



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



Legislative Assembly Legal and Social Issues Committee  
**Inquiry into Capturing Data on Family Violence Perpetrators in Victoria**

June 2024

**Support research,  
leadership and policy  
changes that drives  
innovation**

# Royal Australian and New Zealand College of Psychiatrists submission

## Inquiry into Capturing Data on Family Violence Perpetrators in Victoria

### About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness, and advises governments on mental health care.

The RANZCP is the peak body representing over 8400 members in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia and Pacific regions.

[The RANZCP Victorian Branch](#) supports 2087 members across the state, including 1442 qualified psychiatrists and 634 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support people in their journey of recovery.

### Key recommendations

- Strengthen Victoria Police's family violence incident procedures to ensure greater data accuracy, prevent the misidentification of survivors as perpetrators, and to collect additional data on long-term patterns of coercive control.
- Develop family violence procedures within Victoria Police to identify and collect data on culturally specific forms of perpetration and to capture data on the prevalence of family violence within First Nations and diverse cultural, linguistic and faith communities.
- Increase funding for research on the efficacy of psychiatric treatments of mental illness in family violence perpetrators and on men's behaviour change programs.

### Introduction

The RANZCP welcomes the opportunity to respond to the Legal and Social Issues Committee's Inquiry into Capturing Data on Family Violence Perpetrators in Victoria (the Inquiry).

In its [Position Statement No 102 Family violence and mental health](#) the RANZCP recognises the significant impact of family violence as a public health, and social and human rights issue affecting communities across Australia.

Reported family violence incidents in Victoria have increased by [6.7 per cent from 82,651 in 2018-19 to 88,214 in 2019-20](#). So far this year, [five](#) women have died in Victoria due to gendered violence.

The RANZCP is committed to supporting the mental health and wellbeing of family violence survivors through [trauma-informed](#) care. We also recognise family violence is a perpetrator problem, and that further research is needed to ensure treatments and other prevention efforts are evidence-based.

The RANZCP Victorian Branch developed this submission in consultation with the RANZCP [Family Violence Psychiatry Network Committee](#) and the [Faculty of Forensic Psychiatry](#).

# Royal Australian and New Zealand College of Psychiatrists submission

## Inquiry into Capturing Data on Family Violence Perpetrators in Victoria

We provide responses to the following Terms of Reference of the Inquiry:

- Who collects data on the profile and volume of family violence perpetrators? When and how is it collected?
- How is the current data on the profile and volume of family violence perpetrators used in Victoria? How could the way this data is used be improved?
- What additional data on the profile and volume of family violence perpetrators should be collected in Victoria? How will it help to achieve a full understanding of this cohort?

We have also included a section on additional considerations that are relevant to the Inquiry but do not fit within the Terms of Reference.

### **Who collects data on the profile and volume of family violence perpetrators? When and how is it collected?**

Data on the profile and volume of family violence perpetrators in Victoria is primarily collected via criminal justice system procedures, the health system, and across family violence services and programs, including men's behaviour change programs.

Health practitioners, including psychiatrists, assess and treat those identified as at risk of perpetrating family violence, as well as adjudicated offenders who have been referred for assessment and treatment. However, health practitioners are required to retain [health records](#) in accordance with the [privacy and health records legislation of Victoria](#). As such, there will be restrictions associated with [providing access](#) to data via patients' health records which may only be shared via a subpoena, for example, as part of legal proceedings.

The Magistrates' Court of Victoria obtains information on family violence perpetrators when survivors seek personal safety or family violence intervention orders ([IVO](#)).

### **How is the current data on the profile and volume of family violence perpetrators used in Victoria? How could the way this data is used be improved?**

The current system requires improvements to ensure correct identification of the perpetrator or primary aggressor, including where there may be more than one. Misidentification of a family violence perpetrator at the time of reporting presents several challenges.

Victoria Police records incidents of family violence through the Victorian Police Risk Assessment and Risk Management Report ([L17 Form](#)). The L17 Form triggers referrals to child protection and family violence services and includes the identification of a 'primary aggressor' in the recorded incident.

In 2018, Women's Legal Services Victoria found that [one in ten](#) women are incorrectly identified as the primary aggressor in family violence incidents reported to Victoria Police. Recent and welcome changes to Victoria Police's [Code of Practice for the Investigation of Family Violence](#), encourage officers to consider the broader context when attending an incident, including whether a survivor may have used aggression in an act of self-defence, or if a perpetrator may be trying to deliberately deceive authorities.

In practice, family violence service providers and psychiatrists have expressed concern for the high number of survivors who continue to be misidentified as perpetrators. Psychiatrists providing care and support to survivors of family violence that have been wrongfully identified as perpetrators spend considerable time preparing reports to prove their patient is not a primary aggressor. This reduces the time psychiatrists

# Royal Australian and New Zealand College of Psychiatrists submission

## Inquiry into Capturing Data on Family Violence Perpetrators in Victoria

spend on treatment and slows recovery. The RANZCP Victorian Branch recommends this as an area for further investigation, to both determine the extent of misidentification more accurately and to continue to improve procedures to rectify this.

Challenges to identifying perpetrators of family violence may at times be more challenging in Aboriginal and Torres Strait Islander communities and among diverse cultural, linguistic and faith communities, including migrants. In these contexts, several factors may make it difficult to correctly identify perpetrators, including contradicting narratives, forensic evidence of mutual injuries, deficits in recall due to substance use or trauma, and language barriers. In addition, it may be challenging to identify family violence perpetration where abuse or violence takes place through cultural practices such as female genital mutilation, dowry abuse, or forced marriage, which often involve multiple perpetrators.

Availability of treatment for family violence perpetrators can be strengthened through better sharing of information on perpetrators between the criminal justice and health systems. Mental health issues are estimated to be present in [38%](#) of family violence perpetrators in Victoria. The RANZCP Victorian Branch recommends mechanisms for referral of all individuals identified on the L17 Form as primary aggressors for mental health assessment. In addition, general practitioners and psychiatrists should be informed if their patient has had an IVO issued against them to ensure suitable treatment.

### **What additional data on the profile and volume of family violence perpetrators should be collected in Victoria? How will it help to achieve a full understanding of this cohort?**

#### Family violence incident procedures

The RANZCP Victorian Branch recommends strengthening Victoria Police's family violence incident procedures in consultation with service providers to identify and record preceding long-term patterns of coercive control through more in-depth interviews. Coercive control includes threats, isolation, manipulation and emotional and financial abuse. This would help reduce the risk of misidentifying survivors as perpetrators. In addition, the data these procedures would collect on long-term patterns of coercive control and the behaviour of perpetrators would inform policy and service delivery focusing on prevention.

We also recommend that when an instance of a survivor being misidentified as a perpetrator has been resolved, the [Family Violence Multi-Agency Risk Assessment and Management Framework](#) (MARAM) is immediately updated to reflect this change. This could be done through MARAM's integrated [CRM](#) to ensure all family violence services and health practitioners working with the survivor are aware.

#### Perpetrators and mental illness

Family violence perpetration is a multifaceted phenomenon involving personal, psychological, social, and cultural factors. However, the underlying driver of family violence is the need among perpetrators for coercive control.

Mental illness does not predetermine family violence perpetration. However, conditions such as psychosis, obsessive sexual jealousy, depression, post-traumatic stress disorder, alcoholism, gambling, substance abuse and psychopathic, narcissistic, and borderline personality disorders are [factors](#), in some instances, which may accelerate and compound acts of violence. These disorders, estimated to be present in [38%](#) of perpetrators, overlap with the need for coercive control, complicating or exacerbating family violence perpetration. The RANZCP Victorian Branch recommends greater funding for research on this overlap to generate improved data on the mental health profile of perpetrators and to therefore inform targeted treatment.

While family violence services aim to rehabilitate the general cohort of perpetrators, psychiatrists are critical to the treatment of perpetrators with complex mental illness, who are often the most serious offenders.

# Royal Australian and New Zealand College of Psychiatrists submission

## Inquiry into Capturing Data on Family Violence Perpetrators in Victoria

Although violent behaviour and psychopathology often co-occur, there has been little research on mental illness among family violence perpetrators in psychiatric treatment, and there is therefore limited data on which treatments are most effective in reducing their offending. We recommend the allocation of funding for research on psychiatric treatment of family violence perpetrators with complex mental illness to provide better data on the efficacy of treatments for this group, who often have serious conditions that make them unsuitable for mainstream prevention services like men's behaviour change programs.

### Diverse cultural, linguistic and faith communities

The RANZCP Victorian Branch recommends improved collection of data to assist in responding to culturally specific forms of family violence. The L17 Form does not collect information on perpetrator ethnicity, except in the case of Aboriginal or Torres Strait Islander identifying persons.

Using the L17 Form to report data on the ethnicity of all perpetrators will assist in gaining a better understanding of the prevalence of family violence within culturally and linguistically diverse communities. In addition, Victoria Police's family violence procedures for diverse cultural, linguistic and faith communities need to be strengthened, in consultation with cultural experts, to include the use of interpreters and in-depth interviews designed to capture culturally specific forms of coercive control, such as control of migration status.

### Secondary-prevention treatments

There is a lack of data from research and evaluation on the efficacy of secondary-prevention treatments for family violence perpetrators. While [data](#) suggests that men's behaviour change programs reduce the prevalence of family violence perpetration, they are not effective for all men and changes may not be sustained in the long-term.

We welcome funding in the Victorian Budget 2024/25 to support research to inform evidence-based policy and program development for family violence prevention. The use of this funding for research into men's behaviour change programs will help generate stronger data on their effectiveness in reducing and preventing family violence.

## **Additional considerations**

### Trauma-informed practice

The RANZCP Victorian Branch recommends embedding trauma-informed practices into Victoria Police's family violence procedures. We first made this recommendation in our [submission](#) to the Victorian Royal Commission on Family Violence in February 2015. Trauma-informed practices recognise that events such as family violence incidents can produce experiences of overwhelming fear, stress and anxiety. Embedding trauma-informed practice would help ensure procedures are sensitive, nuanced, and culturally safe, and avoid the misidentification of survivors as perpetrators. Trauma-informed practices will also help ensure survivors are not retraumatized, feel they have been listened to and are confident in authorities and the reporting of incidents.

### Victoria's mental health system

Although treatment of mental illness in perpetrators does not negate the drivers of family violence, such as the need for coercive control, in cases where perpetrators suffer from treatable disorders, treatment may reduce or stop their offending and therefore provide an underutilised [pathway to prevention](#).

Mental health treatment of family violence perpetrators is limited by significant shortcomings in Victoria's mental health system. In its pre-budget submission, [2024/25 Agenda for Reform](#), the RANZCP Victorian

## Royal Australian and New Zealand College of Psychiatrists submission Inquiry into Capturing Data on Family Violence Perpetrators in Victoria

Branch urged the Government to expand services for the treatment of serious and complex mental illness to address the growing number of Victorians with unmet needs. These services provide early detection of family violence offending and treatment of perpetrators with complex mental illness.

Detection of mental illness in perpetrators is challenging, as their unwellness may remain unrecognised or they may present as coherent and composed to avoid diagnosis. RANZCP Victorian Branch recommends better funding for specialist family violence training for psychiatrists and mental health practitioners focusing on identification and treatment of perpetrators with mental illness. This should include funding for general practitioners to undertake the [Certificate of Postgraduate Training in Clinical Psychiatry](#) to better equip them to undertake this work. Increasing family violence training would enable all health settings to have at least one dedicated general practitioner, psychiatrist, or mental health nurse to work with perpetrators.

For further information, please contact Cameron Boyle, at [cameron.boyle@ranzcp.org](mailto:cameron.boyle@ranzcp.org).

# Royal Australian and New Zealand College of Psychiatrists submission

## Inquiry into Capturing Data on Family Violence Perpetrators in Victoria

### References

[RANZCP Victorian Branch](#)

RANZCP Victorian Branch: [2024/25 Agenda for Reform](#)

RANZCP Victorian Branch: [Submission to the Victorian Royal Commission on Family Violence](#)

[RANZCP Family Violence Psychiatry Network Committee](#)

[RANZCP Faculty of Forensic Psychiatry Victorian Subcommittee](#)

RANZCP Position Statement: [Family Violence and Mental Health](#)

RANZCP Position Statement: [Trauma-informed Practice](#)

RANZCP Position Statement: [Management of Patient Health Records](#)

RANZCP Position Statement: [Access to Patient Health Records](#)

[RANZCP Certificate of Postgraduate Training in Clinical Psychiatry](#)

Australian Institute of Health and Welfare: [Family, Domestic, and Sexual Violence](#)

Women's Legal Service Victoria: [Police Misidentification of the 'Primary Aggressor' in Family Violence Incidents in Victoria](#)

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