DOMESTIC VIOLENCE

FACT SHEET
This policy document and fact sheet was prepared by

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To find your local women’s health centre go to www.whnsw.asn.au
DOMESTIC VIOLENCE
FACT SHEET

Nadia is a mother of four. She emigrated from Lebanon 10 years ago. It was ok in the beginning – she made a few friends and occasionally had these women to her place. Then the beatings started. Not wanting the others to see the bruising, she stopped the visits.*

She had no contacts and no support and gradually became more and more isolated. She suffered severe depression and had no access to money as her husband took control of the finances and left her only a minimal amount for the household shopping.

The beatings got worse and took a new turn when he started to bring home pornographic videos and forced her to copy debauched sex acts from the videos.

The children were acting out at school - one was starting to mistreat the family cat. Nadia knew she had to do something but with no networks, no money and no support, she was lost.

One day he beat her so badly she couldn’t stop bleeding. She couldn’t go very far without money, but then she chanced upon the local Women’s Health Centre. She saw a female doctor and had someone organise an interpreter for her. She went with a centre worker to the local police station to make a complaint. The police said they’d apply to the local magistrate for an interim Apprehended Domestic Violence Order. The police said they’d serve the order on him and explained that he couldn’t come within 20 metres of her. They explained that if he did, he could be charged with breaching the ADVO.

She went home feeling safe for the first time in years. It didn’t last long. Her husband had been watching her movements that morning. He had seen her go to the police station. He was there when she got home – with a gun.

The police arrived to serve the ADVO on him. They ended up taking Nadia’s body away instead.

*The above is not indicative of any one individual’s story and does not include any personal details or identifying facts.
LIVING WITH VIOLENCE

Women’s Health Centres in NSW provide a range of support services for women who are in or have experienced a violent relationship. Some provide court support services to women leaving violent relationships and/or provide counselling, or support groups to assist women to overcome a range of barriers to leaving violent relationships including immigration, financial, employment and mental health issues.

Women’s Health Centres see:
• diverse opinions among the police and judiciary which impact negatively on women getting ADVOs
• the community at large not appreciating that an ADVO is issued on the basis of genuine fear
• a new ping pong effect emerging where the man applies for an ADVO before the woman, undermining her confidence in the system
• that domestic violence is usually carried out in private: this, along with a woman’s sense of shame and reluctance to talk about it, can drive her further into isolation
• that women are still not protected - the ADVO does not apply until it has been served by police on the man – an unsafe situation when he goes ‘missing’ or when police under-resourcing can mean it takes four days to serve.

POLICY POSITION

Women’s Health NSW believes that a healthy community is free from violence - that every woman should feel safe in her own home.

Women’s Health NSW supports a legal system that has a wholistic approach to ensure genuine protection for victims of violence.

Women’s Health NSW supports urgent establishment of a state wide coordinated strategy involving the Government and Non-Government sector in the prevention of violence against women and a coordinated, informed approach to service provision.

Women’s Health NSW calls for growth funding to be reinstated to women’s health services to enable Women’s Health Centres to provide practical, immediate and ongoing support services for women.

Women’s Health NSW calls for growth funding to a range of community and support services so that women leaving violent relationships have access to affordable housing, legal information and protection.
What sorts of things need to be done?

• A violence summit should be held for Government and Non-Government services involved with women and children experiencing violence in order to develop a state wide coordinated strategy in the prevention of violence against women. The summit would also develop a coordinated, informed approach to service provision

• Improved and coordinated criminal justice system responses to dealing with women fleeing violence

• The current focus on child protection and support is not coupled with a state wide strategy that takes care of women’s health and well being nor does it genuinely appear to protect children who are forced to have access visits with a violent parent

• Domestic violence emergency services in every area. The establishment of a core staff of experienced caseworkers in each area working to address the complex range of needs facing women fleeing violence. In addition, providing advice, support, training and infrastructure to other workers including ethno specific workers

• Growth funding needs to be reinstated to women’s health services to enable centres to provide practical, immediate and ongoing support services for women

• Growth funding must be provided to a range of community and support services identified in a coordinated strategy, such as affordable housing, dental and counselling services

• Women need to have more choices – to either stay in the home or have more housing options

• Resources need to be allocated to preventative programs which deliver broad benefits to the community such as programs that promote ethical and healthy relationships built on respect, compromise, mutual independence, equality and open communication

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• Funding to women’s refuges should be increased – there are currently 55 funded refuges in NSW. (In 2002, these services housed 7900 women escaping violence)²

• In the two month period from January – March this year, one fifth of these refuges alone were forced to turn away 367 women and 436 children³

• Improved police response times to breaches of Apprehended Domestic Violence Orders⁴

• NSW Health should continue to routinely screen for domestic violence in targeted health services. General Practitioners should also screen

• Changes to legislation, policy and service should be reviewed and researched to ensure that the outcome is an increase in safety of women.

**What is Domestic Violence and how much of a problem is it?**

• One in five Australian women report they have been subjected to violence at some stage in their adult lives, increasing their risk of mental health problems, behavioural and learning difficulties⁵

• Domestic violence is: “Violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person. Domestic violence causes fear, physical and/or psychological harm. It is most often violent, abusive or intimidating behaviour by a man against a woman. Living with domestic violence has a profound affect upon children and young people and may constitute a form of child abuse”⁶

• Domestic violence includes stalking, verbal and social isolation, intimidation, economic deprivation - the threat of violence is enough⁷. There is also a strong connection between domestic violence and sexual assault⁸

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² P 10, *Staying home, leaving violence*, as cited above.
⁴ *Staying Home, leaving violence*
• There were an estimated 408,100 victims of domestic violence in Australia in 2002-2003, of which 87 per cent were women.\(^9\)

• There was a more than seven per cent increase in number of ADVOs granted in NSW in 2003 over 2002 (20,292 in 2003 compared to 18,926 in 2002)

• Most episodes of domestic violence go unreported, with possibly only 31 per cent of assault victims and 20 per cent of female sexual assault victims reporting it to the police\(^{10}\)

• One survey of Australian women found that 23 per cent of women who’d ever been married or in a de facto relationship had experienced violence in that relationship\(^{11}\)

• Almost two in five homicides occur between family members with the majority of these involving intimate partners (60 per cent) and 75 per cent of these intimate murders involving males killing females\(^{12}\)

• Domestic violence accounted for 27 per cent of all homicides in Australia between 1989 - 1996\(^{13}\)

• In nearly half of ‘spousal’ homicides, there’s a clear history of preceding violence.\(^{14}\)

**Who’s at risk of domestic violence?**

• Women and children are the main victims of domestic violence\(^{15}\)

• Most studies indicate that 90-95 percent of domestic violence victims are women with perpetrators being male partners or ex-partners\(^{16}\)

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\(^{11}\) *The 1996 Women’s Safety Survey* repeated in the 2002 ABS Australian Year Book as cited in *Domestic Violence in Australia, an overview of the issues*, Parliament of Australia Parliamentary library


\(^{13}\) *Homicide between intimate partners in Australia* 1998 Australian Institute of Criminology, cited in *Domestic Violence in Australia, an overview of the issues*, Parliament of Australia Parliamentary library

\(^{14}\) Mouzos 2000, p115 quoted on p6 of *Australian Statistics on Domestic Violence*, by the Australian Domestic and Family Violence Clearinghouse

\(^{15}\) *The Cost of Domestic Violence to the Australian Economy*, Access Economics, 2004, p vi

• Domestic violence also occurs in same sex relationships.

• Younger women are more at risk than older women\(^\text{17}\)

• Women who have separated are at a higher risk of being a homicide victim of an intimate partner than women currently in the relationship\(^\text{18}\)

• Pregnancy and childbirth can trigger violence in relationships – often for the first time \(^\text{19}\)

• There is an increased prevalence of abuse among women with unplanned or unwanted pregnancies and women seeking abortions.\(^\text{20}\)

**Why is Domestic Violence a women’s health issue?**

• Mental illnesses, substance abuse, femicide, suicide, abortion and miscarriages, are all health risks of domestic violence\(^\text{21}\)

• Depression, stress, anxiety, physical injuries, disfigurement, physical disabilities, dental injuries, infertility, gastroenterological problems, miscarriages, headaches, shock and despair are all reported effects

• Domestic violence poses the greatest risk for disease and premature death for women 15 - 44 years old and costs the country $8 billion each year\(^\text{22}\)

• Proportional to all women, domestic violence causes more ill health than well known risks to health such as cholesterol or illicit drugs\(^\text{23}\)

• A high proportion of adult women seeking counselling today state they experienced domestic violence as a child.

\(^\text{17}\) Staying home, Leaving Violence- promoting choices for women leaving abusive partners


\(^\text{19}\) The Australian Bureau of Statistics, 1996 Women’s Safety Survey as cited on p 9 of Australian Statistics on Domestic Violence, by the Australian Domestic and Family Violence Clearinghouse Topic Paper


\(^\text{22}\) The Cost of Domestic Violence to the Australian Economy, Access Economics 2004, funded by the Australian Government.

\(^\text{23}\) Ibid
Where does Domestic Violence occur?

• Domestic violence occurs everywhere – in all socioeconomic and cultural groups

• While Indigenous Australians are over represented as both victims and perpetrators of all forms of violent crime in Australia, estimates put the rate of death from interpersonal violence in Indigenous communities as 10.8 times higher than for the non-Indigenous population with some remote Aboriginal communities being particularly affected by high rates of family and domestic violence.

• Women in rural and regional areas are particularly vulnerable to domestic violence due to isolation, the presence of firearms and less accessible legal and police resources.

• Women are more at risk of serious injury/death either during or immediately after separation. Assaults increasingly occur in the context of child contact visits, where perpetrators will use the visit as an opportunity to further assault, harass and intimidate.

What effect does it have on children?

• Nearly 264,000 children in Australia lived with victims of domestic violence in 2002-2003 – around 181,200 of them witnessed the violence.

• Nearly 39 per cent of women experiencing violence from a current partner said children had witnessed the violence.

• Young people of lower socioeconomic status are one and a half times more likely to be aware of violence towards their mothers or fathers than those of upper socioeconomic households. Indigenous young people are even more likely to witness domestic violence.

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25 Domestic Violence in Regional Australia, a literature review - a report for the Commonwealth Department of Transport and Regional Services under the Partnerships against Domestic Violence Programme, prepared by The Women’s Services Network (WESNET) 2000
26 The Cost of Domestic Violence to the Australian Economy, Access Economics, 2004, funded by the Australian Government
27 The 1996 Women’s Safety Survey as cited in Australian Statistics on Domestic Violence, by the Australian Domestic and Family Violence Clearinghouse
28 Young Australians and Domestic Violence, Australian Institute of Criminology, 2001 as cited in Domestic Violence in Australia
• Child abuse is more likely in families experiencing domestic violence (in an estimated 30-60 per cent of families where domestic violence is occurring) and the children of victims are at increased risk of alcohol and drug abuse and delinquency in later life.

• Of 5000 young people aged 12-20 years old, 37 per cent of males and 12 per cent of females thought that men should take control in relationships and be the head of the household. Considering the extreme range of violence reported in the Australian community, resources should be allocated to educational programs that support ethical and healthy relationships based on respect and communication and not violence.

• Witnessing domestic violence between parents is a strong predictor of perpetration of violence in young people’s own intimate relationships.

What are some financial and housing concerns?

• Despite the fact that the law provides for the violent offender to leave the home, courts are often reluctant to implement it due to broader and sometimes mistaken understandings of its impact on later family law proceedings.

• Women lose material possessions and are financially disadvantaged by having to set up house somewhere else - often in a new town which requires them to acquire a new job, find new schools for children and buy furniture.

• The current welfare system offers very meagre financial support for single parents and there is limited housing department stock available.

• Domestic violence not only destroys the immediate family but also access to extended family members and the love and support they can provide to children.

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29 P7 Australian Statistics on Domestic Violence, by the Australian Domestic and Family Violence Clearinghouse
30 Economic Costs of Domestic Violence, Lesley Laing and Natasha Bobic, as cited in Domestic Violence in Australia
CONTACTS

• DOMESTIC VIOLENCE HOTLINE ON 1800 65 64 63

• Australian Domestic and Family Violence Clearing House
  http://www.austdvclearinghouse.unsw.edu.au/