

## Policy Brief

# Addressing the gendered nature of violence and its health impacts

### Key messages

- The relationships between gender-based violence, women's health and prevention with an intersectional gender and health equity lens are not always well understood or explained.
- Women disproportionately bear the health impacts of all forms of violence, are more likely to acquire disabilities, develop long-term health conditions, and are at risk of experiencing homelessness as a result of gendered violence.
- Women who experience intersectional disadvantage are subject to higher rates of violence, have poorer experiences in healthcare and have poorer health outcomes. Applying an intersectional gender lens to violence is essential to understanding the diversity of lived experience, the intersecting forms of oppression, discrimination, power and privilege, and addressing structural inequalities through targeted prevention action.
- Gendered violence also impacts access to health care and occurs within health settings. It is vital to build a health system that does not perpetrate, condone or enable violence.
- Violence against women is a significant public health problem, as well as a fundamental violation of women's and girl's human rights. Responding to and preventing gender-based violence are therefore key preventive health measures.
- Health equity cannot be achieved without responding to and preventing gender-based violence.
- Implementation of government health strategies must integrate preventive health with frameworks and actions that address the gendered drivers and intersectional nature of violence.

### Purpose of this brief

Australian Women's Health Alliance works to articulate the policies and actions necessary to improve health outcomes for all women. This brief aims to highlight the links between gender-based violence and women's health outcomes, and positions violence prevention as preventive health action. It is applicable in all jurisdictions.

Understanding what prevention with an intersectional gender and health equity lens looks like, using available evidence across health and related sectors, is key to an effective and gender-responsive prevention system. This is a challenge for the National Preventive Health Strategy 2021-2030 (NPHS), the National Women's Health Strategy 2020-2030 (NWHS) and related policies, because without these understandings, it is difficult to design and implement prevention strategies that will achieve health equity. While these policies recognise the health impacts of violence against women and girls and acknowledge violence as an adverse element, this brief builds a more comprehensive understanding of the compounding impacts of violence and other determinants of health using a gender equity lens.



## Why put an intersectional gender lens on violence and its health impacts on women?

There is a wealth of evidence on the prevalence of violence against women, alongside national and state/territory policies to address and prevent violence before it occurs.<sup>1 2</sup> However, the relationships between gender-based violence, women's health and prevention are not well understood or explained.

Women disproportionately bear the health impacts of all forms of violence. For females aged 15-44, child abuse/neglect is the leading risk factor contributing to total burden of disease, with partner violence the fourth leading risk factor.<sup>3</sup> Women are more likely to acquire disabilities, develop long-term health conditions, and are at risk of experiencing homelessness because of gendered violence. Women also have higher levels of chronic disease and poorer mental health linked to sexism, violence and poverty. Violence is one of the leading causes of premature mortality among young people in Australia and women are much more likely than men to be murdered in acts of family violence.<sup>4</sup>

Data from the Australian Longitudinal Study of Women's Health (ALSWH) demonstrates links between experiencing sexual violence and increased risk of poorer mental and physical health and suggests that detrimental health impacts persist over the life course. Sexual violence was also linked to adverse health behaviours, indicating that prevention of violence is a critical preventive health action.<sup>5</sup> For instance, ALSWH data also found that 'victims and survivors of sexual violence are up to 45% more likely to have high levels of financial stress and report worse physical and mental health, including chronic conditions and mental health issues, than those who have not experienced sexual violence.'<sup>6</sup>

From individual health and wellbeing outcomes to broader social determinants of health including education, financial status, housing and homelessness, gender-based violence including, domestic, family and sexual violence (DFSV), compounds the negative impacts on women's health.<sup>7 8</sup>

A gender equity lens recognises that preventing gender-based violence is therefore necessary to achieve health equity. Without this understanding, women's lived experiences can be siloed into either safety or health needs, without recognising the intrinsic connection between them. This leads to a system that does not adequately respond to the holistic needs of individuals, families or communities. Applying an intersectional gender lens to violence is essential to understanding the diversity of lived experience, the intersecting forms of oppression, discrimination, power and privilege, and addressing structural inequalities through targeted prevention action.

Aboriginal and Torres Strait Islander women, women with disabilities, and LGBTIQ+ communities bear a disproportionate burden of gendered violence. Violence against Aboriginal and Torres Strait Islander women cannot be addressed without addressing the ongoing impacts of colonisation and intergenerational trauma. The barriers that migrant and refugee women with intersecting forms of disadvantage face when experiencing violence, such as precarious visa status, require different systemic responses to ensure their health and safety. Women who are sex-workers and criminalised women are not often considered in preventive measures and face extra barriers to help when experiencing violence.

Applying an intersectional gender lens on violence is key to strengthening policies and programs that address gendered violence in the broader community as well as within the health system.



## Gendered violence and the health system

Violence may also impact access to health care, occur within health settings and result in poorer health outcomes. For example, data from the Australian Longitudinal Study of Women's Health indicates a complex relationship between experiencing sexual violence and access to health services. While women who had experienced sexual violence have poorer physical and mental health outcomes, their usage of health services, and the costs of health services were similar to other women.<sup>9</sup> This suggests that women who have experienced sexual violence may be less likely to access health services for their health needs, possibly as a result of experiences of healthcare that didn't meet their needs or were not satisfactory.

Further, some specific forms of violence are more likely to occur in health settings. For example, reproductive coercion and abuse, which refers to behaviours that interfere with a person's autonomy to make decisions about their reproductive or sexual health. While reproductive coercion can and does occur in personal relationships, it can also occur in or be enabled by institutional and/or health settings, for example through forced sterilisation. Obstetric violence, or acts of harm during pregnancy care, can occur across health settings and exacerbate complex power imbalances between health care practitioners, women and pregnant people during pregnancy, childbirth and the postpartum period. These, alongside other forms of institutional abuse, contribute to a lack of agency, lack of informed consent, lack of supported decision making, and risk (re-)traumatising women who access care. It is vital to build a health system that does not perpetrate, condone or enable violence. Practices, procedures and interventions that embed trauma-informed care with an intersectional lens are key to health systems achieving health equity.

## What does this mean for preventive health and health equity?

Violence against women is a significant public health problem, as well as a fundamental violation of women's and girl's human rights. Responding to and preventing gender-based violence are therefore key preventive health measures.<sup>10</sup>

For example, in promoting and protecting mental health, prevention actions under the NPHS must also consider the impacts of violence on women's mental health and well-being. This may intersect with other focus areas (e.g., reducing tobacco use) and requires a social determinants approach to address the relationship between mental health and barriers to accessing safety, adequate housing, a liveable income or support for recovery and healing.<sup>11 12</sup> Preventive health in the context of sexual and reproductive health is also a gap within the NPHS that requires a stronger gendered lens to achieve health equity amongst priority populations. Research has shown that intimate partner violence has a detrimental impact on the reproductive and sexual health of women.<sup>13</sup> Health equity cannot be achieved without responding to and preventing gender-based violence.

Significant work has been done in Australia within the fields of primary prevention and specialist DFSV services, which build on a public health approach across different types of prevention.<sup>14 15</sup> This includes research, policy frameworks and primary prevention activities that address key drivers of violence.<sup>16</sup> These drivers are gendered in nature, reinforced through cultural norms and social determinants of health, and require action at individual, community and systemic levels.



Implementation of government health strategies must therefore integrate preventive health with frameworks and actions that address the gendered drivers and intersectional nature of violence. Systematic approaches are required across all levels of government, service delivery and the community that recognise the relationship between gender-based violence, health and wellbeing. This includes strengthening partnership and community engagement across the health and social care sectors and building capacity in gender-responsive health across leadership, governance, funding, education and training, the health workforce and broader community.

The health workforce and health settings must be resourced to engage in primary prevention, early intervention, response, and long-term recovery. Embedding an intersectional gender lens into the curriculum of tertiary health qualifications as well as workplace training of current practitioners in the health workforce is key. Doing so will build on existing national action within legislation, policy and programs across workplaces, education, and community settings. Preventive health action must also recognise and integrate existing efforts across early intervention, trauma informed and culturally responsive care, women's specialist and community-controlled health services, recovery focused care and holistic approaches grounded in an understanding of the impacts of violence on health and wellbeing.

In responding to violence as a public health issue across health settings, efforts to improve health outcomes for women and gender diverse people must also consider the compounding intersectional experiences of gendered violence. Preventive health strategies that are developed through authentic co-design and include community-led initiatives are essential. Further, preventive health action must be taken as a whole-of-government and whole-of-community approach, where determinants of health, such as housing, are addressed.

Preventing gender-based violence is preventive health. An effective national policy approach is one that is implemented across whole-of-government and aligns health and prevention with addressing gendered violence across national health, social and other relevant strategies. A commitment to sustainably funding the implementation of strategies is also vital for a prevention system that meets the holistic needs of individuals, families and communities.

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## About us

The Australian Women's Health Alliance provides a national voice on women's health. We highlight how gender shapes experiences of health and health care, recognising that women's health is determined by social, cultural, environmental, and political factors.

## Contact us

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If you, or someone you know, is being impacted by domestic, family or sexual violence please visit [1800 RESPECT](http://1800RESPECT) or call 1800 737 732. Support is also available for professionals who work with people impacted by domestic, family or sexual violence.

## Suggested citation

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*We acknowledge the Traditional Custodians of the lands and waters on which we live and work.*

*We pay our respect to Elders past and present. Sovereignty has never been ceded.*

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<sup>1</sup> National research includes: Australian Bureau of Statistics, [Personal Safety, Australia](#), Australian Bureau of Statistics, 2021-22; Australian Institute of Health and Welfare, [Family, domestic and sexual violence in Australia: continuing the national story](#), Australian Government, 2019; Australian Institute of Health and Welfare, [Family, domestic and sexual violence](#), Australian Government, 2022 and [Australia's National Research Organisation for Women's Safety](#).

<sup>2</sup> National policy and frameworks include: Department of Social Services, [The National Plan to End Violence Against Women and Children 2022-2032](#), Commonwealth of Australia, 2022 and Our Watch, [Change the story: A shared framework for the primary prevention of violence against women in Australia \(2nd ed.\)](#), Our Watch, 2021.

<sup>3</sup> Australian Institute of Health and Welfare, *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018*, Australian Government, 2021.

<sup>4</sup> Australian Institute of Health and Welfare, [Family, domestic and sexual violence data in Australia: Family and domestic violence homicide](#), Australian Government, 2022. Australian Institute of Health and Welfare, [Assault](#), Australian Government, 2015.

<sup>5</sup> N Townsend, D Loxton, N Egan, I Barnes, E Byrnes and P Forder, [A life course approach to determining the prevalence and impact of sexual violence in Australia: Findings from the Australian Longitudinal Study on Women's Health](#), Australia's National Research Organisation for Women's Safety, 2022, Issue 14.

<sup>6</sup> N Townsend, et al., [A life course approach to determining the prevalence and impact of sexual violence in Australia](#).

<sup>7</sup> Australian Institute of Health and Welfare, [Family, domestic and sexual violence in Australia 2018](#), Australian Government, 2018.

<sup>8</sup> D Loxton and N Townsend, [Violence and Abuse Policy Brief](#), Women's Health Australia, 2019.

<sup>9</sup> N Townsend, et al., [A life course approach to determining the prevalence and impact of sexual violence in Australia](#).

<sup>10</sup> The National Preventive Health Strategy outlines multiple types of prevention that also align with national frameworks on the prevention of violence against women. In a health context, primary prevention 'focuses on reducing risk factors to prevent a disease or disorder before it arises.' Primary prevention of violence against women aims to stop violence 'from occurring in the first place by addressing its underlying drivers.' Department of Health and Aged Care, [National Preventive Health Strategy](#), Australian Government, 2022, p 79. As the burden of ill-health, disease or violence progresses, early intervention (also known as secondary prevention) and response (or tertiary prevention) measures must be in place to stop escalation and reduce harm.

<sup>11</sup> A Melka, C Chojenta, E Holliday, D Loxton, 'Predictors of E-cigarette Use Among Young Australian Women', *American Journal of Preventive Medicine*, 2018, 56(2): pp 293-299.

<sup>12</sup> Australia's National Research Organisation for Women's Safety, [Violence against women and mental health](#), ANROWS INSIGHTS, 2020.

<sup>13</sup> M Hutchinson, SM Cosh, L East, 'Reproductive and sexual health effects of intimate partner violence: A longitudinal and intergenerational analysis', *Sexual and Reproductive Healthcare*, 2023, Jun;36:100846.

<sup>14</sup> One feature of public health used in national frameworks is the 'socio-ecological model', which demonstrates 'how violence is a product of multiple, interacting components and social factors. The model conceptualises how gendered drivers of violence manifest across the personal, community and social level and illustrates the value of implementing multiple mutually reinforcing strategies across these levels.' Our Watch, [Change the story: A shared framework for the primary prevention of violence against women in Australia \(second edition\)](#), Our Watch, 2021.

<sup>15</sup> Department of Health and Aged Care, [National Preventive Health Strategy](#), Australian Government, 2022.

<sup>16</sup> The 'Change the story framework' highlights the following 4 gendered drivers of violence as levers to shift: 1. Condoning of violence against women, 2. Men's control of decision-making and limits to women's independence in public and private life, 3. Rigid gender stereotyping and dominant forms of masculinity, and 4. Male peer relations and cultures of masculinity that emphasise aggression, dominance and control. Our Watch, [Change the story: A shared framework for the primary prevention of violence against women in Australia \(second edition\)](#), Our Watch, 2021, pp 6-7.