

Domestic and Family Violence Studies, Surveys and Statistics: Pointers to Policy and Practice

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INTRODUCTION

The collection of statistical data over the past few decades has fundamentally shaped an understanding of the prevalence of domestic and family violence in our communities. In 2003 the Australian Domestic and Family Violence Clearinghouse published a paper entitled *Australian Statistics on Domestic Violence* (Mulrone 2003) that provided a summary of key statistical data available at the time. Since then the range of data has grown appreciably, with several major and specific studies about domestic and family violence having been undertaken, both in Australia and internationally.

These reports add considerably to the body of knowledge about the prevalence and impacts of domestic and family violence. While the impact of such violence for victims, their families and communities has been well understood by some parts of the community (particularly by those involved in working with victims and their families), the dimensions and gravity of the issue has not always been well understood by those less directly involved with the problem.

The availability of quantitative or 'hard data' on, for example, the economic costs of domestic and family violence and the burden of disease, has brought the issue to the attention of a range of individuals and agencies who previously did not view this social

problem as having consequences for them. With regard to this point, Garcia-Moreno *et al.* (2006, p. 11) in their multi-country study of domestic violence for the World Health Organisation, state that:

Until recently, most governments and policy-makers viewed violence against women as a relatively minor social problem, particularly "domestic" violence by a husband or other intimate partner. Since the 1990s, however, the efforts of women's organizations, experts and committed governments have resulted in a profound transformation in public awareness about this problem. Such violence is now widely recognized as a serious human rights and public health problem that concerns all sectors of society.

The proliferation of such studies and the involvement of governments and a diverse range of organisations in collecting and analysing quantitative data, such as the United Nations, the World Health Organisation and Amnesty International, bring a heightened awareness and understanding to the complexities of this issue. This in turn informs policy development and practice.

Publication of updated statistical information about domestic and family violence in Australia at this point in time aims to inform readers about the broadening range of information available on this issue, particularly around the extent and quantifiable impacts of such violence. This paper summarises key statistical data from a selection of quantitative

studies undertaken between 2000 and 2006. More detailed information is included on some particularly critical issues. The paper provides links to cited data sources to assist readers to make a more detailed examination of the selected studies.

Findings from all the surveys cited are presented in the paper under commonly used headings, which are thought to be most useful to a range of stakeholders. The material is presented in two parts: the first relates to the occurrence of domestic and family violence and the second relates to the impacts of such violence for individuals and society:

Part A: Occurrence of domestic and family violence

Prevalence

Heightened vulnerability

Use of alcohol or drugs

Reporting and help seeking

Part B: Impacts of domestic and family violence

Health outcomes

Homicide

Homelessness

Children witnessing violence

Costs

Main data sources for the paper

The paper makes reference to three main data sources that are listed below. Information from these sources is used throughout the paper and hyperlinks to the documents are cited to enable readers to access the full documents. References for specific sections on homelessness, health, homicide and the economic costs of violence are provided in the references section of the paper.

The Personal Safety Survey (2006)

The Australian Bureau of Statistics carried out a *Personal Safety Survey* between August and December 2005 and released the data in August 2006.

The survey collected information from approximately 16,400 people (both men and women) around Australia about their experiences of violence from both male and female perpetrators. It was conducted using face to face interviews with randomly selected people over the age of eighteen. It asked questions about violence experienced in the last twelve months, before the age of fifteen and

over the lifetime.

The *Personal Safety Survey* (2006, p. 5) defined violence as ‘any incident involving the occurrence, attempt or threat of either physical or sexual assault’. Physical assault was defined as the use of ‘physical force with intent to harm or frighten’. Threats or attempts to inflict physical harm were included only if the person believed the threat would be carried out.

Sexual assault was defined as including ‘acts of a sexual nature carried out against a person’s will, through the use of physical force, intimidation or coercion, or any attempts to do this’ (p. 5). Threat of sexual violence was only included if the person believed it would be carried out. Unwanted sexual touching was excluded from the definition of sexual assault.

The full publication can be found at:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/PrimaryMainFeatures/4906.0?OpenDocument>

Women’s experiences of male violence: findings from the Australian component of the International Violence Against Women Survey ([IVAWS] 2004)

The Australian component of the *International Violence Against Women Survey (IVAWS)* was carried out by the Australian Institute of Criminology (AIC) in 2002/03 and published in the following year (Mouzos and Makkai 2004).

Information for the Australian component was collected from 6,677 women, aged between eighteen and sixty-nine years. The survey was carried out using telephone interviews.

The *IVAWS* collected information about violence women had experienced in the twelve months preceding the survey, the five years preceding the survey and during the women’s whole lifetime, since the age of sixteen.

The *IVAWS* defined intimate partner violence as “actual or threatened physical, sexual, psychological or emotional violence involving current or former spouses (married or de facto) or current or former boyfriends” (p. 42). The survey collected information on emotional and psychological abuse, as well as a broad spectrum of physical and sexual violence.

The full report, including details about the methodology, can be found at:

http://www.aic.gov.au/publications/rpp/56/13_appendix1.html

Multi-country Study on Women's Health and Domestic Violence against Women – Initial results on prevalence, health outcomes and women's responses (2005)

The World Health Organisation (WHO) collected data for a study on women's health and domestic violence from over 24,000 women in ten countries (Garcia-Moreno *et al.* 2006). The study involved over fifteen sites covering different geographical regions, urban and rural settings and different cultural groups.

The WHO study collected data on physical and sexual abuse, as well as on emotional abuse and controlling behaviours. It looked at violence from both intimate partners and others, and adopted a public health perspective.

While this study did not look at Australian data, it is valuable to examine it here as it demonstrates the global nature and scope of domestic violence. It also provides information about the likely exposure to violence and its impacts for the many migrants who come to Australia.

The full report can be found at:
http://www.who.int/gender/violence/who_ulticountry_study/en/

PART A: OCCURRENCE OF DOMESTIC AND FAMILY VIOLENCE

Prevalence

The three studies mentioned above conducted by the ABS, the AIC and the WHO all provide data on the nature and prevalence of domestic and family violence. It is important to keep in mind, however, that data from these studies are not directly comparable. The authors of the AIC study, Mouzos and Makkai, expressly caution: "...it is strongly advised against drawing definitive inferences from IVAWS with the results from previous studies" (2004, p. 33).

Studies may target different groups or use different sample sizes, making them difficult to compare. They may use different definitions, may ask different questions or may use different data collection methods (e.g. surveys or interviews). Therefore, direct comparisons have not been made in this analysis, rather the information has been provided

to show the general levels of concurrence between the prevalence of domestic and family violence in Australia and in other countries.

ABS 2006, Personal Safety Survey

The ABS (2006), *Personal Safety Survey* found that in the 12 months prior to the survey around 5.8% (443,800) of women and 11% (808,300) of men had experienced some form of violence. All respondents were three times more likely to experience violence by a man than by a woman (p. 6). Since the age of fifteen years, 39.9% (3,065,800) of women and 50.1% (3,744,900) of men had experienced some form of violence (p. 6).

While this finding would indicate that overall Australian women experienced less violence than men, the survey clearly demonstrates that women were significantly more likely to experience violence (both physical and sexual violence) from a current or former intimate partner, than men were:

- of the 4.7% of women who were physically assaulted in the 12 months prior to the survey, 31% were assaulted by their current or previous partner (p. 9), whereas
- of the 10% of men who were physically assaulted in the 12 months prior to the survey, 4.4% were assaulted by their current or previous partner (p. 9).

In addition,

- of the 1.6% of women who experienced sexual violence in the 12 months prior to the survey, 39% had been assaulted by a family member or friend, 32% by other known persons, 21.8% by a stranger, 21.1% by a previous partner and 7.7% were sexually assaulted by a current partner (p. 11 and Table 19; p. 33)¹, whereas
- of the 0.6% of men who had experienced sexual violence in the 12 months prior to the survey, 44% had experienced assault from a family member or friend in the most recent incident, 35% by an other known person and 33% by a stranger (p. 11).

In looking at violence across the lifetime, the *Personal Safety Survey* found that since the age of

¹ This figure has a standard error of 25-50% and should be used with caution.

15, around 2.1% of Australian women experienced violence by a current partner and 15% by a previous partner. In comparison, since the age of 15 around 0.9% of men experienced violence from a current partner and 4.9% experienced violence by a previous partner (p. 11).

The *Personal Safety Survey* is significant in being a national survey of men and women's experience of violence. There are few studies available in Australia that provide this kind of information. This study was eagerly anticipated in the violence prevention sector in terms of providing a measure of change since the ABS (1996), *Women's Safety, Australia* survey.

Mouzos and Makkai 2004, Australian component of the International Violence Against Women Survey

The Australian component of the *IVAWS* (Mouzos and Makkai 2004) is valuable in providing information about rates of violence against Australian women generally. For example, it found that around 57% of the women surveyed reported experiencing at least one incident of physical violence or sexual violence over their lifetime; 48% experienced physical violence and 34% had experienced sexual violence (p. 19).

The survey identified specific information about the rates of intimate partner violence:

- 34% of women who had ever had an intimate partner reported experiencing at least one form of violence during their lifetime from a partner; 31% experienced physical violence and 12% experienced sexual violence from a partner (p. 44 Figure 11) and
- 6% of women who had a current or former intimate partner reported being forced to have sexual intercourse at some stage during their lifetime; sexual intercourse being the most common form of sexual violence perpetrated by intimate partners (p. 46).

The survey also identified information about severity of the violence from intimate partners:

- the levels of violence experienced from a former partner (36%) were much higher than from a current partner (9-11%) (pp. 46 & 51). Women who experienced violence from former partners were more likely to

have received injuries and fear that their lives were in danger (p. 55)

- the most common forms of physical violence experienced by a current intimate partner over the lifetime were being pushed, grabbed, arm twisted or hair pulled, followed by being thrown or hit with something. The next most common forms were being slapped, kicked, bit or hit with fist (p. 50 Table 8)
- of the women who had experienced intimate partner violence, around 40% reported being injured in the most recent incident (p. 54) and
- the most common of types of injuries were minor in nature, resulting in bruises and swelling, cuts, scratches and burns (p. 54). However, 29% of those who sustained injuries were injured badly enough to require medical attention, regard-less of whether they received it or not (p. 55).

The report found that the most significant risk factors associated with current intimate partner physical violence (9%) involved aspects of male behaviour, such as:

- drinking habits (gets drunk a couple of times a month or more)
- general levels of aggression (violent outside of the family) and
- controlling behaviour (p. 61).

The *IVAWS* asked questions about controlling behaviour inflicted on women by their intimate partner. It identified these behaviours as:

- insisting on knowing her whereabouts
- calling her names / putting her down
- jealously guarding her interactions with other males
- limiting her access to family and friends and
- damaging or destroying her property or possessions (p. 60).

The study found that (p. 48):

- around 37-40% of women in current relationships reported experiencing controlling behaviours from their current intimate partners and
- the most commonly experienced controlling

behaviours were incidents of name calling and put downs, which were experienced by 28% of all women in current relationships.

Those women who experienced controlling behaviours from a current partner (p. 48):

- were twice as likely to have also experienced violence in the previous 12 months (6%) and
- reported that when the controlling behaviour involved their partners damaging or destroying property, women reported levels of violence at a significantly higher rate than the average for current intimate partner violence in general (23% compared with 3%).

Mouzos and Makkai (2004) also compared the proportion of Indigenous and non-Indigenous experience of violence. Although the sample under represented Indigenous people in the Australian population and was likely to reflect more English speaking, urban Indigenous people, it still offers useful information. The findings support previous research that indicates higher levels of violence in Indigenous communities. The authors suggest that although there are relatively high standard errors with this sample, the results would indicate a disproportionate level of violence experienced in Indigenous communities, including domestic violence.

The Australian component of the *IAWS* is significant in highlighting the continued high rates of intimate partner violence in Australia, including physical, sexual and controlling behaviours.

WHO (2005), Multi-country Study on Women's Health and Domestic Violence Against Women

The WHO multi-country study of women's experience of domestic violence shows that this problem is experienced around the globe. Aggregate figures for partner and non-partner violence showed that (Garcia-Moreno *et al.* 2005, p. 83):

- more than a quarter of women surveyed (except for the Japanese sites) had been physically or sexually assaulted at least once since the age of 15 years, with rates as high as 50% for some countries
- in the vast majority of cases the violence was perpetrated by a male intimate partner and

- in most sites between 20 and 33% of women reported having been abused by their partner in the previous twelve months.

The WHO report serves to highlight the pervasiveness of domestic violence across the world and the extensive physical and sexual abuse that forms part of that behaviour.

Heightened vulnerability

The *IAWS* study highlighted a number of factors that increase the risk of women being victims of violence. The study showed that younger women are at increased risk (Mouzos and Makkai 2004, p. 29, Table 3):

- younger women reported higher levels of violence (both physical and sexual) than older women, during the 12 months preceding the study and
- 23% of 18 to 24 year olds reported physical or sexual violence in the preceding 12 months.

Indigenous women also reported higher levels of violence (p. 31):

- 20% of Indigenous women reported physical violence in the preceding 12 months, compared to 7% of non-Indigenous women and
- 12% of Indigenous women reported sexual violence, compared to 4% of non-Indigenous women (the Indigenous figure had a high standard error due to the small sample size).

Women from Non English Speaking Backgrounds (NESB) reported lower levels of physical violence but similar levels of sexual violence to women from English speaking backgrounds during the previous twelve months. They also reported lower rates of physical and sexual violence over their lifetimes (pp. 31-32).

In terms of relationship status (p.34 Table 4):

- women separated from their partners reported the highest levels of physical violence in the last 12 months (16%)
- married women reported the lowest levels of physical violence (4%) and
- women with a current boyfriend reported the highest overall level of violence (23%); i.e. both physical and sexual violence.

Many studies have also shown heightened or differential levels of risk and vulnerability for women from different groups such as Indigenous women, women from culturally and linguistically diverse backgrounds and women with disabilities. There are few statistical studies providing information about these groups but see Mulrone 2003 and the key references cited at the end of this paper.

The *Personal Safety Survey* (Australian Bureau of Statistics 2006) revealed that pregnancy can increase some women's level of vulnerability to violence. Violence during pregnancy endangers both the woman and unborn child. The survey found that 59% of women who experienced violence by a previous partner were pregnant at some time during the relationship. For 36% of these women the violence occurred during pregnancy. For 17%, they experienced violence for the first time while they were pregnant (p. 11).

Use of alcohol or drugs

The use of alcohol has been shown to be significantly linked to domestic and family violence.

The Australian component of the *IVAWS* showed that women whose partners got drunk two or more times per month experienced more violence (between 4 and 7%) than women whose partners did not get drunk that regularly (Mouzos and Makkai 2004, p. 58). At the time of the last incident, 50% of women reported their partner was not using drugs or alcohol, 35% were drinking alcohol, 4% were taking drugs and 6% were taking both drugs and alcohol (p. 58).

In similar findings, the *Personal Safety Survey* (Australian Bureau of Statistics 2006, p. 29, Table 15) found that 48.5% of women surveyed stated that alcohol or drugs had been a factor in an assault experienced in the preceding 12 months (where the perpetrator was a male).

The picture in relation to alcohol is much more severe for Indigenous family violence. Of the Indigenous intimate partner homicides recorded in 2003-2004, 76% (n=13) involved either the victim or offender or both being under the influence of alcohol. In comparison, 33% of non-Indigenous intimate partner homicides involved alcohol (Mouzos 2005, p. 17).

Reporting and help seeking

The *Personal Safety Survey* (Australian Bureau of Statistics 2006) shows an increase in women reporting physical assault by a male perpetrator to police. The *Women's Safety, Australia* survey (Australian Bureau of Statistics 1996) had found that 19% of women who experienced physical assault by a male perpetrator in the preceding 12 months reported it to police, while the *Personal Safety Survey* found that 36% of women had reported it to the police in 2005 (Australian Bureau of Statistics 2006, p. 8).

Reporting of sexual assault appears to have increased to a lesser degree. The *Women's Safety, Australia* survey in 1996 found that 15% of women who experienced sexual assault in the preceding 12 months reported it to police, compared to 19% recorded by the *Personal Safety Survey* in 2006 (p. 8). These figures need to be treated with caution as the two surveys used different samples.

In terms of reporting intimate partner violence, the Australian component of the *IVAWS* found that overall only 14% of women reported violence from their intimate partner to the police (Mouzos and Makkai 2004, p. 101). The *Personal Safety Survey* did not ask participants if they had reported intimate partner violence to police. It did ask about whether a domestic violence order had been taken out. It reported that of women who had experienced violence from their current partner, 10% (16,100) had a violence order issued against them (p. 11). (Note that 20% of these said that the violence still occurred).

Despite apparent improvements in reporting rates, the *IVAWS* supports other research that indicates a high level of under-reporting of domestic and family violence (pp. 100-101):

- 84% of women who experienced intimate partner violence did not contact a specialised agency
- 75% spoke to friends, neighbours or immediate family members
- 25% of women did not tell anyone and
- 14% reported the most recent incident to the police.

Of those who didn't report intimate partner violence (p. 106):

- 42% said the incident was too minor to report to police

- 27% said they dealt with it themselves
- 9% wanted to keep the incident private
- 7% were afraid of the offender, which stopped them reporting the incident and
- 5% thought the police would not or could not do anything.

The WHO multi-country study identified similar barriers to disclosure and help seeking, as have been identified in Australian studies (Garcia-Moreno *et al.* 2006, p. 87). They include:

- a lack of availability of services
- a lack of or cost of transport
- a perception that services will be unsympathetic
- a lack of awareness about the availability of services
- fear of not being believed and
- a perception that no one can assist.

PART B: IMPACTS OF DOMESTIC AND FAMILY VIOLENCE

Health outcomes

Improving knowledge of the health impacts of domestic and family violence for victims provides a greater awareness of how this problem affects our community, and victims in particular, and provides better understanding of the follow on effects from violence; e.g. health costs, reproductive capacity, mental illness, ability to work and so on.

Both the *Personal Safety Survey* (2006) and the Australian component of the *IVAWS* (Mouzos and Makkai 2004) found that women sustained a range of physical injuries resulting from intimate partner violence. These findings are congruent with many other studies documenting the physical and mental health impacts of domestic and family violence for victims. However, until 2004 when VicHealth published its study, *The Health Costs of Violence: measuring the burden of disease caused by intimate partner violence*, domestic violence had not been generally been regarded in Australia as a public health issue. The study focussed on the prevalence of intimate partner violence, the resulting health

consequences of that violence and the contribution to the total disease burden in Victorian women.

Key findings from the VicHealth study (2004, p. 10) were that: "Intimate partner violence has wide ranging and persistent effects on women's physical and mental health", and is preventable when addressed within the context of a human rights, legal and health framework, and using multi-level strategies across sectors.

The study showed that (p. 25):

- for women under 45 years of age intimate partner violence is responsible for 9% of the total disease burden, less for older women and 3% in all Victorian women
- the greatest disease burden (60%) is associated with mental health problems, including suicide, drug use and risky levels of smoking and alcohol consumption and
- intimate partner violence contributes more to the disease burden in Victorian women aged 15-44 years than illicit drugs, alcohol, physical inactivity, body weight, cholesterol, blood pressure or tobacco.

The study listed some of the known health outcomes of intimate partner violence (VicHealth 2004, p. 21). The fatal impacts include:

- femicide (the killing of women)
- suicide
- life-threatening sexually transmitted infections (e.g. HIV) and
- death of mother or infant during or following childbirth.

The non fatal impacts include:

- physical injuries
- problems related to reproductive health
- a range of mental health problems
- harmful use of drugs and alcohol and
- a range of other disorders.

There is limited information available about the health impacts of domestic and family violence specifically related to Indigenous people. The following data is drawn from the National Hospital Morbidity Database for Queensland, Western Australia, South Australia and the Northern Territory public hospitals, representing around 60% of the Indigenous population of Australia (Al-Yaman, van

Doeland and Wallis 2006). The data indicates that the rate of hospitalisations for family violence related assaults for Indigenous Australians is higher than for other Australians.

In 2003-04, 50% of Indigenous women and 19% of men were hospitalised for assault resulting from family violence (cited in Al-Yaman, van Doeland and Wallis 2006, p. 54). Hospitalisation for family violence related assault was highest for Indigenous women and people overall aged 25-34 years (p. 56). The study found that of the 1,249 Indigenous women hospitalised for family violence related assault, 8% had a diagnosis relating to pregnancy (p. 60).

An Access Economics study on the costs of domestic and family violence to the Australian economy (Access Economics 2004a) reported similar findings to the VicHealth study. The Access Economics study indicated that domestic violence accounted for 2.8% of the total Australian female burden of disease in 2002-2003. This included: femicide, suicide, physical injuries, depression, anxiety, eating disorders, tobacco, alcohol, drug use, sexually transmitted disease and cervical cancer (p. 24).

The Access Economics study was damning in terms of the impacts of intimate partner violence on women's mental health (2004a, p. 24):

- depression was the largest contributor to the health burden at 30%, with nearly 18% of all female depression in Australia associated with domestic violence
- anxiety disorders contributed nearly 23% of the burden, with 17% of female anxiety disorders in Australia associated with domestic violence
- suicide and self-inflicted injuries accounted for 12% and
- substance abuse accounted for 9.7% for tobacco, 9.8% for alcohol and 4.9% for drug use.

The WHO study, like the VicHealth and Access Economics studies, found that physical and sexual violence by intimate partners results in a range of physical and mental health problems for their female victims and that women were likely to exhibit a range of health impacts as a consequence of the violence (Garcia-Moreno *et al.* 2006, p. 57).

Where the physical violence was severe, women were more likely to report injury (Garcia-Moreno

et al. 2006). Among women who had ever been physically abused by their partners:

- between 19% and 55% had experienced injury, with a high percentage of women reporting being injured on many occasions (p. 55)
- between 23% and 80% of women who had been injured, had required medical care (p. 55)
- between 1% to 28% of pregnant women were shown to experience high levels of violence, almost universally by the father of the child (p. 67)
- up to half the women who had been pregnant and experienced violence, reported being punched or kicked in the abdomen (p. 66) and
- for most women the violence started before the pregnancy but for many others, up to 50% in some countries, it commenced or became worse during the pregnancy (pp. 65-66).

The WHO report found that at most study sites women who had experienced physical or sexual violence, or both by a partner, were significantly more likely to report having had at least one abortion or miscarriage, than those who did not report violence (p. 64).

The study also found that women who had ever experienced physical or sexual violence, or both by an intimate partner, were more likely to report mental distress and were more likely to have contemplated suicide than other women (Garcia-Moreno *et al.* 2006, p. 86).

Given the widespread nature of domestic and family violence and the significant impact it has for women's health and wellbeing, there is a clear need for health systems to detect and respond appropriately. One way in which this can be facilitated is through routine screening for domestic and family violence, coupled with appropriate intervention and prevention. For example, a Domestic Violence Routine Screening Program was introduced in New South Wales in 2001. It was brought in to respond to a growing understanding of the need for a public health response to domestic violence and the advantages of early intervention and prevention that could result from giving women an opportunity for disclosure.

Studies such as Laing (2003) and Taft (2003) have shown that although women who have experienced violence are high users of the health system, they do not readily disclose the cause of their injuries and the health workers may not recognise domestic violence as the cause of the injuries. The data collected by NSW Health in 2003 and 2004 from its screening sites where disclosure was facilitated, indicates that approximately 7% of women who are screened are identified as having experienced domestic and family violence (NSW Health 2004, p. 1).

Homicide

The ultimate cost of domestic violence is the loss of life at the hands of a violent partner or parent. In Australia the National Homicide Monitoring Program keeps statistical records of all homicides in Australia. Based on the Program's data, several studies of family homicide and femicide have been conducted by the Australian Institute of Criminology.

Mouzos (2005) examined homicide data for the financial year 2003/2004. Her report found that (p. 16):

- of the total 71 intimate partner homicides² recorded during that year, the majority involved men killing their female partners (i.e. uxoricide)
- of the 71 intimate partner homicides recorded between 2003-2004, around 31 had recorded a prior history of domestic violence and six cases had a current or expired legal intervention order and
- 35% of the women were beaten to death by their male intimate partner. In contrast only 5% of males were beaten to death by their intimate partner and were more likely to be killed with a knife or sharp instrument (63%).

The results of this study show that age is a factor in risk of uxoricide. Previously Mouzos had found the highest risk of homicide victimisation for females was between 21 and 23 years of age (1999, p. 2). Similarly, Shackelford and Mouzos (2005, p. 1316) found that for married Australian women the risk of uxoricide was greatest for younger women. That is, for married women younger than 25 years of age, the risk was two and a half times greater than the risk for women in the 25 to 34 age group and

three times the risk for women in the 35 to 44 age group. For Australian cohabiting women the risk pattern was similar. Shackelford and Mouzos (2005, p. 1316) found that cohabiting women were at greatest risk of being killed by their intimate partners in the younger than 25 years age group, followed by women between 35 and 44 years. Women in the age group 65 years and older experienced the lowest risk (p. 1316).

Homicide statistical information available shows that Indigenous Australians are at greater risk of homicide and homicide by intimate partners than other Australians. Of the 71 intimate partner homicides recorded in Australia for 2003/2004, around 24% involved either an Indigenous victim or Indigenous perpetrator or both (Mouzos 2005, p. 17). This is extremely high given that Indigenous Australians represent just over 2% of the total population.

In their review of 4,112 homicide incidents between 1 July 1989 and 30 June 2002, Mouzos and Rushforth (2003, p. 2) previously found that Indigenous people accounted for just under a quarter of the intimate partner homicides, as both victims and offenders. An earlier study also found that Indigenous men were twice as likely (21.7%) as Caucasian men (10.2%) to be killed by an intimate partner (Mouzos 1999, p. 4).

The 2002-2003 homicide data set shows that where the victim and offender were both Indigenous, almost half of the victims were killed by an intimate partner (47%), as compared with one in five non-Indigenous homicides (20%) (Al-Yaman, van Doeland and Wallis 2006, p. 70).

Homelessness

Women and children are often forced to leave their homes to escape domestic and family violence. They face not only the loss of their homes but also the disruption of their social support, as well as children's schooling and social networks. In many cases the perpetrator of the violence remains in the family home.

Women often seek emergency accommodation through shelters and refuges but in many cases women do not seek assistance from any agencies, preferring to seek help from family or friends. The data available on the use of emergency accommodation by victims of domestic and family violence does not, therefore, accurately reflect the number of women and children who are homeless but not part of the service system.

² Intimate partner defined as current and former intimate partners (married and cohabiting/de facto).

The major government funded support program for women seeking accommodation as a result of domestic violence is the Supported Assistance and Accommodation Program (SAAP). This program provides data about the number of clients accessing their services and the reasons for accessing services. The primary source of data used here is the report from the program of female SAAP clients and children escaping domestic and family violence for 2003-2004 (Marcolin 2005). In the financial year 2003-2004 around 32,770 women or 33% of the total clients who accessed the SAAP program, were women fleeing domestic and family violence (Marcolin 2005, p. 1).

When SAAP or crisis accommodation was requested, the Program was able to provide it in 91% of cases and 7% of requests were referred to other organisations, leaving 2% of requests unmet (p. 7). When assistance in obtaining or maintaining short term accommodation was requested, it was provided in 73% of cases, referrals were arranged in 19% of cases and for 8% of cases assistance could not be provided (p. 7). When assistance in obtaining or maintaining independent housing was requested, it was provided in 74% of cases, referrals were arranged in 17% of cases and in 10% of cases assistance could not be provided (p. 7). Significantly the program has reported that:

The average daily turn-away rate for agencies targeted at women escaping domestic violence was 48%; that is, around 1 in 2 women who approached these agencies were unable to obtain immediate accommodation on an average day. (p. 8)

The SAAP National Data Collection shows that in 2003-2004 around 35 in 1,000 Indigenous women and 2 per 1,000 men were escaping family violence (cited in Al-Yaman, van Doeland and Wallis 2006, p. 75). They did so at 13 times (for women) and 7 times (for men) the rates of non-Indigenous women and men. Around 15% of Indigenous women escaping family violence and using SAAP services had four or more accompanying children, compared with 9-14% of women from other cultural groups (cited in Al-Yaman, van Doeland and Wallis 2006, p. 81).

A number of programs aimed at making it safer for women to stay in their own homes are in various stages of implementation around the country. In many cases these programs are premised on women obtaining 'exclusion orders' or 'ouster orders' from the court, which remove the perpetrator from the family

home and permit the woman and her children, if she has any, to stay there under the protection of a court order.

There are currently no adequate data sources for these programs, as in most instances the programs are still in their infancy. The growth of these programs, however, warrants future study to assess the number of women and children who are able to stay safely in their own homes as a result of specialised outreach and support services provided to them.

Children witnessing violence

A large number of studies have been published, particularly over the last ten years, which have changed what we know about the effects on children of being exposed to domestic and family violence.

A new report published by UNICEF examines twenty (20) countries and estimates that 133 to 275 million children around the globe are exposed to domestic violence (UNICEF 2006). The report estimates that between 75,000 to 640,000 Australian children are exposed to domestic violence (UNICEF 2006, Annex 2, p. 13)

Australian studies also show a high percentage of children are exposed to domestic violence. The *Personal Safety Survey* (Australian Bureau of Statistics 2006) found that

- 49% (111,700) of people who experienced violence from their current partner, had children in their care, of whom 27% (60,700) said the children had witnessed the violence (p. 11) and
- of the 61% who had children in their care during previous incidents of violence, 36% said the children had witnessed the violence (p. 11).

The findings from the Australian component of *VAWS* indicated that 36% of women who had experienced violence and who had children, reported that their children had witnessed the violence (Mouzos and Makkai 2004, p. 90).

The high number of children being exposed to domestic and family violence is of concern because of the effects on a child's psychological, physical and social wellbeing. Of further concern is the growing evidence that indicates that children exposed to violence in the home are at an increased risk of going on to commit or experience violence (UNICEF 2006, p. 7). James (1994) argues that domestic

violence is a form of child abuse. Indermaur (2001), Edleson (1999) and others argue that where there is domestic violence there is likely to be child abuse occurring, if children are present in the home.

These figures indicate an urgent need for effective early intervention strategies for working with women and children, to stop the violence. For some these efforts may also disrupt a cycle of violence, continuing from generation to generation.

Costs

In 2004 Access Economics released its report on the costs of domestic violence to the Australian economy. This study clearly demonstrated previously unquantified health and economic costs to the Australian economy incurred as a result of domestic violence. Much of the following information is based on this report.

Health costs

Based on prevalence data from the ABS *Women's Safety, Australia* survey, a review of international and Australian literature around health impacts of domestic violence, data from an analysis of the coronial database, as well as other information about health impacts, the Access Economics (2004a) study found that:

- the total value of suffering and premature death for women associated with domestic violence was \$6.1 billion in 2002-2003. It estimated that 83% of this cost was borne by women aged 18 to 54 years, with over \$3.1 billion associated with depression and anxiety (2004a, p. 27) and
- taking into account health impacts on male perpetrators and children as bystanders to the violence, and health costs for female-perpetrated violence, the study estimated the gross suffering and premature death associated with domestic violence at \$7.5 billion (2004a, p. 29).

The study estimated that for 2002-2003 the health costs for female victims of domestic violence were in the order of \$314 million (2004b, p. 31):

- half of these costs, \$145 million, were hospital costs
- pharmaceutical treatments made up the second largest cost at \$61 million (19%)
- depression cost \$111 million (35%)
- physical injuries cost \$51 million (16%)

- health costs for women associated with alcohol abuse were \$36 million (11%), with increased smoking were \$30 million (10%) and with drug use were \$15 million (5%) and
- younger women bear a higher health cost for some impacts. Women aged 18 to 24 years bear 42% of the cost of physical injuries and 53% of the cost for femicide is borne by women under 34 years.

Economic costs

In terms of economic costs the Access Economics study estimated that:

- the total annual cost of domestic violence to the Australian economy for 2002-2003 was \$8.1 billion (p. vii)
- victims of domestic violence were considered to bear the largest burden (estimated at \$4.0 billion) of the groups who bear the brunt of these costs (p. vii)
- the total lifetime cost of domestic violence per victim in 2002-2003 was estimated to be \$224,470 (p. viii)
- the total cost to the economy of lost productivity at \$483.9 million in 2002-2003 (p. 43)
- total second generation costs, such as those incurred by providing services to children affected by domestic and family violence, were estimated to be \$220.3 million. This included projected long term costs associated with the effects on children of experiencing domestic violence (p. 47)
- the report estimated that the annual cost associated with the legal system response to domestic violence at around \$298 million (p. 53)
- the cost of providing temporary accommodation, including government costs and the costs to victims themselves was estimated at \$88.1 million for 2002-2003 (2004a, p. 56) and
- the report estimated the total loss of tax revenue as a result of lost employment by both victims and perpetrators of approximately \$90.2 million (2004a, p. 60).

As the figures indicate, the economic costs to both the individuals and the community are enormous and lend weight to the need to consider the cost

benefit effect of effective interventions that prevent domestic and family violence.

A study in the United States entitled *A Cost-Benefit Analysis of the Violence Against Women Act of 1994* by Andersen *et al.* (2002) suggests that the estimated cost of implementing the *Violence Against Women Act* is \$US15.50 per woman in the United States but that the savings accrued as a result of averted costs are \$159 per woman. This results in \$14.8 billion dollars in savings.

Although no similar studies have been carried out in Australia in relation to prevention initiatives, it is probable that savings of a similar magnitude could be made by preventing and reducing domestic and family violence.

USING STATISTICS

The picture provided in this paper of domestic and family violence has drawn primarily on quantitative studies. Gathering statistical data through these kinds of studies is valuable for a number of reasons. By knowing more about the *incidence* of violence in sample groups, it is possible to extrapolate the data to estimate the *prevalence* of domestic and family violence across the community. The availability of statistical data can allow the monitoring of trends and patterns in domestic and family violence, such as changes in reporting to police or help seeking behaviour, or the differing rates of victimisation for particular groups within the community. Monitoring trends and patterns makes it possible to target service delivery to meet the needs of the community and allocate resources more effectively.

Quantitative data can also be used to inform policy and practice, to make improvements in the design of responses. By analysing fluctuations in reporting or service use, strategies to create change can be evaluated and assessed. By using the data to demonstrate prevalence, effective interventions or support strategies, it is possible to argue more strongly for increased resource allocation.

However, although statistical data can be informative and useful in the ways described, they are also influenced and limited by a range of factors. There are limitations to data gathering related to the social and political context in which violence occurs, such as:

- typically low reporting and disclosure rates, resulting in incidence figures not reflecting the actual number of women and children

living with domestic and family violence

- cultural and language barriers for some victims that prevent or inhibit disclosure and skew statistical profiles
- limited availability of police, courts and support services in some areas, affecting a comprehensive collection of statistical data and
- an absence of government or agency policies in some cases to facilitate the collection and publication of accurate statistics.

In addition to these issues, the availability of statistical data about domestic and family violence is especially limited for some specific groups, such as Indigenous women, women from culturally and linguistically diverse backgrounds, women with disabilities and women in same sex relationships. The collection and interpretation of data from these groups requires particular care and sensitivity. Women from these groups may be reluctant to complete surveys because of a mistrust of authority figures, scepticism about the value of providing data or the nature of the questions. Survey methods themselves could impact on target groups' participation and responses. If they do participate, their interpretation of questions or meanings given to particular terms may differ from those of the interviewer or survey designer.

Furthermore, general surveys rarely target these groups specifically. For example, many national surveys do not collect information on Indigenous status (Al-Yaman, van Doeland and Wallis 2006), such as the *National Crime and Safety Survey* and *Personal Safety Survey*. Where surveys do capture some information from these groups, the majority do not sample a sufficiently representative population to be able to draw conclusive observations. Finally, where surveys designed for specific groups are used, the questions used may differ from general surveys, making it difficult to compare data collected from different surveys.

As a consequence, generalisations about violence for some specific groups need to be mindful of data limitations. Research efforts designed to respectfully gather statistical data from specific groups should be supported. Where statistical information is available for some groups they have been included in the paper.

A range of methodological issues can also affect data collection generally and influence responses,

including:

- the selection of survey methods; e.g. whether the data is collected by telephone or during face to face interviews
- how issues are defined by researchers; e.g. whether emotional abuse is defined as violence
- whether participation in the survey is compulsory or voluntary
- the level of training provided to interviewers and
- the questions asked and whether they are closed or open ended.

Researchers may wish to compare statistical studies to identify similarities and differences, and monitor findings over time. For example, an examination of the Australian Bureau of Statistics' (1996), *Women's Safety, Australia* survey and the (2006) *Personal Safety Survey* can identify some changes in the experience of personal violence over time in Australia. Making comparisons between surveys is complicated, however, when surveys use different questions, different definitions or different sample sizes and groups.

The collection of consistent data on domestic and family violence in Australia (and elsewhere) is generally regarded as problematic. In Australia, the definition of domestic and family violence varies from state to state and even in some cases from agency to agency within a state or territory. This makes it particularly difficult to compare administrative data collected by different agencies. In some states this problem is being addressed with projects either underway or planned to standardise definitional issues and improve data collection processes, such as proposed in the *Northern Territory Government Domestic and Family Violence Data Collection* report (Johnstone and O'Rourke 2006). Because of these difficulties, this paper has largely focused on research survey data, as opposed to administrative data.

The problems with data collection outlined above and the resultant difficulties are well recognised in many jurisdictions. In 2005, the United Nations Division for the Advancement of Women held a meeting to examine the collection of data on domestic and family violence. In her expert paper written for the event, Walby set out the issues. She observed:

There are at least five areas of significant divergences in the conceptualisation and

operationalisation of violence against women or gender-based violence. These include: first, the range of perpetrators; second, the range of types of violence; third, the threshold at which it is considered violence and the measurement of its severity; fourth, the focus on prevalence or incidents; fifth, experiences over the whole lifetime or during the last year. (2005, p. 3)

She also highlighted the significant methodological challenges when collecting data about violence against women:

There is the issue of whether a generic or dedicated survey constitutes a better context; the achievement of a comprehensive sampling frame; the best method of delivery of the questionnaire; and whether confidentiality or rapport with the interviewer is more likely to facilitate disclosure of sensitive events (p. 6).

Finally, understanding and interpreting statistical data correctly is dependent on having a solid understanding of domestic and family violence. There is much that statistical data cannot tell us; for example, about how violence is experienced and understood by victims, or why some people take up violent behaviour and others do not. The use of statistical data, together with qualitative research studies, provides a fuller picture of the nature of domestic and family violence, such as its gender dynamics, its secrecy, and the shame and fear which lie behind the figures.

CONCLUSION

This stakeholder paper builds on an earlier statistical paper by the Clearinghouse, by providing an updated snapshot of the prevalence and impacts of domestic and family violence in Australia. The data presented in this paper shows unequivocally that this society is still beset by high levels of domestic and family violence. The violence has significant and sometimes devastating outcomes for victims, including homicide, homelessness and poor social, mental and physical health outcomes. Moreover, it is apparent that certain social groups, for example, women, children, Indigenous women or women with disabilities, have a heightened vulnerability to violence in the home perpetrated by an intimate partner.

Quantitative research is an important first step in recognising the scope and parameters of a given social issue or problem. The collection and analysis

of statistical information on the prevalence and impacts of domestic and family violence over the last two decades has successfully facilitated both a heightened and informed awareness of these issues generally and specifically for governments, researchers and practitioners. Quantitative research in this area has also broadened that awareness to consider other factors, such as the health, housing and economic costs of violence.

Studies like those examined in the paper are valuable and useful, particularly in their appeal to government and policy makers in providing 'hard' or evidence-based data around the severity of the issue and priority areas. Many of the studies go on to recommend clear directions for the future, in terms of ways of preventing and reducing violence. These warrant serious examination by governments, researchers and practitioners, and are worthy of being read in their entirety.

However, a fundamental limitation of quantitative studies is that they cannot provide a window into victims' lived experiences of domestic and family violence, or of help seeking. An important next priority must be the funding of qualitative studies which allow victims to speak of their experiences. Similarly, understandings of why perpetrators engage in violent behaviour and what might motivate a change of attitude and behaviour will be most usefully informed through qualitative studies. In addition, qualitative studies are best able to access minority and marginalised groups, who are unlikely to be well represented in large population surveys.

A snapshot of domestic and family violence statistics has the potential to paint a broad picture of the scope and extent of violence for policy makers, researchers and practitioners. It is only through the addition of qualitative studies, however, that it is possible to ensure that future responses are both informed by 'hard data' and appropriately grounded in the diverse and complex realities of 'real life'.

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