



Research in Practice

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Key issues in domestic violence

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Domestic violence refers to acts of violence that occur within intimate relationships and take place in domestic settings. It includes physical, sexual, emotional and psychological abuse. Family violence is a broader term that refers to violence between family members, as well as violence between intimate partners. This summary paper focuses on the issue of domestic violence.

Domestic violence incurs significant social, emotional and economic costs to victims, their families and the broader community (Laing & Bobic 2002). Findings from victimisation surveys suggest that women are more likely than men to become victims of domestic violence, but that domestic violence can occur in a range of different relationship types, circumstances and settings. Research suggests that some women may be more vulnerable to becoming victims and less capable of exiting violent relationships, depending on their age, living arrangements and English language abilities. A number of factors have also been identified as increasing the risk that an individual will become a perpetrator of domestic violence. Understanding the complex interaction of attitudes, motives and situational factors underlying offender behaviour is helpful in developing effective prevention strategies.

This summary paper provides a brief overview of this area of research. Key research findings on the nature, prevalence and impact of domestic violence are presented, along with an overview of risk factors associated with an increased likelihood of offending or victimisation. The implications of these research findings for policy and practice are also briefly outlined.

What is domestic violence?

Domestic violence is traditionally associated with cases of physical violence occurring within intimate relationships and in a domestic setting. It is most commonly perpetrated by a male against a female partner, but it also includes violence against men. Domestic violence occurs in both heterosexual and homosexual relationships and includes married, de facto and separated adolescents and adults (Flood & Fergus 2008). Domestic violence is also commonly referred to as relationship violence, intimate partner violence and gender-based violence. In Indigenous communities, 'family violence' is often the preferred term as it encapsulates the broader issue of violence within extended families (Stanley, Tomison & Pocock 2003).

Domestic violence is not limited to physical violence and involves a range of different forms of abuse. These are outlined in Table 1. Definitions of domestic violence commonly include reference to:

- the presence of abuse between intimate partners, including both current and former partners;
- different forms of abuse including physical and sexual violence, threats and intimidation, psychological and emotional abuse, and social and economic deprivation;
- the unequal distribution of power whereby one person has control over the other and uses domestic violence to dominate and maintain that level of control;
- infrequent and relatively minor incidents through to more frequent and severe incidents resulting in serious physical harm or death; and
- the impact of domestic violence in terms of causing fear as well as physical and psychological damage and interfering with the victim's quality of life (Laing & Bobic 2002).

While most people consider domestic violence to be comprised of physical and sexual assaults, there is evidence that fewer people regard social,

Table 1 Different forms of domestic violence	
Form of abuse	Characteristics of behaviour
Physical abuse	Threatening or physically assaults, including punching, choking, hitting, pushing and shoving, throwing objects, smashing objects, damaging property, assaulting children and injuring pets
Sexual abuse	Any unwanted sexual contact, including rape
Psychological abuse	Emotional and verbal abuse such as humiliation, threats, insults, swearing, harassment or constant criticism and put downs
Social abuse	Isolating partner from friends and/or family, denying partner access to the telephone, controlling and restricting partner's movements when going out
Economic abuse	Exerting control over household or family income by preventing the other person's access to finances and financial independence
Spiritual abuse	Denying or manipulating religious beliefs or practices to force victims into subordinate roles or to justify other forms of abuse

Source: Mouzos & Makkai 2004; National Council to Reduce Violence against Women and their Children (NCRVWC) 2009a; WA Department for Communities and

psychological and financial abuse as constituting domestic violence (VicHealth 2009).

Prevalence of domestic violence

The main source of information regarding the prevalence of domestic violence is victimisation surveys. According to the ABS (2006) *Personal Safety Survey*, approximately one in three Australian women have experienced physical violence during their lifetime, nearly one in five women have experienced some form of sexual violence and nearly one in five have experienced violence by a current or previous partner. Findings from the *Personal Safety Survey* also demonstrate that females are more likely than males to experience an act of physical or sexual violence (actual, attempted or threatened) at the hands of a current or former partner:

- 4.7 percent of females (363,000) were physically assaulted in the 12 months prior to the survey and of these women, 31 percent (73,800) were assaulted by their current or former partner.
- 10 percent of men (779,800) were physically assaulted in the 12 months prior to the survey, 4.4 percent (21,200) of whom were assaulted by their current or former partner.
- 2.1 percent of women (160,100) and 0.9 percent of men (68,100) aged 15 years and over have experienced violence from a current partner and 15 percent of women (1,135,500) and 4.9 percent of men (367,300) have experienced violence from a former partner.
- 1.6 percent of women (126,100) had experienced sexual violence in the 12 months prior to the survey and 21 percent of these women (21,500) identified a previous partner as the perpetrator.

Another Australian survey found that one-third of women who have a former or current intimate partner reported experiencing some form of physical, sexual or psychological violence (Mouzos & Makkai 2004). It was also found that the levels and severity of violence perpetrated by former partners were higher than that experienced from current partners (Mouzos & Makkai

2004). Women who experienced violence from former partners were more likely to report sustaining injuries and feeling as though their lives were at risk (Mouzos & Makkai 2004). Injuries from assault committed by a spouse have been found to be more severe than injuries resulting from non-spousal assault (Borooah & Mangan 2006). The period during a relationship breakdown and separation is a particularly risky time for domestic violence between ex-partners (Flood & Fergus 2008).

Victimisation surveys are an important source of information on the nature and extent of domestic violence because the rate of reporting for domestic violence incidents is low. Recent estimates suggest that only 14 to 36 percent of victims reported the most recent incident of domestic violence to police, although the rate of reporting has increased over the past decade (Marcus & Braaf 2007). One possible explanation for the low reporting rate is that victims of physical or sexual violence committed by current partners may be less likely to perceive the incident as a crime than if it were committed by a stranger (Mouzos & Makkai 2004). Other reasons include a belief that the incident is too minor to report, shame or embarrassment, a desire to deal with the issue by themselves, fear of the perpetrator or of the consequences of reporting the incident, cultural barriers, and concern about having to relive the event by re-telling the story to multiple parties (NCRVWC 2009a). While they more accurately estimate the prevalence of domestic violence, victimisation surveys may also underestimate the true extent of violence, particularly among certain vulnerable groups. Therefore, it is important that decisions regarding how best to prevent domestic violence and where to target resources are informed by multiple sources of information.

It is widely accepted that domestic violence is more commonly perpetrated by males and that women are more likely to suffer physical harm at the hands of their partner (Taft, Hegarty & Flood 2001; Tomison 2000). However, estimates of the distribution of violence vary. For example, according to the findings of the ABS

(2006) *Personal Safety Survey*, 78 percent of persons who reported being a victim of physical violence at the hands of a partner in the previous 12 months were female. Similarly, research by Access Economics (2004) found that 87 percent of all victims of domestic violence are women and that 98 percent of all perpetrators are men.

In contrast, some research has found the rates of violence perpetrated by men and women against their partners to be of similar size (Headey, Scott & de Vaus 1999). That domestic violence is committed equally by males and females is a view shared by some sections of the community, particularly males. For example, one in five respondents to a recent national survey indicated that they believed that domestic violence is perpetrated equally by both men and women (VicHealth 2009).

Debate regarding the rates of violence against men committed by women in intimate relationships still exists, and there has been a growing body of research into the nature and prevalence of male victimisation and domestic violence in homosexual relationships. However the under-reporting of victimisation limits efforts to understand and prevent violence against men as well as those victims living in gay, lesbian and transgender relationships (Chan 2005; Nicholas 2005). Overall though, the consensus finding is that women comprise the majority of victims of domestic violence and they continue to be the focus of most research in the area.

Apart from differences in the prevalence of violence, there are differences in the nature of the violence perpetrated by males and females against their partners. Males are more likely to engage in different forms of violent behaviour against their partner (not limited to physical violence) and the violence is more severe and more likely to result in serious injury (Tomison 2000). James, Seddon & Brown (2002) examined the motivations of *male perpetrators* and concluded that domestic violence can be categorised as either:

- involving aggression, intimidation, verbal abuse and physical violence to assert domination and control over a partner; or
- an impulsive act committed in response to emotions of frustration and anger, with no real expectation of achieving a set objective.

However, women who are violent are more likely to be driven by frustration and anger rather than by a specific objective, and their violence is more likely to be committed in self defence, or in retaliation to provocation (James, Seddon & Brown 2002; Tomison 2000). Understanding the motivation of perpetrators of domestic violence is important in the development of effective interventions for working with different offenders to prevent future acts of violence.

The rest of this paper deals primarily with violence against women, committed by men, as this reflects the most common pattern of domestic violence, has been the primary focus of research, and is an issue that is receiving considerable attention among policy makers and practitioners nationally.

Impact of domestic violence

In 2002–03 in Australia, the total cost of domestic violence to victims, perpetrators, friends and families, communities, government and the private sector was estimated to be in excess of \$8b (Access Economics 2004). In 2008–09, the total cost of all violence against women and their children (including non-domestic violence) was estimated to have cost the Australian economy \$13.6b and, if no action were to be taken to address the problem, will cost \$15.6b in 2021–22 (KPMG Management Consulting 2009). This includes costs associated with:

- pain, suffering and premature mortality (which accounts for almost half of all associated costs);
- provision of health services;
- the impact on employment and productivity;
- replacing damaged property, defaulting on personal debts and moving;
- exposure to domestic violence among children, child protection services;
- the response of the criminal justice system, support services and prevention programs; and
- victim compensation and financial support from a range of sources.

Domestic violence is associated with a range of health problems (Marcus & Braaf 2007) and is the single biggest health risk to Australian women aged 15 to 44 years (Access Economics 2004). In 2006–07, one in five homicides involved intimate partners and more than half of all female victims were killed by their intimate partner (Dearden & Jones 2008). Between 1989 and 1998, 57 percent of female deaths caused by violence were perpetrated by an intimate partner and women were five times more likely to be killed by their partners than men (NSW Office for Women's Policy 2008). Domestic violence has a significant impact on the general health and wellbeing of individuals by causing physical injury, anxiety, depression, impairing social skills and increasing the likelihood that they will engage in practices harmful to their health, such as self harm or substance abuse (NSW Office for Women's Policy 2008). Physical abuse also increases the risk of criminal offending and a significant proportion of women in prison have experienced some form of prior abuse, either as adults or children (NCRVWC 2009a).

Domestic violence is also the most common factor contributing to homelessness among women and their children. They may be forced from their homes in order to escape violence, disrupting social support networks as well as children's schooling and social networks (Marcus & Braaf 2007). Women who have lived with a violent partner are also more likely to experience financial difficulties or hardship as a result of the relationship (NCRVWC 2009a).

There is also an association between domestic violence and child maltreatment (child physical, sexual and emotional abuse) and neglect, which is related to a range of negative physical, psychological and emotional consequences, although further research is required to delineate the precise nature of the association (Tomison 2000). There is some evidence that observing significant others being maltreated (especially siblings and parents) by someone with whom a child identifies with closely (ie a parent), is a more significant factor in the intergenerational transmission of violence than the child actually being maltreated her/himself (Brown 1983, as cited in Hamilton 1989).

Research has identified that many victims perceive the emotional impacts of both physical and non-physical abuse—such as their degree of fear, their partner's intent to harm and their own self blame—as being more significant than any physical injuries incurred (Flood & Fergus 2008). The impact of violence can extend well beyond the period of abuse (VicHealth 2006). Relying on measures of the prevalence of violence, or methods that focus solely on recording instances of physical harm, their nature and severity, may therefore fail to reveal the full extent and consequences of the abuse (Flood & Fergus 2008).

Victims of domestic violence

The prevalence, severity and form of domestic violence, access to services and capacity to leave violent relationships differs within a community, with certain groups more vulnerable than others. Domestic violence is more prevalent within certain communities, such as in rural Australia and some Indigenous communities (Carrington & Phillips 2006). The severity of offences also appears to differ between socioeconomic, age and cultural groups (NCRVWC 2009b; WA Department for Communities 2006; WESNET 2000). Some women may be more vulnerable to becoming victims and less capable of exiting violent relationships based on certain factors such as age, location, ethnicity, Indigenous status and their English language abilities (KPMG Management Consulting 2009). These issues are described below.

Indigenous women

Indigenous women are over-represented as victims of domestic violence, with victimisation rates estimated to be much higher than those of non-Indigenous women (Indermaur 2001; Mouzos & Makkai 2004; NCRVWC 2009a). In 2002, 20 percent of Indigenous women reported that they had been a victim of physical violence in the previous 12 months, compared with seven percent of non-Indigenous women (Mouzos & Makkai 2004). Indigenous women are as much as 35 times as likely to sustain serious injury and require hospitalisation as a result of violence committed by a spouse or partner and are more likely to access emergency accommodation or refuge (Al-Yaman, Van Doeland & Wallis 2006). However, efforts to develop reliable estimates as to the extent of domestic violence in Indigenous communities have been limited by methodological issues (Mouzos & Makkai 2004; Schmider & Nancarrow 2007).

The likelihood that an Indigenous woman will be a victim of violence can be understood as resulting from a confluence of risk factors relating to alcohol and substance use, social stressors, living in a remote community, measures of individual, family and community functionality and the resources available to the person (Bryant & Willis 2008). Indigenous women are more likely to report being a victim of physical or threatened violence if they are young, have been removed from their natural family, have some form of disability, have experienced a higher number of recent stressors and have financial difficulties (Al-Yaman, Van Doeland & Wallis 2006).

A key issue preventing Indigenous women from accessing counselling, legal and medical support services is the closeness and breadth of kinship groups. This can impact on an individual's anonymity and their decision to disclose offences for fear of social and physical repercussions, alienation and upheaval within the community and the family (WA Office for Women's Policy 2005). In addition, many Indigenous communities are not adequately resourced to deal with domestic violence issues, resulting in a lack of support for victims (Memmott et al. 2001).

Women living in rural and remote areas

Research found that women living in remote and rural areas of Western Australia experience higher rates of reported violence than those living in metropolitan areas (WESNET 2000). For both Indigenous and non-Indigenous women in remote and rural areas, access to independent services can be limited due to their geographical isolation and the limited availability of resources in local areas (NSW Office for Women's Policy 2008). The remoteness of some areas attracts only few trained professionals which limits the

availability of important services and inhibits service delivery. It also raises issues with respect to maintaining confidentiality and safety (NCRVWC 2009a). These factors compound the isolation victims already experience as part of the abuse.

Women from culturally and linguistically different backgrounds

Studies have produced mixed findings with respect to the nature and prevalence of physical and sexual violence against women from culturally and linguistically different (CALD) backgrounds. Some studies have found that women from non-English speaking backgrounds experience higher levels of violence (O'Donnell, Smith & Madison 2002), whereas others suggest the rate of physical violence is lower than, or similar to, the rate among those women from English speaking backgrounds (Bassuk, Dawson & Huntington 2006; Mouzos & Makkai 2004). Drawing conclusions regarding the precise nature and extent of domestic violence in these communities is therefore difficult. What is clear is that immigrant and refugee populations should not be treated as a single homogenous group.

Research has shown that women from CALD backgrounds are less likely to report domestic violence victimisation to police or to access mainstream services because of a perception that these services would not understand their particular situation and respond appropriately (WA Department for Communities 2006). Besides perceptions of being misunderstood, other factors may prevent victims from CALD backgrounds from accessing important services. The limited availability of culturally sensitive translator and interpreter support services can prevent victims with English as a second language from seeking help and removing themselves and their children from dangerous situations (Runner, Yoshihama & Novick 2009). Access to support services for refugees or newly emigrated persons can be further limited in instances where the victim is dependent on the perpetrator for residential or citizenship status (WCDFVS 2006). Insufficient knowledge of English is often used as a tool of power and control by perpetrators (NCRVWC 2009a). Recent research has indicated that the level of understanding and awareness of domestic violence in CALD communities has increased due to a combination of community education and generational change, but that further work is required (Marcus & Braaf 2007).

Pregnant women

The ABS (2006) *Personal Safety Survey* identified that women may be at increased risk of domestic violence during pregnancy. Almost 60 percent of women who

had experienced violence perpetrated by a former partner were pregnant at some time during the relationship; of these, 36 percent experienced the abuse during their pregnancy and 17 percent experienced it for the first time when they were pregnant. In addition, the frequency and severity of violence has been found to be higher among pregnant women and the onset of pregnancy has been found to increase the rate of psychological abuse among those women who had previously reported being abused (Burch & Gallup 2004; Martin et al. 2004). The risk to pregnant women has found to be greatest among those women with lower levels of education, from disadvantaged communities and with unintended or unwanted pregnancies (Taft 2002). The consequences of abuse while a woman is pregnant can include stress, drug and alcohol use and physical injuries, which can further impact upon a woman's health during pregnancy, the birth outcome and the health of their baby (Taft 2002). There is also an increased risk in the period immediately after a baby is born, due to the additional stress that may be placed on a relationship and each partner's mental health, wellbeing and lifestyle (O'Reilly 2007).

Older women

Older women experience violence and abuse at a rate two and a half times higher than older males (Boldy et al. 2002). Between one-fifth and one-quarter of elderly abuse incidents are committed by the victim's spouse or partner (Boldy et al. 2002). Evidence suggests that the majority of older people who are victims of physical, sexual or financial abuse are long term victims of abuse, often perpetrated by a partner who is in a duty of care relationship with the victim (WESNET 2000). Decision-making disabilities and physical disabilities are common among those people who are a victim of abuse (Boldy et al. 2002; Peri et al. 2008). Supportive families and community connectedness have been identified as important protective factors that reduce the risk of violence against older women (Peri et al. 2008).

Women living with a disability

Women with a physical or intellectual disability are more likely than women without disability to experience intimate partner violence and the violence they experience is also likely to be more severe and extend for longer periods of time (NCRVWC 2009a). Research has shown that many women with physical disabilities who experience domestic violence do not seek help, have limited access to appropriate support and fewer opportunities to leave violent relationships (Milberger et al. 2003).

Dating and relationship violence

Adults are the traditional demographic group most commonly associated with domestic violence, however the prevalence of violence in adolescent relationships has received more attention in recent times. Dating and relationship violence is common in adolescent relationships and within school-age communities (Indermaur 2001). Younger women are more likely to experience physical and sexual violence than older women, controlling for other factors (Mouzos & Makkai 2004; Roman et al. 2007). Young people's vulnerability to intimate partner violence is increased by sexist and traditional gender role attitudes, peer culture, inexperience and attitudes supportive of violence that can be shaped by the media, pornography and early exposure to aggressive behaviour by parents or role models (Flood & Fergus 2008).

Young women are more likely than young males to be subjected to psychological, sexual and physical violence perpetrated by their boyfriends or friends. An Australian survey of 5,000 young people aged 12 to 20 years revealed that of the 70 percent of respondents who had had a boyfriend or girlfriend at some stage, one-third reported incidents in their intimate relationships that involved some form of physical violence (Indermaur 2001). The same study also reported that 42 percent of young women aged 19 to 20 years admitted to being the victim of some form of physical violence from a boyfriend at least once (Indermaur 2001). Research has also found that dating violence, including both psychological and physical violence, is common among adolescent girls with a history of child sexual abuse, and was related to the severity of the abuse they had suffered as a child (Cyr, McDuff & Wright 2006).

However, support services and long term solutions may be less readily available to young people who are victims of domestic violence. Leaving an abusive relationship can be more difficult for young people due to age-related eligibility criteria for public housing and difficulties associated with accessing private rental accommodation or unemployment benefits (WESNET 2000). As a result, younger victims may be left unassisted, forced into homelessness or elect to remain in abusive relationships.

Risk factors for domestic violence

There is no single cause or factor that leads to domestic violence. A number of risk factors have been identified as associated with perpetrators of domestic violence. These include age, low academic achievement, low income or exclusion from the labour market, social disadvantage and isolation and exposure to, or involvement in, aggressive or

delinquent behaviour as an adolescent (Flood & Fergus 2008; NSW Office for Women's Policy 2008). Many of these same risk factors have been linked to an increased likelihood of aggressive behaviour and offending generally. Mouzos and Makkai (2004) found that, among those women who had experienced current intimate partner violence, the most commonly reported aspects of the male perpetrator's behaviour (and therefore risk factors for violence) were drinking habits, general levels of aggression and controlling behaviour. These issues are also common risk factors for violence in Indigenous relationships (Bryant & Willis 2008).

This section of the paper discusses the role of attitudes towards violence, situational factors, early exposure to domestic violence and the lack of access to support services in increasing the risk of domestic violence.

Attitudes toward violence

It is important that strategies are developed to continue to influence community attitudes towards violence against women. Research shows that men are more likely to engage in violence against women if they hold negative attitudes towards women and hold traditional gender role attitudes that legitimise violence as a method of resolving conflict or as a private matter (Flood & Pease 2006; NCRVWC 2009b). Violence-supporting attitudes are also more common among males who exhibit low levels of support for gender equality (VicHealth 2009). Similarly, women with traditional gender role attitudes are less likely to report violence.

The risk of violence varies across different communities. There is a greater risk of violence against women in communities where the following attitudes or norms exist:

- traditional 'macho' constructions of masculinity;
- notions that men are primary wage earners and the heads of the household whereas a woman's place is in the home;
- standards encouraging excessive consumption of alcohol; and
- standards that facilitate peer pressure to conform to these notions of masculinity (NCRVWC 2009b).

Negative attitudes towards women are different across cultural groups and are influenced by culturally-specific norms and social relationships. However they are:

- more commonly expressed among adolescent males than older males;
- stronger in particular masculine contexts, such as sporting subcultures, and are facilitated by group socialisation;

- influenced by exposure to pornography as well as television, music and film; and
- more likely among children who witness or are subjected to violence (Flood & Pease 2006).

Australian research suggests that while there have been improvements, attitudes condoning or trivialising violence against women persist (Taylor & Mouzos 2006). In addition, while the majority of people do not believe that physical violence against women is justified under any circumstances, around one in five respondents to a national survey were prepared to excuse physical and sexual violence where they believed that perpetrators had temporarily lost control or truly regretted what they had done (VicHealth 2009).

Situational factors

Various situational factors, while not direct causes, may increase the risk of domestic violence. Some of these factors include family or relationship problems, financial problems or unemployment and recent stressful events or circumstances, such as the death of a family member (Memmott et al. 2001).

Alcohol is a significant risk factor for domestic violence, with research suggesting that women whose partners frequently consume alcohol at excessive levels are more likely to experience violence (Marcus & Braaf 2007; Mouzos & Makkai 2004). The involvement of alcohol in domestic violence is an even bigger issue within Indigenous communities (Dearden & Payne 2009; Memmott et al. 2001). The risk of an Indigenous person becoming a victim of actual or threatened violence increases with high risk alcohol use and alcohol is the factor most strongly associated with the risk of victimisation among Indigenous people, controlling for other factors (Bryant & Willis 2008). Alcohol use is also prevalent among victims of domestic violence (Nicholas 2005; White & Chen 2002).

There is strong evidence of a relationship between heavy drinking and aggression (Wells & Graham 2003). However, not all people who consume alcohol become violent. One explanation for the role of alcohol in domestic violence is that the consumption of alcohol may facilitate an escalation of an incident from verbal to physical abuse because it lowers inhibitions and increases feelings of aggression (Nicholas 2005). There is also research that suggests that because of its impact on aggression the consumption of alcohol, either by the offender or victim, may increase the seriousness of a domestic violence incident, the severity of injuries and risk of death, with almost half of all intimate partner homicides found to be alcohol-related (Dearden & Payne 2009).

Research has attempted to link seasonal changes, calendar events and major sporting events to the rate

of reported incidents of domestic violence (Braaf & Gilbert 2007). Australian research suggests that while there is some variation across states and territories:

- there is a higher number of reported incidents in December and January;
- there is a higher number of reported incidents on certain calendar events and holidays, including New Year's Day, the Christmas period and other public holidays, and Melbourne Cup Day; and
- some states experience higher rates of reported incidents coinciding with significant sporting events, but the findings are inconsistent and not as strong as those from international research (Braaf & Gilbert 2007).

Explanations of this relationship have focused on the increased contact between victims and perpetrators during holiday periods, increased issues associated with child contact arrangements for estranged families and increased consumption of alcohol.

Early exposure: Children and domestic violence

Research has found that, after controlling for other factors, there are higher rates of domestic violence in those households in which there are children present (Romans et al. 2007). According to the ABS (2006) *Personal Safety Survey*, 49 percent of men and women who reported experiencing violence by a current partner had children in their care at some time during the relationship and approximately 27 percent reported that these children had witnessed the violence. Sixty-one percent of victims of violence by a previous partner also reported having children in their care at some time during the relationship and 36 percent said that these children had witnessed the violence (ABS 2006).

These findings are concerning because exposure to domestic violence has been associated with a higher likelihood of the following problems among young people:

- issues related to cognitive, emotional and social functioning and development which can lead to behavioural and learning difficulties;
- an increase in the risk of mental health issues, including depression and anxiety disorders;
- issues related to education and employment prospects;
- more accepting of or willing to excuse the use of violence against women;
- involvement in violent relationships with peers and conflict with adults and other forms of authority;
- increased risk of becoming perpetrators or victims themselves; and
- a detrimental impact on their future parenting capacities (Flood & Fergus 2008; Tomison 2000; VicHealth 2006).

It has been recognised that exposing a child to domestic violence is a form of abuse in itself, regardless of whether the child is the target of such violence or not (Flood & Fergus 2008), and that such exposure is related to the intergenerational transmission of violence (Tomison 2000). Exposure to violence in the home can lead young people to develop inappropriate norms concerning violence and aggression, and to model the behaviour and attitudes to which they have been exposed, increasing the risk that an individual will enter into an abusive relationship in adulthood, either as the perpetrator or victim (Flood & Fergus 2008, Tomison 2000).

Experience of abuse during childhood also increases the likelihood of being assaulted or harmed as an adult. One study found that young people who had been exposed to violence in the home when they were growing up were twice as likely to have been forced to have sex and four times as likely to have admitted that they had forced a partner to have sex later in life (Indermaur 2001). According to the ABS (2006) *Personal safety Survey*, around one in 10 males and females reported having experienced physical abuse before the age of 15 years, while 12 percent of women and five percent of men reported having been sexually abused. This is an important finding, as research has shown that women who reported experiencing some form of physical or sexual abuse during childhood are one and a half times more likely to report experiencing some form of violence in adulthood (Mouzos & Makkai 2004).

Access to support networks and services

Problems accessing important support networks or services can also increase the risk that someone will become a victim of domestic violence, or continue to experience violence because they are unable to leave a violent relationship. Research suggests that more than four in five women who experience domestic violence do not contact a specialised support agency, but are more likely to contact family and friends (Marcus & Braaf 2007; Mouzos & Makkai 2004). Further, young women who are connected to school or peer networks and who have links with supportive adult family members or friends also experience lower rates of violence (NCRVWC 2009a); while there is also evidence that men with strong social networks are less likely to be perpetrators of domestic violence (NCRVWC 2009a). While these informal support networks are important they are not always able to meet the needs of victims or offenders, and there are a range of potential barriers that can prevent a victim from seeking help from service providers, including:

- a lack of available services;
- the cost or limited availability of transport;
- limited awareness of available services;

- a lack of culturally appropriate services;
- a perception that services will be unsympathetic or judgemental;
- shame or embarrassment;
- fear that they will not be believed;
- fear of the perpetrator and the potential for retribution; and
- a perception that services will not be able to offer assistance (Marcus & Braaf 2007; Taft 2002).

Strategies to overcome these barriers are necessary to ensure that victims, particularly those within the most vulnerable groups, are able to access support services to reduce the risk of violence. For example, women who receive shelter services have been shown to experience shorter periods of violence than women who experience violence but do not access support shelters (Panchanadeswaran & McCloskey 2007). Improving service provision and support for victims is an important factor in reducing the impact of geographic or social isolation (NCRVWC 2009a). Similarly important is the need for services that work with perpetrators to reduce the likelihood of reoffending, particularly voluntary programs.

Implications for policy and practice

Approaches to preventing domestic violence should be informed by research from both Australia and overseas, demonstrating the effectiveness of different strategies. There is a growing body of evidence that shows that a range of strategies, including social marketing and awareness campaigns, early childhood and family based prevention, school-based programs, community mobilisation, regulations on the portrayal of violence in the media, interventions to reduce the availability of alcohol and alcohol misuse, and criminal justice responses can be effective in preventing violence against women or repeat victimisation (NCRVWC 2009b). It is important, however, that in adapting programs from overseas or other Australian communities, consideration is given to relevant characteristics of the local context in which programs are to operate and whether the program needs to be modified accordingly (Laing 2002).

There are barriers that have impacted upon the implementation and effectiveness of strategies to prevent domestic violence. The *National Council's Plan for Australia to Reduce Violence Against Women and their Children* (NCRVWC 2009b) highlights a number of areas that need to be addressed in future domestic violence initiatives:

- Overcoming barriers to effective implementation of collaborative strategies and monitoring the effectiveness of partnerships in reducing domestic violence.

- Addressing legislative barriers that inhibit efforts to support victims and manage offenders.
- Encouraging a greater level of investment in primary prevention, including social marketing strategies that promote cultural and behavioural change.
- Ensuring that there is adequate long term funding for domestic violence services, that services are accessible to victims and their children, and that service systems are sufficiently integrated to address the complex needs of victims.
- Improving the evidence base with respect to effective interventions to reduce domestic violence, particularly in relation to primary prevention, victim support services, perpetrator programs, criminal justice interventions and risk assessment and management.
- Improving the quality of evaluation and performance monitoring.

Taken as a whole, the research findings presented in this summary paper suggest that there are a number of specific areas that can be targeted to prevent domestic violence and reduce repeat victimisation:

- Coordination and collaboration across sectors and across all levels of government and non-government should be a fundamental principle underpinning any approach to the prevention of, and intervention with, domestic violence (NCRVWC 2009a). Tasmania's *Safe at Home* program is one example of an integrated whole of government approach that has been found to improve the response to violence against women (Success Works 2009).
- Improve coordination between domestic violence and child protection services to assist in preventing early exposure to domestic violence in intimate relationships (Humphreys 2007). Strategies must focus not only on the prevention of early exposure to domestic violence, but deal with any associated physical and sexual abuse, neglect and emotional abuse in a holistic manner (Tomison 2000). A holistic approach that deals with the effects of children's exposure to domestic violence and other maltreatment will help prevent the intergenerational transmission of violent attitudes and behaviours and/or subsequent victimisation.
- Increase the availability and awareness of services for victims and perpetrators, enhance referral mechanisms and improve collaboration between service providers to ensure that the complex needs of all parties can be met through an integrated service system. This includes (but should not be limited to) services such as advocacy, support, accommodation, skill development and counselling for both women and children who are exiting or attempting to exit violent relationships, as well as programs for perpetrators of domestic violence to reduce repeat victimisation (Humphreys 2007).

- Enhance linkages between criminal justice processes, support services and prevention programs. There has been considerable work undertaken to improve the legal response to domestic violence and an integrated response from criminal justice agencies (NCRVWC 2009b). This includes the introduction of pro-arrest police policies, specialist courts and support services for victims. It is important that a greater level of support is offered to women and their children throughout the legal process, and that barriers preventing access to justice, particularly for vulnerable women, are overcome (NCRVWC 2009b; Success Works 2009).
- Implement early intervention and education programs targeted at young people, including school-based programs that aim to shape appropriate attitudes towards women and violence, which have been identified as the most important strategies in breaking the cycle of violence (Indermaur 2001; National Crime Prevention 2001).
- A greater focus on secondary prevention programs that target families that have been identified as being at risk of domestic violence, which requires processes and risk assessment tools to identify early signs or risk factors for violence (Tomison 2000).
- It is particularly important that there are programs targeted towards and tailored to the needs of those women at an increased risk of domestic violence or who may be less likely to access support services, including Indigenous women, women from CALD backgrounds, pregnant women, younger women and women living in rural and remote communities.
- Strategies to address the disproportionate rate of intimate partner violence among Indigenous people should also take a holistic view and aim to address the range of societal, cultural, community, family and individual factors found to increase the risk of domestic violence for Indigenous women (Stanley, Tomison & Pocock 2003).
- Address alcohol and other substance use problems among both perpetrators and victims of domestic violence, including through the development of partnerships between treatment services and domestic violence programs (Nicholas 2005). Strategies to address the excessive consumption of alcohol in the wider community are also important.
- Continue efforts to improve community attitudes towards violence against women and address prevailing misconceptions regarding the prevalence, nature and acceptability of violence against women. This cannot be achieved through social marketing and communication alone and requires investment in other primary prevention programs, such as community development initiatives (VicHealth 2006; VicHealth 2009).

- Increase the involvement of men and boys in the development of programs designed to prevent violence against women by changing male attitudes and behaviours (Memmott et al. 2006; NCRVWC 2009b).

In order for these strategies to be effective, it is important that lessons from past programs are heeded and the implementation problems described above are addressed. In addition, further in-depth research should be undertaken into the nature and extent of domestic violence, particularly in vulnerable communities, and programs should be subject to ongoing monitoring and evaluation to determine what is effective and in what circumstances.

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References

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Access Economics 2004. *The cost of domestic violence to the Australian economy*. Canberra: Australian Government. <http://www.accesseconomics.com.au/publicationsreports/showreport.php?id=23&searchfor=2004&searchby=>

Al-Yaman, Van Doeland & Wallis 2006. *Family violence among Aboriginal and Torres Strait Islander peoples*. Canberra: Australian Institute of Health and Welfare. <http://www.aihw.gov.au/publications/index.cfm/title/10372>

Australian Bureau of Statistics (ABS) 2006. *Personal safety survey, Australia 2005*. ABS cat. no. 4906.0. Canberra: ABS

Bassuk E, Dawson R & Huntington N 2006. Intimate partner violence in extremely poor women: Longitudinal patterns and risk markers. *Journal of Family Violence* 21: 387–399

Boldy D, Webb M, Horner B, Davy M & Kingsley B 2002. *Elder abuse in Western Australia*. Perth: Centre for Research into Aged Care Services. <http://www.community.wa.gov.au/NR/rdonlyres/CE474222-FB8B-418C-8CD7-5632147AD741/0/DCDRPTElderabusereport2002.pdf>

Borooh VK & Mangan J 2006. *Home is where the hurt is: A statistical analysis of injuries caused by spousal assault*. Brisbane: University of Queensland. http://www.econ.mq.edu.au/website_administration/economics_studies_macquarie_university/Econ_docs/research_seminars/2006_research_seminars/Mangan_and_Borooh.pdf

Braaf R & Gilbert R 2007. *Domestic violence incident peaks: Seasonal factors, calendar events and sporting matches*. Sydney: Australian Domestic and Family Violence Clearing House. http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Stakeholder%20paper_%202.pdf

Bryant C & Willis M 2008. *Risk factors in Indigenous victimisation*. Technical and background paper no. 30. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current_series/tbp/21-40/tbp030.aspx

Burch RL & Gallup Jr GG 2004. Pregnancy as a stimulus for domestic violence. *Journal of Family Violence* 19(4): 243–247

Carrington K & Phillips J 2006. *Domestic violence in Australia: An overview of the issues*. Canberra: Department of Parliamentary Services. http://www.aph.gov.au/library/intguide/SP/Dom_violence.htm

Chan C 2005. *Domestic violence in gay and lesbian relationships*. Sydney: Australian Family and Domestic Violence Clearing House. http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Gay_Lesbian.pdf

Cyr M, McDuff P & Wright J 2006. Prevalence and predictors of dating violence among adolescent female victims of child sexual abuse. *Journal of Interpersonal Violence* 21(8): 1000–1017

Deardon J & Jones W 2008. *Homicide in Australia: 2006–07 National homicide monitoring program annual report*. Monitoring report no. 1. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current_series/mr/1-20/01.aspx

Dearden J & Payne J 2009. Alcohol and homicide in Australia. *Trends & Issues in Crime and Criminal Justice* no. 372. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current_series/tandi/361-380/tandi372.aspx

Flood M & Fergus L 2008. *An assault on our future: The impact of violence on young people and their relationships*. Sydney: White Ribbon Foundation. <http://www.whiteribbonday.org.au/media/documents/AssaultonourFutureFinal.pdf>

Flood M & Pease B 2006. *The factors influencing community attitudes in relation to violence against women: A critical review of the literature*. Melbourne: VicHealth. <http://www.vichealth.vic.gov.au/en/Resource-Centre/Publications-and-Resources/Freedom-from-violence/Community-Attitudes-to-Violence-Against-Women.aspx>

Hamilton LR 1989. Variables associated with child maltreatment and implications for prevention and treatment, in Pardeck JT (ed), *Child abuse and neglect: Theory, research and practice*. New York: Gordon and Breach Science Publishers: 31–56

Headey B, Scott D & de Vaus D 1999. Domestic violence in Australia: Are women and men equally violent? *Australian Social Monitor* 2(3): 57–62

Humphreys C 2007. *Domestic violence and child protection: Challenging directions for practice*. Issues paper no. 13. Sydney: Australian Domestic & Family Violence Clearinghouse. http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/IssuesPaper_13.pdf

Indermaur D 2001. Young Australians and domestic violence. *Trends & Issues in Crime and Criminal Justice* no. 195. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current_series/tandi/181-200/tandi195.aspx

James K, Seddon B & Brown J 2002. *'Using it' or 'losing it': Men's constructions of their violence towards female partners*. Sydney: Australian Domestic & Family Violence Clearing House. http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/James_et_al_research_paper_final.pdf

KPMG Management Consulting 2009. *The cost of violence against women and their children*. Canberra: Australian Government. http://www.fahcsia.gov.au/sa/women/pubs/violence/np_time_for_action/economic_costs/Pages/default.aspx

Laing L 2002. *Responding to men who perpetrate domestic violence: Controversies, interventions and challenges*. Issues paper no. 7. Sydney: Australian Domestic & Family Violence Clearinghouse. http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Issues_paper_7.pdf

Laing L & Bobic N 2002. *Literature review: Economic costs of domestic violence*. Sydney: Australian Domestic & Family Violence Clearing House. http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Economic_costs_of_DV.pdf

Marcus G & Braaf R 2007. *Domestic and family violence studies, surveys and statistics: Pointers to policy and practice*. Sydney: Australian Domestic & Family Violence Clearinghouse. http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Stakeholderpaper_1.pdf

Martin SL et al. 2004. Changes in intimate partner homicide during pregnancy. *Journal of Family Violence* 19(4): 201–210

- Memmott P, Chambers C, Go-Sam C & Thomson L 2006. *Good practice in Indigenous family violence prevention: Designing and evaluating successful programs*. Sydney: Australian Domestic & Family Violence Clearinghouse. http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Issuespaper_11.pdf
- Memmott P, Stacy R, Chambers C & Keys C 2001. *Violence in Indigenous communities: Full report*. Canberra: Crime Prevention Branch, Attorney General's Department. <http://www.crimeprevention.gov.au/agd/www/Ncphome.nsf/Page/3AF90A4576B81394CA256B430001AF24?OpenDocument>
- Milberger SM et al. 2003. Violence against women with physical disabilities. *Violence and Victims* 18(5): 581–591
- Mouzos J & Makkai T 2004. *Women's experiences of male violence: Findings from the Australian component of the international violence against women survey (IVAWS)*. Research and public policy series no. 56. Canberra: Australian Institute of Criminology. <http://www.aic.gov.au/publications/current-series/rpp/41-60/rpp56.aspx>
- National Council to Reduce Violence against Women and their Children (NCRVWC) 2009a. *Background paper to time for action: The National Council's plan for Australia to reduce violence against women and their children, 2009–2021*. Canberra: Australian Government. http://www.fahcsia.gov.au/sa/women/pubs/violence/np_time_for_action/background/Pages/default.aspx
- National Council to Reduce Violence against Women and their Children (NCRVWC) 2009b. *Time for action: The National Council's plan for Australia to reduce violence against women and their children, 2009–2021*. Canberra: Australian Government. http://www.fahcsia.gov.au/sa/women/pubs/violence/np_time_for_action/national_plan/Pages/default.aspx
- National Crime Prevention 2001. *Young people and domestic violence: National research on young people's attitudes and experiences of domestic violence*. Canberra: Crime Prevention Branch, Attorney General's Department.
- Nicholas R 2005. *The role of alcohol in family violence*. South Australia: Australasian Centre for Policing Research
- NSW Office for Women's Policy 2008. *Discussion paper on NSW domestic and family violence strategic framework*. Sydney: NSW Government Department of Premier and Cabinet. http://www.women.nsw.gov.au/discussion_paper.pdf
- O'Donnell CJ, Smith A & Madison JR 2002. Using demographic risk factors to explain variations in the incidence of violence against women. *Journal of Interpersonal Violence* 17(12): 1239–1262
- O'Reilly R 2007. Domestic violence against women in their childbearing years: a review of the literature. *Contemporary Nurse* 25(1-2): 13–21
- Panchanadeswaran S & McCloskey LA 2007. Predicting the timing of women's departure for abusive relationships. *Journal of Interpersonal Violence* 22(1): 50–65
- Peri K, Fanslow J, Hand J & Parsons J 2008. *Elder abuse and neglect: Exploration of risk and protective factors*. Wellington: Families Commission. <http://www.familiescommission.govt.nz/research/elder-abuse-and-neglect>
- Romans S, Forte T, Cohen MM, Du Month J & Hyman I 2007. Who is most at risk for intimate partner violence? A Canadian population-based study. *Journal of Interpersonal Violence* 22(12): 1495–1514
- Runner M, Yoshihama M & Novick S 2009. *Intimate partner violence in immigrant and refugee communities: Challenges, promising practices and recommendations*. New Jersey: Family Violence Prevention Fund. http://www.endabuse.org/userfiles/file/ImmigrantWomen/IPV_Report_March_2009.pdf
- Schmider J & Nancarrow H 2007. *Aboriginal and Torres Strait Islander family violence: Facts and figures*. Mackay: Queensland Centre for Domestic and Family Violence Research.
- Stanley J, Tomison AM & Pocock 2003. *Child abuse and neglect in Indigenous Australian communities*. Child abuse prevention issues. Melbourne: Australian Institute of Family Studies no. 19. <http://www.aifs.gov.au/nch/pubs/issues/issues19/issues19.pdf>
- Success Works 2009. *Review of the integrated response to family violence: Final report*. Tasmania: Department of Justice. http://www.safeathome.tas.gov.au/review_of_safe_at_home_services
- Taft A 2002. *Violence against women in pregnancy and after childbirth: Current knowledge and issues in health care responses*. Issues paper no. 6. Sydney: Australian Domestic & Family Violence Clearing House. <http://www.austdvclearinghouse.unsw.edu.au/documents/Issuespaper6.pdf>
- Taft A, Hegarty K & Flood M 2001. Are men and women equally violent to intimate partners? *Australian and New Zealand Journal of Public Health* 25(6): 498–500
- Taylor N & Mouzos J 2006. *Community attitudes to violence against women survey: A full technical report*. Canberra: Australian Institute of Criminology. <http://www.aic.gov.au/documents/3/8/C/%7B38CD1194-9CE2-4208-8627-7C32B4B238F2%7D2006-11-violenceAgainstWomen.pdf>
- The Women's Services Network (WESNET) 2000. *Domestic violence in regional Australia: A literary review*. Canberra: Australian Government. http://www.wesnet.org.au/publications/reports/0006RuralandRemote_report.pdf
- Tomison A 2000. *Exploring family violence: Links between child maltreatment and domestic violence*. Issues in child abuse prevention no. 13. Sydney: Australian Domestic & Family Violence Clearing House. <http://www.aifs.gov.au/nch/pubs/issues/issues13/issues13.pdf>
- VicHealth 2009. *National survey on community attitudes to violence against women 2009: Changing cultures, changing attitudes—preventing violence against women*. Melbourne: Victorian Health Promotion Foundation. http://www.fahcsia.gov.au/sa/women/pubs/violence/nca_survey/Pages/summary_report.aspx
- VicHealth 2006. *Two steps forward, one step back: Community attitudes to violence against women*. Melbourne: VicHealth. <http://www.vichealth.vic.gov.au/en/Resource-Centre/Publications-and-Resources/Mental-health-and-wellbeing/Preventing-violence/Community-Attitudes-to-Violence-Against-Women.aspx>
- Wells S & Graham K 2003. Aggression involving alcohol: relationship to drinking patterns and social context. *Addiction* 98: 33–42
- WA Department for Communities nd. *Find out about family and domestic violence issues*. <http://www.community.wa.gov.au/NR/exeres/3CC3279B-5125-49FA-B8B3-65978A5856BE.htm>
- WA Department for Communities 2006. *A review of literature relating to family and domestic violence in culturally and linguistically diverse communities in Australia*. Perth: Department for Community Development. <http://www.communities.wa.gov.au/NR/rdonlyres/F99C99BA-66BB-47A4-A2F2-C9A73AE360F1/0/CaLDliteraturereview.pdf>
- WA Office for Women's Policy 2005. *Indigenous women's report card: Supplement to the women's report card*. Perth: Department for Community Development
- White HR & Chen P 2002. Problem drinking and intimate partner violence. *Journal of Studies on Alcohol* 63: 205–214
- Women's Council for Domestic and Family Violence Service (WCDVFS) 2006. *A call for a national women's safety plan to address domestic and family violence*. www.womenscouncil.com.au/getfile.aspx?Type=document&ID=98&ObjectType=3&ObjectID=166