

Violence against Women

Scope of the issue and impact

Violence against women is widely recognised as a problem of great magnitude and an insidious violation of human rights.¹

Violence against women is defined as any act of gender based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life.² It can include physical, sexual, emotional, cultural/spiritual or financial abuse.

In Australia, at least one woman a week is killed by a partner or former partner.² Intimate partner violence remains the leading contributor to death, disability and illhealth in Australian women aged 18–44 years³ and is the single largest driver of homelessness for women.²

Intimate partner violence is more damaging to the health of Australian women aged 18–44 years than any other risk factor, including well-known factors such as tobacco use, high cholesterol or use of illicit drugs.³

Intimate partner violence and sexual assault (partner and non-partner) are the most common forms of violence experienced by women in Australia.¹ Young women (18–24 years) experience significantly higher rates of physical and sexual violence than women in older age groups.²

The prevalence of violence against women in Australia is high. The Australian Bureau of Statistic's 2016 Personal Safety Survey collected information from 21,250 women and men aged 18 years and over about the nature and extent of violence experienced since the age of 15. The survey found:⁴



has experienced violence by an intimate partner**







- * Partner is a person a woman lives with, or has lived with at some point, in a married or de facto relationship.
- ** Intimate partner is a current or previous partner with whom a women lives with or has lived with, or a current for former boyfriend, girlfriend or date with whom she has not lived with or does not live with.

The social, health and economic costs of violence against women are enormous. The impacts include wide-ranging and persistent effects on women's physical and mental health. The greatest of these is mental illness – anxiety and depression – which make up almost 70% of the disease burden resulting from violence.³

Women who have experienced violence may also be at increased risk of engaging in harmful behaviours. These can include substance use and social withdrawal, adversely affecting their physical and mental wellbeing, and additional social implications including the inability to work, loss of wages, lack of participation in regular activities, and limited ability to care for themselves and their children.^{1,5,6} Indeed the myriad of health consequences of violence can persist long after a violent episode occurs.

A gendered issue

The term 'violence against women' recognises the gendered and disproportionate nature of violence that predominately is experienced by women and perpetrated by men against women. For instance, in Australia:

- Women are nearly three times more likely to have experienced violence by a partner than men.⁴
- Women are five times more likely to be killed by an intimate partner than men.^{7,8}
- Around one in three women has experienced physical and/or sexual violence from a man known to them.¹
- 75% of intimate partner homicides in Australia involve female victims.⁹
- 93% of reported sexual assault incidents are perpetrated by men against women and girls.^{10,11}
- Women constitute the overwhelming majority of victims of family and sexual violence in Victoria 75% of reported family violence is experienced by women and girls, while the overwhelming majority of perpetrators (77%) are men.⁷

What drives violence against women?

Australia's shared framework for action on violence against women, Change the Story, names gender inequality as the necessary social context in which violence against women occurs. Gender inequality refers to the unequal value afforded to men and women in society,

and the unequal distribution of power, resources and opportunity between them. The framework describes four expressions of gender inequality that consistently predict higher rates of violence against women. These gendered drivers are:2

- 1. Condoning of violence against women
- Men's control of decision-making and limits to women's independence in public and private life
- Rigid gender roles and stereotyped constructions of masculinity and femininity
- Male peer relations that emphasise aggression and disrespect towards women

Gender inequality is the core of the problem and it is the heart of the solution.

Other factors can interact with and reinforce the gendered drivers; however none of these predict or drive violence against women on their own. The evidence makes it clear that gender inequality is the core of the problem and the heart of the solution.² Efforts to address violence against women need to challenge the gendered drivers to influence sustained and structural changes.

Diversity and intersectionality

Violence against women occurs in all communities regardless of cultural or socio-economic background. Certain groups of women do experience higher rates of violence than others. When we talk about violence against women, we need to be clear that the term 'women' does not reflect one homogenous group but represents diverse and rich life experiences due to different social positioning. Systems of privilege and disadvantage intersect with gender inequality to influence women's different exposures violence, as well as their access to appropriate responses. Racism, ableism, heterosexism, ageism and classism are among these systems. Evidence shows that women who face multiple layers of disadvantage or discrimination are at increased risk of violence (frequency, severity and prevalence).² For example:

- Indigenous women experience violence at more than twice the rate of non-Indigenous women, and are 35 times more likely to be hospitalised due to family violence related assaults. 12
- Violence perpetrated against women with disabilities is specific to the nature of their disability and often more severe than for women without a disability. Some 90% of women with an intellectual disability have been subjected to sexual abuse. 13

Eastern Metropolitan Region

In 2015–16, Victoria Police attended 8,628 family violence incidents in the EMR. 14 Figures show a steady increase in the rate of reported incidents over the past five years. This may be because of improved community awareness and campaigns that encourage reporting, as well as changes in police practices and reporting.

Family Violence (FV) incidents reported to Victorian Police – 5 year Analysis¹³



Over 2014–15, Eastern Centre Against Sexual Assault (ECASA) provided counselling and advocacy, crisis care and therapeutic group work for 918 men, women and children. 15 The Eastern Domestic Violence Service (EDVOS) sees clients from Monash (14%), Manningham (10%), Boroondara (8%), Whitehorse (11%), Knox, (22%), Maroondah (10%) and Yarra Ranges (19%). Although Knox only makes up 15% of the total EMR population, these figures show that EDVOS sees the highest percentage of clients from this municipality compared to the others. 16 As ECASA's and EDVOS's capacity to provide services is capped by funding limitations, the figures above do not indicate the true extent of violence against women in the region.

For more information on preventing violence against women check out Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia² and Together for Equality & Respect: A strategy to prevent violence against women in Melbourne's east 2013–2017.¹⁷

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