INTRODUCTION

Domestic violence refers to acts of violence that occur between people who have, or have had, an intimate or familial relationship in domestic settings. These acts include physical, sexual, emotional and psychological abuse, and may also include social and economic deprivation. Domestic violence meets the United Nation’s criteria for the definition of torture.

The vast majority of dangerous, abusive and violent behaviour that occurs in the home is committed by men against women. Domestic violence is a bigger danger to women than all other physical crimes combined. Over a nine year period from 2003-12, there were 654 intimate partner homicides in Australia (around a quarter of all homicides). Three quarters of the victims were female and in one third of all domestic/family homicides there was a recorded history of domestic violence. Over a similar seven year period from 2007-14, there were 198 intimate partner homicides in New Zealand (around a third of all homicides).

Children and adolescents living with domestic violence are at increased risk of experiencing emotional, physical and sexual abuse, of developing emotional and behavioral problems and of increased exposure to the presence of other adversities in their lives.

CONTEXT

In Australia and New Zealand, the incidence of domestic violence is significant and highly under-reported. New Zealand has one of the highest rates of physical child abuse in the developed world, and one of the worst rates of child death by maltreatment within the family.

Statistics on violence in Australia can be found in the 2012 Australian Bureau of Statistics Personal Safety Survey. The survey was conducted via a voluntary household survey of 17,050 people and showed that:

- In 2012, an estimated 17% of all women aged 18 years and over (1,479,900 women) and 5.3% of all men aged 18 years and over (448,000 men) had experienced violence by a partner since the age of 15.
- 1.5% of all women and 0.6% of all men had experienced violence in the past 12 months.
- Men were more likely to have experienced violence from a stranger than a known person (36% compared to 27%), while women were more likely to have experienced violence from a known person than a stranger (30% compared to 8%).
- By the age of 18, 16% of all women and 3.2% of all men had been sexually assaulted by a known person.

This type of survey has only been conducted twice previously, in 2005, and 1996. According to the 2005 survey:

- 10% (779,500) of women and 9.4% (702,400) of men experienced physical abuse before the age of 15.
- 12% (956,600) of women and 4.5% (337,400) of men had been sexually abused by the age of 15.
- 36% of Australian women who had ever experienced violence by a previous partner reported that this occurred when they were pregnant and 17% experienced violence for the first time when they were pregnant.

Women in rural and remote areas are more likely to experience domestic violence than those in metropolitan areas, and Aboriginal and Torres Strait Islander people are much more likely than non-Indigenous people to experience domestic violence and to be hospitalised for injuries arising from assault. In 2002, 23% of Aboriginal women aged over 15 years reported an experience of physical violence or threatened violence in the previous 12 months.
In New Zealand, one in three women will experience psychological or physical abuse from their partners in their lifetime. A 1994 study estimated that there were roughly 482,000 people experiencing family violence either as victims or perpetrators.\(^9\) Child abuse and neglect is estimated to cost New Zealand around $NZ2 billion or over 1% of Gross Domestic Product each year.\(^10\)

NSW Kids and Families manage the Domestic Violence Routine Screening Program. The program targets all NSW women attending antenatal services, child and family health services, mental health services (16 and over), and alcohol and other drugs services (16 and over).

The last snapshot in November 2013 found that 5.5% of all women screened reported domestic violence. Higher rates of screening were reported for antenatal, women’s health and other services (above 80%). Uptake in drug and alcohol services was just above 70%, and lower rates of screening were reported in child and family health services (47%). The lowest rate of screening was in mental health services (38.1%), yet the rate of disclosure in mental health (17.8%) and drug and alcohol services (23.6%) was high compared with the whole of program average.

This indicates that even where screening is taking place, domestic violence may be significantly under-reported.

Millions of dollars are spent annually on police and court services, health and welfare services, women’s refuges and welfare payments as a direct consequence of domestic violence. A study commissioned by the Commonwealth in 2009 showed that domestic violence and sexual assault perpetrated against women costs the nation $13.6 billion each year. By 2021, the figure is likely to rise to $15.6 billion if extra steps are not taken.\(^11\)

**HEALTH AND WELLBEING IMPACTS**

The impacts and outcomes of family, domestic and sexual violence can vary in duration from short, to long term, affecting victims, perpetrators, their respective families, friends and the broader community. These can affect a wide range of areas of wellbeing, including population; community; family; individual; physical and mental health; education; employment; economic resources; housing; crime and justice; and culture and leisure.\(^12\)

The most common physical injuries from domestic violence include contusions, abrasions and lacerations to the head and face, and fractures and dislocations of arms, hands and the face.\(^13\) According to the American Academy of Facial Plastic and Reconstructive Surgery, over five million women a year are affected by domestic violence in the United States, and over one million victims require medical attention.\(^14\) Every nine seconds a woman is beaten by an intimate or former partner, and 75% of women who are in an abusive relationship receive battering to their face and head area.

Emotional abuse occurs when a person is subjected to certain behaviours or actions that are aimed at preventing or controlling their behaviour with the intent to cause them emotional harm or fear. It is often seen as less serious than other forms of abuse because it has no immediate physical effects, but over time it can lead to mental health problems, eating disorders, behavioural problems and self-harm.\(^15\)

Of particular concern is the impact of domestic abuse on children. Prenatal maternal stress or anxiety, which is significantly more likely where there is domestic abuse, has been associated with lower birth weight, shorter gestational age and smaller infant head circumference at birth, indicating a decrease in brain growth.\(^16\) In later life, a child’s exposure to domestic abuse, either directly or indirectly by witnessing abuse of a parent, carer or other family member, has a damaging effect on a child’s wellbeing and future development. There is a perception that infants and young children are not as affected by domestic abuse as older children, however the evidence indicates witnessing abuse can be a threat to infants and young children’s neurological development, and sense of security and wellbeing, which influence all domains of development.\(^17\)
CONTRIBUTING FACTORS

Around two thirds of domestic violence homicides involve alcohol and/or illicit drugs, however the relationship between alcohol and domestic violence remains unclear. The use of alcohol may have an effect on the severity of the abuse or the ease with which the offender can justify their actions, but some domestic violence experts assert that a person that uses violence within their intimate relationship does not become violent because drinking causes them to lose control of their temper. Domestic violence is used to exert power and control over another; it does not represent a loss of control, therefore domestic violence and alcohol abuse should be treated as independent problems.

A study which draws on 2011 statistics reports there were 29,684 police-reported incidents of alcohol-related domestic violence in Australia for states and territories, where data is available. The Hidden Harm: Alcohol’s impact on children and families, found that over a million children (22% of all Australian children) are affected in some way by the drinking of others, 142,582 children (3%) are substantially affected and 10,166 (0.2%) are already within the child protection system where a carer’s problematic drinking has been identified as a factor.

Many people are shocked to hear about the prevalence of domestic violence. Conversely, its prevalence indicates society’s complacency about domestic violence, which means more needs to be done to counter entrenched community attitudes. For example countless sporting icons and superstars continue to be glorified even after proven guilty of physical violence against their intimate partners.

IMPLICATIONS FOR SURGEONS

Randomised controlled trials in Canada indicated that simply screening women and providing passive referrals (information cards or print-outs) does not result in improvements in life quality and mental health, or lead to reductions in violence. The World Health Organization recommends that all health care providers be prepared to ask women when they present with clinical signs and symptoms of domestic violence, and provide first-line support if disclosed.

Surgeons should be familiar with the policy directives for identifying and responding to domestic violence in their jurisdiction. There are clinical guidelines available from the Australian Department of Health.

WHAT CAN BE DONE?

Without data on surgical workload resulting from domestic violence, it is difficult to do more than support the efforts of other agencies, and advocate to raise awareness about the prevalence of domestic violence in society. Prevention efforts must focus on reducing violence against women and children, and on developing and sustaining appropriate responses to victims of violence within the health system.

Research on the recovery or reversal of the negative effects of domestic abuse on children indicates that the outcomes may not be permanent. Early intervention with young children and caregivers living with domestic abuse can provide a significant buffer to the negative effects it may have on children’s development and their relationships with caregivers.

Paediatric clinicians should understand the reporting requirements (mandatory or otherwise) in their jurisdiction and be updated by regular information campaigns and educational programs to ensure they and other health professionals have contemporary, relevant information. When the authorities are notified, clinicians should include the information obtained from their comprehensive psychosocial evaluation as well as the information they have gathered from other agencies, and attempt to remain involved and continue to provide paediatric advice and care.
A 2014 study notes that despite the shortcomings of the available evidence base about what works to reduce domestic violence, promising trends are emerging about multi-sectoral programs that engage with multiple stakeholders to challenge both the acceptability of violence, and underlying risk factors such as gender dynamics and economic dependence.

RECOMMENDATIONS

The College encourages governments to give consideration to the following policy areas as a means to reduce the harmful impacts of domestic violence:

1. Conduct ongoing public education campaigns on domestic violence that are community driven and culturally sensitive.
2. Implement community-led and comprehensive alcohol controls in communities where a need has been identified and agreed.
3. Support programs that help to identify and support domestic violence victims, including training programs that improve the confidence and competency of health professionals to identify and care for people experiencing domestic violence.
4. Invest in research to expand the evidence base about which interventions are effective in different contexts, and how they can be adapted.
5. Reporting of all suspected or known incidences of domestic violence where there is serious and imminent risk of death or harm.
6. Further research and discussion about the benefits and negative aspects of mandatory reporting.
7. Improve data collection by:
   a) Adding a flag for family/domestic violence related deaths to the National Coronial Information System.
   b) Bolstering efforts by health professionals to screen for domestic violence.
   c) Supporting integrated care and collaboration between healthcare agencies.

Approved by: Director, Relationships & Advocacy
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17 Ibid.


19 Wilson M. Domestic Violence and the intersection of alcohol from a front-line perspective. AMA Alcohol Summit, 28-29 October 2014, Canberra.


