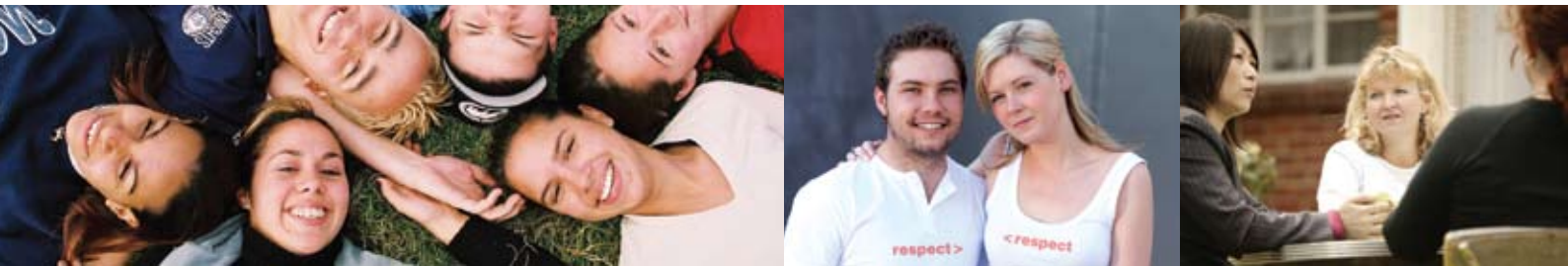


# Violence against women in Australia

as a determinant of mental health and wellbeing



Promoting Social and Economic Participation for Mental Health and Community Wellbeing



While the overall health of world populations is improving, the burden of mental illness is growing. Mental health and behavioural disorders affect more than one-quarter of all people at some time during their lives and one in 10 people at any point in time (WHO 2001a). Depression and anxiety will be the greatest single contributors to the disease burden in Australian women and the third greatest in Australian men by 2023 (Australian Institute of Health and Welfare 2007).

An individual's mental health is determined by a range of factors, among them both heredity and luck. However, broader social and economic environments also play a role. Since many of these factors are modifiable there are good prospects for preventing mental health problems before they occur.

VicHealth is focusing on four factors understood to influence mental health and wellbeing:

- 1 Increasing social connectedness;
- 2 Reducing ethnic and race-based discrimination;
- 3 Preventing violence against women; and
- 4 Increasing access to economic resources.

This Research Summary presents a synopsis of the latest published research examining violence against women, its health consequences, its extent and groups affected. Other Summaries in this series are available at [www.vichealth.vic.gov.au/mentalhealthresources](http://www.vichealth.vic.gov.au/mentalhealthresources).

## Introduction

- Violence against women is now widely recognised as a global problem and one of the most widespread violations of human rights. Even conservative estimates suggest a figure of one in five women in Australia suffering some form of physical or sexual violence during their lifetimes with devastating affects on their health and wellbeing, as well on their families and communities.
- Violence against women is one of the least visible but most widespread forms of violence around the world. Most violence against women takes place in the home, and in the majority of cases the assailant is a current or previous partner, male family member or friend.
- Both the national and international communities have identified violence against women as requiring the urgent attention of governments, business and community alike to deal with its damaging social, health and economic effects.
- The landmark report published by The World Health Organisation in 2002, *World Report on Violence and Health*, gave global relevance to the epidemic rates and serious and long-term impacts of violence by positioning it as a leading worldwide issue of public health.
- In Australia, intimate partner violence is the leading contributor to death, disability and illness in Victorian women aged 15 to 44 (VicHealth 2004).

## Key definitions and concepts

- Violence is defined in the WHO's *World Report on Violence and Health* as:

The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.

- The United Nations defines violence against women as:

Any act of gender based violence that results or is likely to result in physical, sexual or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life (United Nations 1993).

- Violence perpetrated by a current or previous partner is often called 'intimate partner violence'. Violence occurring in the home may also be referred to as 'domestic violence' or 'family violence'.

## The link between violence and health and wellbeing

- Intimate partner violence is the leading contributor to death, disability and illness in Victorian women aged 15 to 44 (VicHealth 2004).
  - Intimate partner violence alone contributes 9% to the disease burden in Victorian women aged 15–44 years, making it the largest known contributor to the preventable disease burden in this group (VicHealth 2004).
  - Key health outcomes of intimate partner violence which make up its substantial disease burden include depression, anxiety, suicide, tobacco and alcohol use, and other negative impacts.
- 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 and somatic and medical symptoms (WHO 2000).
- Women who have been exposed to violence 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).
- The psychological consequences of violence against women can be as grave as the physical effects. Depression is one of the most common consequences of sexual and physical violence against women. Women who suffer from violence are also at a higher risk of stress and anxiety disorders, including post-traumatic stress disorder (United Nations 2006).

- There is also evidence to suggest that:
  - The influence of violence can persist long after the abuse has stopped.
  - The more serious 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 appear to be cumulative (Evans 2007; Golding 1999; Taft 2003; WHO 2000).
- Women reporting intimate partner violence are more likely to use medication for depression and anxiety (Resnick, Acierno & Kilpatrick 1997; Hathaway et al 2003; Coker et al 2002; Campbell 2002; Janssen et al 2003; Loxton, Schofield & Hussein n.d).
- Some other psychiatric disorders (namely phobias, somatisation and dissociative disorder) are more common in women reporting intimate partner violence than those not affected (Roberts et al 1998; WHO 2000).
- Intimate partner violence is experienced by pregnant women:
  - Among women who have ever experienced violence by a previous partner, 36% reported that this occurred when they were pregnant and 17% experienced violence for the first time when they were pregnant (ABS 2006).
  - In an Australian survey of 400 pregnant women, 27% had experienced violence during pregnancy (Walsh 2008).
  - Some studies find that the frequency and severity of violence initiated by male partners against women is higher when those women are pregnant (Burch & Gallup 2004; Martin et al 2004). Others do not (Campbell et al 2004; Walsh 2008).
  - Young women exposed to violence are more likely to have a miscarriage, stillbirth, premature birth or abortion than other young women (Taft, Watson & Lee 2004).
  - Violence poses serious health risks to pregnant women (including breast and genital injury, miscarriage, induced abortion, late trimester bleeding and infection, blunt or penetrating abdominal trauma and death) and infants (including foetal fractures, low birth weight, injury, suppressed immune defence system and more) (Walsh 2008).

The Australian Longitudinal Study on Women's Health (ALSWH) also found that:

- Women who experience partner violence have poorer health than women who have not experienced partner violence.
- Women who have experienced partner violence are more likely than other women to experience physical and mental illness, pain and fatigue in middle age (ALSWH 2004).

Further research finds that:

- Domestic violence has a long-term impact on its victims and survivors, including on their income and financial stability, housing security, and parenting, and on their children's safety during contact with abusive ex-partners (Evans 2007).

Finally, men's violence against women can be fatal:

- Intimate partner homicides account for one-fifth of all homicides in Australia. Four out of five involve a man killing his female partner (Davies & Mouzos 2007). In 2005–06, 59 women were killed by their male partners or ex-partners. Typically, women are killed in the context of a history of domestic violence.

## The extent of violence against women

### Prevalence of violence against women around the world

Violence is an experience shared by large numbers of women around the globe:

- 48 population-based surveys from around the world find that between 10% and 69% of women report being physically assaulted by an intimate male partner at some point in their lives (WHO 2002).
- Anywhere from 5% to 38% of women report being physically assaulted by a partner in the last 12 months (WHO 2002).

### Sources of Australian data on the extent of violence against women

Recent national data on violence against women in Australia comes from two major surveys:

- The *Personal Safety Survey*, conducted by the Australian Bureau of Statistics (a national survey of 16,400 adults in Australia aged 18 and over) (ABS 2006).
- The Australian component of the *International Violence Against Women Survey*, conducted by the Australian Institute of Criminology (a national survey of 6,677 women in Australia aged 18–69) (Mouzos & Makkai 2004).

### Australian women's lifetime experience of violence

The *Personal Safety Survey* provides data on Australian women's lifetime experiences of violence (since the age of 15). In Australia:

- Close to half of all women (40%) have experienced violence since the age of 15.
- Just under one-third of women (29%) have experienced *physical assault*.
- Nearly one in five women (17%) have experienced *sexual assault*.
- Nearly one in six women (16%) have experienced violence by a *current or previous partner* in their lifetime.
- Since the age of 15, one-third of women (33%) have experienced inappropriate comments about their body or sex life, one-quarter (25%) have experienced unwanted sexual touching, and one in five (19%) have been stalked (ABS 2006).

The Australian component of the *International Violence Against Women Survey* finds that:

- Nearly two-thirds (57%) of Australian women report experiencing at least one incident of physical violence or sexual violence by a man over their lifetime. Just under half (48%) have experienced physical violence, and one-third (34%) have experienced sexual violence.
- Over a third of women (34%) who have ever had a boyfriend or husband report experiencing at least one form of violence during their lifetime from an intimate male partner. About half have experienced physical violence and a third have experienced sexual violence.
- More than one in 10 women (12%) who has ever had a boyfriend or husband has experienced sexual violence from a partner in their lifetime. Between 5% and 7% have been forced into sexual intercourse, and a further 3–4% have experienced attempted forced intercourse.
- One-quarter (24% of women) have experienced unwanted sexual touching over their lifetime (Mouzos & Makkai 2004).

## Australian women's experience of violence in the last 12 months

The *Personal Safety Survey* also provides data on Australian women's experiences of violence over the previous year. In the previous 12 months:

- Over one in 20 women (6%, or close to half a million women) were the victims of violence.
- One in 20 women (5%) experienced physical violence (including physical assault, attempted assault or the threat of assault).
- Close to 2% experienced sexual violence (including sexual assault, attempted assault or the threat of assault).
- Of all women in Australia, over 70,000 women (about 1%) experienced violence by a male current or former partner in the past year (ABS 2006).

The Australian component of the *International Violence Against Women Survey* finds that in the previous 12 months:

- 10% of Australian women reported experiencing at least one incident of physical and/or sexual violence by a man (including violence by male partners or ex-partners, male friends and acquaintances, work colleagues and strangers).
- 8% experienced physical violence, and 4% experienced sexual violence (Mouzos & Makkai 2004).

## Patterns and risks

Women are most at risk of violence in the home and from men they know:

- The most common location for physical assaults to occur for women is in the home.
- Among women physically assaulted in the previous 12 months, the most frequent category of perpetrators was male current or previous partners, and the second most frequent category was male family members or friends (ABS 2006).

Young women are at greater risk of violence than older women:

- 12% of women aged 18–24 years experienced at least one incident of violence, compared to 6.5% of women aged 35–44 years and 1.7% of women aged 55 years and over (ABS 2006).
- 30.2% of sexually active Year 10 females and 26.6% of sexually active Year 12 females have experienced unwanted sex (Smith et al 2003).
- One in seven girls and young women aged 12 to 20 (14%) have experienced rape or sexual assault (National Crime Prevention 2001b).

Aboriginal and Torres Strait Islander women experience higher rates of violence than other women:

- There are substantially higher rates of interpersonal violence in general, and violence against women in particular, in Indigenous communities (Memmott et al 2001).
- The Australian component of the *International Violence Against Women Survey* finds that:
  - 20% of Indigenous women experienced physical violence in the previous 12 months, compared to 7% of non-Indigenous women.
  - Three times as many Indigenous women as non-Indigenous women experienced an incident of sexual violence in the previous 12 months (12% versus 4%) (Mouzos & Makkai 2004).
- Despite representing just over 2% of the total Australian population, Indigenous women accounted for 15% of homicide victims in Australia in 2002–03 (Mouzos & Segrave 2004).
- Various state-based studies find that Aboriginal women experience rates of family violence between 5 and 45 times higher, and rates of sexual assault 16 to 25 times higher, than among non-Aboriginal women (Lievore 2003).

Women with disabilities experience higher rates of intimate partner violence than other women:

- Women with physical and cognitive disabilities experience higher rates of intimate partner violence than those without disabilities, and those with cognitive disabilities are particularly vulnerable (Brownridge 2006; Cohen et al 2005).
- Women with disabilities are 40% more likely to be the victims of intimate partner violence than women without disabilities (Brownridge 2006).
- Women with disabilities also experience specific types of abuse related to their disability, such as the withholding of equipment, food and medication, limitations on their access to communication devices and threats of institutionalisation (Curry et al 2001).
- The perpetrators of violence against women with disabilities may also include carers and/or people with whom they share a house or residence. It is not uncommon for women with disabilities to be offended against by more than one person across their lifetimes.

## Impacts on children, families and communities

Children are frequent witnesses to intimate partner violence:

- 34% of women experiencing violence by a current partner and 39% of those experiencing violence by a former partner report that violence was witnessed by children in their care (ABS 2006).
- An estimated one in four Victorian children and young people has witnessed intimate partner violence (OWP 2002).

Violence against women often is accompanied by violence against children:

- Many children who witness violence are also victims of violence themselves (Carr & Vandeusen 2002).
- The behavioural and psychological consequences of growing up in a violent home can be just as devastating for children who are not directly abused themselves (UNICEF 2006).

Childhood exposure to intimate partner violence:

- Increases children's risk of mental health, behavioural and learning difficulties in the short term (Laing 2000).
- Increases children's risk of developing mental health problems later in life (Edelson 1999).
- Among boys in particular, increases the likelihood of perpetrating intimate partner violence as adults (Markowitz 2001; Schumacher et al 2001).
- Has a wide range of negative effects on children and on their mothers' parenting and wellbeing (Cunningham & Baker 2007; Evans 2007).

## Economic cost of violence against women

Violence against women has an enormous economic cost including:

- Private and public health costs associated with treating the effects of domestic violence on the victim, perpetrator, and children.
- Production costs, including absenteeism, lost productivity related to use of sick leave, distraction and lack of concentration, underperformance, poor workplace relationships, access to employment support services etc, replacing staff, and lost unpaid work.
- Second-generation costs to do with counselling, changing schools, child protection, increased use of government services, and juvenile and adult crime (Access Economics 2004).

The total estimated cost of domestic violence in Australia over 2002–03 was \$8.1 billion.

- Of this, \$848 million was borne by the Federal Government, \$487 million by State and Territory governments, \$175 million by employers, \$4.05 billion by victims, \$1.19 by the community and \$555 million by perpetrators (Access Economics 2004).
- 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).

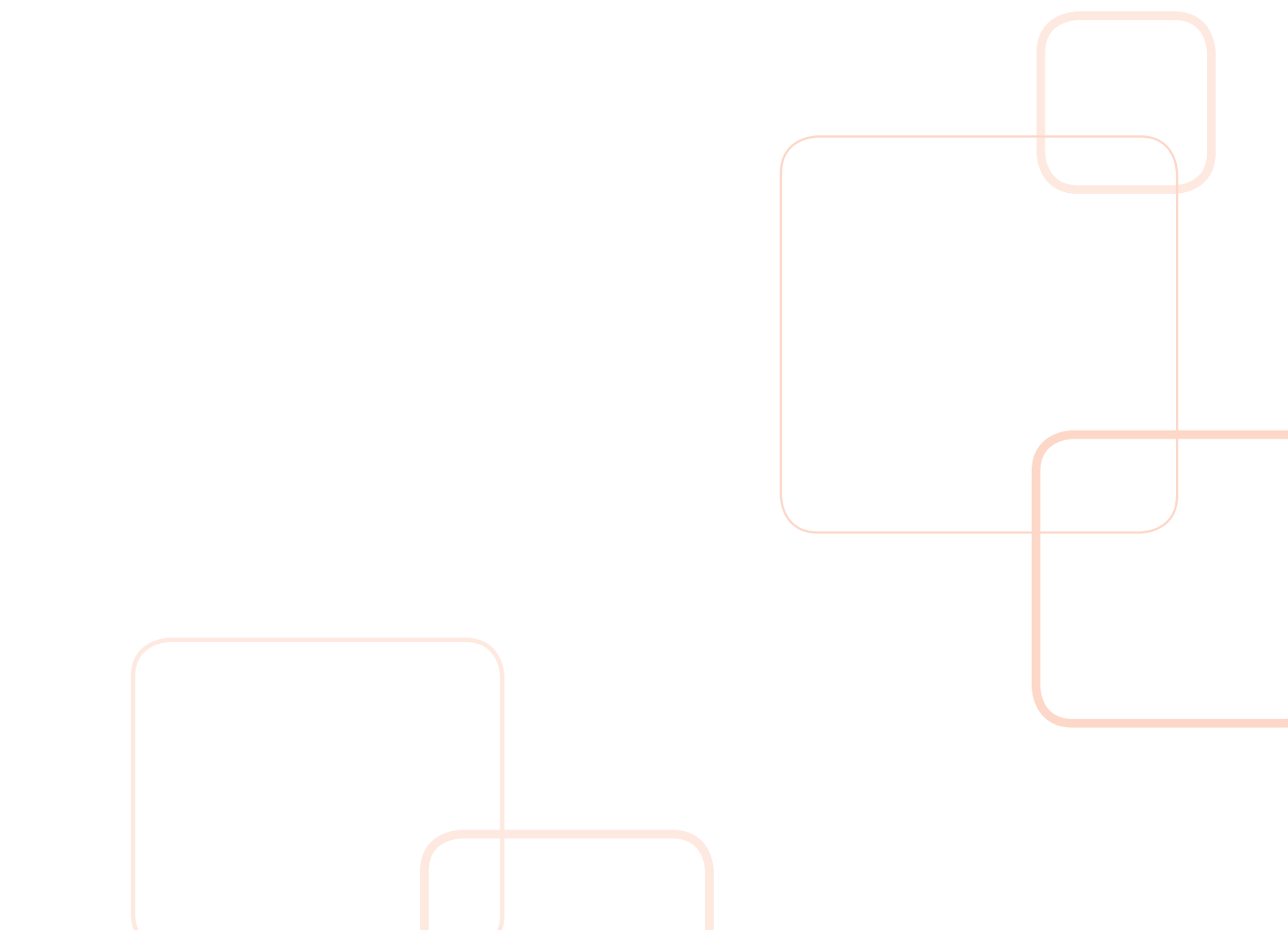


## Preventing violence against women

- Violence against women is a preventable problem. Violence can be prevented and its impact can be reduced by changing the factors that contribute to violence, whether they are attitudes, behaviours, institutions or social structures (WHO 2002).
- The determinants of violence against women are well documented, and there is growing evidence that primary prevention strategies are effective in preventing violence before it occurs (VicHealth 2007).
- VicHealth has developed a framework for the primary prevention of violence against women, identifying key strategies, population groups and settings for action (VicHealth 2007). The framework builds on a systematic review of the determinants of violence against women and of efforts to prevent it.

## Conclusion

Violence against women is not only a serious breach of human rights, but has major health, social and economic consequences for women, their families and communities. The knowledge base needed to prevent the problem before it occurs is now well developed. The challenge will be to ensure that there is the political will among governments, communities and organisations to apply this knowledge to achieve real reductions in the incidence of violence in the coming decade.



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