.

Feedback from victim survivors as reported by organisations highlights the challenges in accessing refuge and accommodation services. Victim survivors voiced to organisations their dissatisfaction with the *'lack of accommodation options'*; *'inability to provide housing'*; boundaries in *'the length of support in refuge'*; and their *'desire to engage in more therapeutic and recovery type activities in refuge'*. This feedback

highlights the critical need to increase safe and affordable housing to facilitate recovery from family violence, including greater investment to increase the overall number and capacity of family violence refuges in Victoria.

Service Capacity

Specialist family violence refuges across the state (a total of 18) reported that they are typically able to accommodate an average of 8.6 households at any given time. The capacity of these refuges varies significantly, ranging from those that support 3 households, to others that accommodate 33 households. This variation in capacity reflects the differing sizes, resources and scope of refuges across the state.

Current Levels of Support Being Provided

At the time of reporting, refuges indicated that they were supporting an average of 7.4 households. There is a slight difference between the average number of households supported by refuges, and the average number of households that refuge can accommodate at any given time. This may be explained by temporary vacancies, including when units are empty to be cleaned or repaired.

It should be noted that the average number of households does not reflect the intensity or complexity of support provided within refuge, which extends beyond provision of crisis accommodation and encompasses therapeutic and wellbeing focused work, risk assessment and safety planning, and tailored support for children and young people. Refuges work closely with survivors to address trauma, support recovery, and facilitate pathways to long-term stability, often navigating multiple service systems and legal processes. Specialist practitioners also provide direct interventions for children and young people, ensuring their safety, emotional wellbeing, and access to education and developmental support.

In addition to supporting households currently accommodated on-site, refuges continue to provide case management to victim survivors' post-exit. This ongoing engagement, both during and after a victim survivor's stay in refuge, places significant demand on services, requiring sustained resources and expertise to manage the complexity of each household's needs.

While an analysis of victim survivor households in motels was outside the scope of the survey, data from Safe Steps highlights that a significant number of households are waiting in motels for a refuge place. Comparing the current levels of support data to capacity data indicates that, during the reporting period, vacancies were limited. This suggests that refuges are operating at full capacity, with only a few units remaining vacant for brief periods.

Average Length of Stay

On average, households with permanent residency or citizenship (n=12) stayed in refuges for approximately 102 days, or about 3 and a half months. Some households in this group remained in refuge for up to six months.

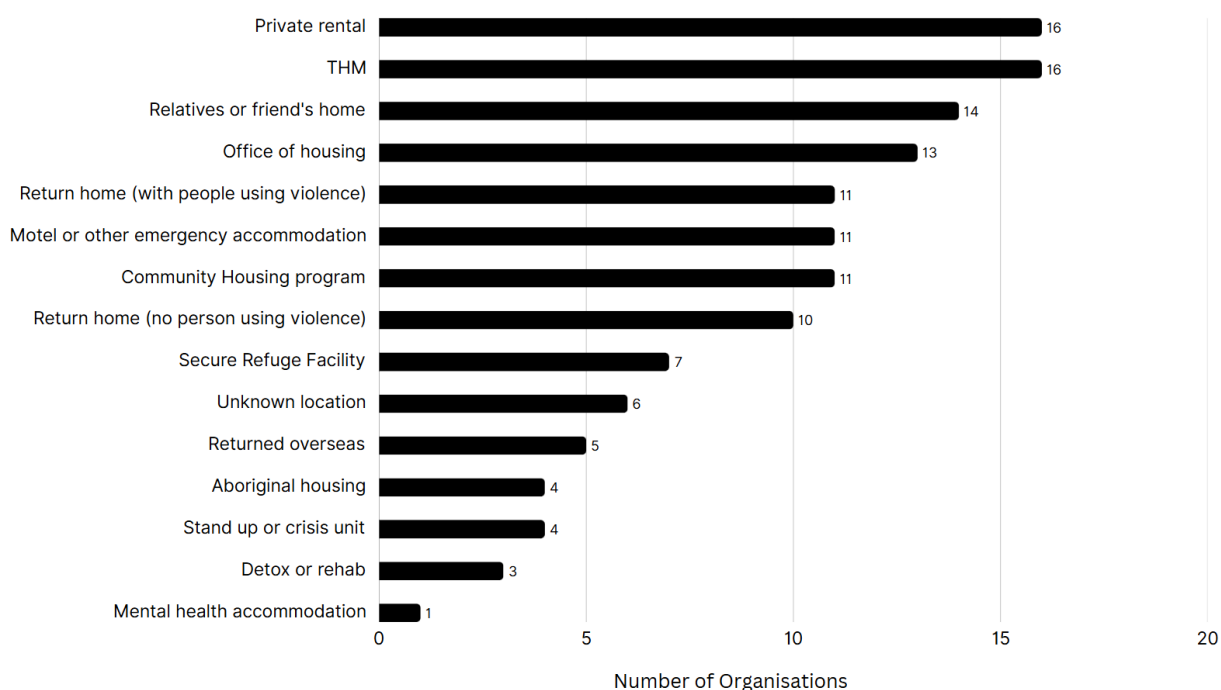
The situation is more challenging for households on temporary migration visas (n=12). Refuges reported that these households stayed an average of 266 days, or nearly nine months. In one case, a family on a temporary visa had been residing in the refuge for 700 days, nearly two years, at the time of reporting.

Extended stays in refuges highlight the barriers for victim survivors on temporary visas, including limited access to social supports, housing and legal support. This also places significant pressure on organisations, as described during qualitative workshops, given that low turnover rates and the lack of affordable housing and options make it difficult to transition victim survivors out of refuge without risking homelessness.

Exit & Post-Exit Case Management

Refuges reported that staying with family or friends was the third most common exit option for victim survivors leaving refuges. Additionally, 11 refuges indicated that at least one household had returned to live with the person using violence during the data collection period. Figure 14 shows that while private rental and Transitional Housing Management (THM) are the primary exit destinations, exits into insecure housing are also common.

Figure 14: Types of exit destination after leaving refuge (n=18)



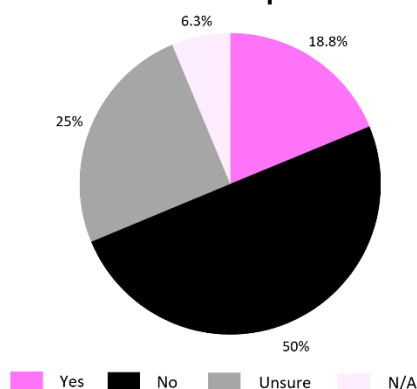
Of the 18 organisations that reported providing refuge services, 88.9 per cent also reported offering case management support to victim survivors after they exit refuge.

Ongoing support is crucial for helping victim survivors secure stable housing, access services, and rebuild their lives; while refuge providers offer short-term safety, post-exit support helps victim survivors transition to permanent housing and maintain safety and stability.

Of the 12 organisations that responded, on average, support was provided for approximately 4.5 months following a victim survivor's exit from refuge. Additionally, of the seven organisations that responded to the survey question, there was an average of 83 service hours provided during this period. This equates to roughly four and a half hours of support per week, over the course of four months. There was significant variation in responses, with post-exit support periods ranging from two to 110 weeks and service hours ranging from 20 to 237 hours.

Among the refuges that reported providing post-exit case management support, 50 per cent stated they do not receive dedicated funding. This indicates that some family violence refuges may be supporting a significantly higher number of victim survivors than those currently residing in refuge. Without specific funding, refuges may be restricted in providing ongoing support, which could impact both the quality of services they are able to provide and recovery for victim survivors.

Figure 15: Whether organisations who provide post-exit case management (n=16) receive funding to support victim survivors' post-exit



Children and Young People and Refuge Services

Data collection indicates that organisations offering refuge services are more likely to have a dedicated individual or team specifically focused on supporting children and young people. According to the data, 72 per cent of organisations that provide refuge services have a dedicated team or person responsible for working with children and young people, compared to only 48 per cent of services that do not have a refuge. Of the organisations that provide both refuge services and reported having a specific individual or team to work with children and young people, 69 per cent said they receive specific funding to work with this cohort.

A number of refuge providers cited the Children in Refuge-specific funding as being critical to their ability to support children and young people. The increased proportion

of services that provide refuge and have child and youth-specific teams, compared to the services that do not have refuge indicates not only the impact of this funding, but that refuge services remain underfunded in supporting children and young people.

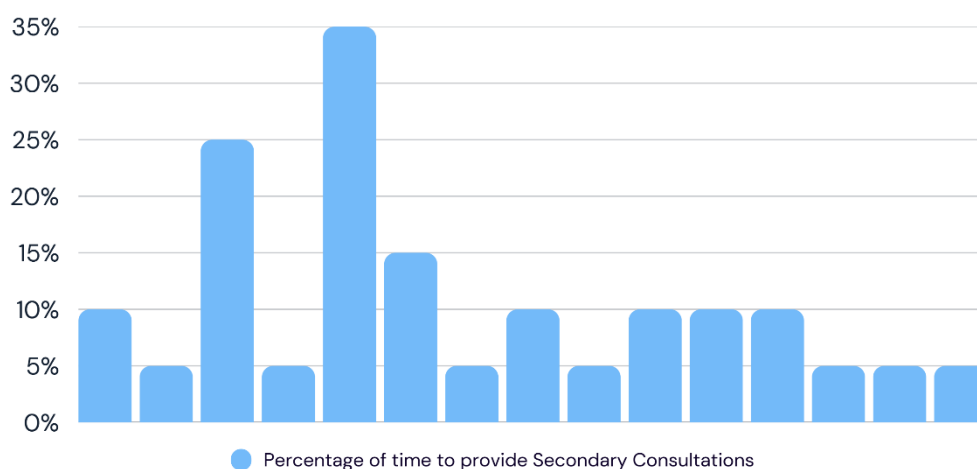
Child and young person victim survivors require a supportive and safe environment – ensuring sufficient funding for refuge services is crucial. In addition to safe housing, children and young people require assistance in rebuilding relationships, managing the trauma of family violence, and adjusting to new living arrangements.

Secondary Consultations

Under Responsibility 5 of the MARAM Framework, secondary consultations involve a variety of services engaging with specialist family violence organisations to obtain expert advice on managing complex cases; assess risk; develop safety plans; and understand the needs of victim survivors. Thirty-nine organisations, accounting for 90.7 per cent, reported that they provide secondary consultations as part of their practice.

Additionally, 15 responding organisations reported that case managers spent on average 10.6 per cent of their time providing secondary consultations, with a range between five to 35 per cent (Figure 16 below).

Figure 16: Percentage of time spent providing secondary consultations (n=15)



In qualitative workshops, organisations reported being either unfunded or underfunded to provide secondary consultations. Further exploration is needed to understand data recording and practice variations.

Victim Survivor Feedback to Services

90.7 per cent of participating organisations indicated that they had received feedback from victim survivors, with 76.9 per cent providing victim survivor insights they had received through feedback and continuous improvement processes.

Victim survivor feedback generally indicated that victim survivors valued the support provided by case managers and the comprehensive supports offered within specialist family violence services. However, victim survivors also expressed frustrations, including a lack of housing; inadequate lengths of support periods; and, in some cases, insufficient financial support. The feedback suggests that victim survivors feel the effects and impact of systemic constraints such as the shortage of affordable housing and the increasing demand on the specialist family violence sector.

The key themes identified in victim survivor feedback provided by family violence organisations are summarised below:

1. Support and wellbeing

- Victim survivors expressed appreciation for how support provided by staff and allocated case managers helped them feel empowered to make informed decisions and increased their confidence; specific appreciation was expressed for the level of care from practitioners in case management and therapeutic services, as well as children's interventions and the refuge core and cluster model.
- Victim survivors valued having a safe space for community connection, social inclusion and self-expression through community events and programs.
- Victim survivors valued the intensive wrap-around support provided, especially within refuge settings, and reported positive outcomes across various life domains.
- Victim survivors indicated a desire for longer support periods and more opportunities for therapeutic and recovery activities, rather than remaining in 'crisis mode'.

2. Positive experience with cultural and community-specific support

- Victim survivors from the LGBTIQ+ community appreciated affirming support but also highlighted a lack of affirming supports and referral options, especially in regional areas.
- Victim survivors expressed concerns about misidentification issues, where the person using violence presents as the victim survivor, exploiting the system as part of a pattern of control.

3. Challenges with housing and financial assistance

- A notable concern was the reported lack of housing options, with victim survivors feeling pressured to find housing to avoid homelessness.
- Victim survivors expressed concerns with the limited financial assistance and capacity to provide material aid, with some noting the need for larger Flexible Support Packages (FSPs); in addition, some expressed dissatisfaction regarding closure before they felt ready.

4. Service accessibility and duration

- Victim survivors reported long wait times to access services and expressed a desire for extended support periods beyond the general 13-week timeframe; some victim survivors reflected that a support period between 3–6 months is insufficient.
- Victim survivors expressed reluctance for cases to close, valuing the continued involvement and support from specialist family violence practitioners.
- Some victim survivors experienced timeliness frustrations with service supports, such as delays in workers responding within expected timeframes.

Conclusion

This year has marked a significant milestone with the highest response rate to date for the survey, alongside the introduction of new analytical sections such as those focusing on counselling and therapeutic services.

The specialist family violence sector and broader system faces ongoing challenges; particularly within the context of the housing and cost-of-living crisis, which has added complexity to service needs. As a result, service providers are navigating increased pressure to meet growing demand.

While organisations reported that victim survivor feedback remains positive overall, their responses highlight the ongoing challenges around housing and financial stress. There is a strong need for increased government funding to help services meet the growing and complex needs of victim survivors. The data presented in this report provides a snapshot of the system's current capacity, but it is important to consider and address the needs and gaps that are not currently able to be fulfilled. A more detailed assessment of demand is necessary to ensure that all victim survivors receive the comprehensive, long-term support they need, regardless of their circumstances.

Despite these challenges, many specialist family violence services have made significant progress by effectively utilising available funding to expand supports. This includes improvements in counselling; dedicated workers for children and young people; after-hours assistance; post-exit case management support; and secondary consultation.

However, these expanded services often lack sufficient government funding to meet the current and increasing demand, placing strain on the sector; this has resulted in waitlists and prioritisation of risk, causing frustration among victim survivors due to delays in support and limited long-term support. Staff time is primarily spent on direct engagement with victim survivors, limiting capacity for additional workforce sustainability needs.

To effectively address ongoing challenges and meet victim survivors' needs, continuing attention and investment is required, including: strengthening cultural safety and accessibility; developing a more comprehensive understanding of current demand; addressing misidentification at a systems level; meeting the needs of children and young people as victim survivors in their own right; secure funding for ACCOs, targeted and specialist family violence services to meet increasing demand; and ensuring workforce sustainability and wellbeing.

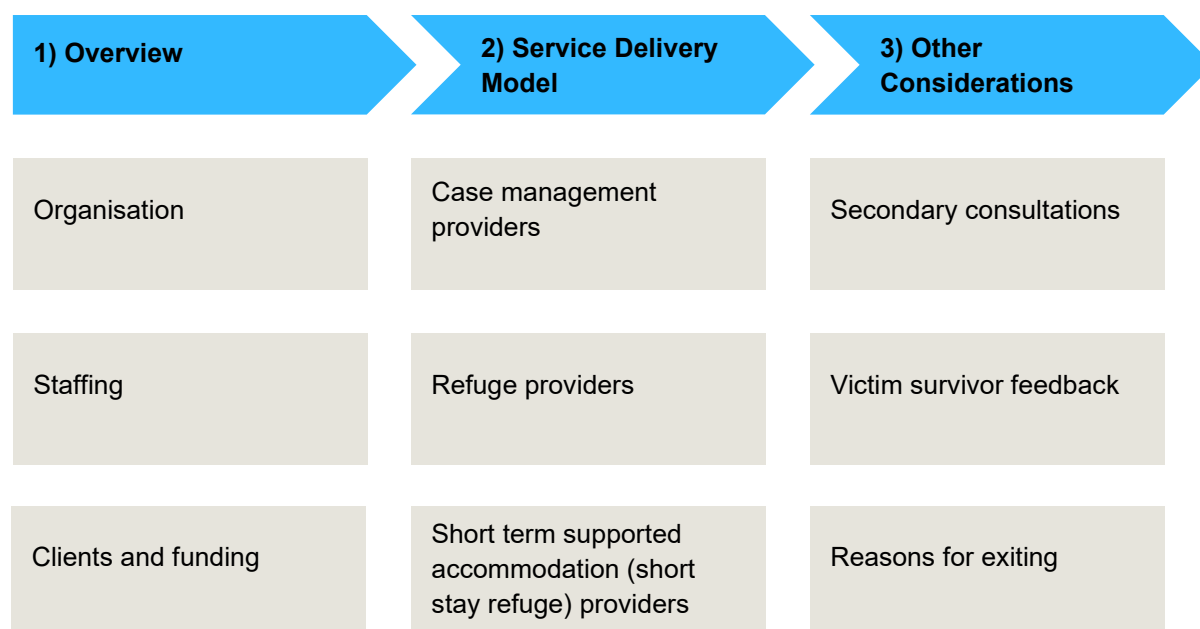
Appendix: Report Methodology

Survey Methodology

The 2024 Demand and Capacity Survey was open to all Safe and Equal members operating specialist family violence services – a group of service providers whose shared role is to work directly with victim survivors, providing dedicated resources and advocacy to promote their rights and respond to their safety and support needs.

The survey was open between 27 May 2024 to 9 August 2024. The data capture period was 1 February to 30 April 2024. Responses were received from services across metropolitan and regional Victoria, including five targeted family violence services and three Aboriginal Community Controlled Organisations.

The survey was structured by three overarching sections as outlined below. Within these overarching sections, questions were grouped across nine relevant sub-sections.



Qualitative Workshops

Further feedback and qualitative workshops were conducted during the Refuge Roundtable on 14 August 2024, and a Sector Advisory Group meeting on 22 August 2024, where qualitative data was collected through interactive discussions. Questions were designed based on areas of enquiry and any gaps in data / information from survey results.