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CENTRAL AND EASTERN SYDNEY
An Australian Government Initiative

HEALTH AND WELLBEING OF PEOPLE AFFECTED BY DOMESTIC, FAMILY AND SEXUAL VIOLENCE

2025-2027 Needs Assessment

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Content warning: The following chapter contains information that may be distressing. Please consider your wellbeing and reach out to services and supports as required.

Overview

Domestic, Family and Sexual Violence (DFSV) has increased over the 12-month period to March 2024 across NSW. Furthermore, in CESPHN, 5,936 domestic violence related assault incidents were recorded between April 2022 and March 2023, with the Canterbury-Bankstown LGA containing the highest number of incidents.

People with disabilities, older people, Aboriginal and Torres Strait Islander peoples, and LGBTIQ+ people experience increased risk, severity and frequency of DFSV and other types of abuse as well as challenges to accessing support due to the context of oppression and discrimination in which they live. DFSV has been thought of as a social issue, however due to the impact of DFSV on a person's health and wellbeing it is now understood to be a health issue.

Key issues

- Need for continuous DFSV education and support for primary care
- Service design and delivery needs to prioritise children and young people

Key gaps

- Fragmented support for the intersecting issues of Sexual Violence and Child Sexual Abuse.
- Support for children impacted by DFSV
- Wider range of service options that reduce DFSV

Prevalence

New South Wales Health defines DFSV as: *"any behaviour by a person directed against another person with whom they have a domestic relationship that is:*

- violent or threatening behaviour
- behaviour that coerces or controls the other person
- behaviour that causes the other person to fear for their safety or wellbeing, or the safety and wellbeing of others (1).

Domestic relationships can include intimate partner relationships, family relationships or kinship relationships. DFSV includes but is not limited to physical abuse, sexual abuse, financial abuse, emotional abuse, spiritual abuse, medical neglect, technology-facilitated abuse and stalking (2).

Intimate partner violence alone is the leading contributor to death, disability and illness in Australian women aged 18-44. DFSV can also lead to mental health issues, substance abuse, homelessness and impact a person's employment and participation in society. Legislation criminalising coercive control came into effect in NSW in July 2024, serving to recognise the impact of non-physical and sexual forms of DFSV.

There were approximately 2,500 reports of domestic violence to the police in NSW every month. This is likely only to represent 40% of the actual incidents due to underreporting.
Sixteen adult women in NSW were victims of a domestic violence murder in the 12 months to March 2024 an increase of seven women from the previous 12-month period and down nine from 10 years ago (12 months to March 2015).

Women and children experience DFSV more than men:

- An estimated 1.1 million women in New South Wales (37%) have experienced violence (physical or sexual) since the age of 15, including:
    - 21% (640,200) who experienced sexual violence

- 29% (911,800) who experienced physical violence
- Sexual assault rates experienced by women have also increased across Australia, with the largest increase in NSW (up 2,296 victims or 19%) in 2023.
- An estimated 524,200 women in New South Wales (17%) have experienced abuse (physical and/or sexual) by an adult before the age of 15, including:
- 11% (343,300) who experienced sexual abuse
- 9.1% (285,500) who experienced physical abuse
- An estimated 486,700 women in New South Wales (16%) witnessed violence towards a parent by a partner before the age of 15 (3).

In the central and eastern Sydney region, 6,290 domestic violence related assault incidents were recorded between July 2023 – June 2024. Canterbury-Bankstown ranked highest in the CESPHN region with 1,807 recorded incidents (485.7 per 100,000 population) and ranked 47 out of 130 LGAs in NSW. This LGA saw a two-year increase of 25%. Conversely, the Bayside LGA saw a two-year decrease of 14.9%, while other LGAs remained stable over this period (4).

Table 1 Number of recorded domestic violence related assault incidents by Local Government Area: number, rate and rank, July 2023 to June 2024

LGA	No. of incidents	Rate per 100,000 population	CESPHN Rank	NSW Rank	Two-Year Trend (%)
Canterbury-Bankstown	1,807	485.7	1	61	17.6
Bayside	609	342.2	2	79	-14.9
Strathfield	150	324.5	3	90	Stable
Waverley	222	320.2	4	91	Stable
Burwood	129	315.9	5	94	Stable
Inner West	539	294.4	6	96	Stable
Randwick	383	282.3	7	97	Stable
Georges River	370	241.5	8	102	Stable
Sutherland Shire	556	239.8	9	103	Stable
Woollahra	108	201.9	10	106	Stable
Canada Bay	177	198.4	11	108	Stable
City of Sydney	*1,240*	*568.6*	*12*	*52*	*Stable*

Source: NSW Bureau of Crime Statistics and Research, 2024

Domestic and family violence is a complex, multifaceted issue; while the aim of this section is to provide a thorough assessment of domestic and family violence in central and eastern Sydney, it should be noted that not all aspects of this area are addressed by this needs assessment.

Factors driving DFSV

Our Watch, the peak Australian body on the prevention of gender-based violence, identifies the following gendered drivers:

- Condoning of violence against women
- Men's control of decision-making and limits to women's independence in public and private life
- Rigid gender stereotyping and dominant forms of masculinity
- Male peer relations and cultures of masculinity that emphasise aggression, dominance and control (5).

There are also reinforcing factors including:

- Condoning of violence in general

- Experience of, and exposure to, violence
- Factors that weaken prosocial behaviour such as financial stress
- Resistance and backlash to prevention and gender equality efforts (5).

Other forms of violence

Sexual Violence and Child Sexual Abuse often intersect with DFSV; however, support continues to be fragmented. An integrated approach to addressing these forms of violence is necessary to provide the best possible holistic support for impacted families.

Emerging research highlights that an under-reported form of assault that has enormous medical impacts is non-fatal strangulation. In addition to immediate and ongoing risks such as injury to the larynx and anoxic brain injury, women who have been strangled by their partner are 7.5 times more likely to be killed by the same partner (6).

Anecdotally, DFSV Assist has seen an increase in disclosures to primary care providers in the region with patients having experienced non-fatal strangulation and sexual choking.

Intersectionality with other priorities

- People with disabilities, older people, Aboriginal and Torres Strait Islander people and LGBTIQ+ people experience increased risk, severity and frequency of DFSV and other types of abuse as well as challenges to accessing support due to the context of oppression and discrimination in which they live. Women and children on precarious visas experience are particularly vulnerable with many services not offering support to this cohort, increasing their risk of homelessness.
- DFSV is the leading cause of homelessness for women and girls. In Australia, in 2022-23, 38% of all clients in specialist homelessness services identified family and domestic violence as the cause of their homelessness (7).
- The reduction of general practices in the region offering bulk billing as well as waiting times are affecting access to primary healthcare.
- Subject matter expert consultations discussed how a key issue is women and children that do not have timely access to housing support services in the CESPHN region.

The role of primary healthcare

DFSV has historically been thought of as a social issue, however due to the impact of DFSV on a person's health and wellbeing it is now understood to be a health issue. Intimate partner violence is the largest contributor to the burden of disease for Australian women aged 18-44 years (8). In Australia, it is estimated that a full-time GP will unknowingly see five women a week who have experienced DFSV (9). GPs are second only to friends and family members, in relation to receiving disclosures of current partner violence (Safer Families evidence brief #2: Identifying and responding to domestic abuse and family violence: Implications for the health sector).

Accordingly, there has been a policy-level shift towards enhancing primary care's role in prevention and early intervention in DFSV. The NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026 recognises that primary care is often the first port of call for people in the community and, therefore, has a role in recognising DFSV and ensuring appropriate action and care is provided to people experiencing it.

The Strategy calls for a more coordinated approach between primary care and domestic violence support services, increased training and support provided to primary care services to respond better to DFSV, and provide trauma informed and culturally safe care to victims.

Gaps and needs

Need for continuous DFSV education and support for primary care

GPs and other primary care professionals have an important role to play in addressing DFSV in the Central and Eastern Sydney region as they are often the first point of contact for people experiencing domestic violence due to physical injuries and mental health issues resulting from the violence.

In early 2021, Central and Eastern Sydney PHN facilitated 15 key informant interviews and distributed a survey to GPs, allied health professionals, practice nurses and practice managers to gather information about their professional experiences related to domestic and family violence. The largest barrier to supporting patients experiencing DFSV was a lack of knowledge, followed by the presence of a partner or child and lack of time. Feedback from GPs also reported that their behaviour is often driven by:

- a reluctance to interfere
- wanting to avoid victim-blaming attitudes
- fear of offending patients
- not knowing what to do
- having inadequate training
- experiencing a lack of time
- a lack of referral options or limited knowledge of referral options
- victims are accompanied by a child or partner
- language and cultural barriers.

In an ongoing Sax Institute baseline survey offered to primary care providers in CESPHN prior to attending DFSV training, of 113 respondents, 47.5% of respondents mentioned they have not received any training in relation to recognising and responding to DFSV. However, on a scale of 0 to 10, respondents scored an average of 8.5 when asked whether they agree the primary care sector has a role to play in identifying and supporting patients experiencing DFSV.

To support primary care with the capability to intervene early and mitigate risk, training and education to health professionals on the following needs to be provided:

- Creating a safe environment for disclosure
- How to recognise the signs of DFSV

- How to start the conversation
- How to respond to disclosures appropriately
- An understanding of the support available and referral pathways.

Given the lack of time and remuneration for GPs and other health care providers to engage in this work, navigating the DFSV service sector in order to seek support for a patient can be challenging. Health professionals need one simple, streamlined referral pathway to access support for patients.

Service design and delivery needs to prioritise children and young people

Subject matter experts during a consultation facilitated by Central and Eastern Sydney PHN in July noted that that people who use violence often have a history of witnessing or experiencing DFSV as a child. Working with children, in healing and recovery, in and of itself is prevention work as it has the potential to reduce the prevalence of intergenerational trauma.

The consultation also reinforced links established between DFSV and developmental delays, which can be addressed through better integration between the DFSV sector, primary care and community health, particularly as specialist costs and waiting times can be prohibitive.

CESPHN's current work

CESPHN was one of six PHNs initially funded by the Australian Government Department of Health to address DFSV, and this work has recently expanded to include another six PHNs nationwide. The region's DFSV Assist service provides training to GPs, allied health professionals and practice staff to enhance their capacity to identify and appropriately respond to DFSV presentations from patients. Training is offered in-practice as well as through continuing professional development (CPD) events.

DFSV Assist also provides a navigation support service exclusively for health professionals to better support their patients experiencing DFSV through:

- A singular local referral pathway, accessible by phone, email or secure messaging.
- Providing secondary consultations (guidance and advice for supporting specific patients).
- Improving connection and coordination between primary care and DFSV services to support health professionals to provide seamless support to victims
- Closing the feedback loop and providing (with consent) referral outcome information to referring practitioners.

The Navigation service has seen better outcomes for patients experiencing abuse as its singular referral pathway limits the risk re-traumatisation due to retelling stories to multiple agencies in order to seek various types of support.

Primary healthcare professionals also have ready access to the DFSV pathways on HealthPathways.

Opportunities

CESPHN received funding as part of a consortium with Hunter New England Central Coast and Nepean Blue Mountains PHNs to expand their DFSV Assist program to include Sexual Violence and Child Sexual Abuse training and navigation support. Service delivery is due to commence in early 2025.

The subject matter expert consultation noted the need to commence DFSV-related training earlier in healthcare professional career pathways. For example, training should commence during medical school or during GP registrar training. This is an area DFSV Assist will explore in 2025.

The introduction of new MBS Level E consultation item numbers for consultations lasting 60 minutes or more could help improve outcomes by allowing more time to be spent supporting patients impacted by DFSV.

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