

# **WOMEN AND VIOLENCE**

**Barwon South-Western  
Regional Women's Health**

Published by Women's Health Victoria  
Level 1, 123 Lonsdale Street  
Melbourne Victoria 3001, Australia  
(GPO Box 1160 Melbourne, 3001)  
T: 03 9662 3755  
F: 03 9663 7955  
E: [whv@whv.org.au](mailto:whv@whv.org.au)  
<http://www.whv.org.au>

First Published 2006

© Barwon South-Western Regional Women's Health

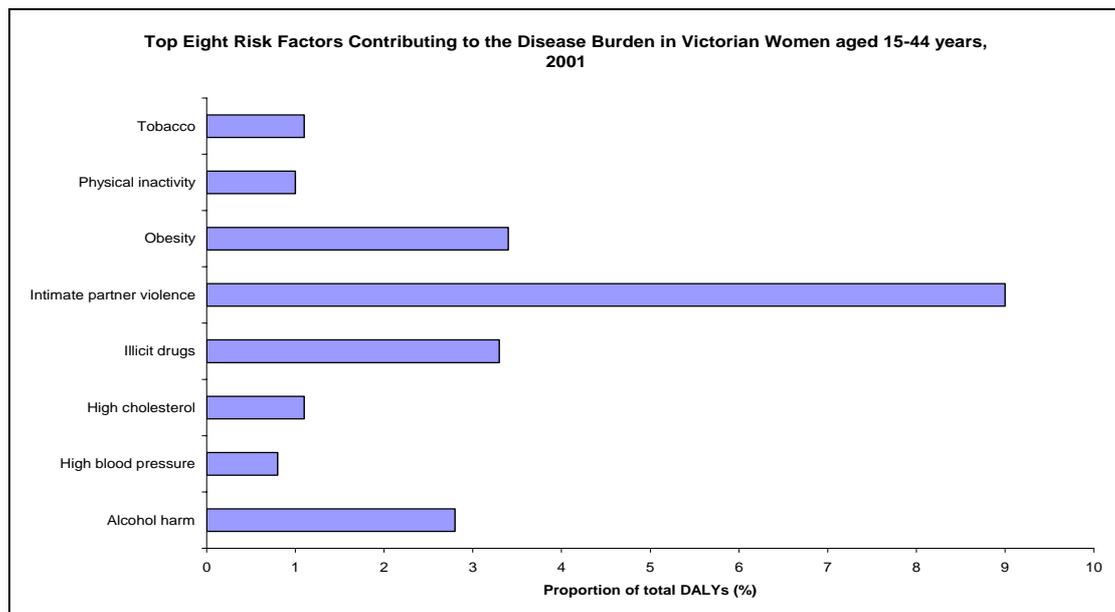
## Women and Violence

### Introduction

Violence against women occurring within intimate partner relationships is sometimes referred to as domestic violence or family violence. Violence against women includes physical, sexual, economic, psychological and emotional abuse<sup>1</sup>.

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>.

“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.



Source: Victorian Burden of Disease Study: Mortality and Morbidity in 2001 (Department of Human Services)

### 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

*“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”* VicHealth 2004

There are influences within Australian culture that encourage a tolerance of violence against women and discourage 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.

In Victoria, women are disadvantaged in relation to income, employment and civic participation<sup>8</sup>. This gender power imbalance can also support a culture of tolerance of violence against women.

## 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 urge 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
- patterns of victimisation and experience
- cultural, psychosocial and environmental factors influencing violence against women and barriers to cessation.

Community health centres, mental health services, hospitals, GPs, youth, family and welfare services can help address this 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 equal gender relations need to be promoted, supported and encouraged.

Prevention programs and support services must continue to be developed within a gendered framework. This will ensure the strategies implemented will be effective and fewer women will die from the effects of violence.

---

<sup>1</sup> VicHealth (2004) *The health costs of violence: Measuring the burden of disease caused by intimate partner violence. A summary of findings*. Victorian Health Promotion Foundation, Carlton, Vic, Australia.

<sup>2</sup> Australian Bureau of Statistics (1996). *Women's Safety Australia*, Catalogue No. 4128.0. Australian Bureau of Statistics, Canberra.

<sup>3</sup> Statistics Canada (2003) *Family Violence in Canada: A Statistical Profile 2003*. Canadian Centre for Justice Statistics, Ministry of Industry, Ottawa, Ontario.

<sup>4</sup> Mouzos, J (1999) *Femicide: An overview of major findings, trends and issues in crime and criminal justice*, No 124, pp1-6, Australian Institute of Criminology, Canberra, cited in VicHealth, 2004

<sup>5</sup> Portrayal of Women Advisory Committee (2002) *The Portrayal of Women in Outdoor Advertising*, Office of Women's Policy, Melbourne.

<sup>6</sup> Chappell D, Grabowsky P & Strang H (1991) *Australian Violence: Contemporary Perspectives*. Australian Institute of Criminology, Canberra.

<sup>7</sup> Jacobson N & Gottman J (1998) *Breaking the Cycle: New Insights into Violent Relationships*. Bloomsbury, London.

<sup>8</sup> Office of Women's Policy (2006) *Facts about Women and Men in Victoria*, Department for Victorian Communities, Melbourne.

<sup>9</sup> World Health Organisation (2002). *World Report on Violence and Health*. World Health Organisation, Geneva.