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Senate Finance and Public Administration References Committee Inquiry into Domestic Violence and Gender Inequality

Senate Finance and Public Administration Committees

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On 25 November 2015, the following matter was referred to the Finance and Public Administration References Committee for inquiry and report by the 24 August 2016:

Domestic violence and gender inequality, with particular reference to:

- a. the role of gender inequality in all spheres of life in contributing to the prevalence of domestic violence;
- b. the role of gender stereotypes in contributing to cultural conditions which support domestic violence, including, but not limited to, messages conveyed to children and young people in:
 - i. the marketing of toys and other products,
 - ii. education, and
 - iii. entertainment;
- c. the role of government initiatives at every level in addressing the underlying causes of domestic violence, including the commitments under, or related to, the National Plan to Reduce Violence against Women and their Children; and
- d. any other related matters.

The Australian Medical Association (AMA) is pleased to provide a submission to the Senate Finance and Public Administration inquiry into domestic violence and gender inequality. This submission covers general concerns of the peak medical body about family violence and is relevant to all the Terms of Reference.

The AMA is currently updating its Position Statement *Family and Domestic Violence – 2015*, which is expected to be completed later this year, after this inquiry is completed.

The AMA and the Law Council of Australia has produced a report *Supporting Patients Experiencing Family Violence*. This report describes how to identify and respond to patients who have experienced or are experiencing family violence. It contains information about specialist support services, including health, mental health, drug and alcohol, legal, family support and child protection services. The report can be found at:
<https://ama.com.au/article/ama-family-violence-resource>

Definition and context of Family and Domestic Violence (FDV)

The AMA defines family and domestic violence as acts that involve physical, sexual, financial, emotional and psychological abuse within families, or between people involved in intimate relationships. While family and domestic violence is often physical, it can also involve controlling behaviours in the form of threats, isolation, control of finances and other restrictions.

Family and domestic violence is not always fatal or life threatening, but for those exposed to abuse and violence, the consequences can be lifelong. It is not only the victims of violence that need support, all family members should be offered support and treatment from appropriately trained medical professionals.

The AMA also supports measures and interventions to help perpetrators of abusive and violent behaviour address their actions and attitudes. Education is needed to change attitudes and behaviours towards FDV, and best practice models should be supported.

It is important to acknowledge that men and same sex relationship partners can also experience FDV. However, family violence is most commonly experienced by women, and men are overwhelmingly the perpetrators.

The AMA recognises that there are different gender health issues; that men and women have different health needs, different health problems and different health behaviours. These gender differences do play a role in the ways men and women access health care and seek help. This is relevant in terms of disclosure of family and domestic violence to a medical practitioner, as well as in attitudes towards prevention, referrals and support.

Medical Practitioners

Medical practitioners have a key role in dealing with family and domestic abuse and violence issues, and need to do their part in prevention, identification and response.

The ABS 2012 *Personal Safety Survey* confirmed that women who have experienced, or are at risk of family and domestic violence, prefer to seek support from those they feel will understand and validate their experiences, such as a friend or family member or their doctor. The Survey found that women will talk with someone they trust, rather than tell police or a specialised

agency. The reality is that about 80 per cent of women who experience some type of domestic violence by their current partner do not report this to the police.¹

There is an acknowledgment that generally, victims are often reluctant to report incidents of family violence. Those affected by FDV prefer to seek support from where they feel their experiences will be understood and validated, such as a community services professional who understands the complexities of FDV.

Women with experience of intimate partner violence want health professionals to be non-judgemental, compassionate and sensitive, acknowledging complexity but not medicalising the problem or applying pressure to make quick decisions.² Women who have been abused want to be asked about domestic violence and are more likely to disclose if asked.³

Sometimes there are no visible signs of physical or sexual assault in family and domestic violence presentations. This does not mean that the emotional or psychological effects of assault are any less devastating to the victim.⁴

The AMA recognises that medical practitioners should have a system in place to help them deal with domestic violence in their medical practice, and understand the different referral pathways to help patients find safety and begin healing and recovery. Improved family violence training standards for doctors is needed. Furthermore, it is important that medical practitioner training includes personal attitudes and assumptions about abuse and violence as they can affect the way medical practitioners respond to patients experiencing abuse and violence.⁵

Risk Factors

While there is no single cause that leads to family and domestic violence, there are a number of factors that can be associated with perpetrators and victims that increases the risk of violence. For example, high risk times include: during pregnancy, separation, and a perpetrator's alcohol and drug use. Previous abuse or witness to abuse as a child may influence and increase the chances of FDV occurring.

One of the strongest risk factors for FDV is alcohol and drug use. When alcohol and drugs are combined with behavioural issues, it increases the levels of aggression by perpetrators. Research shows that males with alcohol and drug problems often inflict more violence on their partners. This is a particular issue in Indigenous communities. Alcohol is also involved in many intimate-partner homicides.⁶

The ABS *Personal Safety Survey, Australia 2012* shows that an estimated 53 per cent of women who had experienced physical assault by a male reported that alcohol or drugs had been involved. Furthermore, between 2008-09 and 2009-10, alcohol consumption occurred in 47 per cent of all homicide incidents. The survey found that approximately 1.5 million women had experienced violence at the hands of their partners since the age of 15, more than a quarter (25 per cent) of women who experienced this violence never told anyone; 39 per cent sought advice or support and 80 per cent never contacted police. Of the 536,900 women who did contact police in relation

¹ www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0

² Feder, G., Hutson, M., Ramsay, J. & Taket, A. Women Exposed to Intimate Partner Violence. *Arch Intern Med* (2006) 166:22-37.

³ K Hegarty et al. *Domestic Violence in Australia: Definition, Prevalence and Nature of Presentation in Clinical Practice 2000*, 173 MJA 363-367.

⁴ J London, *Abuse and Violence: Working with Our Patients in General Practice*, 3rd Ed, Victoria: Royal Australian College of General Practitioners, 2008.

⁵ World Health Organization. *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*. Geneva: WHO, 2013

⁶ <http://aic.gov.au/publications/current%20series/tandi/361-380/tandi372.html>

to a previous partner's violence, half of them had a restraining order against the partner; however 58 per cent of the women experienced further violence.

The ABS Survey also found that 25 per cent of women who had experienced violence from a partner during a relationship, experienced it for the first time during pregnancy. Furthermore, women who experienced abuse as a child were one and a half times more likely to experience violence as an adult compared to those who had not experienced abuse during childhood.

Women and children from culturally and linguistically diverse (CALD) communities are less likely than other groups of women to report violence. These groups may face particular barriers to reporting family and domestic violence including language barriers, cultural stigma, financial insecurity and concerns about visa and residency.⁷

A less well covered form of family and domestic violence is elder abuse. It too can be physical, but also involve psychological and financial abuse. Elder abuse is mostly perpetrated by a son or daughter, grandchild or partner, but is also known to be perpetrated by other family members and friends. As Australia's population is aging, this form of family and domestic violence is likely to increase. And, as with all cases of family and domestic violence, it occurs in all cultural backgrounds and lifestyles and women and men are both victims and perpetrators.

Homelessness and Family and Domestic Violence

Family and domestic violence is a main contributor to, and cause of, homelessness in Australia. Women and children escaping family and domestic violence are the largest group of homeless people in Australia.⁸

The Australian Institute of Health and Welfare found that over one third of adults and children using homeless services sought help due to family and domestic violence, with 48 per cent of all clients assessed as homeless when they presented.⁹

Housing is critical for women fleeing family and domestic violence. In a study of women's economic wellbeing during and after episodes of violence, women said that finding affordable, safe accommodation post leaving was their biggest concern. Women and children escaping family and domestic violence often need homelessness services, and frequently experience Australia's chronic shortages of crisis accommodation.¹⁰

In fact, only nine per cent of families seeking housing assistance due to family and domestic violence were provided long term accommodation. In 2013-2014, a staggering 77,992 women and children sought the safety of women refuges. Although there is little documentation for men, three in ten experiencing family and domestic violence were looking for housing assistance due to mental health.¹¹

⁷<https://ama.com.au/sites/default/files/documents/AMA%20Supporting%20Patients%20Experiencing%20Family%20Violence%20Resource%200.pdf>

⁸ www.aic.gov.au/media_library/publications/tandi_pdf/tandi419.pdf

⁹ www.aihw.gov.au/homelessness/domestic-violence-and-homelessness/

¹⁰ http://parlinfo.aph.gov.au/parlInfo/download/library/prspub/4214443/upload_binary/4214443.pdf;fileType=application%2Fpdf#search=%22Domestic%20%20issues%20and%20policy%20challenges%22

¹¹ www.aihw.gov.au/homelessness/domestic-violence-and-homelessness/

Aboriginal and Torres Strait Islander People

While the statistics on family violence amongst Aboriginal and Torres Strait Islander families are deficient, what is known is that Indigenous women in particular are far more likely to experience violent victimisation, and suffer more serious violence, than non-Indigenous women.¹²

The National Research Organisation for Women's Safety¹³ has identified that Indigenous people are two to five times more likely to experience violence than non-Indigenous people, and Indigenous women are five times more likely to be homicide victims than non-Indigenous people. Indigenous women experience up to 38 times the rate of hospitalisation of other women for spouse/domestic partner inflicted assaults.¹⁴

According to the *ABS Survey*, Indigenous women and children were more likely to experience violence than any other culture of Australian society and that violence in some communities was so prevalent that it was regarded as a normal occurrence in life. Furthermore, Indigenous people experience rates of violence that are double or higher than of non-Indigenous people.

The need for culturally appropriate medical and legal services and supports, along with housing and services, is obviously urgently needed in many Indigenous communities.

Consequences of Domestic Violence

Family and domestic violence has severe and long lasting effects on physical and mental health. Physical injury is a common side effect of domestic violence with the most common types of injuries often being bruises and swelling, cuts, scratches and burns. However, 10 per cent of women experienced broken bones or noses, six per cent suffered head or brain injuries and six per cent sustained internal injuries.¹⁵

As the Parliamentary Paper notes, it is well reported that the health impacts of FDV persist long after the violence ceases. Women who experience domestic violence report a higher prevalence and severity of mental disorders, increased rates of physical disorders and impaired quality of life. PTSD may also be prevalent. Women who experience domestic violence also have higher rates of suicide attempts. FDV continues to be one of the leading causes of homelessness.

FDV also impacts children who may witness the violence. Research shows that children display a range of negative impacts as a result of experiencing or witnessing FDV.¹⁶

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¹² M Willis, *Non-disclosure of violence in indigenous communities*, Trends and issues in crime and criminal justice, no. 405, Australian Institute of Criminology, Canberra, 2011, p.1.

¹³ ANROWS, Indigenous family violence, fast facts, ANROWS website November 2015.

¹⁴ F Al-Yaman, M Van Doeland and M Wallis, *Family violence among Aboriginal and Torres Strait Islander peoples*, Australian Institute of Health and Welfare (AIHW), Canberra, 2006, pp. 54-5.

¹⁵ http://parlinfo.aph.gov.au/parlInfo/download/library/prspub/3447585/upload_binary/3447585.pdf;fileType=application/pdf

¹⁶ http://www.aic.gov.au/media_library/publications/tandi_pdf/tandi419.pdf