

**SAFE+EQUAL**

Standing strong  
against family  
violence

**SUBMISSION TO THE VICTORIAN**  
**INQUIRY INTO WOMEN'S PAIN**

14 August 2024

## **Acknowledgement of Traditional Owners**

Safe and Equal acknowledges Aboriginal and Torres Strait Islander peoples as the traditional and ongoing custodians of the lands on which we live and work. We pay respects to Elders past and present. We acknowledge that sovereignty has never been ceded and recognise First Nations peoples' rights to self-determination and continuing connections to land, waters, community and culture.

## **Honouring Victim-survivors**

Safe and Equal acknowledges the strength and resilience of adults, children and young people who have experienced family violence and recognises that it is essential that responses to family violence are informed by their expert knowledge and advocacy. We pay respects to those who have not survived and acknowledge the lasting impacts of this preventable violence on families and communities.

## **About Safe and Equal**

Safe and Equal is the peak body for Victorian organisations that specialise in family and gender-based violence across the continuum, including primary prevention, early intervention, response and recovery. Our vision is a world where everyone is safe, respected and thriving, living free from family and gender-based violence.

Our work prioritises the safety of all people experiencing, recovering from or at risk of family and gender-based violence. While we know that most family violence is perpetrated by men against women and children, we recognise that family violence impacts people across a diversity of gender identities, social and cultural contexts, and within various intimate, family and other relationships. We apply an intersectional feminist lens in our work to address the gendered drivers of violence, and how these overlap and intersect with additional forms of violence, oppression and inequality.

We believe in and work towards a world where people are not only safe and free from family and gender-based violence but are respected for who they are and thriving in their lives.

© 2024 Safe and Equal

Author: Joseph Lumanog, Policy and Advocacy Advisor  
Key Contact: Tania Farha, CEO

## Introduction

Safe and Equal welcomes the opportunity to provide a submission into this inquiry.

Safe and Equal has had the opportunity to review the submission made by the Victorian Women's Health Services Network and we endorse that submission.

We are pleased to see an acknowledgement in the Inquiry's Terms of Reference that women generally experience more recurrent pain, more severe pain and longer-lasting pain than men. We are also pleased to see an acknowledgment that this is due, in part, to the gender bias that exists in medical and healthcare systems.

As the peak body for specialist family violence services and organisations in Victoria working across the continuum from prevention to response, our submission is focused on the intersection between family violence and women's experiences of pain.

Gender bias in medicine, medical research and healthcare systems impacts the ability to access safe, high-quality healthcare and pain relief. A 2019 Danish study<sup>1</sup> of 6.9 million people and 770 disease types over 20 years found that, on average, women are older than men when diagnosed, and that the patient course of treatment was different. Specifically, cancer in women was diagnosed an average of four years later and metabolic diseases such as diabetes were diagnosed an average of 4.5 years later. Globally, endometriosis affects approximately ten per cent of women of childbearing age but takes an average of 6.6 years to be diagnosed.<sup>2</sup>

In Australia, a 2018 study<sup>3</sup> found women admitted to hospital following serious heart attack were half as likely as men to receive proper treatment, and their six-month survival rate was half that of men. More recently, the 2024 National Pain report<sup>4</sup> found that for people living with chronic pain there is a significant disparity in respondents' experience of stigma and delays in diagnosis including women and gender diverse people:

- *Women (39%) and non-binary people (45.3%) were more likely to report feeling stigmatised by GPs. They also felt more stigma from other health professionals, with 49.2% of women and 79.2% of non-binary respondents reporting bad experiences*

## Family violence and health impacts

Family violence tactics may involve physical and sexual assault, resulting in injuries and presentations to the healthcare system. Non-physical tactics of family violence can also significantly impact the health of victim-survivors.

---

<sup>1</sup> Westergaard, D., Moseley, P., Sørup, F. K. H., Baldi, P., & Brunak, S. (2019). Population-wide analysis of differences in disease progression patterns in men and women. *Nature Communications*, 10(1), 1–14.

<sup>2</sup> Fryer, J., Mason-Jones, A. J., & Woodward, A. (2024). Understanding diagnostic delay for endometriosis: a scoping review. *MedRxiv (Cold Spring Harbor Laboratory)*.

<sup>3</sup> Khan, E., Brieger, D., Amerena, J., Atherton, J. J., Chew, D. P., Farshid, A., Ilton, M., Juergens, C. P., Kangaharan, N., Rajaratnam, R., Sweeny, A., Walters, D. L., & Chow, C. K. (2018). Differences in management and outcomes for men and women with ST-elevation myocardial infarction. *Medical Journal of Australia*, 209(3), 118–123.

<sup>4</sup> Chronic Pain Australia (2023). 2024 National Pain Report: The social and economic cost of pain.

Family violence contributes significantly to chronic and debilitating health issues, including experiences of pain, for women.<sup>5</sup> Health impacts of family violence include acquired brain injuries (ABI), including chronic traumatic encephalopathy (CTE); early onset dementia; cognitive impairment; motor neuron disease; and in some cases, death.<sup>6</sup>

Family violence is also associated with disabilities or chronic health issues such as: stress-induced autoimmune disease;<sup>7</sup> chronic anxiety, depression, and other mental health issues; problems with alcohol and substance use; pregnancy loss; health complications in pregnancy and impacts on the child-mother bond; self-inflicted injuries; and suicide.<sup>8</sup>

A perpetrator's use of family violence can also exacerbate a victim survivor's experience of chronic pain and illness. As tactics of family violence, a perpetrator may:

- restrict a victim-survivor's access to medical care, pain management, and other supports, such as disability care and financial assistance
- socially isolate and severely limit a victim survivor's movements
- use substance use coercion (coercive tactics that target a partner's use of substances as part of a broader pattern of abuse<sup>9</sup>)
- use reproductive coercion (to dictate a person's reproductive choices or interfere with their reproductive autonomy<sup>10</sup>).

As a result of family violence, a victim survivor may present to the healthcare system with trauma responses that may be experienced or expressed as pain or chronic pain. A 2010 research study found that post-traumatic stress disorder (PTSD) or post-traumatic stress symptoms (PTSS) co-occur with chronic pain and family violence.<sup>11</sup> A victim survivor may be living with family violence related chronic health issues and to cope with or escape their pain, may self-medicate with pain medication, alcohol, other substances,<sup>12</sup> and addictive behaviours such as gambling.<sup>13</sup>

## Considerations for the healthcare system

It has been estimated that a full-time general practitioner sees approximately five women per week who have experienced family violence in the last 12 months;<sup>14</sup> this 2022 statistic may have

<sup>5</sup> Kelly, T.C. and Stermac, L. (2012). Intimate Partner Sexual Assault Against Women: Examining the Impact and Recommendations for Clinical Practice. *Partner Abuse*, 3(1), pp.107–122.

<sup>6</sup> Brain Injury Australia. (2018). The prevalence of acquired brain injury among victims and perpetrators of family violence. <https://www.braininjuryaustralia.org.au/download-bias-report-on-australias-first-research-into-family-violence-and-brain-injury/>

<sup>7</sup> Dube, S. R., Fairweather, D., Pearson, W. S., Felitti, V. J., Anda, R. F., & Croft, J. B. (2009). Cumulative Childhood Stress and Autoimmune Diseases in Adults. *Psychosomatic Medicine*, 71(2), 243–250.

<sup>8</sup> Australian Institute of Health and Welfare. (2023b, November 24). *Health outcomes*. Australian Institute of Health and Welfare. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/health-outcomes>

<sup>9</sup> Phillips, H., Warshaw, C., Kaewken, O. (2020). Literature review: Intimate partner violence, substance use coercion, and the need for integrated service models. National Center on Domestic Violence, Trauma, and Mental Health

<sup>10</sup> Macdonald, J., Gartoulla, P., Truong, M., Tarzia, L. and Willoughby, M. (2023). *Reproductive coercion and abuse Content warning*. [online] Available at: [https://aifs.gov.au/sites/default/files/2023-04/2305\\_CFCA\\_Reproductive\\_coercion\\_and\\_abuse\\_practice\\_guide.pdf](https://aifs.gov.au/sites/default/files/2023-04/2305_CFCA_Reproductive_coercion_and_abuse_practice_guide.pdf).

<sup>11</sup> Wuest, J., Ford-Gilboe, M., Merritt-Gray, M., Wilk, P., Campbell, J. C., Lent, B., Varcoe, C., & Smye, V. (2010). Pathways of Chronic Pain in Survivors of Intimate Partner Violence. *Journal of Women's Health*, 19(9), 1665–1674. <https://doi.org/10.1089/jwh.2009.1856>

<sup>12</sup> Australian Institute of Health and Welfare. (2023a, November 24). *Factors associated with FDSV*. Australian Institute of Health and Welfare. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/factors-associated-with-fdsv>

<sup>13</sup> Freytag, C., Lee, J., Hing, N., & Tully, D. (2020). *The dangerous combination of gambling and domestic and family violence against women practice guide for gambling counsellors, financial counsellors and domestic and family violence workers*.

<sup>14</sup> Australian Institute of Health and Welfare. (2024, February 15). *Health services*. Australian Institute of Health and Welfare. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/health-services>

increased due to continued capability building work in the healthcare system to increase identification of family violence. In a 2016 report by KPMG<sup>15</sup> they noted:

- an estimate of the health system utilisation costs relating to family violence to be at least \$1.4 billion per annum
- victim-survivors bearing an aggregate total cost of \$10.4 billion in the 2015-16 financial year due to pain, suffering, and premature mortality

Healthcare professionals are well positioned to respond to women's reports of health issues, which may signal underlying contextual and risk factors for family violence and associated trauma. It is critical that the healthcare system and professionals are equipped to provide family violence informed responses and the potential for family violence to be an underlying factor to a presenting health issue. Family violence informed practice for healthcare professionals will support effective diagnoses and the provision of practical and appropriate treatment for patients.

With the healthcare system's role in supporting the long-term healing and recovery of victim-survivors, the intersection of family violence and women's health and recovery should be framed as a space for collaborative research, knowledge translation, and inter-disciplinary practice development.

### **Recommendations**

1. Consider expanding prescription of the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) to include private GPs and other healthcare providers, with sufficient resourcing allocated to align to the requirements
2. Provide appropriate funding and training to strengthen family violence screening in key contact points with the healthcare and universal services system, for example mental health care plans and maternal and child health ages and stages checks
3. Embed lived experience expertise in health program development and evaluation
4. Improve sustainability and impact of the women's health sector through increased and long-term investment in women's health promotion services, information access, sexual and reproductive health services, and other initiatives across the Victorian Women's Health Program and Victorian Women's Health Services Network
5. Explore co-location or in-reach models for family violence specialists and healthcare services. These may draw from experiences of existing models, such as sexual assault services in hospitals or Health Justice Partnerships (HJPs) in community health centres. This should begin with embedding family violence specialist practitioners in the 20 new comprehensive women's health clinics announced in 2023/2024 Victorian State Budget
6. Recognising that perpetrators of family violence may attend medical appointments with their partner, all healthcare practitioners should have a strategy to ensure they can speak to a patient alone in cases where there is suspected family violence
7. Given the success and impact of the Strengthening Hospital Responses to Family Violence initiative, consider re-funding this initiative to continue to build capacity and capability and whether additional whole of organisation approaches may be needed in the healthcare system.

---

<sup>15</sup> KPMG. (2016). *The cost of violence against women and their children in Australia*.