

Gold Coast Primary Health Network  
NEEDS ASSESSMENTS 2020

## FAMILY AND DOMESTIC VIOLENCE



**phn**  
GOLD COAST

An Australian Government Initiative

# FAMILY AND DOMESTIC VIOLENCE

## Local health needs and service issues

- Clear health pathways within Primary Care for domestic and family violence victims and perpetrators
- Lack of accommodation and safe spaces for women and children
- Some health professionals do not understand dynamics of Domestic Violence making things difficult for victim and to other providers
- The psychosocial support needs of those experiencing domestic and family are currently under-supported
- The impacts of family and domestic violence on child development
- Often health services only become aware and get involved in DV situations when there is a crisis





# FAMILY AND DOMESTIC VIOLENCE

## Key findings

- Female rate of assault hospitalisations in Australia where the perpetrator was a spouse or partner has been increasing since 2002-03, female rate is considerably higher compared to males
- Six diseases have been casually linked to exposure to partner violence
- Number of breaches of domestic violence orders has been increasing on the Gold Coast since 2001
- Number of domestic violence applications made by Police increased in 2019 compared to 2018 while the Queensland rate decreased in the same period

## Family, domestic and sexual violence report

Family, domestic, and sexual violence is a major national health and welfare issue that can have lifelong impacts for victims and offenders. It affects people of all ages and from all backgrounds, but primarily affects women and children including behavioural, emotional, and cognitive-functioning problems with children who witness adult domestic violence. The Australian Bureau of Statistics 2016 Personal Safety Survey estimated that 2.2 million Australian adults have been victims of physical behaviour and/or sexual violence from a partner since the age of 15 <sup>1</sup>.

Family violence refers to violence between family members, typically where the offender uses power and control over another person. The most common and widespread cases occur in intimate (current or previous) partner relationship and are usually referred to as domestic violence.

Sexual violence refers to behaviours of a sexual nature carried out against a person's will. It can be committed by a current or previous partner, other people known to the victim, or strangers.

Some groups of people are more vulnerable:

- Children
- Young women
- Older people
- Persons with disability
- People from culturally and linguistically diverse backgrounds
- LGBTIQ+ people
- People in rural and remote Australia
- People from socioeconomically disadvantaged area

## Family, domestic, and sexual violence

Many factors contribute to and influence family, domestic and sexual violence <sup>2</sup>. These elements relate to victims and offenders and include relationship dynamics, families and communities and geographic and political environments<sup>3</sup>.

Factors that influence family, domestic and sexual violence:

Cultural values and beliefs

- Masculinity linked to dominance and toughness
- Strict gender roles

Social factors

- Unemployment
- Socioeconomic status
- Social and geographic isolation

Situational factors

- Male dominance in the family
- Intimate partner conflict
- Alcohol and other substance use

Personal history

- Witnessing intimate partner violence as a child
- Being abused during childhood or witnessing domestic violence <sup>4 5</sup>

The underlying drivers of family, domestic and sexual violence can replicate inequalities in the distribution of power, resources and opportunity between females and males <sup>6</sup>. Communities with attitudes reflecting greater levels of gender equality generally have lower rates of domestic, family, and sexual violence <sup>7</sup>.

A study completed in South Australia interviewed a random sample of (n=6,004) South Australian adults aged 18 years and over. In total, 17.8% of the sample reported some form of domestic violence by a current or an ex-partner<sup>8</sup>.

Demographic factors which a significant relationship with domestic violence had included:

- low household income
- unemployment or part time employment
- health variables such as poor to self-fair self-reported health status and alcohol abuse problems

2. EC (European Commission) 2010. Domestic violence against women report. Special Eurobarometer 344. Brussels: EC.

3. ABS 2013c. Defining the data challenge for family, domestic and sexual violence. ABS cat. no. 4529.0. Canberra: ABS.

4. Heise L. 1998. Violence against women: an integrated, ecological framework. New York: Sage Journals., doi: 10.1177/1077801298004003002

5. Edleson, J. L. (2019, August 1). Children's witnessing of adult domestic violence. SAGE Journals. <https://journals.sagepub.com/doi/abs/10.1177/088626099014008004>

6. Cox P 2015. Violence against women in Australia: additional analysis of the Australian Bureau of Statistics' Personal Safety Survey, 2012. (ANROWS Horizons, 01/2015). Sydney: ANROWS.

7. UNIFEM (United Nations Development Fund for Women) 2010. Investing in gender equality: ending violence against women and girls. New York: United Nations Entity for Gender Equality and the Empowerment of Women (UN Women).

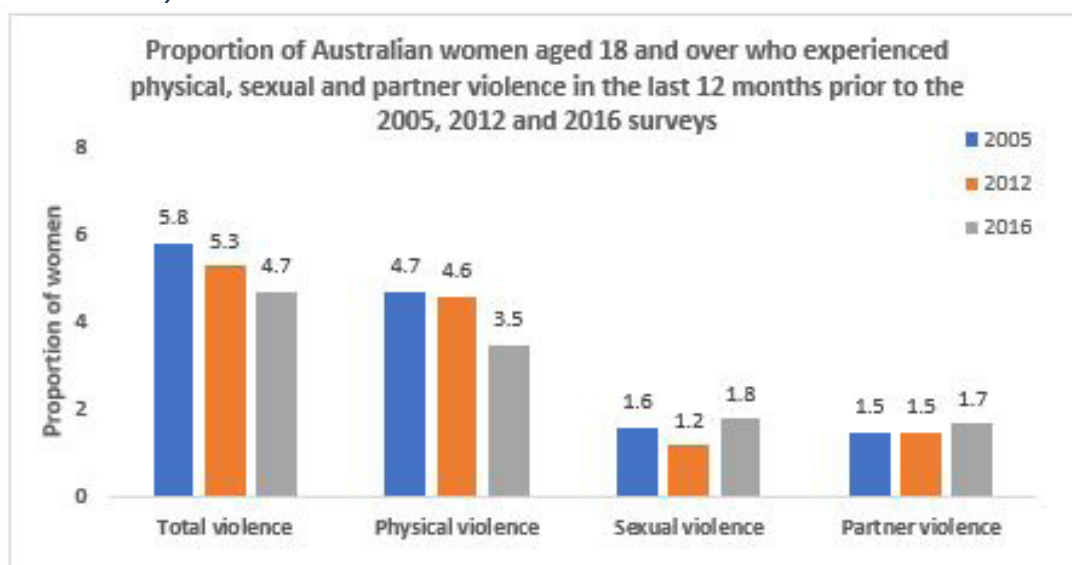
8. Dal Grande, E., Hickling, J., Taylor, A., & Woollacott, T. (2007, September 25). Domestic violence in South Australia: a population survey of males and females. <https://onlinelibrary.wiley.com/doi/10.1111/j.1467-842X.1998.tb01496.x>

## Rates of violence over time

Data from a 2016 Australian Bureau of Statistics (ABS) survey indicates that partner violence and sexual violence have remained steady over the last decade amongst Australians. Partner violence includes physical and/or sexual violence from a current or previous partner.

Rates of partner violence against women in 2005 (1.5%) increased to 1.7% in 2016. Rates of partner violence against men in 2005 (0.4%) also increased to 0.8% in 2016. The relatively stable rates of partner violence and sexual violence over the last decade compare with declines in total violence <sup>9 10 11</sup>.

**Figure 1. Proportions of Australian women aged 18 and over who had experienced physical, sexual and partner violence in the 12 months prior to the 2005, 2012 and 2016 survey.**



**Figure 2. Proportion of Australian men aged 18 and over who had experienced physical, sexual and partner violence in the last 12 months prior to the 2005, 2012 and 2016 survey.**



9. ABS (Australian Bureau of Statistics) 2006. *Personal safety, Australia, 2005 (reissue)*. ABS cat. no. 4906.0. Canberra: ABS.

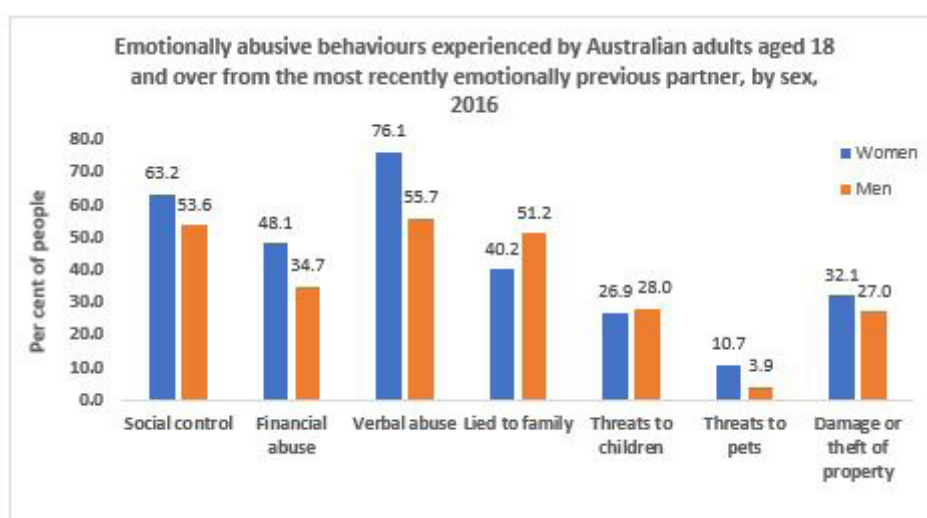
10. ABS 2013. *Personal safety, Australia, 2012*. ABS cat. no. 4906.0. Canberra: ABS.

11. ABS 2017. *Personal safety, Australia, 2016*. ABS cat. no. 4906.0. Canberra: ABS.

## Emotional abuse

Almost 23% of women and 16% of men have suffered emotional abuse from a current or previous partner since the age of 15<sup>12</sup>. Verbal abuse was the common behaviour experienced by both men and women who had been emotionally abused by a previous partner. Threats to children and lied to family were more common among men.

**Figure 3. Emotionally abusive behaviours experienced by Australian adults aged 18 and over from their most recently abusive partner, by sex, 2016.**

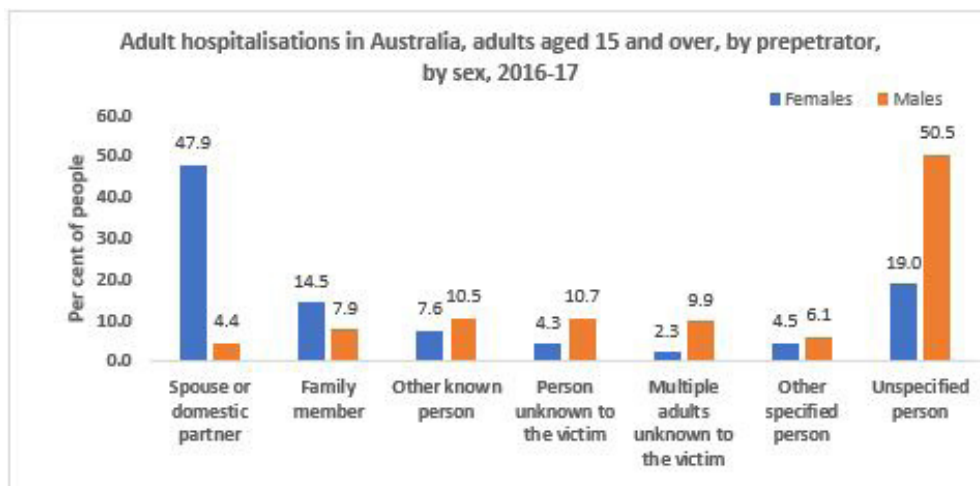


Source: ABS 2018a. Personal Safety Survey, 2016, TableBuilder. ABS cat. no. 4906.0. Findings based on use of ABS TableBuilder data. Canberra: ABS

## Hospitalisations for assault

In 2016-17, 29% of the 21,400 hospitalisations for assault injuries in Australia were a result of family and domestic violence. Of the family and domestic violence-related assault hospitalisations, the offender was reported as a spouse or domestic partner in 66% assaults and as another family member in 33% of assaults<sup>13</sup>.

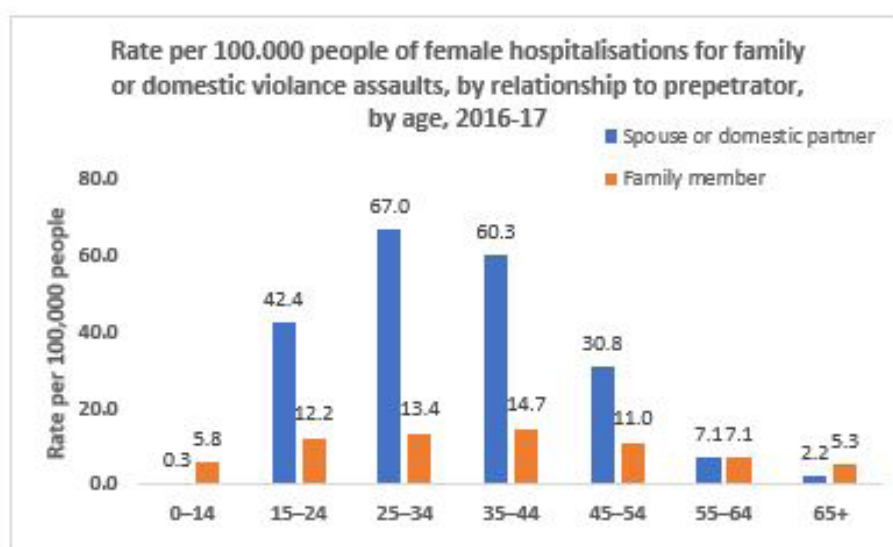
**Figure 4. Assault hospitalisations in Australia, adults aged 15 and over, by perpetrator, by sex, 2016-17**



Source: AIHW National Hospital Morbidity Database.

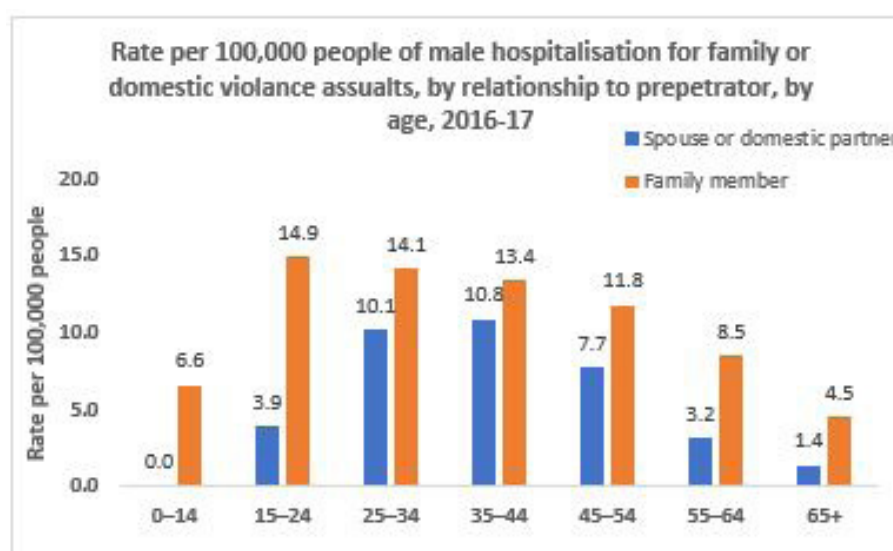
In 2016-17, Australian women had a significantly higher rate of hospitalisation for assault by a spouse or partner compared to men. Across every age group, rates increased with age for women, peaking at age 25-34 (67 per 100,000) and then fell noticeably to 2.2 per 100,000 for women aged 65 and over. Amongst males, hospitalisations were higher among family members compared to spouse or domestic partner.

**Figure 5. Rate per 100,000 people of Australian Female hospitalisations for family or domestic violence assaults, by relationship to perpetrator, by age, 2016-17.**



Source: AIHW National Hospital Morbidity Database

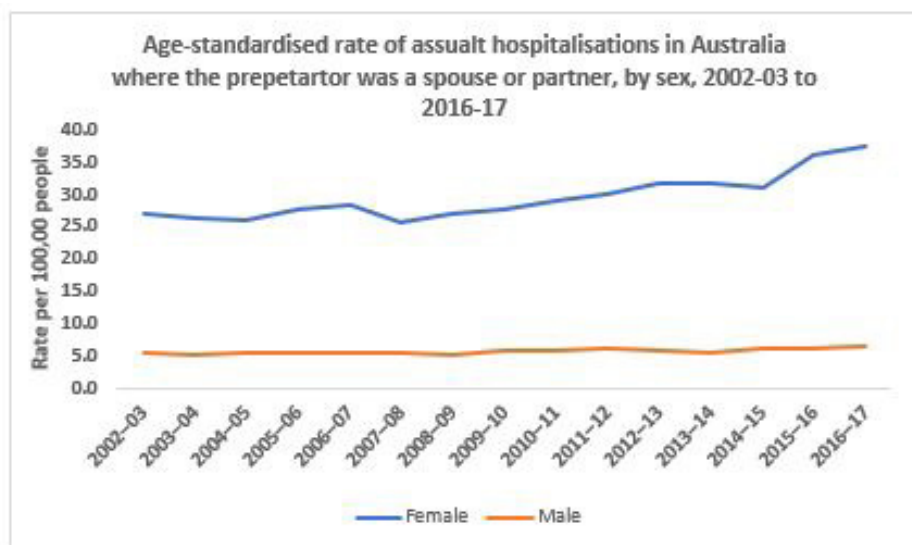
**Figure 6. Rate per 100,000 people of Australian Male hospitalisation for family or domestic violence assaults, by relationships to perpetrator, by age, 2016-17.**



Source: AIHW National Hospital Morbidity Database

Hospitalisations of women assaulted by a spouse or partner continue to rise at an average of 2.8% per year between 2002-03 to 2016-17 in Australia. The rate among women has increased from 27 to 38 hospitalisations per 100,000 population. For males, the rate was relatively stable between 2002-03 to 2016-17, increasing from 5.3 to 6.6 hospitalisations per 100,000 population.

**Figure 7. Age-standardised rate of assault hospitalisations where the perpetrator was a spouse or partner, by sex, 2002-13 to 2016-17.**



Source: AIHW National Hospital Morbidity Database

## Burden of disease

Burden of disease measures the impact of living with illness and injury and dying prematurely. The 2015 Australian Burden of Disease study projected the amount of disease burden that could be avoided if no female aged 15 and over in Australia were exposed to intimate partner violence. The impact of this risk factor was estimated only in women, as the evidence in past literature to identify the causally linked diseases and the amount of increased risk (relative risk) was available only for women<sup>14 15</sup>.

Six disease were causally linked to exposure to partner violence:

- depressive disorder
- anxiety conditions
- alcohol use disorders
- early pregnancy loss
- homicide and violence (injuries due to violence)
- suicide & self-inflicted injuries



In 2015, for females aged 15 and over in Australia, partner violence contributed to:

- 223 deaths (0.3% of all deaths) in Australia (including deaths linked to suicide, homicide & violence, alcohol use disorders and depressive disorders)
- 1.6% of the burden of disease and injury (AIHW 2019).

Mental health conditions were the largest contributor to the burden, with depressive disorders making up the greatest percentage (43%) followed by anxiety disorders (30%). Partner violence was ranked as the third leading risk factor contributing to total disease burden for women aged 25–44, behind child abuse & neglect during childhood, and illicit drug use <sup>16</sup>.

## Family violence among Aboriginal and Torres Strait Islander people

Family violence is the preferred term for violence within Aboriginal and Torres Strait Islander communities, as it covers the extended family and relationships in which violence can occur. It remains a critical social policy issue, placing a huge burden on communities, especially on women and children<sup>17</sup>. The removal from land, and cultural dispossession over the past 200 years, have resulted in social, economic, physical, psychological, and emotional problems for Indigenous Australians. Family violence against Indigenous Australians must be understood as both a cause and effect of social disadvantage and intergenerational trauma.

Aboriginal and Torres Strait Islander Australians experience family violence at higher rates than the non-Indigenous people. Aboriginal and Torres Strait Islander Australians are more likely to be hospitalised due to family violence, more likely to be murdered by a family member, and more likely to have their children removed, compared with non-Indigenous people <sup>18</sup>.

Aboriginal and Torres Strait Islanders adults are 32 times as likely to be hospitalised for family violence as non-Indigenous adults:

- In 2016–17, Aboriginal and Torres Strait Islanders females aged 15 and over were 34 times as likely to be hospitalised for family violence as non-Indigenous females, with 8 per 1,000 (2,200) Aboriginal and Torres Strait Islanders females hospitalised, compared with 0.2 in 1,000 (2,400) non-Indigenous females.
- Aboriginal and Torres Strait Islanders males were 27 times as likely to be hospitalised for family violence as non-Indigenous males, with 3 per 1,000 (730) Indigenous males hospitalised, compared with 0.1 per 1,000 (990) non-Indigenous males.

16. AIHW (Australian Institute of Health and Welfare) 2019. Australian Burden of Disease Study: impact and causes of illness and death in Australia, 2015. Australian Burden of Disease series no. 19. Cat. no. BOD 22. Canberra: AIHW.

17. Closing the Gap Clearinghouse 2016. Family violence prevention programs in Indigenous communities. Resource sheet no. 37 produced by the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare and Australian Institute of Family Studies.

18. AIHW 2018b. Family, domestic and sexual violence in Australia, 2018. Cat. no. FDV 2. Canberra: AIHW.

## Domestic violence among Lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and others (LGBTIQAP+)

Intimate partner violence within LGBTIQAP+ relationships was largely unacknowledged until recently and research has been limited <sup>19</sup>. The Australian Research Centre for Health and Sexuality conducted a national demographic and health and wellbeing survey of 5,476 LGBTIQAP+ people and found significant levels of partner violence <sup>20</sup>. Close to 28% of male-identifying respondents and 41% of female-identifying respondents reported having been in a relationship where a partner was abusive.

A smaller study of 390 LGBTIQAP+ respondents in Victoria, also conducted by the Australian Research Centre for Health and Sexuality <sup>21</sup> found that just under a third of respondents had been involved in a same-sex relationship where they were subject to abuse by their partner.

- 78% of the abuse was psychological and 58% involved physical abuse
- Lesbian women were more likely than gay men to report having been in an abusive same sex relationship (41% and 28% respectively)
- 28% had experienced sexual assault within a same sex-sex relationship

## Elder abuse

Elder abuse takes a myriad of forms, including psychological abuse, financial abuse, physical abuse, and sexual abuse, and often a combination of these. Like family violence, elder abuse is about one person having power and control over another person.

The percentage of people aged 65 and over on the Gold Coast (16.4%) or 101,783 people in 2018 was slightly above the Queensland rate (15.4%). Australia has an ageing population rate of people aged 65 and over is expected to rise to 23 per cent of the population by 2055 <sup>22</sup>.

In Australia, the available evidence suggest that prevalence varies across abuse types, with psychological and financial abuse being the most common. A population-based study to identify the prevalence of elder abuse (women only) is the Australian Longitudinal Study of Women's Health 2014 <sup>23</sup>.

This study is based on a random sample of women with the oldest cohort (n = 5,561) being born between 1921 and 1926. When this cohort was surveyed in 2011 (at age 85-90), the findings suggested that 8% had experienced being exposed to abuse, with name calling and put-downs being the most common forms. A similar level of prevalence was evident for this cohort in a preceding wave, conducted in 2008 (age 82-87), and slightly lower prevalence levels were found at younger ages (70-81 years). Measures the researchers used to assess neglect indicate a relatively stable prevalence rate of about 20% across waves, from ages 70-75 and 85-90 years. In Queensland, calls to the Elder Abuse Prevention Unit (EAPU) have increased over the past years that it has been operating from just over 200 in 2000-01 to nearly 1,300 in 2014-15. The calls were mostly in relation to female victims (68% female, 31% male and 1% unknown). Perpetrators were male in 50% of calls and female in 45% (unknown 5%). Children were the largest groups of perpetrators reported (31% sons, 29% daughters). Otherwise, 10% were "other relatives".

19 Calton, J., Cattaneo, L. B., Gebhard, K. T. (2015). Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence. *Trauma, Violence and Abuse*.

20 Pitts, M., Smith, A., Mitchell, A., & Patel, S. (2006). *Private lives: A report on the health and wellbeing of LGBTI Australians*. Melbourne: Australian Research Centre in Sex, Health & Society.

21 Leonard, W., Mitchell, A., Patel, S. & Fox, C. (2008). *Coming forward: The underreporting of heterosexual violence and same sex partner abuse in Victoria*. Bundoora, Victoria: Australian Research Centre in Sex, Health and Society.

22 Source: ABS 3235.0, Population by Age and Sex, Regions of Australia

23 Australian Longitudinal Study on Women's Health. (2014). 1921-26 cohort: Summary 1996-2013. Callaghan, NSW & Herston, Qld: University of Newcastle and the University of Queensland.

In 2014-15, the most commonly reported type of abuse to the EAPU helpline was financial abuse, accounting for 40% of reports, compared to 35% for psychological abuse which was the most common type in 2012-13. It has been highlighted the importance of allowing a person (the patient) privacy to talk about their safety and not always assuming that the carer is the safe person of the relationship (carer can be partner or paid carer).

## Technology

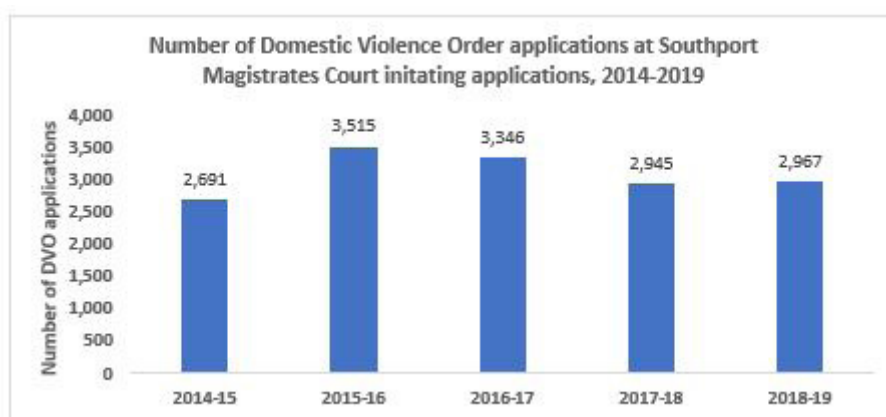
As outlined in the Domestic and Family Violence Protection Act 2012 (appendix 1), unauthorised surveillance of a person is a form of domestic violence. Studies have indicated this can be assisted with technology including phones, computers, and social networking<sup>25 26</sup>. Technology can create a sense of the perpetrator's presence and to isolate, punish and humiliate domestic violence victims.

## Breach of Domestic Violence Orders

A domestic violence order (DVO) is an official document issued by the court to stop threats or acts of domestic violence for five years. A DVO sets out rules that the 'respondent' (the person who has committed domestic violence against the individual) must obey. It is designed to keep the 'aggrieved' (the person who has had violence against them) safe by making it illegal for the respondent to behave in specific ways.

The number of DVO applications (Magistrates Court) initiating applications only at Southport Magistrates Court in 2018-19 was 2,967. The number of DVO's have decreased since 2015-16 and remained stable between 2017-18 to 2018-19. Southport Magistrates Court had the highest number of lodgements initiating applications only in 2018-19 in Queensland. Beenleigh was the next Magistrate court with 2,568 applications. Individuals may lodge a DVO application outside of their police region (i.e. Logan residents applying for a DVO at Southport Magistrates Court).

**Figure 8. Number of Domestic Violence Order applications at Southport Magistrates Court initiating applications, 2014-2019**



Source. Queensland Courts Domestic and Family Violence

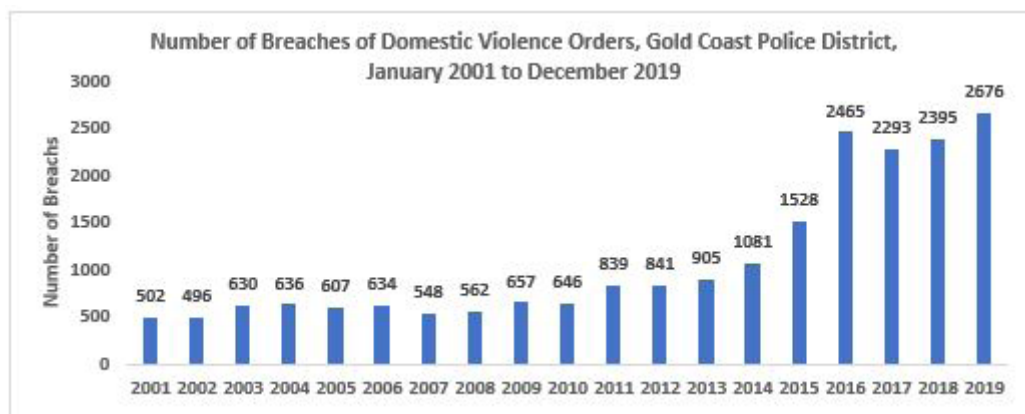
The number of breaches of domestic violence orders on the Gold Coast Police District region has increased by 307% from 2009 to 2019. The number of breaches is more common in quarter four (October-December) and quarter one (January to February). It is important to note that although the number of breaches is increasing each year, so is the population of the Gold Coast.

24 Spike, C. (2015). The EAPU helpline: Results of an investigation of five years of call data. Report for the International Association of Gerontology and Geriatrics Asia & Oceania Regional Congress 2015. Chermide Central, Qld: Elder Abuse Prevention Unit, UnitingCare Community.

25 Woodlock, D. (2016, May 12). The abuse of technology in domestic violence and stalking, 2017. SAGE Journals. <https://journals.sagepub.com/doi/abs/10.1177/1077801216646277>

26 Briggs, C. (2018, September). Australian Journal of child and family health nursing - An emerging trend in domestic violence: Technology-facilitated abuse (Health collection) - Informit. <https://search.informit.com.au/documentSummary;dn=021135494223385;res=IELHEA;type=pdf>

Figure 9. Number of breaches of domestic violence orders, Gold Coast Police District, January 2001 to December 2019.



Source. Queensland Police Service

## Rates of offences

Table 1. Number of breaches of domestic violence orders, Gold Coast Police District, January 2001 to February 2020, by quarters.

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2001	130	104	126	142
2002	148	95	140	113
2003	143	126	204	157
2004	175	134	142	185
2005	185	136	129	157
2006	165	145	158	166
2007	153	125	129	141
2008	167	141	130	124
2009	158	147	167	185
2010	163	156	149	178
2011	237	197	176	229
2012	218	170	214	239
2013	215	216	219	255
2014	270	214	259	338
2015	340	315	329	544
2016	563	473	633	796
2017	658	539	488	608
2018	556	593	590	656
2019	687	582	582	825

Source. Queensland Police Service

The rate of reported offences by domestic violence indicator (Domestic violence indicator is the Police Officers perception that the incident was related to domestic violence) has increased in all assault, sexual offences and other offences against the person per 100,000 people on the Gold Coast Police District from 2015 to 2019.



**Table 2. Rate of offences by domestic violence indicator per 100,000 people, Gold Coast Police District, January 2015 to December 2019.**

	2015	2016	2017	2018	2019	2015 to 2019 Change (%)
<b>Assault</b>	31	229	213	238	284	89%
Grievous Assault	<5	<5	<5	<5	<5	50%
Serious Assault	21	111	104	113	119	82%
Serious Assault (Other)	<5	18	18	19	24	88%
Common Assault	6	99	87	103	138	96%
<b>Sexual offences</b>	<5	8	7	6	11	91%
Rape and attempted rape	<5	<5	<5	<5	7	86%
Other sexual offences	0	<5	<5	<5	<5	100%
<b>Other Offences Against the Person</b>	7	35	44	46	51	86%
Kidnapping and abduction etc	<5	<5	<5	<5	<5	60%
Stalking	<5	10	6	6	6	67%
Life Endangering Acts	<5	23	36	35	39	95%

Source. Queensland Police Service

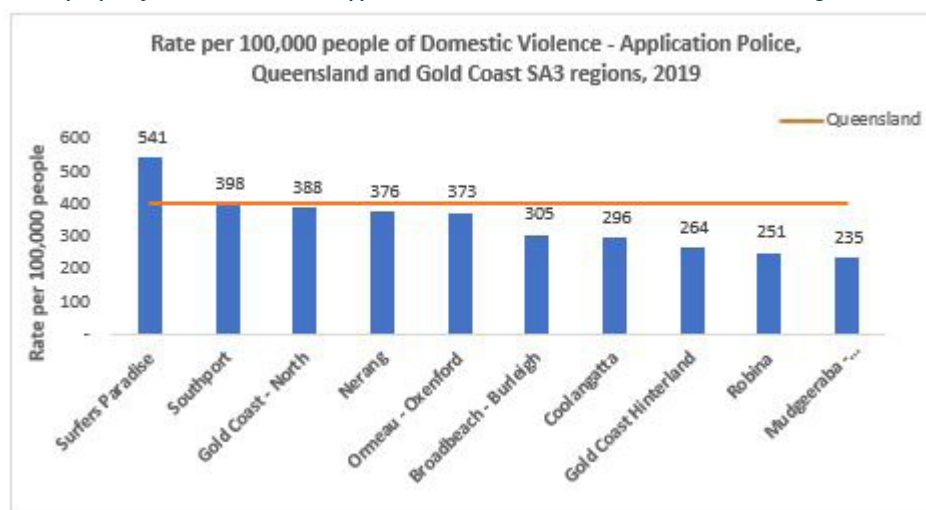
**Table 3. Number of reported offences by domestic violence indicator, Gold Coast Police District, January 2018 to December 2018.**

	Yes	No	% Yes	% No
<b>Assault</b>	1,441	1,729	45%	55%
Grievous assault	20	89	18%	82%
Serious Assault	682	856	44%	56%
Serious Assault (Other)	117	229	34%	66%
Common Assault	622	555	53%	47%
<b>Sexual offences</b>	39	499	7%	93%
Rape and attempted rape	28	178	14%	86%
Other sexual offences	11	321	3%	97%
<b>Other offences against the person</b>	278	352	44%	56%
Kidnapping and abduction etc	23	24	49%	51%
Extortion	<5	17	6%	94%
Stalking	39	68	36%	64%
Life endangering acts	215	243	47%	53%

Source. Queensland Police Service

Police can apply for a Domestic Violence Order where they reasonably believe that there is sufficient reason to take action and there is sufficient evidence to determine that the aggrieved person requires protection.

Figure 10. Rate per 100,000 people of Domestic Violence – Application Police, Queensland, and Gold Coast SA3 regions, 2019



Source. Queensland Police Service

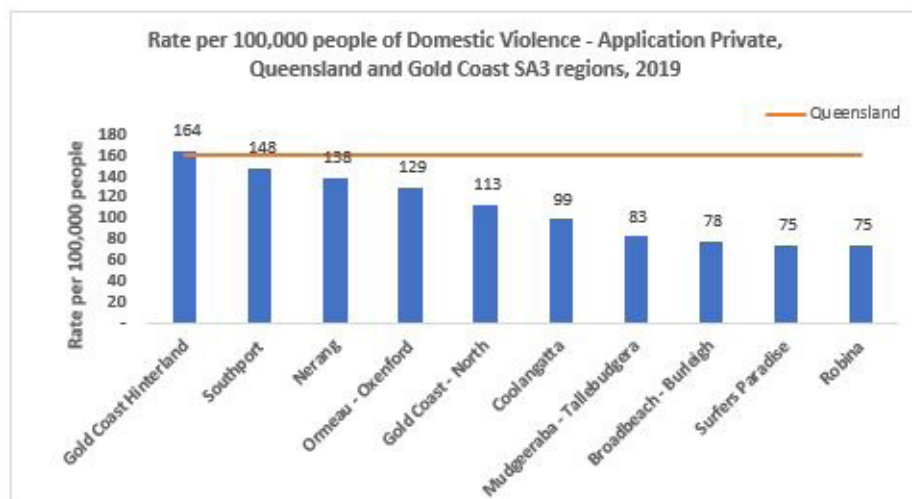
Table 4. Number of domestic violence – Applications Police, Queensland, and Gold Coast SA3 regions, January 2018 to December 2019.

	2018	2019	Rate increase/decrease
Queensland	21,038	20,463	-2.8%
Gold Coast SA4	2,210	2,260	2.2%
Broadbeach - Burleigh	205	202	-1.5%
Coolangatta	149	170	12.4%
Gold Coast - North	271	275	1.5%
Gold Coast Hinterland	51	53	3.8%
Mudgeeraba - Tallebudgera	87	85	-2.4%
Nerang	234	272	14.0%
Ormeau - Oxenford	517	565	8.5%
Robina	172	138	-24.6%
Southport	265	253	-4.7%
Surfers Paradise	259	247	-4.9%

Source. Queensland Police Service

A private application for a Domestic Violence Order can be made by any member of the public (who would consider themselves to be at risk within their relationship) where they feel that their current situation warrants this type of protection.

Figure 11. Rate per 100,000 people of Domestic Violence – Application Private, Queensland and Gold Coast SA3 regions, 2019



Source. Queensland Police Service

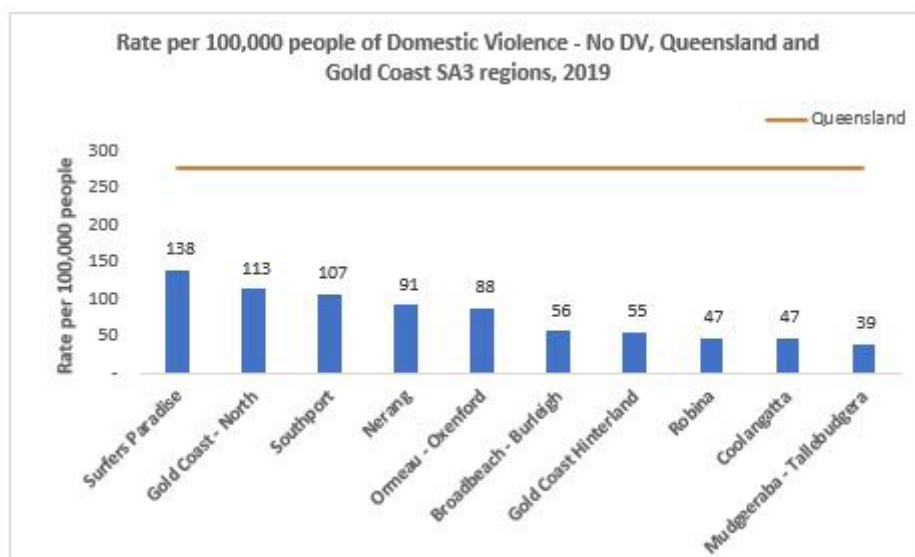
Table 5. Number of Domestic Violence – Application Private, Queensland and Gold Coast SA3 regions, January 2018 to December 2019

	2018	2019	Rate increase/decrease
Queensland	7,979	8,190	2.6%
Gold Coast SA4	781	716	-9.1%
Broadbeach - Burleigh	50	52	3.8%
Coolangatta	39	57	31.6%
Gold Coast - North	94	80	-17.5%
Gold Coast Hinterland	25	33	24.2%
Mudgeeraba - Tallebudgera	33	30	-10.0%
Nerang	95	100	5.0%
Ormeau - Oxenford	233	195	-19.5%
Robina	60	41	-46.3%
Southport	93	94	1.1%
Surfers Paradise	59	34	-73.5%

Source. Queensland Police Service

When Police attend a location and determine that there is insufficient evidence to make an application for a Domestic Violence Order it is defined as no domestic violence (NO DV). The parties involved in this matter can apply for a private application. Police can provide information relating to support agencies that may assist with an application for a Domestic Violence Order.

Figure 12. Rate per 100,000 people of Domestic Violence – No DV, Queensland and Gold Coast SA3 regions, 2019



Source. Queensland Police Service

Table 6. Number of Domestic Violence- No DV, Queensland and Gold Coast SA3 regions, January 2018 to December 2019

	2018	2019	Rate increase/decrease
Queensland	12,511	13,991	10.6%
Gold Coast SA4	475	525	9.5%
Broadbeach - Burleigh	40	37	-8.1%
Coolangatta	14	27	48.1%
Gold Coast - North	64	80	20.0%
Gold Coast Hinterland	10	11	9.1%
Mudgeeraba - Tallebudgera	19	14	-35.7%
Nerang	48	66	27.3%
Ormeau - Oxenford	129	133	3.0%
Robina	15	26	42.3%
Southport	85	68	-25.0%
Surfers Paradise	51	63	19.0%

Source. Queensland Police Service



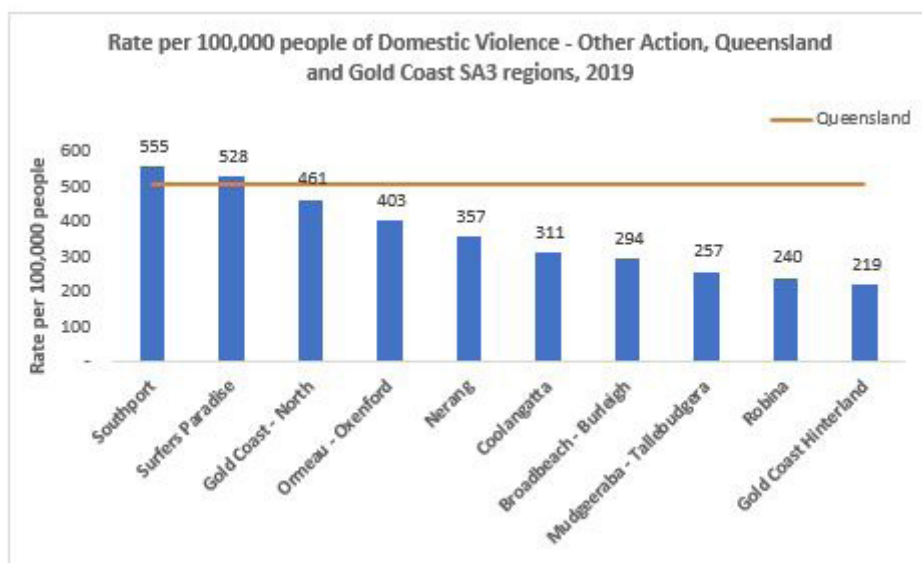
**Domestic Violence – Other Action is when police attend a location where:**

- a. the involved persons are in a relationship as
- b. allegations of domestic violence have been made; or
- c. domestic violence has occurred.

After conducting an investigation, it is determined a police domestic violence order application is not appropriate due to:

- 1. insufficient evidence to support an application.
- 2. having regard for the seriousness of the incident investigated, legitimate reasons to not make an application, for example:
  - a. a protection order is not necessary or desirable to protect the aggrieved;
  - b. the aggrieved is not in fear of the respondent; and/or
  - c. the aggrieved is not likely to be at risk of reoccurring DV and/or;
  - d. the involved parties have separated and will have no further contact; and/or
  - e. the aggrieved and respondent reside outside Queensland and a protection order would be ineffective; and
- 3. approval is granted by a supervising officer who has not been involved in the investigation of the reported domestic violence

**Figure 13. Rate per 100,000 people of Domestic Violence – Other Action, Queensland and Gold Coast SA3 regions, 2019**



Source. Queensland Police Service

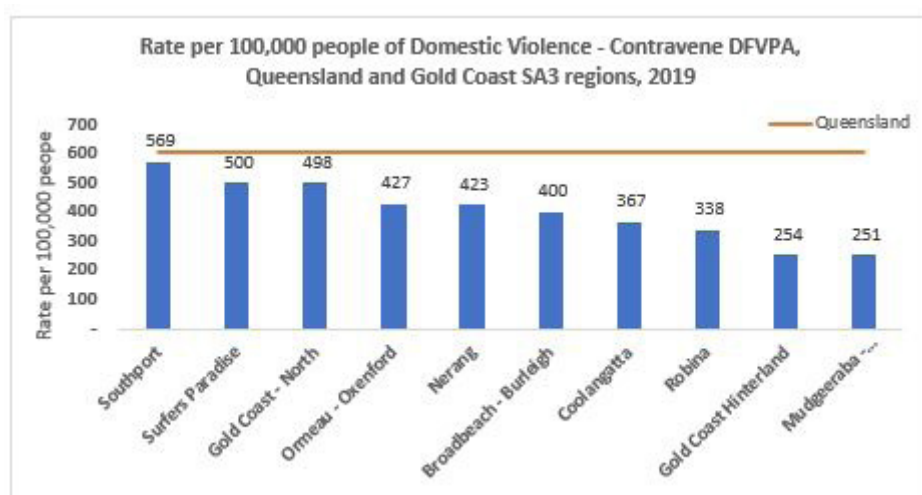
**Table 7. Number of Domestic Violence – Other Action, Queensland, and Gold Coast SA3 regions, January 2018 to December 2019**

	2018	2019	Rate increase/decrease
Queensland	22,811	25,840	11.7%
Gold Coast SA4	2,025	2,431	16.7%
Broadbeach - Burleigh	194	195	0.5%
Coolangatta	153	179	14.5%
Gold Coast - North	226	327	30.9%
Gold Coast Hinterland	39	44	11.4%
Mudgeeraba - Tallebudgera	79	93	15.1%
Nerang	211	258	18.2%
Ormeau - Oxenford	555	609	8.9%
Robina	139	132	-5.3%
Southport	239	353	32.3%
Surfers Paradise	190	241	21.2%

Breach Domestic Violence (Family Protection) Act Order/Release Conditions which includes:

- Breach of Domestic Violence Order, and/or conditions of the Order (i.e. Breach DVO).
- Breach of Release Conditions.
- Breach of a registered interstate Order including conditions.
- Breach of Police Protection Notice.

**Figure 14. Rate per 100,000 people of Domestic Violence – Contravene DFVPA, Queensland and Gold Coast SA3 regions, 2019**



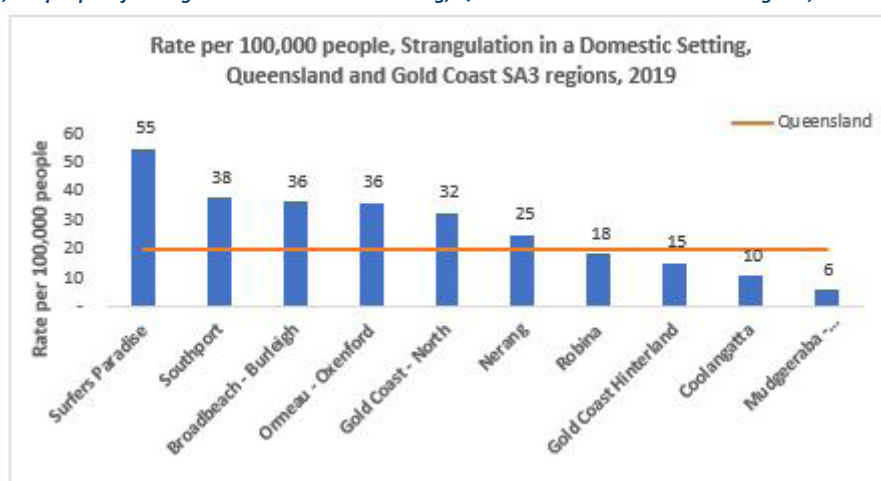
Source. Queensland Police Service

**Table 8. Number of Domestic Violence – Contravene DFVPA, Queensland and Gold Coast SA3 regions, January 2018 to December 2019**

	2018	2019	Rate increase/decrease
Queensland	27,465	30,737	10.6%
Gold Coast SA4	2,428	2,699	10.0%
Broadbeach - Burleigh	221	265	16.6%
Coolangatta	164	211	22.3%
Gold Coast - North	346	353	2.0%
Gold Coast Hinterland	40	51	21.6%
Mudgeeraba - Tallebudgera	91	91	0.0%
Nerang	298	306	2.6%
Ormeau - Oxenford	533	646	17.5%
Robina	135	186	27.4%
Southport	397	362	-9.7%
Surfers Paradise	203	228	11.0%

Source. Queensland Police Service

**Figure 15. Rate per 100,000 people of Strangulation in a Domestic Setting, Queensland and Gold Coast SA3 regions, 2019**



Source. Queensland Police Service

**Table 9. Strangulation in a Domestic Setting, Queensland, and Gold Coast SA4 region, January 2018 to December 2019**

	2018	2019	Rate increase/decrease
Queensland	1,095	1,036	-5.7%
Gold Coast	157	189	16.9%

Source. Queensland Police Service

Between 1st July 2010 and 30th June 2014, there were 152 intimate partner homicides in Australia that followed an identifiable history of domestic violence. Most of these homicides involved a man killing his female partner (80%) <sup>27</sup>.

## Service System

Services	Number in the GCPHN region	Distribution	Capacity Discussion
Domestic Violence Prevention Centre Gold Coast (07 5591 4222 or 07 5532 9000)	1	Gold Coast	The DVPC provides a wide range of programs to support women and their children affected by domestic violence and family violence and also work with men who perpetrate domestic and family violence.
Kalwun Family and Domestic Violence Support Program (07 5520 8600)	1	Kalwun Medical Centres	Kalwuns family and domestic violence program supports and empowers families escaping and recovering from violence and abuse. Women and children escaping family and domestic violence are eligible.
Gold Coast Centre against sexual violence	1	Gold Coast	Feminist, not for profit, charitable organisation who provide free counselling, advocacy, information, and practical support through related legal process. As well as therapeutic and educational groups for women high school age and above who have experienced sexual violence at any time in their lives.
Support Assessment Referral Advocacy (0405 065 544)	1	Gold Coast	Supports women and their children from culturally and linguistically diverse backgrounds affected by domestic and family violence
DV Connect Womensline (1800 811 811)	Phone	Australian wide	Telephone hotline for women, their children and pets experiencing domestic violence. Womensline offers emergency transport and accommodation as well as crisis counselling and interventions
Elder Abuse Helpline- Queensland Only (1300 651 192)	Phone	Australia wide	9am-5pm, Monday to Friday, free and confidential advice for anyone experiencing elder abuse or who suspects someone they know may be experiencing elder abuse.
1800RESPECT (188 737 732)	Phone	Australian wide	24-hour national sexual assault, family and domestic violence counselling line for any Australian who has experienced, or at risk, of family and domestic violence and/or sexual assault
Men's Referral Service (1300 766 491)	Phone	Australian wide	This service from No to Violence offers assistance, information and counselling to help men who use family violence.
Mensline Australia (1300 789 978)	Phone	Australian wide	Supports men and boys who are dealing with family and relationship difficulties. 24/7 telephone and online support and information service for Australian men



Kids Help Line (1800 551 800)	Phone	Australian wide	Free, private, and confidential, telephone and online counselling service specifically for young people aged between 5 and 25 in Australia.
Aboriginal Family Domestic Violence Hotline (1800 019 123)	Phone	Australian wide	Victims Services has a dedicated contact line for victims of crime who would like information on victims' rights, how to access counselling and financial assistance.

## Consultation

- Key issues raised at the Gold Coast local level alliance are listed below, issues were identified, what's working well and what can be improved for all the category and topics:
  - o Long –term counselling
  - o Men's Behaviour change waitlist
  - o Southern Services
- Local General Practitioner advocating for funding in the Northern corridor for DV. GP indicated they have had a large client base that is seeking psychological support for DV given the recent DV tragedies.
- Some Gold Coast Primary Health Network commissioned providers have indicated they have seen an increase of clients with family and/or domestic violence presentations to services.

## Community Advisory Council

(July 2020) provided the following feedback

What are major health issues that relate to domestic violence that are not currently being addressed on the Gold Coast

- A lot of DV is from kids to parents, as these kids are under 18 there is no reporting due to parents not wanting to have the family engaged in child protection services. Kids seem to be repeating these behaviours as this is all they have ever known, and it is considered normal. Early Intervention with children should be implemented when families visit their local doctor or service for help to
  - o avoid children adopting violent tendencies
  - o avoid children self-harming and development of mental health issues
  - o avoid emergency department admissions
- Lack of accommodation/safe spaces for women and children

- The psychosocial support needs of those experiencing domestic and family are currently under-supported, due to limitations of GP Mental Health Care Plans and similar programs, particularly for those with limited financial capacity to pay for out-of-pocket cost
- Low income families do experience more domestic violence, and this seems to be a snowball effect from limited earnings, time poor from working for low wages creates fatigue and the feelings of no progression, leading to frustration and aggression.
- More education and early intervention are necessary to avoid ED admissions
- The impacts of domestic violence on child development and the early onset of chronic disease, mental health issues and self-harming.
- Data does show women are the most affected, men do require safe space also as if a man has no outlet, he can become aggressive creating a domestic violence scenario.

***Are there any access issues to services or regions on the Gold Coast that lack services***

- There is a need for more men's behaviour change groups.
- Community attitudes need to change for change to occur on an individual basis and this is something to which more attention should be paid too
- Adverse childhood experiences and their impacts are still under-acknowledged in the way we design and deliver services and this area requires more attention, due to the multitude of ways in which it impacts children in later life if they're subjected to adversities.
- Women and children need to be moved to safety houses if they suspect male can be dangerous.
- Holistic care to all members of domestic violence
- Early intervention and empowering men and women at a young age may encourage respect and equality.
- Culturally and Linguistically diverse and Aboriginal and Torres Strait Islander people need focus

Domestic Violence Integrated Response which is a collection of about 16 organisations that primarily work in the DFV 'system', these are Police, Queensland Corrective Services, DJAG, Youth Justice, Child Safety, Centrelink, Department of Housing, Refuges, Queensland Health, Department of Education, Legal Aid, Multicultural Families Organisation and domestic violence prevention centre.

As a group they meet monthly and largely look at improving the coordination of system responses (August 2020) provided the following feedback:

- Based on evidence and research (Centre for innovative Justice Paper) DVIR is focussed on perpetrator interventions and looks to create doorways for men into services. Health care services are one of the limited number of points that could be a door for response required.

- Women tend to use GP and health services more than men. Often health services become aware and get involved in DV situations when there is a crisis. It would be better if DV could be identified earlier or outside of a crisis through proactive response.
- One thing any services who are supporting people in this area need to be aware of is unintended consequences. For example, if a person presents to GCH for DV related injuries would including this information in a discharge summary to GP assist or cause more issues
- DVIR members noted several issues with private psychologists. Many do not understand the complexity of DV and many may see it as “marriage counselling” which it is not.
- If the Domestic violence is pathologized it does not make women safer, in fact it can provided “reasons/ excuses”, important to remember a lot of people drink/take drugs/ have anxiety- not all of them commit DV. They are escalating factors not the whole problem.
- GPs and private psychologists can become unconscious allies for perpetrators because they focus on treating the individual.
- Also need to consider other practice staff e.g. nurse and even reception staff. They are often placed to pick up on issues.
- GPs do not always book interpreters when they need to. Some Doctors (5-6-) who speak other languages and have patients from those countries, will refer women to Multicultural support services.
- “Bomb drop training” is not helpful – it should be integrated in to the work they do
- Telehealth consults has provided some insights into family life not otherwise seen. Things going on in the background etc. that flag potential DV situations.

### ***GCPHN Clinical Council***

(August 2020) provided the following feedback:

- GP’s do screen for domestic violence and it can be a safe place for victims. There are resources available for GP’s (White book).
- GP’s will ask questions to their patients regarding domestic violence as part of their continued care, It’s a longitude relationship with GP’s.
- It builds the GP confidence having conversations with their patient regarding family and domestic violence.
- Not clear health pathways within Primary Care for DV victims and perpetrators, what is the next step to take for a client who is a victim of domestic violence from their GP.
- Some GPs in the group use DV connect as a referral source, challenging to find support and in particular legal support
- General Practitioners in the group have no preferred Psychologists that they would refer victims and perpetrators to. Difficult to search for Psychologists with a special interest.


- Gap fee is a barrier for victims to seek Psychologists
- When a patient is referred to a Psychologists, the Psychologists need to deal with the risk and safety work alongside domestic violence services to focus on safety and not just psychological strategies
- Pharmacists can give current medications for emergency medications, but unaware on where to refer to next
- The white book is a great source for information for General Practitioners although not reviewed as often due to time constraints, non-General Practitioners in the group interested in the white book and how it can be of assistance.
- Often an issue can be emergency accommodation if victim of DV moves out with kids, churches can be a safe place although can be difficult for families

## **Appendix 1.**

Meaning of domestic violence (Domestic and Family Violence Protection Act 2012)

- (1) Domestic violence means behaviour by a person (the first person) towards another person (the second person) with whom the first person is in a relevant relationship that—
- (a) is physically or sexually abusive; or
  - (b) is emotionally or psychologically abusive; or
  - (c) is economically abusive; or
  - (d) is threatening; or
  - (e) is coercive; or
  - (f) in any other way controls or dominates the second person and causes the second person to fear for the second person's safety or wellbeing or that of someone else.
- (2) Without limiting subsection (1), domestic violence includes the following behaviour—
- (a) causing personal injury to a person or threatening to do so;
  - (b) coercing a person to engage in sexual activity or attempting to do so;
  - (c) damaging a person's property or threatening to do so;
  - (d) depriving a person of the person's liberty or threatening to do so;
  - (e) threatening a person with the death or injury of the person, a child of the person, or someone else;
  - (f) threatening to commit suicide or self-harm so as to torment, intimidate or frighten the person to whom the behaviour is directed;
  - (g) causing or threatening to cause the death of, or injury to, an animal, whether or not the animal belongs to the person to whom the behaviour is directed, so as to control, dominate or coerce the person;
  - (h) unauthorised surveillance of a person.
  - (i) unlawfully stalking a person.





(3) A person who counsels or procures someone else to engage in behaviour that, if engaged in by the person, would be domestic violence is taken to have committed domestic violence.


(4) To remove any doubt, it is declared that, for behaviour mentioned in subsection (2) that may constitute a criminal offence, a court may make an order under this Act on the basis that the behaviour is domestic violence even if the behaviour is not proved beyond a reasonable doubt.

(5) In this section—

coerce, a person, means compel or force a person to do, or refrain from doing, something.

unauthorised surveillance, of a person, means the unreasonable monitoring or tracking of the person's movements, activities or interpersonal associations without the person's consent, including, for example, by using technology.

*Examples of surveillance by using technology—*

- reading a person's SMS messages
  - monitoring a person's email account or internet browser history
  - monitoring a person's account with a social networking internet site
  - using a GPS device to track a person's movements
  - checking the recorded history in a person's GPS device
- 

Gold Coast Primary Health Network  
Primary Care Gold Coast (ABN 47152953092), trading as the Gold Coast Primary Health Network.

Level 1, 14 Edgewater Court, Robina 4226 | PO Box 3576 Robina Town Centre QLD 4230  
P: 07 5635 2455 | F: 07 5635 2466 | E: [info@gcphn.com.au](mailto:info@gcphn.com.au) | [www.gcphn.org.au](http://www.gcphn.org.au)

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