

## Physical violence and harm

Actual or threatened physical violence or harm is among the range of behaviours that characterise domestic and family violence. It is most likely to be experienced by women and perpetrated by their current or former intimate male partner [ABS PSS 2016]. The Australian Bureau of Statistics reported that in 2015 domestic and family violence-related homicides and assaults accounted for over a third of the total numbers; and that women accounted for almost two-thirds of homicide victims, and were between twice and five times as likely to be victims of assault as males [ABS FDV-related offences 2017]. The most common form of physical violence is threats of physical harm, however these are often accompanied by actual physical violence. The levels of violence experienced from a former partner are statistically much higher than from a current partner, and are more likely to injure and invoke in the victim a feeling that their life is in danger [Mouzos & Makkai 2004]. It also is the most likely form of violence to be reported by victims.

A perpetrator may intend to intimidate and induce fear in the victim through physical violence or harm yet cause minor or no visible signs of injury on the victim's body. Victims may be kicked, slapped, bitten, or punched with a fist. They may be pushed, grabbed, or have their arm twisted or hair pulled. They may be hit with an object or have an object thrown at them. They may be burned or scalded, or threatened with a gun, knife or other weapon. The perpetrator may strangle [Training Institute of Strangulation Prevention] or suffocate them. (Note that non-fatal strangulation may cause a **brain injury** due to lack of oxygen to the brain). The perpetrator may drive dangerously when the victim or children are passengers in the car, or smoke in the home knowing the victim has a respiratory condition, or lock the victim outside the house during the night [Mouzos & Makkai 2004].

A perpetrator may also commit physical violence or harm in ways that are intended to cause obvious or serious physical injury or death. A number of factors may increase a victim's **risk** where:

- > the perpetrator displays generally high levels of aggression, and patterns of controlling and emotionally abusive behaviour towards the victim
- > the perpetrator misuses alcohol or drugs
- > there are multiple episodes of physical violence or harm experienced by the victim or family members
- > the victim's children are exposed to physical violence or harm
- > the perpetrator strangles the victim
- > the victim fears their life is endangered
- > the victim is aged between 18 and 24 years [Mouzos & Makkai 2004].

Domestic and family violence may affect the victim's physical health and functioning in acute and chronic ways, even after the violence has stopped. Apart from direct physical injuries, including traumatic brain injury, victims may experience a range of chronic health conditions for example, muscular and joint pain, headache, stomach cramping, vaginal bleeding and pain during sexual intercourse, heart failure, asthma, poor hearing and sight, allergies, malnutrition, hair loss and fatigue. These symptoms may also be mediated through a victim's experience of high levels of stress, reduced healthy behaviours, and limited agency in making healthy lifestyle choices. In addition, domestic and family violence may disrupt a victim's cognitive faculties for processing and coping with trauma resulting in a sense of personal failure and loss of control over their life situation, which may, over time, contribute to **mental ill health** [VicHealth 2004].