

Preventing violence against women in Australia

Research summary

Addressing the social and economic determinants of mental and physical health



While the overall health of world populations is improving, there are significant factors that continue to impact on our mental and physical health.

How much you earn, your social position, your level of education and your capacity to be involved in activities that help connect you to others in your community are important factors in determining your health status (VicHealth 2009).

In acknowledgement of the social and economic factors affecting the health of the population and sub-populations, VicHealth has established a focus on increasing social and economic participation as a key priority area for action during 2009–13. Our objectives in this area are to:

1. increase participation in physical activity
2. increase opportunities for social connection
3. reduce race-based discrimination and promote diversity
4. prevent violence against women by increasing participation in respectful relationships
5. build knowledge to increase access to economic resources.

This research summary presents a synopsis of the latest published research examining violence against women in Australia and its prevention. This summary focuses on:

- the extent of violence against women
- population groups at risk
- the health, economic and other consequences of the problem
- factors that underlie and contribute to violence against women
- themes for action to prevent violence against women from happening in the first place.

Other summaries in this series are available at www.vichealth.vic.gov.au/publications.

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Introduction

Violence against women is today widely recognised as a global problem. It is one of the least visible but most common forms of violence, and one of the most insidious violations of human rights. It has serious impacts on the health and wellbeing of those affected, and exacts significant economic costs on communities and nations.

- In 2002, the World Health Organization (WHO) gave international significance to the epidemic rates and serious consequences of intimate partner violence by positioning it as a leading public health concern for countries around the world (WHO 2002).
- In Victoria, male intimate partner violence is found to be the leading contributor to death, disability and illness for women aged 15 to 44 years (VicHealth 2004).

Violence against women is prevalent and serious, but it is also preventable. A number of factors are known to contribute to violence against women and/or vulnerability to such violence. Research shows that the most significant determinants of violence against women are:

- the unequal distribution of power and resources between men and women
- an adherence to rigidly defined gender roles (VicHealth 2007).

Moreover, there is growing international consensus that the causes of violence against women can be modified or eliminated altogether. This means there is considerable scope for communities and governments to prevent violence against women **before it occurs**.

In Victoria, there is currently a call to action to prevent violence against women by:

- promoting equal and respectful relationships between men and women
- fostering non-violent social norms and reducing the effects of prior exposure to violence (especially on children)
- improving access to resources and systems of support (VicHealth 2007).

Key concepts and definitions

Violence is defined in 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" (WHO 2002).

Violence against women is defined by the United Nations (UN) in its *Declaration on the Elimination of Violence against Women* as:

"any act of gender based violence that results in, 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" (UN 1993).

Violence against women is recognised by the UN as a **violation of women's rights and freedoms as human beings**, especially concerning their entitlements to equality, security, liberty, integrity and dignity in political, economic, social, cultural and civil life (UN 1993). Moreover, as long as violence against women continues,

governments and communities are failing to protect and promote women's rights and freedoms and are thereby discriminating against women.

The UN's *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW) requires that participating countries take all necessary steps to end discrimination against women (UN 1979). Australia is a signatory to this convention.

Specific forms of violence against women include:

- physical abuse and aggression such as slapping, hitting, kicking and beating
- rape and other forms of sexual coercion, unwanted sexual advances or harassment, forced prostitution and trafficking for the purposes of sexual exploitation
- intimidation, belittling, humiliation and other forms of psychological abuse
- a range of controlling behaviours (such as isolating women from their family and friends, monitoring their movements, or restricting their access to information, assistance and other resources)
- dowry-related violence, female genital mutilation, and other practices harmful to women (UN 1993; WHO 2002).

Intimate partner violence is often used to describe violence against women perpetrated by current or previous male partners. **Domestic violence** and **family violence** are also terms used to describe violence perpetrated against women by male partners in the home.

The main focus of this research summary is on intimate partner violence, including domestic and family violence and sexual assault, with some of these terms used interchangeably to refer to women's exposure to many forms of violence from their male partners.



For **Victorian Aboriginal communities**, family violence has a broader and more encompassing definition than that used in the mainstream. It communicates a wide range of physical, emotional, sexual, social, spiritual, cultural and economic abuses that can occur within intimate relationships, families, extended families, kinship networks and communities (Aboriginal Affairs Victoria 2008). While this model stresses the dynamics and effects of violence on family, kinship and community as a whole, the disproportionate amount of violence against women and children perpetrated by men is noted (Lievore 2003).

Primary prevention refers to activities and interventions that seek to prevent violence against women before it occurs. Interventions can be delivered to the whole population (universal) or targeted to particular groups that are at higher risk of using or experiencing violence in the future (VicHealth 2007).

The dynamics of violence against women

Research shows that most violence against women is perpetrated by men who are known to them, such as a current or former intimate partner, an acquaintance or a relative (VicHealth 2007). According to the Australian Bureau of Statistics (ABS):

- of all Australian women who have been **physically** assaulted in the last 12 months, perpetrators include current or previous male partners (38 per cent) and male family members or friends (34 per cent). Strangers represent 18 per cent of perpetrators
- of all Australian women who have been **sexually** assaulted in the last 12 months, perpetrators include previous partners (21 per cent), current partners (8 per cent) and family members or friends (39 per cent). Strangers represent 22 per cent of perpetrators (ABS 2006).

Intimate partner violence is most often confined to the home, 'unseen' by others and the community, and characterised by multiple forms of assault, abuse, threats and terrorisation that can escalate in severity over time.

While women represent the overwhelming majority of victims of violence occurring in the home, men are sometimes victims too. The experiences of violence, however, are far from symmetrical. There are very few indications that women subject their male partners to the same level of severe, continuing and escalating violence as that which men perpetrate against their female partners (WHO 2002).

When intimate partners are subjected to violence:

- women are more likely to be injured during assaults than men
- women suffer more severe forms of violence than men (such as abuse, terrorisation and increasingly possessive and controlling behaviour over time)

- women are more likely to receive medical attention than men
- women are more likely to fear for their lives than men.

When intimate partners perpetrate violence:

- women are more likely to use it in self-defence; in other words, against violence that is already being perpetrated by their male partners
- men are most likely to use it as an expression of self-perceived and/or societal-sanctioned 'rights' or 'entitlements' of male household leaders over other family members (WHO 2002).

Terms such as 'intimate partner violence', 'domestic violence', and 'family violence' used in this research summary are therefore reserved for the most dominant pattern of violence occurring in the home: the gender-specific dynamics of violence perpetrated by men against women.

The extent of violence against women

Violence against women around the world

Violence against women is likely to be 'hidden' at home rather than in public places, and subsequently there is a widespread misconception that men are more affected by interpersonal violence than women. But violence against women is a global problem of pandemic proportions.

The extent of violence against women is notoriously difficult to determine. Women experiencing violence are often emotionally involved with, and economically dependent on, those who victimise them, making it difficult to disclose their experiences, let alone to seek support. Persisting societal and/or cultural 'silence' on the problem – and fears of not being believed, ostracised or re-victimised by people around them – can further intensify women's reluctance to take help-seeking steps (WHO 2002).

Violence against women is likely to be 'hidden' at home rather than in public places

Population-based studies, however, shed light on the extent of the problem. According to WHO:

- in 48 population-based surveys from around the world, between 10 per cent and 69 per cent of women report being physically assaulted by a male intimate partner at some point in their lives. The percentage of women who had been assaulted by a male partner in the previous 12 months varied from three per cent to 52 per cent (WHO 2002).

Lifetime prevalence rates in Australia

The Personal Safety Survey is a survey of 16,400 Australians aged 18 years and over conducted by the ABS. Findings from this survey show that since the age of 15 years:

- well over one-third of women (40 per cent) had experienced physical and/or sexual violence
 - just under one in three women (29 per cent) had experienced physical assault
 - nearly one in five (17 per cent) had experienced sexual assault
 - nearly one in seven (15 per cent) had experienced physical and/or sexual violence by a previous partner and two per cent had experienced physical and/or sexual violence by their current partner (ABS 2006).

Meanwhile, since the age of 15 years one-third of women (33 per cent) had experienced inappropriate comments about their body or sex life, one-quarter (25 per cent) had experienced unwanted sexual touching, and nearly one in five (19 per cent) had been stalked (ABS 2006).

The Australian component of the *International Violence against Women Survey* is a survey of 6,677 women aged 18 to 69 years conducted by the Australian Institute of Criminology. Findings from this survey show that since the age of 16 years:

- well over one-half of women (57 per cent) had experienced at least one incident of physical or sexual violence
 - just under one-half of women (48 per cent) had experienced physical violence
 - around one-third (34 per cent) had experienced sexual violence
 - almost one-quarter (24 per cent) had experienced unwanted sexual touching
- around one-third of women who had ever had a male intimate partner (34 per cent) experienced at least one form of violence from their partner in their lifetime
 - almost one-third of ever partnered women (31 per cent) had experienced physical violence
 - over one in ten (12 per cent) had experienced sexual violence
 - five to seven per cent were forced into sexual intercourse
 - three to four per cent experienced attempted forced intercourse (Mouzos & Makkai 2004).

12-month prevalence rates in Australia

According to findings from the *Personal Safety Survey*, in the 12 months leading up to the survey:

- six per cent of women had experienced an incident of physical and/or sexual violence
 - five per cent of women had experienced physical violence including physical assault, attempted assault, or the threat of assault

- two per cent had experienced sexual violence including sexual assault, attempted assault, or the threat of assault (ABS 2006).

According to findings from the Australian component of the *International Violence against Women Survey*, in the 12 months leading up to the survey:

- ten per cent of women had experienced at least one incident of physical and/or sexual violence
 - eight per cent of women reported physical violence
 - four per cent reported sexual violence (Mouzos & Makkai 2004).

Population groups at risk

Young women

- International studies show that for young women, the risk of violence by a male intimate partner can be three to four times higher than the risk for women across all age groups (Young et al. 2000).
- In Australia, findings from the *Personal Safety Survey* show that in the 12 months prior to the survey, 12 per cent of women aged 18 to 24 years had experienced at least one incident of physical and/or sexual violence compared to seven per cent of women aged 35 to 44 years and two per cent of women aged 55 years and over (ABS 2006).
- The Australian component of the *International Violence against Women Survey* shows a similar pattern: in the preceding 12 months, 23 per cent of women aged 18 to 24 years had experienced physical and/or sexual violence compared to nine per cent of women aged 35 to 44 years and three per cent aged 55 to 69 years (Mouzos & Makkai 2004).
- The National Crime Prevention estimates that one in seven (14 per cent) young women and girls in Australia

(aged 12 to 20 years) have experienced sexual assault or rape (National Crime Prevention 2001).

- A survey of Year 10 and 12 students in Australia found that 38 per cent of sexually active young women had experienced unwanted sex at least once (up from 28 per cent in 2002, the previous survey) (Smith et al. 2009).

Pregnant women

Violence against women can happen during pregnancy including for the first time. Findings from the *Personal Safety Survey* show that:

- more than one-third of women (36 per cent) who had experienced violence by a previous partner and 15 per cent by a current partner reported that the violence occurred during pregnancy as well as at other times
- around one in six women (17 per cent) who had experienced violence by a previous partner and seven per cent by a current partner reported that the violence first happened when they were pregnant (ABS 2006).

Some studies have also found the frequency and severity of intimate partner violence to be higher during pregnancy (Burch & Gallup 2004; Martin et al. 2004).

Aboriginal* and Torres Strait Islander women

From an Aboriginal perspective, the experience of family violence must be understood in the historical context of white settlement and colonisation and their resulting (and continuing) impacts: cultural dispossession, breakdown of community kinship systems and Aboriginal law, systemic racism and vilification, social and economic exclusion, entrenched poverty, problematic substance use, inherited grief and trauma, and loss of traditional roles and status (Aboriginal Affairs Victoria 2008).

* Within this publication, the term Aboriginal is used to refer to both Aboriginal and Torres Strait Islander peoples unless the original reference source used another term, for example, Indigenous.

Quantifying the extent of family violence experienced by Aboriginal women is difficult because information is not always adequately captured through research. Victimization rates of Indigenous* women are, however, reported to be considerably higher (almost 40 times) than non-Indigenous women (Mouzos & Makkai 2004).

- The National Council to Reduce Violence against Women and their Children states that Aboriginal and Torres Strait Islander women experience higher rates of physical violence than other women. They are more likely to experience sexual violence and sustain injuries compared to other women (National Council to Reduce Violence against Women and their Children 2009b).
- The Australian component of the *International Violence against Women Survey* finds that 20 per cent of Indigenous women experienced physical violence in the previous 12 months compared to seven per cent of non-Indigenous women. Meanwhile, 12 per cent of Indigenous women experienced sexual violence in the previous 12 months compared to four per cent of non-Indigenous women (Mouzos & Makkai 2004).
- State-based studies found that Indigenous women in remote and regional areas experience rates of family violence up to 45 times higher than other women. They also experience rates of family violence 1.5 times higher than Indigenous women in metropolitan areas. Meanwhile, rates of sexual assault experienced by Aboriginal women in remote and regional areas are 16 to 25 times higher than other women (Lievore 2003).
- Indigenous women are 35 times more likely to be hospitalised for assaults relating to family violence than other women (Al-Yaman et al. 2006).

Women from culturally and linguistically diverse communities

Population-based surveys are not always designed to capture information about the rates of violence experienced by immigrant and refugee women, and when they do there might be other limitations with the data collected.

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

- in the 12 months prior to the survey, women from non-English speaking backgrounds experienced similar levels of sexual violence and lower levels of physical violence than women from English-speaking backgrounds
- over a lifetime, women from English-speaking backgrounds experienced higher levels of all types of violence than women from non-English speaking backgrounds (Mouzos & Makkai 2004).

These figures suggest that women from culturally and linguistically diverse (CALD) communities are less exposed to violence compared to other women; however, important factors influence CALD women's perception and understanding of violence and/or their willingness to report experiences in population surveys.

- CALD women might hold personal, cultural, religious, language or institutional reasons for non-disclosure, resulting in the sort of findings above (Mouzos & Makkai 2004).
- Women sponsored by Australian citizens and residents can be particularly vulnerable to violence and reluctant to disclose because of threats of deportation (National Council to Reduce Violence against Women and their Children 2009b).

More appropriate and sensitive research is needed to assess the actual rates of violence experienced by women from CALD communities.

Women with disabilities

Women with disabilities are particularly vulnerable to violence, especially when perpetrators are carers who are in a position of exerting control and power. Women with disabilities are also at risk of violence from people with whom they share a house or residence. It is not uncommon for women with disabilities to experience violence by more than one person in their lifetimes and for the experience of violence to be a protracted and enduring feature in their lives (Salthouse & Frohmader 2004; Women With Disabilities Australia 2008).

- Violence experienced by women with disabilities is often specific to the nature of their disability and includes the denial of mobility and communication devices, a withholding of food or medication, and threats of institutionalisation (Curry et al. 2001).
- Humiliation, harassment, forced sterilisation, denial of reproductive rights, neglect and restrictions to social networks are other documented forms of abuse directed at women with disabilities (Salthouse & Frohmader 2004; Women With Disabilities Australia 2008).
- Overseas studies show that women with disabilities are overall 40 per cent more likely to be the victims of intimate partner violence over the past five years than women without disabilities. Women with disabilities are also vulnerable to more severe forms of violence (Brownridge 2006).
- Women with cognitive disabilities are very vulnerable, experiencing extremely high rates of sexual assault (Victorian Women with Disabilities Network Advocacy Information Service, 2007).
- A staggering 90 per cent of Australian women with an intellectual disability have been subjected to sexual abuse, with more than two-thirds of women (68 per cent) having been sexually abused before they turned 18 years of age. These rates are consistent with overseas studies (Australian Law Reform Commission 2010; Salthouse & Frohmader 2004).

Women in rural and remote areas

Information is patchy about women in rural and remote Australia and their experiences of violence; however, there is evidence that rates are disturbingly high (Neame & Heenan 2004). Some studies have identified that rates of intimate partner violence are highest in very remote regions of Australia (Carrington & Phillips 2003). As noted previously, Aboriginal women in remote and regional areas experience rates of family violence up to 45 times higher than other women and rates of sexual assault 16 to 25 times higher than other women (Lievore 2003).

The health impacts of violence against women

Fatal consequences

Studies from countries around the world (including Australia) show that when women are killed by their male intimate partners it is frequently in the context of an ongoing abusive relationship (WHO 2002).

- An Australian study of homicides (all types) over a nine-year period (1989–98) finds that women are over five times more likely to be killed by an intimate partner than men (Mouzos 1999). A decade later, this pattern continues. During 2007–08, of all female homicide victims in Australia, 55 per cent were killed by their male intimate partners compared to 11 per cent of male homicide victims (Virueda & Payne 2010).
- A study of intimate partner homicides over a 13-year period (1989–2002) finds an average of 77 occur each year in Australia. The majority of these (75 per cent) involves males killing female intimate partners (Mouzos & Rushforth 2003). Recent figures confirm this pattern. For 2007–08, 80 people were killed as a result of intimate partner violence. Of these, the majority (78 per cent) were females (Virueda & Payne 2010).

- For the small number of women who kill their male intimate partners, their actions almost always occur in response to existing violence being directed at them in the form of serious and sustained physical and sexual assaults by their partners (Victorian Law Reform Commission 2004).

Some information exists about intimate partner homicides in specific population groups.

- A study of homicides over an 11-year period (1989–2000) shows Indigenous homicides are more likely to involve persons who have been married or in a de facto relationship than non-Indigenous homicides (78 per cent and 71 per cent respectively) (Mouzos 2001).

Non-fatal consequences – physical and mental health

The non-fatal consequences of violence against women are far-reaching due to the length of time that women endure such experiences before they seek help (if ever). Moreover, the health consequences of violence can persist long after violent episodes have occurred (WHO 2002).

Violence against women is a significant public health problem. Women affected by violence experience more ill health than women without a history of violence in their lives (WHO 2002).

- In Victoria, intimate partner violence contributes nine per cent to the total disease burden of women aged 15 to 44 years. This makes it the leading contributor to illness, disability and premature death for this group, outstripping other known risk factors including obesity, high cholesterol, high blood pressure and illicit drug use (VicHealth 2004).
- Violence causes immediate physical injuries like bruises, welts, fractures and eye damage. Chronic pain syndromes and other medical symptoms, permanent disabilities, gastrointestinal disorders, gynaecological disorders, sexually transmitted infections and HIV, and unwanted pregnancies are further consequences resulting from violence (VicHealth 2004; WHO 2002).



- Women experiencing violence are at risk of stress, anxiety, depression, phobias, eating disorders, sleep disorders, panic disorders, suicidal behaviour, poor self-esteem, traumatic and post-traumatic stress disorders, and self-harming behaviours (VicHealth 2004; WHO 2002). Of the contribution of intimate partner violence to the total disease burden in Victorian women aged 15 to 44 years, 60 per cent is due to mental health problems (VicHealth 2004).
- Women's exposure to violence is strongly associated with the adoption of risk behaviours that can further affect health, such as problematic substance use, alcohol abuse, physical inactivity and cigarette smoking (VicHealth 2004; WHO 2002).
- The more severe the forms of violence, the greater the impact on women's physical and mental health. In addition, the different forms of violence inflicted upon women and the frequency of their occurrence appear to have cumulative effects over time (Evans 2007; Taft 2003; WHO 2002).
- Women affected by violence need more operative surgeries and spend more time visiting doctors and staying in hospitals than women without a history of intimate partner violence (WHO 2002). They are also more likely than other women to use medication for depression (VicHealth 2004).
- Violence during pregnancy is associated with miscarriage, late entry to prenatal care, stillbirth, premature labour and birth, foetal injury, and low birth weight (WHO 2002). Young women exposed to violence are more likely to have a miscarriage, stillbirth, premature birth or abortion than young women who are not (Taft et al. 2004).

The economic and social costs of violence against women

The costs of violence against women to the Australian economy can be estimated by considering a number of categories. There are costs associated with pain, suffering, health care and premature mortality. There are costs of being absent from work as well as consumption-related costs such as replacing damaged property. There are costs associated with children witnessing and living with violence (including child protection services). The police, courts system, counselling and violence prevention programs comprise a final cost category (National Council to Reduce Violence against Women and their Children 2009a).

- KPMG recently estimated the cost of violence against women to be \$13.6 billion for 2008–09 (National Council to Reduce Violence against Women and their Children 2009a). The cost to Victoria was around \$3.4 billion (Office of Women's Policy 2009).
- Without any efforts to reduce current rates of violence against women, the per annum cost to the economy is predicted to increase. The cost of violence against women to the Australian economy will be in the order of \$15.6 billion for 2021–22 (National Council to Reduce Violence against Women and their Children 2009). Victoria can expect to pay \$3.9 billion of this (Office of Women's Policy 2009).
- For every woman whose experience of violence can be prevented, over \$20,000 in costs can be saved. If current rates of violence against women were reduced by just 10 per cent over the next decade, some \$1.6 billion in costs could be avoided (National Council to Reduce Violence against Women and their Children 2009a).

The experience of violence has economic impacts on individual women. Violence affects women's ability to attain and keep stable employment, in turn affecting their long-term income and financial security (Evans 2007; WHO 2002).

The social costs of violence against women include insecure housing and homelessness as women flee from intimate partner violence in their home. Women who leave their home because of domestic or family violence can be caught in a cycle of homelessness, often returning to their home – and to the perpetrator – because of financial constraints or limited access to crisis services and supported accommodation (National Council to Reduce Violence against Women and their Children 2009b).

- In Victoria, women currently comprise 66 per cent of clients accessing government-funded homelessness services.
- Of the women who seek housing support with accompanying children, 55 per cent access supported accommodation because of domestic/family violence. Of individual women aged over 25 years who seek housing support, 43.5 per cent access supported accommodation because of domestic/family violence. Of individual women aged under 25 years who seek housing support, 23 per cent access supported accommodation because of domestic/family violence. (Australian Institute of Health and Welfare 2011).

The effects of violence against women on children

Violence against women typically occurs in homes and private dwellings and therefore exposes other family members to violence – especially children.

- Studies have found that in Victoria, almost one-quarter (23 per cent) of children and young people aged 12 to 20 years have witnessed an act of physical violence against their mother or step mother (National Crime Prevention 2001; Flood & Fergus 2008).
- Around one-third of women (34 per cent) experiencing violence by a current partner and 40 per cent of women experiencing violence by a previous partner report that their children witnessed the violence when it occurred (ABS 2006).
- Figures show that children were present in an average of 65 per cent of family violence incidents recorded by Victoria Police from 1999 to 2006 (Office of Women's Policy 2009).

The effects on children are both direct and indirect. Children can find themselves living with the damaging impacts of violence on their mothers or female caregivers. They can also directly experience the physical and mental health consequences of their exposure to violence. Such is the gravity of the experience for children that Victoria's *Family Violence Protection Act 2008* identifies children who witness family violence as victims of family violence themselves.

- Children who witness intimate partner violence are found to be at higher risk of anxiety, depression, trauma symptoms, mood problems, loneliness, presence of pervasive fear, low self-esteem, disobedience, aggression, peer conflict, lower social competence and anti-social behaviour. Nightmares and physical health complaints are also common (Laing 2000; Richards 2011; WHO 2002).
- Children living with domestic violence are found to be at a higher risk of impaired social and learning development, harming their capacity to function effectively in school, and later in the labour market (Flood & Fergus 2008).

- Children can be directly harmed by domestic violence when, for instance, they intervene in the violence that is occurring or they attempt to protect mothers or female caregivers from the violence being perpetrated by male partners (Flood & Fergus 2008).

Studies also show an association between exposure to domestic violence as a boy and the risk of perpetrating partner aggression later in life. However:

- not all boys who witness violence in the home become abusive in adult relationships
- a significant proportion of men who are violent towards women have not experienced or witnessed such violence as children (Flood & Fergus 2008; WHO 2002).

A boy's exposure to domestic violence therefore cannot be causally related to the use of violence later in life. The reasons why men use violence towards women are complex and cannot be attributed to single-factor explanations of personal history. Rather, their risk of perpetrating violence is mediated by a range of social and structural factors (Flood & Fergus 2008; WHO 2002).

The causes of violence against women

Experts recommend an 'ecological' approach to grasp the causes of violence against women (see figure 1). This approach shows how violence occurs because of complex factors that operate within and across three 'nested' levels of causality (VicHealth 2007; WHO 2002).

- The societal level: our broad cultural values and belief systems. This level shapes the two other levels.
- The community/organisational level: the immediate social structures that surround us (formal and informal).
- The individual/relationship level: our personal histories, personality factors, and the relationships we have with others in our lives.

Using the ecological approach, experts propose that the most significant **determinants** of violence against women are:

- the unequal distribution of power and resources between men and women, and institutional, cultural and individual support for (or weak sanctions against) gender inequality
- an adherence to rigidly defined gender roles expressed institutionally, culturally, organisationally and individually (VicHealth 2007).

The other social and structural **contributing factors** that are found in the nested levels of causality are:

- a cultural ethos condoning violence as a means of settling disputes
- cultural approval of (or weak sanctions against) violence against women
- colonisation and the ongoing impacts of cultural dispossession in Aboriginal communities
- cultural support for the privacy of the family
- neighbourhood, peer and organisational cultures that are violence-supportive or have weak sanctions against violence against women
- attitudinal support for violence against women
- use and acceptance of violence as a means of resolving interpersonal disputes
- individual support for the privacy of the family (VicHealth 2007).

Individual level factors, such as alcohol and drug use or childhood exposure to violence, are found to be neither necessary nor sufficient conditions for violence against women to occur. These factors can exacerbate the frequency or severity of violence, but only when they occur in conjunction with the key determinants related to gender norms, gender inequality and power (VicHealth 2007).

Preventing violence before it occurs: Themes, strategies and settings

There is international consensus that violence against women can be stopped by tackling its causes – all of which are modifiable and can be eliminated. By addressing the underlying determinants and contributing factors of violence against women, we can prevent the problem from happening in the first place. This kind of intervention is known as **primary prevention**.

Primary prevention approaches have been successfully applied to many other problems in the public health field, such as chronic diseases and preventable cancers. The strategies to guide practice in preventing violence against women can borrow from other public health examples. Drawing on the public health field, initiatives for preventing violence against women can take the form of (and bring together):

- research, monitoring and evaluation
- direct participation programs
- organisational and workforce development
- community strengthening activities
- communications and social marketing
- advocacy, legislative and policy reform (VicHealth 2007).

Currently in Victoria, there is a call to prevent violence against women before it occurs through actions guided by three themes (VicHealth 2007; OWP 2009).

1. Promoting equal and respectful relationships between men and women.
2. Promoting non-violent social norms and reducing the effects of prior exposure to violence (especially on children).
3. Improving access to resources and systems of support.

Initiatives to prevent violence against women must consider needs for:

- universal strategies (that is, strategies for the whole community)
- selected or targeted strategies to reach those who can be missed through universal efforts (such as CALD or Aboriginal communities) or to build the capacity of specific groups to take action (such as young people, men, women or carers of women with disabilities). (VicHealth 2007).

To effectively address the key determinants and contributing factors of violence against women across all levels of causality, initiatives must also have:

- mutually reinforcing strategies that address factors across the levels of the ecological model (that is, societal, community/organisational and individual/relationship)

- effective coordination of strategies across governments and communities
- effective partnerships across sectors
- integration of strategies with relevant policies and programs that already exist
- inclusive community engagement processes during planning, implementation and evaluation that build on local strengths (VicHealth 2007).

In order to address determinants and factors as they occur in lived experience, efforts can be located in everyday 'settings', such as:

- education and training
- local government
- health and community services
- sports and recreation
- workplaces
- cultural institutions and networks, faith communities
- other institutions (e.g. military)
- arts, media and popular culture
- cyberspace and new technologies (VicHealth 2007; OWP 2009).

It is important to note that primary prevention strategies cannot replace secondary or tertiary interventions to respond to existing violence. While the prevalence of violence against women remains high, the ongoing development of appropriate justice, policing and support systems must also be a priority. These systems continue to protect the safety of women and children, and to hold individual perpetrators accountable for their violence.

However, the resources, skills and strategies that are required to achieve primary prevention outcomes are separate from those at the 'response' end of the prevention spectrum and need to be developed accordingly.

Figure 1: An ecological approach to understanding violence against women

Source: VicHealth (2007)



Community attitudes in Australia

The causes of violence against women are complex and interlinked across all levels of the ecological model. Of all the different factors, community attitudes that support or tolerate violence are recognised as playing a central role in shaping our responses to the problem – from the individual level to the organisational and societal levels (VicHealth 2010). Violence-supportive attitudes can, for example:

- justify and excuse men's use of violence against women
- trivialise the impact of violence on women, and indeed deny that violence is a serious or common problem
- blame women for the violence they experience
- conceal the dimensions and extent of violence experienced by women (VicHealth 2010).

The measurement of community attitudes to violence against women can tell us how well we are progressing in creating a violence-free environment for all women. It can also show us the extent of the work that lies ahead.

A national community attitudes survey found that most Australians are aware of the different types of violence experienced by women (especially domestic violence and sexual assault); and most Australians do not condone violence against women.

- The vast majority of the Australian community (97 to 98 per cent) agrees that physical and sexual assault, and threats of assault, constitute domestic violence.
- Most Australians (98 per cent) recognise that domestic violence is a crime, and 93 per cent agree that forced sex in an intimate relationship is a crime.
- The majority of the community (85 per cent) disagrees with the notion that violence and harassment against women should be dealt with privately.

Most Australians do not condone violence against women

- The majority of people (81 per cent) in the community agree they would intervene in some way in a situation of domestic violence (VicHealth 2010).

There is strong community recognition of violence against women and readiness for action to address it. However, the proportion of respondents still holding inaccurate beliefs about the dynamics and causes of violence against women is concerning:

- One in twenty Australians believe that 'women who are raped ask for it'.
- One-quarter (26 per cent) of the community still believe it is not rare for women to make false claims of being raped.
- Some Australians (13 per cent) agree that women 'often say no when they mean yes' and 16 per cent agree that a woman 'is partly responsible if she is raped when drunk or drug-affected'.
- One fifth of the community believe that men and women are equal perpetrators of violence in the home.
- One-third (34 per cent) of people in the community believe that 'rape results from men being unable to control their need for sex' (VicHealth 2010).

Conclusion

Violence against women is a widespread problem around the world, including in Australia. It is recognised internationally as a serious breach of human rights, and has major health and economic consequences for women, families and communities. But violence against women is preventable; and our understanding of what is needed to stop the problem from occurring in the first place is now well developed. The task is to ensure that there is the political will among governments, communities and organisations to apply this knowledge to build communities and cultures that are based on respect and equality – and to end violence against women once and for all.

For more information about VicHealth's program to prevent violence against women, go to www.vichealth.vic.gov.au



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