Your submission

Please provide a brief summary of your experience and any relevant issues. Your submission should respond to one or more of the terms of reference.

You may also wish to include any solutions, suggestions, or recommendations you have corresponding to the terms of reference.

Please note that content from this page onwards may be published.

f) The adequacy of the qualitative and quantitative evidence base around the prevalence of domestic and family violence and how to overcome limitations in the collection of nationally consistent and timely qualitative and quantitative data including, but not limited to, court, police, hospitalisation and housing.

The Australian Longitudinal Study on Women's Health (ALSWH) is a longitudinal population-based survey which has been examining the health of over 57,000 Australian women for 25 years. The study comprises four cohorts of women: born in 1921-26, 1946-51, 1973-78 and 1989-95. Survey data are linked to Medicare (MBS) and Pharmaceuticals Benefits Scheme data (PBS), cancer registry, perinatal, aged care, and hospital inpatient datasets. Death data are obtained from the National Death Index.

I am providing this submission in my role as Professor of Public Health, Research Centre for Generational Health and Ageing at the University of Newcastle and am also Deputy Director of ALSWH, and lead the violence and abuse research theme of the study.

Longitudinal domestic and family violence data have been collected by ALSWH since 1996, providing a rich data source to answer key questions about family and domestic violence. Although the data have been collected, and some funding has been provided under the *National Plan to Reduce Violence against Women and their Children 2010-2022* via the Department of Social Services and ANROWS, there is potential to answer more questions, particularly about the complexity of the impact of abuse experiences, and prevention of this impact. ALSWH data could be used, for example, to identify factors that facilitate recovery from abuse and that help to prevent the detrimental long term impacts of abuse.

i) The impact of natural disasters and other significant events such as COVID-19, including health requirements such as staying at home, on the prevalence of domestic violence and provision of support services.

Since 29th April 2020, ALSWH have been collecting data on women's experiences during the COVID-19 crisis through fortnightly surveys, including data on experiences of abuse. Although the data have been collected from this nationally representative sample of Australian women, there is limited funding available to analyse the data (noting that the COVID-19 surveys were conducted outside of the normal scope of ALSWH data collection and were funded by the University of Newcastle and Hunter Medical Research Institute). Funding will be sought to examine the relationship between violence and the experiences of COVID-19 restrictions, such as lockdown. These data could provide immediate insights into the needs of women and the prevalence of violence against women in Australia during the pandemic.

Recommendations

1. Existing national studies, such as ALSWH, should be funded to analyse existing data to answer key questions about the long term impacts of domestic, sexual and family violence, and the factors that mitigate those impacts.
2. Existing national studies should be funded to collect more extensive and comparable data on domestic violence and abuse as a part of standard data collection. Building on existing studies ensures cost-effectiveness.
3. Facilitation of linkage between existing study data with administrative data (e.g. crime statistics, Centrelink) would strengthen the existing evidence base and enable timely responses.
4. Many of the terms of reference included in this inquiry can be examined using existing data, such as ALSWH. For example, ALSWH includes, but is not limited to, data on health, housing, and different forms of violence.
5. The long term impact of violence (see key findings below) indicates the need to understand how women recover from abuse experiences, in order to inform the development of much needed trauma recovery services.

Some key findings using ALSWH data are outlined below. These findings were included in a policy brief used by the Australian Government Department of Health to inform the *National Women's Health Strategy 2020-30*.

Key ALSWH findings: Family, domestic and sexual violence

- The association between domestic violence and poor physical health and bodily pain persisted over a 16 year period for women born in 1973-78, 1946-51 and 1921-26.
- Women rarely, if ever, disclose abuse when it has not occurred, but they may not disclose abuse when it has occurred if they perceive the costs of doing so outweigh the benefits.

Childhood adversity

- 41% of women born 1973-78 reported adversity during childhood. These women had higher GP, allied and specialist healthcare costs (Medicare and out of pocket costs) in adulthood than women who did not experience adversity.
- Bodily pain, poor general health, and depression were associated with childhood sexual abuse. Women who experienced childhood sexual abuse visited their GPs frequently but were less likely than other women to report satisfaction with their GP services.

Bullying

- Approximately three in four women (72%) in the 1989-95 cohort reported having been bullied. Bullying was associated with adverse health behaviours, poor physical health, psychological distress, suicidal thoughts, and self-harm.

Sexual abuse

- Around one in five women born in 1989-95, 9% of women born in 1973-78, and 13% of women born in 1946-51 reported being forced to take part in unwanted sexual activity.
- Women who experienced forced sex were more likely to have sleeping difficulties and take prescription sleep medication than women who had not experienced forced sex. Experiences of forced sex were also associated with illicit drug use, depression, anxiety, and self-harm.

Domestic violence

- 16% of the 1989-95 cohort, 26% of the 1973-78 cohort, 16% of the 1946-51 cohort, and 5% of the 1921-26 cohort reported having been in a violent relationship with a partner or spouse. When domestic violence was measured by asking about abusive acts (such as being hit by their partner), the prevalence was higher.
- Women who had experienced domestic violence were less likely to have adequate cervical cancer screening and more likely to have experienced cervical cancer than those who had not experienced domestic violence. Good access to a physician of choice significantly improved cervical cancer screening among women who had experienced domestic violence.
- Women with poorer health were at greater risk of entering into a violent relationship, although their health was better than that of women who had already experienced domestic violence.
- Women who experienced domestic violence had consistently poorer mental health than women who had never experienced domestic violence. For example, 75% of women in the 1989-95 cohort who had experienced domestic violence had felt that life was not worth living at some point in their lives, compared with 53% of women who had not experienced domestic violence.
- There was a lifetime deficit in mental health associated with domestic violence. This health deficit remained even after the abuse had ceased.
- Women who had experienced domestic violence were more likely to experience menopause at a younger age. They were also more likely to smoke, and the relationship between domestic violence and menopause was mitigated by smoking.
- Domestic violence in the previous 12 months was associated with domestic relocation among women born in 1973-78.
- For women born in 1946-51, when domestic violence was combined with other stressful activities such as caregiving, health was found to be poorer than when domestic violence was considered alone, suggesting a cumulative health impact.
- Among women born in 1973-78, those who lived in major cities were less likely to experience domestic violence than those living in inner regional and rural areas.

Elder abuse

- Of women aged 70-75 in 1996, 8% reported vulnerability, 6% reported coercion, 18% reported dependence, and 22% reported dejection, the four components of the Vulnerability to Abuse Screening Scale (VASS).
- Women aged 70-75 in 1996 who reported vulnerability or dejection were at greater risk of needing help with daily tasks (due to disability or illness) over the following 12 years than women who did not report these components of the VASS.
- Women aged 70-75 in 1996 who reported coercion or dejection were at a greater risk of dying during the following 12 years than women who did not report these components of the VASS.
- A history of abuse was related to the subsequent onset of cardiovascular disease for women born in 1946-51.

Acknowledgements

This research was conducted as part of the Australian Longitudinal Study on Women's Health at the University of Newcastle and the University of Queensland. We are grateful to the Australian Government Department of Health for funding and to the women who provided the survey data.

References

References for the ALSWH key findings summarised above are available on request.