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2019-20

Census of Workforces that Intersect with Family Violence

Summary Findings Report:

Specialist Family Violence Response
Workforce, Primary Prevention Workforce
and Broader Workforces that Intersect
with Family Violence

VICTORIA
State
Government

Census of Workforces that Intersect with Family Violence **2019-20**

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This project was conducted in accordance with the international quality standard ISO 20252, and complies with the Australian Privacy Principles contained in the Privacy Act 1988. ORIMA Research also adheres to the Privacy (Market and Social Research) Code 2021.

Acknowledgement of Aboriginal Victoria

We pay our respects to Aboriginal and Torres Strait Islander peoples past and present, their cultures and traditions and acknowledge their continuing connection to land, sea and community.

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1 Introduction

This report presents a brief summary of the findings from the Family Safety Victoria 2019-20 Census of Workforces that Intersect with Family Violence. For more detailed results per workforce, including a detailed methodology and survey approach, please see the following reports:

- **Survey findings report** – Specialist family violence response workforce.
- **Survey findings report** – Primary prevention workforce.
- The series of individual infographic reports produced for the sub-workforces within the broader workforces that intersect with family violence.

Background and research objectives

In July 2019, Family Safety Victoria (FSV) commissioned ORIMA Research to design and deliver the 2019-20 Census of Workforces that Intersect with Family Violence in Victoria. The overarching aim of the 2019-20 Census was to assist in deepening the Victorian Government's understanding of a range of issues in the context of reforms recommended by the Royal Commission into Family Violence.

Three target audiences (workforces) were identified for the Census, as detailed in [Table 1](#). This report presents the key topline findings across the three audiences. It should be noted that not all questions / sections were asked of each workforce. See Appendix A for the full questionnaire.

Table 1: Target audiences for the Census (workforces)

Workforce	Definition
Specialist family violence response	<ul style="list-style-type: none"> – Those who work directly with victim survivors, perpetrators or cases of family violence as a family violence response specialist; or – Those who work directly with family violence response specialists as a manager, supervisor / trainer; or in a capacity building, policy or practice development role. <p>See questionnaire at Appendix A for example roles for each workforce.</p>
Primary prevention of family violence	<ul style="list-style-type: none"> – Those who work to prevent family violence through systemic / organisational / community-level initiatives.
Broader workforces that intersect with family violence	<ul style="list-style-type: none"> – Those who are sometimes in contact with victim survivors or perpetrators of family violence and required to deal with the impacts of family violence, despite this not being a significant focus of their role. – This includes all types of workforces who work with women, families and children (or the broader community) as part of their day-to-day role even though it is not directly related to family violence. – This audience is reported on at an aggregate level within this report, plus by workforce sub-groups as relevant.

Project development

Questionnaire development and sector consultation

The questionnaire (see Appendix A) was developed by ORIMA Research and the FSV project team, with content informed by the previous Census.

Research approvals

Ethics approval was granted for this project by the ORIMA Research Human Research Ethics Committee on Thursday 31 October 2019 (Approval Number: 0112019). Research approvals were also granted by the Victoria Police Research Committee and the Victorian Department of Education and Training Research in Victorian Government Schools and Early Childhood settings committee.

Survey fieldwork

The survey was conducted between Monday 18 November 2019 and Friday 28 February 2020. A small extension was also granted for certain workforces until Friday 13 March 2020.

Survey dissemination

As there is no central or reliable record of contact details for all individuals employed in this sector ORIMA Research and the FSV project team relied on sector, departmental, and organisational (or similar) representatives to assist in a controlled dissemination of a generic Census survey link.

Response rate

A total of 5,021 responses were received for the Census across the 3 workforces (see Table 2). In advance of fieldwork, the FSV project team undertook an extensive data collection exercise to estimate the population size for each of the relevant workforces for this project. These figures were used to monitor response rates and are the basis for response rate figures below.

Table 2: Response rate breakdown (based on population estimates)

Workforce	Population size (approximate)	Number of responses	Response rate
Specialist family violence response	2,491	1,575	63%
Primary prevention of family violence	352	517	147% ¹
Broader workforce that intersects with family violence	222,070	2,929	1%

¹ The number of survey responses received for the primary prevention workforce was greater than the estimated population (147%). This may be due to several reasons, including the fact that population figures that were used to calculate response rates are estimates of the true population size. For more details please see the Survey findings report – Primary Prevention workforce.

Statistical precision and presentation of results

Statistical precision

As this survey was an attempted census of workforces that intersect with family violence (i.e. all those in scope for the survey were assumed to have been invited to participate, via either a personalised or generic survey link), the survey results are not subject to sampling error.

However, the survey is subject to potential non-sampling error, including coverage error and non-response error. Unlike sampling error, non-sampling error is generally not mathematically measurable. ORIMA Research uses several strategies to address sources of non-sampling error to the extent possible, including careful questionnaire construction and data processing quality control.

Presentation of results

Percentages in this report are based on the total number of valid responses made to the particular question being reported on. Results presented as percentages throughout the report may not add up to 100% due to rounding, or where participants were able to select more than one response. Suppression rules have been implemented throughout this report whereby groups of individuals with fewer than 10 respondents have not been reported on to protect respondent confidentiality.



All results are self-reported by respondents and have not been verified against any secondary data.

2 Role requirements

In order to understand the role requirements across the three workforces, respondents were asked to report on the frequency with which they undertook various activities as part of their role. The most frequently undertaken core activities and family-violence related activities are presented below.

Core activities

Family violence response specialists and primary prevention practitioners reported that they undertook a range of 'core' activities as part of their role. The most frequently undertaken activities for each workforce were as follows:

Workforce	#1 Most frequent	#2 Most frequent	#3 Most frequent
 Specialist family violence response (n=1,436-1,468)	Case advocacy (54% at least weekly)	Case management (47%)	Developing partnerships and fostering integration (42%)
 Primary prevention (n=495-498)	Developing and maintaining partnerships and networks (64%)	Project management (56%)	Implementation of primary prevention initiatives (49%)

Family violence response-specific activities

Table 4 illustrates the top 3 most frequently undertaken family violence response-specific activities for each workforce. Overall:

- Specialists generally undertook family violence response-specific activities more frequently than the core activities discussed above, whilst primary prevention practitioners generally

undertook family violence response-specific activities less frequently than core activities.

- The activities that the aggregate broader workforce most frequently worked on were similar to those reported amongst specialists, though were undertaken less often (also see Table 5 overleaf for detailed results by sub-groups).





Workforce	#1 Most frequent	#2 Most frequent	#3 Most frequent
 Specialist family violence response (n=1,509-1,526)	Identification of family violence (70% at least weekly)	Screening for family violence risk (66%)	Monitoring on-going risk / changes in risk for a client (61%)
 Primary prevention (n=498-502)	Proactive / voluntary family violence information sharing (29%)	Identification of family violence (28%)	Requesting information for FV risk assessment (14%)
 Broader workforce aggregate (n=2,620-2,685)	Screening for family violence risk (35%)	Identification of family violence (30%)	Family violence brief or intermediate risk assessment (20%)

Table 5. How frequently do you work on the following activities? (Top three by broader workforce sub-groups, % 'at least weekly')

 Broader workforce sub-group	#1 Most frequently undertaken	#2 Most frequently undertaken	#3 Most frequently undertaken
Alcohol and Drug services (n=198-207)	Screening for FV risk (50%)	Identification of FV (45%)	FV brief or intermediate risk assessment (24%)
Ambulance services (n=145-148)	Screening for FV risk (13%)	Safety planning (12%)	Identification of FV (11%)
Broader community services (n=1,378-1,403)	Screening for FV risk (37%)	Identification of FV (33%)	Safety planning (21%)
Children, Families and Child Protection (n=392-397)	Identification of FV (42%)	Screening for FV risk (41%)	Safety planning (32%)
Community Health Services (n=295-300)	Screening for FV risk (39%)	Identification of FV (29%)	FV brief or intermediate risk assessment (19%)
Community Mental Health Services (n=196-200)	Screening for FV risk (43%)	Identification of FV (37%)	Safety planning (24%)
Court Services (n=82-86)	Identification of FV (43%)	Screening for FV risk (40%)	FV brief or intermediate risk assessment (32%)
Disability Services (n=109-112)	Screening for FV risk (14%)	Identification of FV (9%)	FV brief or intermediate risk assessment (7%)
Education (n=254-258)	Screening for FV risk (11%)	Identification of FV (10%)	Safety planning (8%)
Housing and Homelessness (n=168-169)	Screening for FV risk (35%)	Identification of FV (33%)	Safety planning (26%)
Justice (n=115-116)	Identification of FV (36%)	Screening for FV risk (26%)	Safety planning (22%)
Legal Services (n=56-58)	Identification of FV (48%)	Screening for FV risk (34%)	FV brief or intermediate risk assessment (23%);
Maternal and Child Health (n=122-131)	Screening for FV risk (90%)	Identification of FV (40%)	Referring a client externally for family violence risk assessment or risk management (23%)
Other Community Services (n=257-264)	Screening for FV risk (38%)	Identification of FV (29%)	FV brief or intermediate risk assessment (34%)
Police (n=125-134)	Identification of FV (81%)	Screening for FV risk (80%)	FV brief or intermediate risk assessment (22%)
Public health (n=495-499)	Screening for FV risk (28%)	Identification of FV (16%)	FV brief or intermediate risk assessment (74%)
Settlement Services (n=32)	Identification of FV / Screening for FV risk (22% each)	FV brief or intermediate risk assessment / Safety planning (16% each)	FV brief or intermediate risk assessment (14%)
Youth Work (n=108-109)	Screening for FV risk (31%)	Identification of FV (26%)	Requesting family violence secondary consultation internally (13%)



Orange highlight = Percentages over 50%

3 Employment conditions

This chapter details the employment conditions of the specialist and primary prevention workforces. This includes the nature of contracts held (full-time, part-time, casual or other; ongoing versus fixed term), average number of hours and days worked, and amount of unpaid work undertaken.

Across the specialist and primary prevention workforces, over half of respondents indicated that they were employed on a full-time basis (ongoing or fixed term, 58% and 51% respectively - see Table 6); though primary prevention workers were less likely to hold ongoing full-time roles.

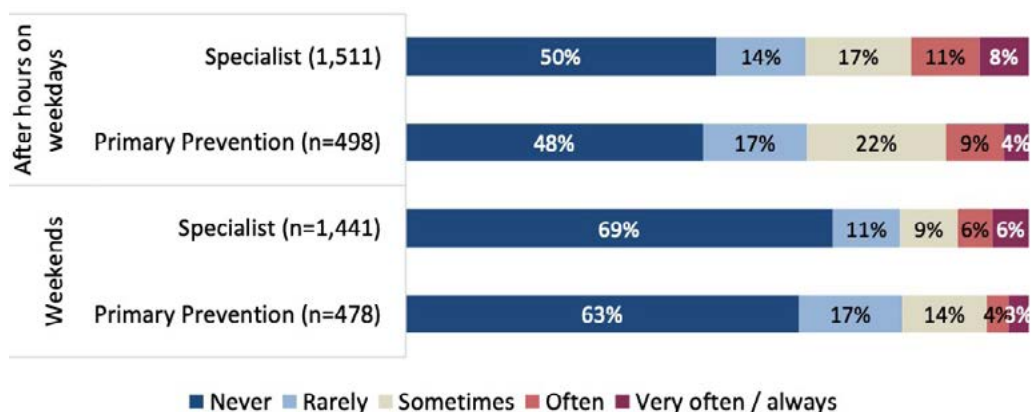
Table 6: On what basis are you employed in this role?

Employment type	 Specialist family violence response (n=1,532)	 Primary prevention (n=504)
Ongoing full time	46%	34%
Fixed-term full time	12%	17%
Ongoing part time	27%	25%
Fixed-term part time	10%	18%
Casual / sessional	3%	4%
Other	2%	2%

The majority of the specialist workforce indicated that they were generally paid to undertake their work during normal business hours (see Figure 1). Around one-in-five reported that they were frequently ('often' or 'very often') paid to undertake their work after hours on weekdays

(19%), while 11% were frequently paid to work on weekends. A relatively smaller proportion of the primary prevention workforce reported frequently being paid to undertake their work after hours on weekdays (13%), whilst 7% reported doing so on weekends.

Figure 1: How often are you paid to work outside of normal business hours, if at all?
Base: Specialists and primary prevention



Respondents were also asked to provide comment about any unpaid work that they undertook.

- Overall, fewer than one-in-three specialists indicated that they frequently worked additional unpaid hours (17% often and 14% very often / always), though a further 26% reported that they sometimes did so.

- Similarly, one-third of the primary prevention workforce reported that they often worked additional unpaid hours (21% often and 13% very often / always), whilst a further 30% noted that they sometimes did so.

4 Supervision

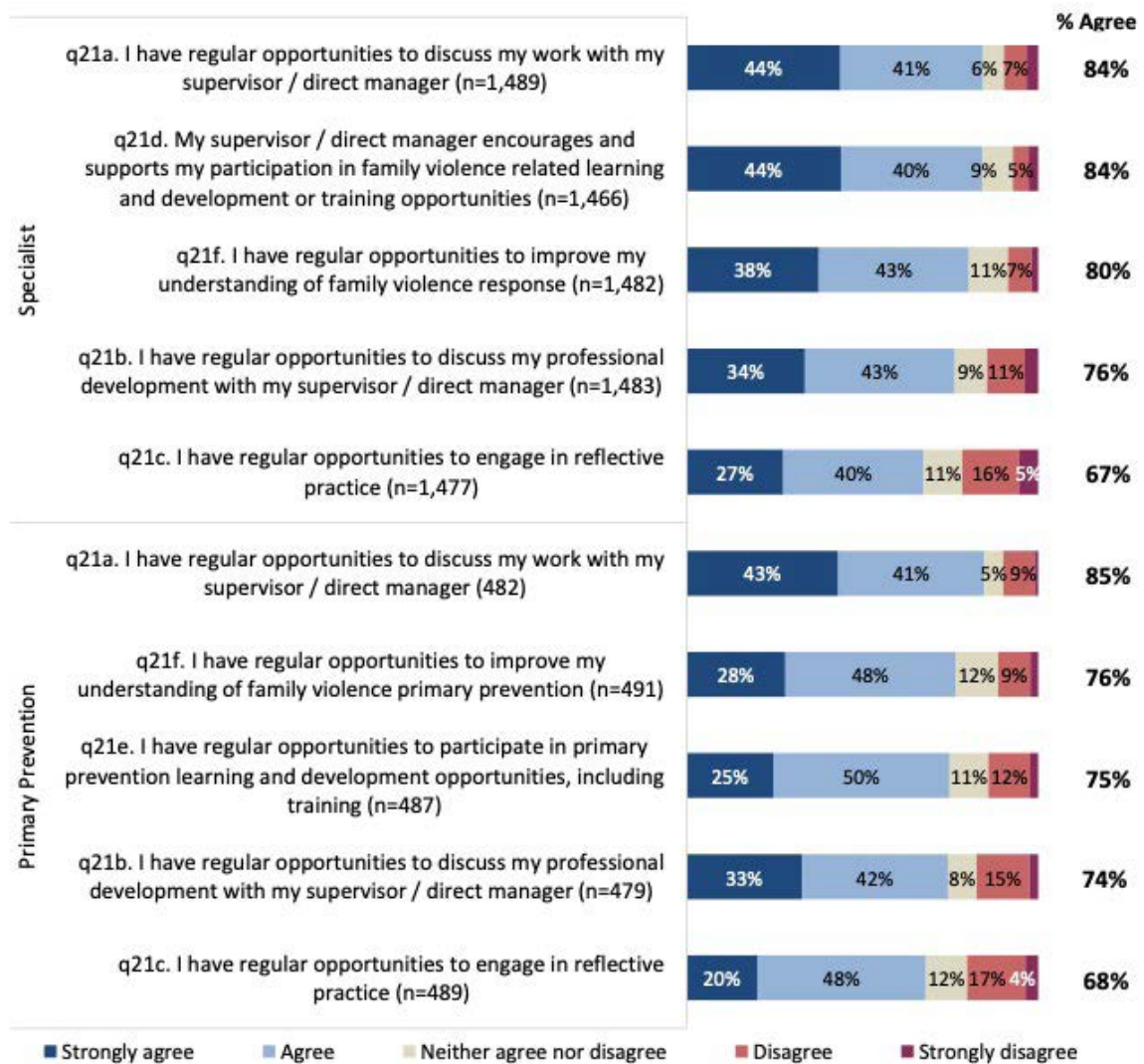
This chapter explores the extent to which the specialist and primary prevention workforces felt supported in the workplace, and the nature of their interactions with supervisors or managers.

Overall satisfaction

Most respondents from both the specialist and primary prevention workforces were satisfied with the quality of support provided by their supervisor or manager (75% and 72%, respectively). Very few reported being dissatisfied (14% of each workforce).

Both workforces were also asked about a range of more specific metrics associated with the support provided by their supervisors / managers, with respondents most frequently agreeing that they have regular opportunities to discuss their work with their supervisor / direct manager (see Figure 2 for detailed results).

Figure 2: Support / opportunity provided by manager
Base: Specialists and primary prevention



Professional supervision: Specialists



69% of the specialist family violence response workforce reported that they receive professional supervision in their current role², with:

- 37% indicating that they received supervision from an external supervisor from outside their organisation; and
- 27% indicating that they received supervision from another internal supervisor.

Over three-quarters of these respondents reported being satisfied with the quality of the supervision they received from their line manager / internal supervisor (76%-78% satisfied) and 86% were satisfied with the quality of professional supervision they receive from an external supervisor.



26% of the specialist family violence response workforce indicated that they were responsible for providing professional supervision², with:

- 70% providing supervision through individual / one-on-one sessions;
- 28% providing both individual and group supervision; and
- 2% providing supervision for groups only.

Most respondents who indicated that they provide professional supervision had been trained to provide such supervision (80%), though one-in-five had not received such training (20%).

Support: Primary prevention workforce



49% of the primary prevention workforce reported that there were fewer than five other primary prevention practitioners employed at their organisation; and 29% worked with just one, or no others.

As they often make up a small cohort within their organisations, the primary prevention workforce were also asked a series of additional questions regarding how they felt others viewed their role. Overall, the results suggested that many primary prevention practitioners felt that their role was not particularly well understood or valued within their organisation, with just:

- one-third (33%) feeling that their role was extremely or very well **understood** by others; and
- half (49%) that their role was extremely or very well **valued** by others in their organisation.

When asked about relationships that they held with others in the workforce, 46% reported that they were part of a regional primary prevention partnership or network, whilst just over half of respondents (51%) reported that they were a part of a community of practice for primary prevention practitioners; most of whom found it useful (85% of those who are part of such a community).

2. Q23. In your current role, do you provide or receive professional supervision? Multiple responses accepted (n=1,475)

5 Training and confidence

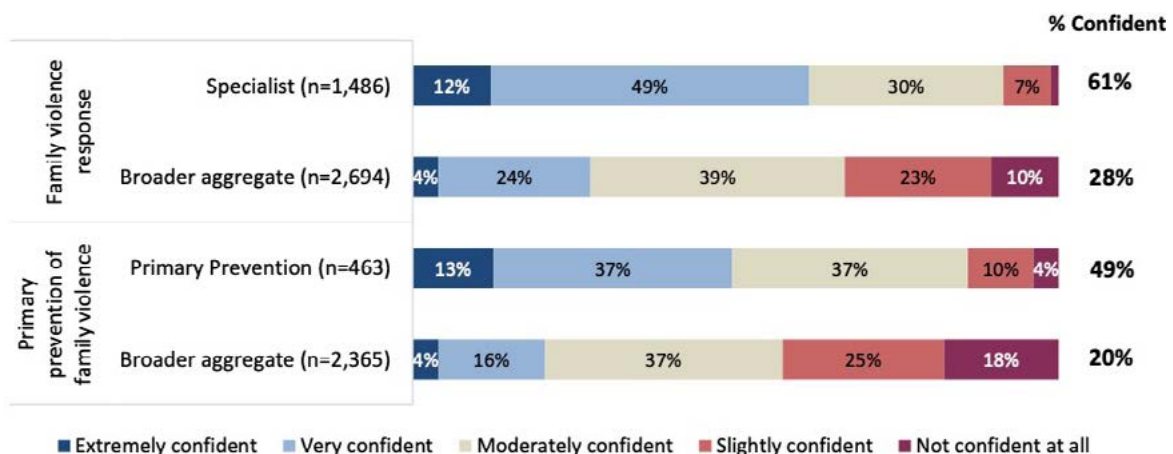
This chapter explores the levels of confidence, understanding of the MARAM framework and perceptions of training across the three workforces. The information in this chapter may be used to inform potential future training and support requirements.

Confidence

As illustrated in Figure 3, around three-in-five specialists indicated that they were 'extremely' or 'very' confident that they have had enough training and experience to effectively perform their role(s) in relation to family violence response (61%). Those in the broader workforce were also asked about their level of confidence, with only 28% indicating that they were confident.

In relation to the primary prevention of family violence, around half of primary prevention practitioners indicated they were at least very confident (49%), whilst just one-in-five respondents from the broader workforce indicated they were at least very confident (20%).

Figure 3: Confidence in level of training and experience
Base: All respondents



Q37. In relation to family violence response / Q39. In relation to primary prevention of family violence, how confident are you that you have had enough training and experience to perform your role(s) effectively?

When asked about what additional support would increase their confidence in performing their role, all workforces indicated that information sharing and collaboration was most important.

MARAM



92%

of the specialist workforce had heard of the MARAM framework.



79%


of the primary prevention workforce had heard of the MARAM framework.



53%

of the aggregate broader workforce had heard of the MARAM framework.

The three broader workforce sub-groups with the greatest awareness of the MARAM framework were maternal and child health (95% were aware); alcohol and drug services (86%); and housing and homelessness (80%); whilst ambulance services reported the lowest awareness (7%, see Table 7).




Table 7: Awareness, understanding and use of the MARAM framework and tools by workforce (including broader workforce sub-groups)				
Workforce	Aware of the MARAM framework (% Yes)	Organisation prescribed to align with the MARAM framework (% Yes)	I have a good understanding of my professional responsibilities under the MARAM framework (% Agree)	In identifying or assessing FV risk, I always use MARAM tools, including a structured professional judgement approach (% Agree)
Specialist family violence response (n=946-1,482)	92%	81%	79%	62%
Primary prevention (n=131-474)	79%	52%	56%	34%
Broader workforce aggregate (n=838-2,711) 	53%	67%	63%	39%
Alcohol and Drug services (n=119-202)	86%	76%	63%	35%
Ambulance services (n=5-149)	7%	55%	*	*
Broader community services (n=613-1,401)	68%	73%	61%	36%
Children, Families and Child Protection (n=213-388)	80%	78%	68%	44%
Community Health Services (n=119-306)	62%	72%	53%	34%
Community Mental Health Services (n=71-192)	61%	68%	50%	24%
Court Services (n=19-105)	50%	49%	54%	37%
Disability Services (n=10-119)	24%	38%	73%	40%
Education (n=12-259)	25%	23%	57%	17%
Housing and Homelessness (n=89-167)	80%	72%	54%	30%
Justice (n=33-112)	61%	66%	67%	45%
Legal Services (n=4-58)	57%	24%	*	*
Maternal and Child Health (n=90-126)	95%	90%	70%	46%
Other Community Services (n=79-269)	59%	61%	60%	29%
Police (n=39-129)	57%	60%	81%	72%
Public health (n=68-523)	27%	58%	53%	31%
Settlement Services (n=8-31)	48%	67%	*	*
Youth Work (n=57-111)	78%	72%	65%	32%

Orange / yellow highlight = Top / bottom three sub-group results per question.

*Suppressed due to low sample size.

Training

All three workforces were asked to identify the family violence prevention and response topics that they had completed training in, and those they would like further training in. Table 8 illustrates the key findings, by workforce. The top three barriers to accessing further training / development are also shown below.

Table 8: Top three training areas completed and desired, and top three barriers to accessing training, by workforce			
Training completed	Helpfulness of completed training (% Helpful)	Training desired in future	Main barriers in accessing further training and development
 Specialist FV response (n=1,415)	(n=921-1,013)	(n=1,155)	(n=1,457)
Family violence risk assessment and risk management (CRAF) (73%)	75%	Working with people with disabilities (50%)	Lack of time (52%)
Identifying and screening family violence (69%)	82%	Sexual assault in family violence (48%)	Cost of study (42%)
Trauma-informed practice (67%)	88%	Working with adolescents (48%)	Location of training facility (32%)
 Primary prevention (n=433)	(n=209-248)	(n=376)	(n=461)
Gender equity (59%)	80%	Working with Aboriginal communities (52%)	Lack of time (57%)
Foundation / introductory primary prevention of violence against women (58%)	75%	Multi-Agency Risk Assessment and Management (MARAM) (50%)	Cost of study (42%)
Recognising and responding to disclosures (50%)	76%	Managing backlash and resistance (49%)	Location of training facility (32%)
 Broader workforce aggregate* (n=2,477)	(n=955-1,024)	(n=1,941)	(n=2,603)
Identifying and screening family violence (43%)	67%	Multi-Agency Risk Assessment and Management (MARAM) (59%)	Lack of time (44%)
Trauma-informed practice (42%)	83%	Legal issues for family violence (49%)	Cost of study (35%)
Family violence risk assessment and risk management (CRAF) (39%)	62%	Working with perpetrators of family violence (48%)	Location of training facility (27%)

*Please refer to individual reports for detailed results per broader workforce sub-group.

6 Health and wellbeing

This chapter explores the health and wellbeing of the three workforces. The information in this chapter may be used to improve understanding of the health and wellbeing of the workforce as a whole, assist in identifying any specific areas of focus, and inform forward-looking strategies to support its workers.

Satisfaction with role



75% of the specialist family violence response workforce indicated that they were satisfied in their current role, and 66% felt that their work makes a significant difference to people affected by family violence.³



75% of the primary prevention workforce also reported being satisfied in their current role, and 45% felt that their work makes a significant difference to those affected by family violence.⁴

Workplace stressors

Work-related stress is an important consideration when exploring the health and wellbeing of staff, and there are various elements of an individual's role that may contribute to such stress. Overall:

- **78%** of the specialist family violence response workforce reported that they experienced at least moderate work-related stress, and 33% experienced high, very high or severe levels;
- **76%** of the primary prevention workforce indicated that they experienced at least moderate work-related stress, and 31% experienced high, very high or severe levels; and
- **78%** of the broader workforce (aggregate) experienced at least moderate work-related stress, and 32% experienced high, very high or severe levels.

Table 9 overleaf illustrates the top three causes of work-related stress amongst each workforce.

3. Q66. Overall, how satisfied are you in your current role in the specialist family violence response workforce? (n=1,406). Q67. How much difference do you think your work makes to people affected by family violence? (n=1,352)

4. Q66. Overall, how satisfied are you in your current role in the primary prevention workforce? (n=442). Q67. How much difference do you think your work makes to people affected by family violence? (n=397)

Table 9: Primary causes of workplace stress (Top three by workforce)*

Workforce	#1 Cause of workplace stress	#2 Cause of workplace stress	#3 Cause of workplace stress
 Specialist family violence response (n=482)	High volume of work / high demands of their role (84%)	Poor management or organisational issues (48%)	Vicarious trauma (43%)
 Primary prevention (n=142)	High volume of work / high demands of their role (76%)	Poor management or organisational issues (61%)	Staff turnover (41%)
 Broader workforce aggregate (n=790)	High volume of work / high demands of their role (83%)	Poor management or organisational issues (43%)	Vicarious trauma (38%)

*Percentages are based out of those who had experienced at least 'high' levels of work-related stress.

Across the various sub-groups within the broader workforce, most cited the same top three causes of workplace stress as the aggregate (see Table 9), though there were some differences to note:

- Education workers cited 'external pressures' as their third cause (in addition to high volume of work / demands and poor management or organisational issues).
- Maternal and child health and settlement services cited 'staff turnover' (after high volume of work / demands and poor management or organisational issues).

Support for negative encounters

Vicarious trauma amongst specialists

As outlined earlier, although high volume of work and poor management were the most cited causes of workplace stress, 27-43% of those who experienced at least high levels of stress across each workforce also mentioned vicarious trauma.



59% of the specialist family violence response workforce understood that their organisation had processes or policies and procedures in place to recognise and manage vicarious trauma⁵. Of these individuals:

- 35% felt that these measures were very or extremely effective in assisting them to recognise that they are experiencing vicarious trauma⁶; and

- 31% felt that these measures were very or extremely effective in assisting them to manage vicarious trauma⁷.

Backlash / resistance as an issue amongst primary prevention and broader workforces

Similarly, given the unique type of work that the primary prevention and broader workforces undertake, backlash / resistance⁸ is a particularly important factor to consider when exploring workplace stress amongst these audiences.


22% of the primary prevention workforce reported that they often or always experience backlash or resistance in undertaking their work.⁹ Additionally:

5. Q58. Does your organisation have processes in place or policies and procedures to recognise and manage vicarious trauma? (n=1,436)

6. Q59. Overall, how effective are these processes, policies and / or procedures in assisting you to recognise that you are experiencing vicarious trauma? (n=744)


7. Q60. Overall, how effective are these processes, policies and / or procedures in assisting you to manage vicarious trauma? (n=731)

8. Backlash and resistance refer to any form of resistance toward gender equality.

9. Q61. In your role, how often do you experience resistance or backlash in undertaking your work? (n=454)

- 64% reported that they have access to support if they encounter resistance or backlash in their work and 80% indicated that they have access to support if they encounter cases of family violence or disclosures in their work;¹⁰ and
- Of those who had access to such support, 55% felt it was very or extremely effective overall.¹¹

Overall, just 9% of the aggregate broader workforce reported that they often or always experience backlash or resistance in undertaking their work.¹² Results for each sub-group under the broader workforce are also presented in [Table 10](#) below.

Table 10: Experience with backlash / resistance and support for negative encounters by broader workforce sub-group				
 Broader workforce sub-group	Experience backlash / resistance often or always	Access to support - if encounter cases of FV or disclosures (% Yes)	Access to support - if encounter resistance or backlash (% Yes)	Support provided is very / extremely effective
Alcohol and Drug services (n=153-188)	10%	95%	56%	61%
Ambulance services (n=76-136)	10%	88%	45%	53%
Broader community services (n=954-1,324)	10%	91%	55%	61%
Children, Families and Child Protection (n=280-362)	11%	94%	58%	64%
Community Health Services (n=211-292)	9%	93%	52%	61%
Community Mental Health Services (n=124-184)	11%	88%	46%	60%
Court Services (n=41-98)	6%	79%	49%	44%
Disability Services (n=68-111)	10%	85%	46%	40%
Education (n=155-244)	10%	87%	53%	52%
Housing and Homelessness (n=115-160)	9%	91%	55%	63%
Justice (n=45-95)	14%	82%	46%	42%
Legal Services (n=49-81)	14%	88%	55%	61%
Maternal and Child Health (n=101-115)	4%	97%	56%	61%
Other Community Services (n=174-256)	9%	88%	56%	63%
Public health (n=314-499)	10%	91%	52%	58%
Settlement Services (n=33-45)	7%	86%	52%	52%
Youth Work (n=74-104)	8%	92%	59%	49%

Orange / yellow highlight = Top / bottom 3 most positive or negative sub-group results per question.

Note: Police were not asked this section of the survey.

10. Q63. Do you have access to support to assist you if you encounter cases of family violence or disclosures, or resistance or backlash in your work? (n=400)

11. Q64. Overall, how effective is this support? (n=276)

12. Q61. In your role, how often do you experience resistance or backlash in undertaking your work? (n=2,424)

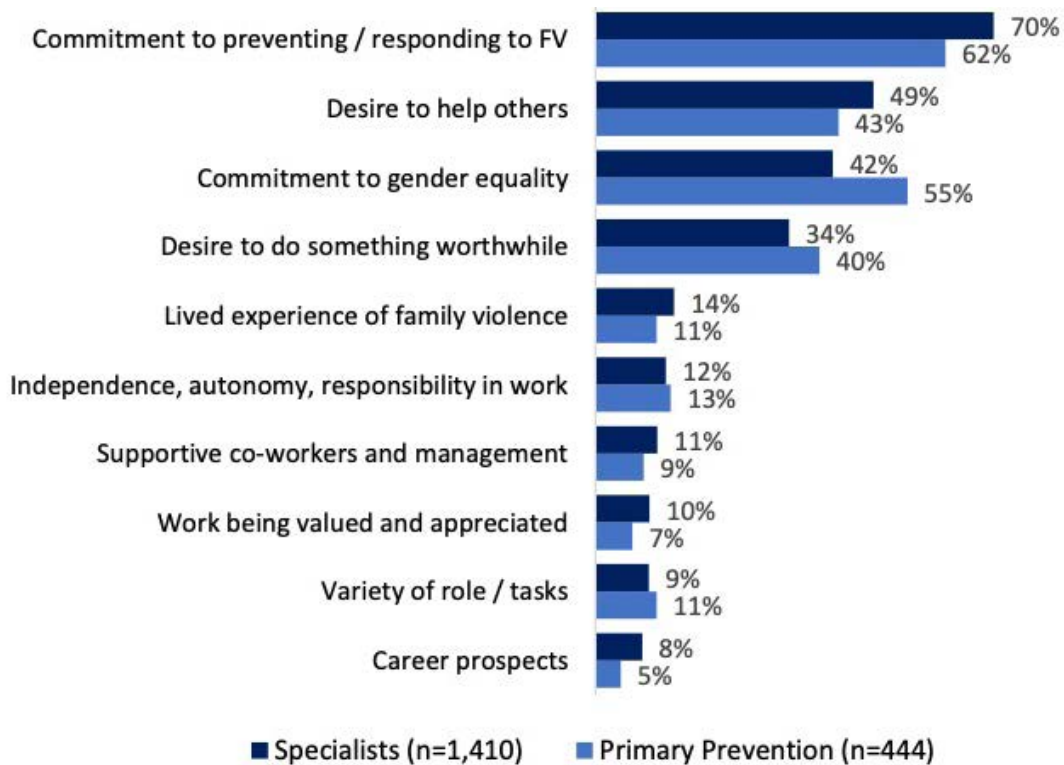
7 Career and future intentions

This chapter outlines the key motivators for working in both the specialist family violence response and primary prevention workforces and explores the future plans / intentions of these groups. This information may be useful to inform recruitment and retention strategies.

Motivations in current role

As illustrated in Figure 4, the results illustrated that both the specialist family violence response and primary prevention workforces were highly motivated by a commitment to preventing / responding to family violence.

Figure 4: Motivators to working in family violence response / primary prevention (top 10)
Base: Specialists and primary prevention; multiple responses accepted



Q69. Overall, what mainly motivates you to work in a role in family violence response / primary prevention of family violence? Top 10 ranked by specialists.

Respondents were also asked to comment on what they were doing immediately prior to commencing employment in their current role. The main responses from those working in the specialist and primary prevention workforces were that they were 'working for another organisation or agency in the sector' (41% and 35%), or 'working in a related sector' (23% and 26%).

13. Q71. Thinking about your future, do you have plans to leave your current role? (n=1,409)

Future intentions



Specialist Family Violence response

When asked about their future intentions, responses across the specialist and primary prevention workforces were broadly similar. Just over half (51%) of specialists did not have plans to leave their current role at this stage, whilst 40% did plan to leave their current role and 10% were unsure¹³

- Of those who did intend to leave their current role, 44% were planning to leave for another role within the specialist family violence response workforce. A similar proportion (40%) were planning to leave their current role for another role outside of this workforce.
- The main reasons that had driven specialists to consider leaving their role within the next 12 months included career prospects or lack of advancement opportunities (24%-29%); and stress / pressure or the role having a negative

effect on respondents' health and wellbeing (24%-28%). Furthermore, 26% also cited an end of contract (see Figure 5).



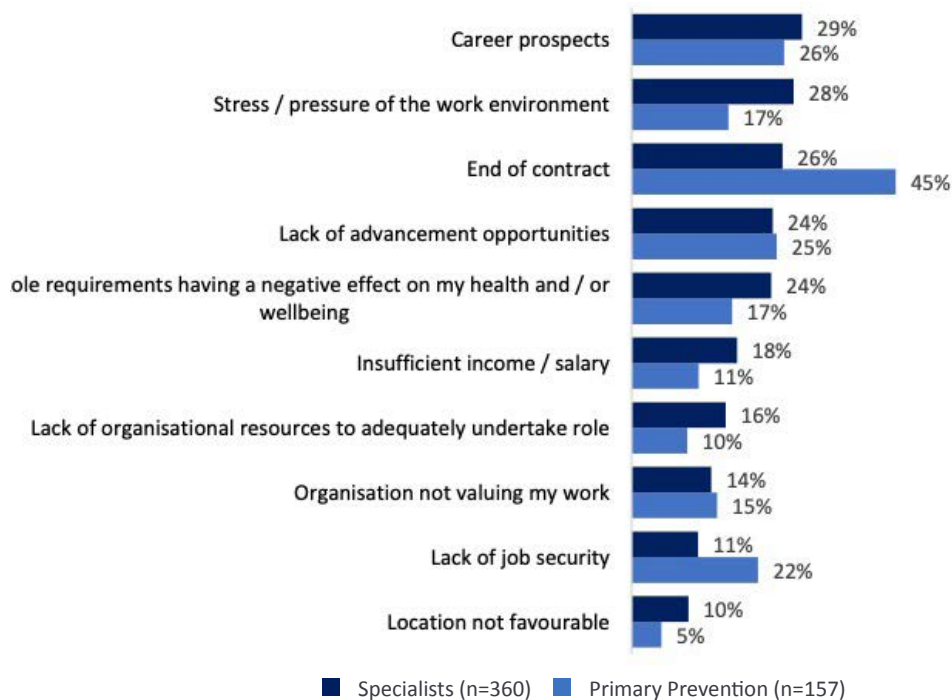
Primary Prevention practitioners

Amongst Primary Prevention practitioners, 43% did not have plans to leave their current role at this stage, whilst 48% did have plans to leave their current role, and 9% were unsure.¹⁴

- Of those who intended to leave their current role, 31% planned to leave their current role for another role within the family violence primary prevention workforce and 41% planned to leave their current role for another role outside of the family violence primary prevention workforce.
- The main reason cited by this cohort for intending to leave their role in the next 12 months was due to an end of contract (45% - see Figure 5), though 25-26% also cited career prospects and a lack of advancement opportunities.

Figure 5: Reasons for planning to leave current job

Base: Specialists and primary prevention practitioners planning to leave their role in the next 12 months; multiple responses accepted






Q74. What are your top 3 reasons for planning to leave your current job in the time frame indicated? 'Don't know' excluded, top 10 shown, ranked by specialists.

14. Q71. Thinking about your future, do you have plans to leave your current role? (n=446)

Furthermore, most specialists indicated that they would consider taking on a role in the primary prevention of family violence workforce in the future (81%), and just over half of those working in primary prevention reported that they would be open to a role in the specialist family violence response workforce (53%). This suggests that there is potentially an opportunity for shared resources across the specialist family violence response and primary prevention workforces. Table 11 below presents the education levels of those who participated, to assist in broadly understanding the backgrounds of each workforce and future planning.

Table 11: Level of education, by workforce¹⁵

	 Specialist family violence workforce (n=1,409)	 Primary prevention (n=448)	 Broader workforce aggregate (n=2,587)
Year 11 or below	5%	5%	9%
Year 12	22%	22%	24%
Certificate I	0%	0%	1%
Certificate II	1%	0%	2%
Certificate III	4%	2%	6%
Certificate IV	11%	12%	14%
Diploma or Advanced Diploma	25%	19%	27%
Bachelor's Degree	49%	51%	47%
Graduate Diploma or Graduate Certificate	23%	20%	21%
Postgraduate Degree	32%	38%	25%
PhD	2%	3%	1%
Prefer not to say	1%	1%	1%

15. Q74. Which of the following have you completed?

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