

# The health costs of violence

## Measuring the burden of disease caused by intimate partner violence

A summary of findings



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A summary of findings

*Intimate partner violence:*

*prevalent, serious, preventable*



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We have some of the tools and knowledge to make a difference – the same tools that have successfully been used to tackle other health problems. Violence is often predictable and preventable.

Gro Harlem Brundtland > Director General, World Health Organization, World Report on Violence and Health 2002



## About this publication

This publication is a summary of a study conducted to assess the health impact of intimate partner violence on women. The study was supported by VicHealth in partnership with the Department of Human Services and was conducted with contributions from a range of experts from across Victoria and elsewhere.

While focussing on health, it complements a vast body of evidence demonstrating the serious social and economic consequences of intimate partner violence for individuals, families and communities.

A publication providing further detail on the study, and in particular the methodology used to estimate the burden of disease contributed by intimate partner violence, is currently under preparation and information about its availability will be on [www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au).

### Definitions

#### **Burden of disease methodology**

Burden of disease methodology is an internationally accepted approach to estimating the impact of health problems, taking into account illness, disability and premature death. Burden of disease measures are used extensively by governments, researchers, health planners and advocates world wide.

The terms 'health' or 'disease' burden are also sometimes used when referring to other impacts of a health problem, such as its prevalence, the particular health problems caused or its broader social and economic impacts.

#### **Intimate partner violence**

Intimate partner violence, sometimes referred to as domestic violence, family violence or relationship violence, refers to violence occurring between people who are, or were formerly, in an intimate relationship.

Intimate partner violence can occur on a continuum of economic, psychological and emotional abuse, through to physical and sexual violence.

Although men are among the victims of intimate partner violence, evidence suggests that the vast majority of victims are women and that women are more vulnerable to its health impacts. Intimate partner violence occurs across cultural and socio-economic groups.

### Government initiatives addressing intimate partner violence

Further information on government initiatives can be found at:

<b>Victorian Government:</b> <ul style="list-style-type: none"><li>• Women's Safety Strategy</li><li>• Women's Health and Wellbeing Strategy</li></ul>	<a href="http://www.women.vic.gov.au">www.women.vic.gov.au</a>
<b>Australian Government:</b> Partnerships Against Domestic Violence	<a href="http://www.padv.dpmc.gov.au">www.padv.dpmc.gov.au</a>



## Acknowledgements

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- Women accessing the Women's Domestic Violence Crisis Service and their support workers, whose generosity allowed us to bring the voices and experiences of Victorian women to this publication
- Women's health advocates and women's health services, in particular Women's Health Victoria, whose advocacy about the health costs of intimate partner violence and the need for them to be considered in health impact assessments, and in particular Victorian burden of disease estimates, provided the impetus for this study
- The members of the Project Advisory Group (see page 40) who brought a range of resources and a breadth of expertise to the project, as well as linkages with other important initiatives. The group was ably chaired by Professor Jenny Morgan. Rachel Green and Deb Pietsch provided links with the Women's Safety Strategy and the Women's Health and Wellbeing Strategy
- Therese McCarthy, who undertook a scoping study to assist VicHealth to determine its role in supporting activity to address violence against women, and Yvonne Robinson, who offered generous support and guidance in establishing the project
- Associate Professor Bob Pease, Danny Blay and men associated with the No to Violence Male Family Violence Prevention Association for sharing their views and experiences on men's role in violence prevention
- Researchers associated with the Australian Longitudinal Study on Women's Health at the University of Newcastle and the University of Queensland, in particular the study co-ordinator, Christina Lee. Much of the analysis presented in this publication was based on unpublished data from the study, which is funded by the Commonwealth Department of Health and Ageing
- Researchers who made available their unpublished work based on the Australian Longitudinal Study on Women's Health, in particular Dr Angela Taft, Lyn Watson, Margot Schofield and Rafat Hussain
- Joy McLaughlin of the Australian Bureau of Statistics, who provided invaluable assistance with data from the Women's Safety Survey
- The women who participated in and contributed their data to the Australian Longitudinal Study on Women's Health and the Women's Safety Survey
- Betty Bougas, who provided administrative support to the project and its advisory group.



# 1. Intimate partner violence – a major burden on our health

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*Intimate partner violence is responsible for more ill-health and premature death in Victorian women under the age of 45 than any other of the well-known risk factors, including high blood pressure, obesity and smoking*

In 1999, VicHealth undertook a wide-ranging investigation into factors contributing to the escalating incidence of mental health problems in our community. On the basis of this review we identified mental health as a priority area for action.

In the past, health promotion has focussed on supporting changes in the behaviour of individuals, so that they are better able to protect and promote their health. In the last 15 years, however, in response to increasing evidence of the influence of social and economic factors on health, our focus has shifted to also supporting positive changes in the environments in which people live, work, play and build relationships with one another.

In our mental health promotion work we have focussed on three factors as being particularly important for good mental health: social inclusion, economic participation and freedom from violence and discrimination.

Our 1999 review of the causes of poor mental health indicated that a range of forms of violence required attention, from work place violence and bullying in school environments, through to violence occurring in youth gangs and that perpetrated against racial and other minorities.

Among these, violence against women, particularly that occurring in the context of an intimate relationship, emerged as an especially common phenomenon having serious mental health impacts. Accordingly, in 2003 we conducted a more detailed study, to determine the contribution VicHealth could make to support primary prevention of violence against women.

This study, carried out by VicHealth in partnership with the Department of Human Services, is one of a number of current and planned activities to address this issue.

Too often intimate partner violence is trivialised in our society as somehow being less serious than violence committed in other contexts; as a matter to be resolved in the privacy of the home. The findings of this study present a serious challenge to these views.

They demonstrate that intimate partner violence is all too common, has severe and persistent effects on women's physical and mental health and carries with it an enormous cost in terms of premature death and disability. Indeed it is responsible for more ill-health and premature death in Victorian women under the age of 45 than any other of the well-known risk factors, including high blood pressure, obesity and smoking.



This study is the first in the world to estimate the disease burden resulting from intimate partner violence.

While our work has focussed on the impact of violence on women, intimate partner violence diminishes and affects us all, marring not only relationships between men and women, but having long-term effects on their children and communities. Its seriousness demands that far greater efforts be placed on promoting respectful and equal relationships between men and women.

In a recent article in the *Medical Journal of Australia*, Professor Beverly Raphael, a leading practitioner and advocate in mental health in Australia, challenged the health sector to become one of the driving forces for change in the bid to reduce violence against women.

This partnership is a practical demonstration of this challenge being met in Victoria. Relying on the input of a range of experts, it would not have been possible without a collaborative, multi-disciplinary approach. I thank all of those involved for their input and for sharing so generously of their time, knowledge, resources and expertise.

We hope this project will make an important contribution to raising awareness of the prevalence and serious health consequences of intimate partner violence. In making visible the loss of life and health it causes, we also trust that our work will serve as a resource for setting priorities for action at the governmental, service and community levels.

**Dr Rob Moodie**

Chief Executive Officer  
Victorian Health Promotion Foundation

*This study is the first in the world to estimate the disease burden resulting from intimate partner violence*



## 2. A summary of study findings

*Women are more vulnerable to intimate partner violence than to violence in any other context and are overwhelmingly more likely than are men to be the victims of this form of violence*

There is increasing recognition internationally that intimate partner violence is a common problem with serious health, social and economic consequences for women, their families and communities. Women are more vulnerable to intimate partner violence than to violence in any other context (OWP 2002) and are overwhelmingly more likely than are men to be the victims of this form of violence (ABS 2003; Bagshaw & Chung 2000) and to suffer its health consequences (Statistics Canada 2003).

This study assessed the health impact of this type of violence for Victorian women, in particular:

- Its prevalence
- The health problems it causes
- Its contribution to the total disease burden in Victorian women.

Its aims were to:

- Raise awareness of the seriousness of the problem of intimate partner violence
- Enhance understanding of violence and its health consequences
- Provide information to ensure that appropriate consideration is given to intimate partner violence when priorities are being set for expenditure, program development and other activities at the governmental, service and community levels
- Provide a resource for planning and monitoring the effectiveness of intervention strategies and for other research assessing the social and economic costs of violence.

It demonstrates that intimate partner violence is:

### Prevalent

- One in five women report being subjected to violence at some time in their adult lives (ABS 1996a).

### Serious

- Intimate partner violence has wide-ranging and persistent effects on women's physical and mental health.
- It contributes 9 per cent to the total disease burden in Victorian women aged 15–44 and 3 per cent in all Victorian women.
- It is the leading contributor to death, disability and illness in Victorian women aged 15–44, being responsible for more of the disease burden than many well-known risk factors such as high blood pressure, smoking and obesity.

### Preventable

The causes of violence are complex. However, accumulated evidence from around the world suggests that cultural, social and economic factors play a particular part. A significant underlying factor is the unequal distribution of power and resources between men and women (WHO 2002; OWP 2002).

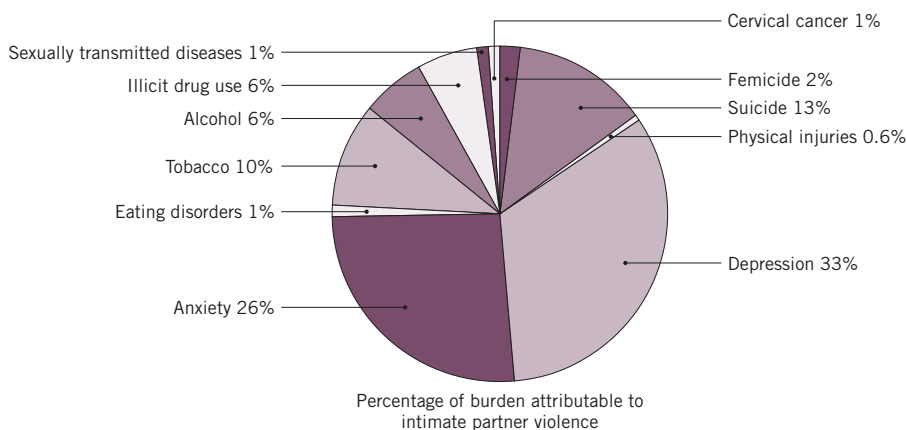


There is a broad consensus internationally that intimate partner violence is best addressed in the context of a human rights, legal and health framework and through the development of multi-level strategies across sectors (WHO 2002; OWP 2002). In Victoria, this approach is co-ordinated through the whole-of-government Women's Safety Strategy, with intimate partner violence also being identified as a priority in the Women's Health and Wellbeing Strategy.

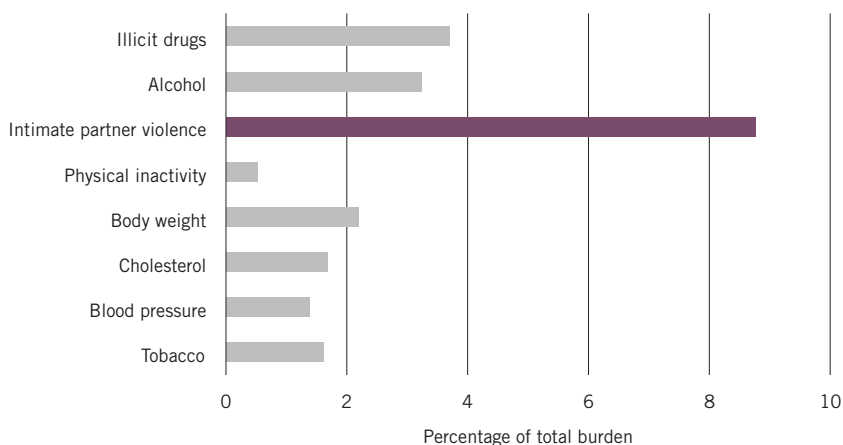
The findings of this study suggest the need to increase our efforts in policy implementation in these areas, with particular emphasis on the primary prevention of violence against women.

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**Figure 1: Health outcomes contributing to the disease burden of intimate partner violence in Victorian women**



**Figure 2: Top eight risk factors contributing to the disease burden in Victorian women aged 15–44 years**





### 3. Prevalent, serious and preventable: This is a public health issue

*Around one in five Australian women report being subject to intimate partner violence at some time in their adult lives*

*Women who have been exposed to violence have a greater risk of developing a range of health problems including stress, anxiety, depression, pain syndromes, phobias, somatic and medical symptoms*

Intimate partner violence has been identified as a significant health problem requiring urgent attention by a number of bodies at the international, national and local levels, including: the World Health Organization, in its landmark *World Report on Violence and Health* (WHO 2002); the Australian Government, through its 1999 Partnerships Against Violence Initiative (OSW, 1999); the Victorian Government in its 1992 Women's Safety Strategy (OWP 2002) and its Women's Health and Wellbeing Strategy (VDHS 2002); the Australian Public Health Association (2001); and the Australian Medical Association (1998).

Evidence accumulated by these bodies indicates that intimate partner violence is extremely common with:

- The World Health Organization estimating prevalence rates of between 10 per cent and 69 per cent in countries around the world (WHO 2002)
- Around one in five Australian women reporting being subject to this type of violence at some time in their adult lives (ABS 1996a).

It also has serious social, economic and health consequences for women, their families and communities:

- Women who have been exposed to violence have a greater risk of developing a range of health problems including stress, anxiety, depression, pain syndromes, phobias, somatic and medical symptoms (WHO 2000).
- They report poorer physical health overall, are more likely to engage in practices that are harmful to their health and experience difficulties in accessing health services (WHO 2000).
- An estimated one in four Victorian children and young people have witnessed intimate partner violence (OWP 2002). This exposure increases their risk of mental health, behavioural and learning difficulties in the short term, and of developing mental health problems later in life (Edleson 1999).
- While the economic costs are the subject of a study being conducted by the federal Office of the Status of Women, existing studies suggest that Australian businesses are losing at least \$500 million per year because of the effects of intimate partner violence. Victims take just under \$30 million per year in sick leave. Associated staff turnover costs a further \$6 million annually (Henderson & Associates 2000).

There is also evidence to suggest that:

- The influence of abuse can persist long after the abuse has stopped.
- The more severe the abuse the greater its impact on women's physical and mental health.
- The impact over time of different types and multiple episodes of abuse appears to be cumulative (WHO 2000; Taft 2003; Golding 1999).



## A public health response

Accompanying increased awareness of the extent of the problem is an emerging consensus that:

- It is a problem best addressed within a human rights, legal and health framework, through the development of multi-level strategies across sectors (OWP 2002; WHO 2002).
- Although its causes are complex, factors in our social, economic and cultural environments play a significant part. Addressing these factors can help to prevent the occurrence and consequences of intimate partner violence (WHO 2002).
- Significant among these factors are the unequal distribution of power and resources between men and women (WHO 2002; OWP 2002; Heisse 1998).

A scoping study on violence against women commissioned by VicHealth in 2003 found that given the prevalent, serious and preventable nature of the problem, there was an urgent need for further development of a public health response (McCarthy 2003).

Significant health gains have been made through such an approach in addressing other major public health issues. Prominent examples include tobacco control and road safety, where major reductions in avoidable death, injury and illness have been achieved through a combination of legislative reform, law enforcement, communications and marketing, and services and programs to support individuals.

In the case of intimate partner violence, this would involve emphasis being placed on:

- Supporting research and evaluation to increase understanding of such violence and assess the effectiveness of prevention strategies
- Developing the capacity of organisations to work collaboratively across sectors to develop preventive initiatives
- Supporting community development approaches to foster understanding of the problem and encourage dialogue and action to address it at the local level
- Developing education and training programs to strengthen the capacity of work forces across sectors to implement evidence-based prevention strategies
- Sharing information about intimate partner violence through local, regional and national media as well as other avenues such as community meetings, conferences and forums
- Advocating for policy and program development, resource allocation and legislative reform.

*A scoping study on violence against women commissioned by VicHealth in 2003 found that given the prevalent, serious and preventable nature of the problem, there was an urgent need for further development of a public health response*





## 4. Study focus and approach

### An emphasis on physical and sexual violence

Intimate partner violence is widely recognised as occurring on a continuum of psychological, economic and emotional abuse through to physical and sexual violence. These forms of violence frequently occur together. However, there is also evidence that emotional abuse, such as intimidation, the exercise of excessive control over women's lives and forced isolation from others, occurs independently of physical and sexual violence in an estimated one per cent of Australian women (ABS 1996a).

An emerging body of evidence demonstrates that emotional abuse can have serious health impacts (Coker, Davis, Arias et al., 2002).

This study focussed on physical and sexual violence. It was initially anticipated that the impact of emotional abuse would be considered. However, this was not possible because of the paucity of research and data in this area.

### Assessing the impact on women's health

This study assessed the health burden of intimate partner violence in three ways:

- It documented its prevalence.
- It identified the specific health problems that affect Australian women exposed to violence.
- Using burden of disease methodology (explained in greater detail on page 25), it estimated the contribution intimate partner violence makes to illness, injury and premature death among Victorian women.

### This is a crime perpetrated primarily against women

The study focussed on the health impacts of intimate partner violence on women. This is because the evidence indicates that women are overwhelmingly more likely to be the victims (ABS 2003; Bagshaw & Chung 2000) and to suffer associated health impacts.

Compared with male victims of relationship violence, women are:

- Three times more likely to be injured as a result of violence
- Five times more likely to require medical attention or hospitalisation
- Five times more likely to report fearing for their lives (Statistics Canada 2003).

*An emerging body of evidence demonstrates that emotional abuse can have serious health impacts*

*Evidence indicates that women are overwhelmingly more likely to be the victims and to suffer associated health impacts*





## 5. The prevalence of intimate partner violence

The prevalence of intimate partner violence is notoriously difficult to determine. Studies consistently show that compared with victims of other forms of violence women affected are:

- Less likely to disclose
- Less likely to report to the police
- Less likely to go to court
- Less likely to seek support
- Less likely to name the act as violence (Heenan & Astbury 2004; WHO 2002).

This is due to a number of factors, including fear of reprisal, the shame and secrecy surrounding this type of violence, women’s ongoing economic or social dependence on a male partner, the trivialisation of intimate partner violence and women’s belief or fear that they may not be taken seriously (WHO 2002; OWP 2002).

The Women’s Safety Survey, although undertaken some years ago, is the most reliable source of information on the prevalence of intimate partner violence. Prevalence estimates for Victoria are very similar to those for Australia. Australian figures are presented here and were used in calculating burden of disease estimates (see page 25), since they were based on larger numbers of women and hence are more robust.

*One in five Australian women identified at least one experience of physical or sexual violence by a current or former partner since the age of 15*

**Table 1: The prevalence of intimate partner violence among Australian women**

<i>Age group (years)</i>	<i>% reporting recent physical or sexual violence (&lt; 12 months ago)</i>	<i>% reporting past physical or sexual violence (&gt;12 months ago)</i>
18–24	4.9	9.5
25–34	4.5	19.3
35–44	3.3	22.7
45–54	2.1	23.1
55+	0.8	11.8
% of all women reporting intimate partner violence	2.8	17.1

Source: ABS 1996a.





Data from the survey indicates that one in five Australian women identified at least one experience of physical or sexual violence by a current or former partner since the age of 15. Specifically:

- Almost 195,000 or 2.8 per cent of women had experienced recent physical or sexual violence
- Over one million or 17.1 per cent of women had experienced past physical or sexual violence (ABS 1996a).

There are other indications that violence is all too common in Victoria:

- While it is understood that less than 20 per cent of women exposed to violence report to authorities (OWP 2002), in 2000–2001, the Victoria Police attended 21,618 incidents involving violence between intimates. There were 19,933 children present during these incidents (Victorian Community Council Against Violence 2002).
- In the same year Victorian housing agencies assisted 10,200 clients who gave intimate partner violence as their reason for seeking assistance, and of these 95 per cent were female (OWP 2002).
- The risk is higher in pregnant women and in the period following the birth of a child (WHO 2000; Taft 2002; Gazmararian & Lazorick 1996). Some 42 per cent of all women responding to the Australian Women's Safety Survey who reported they had experienced violence at some time in their lives were pregnant at the time of the violence (WHO 2000).



## 6. Health problems experienced by women affected by intimate partner violence

*Over 57 per cent of deaths in women resulting from homicide or violence were perpetrated by an intimate partner, with women being over five times more likely to be killed by an intimate partner than are men*

*Women who have experienced violence in the past have lower rates of mental health problems than women reporting current intimate partner violence, but significantly higher rates than those who have never experienced this type of violence*

To establish what health problems have been found to result from violence, an extensive review of relevant studies and published and unpublished government reports and research was undertaken. This included the Australian Longitudinal Study on Women's Health, a study that began in 1996 and enrolled 40,000 women with the intention of periodically surveying them about their health over a 20-year period. The specific health outcomes associated with intimate partner violence are summarised in Table 2.

### Health outcomes

#### Premature death and injury

- Between 1989 and 1998, over 57 per cent of deaths in women resulting from homicide or violence were perpetrated by an intimate partner, with women being over five times more likely to be killed by an intimate partner than are men (Mouzos 1999).
- In a study of patients attending a Brisbane Hospital Emergency Department, women reporting intimate partner violence were nine times more likely to report having harmed themselves or having recent thoughts of doing so than women who had never experienced violence (Roberts, Lawrence, O'Toole, et al. 1997).
- Injuries to the eyes, ears, head and neck as well as the breasts and abdomen, especially during pregnancy, are common in women attending hospital for treatment. Where sexual violence is involved bruising, tears and lacerations to the vaginal area and anus are common (Resnick, Acierno & Kilpatrick 1997; Campbell 2002).

#### Poor mental health

- Shock, fear and feeling numb are common psychological responses to intimate partner violence (WHO 2002). However, the mental health effects persist long after a violent episode.
- Middle-aged women are significantly more likely to experience anxiety and depression (Parker & Lee 2002), with one study of women attending GPs reporting a five-fold increased risk of depression (Hegarty, Gunn, Chondros et al. 2004), even after other contributing factors, such as low income, were considered.
- The effects of violence can persist for many years. Women who have experienced violence in the past have lower rates of mental health problems than women reporting current intimate partner violence, but significantly higher rates than those who have *never* experienced this type of violence (Loxton, Schofield & Hussain n.d.; Golding 1999).
- Women reporting intimate partner violence are more likely to use medication for depression and anxiety (Resnick, Acierno & Kilpatrick 1997; Hathaway, Mucci, Silverman et al. 2000; Coker, Davis, Arias et al. 2002; Campbell 2002; Janssen, Holt, Sugg et al. 2003; Loxton, Schofield & Hussain n.d.).
- Some other psychiatric disorders (namely phobias, somatisation and dissociative disorders) are more common in women reporting intimate partner violence than those not affected (Roberts, Williams & Lawrence et al. 1998; WHO 2000).



**Table 2: Summary of known health outcomes of intimate partner violence**

<i>Fatal impacts</i>	
	<ul style="list-style-type: none"> <li>• Femicide</li> <li>• Suicide</li> <li>• Life-threatening sexually transmitted infections (eg HIV)</li> <li>• Death of mother or infant during or following childbirth</li> </ul>
<i>Non-fatal impacts</i>	
<b>Physical injuries</b>	<ul style="list-style-type: none"> <li>• Bruising</li> <li>• Lacerations or tears</li> <li>• Fractures</li> </ul>
<b>Reproductive health</b>	<ul style="list-style-type: none"> <li>• Sexually transmitted diseases</li> <li>• Urinary tract infections</li> <li>• Human papilloma (wart) virus</li> <li>• Abnormal Pap tests</li> <li>• Termination of pregnancy</li> <li>• Complications of pregnancy (eg inadequate weight gain, infections during pregnancy, miscarriage, haemorrhage, low birth weight)</li> </ul>
<b>Mental health</b>	<ul style="list-style-type: none"> <li>• Attempted suicide</li> <li>• Self-harming behaviours</li> <li>• Depression</li> <li>• Anxiety</li> <li>• Eating disorders</li> <li>• Traumatic and post-traumatic stress symptoms</li> <li>• Other psychiatric disorders such as phobias and dissociative and somatisation disorder (involving the physical expression of psychological symptoms)</li> </ul>
<b>Behaviours and practices affecting health</b>	<ul style="list-style-type: none"> <li>• Harmful tobacco and alcohol use</li> <li>• Illicit and licit drug use (eg tranquillisers and sleeping pills)</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• Chronic pain disorders (eg headaches, neck pain)</li> <li>• Gastrointestinal and digestive disorders</li> <li>• Sleep problems</li> </ul>

See References and bibliography for sources.





### **Practices and behaviours affecting health**

- Women affected are more likely to have alcohol problems as well as to smoke and use non-prescription drugs, amphetamines and solvents (Quinlivan & Evans 2001; Roberts, Lawrence, O'Toole et al. 1997; Roberts, Williams, Lawrence et al. 1998; Roberts, Lawrence, Williams et al. 1998; Golding 1999).
- The use of tranquillisers, sleeping pills and anti-depressants is more common in women exposed to this type of violence than those who are not (Resnick, Acierno & Kilpatrick 1997; Hathaway, Mucci, Silverman et al. 2000; Coker, Davis, Arias et al. 2002; Campbell 2002; Janssen, Holt, Sugg et al. 2003).

### **Reproductive health**

- Women reporting intimate partner violence are more likely to have an abnormal Pap smear, and to report having a vaginal or endo-cervical infection (Quinlivan & Evans 2001).
- Young women who have been exposed to this type of violence are more likely to have an unplanned pregnancy, a termination or a miscarriage (Taft 2002). They are slower to make contact with medical services for antenatal care than women who are not exposed to violence and their babies are more likely to have a problem diagnosed after birth (Quinlivan & Evans 2001).

*Women affected are more likely to have alcohol problems as well as to smoke and use non-prescription drugs, amphetamines and solvents*

*Young women who have been exposed to this type of violence are more likely to have an unplanned pregnancy, a termination or a miscarriage*



## 7. Understanding ‘burden of disease’ methodology: How it can be used to measure intimate partner violence

Burden of disease methodology is an internationally accepted approach to estimating the impacts of health problems across a population, taking into account illness, disability and premature death. Burden of disease measures are used extensively by governments, researchers, health planners and advocates world wide. They provide a standard measure which can be used to:

- Help make a health problem visible
- Compare health problems for the purposes of setting priorities
- Compare the health impact of various health problems between groups in the population
- Estimate the health benefits of interventions in cost effectiveness analyses.

The first estimates were developed for Victoria in 1996 for over 176 diseases and 10 risk factors. The results are currently being updated, providing the opportunity to include an estimate for intimate partner violence for the first time.

Estimates of the contribution to illness, injury and premature death made by intimate partner violence were developed for each of the main health problems found in the review of the evidence on the health impacts. These estimates were made using prevalence data from the Women’s Safety Survey and data on the link between intimate partner violence and health outcomes found in the evidence review on the health impacts of intimate partner violence. This included data from the Australian Longitudinal Study on Women’s Health. To find out how much of the disease burden can be attributed to intimate partner violence these data sources were used to estimate how much less disease there would have been in the whole population if no woman had ever been the subject of intimate partner violence. This proportion was then multiplied by the overall estimates of the burden for each of the relevant diseases. These results were summed to calculate the burden of disease that occurs due to women being exposed.<sup>1</sup> It was found that:

- In women under the age of 45 years, this type of violence is responsible for an estimated 9 per cent of the total disease burden. It is less for older women and 3 per cent of disease burden in all Victorian women.
- The greatest proportion of the disease burden is associated with mental health problems (60 per cent). Suicide, drug use and risky levels of smoking and alcohol consumption are also significant contributors.
- Intimate partner violence has a greater impact on the health of Victorian women under the age of 45 than any other risk factor. The burden contributed by this form of violence is greater than that for many other risk factors, such as obesity, high cholesterol, high blood pressure and illicit drug use.

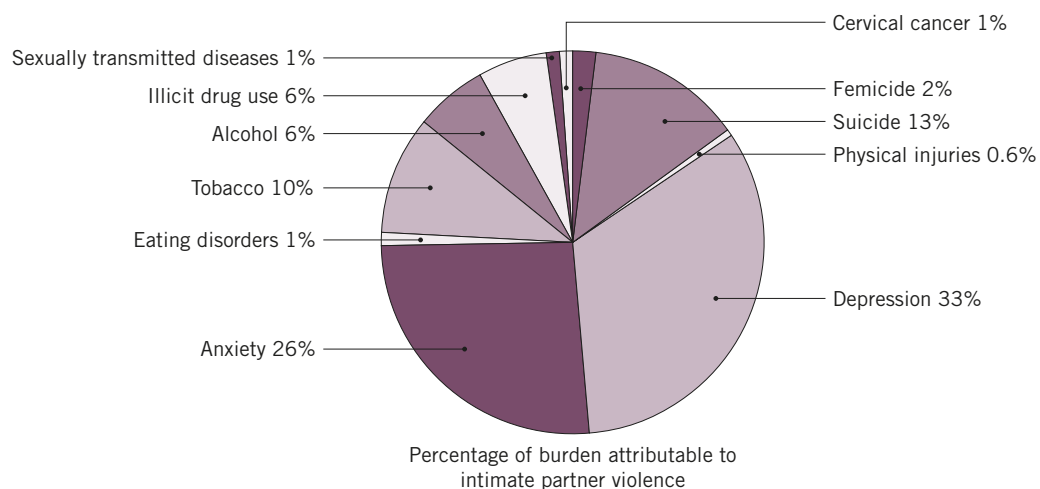
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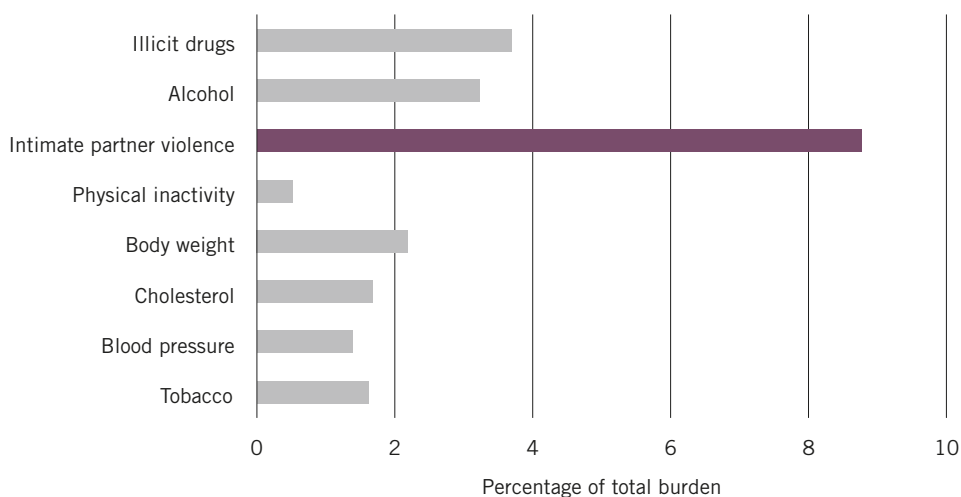
<sup>1</sup> A detailed description of the methodology is contained in a forthcoming publication (see page 5).



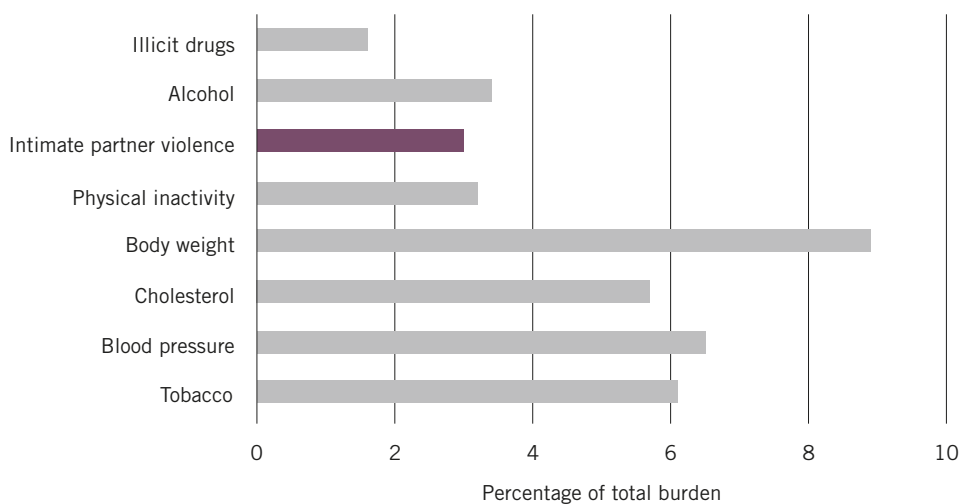
**Figure 1: Health outcomes contributing to the disease burden of intimate partner violence in Victorian women**



**Figure 2: Top eight risk factors contributing to the disease burden in Victorian women aged 15–44 years**



**Figure 3: Top eight risk factors contributing to the disease burden in all Victorian women**







## 8. Study strengths and limitations

The estimates of the health impacts of intimate partner violence in this study are likely to be conservative:

- While the best available sources for the prevalence of violence were chosen, it is widely accepted that any existing measures are likely to under-estimate the actual size of the problem. This is also likely to have affected the burden of disease estimates, since they were derived from prevalence data.
- Only the main health problems affecting women exposed to intimate partner violence were included in the disease burden estimates (eg mental health, substance use), rather than all the problems found in the review of the evidence on the health impacts.
- The impacts of emotional abuse could not be included owing to the paucity of research and data in this area. This also meant that it was not possible to separately examine how much the different forms of abuse contribute to disease burden.
- Women from non-English-speaking and Indigenous backgrounds and women with disabilities are under-represented in existing prevalence studies. These women may be particularly vulnerable to violence or its health impacts, primarily because they are less likely to have the social supports and economic resources required to protect themselves from or to leave a violent relationship. Low participation in existing studies by these women also worked against comparing the burden experienced by them in this particular study. Similarly under-represented in existing studies are women who are homeless and those in prison.

Calculating the burden of disease associated with a risk factor involves using data from different sources. In many areas of health care, data collection is imperfect or sources of data are not directly compatible. This is no different in the case of data for intimate partner violence.

The strength of burden of disease methodology is that it provides a standard framework for resolving some of these issues so that the most plausible estimates can be made from the available information. The approach used in this study was the same as those used for calculating many other risk factors such as smoking, cholesterol and high blood pressure.

*Women from non-English-speaking and Indigenous backgrounds and women with disabilities are under-represented in existing prevalence studies*



## 9. What the findings mean

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*Given the serious health impacts of the problem and evidence that broader social and economic factors contribute, there is a need for a greater emphasis on primary prevention*

The findings of this study are a stark indicator of the serious impacts of intimate partner violence and provide compelling evidence of the need for governments, communities and service providers to increase their efforts to address this problem.

- When it comes to setting priorities for action and program development, intimate partner violence warrants attention at least equal to that of many other well-established diseases and risk factors, such as high blood pressure, cholesterol and obesity.
- Given the serious health impacts of the problem and evidence that broader social and economic factors contribute, there is a need for a greater emphasis on primary prevention. This has implications not only for planners and service providers in the health sector, but also for those in the areas of law enforcement, education, housing and social and economic policy.
- In demonstrating that this type of violence is implicated in the burden associated with other major public health problems (such as mental health, smoking and substance abuse), this study suggests that more substantial health gains could be made in these areas by attending to the alarming incidence of violence. Similarly, initiatives to address these problems are more likely to be successful if they take account of intimate partner violence as a contributing factor.
- Addressing this type of violence is important not only to reduce the contemporary health burden, but also that of future generations. This is due to the association between intimate partner violence and reproductive and mental health outcomes, both of which have immediate and long-term impacts on the physical and mental health of the children of women exposed.

## 10. Taking action on intimate partner violence: A public health approach

In its *World Report on Violence and Health*, the World Health Organization challenges the international community and governments at all levels to address the unacceptable prevalence of violence, identifying violence against women in the context of an intimate relationship as a particular issue for action. It stresses that the fundamental solutions to violence lie in collaborative action between government and the community and across a range of sectors and disciplines.

In Victoria, this response is co-ordinated through the whole-of-government Women's Safety Strategy. Intimate partner violence has also been identified as a priority in the Department of Human Services Women's Health and Wellbeing Strategy.

Both of these strategies incorporate a focus on integration of services and preventive activity at the state and regional level. The findings of this study indicate the importance of continued support for these strategies and, in particular, the need for a renewed focus on primary prevention.

VicHealth has a role to play in adding value to this whole-of-government approach through the application of a range of public health strategies. It funds a number of initiatives, particularly through its arts, community festivals and physical activity programs, which seek to promote a safe environment for women, encourage their participation, foster their social connections, build self-esteem and confidence and reflect positive images of women and their contributions. VicHealth also funds programs aimed at supporting women who have been exposed to intimate partner violence, a notable example being the Women's Circus.

The following are other ways in which VicHealth currently contributes to addressing the issue or plans to contribute:

### Research and evaluation

- Research to gain further understanding of this type of violence and to document good practice in prevention at both primary and secondary levels will continue to be supported.
- A bi-annual survey on community attitudes to intimate partner violence is planned.
- Data from this current study will be shared with other researchers. This will include those undertaking burden of disease studies internationally and in other states and territories, as well as those doing the study to determine the economic costs of intimate partner violence (supported by the Office of the Status of Women).

*Intimate partner violence has also been identified as a priority in the Department of Human Services Women's Health and Wellbeing Strategy*

*VicHealth also funds programs aimed at supporting women who have been exposed to intimate partner violence, a notable example being the Women's Circus*



### Community development

- Forums and conferences providing opportunities to discuss and develop local responses to intimate partner violence will continue to be supported.
- Strategies that focus on strengthening intimate relationships and mutual respect between men and women will be supported.

### Workforce development

- Opportunities will be taken to ensure that this type of violence is addressed in relevant education and training programs across sectors.
- This publication will be disseminated to relevant workforces in the health, education, community service and legal sectors.

### Policy development, advocacy and legislative reform

- Opportunities will be taken to ensure that the health impact of intimate partner violence is considered in relevant local, state and national policy forums.
- Advocacy will be undertaken with other bodies responsible for funding, supporting and conducting research, regarding the need for further research into the impacts of emotional abuse, as well as research involving Indigenous women, women from non-English-speaking backgrounds, women with disabilities, homeless women and women in prison.
- This publication will be distributed to relevant state and national ministers, departmental personnel and peak policy advocacy bodies.

### Communications and marketing

- Media activity will be undertaken to raise awareness of the findings of this study.
- The results of the community attitudes surveys (see page 31) will be circulated widely.

A scoping exercise will be undertaken to document research, interventions and communications and marketing strategies that focus on the connections between alcohol and the escalation of violence against women and to identify future activity to progress work in this area.



## Supporting future assessment of the health burden of intimate partner violence

In the course of conducting this research, it became apparent that there were a number of gaps and problems in existing data sources required to assess the health impact of this type of violence, as well as opportunities for further development.

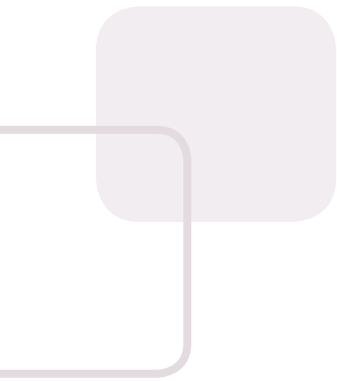
Accordingly, in the course of disseminating this publication, VicHealth will make representations to:

- Those conducting the Australian Women's Safety Survey and the Australian Longitudinal Study on Women's Health to propose that consideration be given to making the adjustments necessary to more comprehensively assess the health burden, including that contributed by emotional abuse
- The Australian Government to advocate for the continuation of the Women's Safety Survey and the Australian Longitudinal Study on Women's Health as vital sources of information about this issue, and to support additional funding so that these studies can more reliably assess the prevalence and health impacts for Indigenous women, women with disabilities, women from non-English-speaking backgrounds and women who are homeless or in prison
- State, Commonwealth and professional bodies responsible for data collection to advocate the need to consolidate or establish national and international collaborations to standardise approaches to data collection on intimate partner violence
- The Commonwealth Department of Health and Ageing to propose that questions on recent and past physical, sexual and emotional abuse be included in the next Mental Health Survey.



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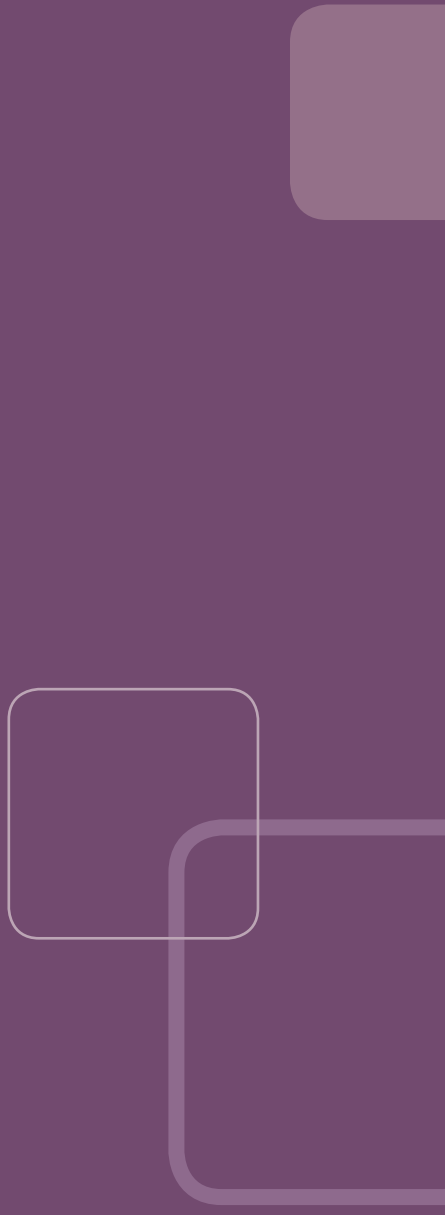
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