

The Australian Longitudinal Study on Women's Health

Health and Experiences of Violence among Young Australian Women

Angela Taft, Lyn Watson and Christina Lee

Introduction

Violence against women is associated with serious reproductive outcomes. These include unwanted and unplanned pregnancies, high rates of abortion, low birth-weight, sexually transmitted diseases, including HIV infection, and the murder of both mother and child. Violence against women also impacts on their general physical and mental health.

The 2002 World Report on Violence and Health (WHO) pointed out that women who live with violent partners have difficulty protecting themselves from unwanted pregnancy or disease.

The Australian Longitudinal Study of Women's Health (ALSWH) involves over 14,000 young women, who were aged 18 to 23 when first surveyed in 1996. They were surveyed again in 2000 and around 10,000 young women aged 22 to 27 responded. ALSWH provides a unique opportunity to examine how violence, in particular violence from an intimate partner, is associated with young Australian women's reproductive and general health. Four mutually exclusive groups of women were identified within the study.

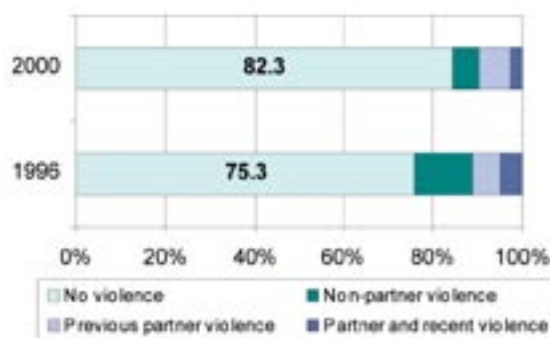
Women who have experienced:

1. No violence.
2. Recent (in past 12 months) physical/sexual violence, not from a partner (recent non-partner violence).
3. Ever partner violence but not in the past year (previous partner violence).
4. Partner and recent (physical or sexual) violence.

The scale of violence against young Australian women

In 1996, 24% of young Australian women had already experienced some violence. Figure 1 shows that 13% had experienced non-partner violence (this may include violence from family members, friends or casual dates), 6% a history of previous partner violence and 5% partner and recent violence. By 2000, when some abused women had dropped out of the study, 5% reported non-partner violence, 7% previous partner violence and 3% partner and recent violence.

Figure 1. Percentage of young Australian women experiencing violence



By 2000, the women in this study were four years older and:

- More women experienced reduced (13.6%) than increased violence (7.3%).
- While for 7.1%, there was no change in violence, altogether for 14.4%, the level of violence either remained the same or increased.
- Fewer than 1% remained in a violent partner relationship.
- 2% (n=194) moved into a relationship with recent partner violence.

Similar to overseas findings, violence against young Australian women, particularly violence by partners, is associated with:

- Young age
- Low education level
- Unpaid or disabled status
- Living in a de facto relationship
- Being separated or divorced
- Living in a remote community
- Coming from an Indigenous background
- Not coming from an Asian background

The ALSWH oversampled women in rural and remote areas. There is no significant difference in the level of violence between women in urban and rural areas. However those in remote areas experience a higher risk of violence.

Violence and pregnancy

We found partner violence strongly associated with early pregnancy. In 1996, while 14% and 15% of women with no or non-partner violence reported one or more pregnancies, 38% and 46% of women with previous or recent partner violence reported one or more pregnancies.

By 2000, while 25% and 27% of women with no or non-partner violence had been pregnant, 52% of those with previous partner and 63% with recent partner violence had been pregnant.

Women who experienced any form of partner violence were more likely to have experienced sexual intercourse at an early age, and to have had their first baby at an earlier age, than others. It is likely that a large number of the victimised women have experienced childhood sexual abuse.

In addition to early pregnancy, pregnancies among women victimised by partners were associated with adverse pregnancy outcomes.

Births, miscarriages, abortions, preterm births and stillbirths

When we take into account all the other factors that could influence pregnancy outcomes, such as level of education, employment, area of residence, country of birth, ATSI and marital status, smoking and high risk drinking, women who have experienced violence still have poorer outcomes than women with no violence.

In 1996, women with recent non-partner violence were twice as likely to have had either miscarriages or abortions, and three times as likely to have had both miscarriages and abortions. Women with a history of previous partner violence were twice as likely to have had births and a miscarriage, or both miscarriages and abortions. Women with partner and recent violence were:

- Almost three times as likely to report a miscarriage
- Twice as likely to report a birth and a miscarriage
- Four times as likely to report having had birth, miscarriage and abortion
- Five times as likely to report miscarriage and abortion only

Women with a history of previous partner violence were twice as likely as women free of violence to have given birth at term (40 weeks). But they were also 2 ½ times as likely to have had a preterm baby and a loss (miscarriage or abortion), or a stillbirth and a loss. Women with partner and recent violence were 2 ½ times as likely to have had a term birth and a loss as women free of violence.

"I'm 19 years old & have a 7 and ½ month son. I've lived with my ex-boyfriend for 2 years in which he was extremely abusive both physically & verbally ... a year ago I took out an AVO (Aprehended Violence Order) on him. I finally woke up to myself and had him arrested for assault a month ago. I actually thought my life was crumbling but then I never felt such a heavy weight lifted from my sholders."



Women's sexual and reproductive health

There are other reproductive and sexual costs associated with violence from an intimate partner. Women experiencing violence from an intimate partner were:

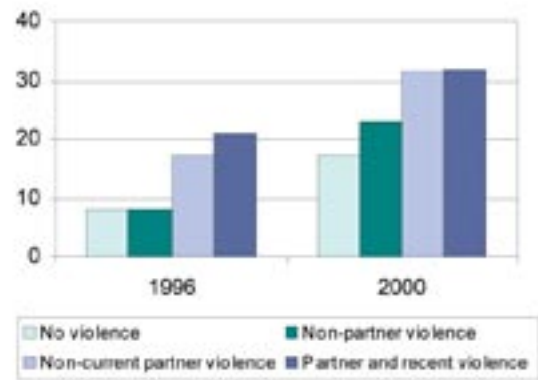
- Twice as likely to report a vaginal discharge in the last 12 months
- Three times as likely to report ever having had Herpes and twice as likely to have had it in the last four years
- Eleven times as likely to report Hepatitis C infection in the last four years by 2000
- Three times as likely to report Human Papilloma Virus less than four years ago in 2000

Human Papilloma Virus is implicated in cervical cancer. Compared with women who are free of violence or have experienced non-partner violence, women with any form of partner violence are significantly more likely to have had a Pap smear in the previous two years. Perhaps because they have more screening, in addition to their increased risk, the high rates of abnormal Pap smears for women victimised by partners are clearly visible in Figure 2.

"I was physically and sexually abused by my partner... the first time that this has happened. Since then I have been going through a very emotional period with feelings of uncertainty as to what the future holds. Prior to this I was very happy with my life. Now I am faced with the prospect of either being a single mother or staying in my present relationship and trying to make things work."



Figure 2. Women (%) reporting abnormal Pap smears



The impact of intimate partner violence on women's mental health

Women previously or currently abused by partners are four to five times as likely to report depression as women free of violence. Recent depression, anxiety disorder, self harm in the past six months and suicidal thoughts in the recent week are also significantly associated with violence from non-partners, and current or previous violence from partners.

Women reporting previous or current partner violence are more likely to report depression both before and after 1996. While women with recent partner violence were 13 times more likely to report depression, women with a previous history of partner violence were four times more likely, suggesting that the impact of partner violence may be sustained for some women.

Importantly, women reporting a previous history of partner violence had better mental health scores than women reporting recent violence from either non-partners or from partners. This strongly suggests the benefits of distance from violence for women's mental health.

The beneficial effect of social support

Overseas evidence suggests that social support helps women cope with violence. In the ALSWH, low levels of social support were more common among women who experienced violence, especially partner and recent violence. However, better social support is associated with women's better mental health scores, irrespective of the level of violence and also with a reduction in violence.



"I... married an extremely violent man and didn't leave earlier because I was too concerned with what everyone else would think... There needs to be more education made available to young women and society as a whole regarding the effects of severe domestic violence. I count myself as lucky because I got out, I have the most unbelievable family and I have met somebody who loves me greatly and who I have learnt to love with as much intensity."

The ALSWH allows us to link women's individual records between the 1996 and the 2000 surveys and see what happens to them in any transitions in and out of violence. The women who were able to separate or leave the violence behind were characterised by:

- An increase in mental wellbeing
- Increased social support
- A reduction in fear
- A reduction in disordered eating
- A reduction in smoking, drinking and drug-taking
- A reduction in some STDs, such as Herpes
- Slightly increased rates of abnormal Pap tests
- Being separated or divorced
- Not being from an Asian background
- Past patterns of drug misuse
- Difficulty sleeping
- An increased use of health services
- A desire for full time work or to be self-employed and to be in a stable de facto relationship
- Aspirations for further education

Women's use of and satisfaction with their doctors

Young women are generally healthy. In this survey, women abused in the past or present either by a partner or another person (but especially recently and by a partner) are much more likely to report having visited a General Practitioner often, and/or seen a specialist, in the last 12 months. These visits indicate both abused women's poorer health and a sustained effort to gain effective help.

Women who experienced violence are also two to four times as likely to have visited family planning and sexual health services in the last 12 months.

The ALSWH asked women about their satisfaction with the care provided by their GPs. Between a quarter and a third of all women, irrespective of violence category, rated their most recent visit to the GP as excellent.

However, women reporting partner violence, previous or current, were less satisfied with some aspects of the visit, such as the amount of time they spent with their doctor.

These data suggest strongly that assisting women to avoid or escape from violent situations will benefit their physical, reproductive and emotional health. It also emphasises the importance of assisting health services to intervene and provide a more effective response.

The information in this report is summarised from "Violence against young women and reproductive health", by A. Taft, L. Watson and C. Lee, commissioned by the Office of the Status of Women, 2003.

ALSWH is funded by the Australian Department of Health and Ageing.

Further information is available from Dr Angela Taft: a.taft@latrobe.edu.au

