

## Background

The Australian Longitudinal Study on Women's Health (ALSWH) has added significantly to our understanding of the effects of partner violence. Partner violence has a serious impact on women's physical and mental health, including increased symptoms and medical conditions, such as sexually transmitted infections (including cervical cancer) and depressive illness. Not surprisingly, women who have lived in violent relationships use health services more often than other women, and are especially more likely than others to visit their GPs. Other life experiences can help or hinder the health and wellbeing of women who have experienced partner violence. For example, women with high social support are healthier than those without.

## Who experiences partner violence?

The Australian Bureau of Statistics estimated that one in five Australian women who had ever lived with a partner had experienced at least one episode of partner violence. Between ten and fifteen percent of women who participated in the younger and mid-aged ALSWH surveys have ever lived in a violent relationship. Partner violence crosses all social and economic boundaries. Nevertheless, data from the ALSWH show that some socio-economic factors are associated with partner violence.

Women who have lived with a violent partner are more likely than other women to:

- experience financial difficulty
- have low levels of education
- have unpaid or disabled work status
- live in remote communities
- be separated or divorced

## Partner violence and physical health

Women who experience partner violence have poorer health than women who have not experienced partner violence. Figures 1 and 2 show the general health of women by their status as having experienced or not experienced partner violence. Women who have ever experienced partner violence rate their health as poorer than others, and the effect persists over time.

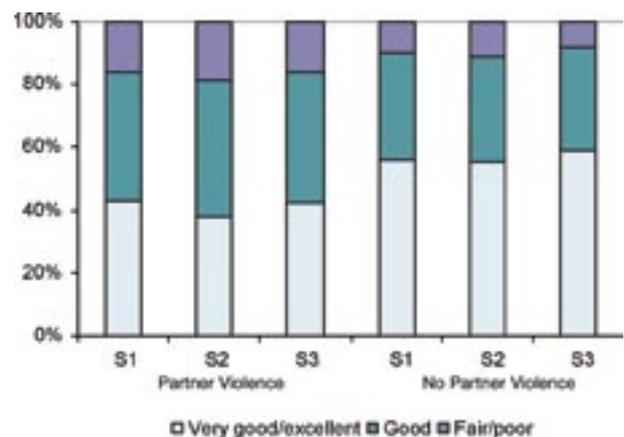


Figure 1. General health of Younger women who have and have not experienced partner violence

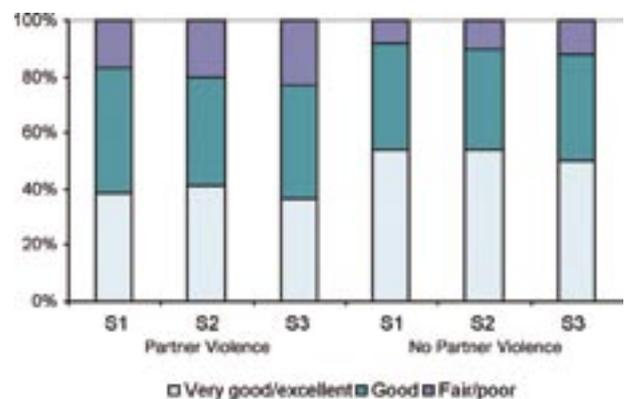


Figure 2. General health of Mid-age women who have and have not experienced partner violence

## Reproductive Health

Partner violence has serious implications for women's reproductive health. In the ALSWH, younger women who have experienced partner violence are:

- three times as likely to experience a miscarriage
- twice as likely to report vaginal discharge
- three times as likely to report ever having had Herpes
- eleven times as likely to report Hepatitis C
- three times as likely to report Human Papilloma Virus.

Human Papilloma Virus has been implicated as a causal factor in cervical cancer. Younger women who had experienced partner violence were more likely to have had Pap smears and were also more likely to report having had an abnormal Pap smear result, as is shown in Figure 3. Among mid-age women (45-50 years), an association was found between partner violence and cervical cancer. In addition, mid-age women who had lived with a violent partner were more likely to experience vaginal discharge and surgical menopause (hysterectomy and/or having both ovaries removed) than other women.

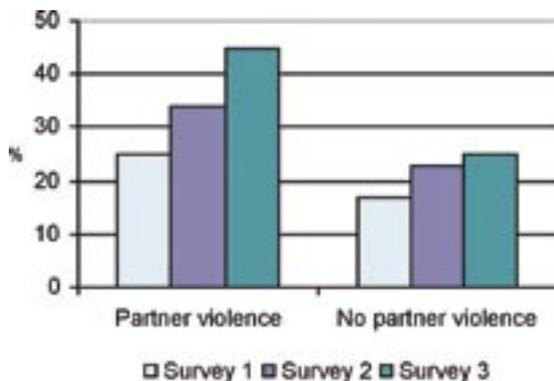


Figure 3. Younger women (% of all who had had Pap smears) reporting abnormal Pap smears

### Did you know?

The ALSWH has found:

- Women who have ever experienced partner violence are more likely than other women to experience physical and mental illness, pain and fatigue in middle age.
- Mid-age women who have experienced partner violence tend to experience more stressful life events and have higher stress levels than other women.
- Partner violence has a serious health impact, but recovery is possible. Moving on from the violence, and having social support, both appear to have beneficial health effects.

## Smoking and Alcohol

Smoking cigarettes and partner violence have a strong association among younger women (see Figure 4), and the same pattern is found among mid-age women. ALSWH analyses have also revealed some evidence that partner violence might be associated with hazardous alcohol use among younger women.

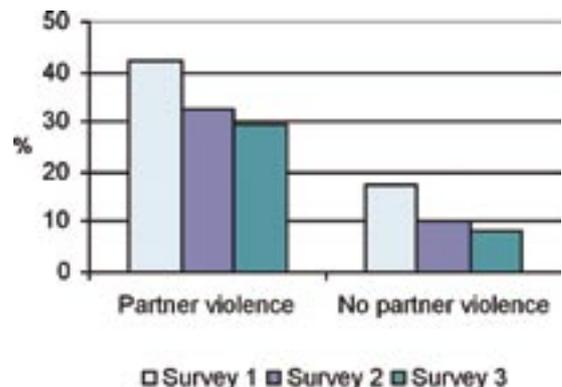
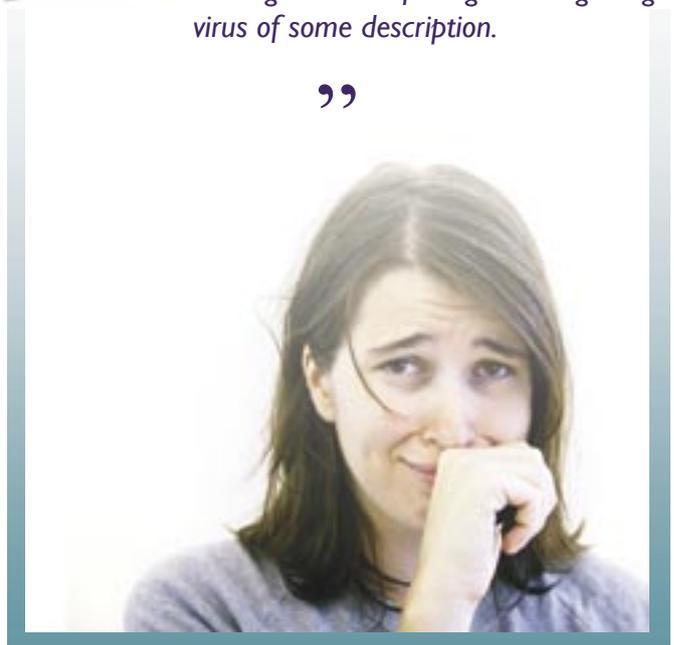


Figure 4. Younger women (%) who smoke ten or more cigarettes per day

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*(During the violent relationship) I suffered a lot from infected sinuses, stomach ailments, umm, I'd get pains in the chest, which I think was stress now, and headaches, and just...an unwell feeling all the time. But I always seemed to be catching a cold or feeling sick or getting a virus of some description.*

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## Other ALSWH findings:

- Even after controlling for the effects of demographics and health behaviours such as smoking, women who have experienced partner violence have poorer health than other women.
- Women who move on from violent relationships tend to show improvements in mental health. However, moving on is problematic for many women. For instance, rural women experience physical and social isolation, a lack of appropriate support services, and have concerns about confidentiality when seeking help.

## Partner Violence and Mental Health

Partner violence is associated with poorer mental health among both younger and mid-age women. In particular, women who have experienced partner violence are more likely to:

- feel depressed
- have a diagnosis of depression
- experience anxiety
- use psychoactive medication
- have suicidal thoughts
- inflict deliberate self-harm.

Younger women with a previous history of partner violence had better mental health scores than women whose experiences were more recent. This suggests that - despite the negative effects of violence - many women have been able to put violent experiences behind them.

Mid-age women who had experienced partner violence were asked what advice they would give others. The most frequent recommendation was to end the relationship and establish a new life and new social networks.

## Health Services

Women who have lived with a violent partner use health services more frequently than other women. In particular, partner violence is associated with a marked increase in general practitioner consultations, as Figure 5 illustrates. Hospital and specialist doctor visits were also associated with partner violence. Among mid-age women, those who have experienced partner violence are more likely than others to have had a hospital admission. Younger women who have experienced partner violence tend to use sexual health and family planning services more often than other women.

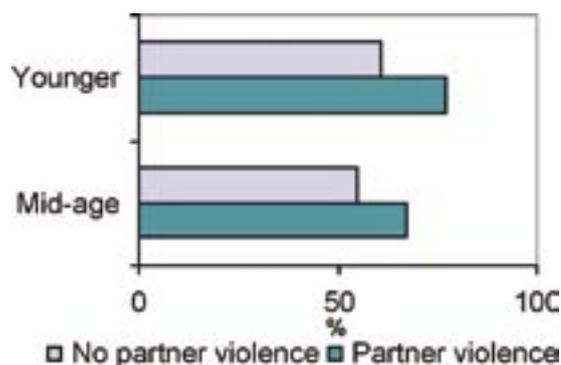
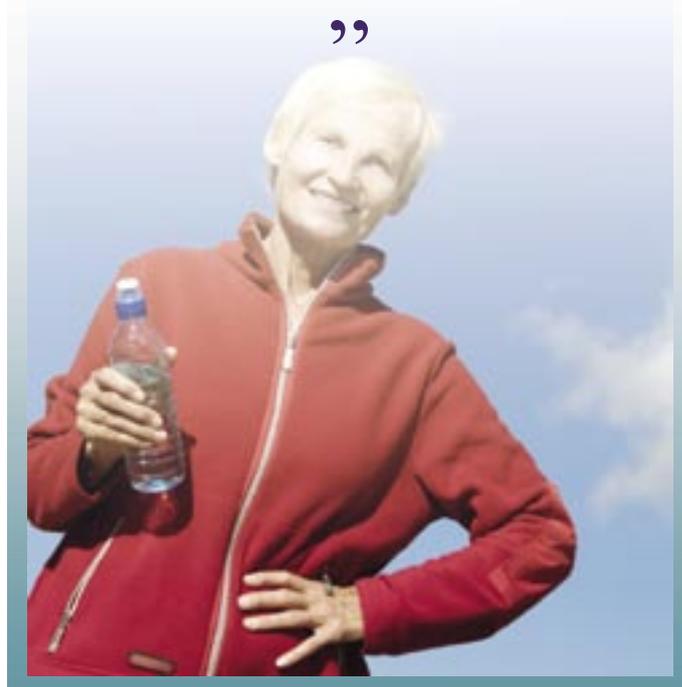


Figure 5. Women (%) who had visited GPs 3 or more times in a 12 month period (Survey 1)

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*After leaving a domestic violence situation, I have not felt so good in many, many years. No gallstone attacks, no stress (fear), no sleepless nights, no problem health issues, no high blood pressure, no fear of someone else's actions, no one to try and please except myself. I have been able to become a human being again.*

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## Social Support

Social support includes having someone to confide in, having help with practical matters such as financial aid and transport, and having people around who can provide information. Women who have experienced partner violence tend to have less social support available to them than other women. However, among both younger and mid-age women who had lived with violent partners, the presence of social support was associated with better mental health and less depression.

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*I picked up my bags and pushed the pusher and I started walking and I remember that it was like a strength, it was like I was empowered, all of a sudden I was absolutely empowered and I've never looked back. Never looked back.*

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*The Australian Longitudinal Study on Women's Health is a landmark study funded by the Australian Government Department of Health and Ageing and conducted by a team of researchers at the Universities of Newcastle and Queensland.*

*The study:*

- is designed to monitor and document the health and wellbeing of Australian women in urban, rural and remote areas
- aims to provide policy relevant information to contribute to health and welfare planning
- began in 1996 with a representative sample of 40,000 Australian women in three age groups
- includes younger women born 1973-78, middle-aged women born 1946-51, and older women born 1921-26
- has the capacity to link Medicare data on service usage with survey information
- collects data on physical and emotional health, health service use, life course events, demographics, and social and behavioural factors
- is planned to run for twenty years or more.

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*I knew that whatever happened, even if I was 300 percent on the wrong, that I could count on mum and dad's love and support.*

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## Policy Issues

- ALSWH results demonstrate that partner violence has a significant impact on women, and on use of health services. The challenges are to identify the most effective treatment strategies for women who experience health problems as a result of partner violence and to ensure that these strategies are implemented.
- The value of social support to women's mental health shows that women can recover from the mental health burden of partner violence. The development and implementation of interventions that promote and extend social support may be of great benefit to women who have lived with a violent partner.
- Prevention of partner violence is a priority for improving women's health. Even if partner violence ceases, many thousands of Australian women continue to experience health problems associated with past partner violence.



## Find out more

For further information see ALSWH reports:  
*Stay strong and never accept it as a way of life: Australian women's experiences of abuse and life after abuse.* 2004 Parker G, Loxton D, Svensson A, Lee C, Warner-Smith P, Young A

*Violence against young Australian women and reproductive health.* 2003 Taft A, Watson L

Background information on the entire project can be found in the companion report in this series:  
*Australian Longitudinal Study on Women's Health: The First Decade.*

For surveys, details of scientific publications, and other information see the project website:  
<http://www.newcastle.edu.au/centre/wha>

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