

# Family & domestic violence in Tasmania: a summary of what health datasets tell us

Sarah Ahmed, Clinical Epidemiologist, PHT

## Seeking Help

In an emergency, always call 000.

If you or someone you know is impacted by family violence call the Safe at Home Family Violence Response and Referral Line on 1800 633 937.

If you or someone you know is impacted by sexual violence call the Statewide Sexual Assault Crisis Support Line on 1800 697 877.

Call 1800RESPECT the national sexual assault, domestic family violence counselling service on 1800 737 732 or visit [www.1800respect.org.au](http://www.1800respect.org.au) for online chat options and information.

For more information, visit [www.safefromviolence.tas.gov.au](http://www.safefromviolence.tas.gov.au)

This document contains reference to suicide, which might be distressing. If you need help or would like to talk to someone, please call Lifeline on 13 11 14 or the Suicide Call Back Service on 1300 659 467.

# Definitions

Family violence refers to violence between family members, typically where the perpetrator exercises power and control over another person.

Family violence is the preferred term for violence between Aboriginal and Torres Strait Islander people (because it covers the extended family and kinship relationships).

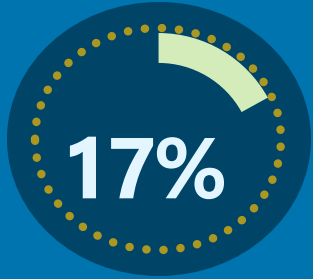
Domestic violence is considered a subset of family violence and typically refers to violent behaviour between current or previous intimate partners.

The types of violence described here are not an exhaustive list.

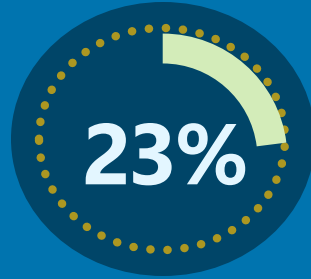
[Source: Family, domestic and sexual violence in Australia: continuing the national story 2019](#)

# How big is this problem: What does the national data tell us?

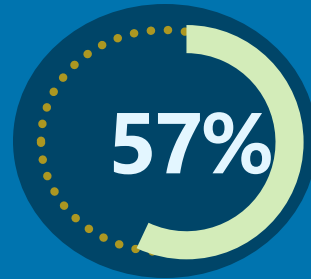
Since the age of 15, across Australia:



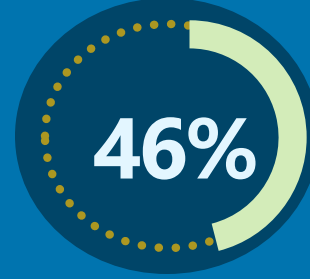
Women who experience physical/sexual violence from a current/previous partner



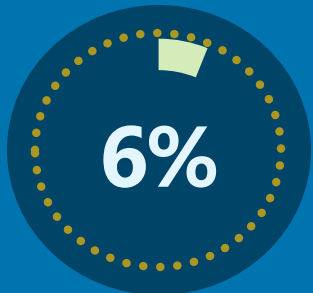
Women who experience emotional abuse from a current/previous partner



Women who experience emotional abuse from a current/previous partner who have also been assaulted



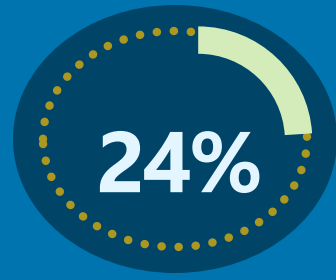
Women who experience violence from a current partner did not seek support



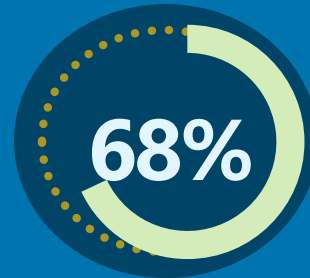
Men who experience physical/sexual violence from a current/previous partner



Men who experience emotional abuse from a current/previous partner



Men who experience emotional abuse from a current/previous partner who have also been assaulted



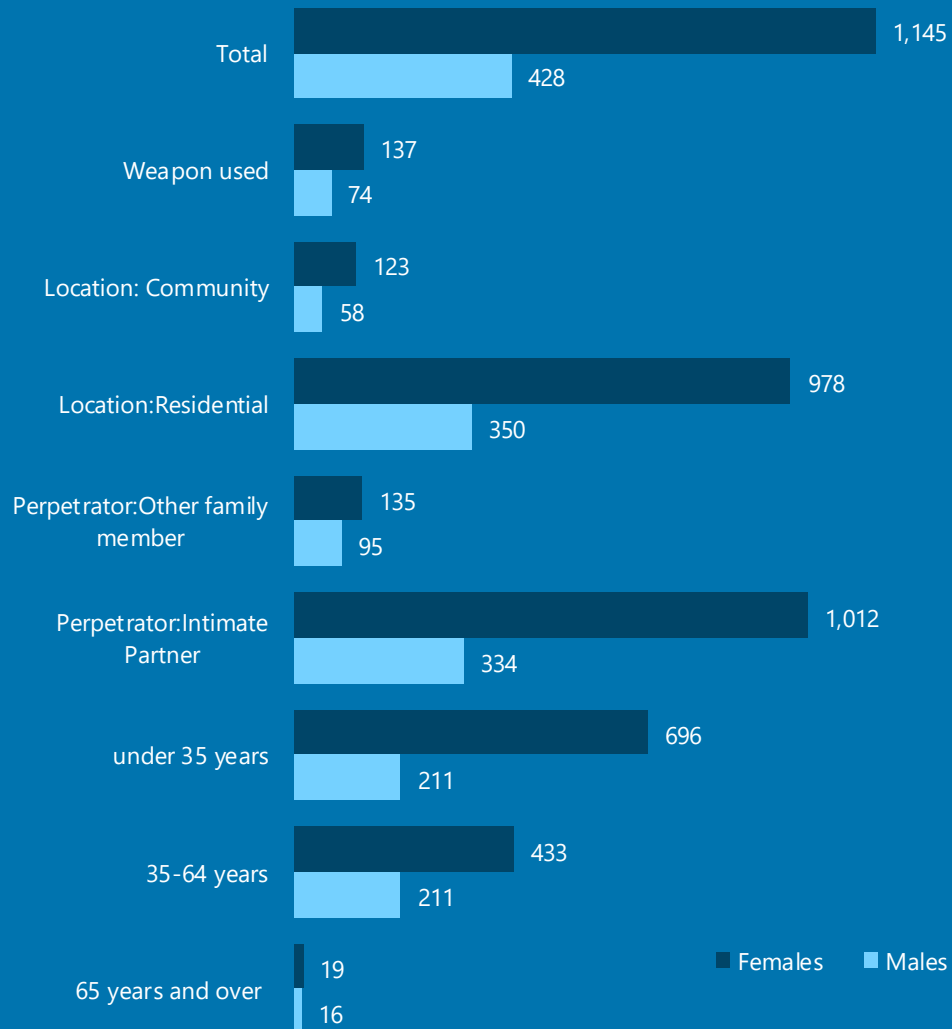
Men who experience violence from a current partner did not seek support

Young people aged 18 to 24 years are the most likely group to have experienced some form of violence in the preceding twelve months.

A fifth of individuals did not know where to access help for domestic and family violence if needed

# How big is this problem: What does the Tas data tell us?

Victims of family and domestic violence-related assault, selected characteristics, Tasmania 2019



In Tasmania, statistics indicate that FDV is becoming a bigger issue than general violence in the community.

- Severe physical assaults Tasmanian victimisation rate increased from 255 to 274 victims per 100,000 people between 2016 and 2017.
- 13% of Tasmanian offenders had at least one prior recorded FDV related offence.
- During 2019, a 7% increase in Tas FDV victims (reported). The general assault rate over the same period only increased by 3%.
  - Around half of all assaults were family and domestic violence related (47% or 1,600 victims).<sup>9</sup>
- In 2019, there were 1,600 victims of FDV-related assault recorded in Tasmania
  - most assaults:
    - occurred at a residential location
    - did not involve the use of a weapon
  - most assault victims:
    - knew the offender
    - were female.

[Recorded Crime - Victims, 2020 | Australian Bureau of Statistics (abs.gov.au) <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/latest-release#ttasmania>

# Who experiences this?

## Shadow

Pandemic: emerging data showing increases in all types of violence against women and girls

Violence against women often driven by heightened stress, family disruption, social isolation, financial pressures and disruption to people's usual personal and social roles (aka stresses & emergencies)

## barriers to disclosing include:

fear, denial, disbelief, emotional bonds to the partner, commitment to marriage, hope for change, staying for the sake of the children, 'normalisation' of violence, social isolation, depression, stress, feeling they will not be believed or that services will not be able to help.

Across selected states and territories, most victims of family and domestic violence-related assault:

- were female (65–79%)
- were assaulted by an intimate partner (52–86%)
- were aged between 25 and 44 years at the date of report (45–54%).

<https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/latest-release#victims-of-family-and-domestic-violence-related-offences>

It is mostly experienced by women, but it is important to acknowledge that men and same-sex partners also experience domestic and family violence

irrespective of economic, educational, social, geographic or racial background

## more at risk includes:

1. Rural and regional communities,
2. Aboriginal and Torres Strait Islander people,
3. Pregnant women and younger women.
4. Children,
5. Older people
6. People living with disabilities
7. People with diverse sexual orientations
8. Migrants
9. socioeconomically disadvantaged people

# How do people present?

Potential clinical indicators of family and domestic violence	
<b>Psychological</b>	insomnia; depression; suicidal ideation; anxiety symptoms and panic disorder; somatoform disorder; PTSD; eating disorders; drug and alcohol abuse
<b>Physical</b>	obvious injuries, especially head and neck or multiple areas; numbness and tingling from injuries; bruises in various stages of healing; sexual assault; STIs  chronic pain & lethargy;  pregnancy and childbirth, miscarriages; unwanted pregnancy; antepartum haemorrhage; lack of prenatal care; neonate with low birthweight

*"GPs often say they do not see many patients who have experienced violence. Violence doesn't necessarily present in an obvious way, and it may not be identified by our patient as their reason for presenting"*

Hegarty K, Taft A. Overcoming the barriers to disclosure and inquiry of partner abuse for women attending general practice. Aust NZ J Public Health 2001;25:433-7.

Women with the following features may be at higher risk of underlying domestic and family violence as an issue:

- aged 40 years or younger
- have a past history of child abuse or have a child who is currently being abused
- are socially isolated
- have an accompanying partner who is overattentive
- present frequently
- delay in seeking treatment or are non-compliant

1/3 abused women had told a GP about the abuse, while only 13.2% had been asked.

GPs said they did not inquire about abuse because of a lack of time, lack of appropriate skills, and a perception that they were unable to help abused women.

# What does Tasmanian GP data tell us?

**1,920 individuals of interest were identified over the three year period across 93 general practices, accounting for 2,587 GP encounters.**

Top 5 recorded diagnoses:

1. Depression
2. Anxiety
3. Respiratory conditions
4. Hypertension
5. Musculoskeletal complaints

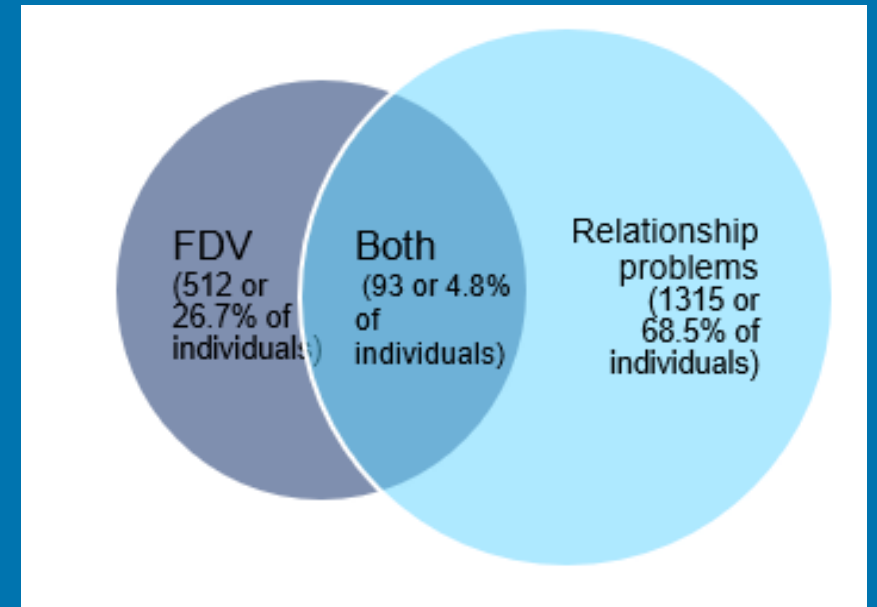
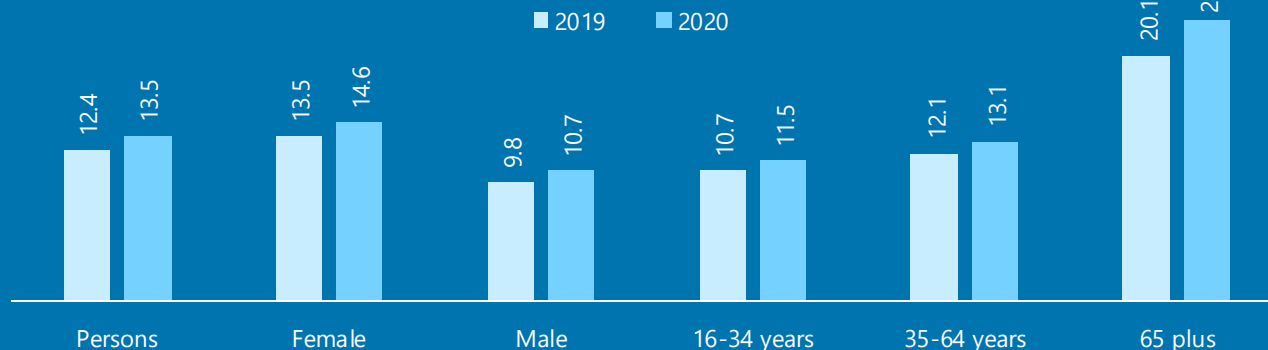
Top 5 meds:

1. Antidepressants
2. Opioids
3. Analgesics
4. NSAIDs
5. anxiolytics

31% had a MHCP

7% AH consult in past 3 years.

Mean 10.4 GP encounters per year.



70.2% Female

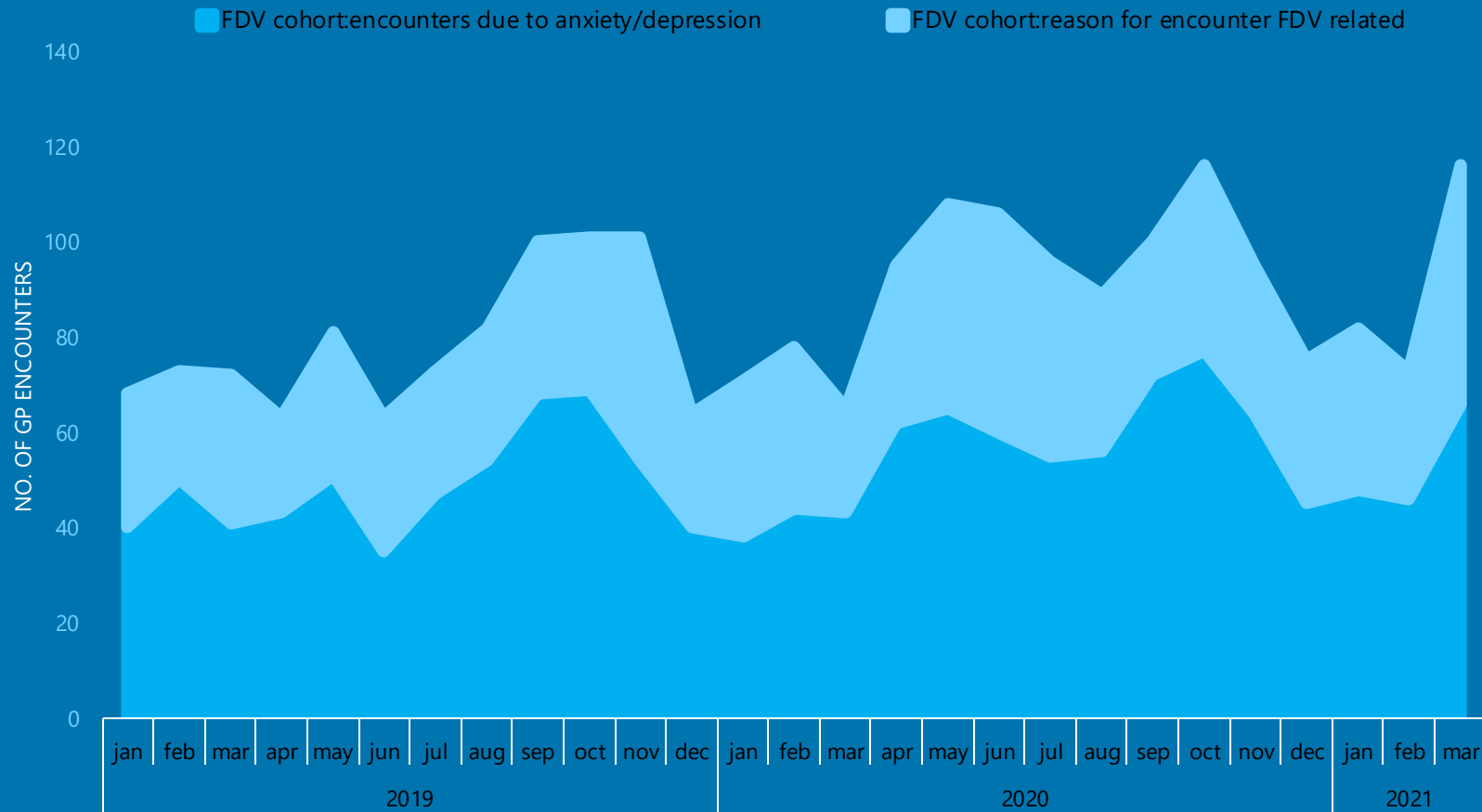
median age of 41 years.

About 63% were in the most socioeconomically disadvantaged groups in society,

majority living in inner regional areas around Hobart and Launceston.

Just under 5% identified as Indigenous.





Most did not present to their GPs with overt FDV-related reasons for encounter, tending to present with other reasons, commonly including symptoms related to anxiety and/or depression. GPs therefore need to elicit any underlying FDV related information during presentations.

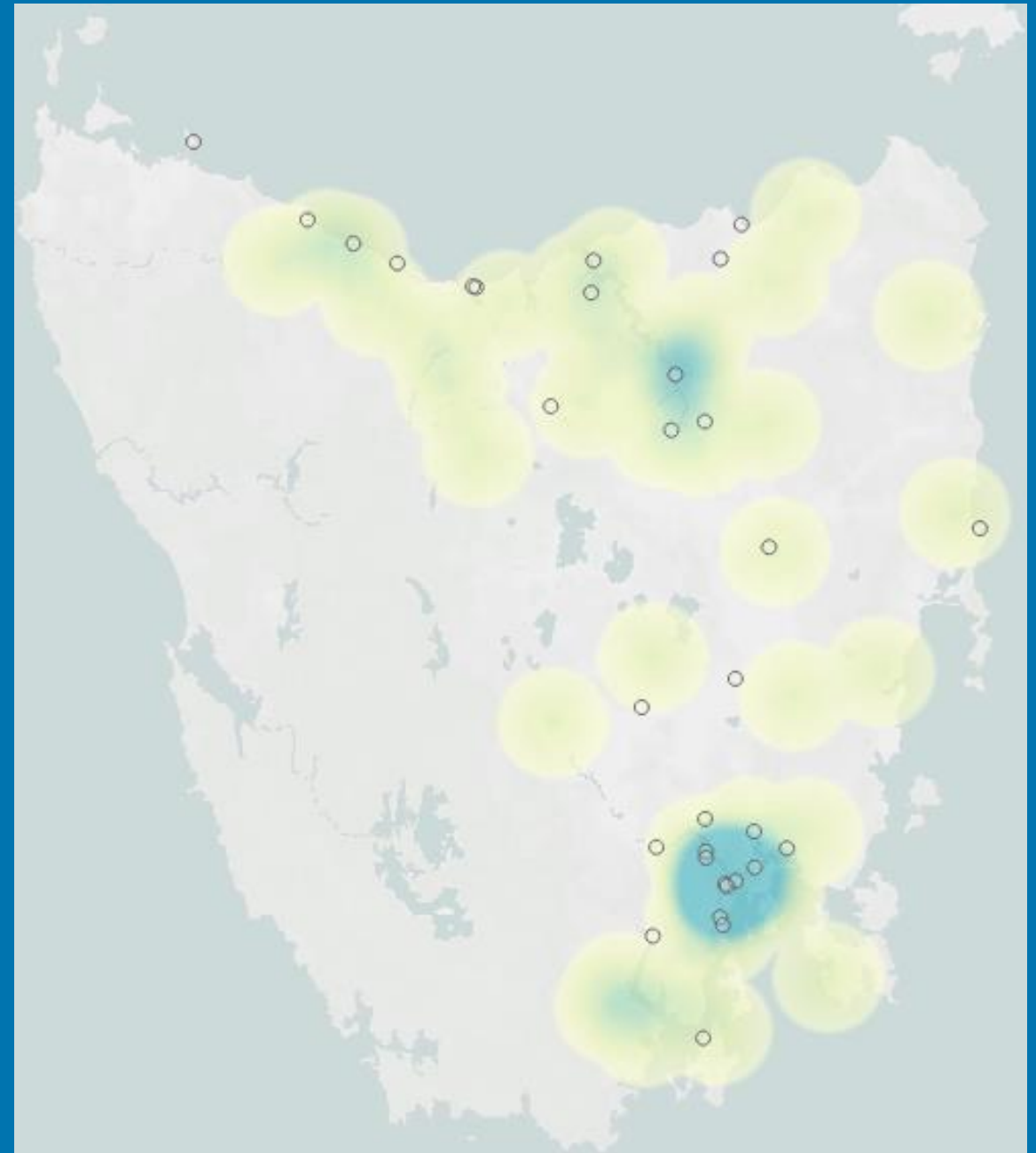
43.6% visited more than one general practice over the three year period

96.5% of them had domestic and family violence related encounter data recorded at only one practice

Ten practices were utilised by 61% of the domestic and family violence cohort identified.

the proportion of their clientele who have domestic and family violence recorded is small

Practitioner gender was not a major factor influencing patients decisions to engage with their GPs about domestic and family violence



# What does Tasmanian Public Hospital data tell us?

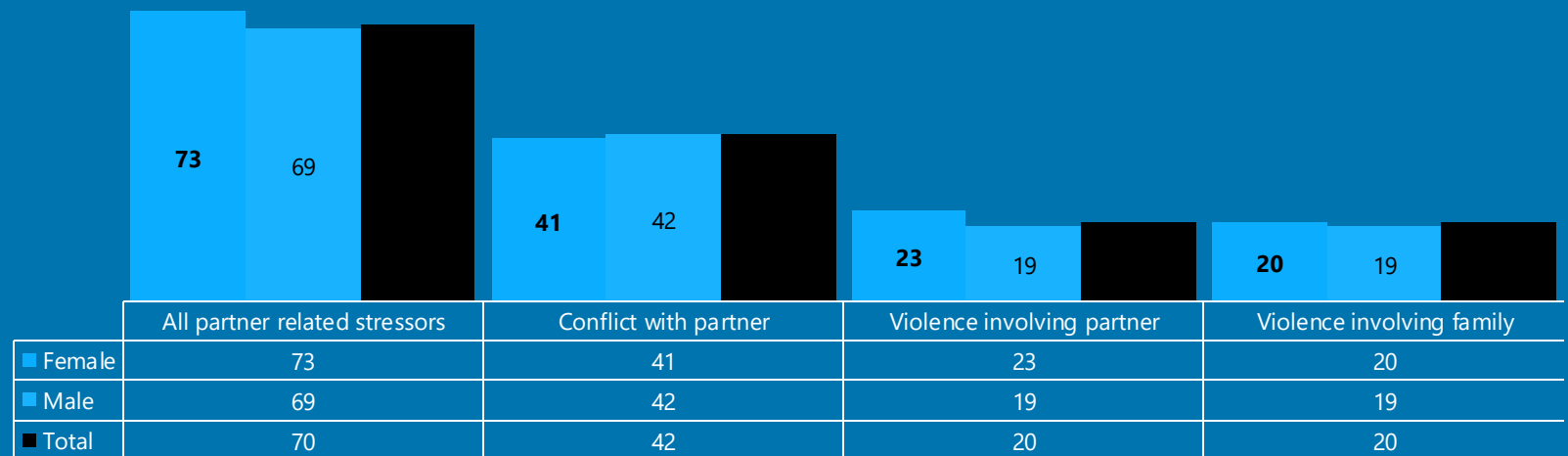
- 2738 assaults were identified of which just over a quarter (27.2%) were perpetrated by a family member
- in just over 1 in 10 of these assaults the perpetrator was an intimate partner
- 183 females presented with assaults by bodily force perpetrated by their spouse or partner
- 19 males presented with assaults by bodily force perpetrated by their spouse or partner

RHH 197 cases LGH 61.

Suicides are now the 11th leading cause of death in Tasmania.

Between 2012 and 2016 in Tasmania, 70% (251 suicides) had an identified partner related stressor, 62% of these involved a history of conflict or violence involving a partner

Percent of suicides by identified family/partner violence as stressors and sex, Tasmania 2012-2016



# Opportunities

Identification & recording

Opportunities for the conversation-regular visits

1st point of contact

It is important to understand whether the affected age group are older than those suggested in national statistics and whether the perpetrators of assault are less likely to be an intimate partner in Tasmania.

Awareness of PCs

Other family members, particularly children, and especially during times of COVID-19 lockdowns, are a hidden cohort for whom there are likely to be significant consequences of experiencing or witnessing family and domestic violence.