



**“Intimate partner violence is responsible for more ill-health, disability and premature death in Victorian women under the age of 45 than any other of the well-known preventable risk factors, including high blood pressure, obesity and smoking.” VicHealth, 2004.<sup>1</sup>**

Violence against women is a significant social and economic issue in Australia and a common experience in the lives of Australian women<sup>11</sup>. In the majority of cases violence is an abuse of power against women, perpetrated by men. For women, their families and their communities the consequences of violence are detrimental, impacting on psychological, physical, cultural, spiritual and economic health.

Violence against women encompasses childhood abuse and the witnessing of abuse; workplace based sexual harassment; intimate partner, family and domestic violence; elder abuse; female cutting/genital mutilation; sexual assault; trafficking and forced prostitution; sibling sexual assault; alcohol and other drug facilitated sexual assault; pornography and discrimination.<sup>12,13</sup>

## Sex differences

**Compared with male victims of relationship violence, women are:**

- **three times more likely to be injured as a result of violence<sup>3</sup>**
- **five times more likely to require medical attention or hospitalisation<sup>4</sup>**
- **five times more likely to report fearing for their lives<sup>4</sup>**
- **five times more likely to be killed by an intimate partner.<sup>4</sup>**

## Gender influences

**One in three adult women has experienced violence or threats of violence, in their lives, yet 80% of violent incidents against women are not reported to the police or community services.<sup>2</sup>**

**“Too often intimate partner violence is trivialised as somehow being less serious than violence committed in other contexts; as a matter to be resolved in the privacy of the home” (Vic Health 2004)<sup>1</sup>**

Australian culture continues to encourage a tolerance of violence against women and discourages men from taking on a responsibility for their violence. This is evident in media representations of women,<sup>5</sup> media reporting of violence,<sup>6</sup> and conviction rates for crimes involving violence,<sup>7</sup> including sexual assault.

Women are generally disadvantaged in terms of social position, income, employment and childcare responsibilities but are particularly vulnerable to violence when other determinants are involved such as language, culture, literacy and social connectedness.<sup>8</sup>

- **1 in 3 women have experienced physical violence since the age of 15<sup>14</sup>**
- **almost 1 in 5 women have experienced sexual assault since the age of 15<sup>15</sup>**
- **girls and young women aged 15-24 are the most likely of all age groups to experience sexual assault.<sup>16</sup>**

## Implications for the future

**Violence against women is prevalent, serious and preventable.<sup>1</sup>**

The VicHealth report on Intimate Partner Violence<sup>1</sup> and the World Health Organisation's Report on Violence and Health<sup>9</sup>, strongly urges that more resources be allocated to further develop a public health response to intimate partner violence.

Future research needs to continue to address both sex and gender differences in relation to:

- impact of violence
- patterns of help seeking and experiences of violence
- cultural, psychosocial and environmental factors influencing violence against women
- barriers to safety.<sup>8</sup>

Community health centres, mental health services, hospitals, GPs, youth, family and welfare services can help address violence against women by:

- recognising, understanding and prioritising violence against women as a significant public health issue.
- developing the capacity of organisations to work collaboratively across sectors to implement preventative initiatives.
- advocating for policy and program development, resource allocation and legislative reform.

Public figures need to act as positive role models for the community in speaking out about violence against women, and advocating for changes to policies, practices and legislation. Healthy relationships that feature gender equity must be promoted, supported and encouraged.

Health services play a critical role in responding to the health impacts of violence as women invariably access health services for a range of reasons throughout their lives.<sup>10</sup>

**Women only health services must be available to encourage women to access health services and to provide sensitive care. Prevention programs and support services must also continue to be developed within a gendered framework.** This will ensure the strategies implemented will be integrated, sustainable and most importantly effective and fewer women will suffer the devastating health impacts of violence.

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