

**Table 1. Apportionment of the cost of key services to family violence: Extended information**

Department	Program, service and/or area name	Program, service and/or area description e.g. objectives, target group, eligibility criteria	2013-14		2014-15		Basis of calculation i.e. methodology	Assumptions and Caveats	Sources <i>NB: Due to limited research time, this is not an exhaustive list of available literature</i>	Known evidence gaps
			Total Cost (\$)	Cost apportioned to family violence (\$)	Total Cost (\$)	Cost apportioned to family violence (\$)				
DHHS	Homelessness	Homelessness services	N/A	N/A	N/A	N/A	Previously accounted for in direct family violence expenditure.	There maybe a negligible number of clients who are seeking services due to family violence that receive general homelessness assistance and not family violence-specific assistance.	DHHS	
DHHS	Public Housing	Rental operations, grants and subsidies, asset investment, debt repayment, home finance & other.	\$ 843,291,000	\$ 58,389,510	\$ 780,569,000	\$ 54,046,635	In 2005-11, the average proportion of new allocations that were attributed to Family Violence was 7%. Applied this proportion to 13-14 and 14-15 expenditure.	Assumes that average rate of family violence for 2005-11 for new allocations applies to all tenants in 2013-14 and 2014-15.	DHHS	There is not an up to date flag for Family Violence in the Public Housing data. There is not a specific cost for housing victims of family violence.
DHHS	Youth Justice	Custodial services	No information available							No data on offences involving family violence. Offence data uses broad category of 'assault'. No available research that quantifies the link between family violence and involvement with
DHHS	Disability	Disability support program	No information available							No available evidence on the proportion of family violence victims who become disabled.
DHHS	Community Health	General counselling and casework services	N/A	\$ 63,622	N/A	\$ 62,888	Research shows 12% of women who are victims of intimate partner violence contacted a counselling service. 2.9% of women are victims of intimate partner violence. This equates to .35%, which was applied to the number of counselling hours provided to women and applied the unit cost.	It is not clear to what extent the services used as a proxy for community health services are representative of the extent family violence is related to all community health services. Assuming that the rates of family violence and use of services apply equally across all service usage. Unit costs are for funded activity only.	VicHealth (2006). <i>The health costs of violence: measuring the burden of disease caused by intimate partner violence. A summary of findings</i> . Melbourne, VicHealth. Astbury, J., et al. (2006). "Measuring the impact of intimate partner violence on the health of women in Victoria, Australia." <i>Bulletin of the World Health Organization</i> . 84: 739	No client data on presence of family violence.
DHHS		Primary health care; care coordination; allied health (audiology, dietetics, physiotherapy, occupational therapy, podiatry, speech therapy); and community nursing services.	N/A	\$ 38,503	N/A	\$ 39,689	Research shows 3% of women who are victims of intimate partner violence contacted a women's, health, community or family centre. 2.9% of women are victims of intimate partner violence. This equates to 0.09% which was applied to number of other community health services hours provided to women and applied the unit cost.	Assumed that women's/health/community/family centre was equivalent to 'other community services' detailed in program service description.	Mouzos, J. and T. Makkai (2004). <i>Women's Experience of Male Violence: Findings from the Australian Component of the International Violence Against Women Survey (IVAWS)</i> . Research and Public Policy Series. Canberra, ACT, Australian Institute of Criminology.	No client data on presence of family violence.
DHHS	Ambulances	Emergency transport	N/A	\$ 7,753,753	N/A	\$ 8,888,060	Research shows that 2-3% of all women presenting in Victorian emergency departments were due to family violence related incidents. Applied 2.5% to the number of female ED presentations related to family violence, and then the % that arrive by ambulance (metro and regional). Applied metro and regional costings to these figures.	Assumed that family violence ED presentations have the same chance of arriving by ambulance as all ED presentations.	Sherrard, J., et al. (1994). <i>Domestic Violence: Patterns and Indicators</i> . Report 63. Melbourne, Monash University Accident Research Centre. Diemer, 2012. VAED and VEMD for ambulance arrivals by metro and rural, and for women ED presentations.	No client data on presence of family violence.
DHHS		Non-emergency transport	No information available							There is no detailed data on non-emergency transport that could be used to derive estimates.
DHHS		Paramedics (treat not transport)	No information available							There is no detailed data on paramedic services that could be used to derive estimates.
DHHS	Drugs & Alcohol	Adult residential and non-residential services	\$ 136,000,000	\$ 27,000,000	\$ 145,500,000	\$ 29,100,000	Research suggests that 60% of women in drug and alcohol are victims of domestic violence, DHHS administrative data shows that that 33% of Vic drug and alcohol treatment program clients are women, thus it was inferred that 20% of people in drug and alcohol treatment programs are both women and victims of family violence. This % applied to total expenditure.	The research used is likely to be unreliable and out of date. The research was based in Chicago and the methodology involved staff reports of the average proportion of their clients. A total of 388 staff from 74 programs participated in the study. No client data on presence of family violence.	Bennett, L., & Lawson, M. (1994). 'Barriers to cooperation between domestic-violence and substance-abuse programs.' <i>Families in Society</i> , 75(5), 277.	Published Australian research that specifically looks at family violence and drug and alcohol treatment could not be found. Victorian client data does not collect any information on family violence.
DHHS	Mental Health	Clinical Services - community care	\$ 364,500,000	\$ 19,683,000	\$ 364,300,000	\$ 19,672,200	Research suggests that 5.4% of the disease burden can be attributed to mental illness due to family violence. This % was applied to total mental health expenditure.	Assumed that the disease burden can be directly applied to DHHS mental health services. Antecedents of family violence among mental health patients is likely to differ compared with the general population.	VicHealth (2006). <i>The health costs of violence: measuring the burden of disease caused by intimate partner violence. A summary of findings</i> . Melbourne, VicHealth. Access Economics (2004). <i>The Cost of Domestic Violence to the Australian Economy: Part I</i> .	No client data on presence of family violence.
DHHS		Community Support Services (contracted out)	\$ 114,000,000	\$ 6,156,000	\$ 119,000,000	\$ 6,426,000				
<b>Total cost apportioned to family violence</b>			<b>\$ 119,084,388</b>			<b>\$ 118,235,472</b>				