Physical violence and harm - Key Literature

Australia


*Victims of Domestic and Family Violence-Related Offences*

This chapter presents experimental data about victims of selected Family and Domestic Violence (FDV)–related offences. Victims of selected offences have been determined to be FDV–related where the relationship of offender to victim, as stored on police recording systems, falls within a specified family or domestic relationship or where an FDV flag has been recorded, following a police investigation.

Key findings include:

> FDV-related homicide victims accounted for over a third of total homicide victims, and females accounted for over half of all FDV-related homicide victims.
> FDV-related assault is mostly likely to occur in the age range 25-34 years; and, across all states and territories, females are more likely than males to be victims – at least three times as likely, and up to six times more likely.
> FDV-related sexual assault accounted for over a third of total sexual assaults and there are six times as many female victims as male victims.


This release presents information from the Australian Bureau of Statistics’ (ABS) 2016 Personal Safety Survey (PSS).

The survey collected detailed information from men and women about their experiences of violence since the age of 18, as well as experiences of current and previous partner violence, stalking, physical and sexual abuse and harassment, abuse before the age of 15, and general feelings of safety.

> ‘Women aged 18 years and over were more likely than men to have experienced either physical violence and/or sexual violence, by a partner since the age of 15’ (see Table 3);
> Women were nearly three times more likely to have experienced partner violence than men, with approximately one in six women (17% or 1.6 million) and one in sixteen men (6.1% or 547,600) having
experienced partner violence since the age of 15 (see Table 3);
> One in six women (16% or 1.5 million) and one in seventeen men (5.9% or 528,800) experienced physical violence by a partner (see Table 3);
> Approximately 54% (149,600) of women who experienced violence by a current partner, and 68% (931,800) of women who experienced violence by a previous partner, experienced more than one incident of violence from that partner (see Tables 17-18);
> Women were more likely to experience fear of anxiety due to violence from a partner than men (see Tables 20-21).

Australian Bureau of Statistics (ABS), *Women’s Safety Australia, 1996, ABS cat no 4128.0 (1996).*

2.6% of women who were married or in a de facto relationship (111,000) experienced an incident of violence by their partner in the previous 12 month period, while 8.0% (345,400) reported an incident of violence at some time during their current relationship. Women were more at risk of physical violence than sexual violence by their partner. 7.6% of married women (329,700) reported an incident of physical violence by their partner at some time during the relationship and 1.0% (43,900) an incident of sexual violence. Half of the women who had experienced violence by their current partner said there had been more than one incident, 7.4% said it occurred often, while 26% said it occurred only rarely.

3.3% of women experienced violence from a previous partner during the previous 12 month period. When violence over the whole relationship is considered, women were much more likely to have experienced violence from a partner they no longer live with than from a current partner. 42% of women (1.1 million) who had been in a previous relationship reported an incident of violence by a previous partner compared to 8.0% of women who reported violence from a current partner during the relationship. Women were more at risk of physical violence than sexual violence. 42% of women who had been in a previous relationship had experienced physical violence and 10% had experienced sexual violence.

Approximately 700,000 women who experienced violence by a partner in a previous relationship were pregnant at some time during the relationship. 42% of these women (292,100) reported that violence occurred during a pregnancy and 20% experienced violence for the first time when they were pregnant (see table 6.13).


This resource provides detailed analysis of the prevalence of acquired brain injuries among both victims and perpetrators of family violence. For both victims and perpetrators, brain injury impacts capacity to
recovery, change and safeguard future wellbeing. This study utilises data obtained from Victorian hospitals between 2006 and 2016 (p 25). Family violence is a significant cause of brain injury, with around 40 percent of victims having sustained a brain injury (pp 29). Moreover, brain injury was associated with 14 of the 17 family violence-related deaths in the study period (p 29). There is also evidence to suggest that rates of brain injury among perpetrators of family violence are disproportionately high, indicating that having suffered a brain injury is a risk factor for future perpetration of family violence (p 19). Finally, the study highlights that the available data is likely to represent the ‘tip of the iceberg’, with many injuries going unreported or undiagnosed, emphasising the need for additional research in this area (pp 34-5).


Report abstract:

Filicide is the killing of a child by a parent or parent equivalent. Between 2000–01 and 2011–12, there were 238 incidents of filicide in Australia involving the death of 284 children. This paper examines the characteristics of custodial parents, non-custodial parents and step-parents charged with the murder or manslaughter of their children.

Offender circumstances and characteristics differed according to the offender’s gender and custodial relationship with the victim. As filicide is difficult to predict, intervention strategies should focus on families with multiple risk factors and address the needs of parents as well as those of children at risk.


This article reports on data drawn from the 1996 Women's Safety Survey, a nationally representative sample survey. The article examines data relating to 412 victims of physical assault and 139 victims of sexual assault. Analysis showed consistently that assault not involving injury and assault perpetrated by a current partner were less likely than other types of assault to be reported or to result in the use of victim services. The analysis also showed that, in some instances, there were relatively lower reporting and service use rates for young, Australian-born and first-time victims.


Acquired brain injury (ABI) is regarded as the forerunner to, or result of, family violence. ABI is an umbrella term for conditions such as traumatic brain injury (TBI), stroke, aneurysm, brain tumour or vestibular
dysfunction. In particular, TBIs are associated with reduced cognitive and physical functioning, negative psychological responses (such as depression and post-traumatic stress disorder), and even death. Family violence may be perpetrated by someone who has previously suffered a TBI and/or the victim may sustain a TBI from violence. Although studies have considered TBIs and family violence separately, there is limited evidence assessing the nexus between these two phenomena. This article presents a systematic review of current literature regarding incidence, prevalence and contributing factors of brain injury within a family violence context. Results showed that the factors contributing to brain injury within the family violence context had multifactorial causation and varied significantly across the studied populations. A number of biological, behavioural, structural, social and environmental factors were identified as negatively affecting the incidence and prevalence of brain injury and family violence. Biological factors that contributed to being a victim of family violence included age and gender of parent/baby. The social factor of previous child abuse was correlated with ongoing abuse later in life, but is yet to be fully explored. Environmental factors, such as hostile living environments and exposure to natural disasters, also have not been thoroughly investigated in relation to IPV or TBI, but are linked to an increase in parental stress and contributed to greater levels of child maltreatment. One limitation of the review was that the underreporting of family violence may have affected the accuracy and generalisability of incidence and prevalence statistics.


This research reports on the results of a survey of women attending general medical practitioners in Brisbane’s inner South region during 1996. 1,836 surveys were completed. One in four women reported they had (ever) experienced physical abuse in their intimate relationship, with 5% of women reporting they had experienced physical abuse in the past 12 months. Women were also asked whether they had ever abused their partner and why. The main reasons stated why women physically abused their partners was because they were ‘made angry by their partner’ (68.1%) or in ‘self-defence’ (59.1%). Physical abuse of partners was generally not as a way of ‘controlling their partner’ (72.9%) or because they were ‘intoxicated’ (87.5%) (p439).


The recording of domestic violence-related events by police is an area that requires further investigation. The study aimed to determine if an automated text mining method could identify abuse types and injuries sustained by domestic violence victims. Using data mining to evaluate 492,393 Australian domestic
violence police reports, more than one-third noted victim injuries. The most common abuse type was emotional/verbal at 33.46%, followed by punching at 24.58%, and property damage at 22.27%. Bruising was the most common form of injury (29.03%), followed by cut/abrasion (28.93%), and red marks/signs (23.71%). The findings show that text mining can automatically extract information from police-recorded domestic violence events. These findings can be used to support further public health research the purpose of which is to assess the profiling of persons of interest involved in domestic violence events, and to change existing intervention policies for abuse victims.


Economic abuse is a widespread and damaging aspect of intimate partner violence (IPV). Although research has mainly addressed cohabiting couples, women’s long-term experiences after separation are seldom explored, and researchers have not developed a gendered analysis of child support-related economic abuse. Interviews with 37 single mothers were conducted to determine how men’s deliberate withholding of child support can constitute economic abuse, which may be facilitated through gendered State processes and institutions that order child support transfers. The author argues that the State may facilitate gendered abuse through the design and implementation of the Australian Child Support Program (CSP). Child support-related economic abuse is not the result of a failed system. Instead, it reflects the role of the CSP as regulating, rather than preventing, economic abuse. Findings showed that women participants understood that the withholding of child support by their former partners was a means to control their acquisition and use of money, and undermined their economic security and autonomy. On this basis, women experienced their former partner’s behaviours as post-separation economic abuse which, in turn, was normalised and intensified through the CSP policy.


3026 women over 18 years were surveyed in Melbourne general medical practices in 1993 and 1994. 72% responded to the survey. Over a quarter of women in relationships reported they had been victims of physical or emotional abuse by their partner in the previous year, one in 10 reporting that they experienced ‘severe’ physical violence (ie: kicked, bitten, hit with a fist or object or beaten up, choked, threatened with a knife or gun or had a knife or gun used against her). Thirteen percent of women had experienced rape or attempted rape, 10% had been severely beaten during childhood and 28% had experienced childhood sexual abuse involving physical contact. The abuse had been disclosed to the woman's doctor by only 27% of those who had experienced partner or childhood physical abuse (mostly because the doctor had never asked) and 9% of those who had experienced sexual abuse (mostly because the woman did not see it as
relevant to the consultation).


This report provides a summary of the key issues surrounding the complex relationship between injury and family violence in Australia. It notes that half of the people who perpetrate family violence have an existing brain injury (but not all people living with a brain injury perpetrate family violence). Research demonstrates that there is an association between brain injury and increased aggressive behaviour. Moreover, the types of abuse victims of family violence often report (being hit in the face, head and neck, being shaken, and being choked) are all risk factors for brain injury. Research has established that at least one third of women who have experienced family violence has sustained a brain injury. However, the needs of women who live with traumatic brain injury are not being met (p.1).

It notes that ‘[v]ictims of family violence are seldom screened for brain injury which means that the phenomenon of brain injury as a consequence of family violence is under reported; the same is true for perpetrators of family violence. Prevalence rates are therefore difficult to estimate due to under reporting, under diagnosis, and under researching of brain injury, making it an ‘invisible’ problem’ (p.1).

It concludes that the relationship between brain injury and family violence shown in this report points to an ‘urgent need for education and training across all intersecting areas in relation to implementing brain injury screening and the provision of targeted services that are appropriate and effective for people living with a brain injury’ (p.2). This report makes fourteen recommendations.


This paper reports on the findings of the International Violence Against Women Survey (IVAWS), which was conducted across Australia between December 2002 and June 2003. A total of 6,677 women aged between 18 and 69 years participated in the survey, and provided information on their experiences of physical and sexual violence including childhood violence. The report describes the type of violence (including threats of violence) by current and former intimate male partners, and other known and unknown males. The IVAWS measures three distinctive types of violence against women: 1) physical (including threats of physical violence); 2) sexual (including unwanted sexual touching); and 3) psychological (controlling behaviours such as put downs, keeping track of whereabouts).

This literature review found that “there is little evidence that alcohol use is a primary cause of violence against women. The paper does, however, identify that there are clear associations, and in some cases, strong correlations between alcohol use and violence against women, including, for instance, in the severity of the violence.” The relationship between alcohol and violence against women manifests in three ways:

- Alcohol use is linked with the perpetration of violence against women.
- Alcohol use is linked with women’s victimisation by violence.
- Alcohol is used as a coping strategy by women who have experienced violence.


This report is focussed on health outcomes associated with physical and sexual abuse in a domestic partner context. The research reports that physical injuries, filicide and suicide are some of the health outcomes contributing to the disease burden of intimate partner violence in Victoria (p11). It reports on findings in various studies that show women are three times more likely to be injured as a result of violence, five times more likely to require medical attention or hospitalisation and five times more likely to report fearing for their lives (p15). Notably less than 20% of women exposed to violence report to authorities (p19). The study reports that where sexual violence is involved bruising, tears and lacerations to the vaginal area and anus are common (p20).


Interviews with 674 young women who had been in a violent relationship with a partner or spouse were undertaken. 493 women said they had experienced physical violence. This paper reports on the responses of those 493 women. Nearly half of them reported serious violence including being beaten, choked or threatened, or having been the victim of a threatened shooting. 7% had been shot or stabbed by a partner. About 75% had been subject to ‘medium severity’ violence: slapped, kicked, hit with a fist or other object. The study notes that seeking legal protection from violence including serious violence rarely made things worse for these young women (p2); seeking help from police was not as effective as calling the police combined with obtaining a court order (p2-3).

Awareness and understanding of non-fatal strangulation in cases of domestic violence has improved significantly in the past 15 years. This article reviews the recent literature on non-fatal strangulation in these circumstances, and highlights the challenges of improving research in this area. The authors 1) analyse the recent history of strangulation as it emerged from criminal justice and medical research within the broader area of domestic violence, and discussed how these changes have led to legal and prosecutorial amendments (page 408); 2) propose a general definition of strangulation and note the inconsistent use of certain terminology in the literature (page 410); 3) consider the research implications within the context of criminology, forensic science, law and medicine (page 412-18); and 4) call for five recommendations to advance practice and research (page 418-20).


Head injuries and intimate partner violence (IPV) are underreported due to the unwillingness of victims to seek medical care after suffering a head injury, or to report an incident of IPV to authorities. Other barriers to understanding the prevalence of IPV-induced head injury include a lack of specific screening tools, as well as difficulties with classification and diagnosis of mild traumatic brain injury (TBI) when women do seek medical assistance. This study reports on 21 interviews from nine (US) women who self-reported passing out from a blow to the head. None of the women received medical care for their head trauma. A main reason for why the women did not receive medical care for their head injury was because the abusers made unwanted sexual advances immediately after the head injury in order to assert dominance and instil fear. Abusers exhibited characteristics of extreme control and manipulation. Further, the women in the study reported living with instability from not having control over basic needs (such as housing), cycles of incarceration, drug and alcohol use and fear of being separated from their children. A further element of instability was the varied police response they received when they did report incidents of IPV. This also often placed them at a higher risk for violence and retaliation from their abusers.


This article explores the use of firearms in the commission of intimate partner homicides in 15 countries (p 1). The sample of countries included 6 in Europe, 3 in Oceania, and 2 each in the Middle East, North America, and Africa (p 3). The results indicate that guns are used in the commission of 11% of intimate partner homicides in Australia (p 4). The report also highlights that Australian law imposes stringent restrictions on gun ownership, particularly in cases of intimate partner violence (p 7), which have been demonstrated to have a substantial impact on reducing numbers of firearm-related homicides (p 9).
Comparatively, the US had the highest rate of firearm-related homicides (over 50%), whereas Fiji and the UK had the lowest rates (0% and 3% respectively) (pp 8-9).


This article examines a qualitative study in the UK which aimed to investigate co-offending women’s pathways into, and motivations for engaging in, criminal behaviour. It considers not only the impact of co-offending relationships on women’s criminality, but also factors which intersect with these relationships in their lives. Interviews with eight women who accessed a women’s advice and support centre were conducted. Findings showed that while co-offending relationships were a central pathway into offending, this often intersected with other circumstances in the women’s lives, including drug addiction, socio-economic circumstances, and ‘significant life events’. Moreover, women who co-offended with female friends were more likely to acknowledge their agency than those who co-offended with intimate male partners. Findings also demonstrated the significance of understanding the complex nature of the lives co-offending women, and the decision-making process.


Severe intimate partner violence (IPV) can result in traumatic brain injury (TBI), cognitive impairment, and mental health disorders, such as depression and PTSD. The purpose of this study is to examine the relationship between IPV, injuries associated with TBI (a loss of consciousness from a blow to the head and/or strangulation), and their effect on mental health disorders among Black women, who experience higher rates of IPV and greater mental health burden than White and Latina women. The study examined data on 95 Black women with a history of abuse, such as IPV, forced sex, and childhood maltreatment. Results showed that approximately one-third of women had probable TBI. 38% were hit on the head, 38% were strangled to unconsciousness, and 25% were strangled and hit on the head. A significant percentage of abused Black women who sustained probable TBI injuries were found to have a greater chance of experiencing comorbid PTSD and depression. These results highlight a need for healthcare professionals to assess women who lost unconsciousness due to IPV for TBI, and allow referrals to IPV interventions and mental health treatment.


This study identifies and explores the relationship between domestic violence and traumatic brain injuries (TBIs). Over a 7- to 9-month survey period, a total of 169 women with health issues directly attributable to
domestic violence and who were referred to sexual assault-domestic violence health staff were identified. Thirty percent (n = 51) agreed to participate in the study. A positive loss of consciousness on at least one occasion was reported in 30% of the respondents, and 67% of women reported residual problems that were potentially head-injury related.


This report, in line with the other reports from this project, highlights the importance of recognising victims’ rights. It specifically examines the experiences of women who endure partner violence – a crime that targets an individual’s dignity and core rights. It presents the findings from fieldwork in 7 EU Member States, including interviews with practitioners working in criminal justice systems and 35 women victims of partner violence. Victims were asked about their experiences with support organisations, the police, public prosecutors’ services and courts, and any protection mechanisms available to them against repeat victimisation. Evidence shows that women victims of partner violence lack effective protection due to the inadequacy of police responses, the shortcomings in the referral of victims to support services, the incompleteness of networks of support organisations, and the insufficiency in the implementation of court protection orders. In fact, the report found that 2 in 3 women who brought their victimisation to the attention of the police were left without any protection against repeat victimisation. The police neither arrested the offender, nor issued an emergency barring order.


The Homicide Report is the first publicly searchable database of homicides in New Zealand. It references 1068 cases involving 591 men, 283 women and 194 young people between 2004 and 2019. It aims to determine the reasons behind homicide in New Zealand, and reveals a connection between the homicide rate in a neighbourhood and the level of social and economic deprivation. The Report highlights the extent to which family violence, alcohol and drug abuse contribute to homicidal death. It also identifies all gun-related homicides in the past 15 years. The Report demonstrates the unacceptably high incidence of male aggression, family violence and child abuse. Results show that half of women who die of homicide in New Zealand are killed by a partner or ex-partner. The victims are more likely to be stabbed or asphyxiated than other homicide victims. These homicides are likely to be premeditated rather than unintentional. Further, more than half of child victims are killed by a parent or caregiver.


This article reviewed the literature on women’s injuries and their subsequent experiences in seeking health
care after encountering non-fatal intimate partner strangulation (NF-IPS). Research shows that NF-IPS is higher in women than in men. Although injuries may be subtle or minimised, they may have severe health consequences. In recent years, there have been calls for nursing and other health care providers to improve practices related to strangulation screening, assessment and treatment. Overall, NF-IPS was associated with multiple negative physical (eg injuries to head/neck or neurological, vascular or respiratory systems) and psychological (eg anxiety, depression, suicidal ideation or post-traumatic stress) outcomes for women. Studies suggested that women are reluctant to seek health care after being strangled. Reasons for their reluctance include wanting a safe place first, not wanting to share personal experiences, an abuser being present in the room during the visit, and feelings of hopelessness.

**National Domestic Violence Fatality Review Initiative, ABOUT NDVFR (2016).**

The National Domestic Violence Fatality Review Initiative (NDVFR) (US resource) is a unique resource centre that is dedicated to domestic violence fatality review by the Office on Violence Against Women, a branch of the US Department of Justice. Currently, 30 States in the US have a form of domestic violence fatality review. Domestic violence fatality review requires a shift from a culture of blame to a culture of safety. The Initiative aims to provide assistance for assessing domestic violence-related deaths, with the underlying objectives of:

- Preventing domestic violence homicides and domestic violence in the future;
- Preserving battered women’s safety;
- Identifying gaps in service delivery and assessing potential methods of remedying these organisational issues;
- Holding domestic violence perpetrators, as well as the agencies and organisations that come into contact with the parties, accountable;
- Providing technical assistance to States which either have implemented or have not implemented domestic violence fatality review.

The website includes a range of resources including reports, videos and webinars.

**National Judges Association, Domestic Violence and the Courtroom: Knowing the Issues... Understanding the Victim (n.d.).**

This resource provides practical guidance for judges in engaging with victims of domestic violence in the courtroom, including particular information about Battered Woman Syndrome (BWS). BWS is ‘a collection of psychological symptoms’, which is often considered a subcategory of Post Traumatic Stress Disorder (p 10). Women suffering from BWS may act in ways that confuse those who wish to assist them, making it difficult to participate in the legal system, even though they want the abuse to stop. Victims may experience the ‘fight’ response, in which they become hyper-vigilant to cues of violence, which can impair
concentration and lead to anxiety and panic disorders (p 10). Victims may also experience the ‘flight’ response, which prompts women to mentally retreat from the abuse, which can result in denial, minimisation and disassociation (p 11). Finally, women suffering from BWS may experience memory loss, and other psychological consequences, such as flashbacks to past experiences of abuse, incoherent thought patterns, and dissociation (p 11).

The Disabilities Trust, Making the Link: Female Offending and Brain Injury (2018).

This study focuses on brain injury in female offenders – one of the most vulnerable individuals in the criminal justice system. Female prisoners are twice as likely as male prisoners to experience anxiety and depression, incidences of self-harm, and domestic violence and abuse. In addition, a number of female prisoners may suffer undiagnosed brain injuries, which cause cognitive, behavioural and emotional problems, such as loss of memory, concentration, confusion and increased aggression. From 2016-2018, the Disabilities Trust introduced a Brain Injury Linkworker (BIL) service at HMP/YOI Drake Hall (a female prison in the UK) which provided specialist support to women with a history of brain injury. During the delivery of the BIL service, the study also found that there were 196 reports of brain injuries from severe blows to the head. 96% of female offenders reported experiencing domestic abuse, 62% reported to sustaining a traumatic brain injury (TBI) due to domestic violence, and 33% reported to sustaining their first brain injury prior to committing their first offence.


This annual Report of the Violence Policy Centre in the United States highlights the lethal combination of domestic violence and guns. It provides an analysis of 2016 data, the most recent year for which information is available. The study covers homicides committed by males against females in single victim/single offender incidents, and relies on data from the Federal Bureau of Investigation’s Supplementary Homicide Report (SHR).

National statistics from the study include:

- 93% of women killed by men were murdered by a male they knew, and the weapon most commonly used was a gun;
- Females were 13 times more likely to be murdered by a male they knew than by a male stranger;
- Of the homicide victims who knew their attackers, 63% of female victims were wives or intimate acquaintances of their killers;
- 292 women were shot and killed by either their husband or an intimate acquaintance during the course of an argument;
- More female homicides were committed with firearms than with any other weapon, such as knives,
bodily force or murder by blunt objects;

- In 2016, 1,809 females were murdered by males in single victim/single offender incidents: 1,188 were white, 517 were black, 55 were Asian or Pacific Islander, 26 were American Indian or Alaskan Native, and in 23 cases the race of the victim was unidentified;

- Black women were disproportionately impacted by lethal domestic violence. In 2016, black females were murdered by men at a rate of 2.62 per 100,000, more than twice the rate of 1.03 per 100,000 for white women;

- In 82% of all incidents where the circumstances could be determined, homicides were unrelated to any other felony crime, such as rape or robbery.