

## **The health costs of violence: Measuring the burden of disease caused by intimate partner violence: A summary of findings. VicHealth 2004**

### **Intimate partner violence – a major burden on mental health**

*Intimate partner violence is responsible for more ill-health and premature death in Victorian women under the age of 45 than any other of the well-known risk factors, including high blood pressure, obesity and smoking (VicHealth 2004).*

In 1999, VicHealth undertook a wide-ranging investigation into factors contributing to the escalating incidence of mental health problems in our community. On the basis of this review we identified mental health as a priority area for action.

In the past, health promotion has focussed on supporting changes in the behaviour of individuals, so that they are better able to protect their health. In the last 15 years, however, in response to increasing evidence of the influence of social and economic factors on health, our focus has shifted to also supporting positive changes in the environments in which people live, work, play and build relationships with one another.

In our mental health promotion work we have focussed on three factors as being particularly important for good mental health: social inclusion, access to economic resources, and living life freedom from violence and discrimination.

Our 1999 review of the causes of poor mental health indicated that a range of forms of violence required attention, from work place violence and bullying in schools, through to violence occurring in youth gangs and that perpetrated against racial and other minorities.

Among these, violence against women, particularly that occurring in the context of an intimate relationship, emerged as an especially common phenomenon having serious mental health impacts. Accordingly, in 2003 we conducted a more detailed study, to determine the contribution VicHealth could make to support primary prevention of violence against women.

This study, carried out through significant contribution from a range of researchers, policy makers and practitioners, is one of a number of current and planned VicHealth activities being undertaken to address this issue.

Too often intimate partner violence is trivialised in our society as somehow being less serious than violence committed in other contexts; as a matter to be resolved in the privacy of the home. The findings of this study present a serious challenge to these views.

They demonstrate that intimate partner violence is all too common, has severe and persistent effects on women's physical and mental health and carries with it an enormous cost in terms of premature death and disability. Indeed it is responsible for more ill-health and premature death in Victorian women under the age of 45 than any other of the well-known risk factors, including high blood pressure, obesity and smoking.

While our work has focussed on the impact of violence against women, intimate partner violence diminishes and affects us all, marring not only relationships between men and women, but having long-term effects on their children and communities. Its seriousness demands that far greater efforts be placed on promoting respectful and equal relationships between men and women. Detailed below is a summary of the findings of the research.

**Dr Rob Moodie**

Chief Executive Officer

Victorian Health Promotion Foundation

## **A summary of study findings**

*Women are more vulnerable to intimate partner violence than to violence in any other context and are overwhelmingly more likely than are men to be the victims of this form of violence*

There is increasing recognition internationally that intimate partner violence is a common problem with serious health, social and economic consequences for women, their families and communities. Women are more vulnerable to intimate partner violence than to violence in any other context (OWP 2002) and are overwhelmingly more likely than are men to be the victims of this form of violence (ABS 2003; Bagshaw & Chung 2000) and to suffer its health consequences (Statistics Canada 2003).

This study assessed the health impact of this type of violence for Victorian women, in particular:

- Its prevalence;
- The health problems it causes; and
- Its contribution to the total disease burden in Victorian women.

Its aims were to:

- Raise awareness of the seriousness of the problem of intimate partner violence;
- Enhance understanding of violence and its health consequences;
- Provide information to ensure that appropriate consideration is given to intimate partner violence when priorities are being set for expenditure, program development and other activities at the governmental, service and community levels; and
- Provide a resource for planning and monitoring the effectiveness of intervention strategies and for other research assessing the social and economic costs of violence.

It demonstrates that intimate partner violence is:

### **Prevalent**

- One in five women report being subjected to violence at some time in their adult lives (ABS 1996a).

### **Serious**

- Intimate partner violence has wide-ranging and persistent effects on women's physical and mental health.
- It contributes 9 per cent to the total disease burden in Victorian women aged 15–44 with 60 per cent of this burden attributed to mental ill health.
- It is the leading contributor to death, disability and illness in Victorian women aged 15–44, being responsible for more of the disease burden than many well-known risk factors such as high blood pressure, smoking and obesity.

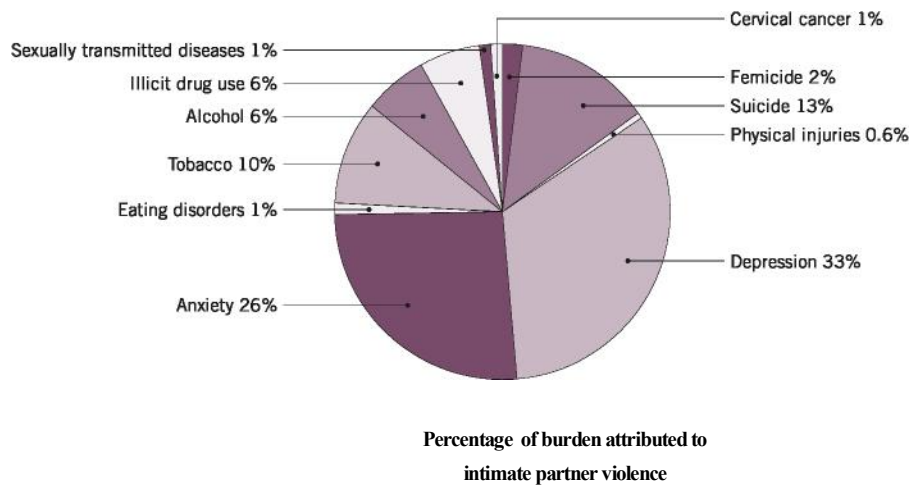
### **Preventable**

The causes of violence are complex. However, accumulated evidence from around the world suggests that cultural, social and economic factors play a particular part. A significant underlying factor is the unequal distribution of power and resources between men and women (WHO 2002; OWP 2002).

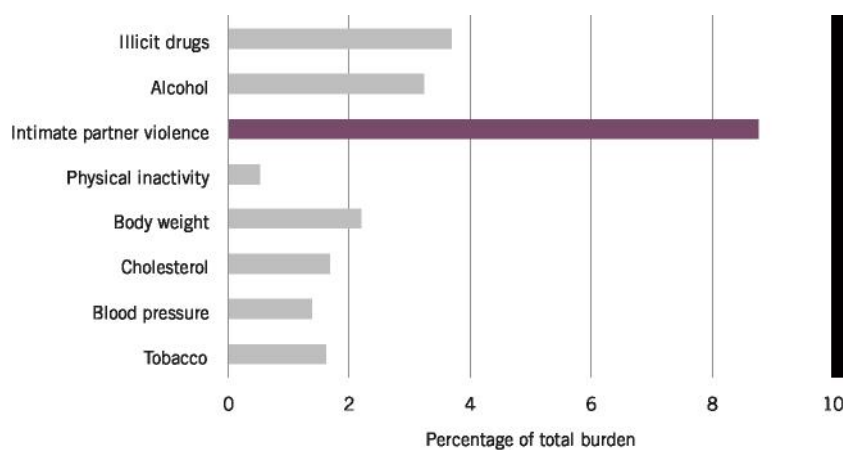
There is a broad consensus internationally that intimate partner violence is best addressed in the context of a human rights, legal and health framework and through the development of multi-level strategies across sectors (WHO 2002; OWP 2002). In Victoria, this approach is co-ordinated through the whole-of-government Women's Safety Strategy, with intimate partner violence also being identified as a priority in the Women's Health and Wellbeing Strategy.

The findings of this study suggest the need to increase our efforts in policy implementation in these areas, with particular emphasis on the primary prevention of violence against women.

**Figure 1: Health outcomes contributing to the disease burden of intimate partner violence in Victorian women.**



**Figure 2: Top eight risk factors contributing to the disease burden in Victorian women aged 15–44 years**



To access a full copy of *The health costs of violence: Summary Report* visit [www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au)

### **Burden of disease methodology**

Burden of disease methodology is an internationally accepted approach to estimating the impact of health problems, taking into account illness, disability and premature death. Burden of disease measures are used extensively by governments, researchers, health planners and advocates world wide.

The terms 'health' or 'disease' burden are also sometimes used when referring to other impacts of a health problem, such as its prevalence, the particular health problems caused or its broader social and economic impacts.

### **Intimate partner violence**

Intimate partner violence, sometimes referred to as domestic violence, family violence or relationship violence, refers to violence occurring between people who are, or were formerly, in an intimate relationship.

Intimate partner violence can occur on a continuum of economic, psychological and emotional abuse, through to physical and sexual violence.

Although men are among the victims of intimate partner violence, evidence suggests that the vast majority of victims are women and that women are more vulnerable to its health impacts. Intimate partner violence occurs across cultural and socio-economic groups.

### **Further information on government initiatives can be found at:**

**Victorian Government:** [www.women.vic.gov.au](http://www.women.vic.gov.au)

Women's Safety Strategy

Women's Health and Wellbeing Strategy

**Australian Government:** [www.padv.dpmc.gov.au](http://www.padv.dpmc.gov.au)

Partnerships Against Domestic Violence

### **References**

ABS (2003). *Crime and Safety, Australia, 2002*, Catalogue No. 4509.0, Australian Bureau of Statistics, Canberra.

ABS (1996a). *Women's Safety Australia*, Catalogue No. 4128.0, Australian Bureau of Statistics, Canberra.

Bagshaw, D. & Chung, D. (2000). 'Gender politics and research: male and female violence in intimate relationships', *Women Against Violence: An Australian Feminist Journal*, Issue 8, pp. 4–23.

OWP (2002). *A Policy Framework: A Co-ordinated Approach to Reducing Violence Against Women*, Women's Safety Strategy, Office of Women's Policy, Victorian Government.

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

WHO (2002). *World Report on Violence and Health*. World Health Organization, Geneva.

### **For support and assistance in the management of domestic violence contact:**

**Women's Domestic Violence Crisis Service of Victoria – a 24 hour state wide service.**

**Crisis Line - (03) 93730123 or free call 1800 015 188**