

DOMESTIC VIOLENCE AND MENTAL ILLNESS IN AUSTRALIA: A BIO-PSYCHO-SOCIAL EXAMINATION

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Abstract

Domestic violence (DV) remains a pervasive criminal offense affecting individuals across cultures and social groups, predominantly within intimate partner relationships and families. It encompasses physical, sexual, emotional, psychological, and economic abuse, driven by a desire to dominate and control. Despite Australia's relatively low gender inequality, DV remains a significant issue, particularly among Indigenous communities and women. Depression, anxiety, personality disorders, post-traumatic stress disorder (PTSD), and substance abuse are critical risk factors for

both perpetration and victimization. This study explores the intersection of mental health and DV in Australia, examining prevalent mental health conditions among perpetrators, psychosocial effects on victims, and policy responses. A longitudinal approach was adopted in driving home the causes and impacts of living with mental health patients. Findings show that mental health remains an under-addressed factor in DV prevention despite diverse initiatives. Women are usually victims of domestic violence. Those who face DV are physically and verbally abused, maimed, and victimized. Some even lose their lives while survivors sustain different degrees of physical injuries and emotional shocks. The study concludes that comprehensive strategies including public education, psychotherapy, and stronger medical support are essential to mitigate DV by targeting its root causes. Partner's mental health state should be examined before going into marriage while mentally ill individuals should be given adequate medical attention. Families should be properly informed on the dignity of human rights.

Keywords: Australia. Abuse. Domestic. Mental Health. Violence

Introduction

Domestic violence (DV) is a serious criminal offence affecting every culture and social group. It is believed to be common among intimate partner relationships and family members. This behaviour stems from a desire to coarsely dominate, control, or oppress another individual and instil fear. It encompasses actions that are physically, sexually, emotionally,

psychologically, or economically abusive; threatening or coercive; or any other form of control or domination that induces fear. DV is also known by other terms such as intimate partner violence (IPV), wife abuse, marital assault, woman battery, spouse abuse, wife beating, conjugality violence, intimate violence, battering, and partner abuse. According to Soni and Behman (2016), DV entails a person causing physical, psychological, or sexual harm to their spouse or partner. It encompasses a series of abusive behaviours, including harassment, maltreatment, brutality, cruelty, threats of assault, intimidation, physical harm, use of force, or threats to compel a spouse to engage in acts, sexual or otherwise, that they have the right to refuse. In the light of Debnath (2018), domestic violence, also known as intimate partner violence, refers to behaviours in a relationship aimed at maintaining power and control over a partner. To Hawcroft et al (2019), DV encompasses acts of violence committed by a family member or intimate partner against another adult. Guarnotta (2022) emphasises that DV refers to abuse happening within an intimate relationship, such as marriage, dating, family, or cohabitation. Hence, DV is typically linked to instances of physical abuse within intimate relationships and household environments usually committed by a man against a female partner.

Seeking a unified DV definition, Gulati and Kelly (2020) argue that not all jurisdictions have a legal definition of the concept, and where such definitions exist, they can differ. For example, some jurisdictions may include various perpetrator-victim relationships beyond just married or heterosexual couples. Women in

most societies are unaware of their rights, often viewing aggression as a normal part of life. This attitude may stem from cultural norms where men feel entitled to possess women, equating aggression with masculinity and accepting violence as standard behaviour. Women are often conditioned before marriage to accept whatever happens afterward while husbands justify their actions by claiming a right to beat their wives (Raina, 2018). These diverse ideas in understanding DV create confusion resulting in inconsistencies affecting victims, children, and the broader community.

While DV manifests in various coercive forms such as physical (physically harming another person by hitting, kicking, or doing other violent acts), emotional (name-calling, humiliation, yelling, threatening, or controlling another person's behaviour), sexual (any unwanted sexual act), financial (using money as a form of control) and stalking, its outcomes are mainly related to severe physical, psychological and sociological effects (Makomo & Chisaka, 2020, Bo & Yating, 2023). DV is often 'gender-based' arising from the belief that women are vulnerable. Beyond patriarchal belief, research has identified mental health issues as increasing the likelihood that an individual will become a perpetrator of DV. According to Solan (2024), among men, depression, anxiety, schizophrenia, and alcohol use disorder are frequently occurring mental health issues due to their exposure to numerous life-altering and traumatic events, such as health problems, the loss of loved ones, and physical restrictions. Individuals having these mental issues are more prone to direct aggression, agitation, or frustration toward themselves or their family and friends,

rather than toward strangers (Varshney et al, 2016). Mental illness does not dictate who will participate in violent extremism; instead, it increases the risk of such involvement (O'Driscoll, 2018) though research has consistently demonstrated that most people with mental illness are not violent, and most acts of DV are not perpetrated by individuals with mental illness (Green, 2020). Primarily, psychological disorders foster exposure to domestic abuse. Based on this, the research evaluates the intersection of mental health and DV in Australia, aiming to shed light on the aspects of mental health issues and the adequacy of current support systems.

Statement of the problem

Australia, being among countries with lower levels of gender inequality experience lower rates of DV when compared to nations with much gender disparities has pockets of DV. According to Mission Australia (2024), in 2017 Indigenous Australians were 32 times more prone to hospitalisation due to family violence compared to non-indigenous counterparts. Moreover, the majority of Indigenous assault cases documented by police were instances of family violence, varying from 64% (2,700 cases) in New South Wales to 74% (3,900 cases) in the Northern Territory. The Council of Australian Governments sees DV as encompassing violent acts between individuals who are currently or were previously in an intimate relationship. Perpetrators of sexual violence can be intimate partners, acquaintances, or strangers. These types of violence are present in all Australian communities and across various

socio-economic backgrounds. The council categorises DV as a gendered offenses because it is predominantly encountered by women. The prevalent form of violence encountered by women in Australia is intimate partner violence (Phillips et al, 2015).

In Australia, DV occurs in both heterosexual and homosexual relationships, affecting married, de facto, and separated adolescents and adults. Women are more likely than men to be victims of DV occurring in various relationship types, circumstances, and settings. Factors such as age, living arrangements, and English language proficiency make some women more vulnerable to becoming victims and less able to leave violent relationships (Morgan & Chadwick, 2009). DV has long-lasting impacts on the victims which cover mental, physical, and social consequences. According to a report by the Australia National Domestic Violence and the Workplace Survey, nearly half of the 3,600 respondents who experienced DV acknowledged that it impacted their ability to get to work (Idris et al, 2018).

DFV Work Aware (2020) reports that, close to 50% of women in Australia who revealed they had faced domestic and family violence indicated that it impacted their ability to attend work, primarily due to physical injuries or being restrained. Among these women:

- Almost one in five (19%) reported that the domestic violence extended into their workplace, manifesting as abusive calls or emails, or their partner physically showing up at their work.
- 16% reported feeling distracted, tired, and unwell, while 10% needed to take time off work.

Most cases of DV in Australia are not reported due to fear of the perpetrator, concerns about not being believed or being blamed, feelings of confusion, shame, and embarrassment, fear of reliving the trauma, or unwillingness to admit the incident happened.

The root causes of DV in Australia are intricate, leading to significant confusion and misinformation in making analysis. Gender inequality, power imbalances, and controlling behaviours within relationships are widely accepted as major contributing factors (Phillips & Vandenbroek, 2014). Some believe that demographic factors such as age, birthplace, and socioeconomic status only slightly impact attitudes. Few opinions take the most significant predictor of violence-supporting attitudes as having low support for gender equality. In the light of Morgan and Chadwick (2009), DV in Australia cannot be attributed to a single cause or factor. Various risk factors such as age, low educational attainment, low income or exclusion from the workforce, social disadvantage and isolation, and involvement in aggressive or delinquent behaviour during adolescence can trigger DV. Many of these risk factors are associated with a higher likelihood of aggressive behaviour and general offending. By this, the circumstances surrounding causes of DM in Australia differ, with numerous elements potentially merging to produce a distinct risk and experience of violence for each individual. Additionally, various factors and overlapping forms of mental issues can elevate the chances of someone becoming a perpetrator of family, domestic, and sexual violence (FDSV). Previous studies anchored on Australian government strategies in mitigating

occurrences of DV without considering curbing causes of DV, this study addresses mental health issues which is significant in DV in Australia.

Objectives of the study

1. To expose attitudes of individuals having mental health issues.
2. To explore prevalent mental health issues related to DV.
3. To investigate the psychosocial effects of DV.

Research questions

1. What are the commonest symptoms of mental health diseases?
2. What are the common mental health issues contributing to DV?
3. What are the psychological effects of domestic violence?
4. What is the distribution of DV in Australia and actions taken so far?

Literature Review

Common signs of having mental health issues

The signs and symptoms of mental illness can vary widely based on the specific disorder, individual circumstances, and other factors. These symptoms can impact emotions, thoughts, and behaviours (Mayo Clinic, 2024). Primarily, individuals having mental disorders are persistently sad or feeling down. They have confused thoughts or difficulty concentrating, experience intense fears or worries, or overwhelming guilt, and also exhibit severe mood swings with highs and lows. Other

signs include social withdrawal and loss of interest in activities. extreme fatigue, low energy, or sleep disturbances, disconnection from reality (delusions), paranoia, or hallucinations, difficulty handling daily stress or problems, challenges in understanding and relating to people and situations, alterations in sex drive, excessive anger, hostility, or violent behaviour and suicidal ideation. Sometimes, symptoms of a mental health disorder manifest as physical issues, such as stomach pain, back pain, headaches, or other unexplained aches and pains. According to APA (2022) and Solan (2024), shifts in a person's thoughts, emotions, or actions indicate the presence of a mental health condition. These changes could occur suddenly or develop gradually over time. Someone who typically manages life well might begin struggling with their usual activities, causing distress for themselves and their loved ones. Recognizing these signs could suggest the presence of a mental illness. Other signs of having mental health issues include unusual or irrational thoughts, excessive anger or irritability, difficulty concentrating or remembering, struggling to engage in conversations, changes in sleep patterns, either increased or decreased, loss of motivation, social withdrawal, substance abuse, thoughts of suicide or a sense of life's futility, fixation on specific themes like death or religion, neglecting personal hygiene or responsibilities and decline in performance at school or work (Health Direct, 2023). Recognizing these mental health issues signs in a relationship may suggest that someone is nearing an abusive situation.

Mental health prevalence across DV actors

i. Depression

A man experiencing depression might have a persistent sad or 'empty' mood, lose interest in activities once enjoyed, feel restless or irritable, and harbour feelings of hopelessness or pessimism. Different findings by Gordon and Raypole (2022), Dutton and Karakantav (2013), show that depression increases the risk of general aggression, intimate partner aggression, and self-aggression. It serves as a risk factor for aggression due to underlying factors such as genetics, personality disorders, or insecure attachment. Several consequences of depression, including isolation, loss of social support, increased alcohol consumption, angry rumination, and impulsivity, may heighten the risk of aggression. Depression in the light of Nicole (2023) is a psychological disorder characterized by persistent feelings of emptiness, sadness, or an inability to experience joy, often without an obvious cause. It is a prevalent mental health disorder marked by a persistent negative mood, lack of motivation, feelings of life being meaningless, and emotions like anger, sadness, self-blame, and shame in various circumstances (Gurung & Shrestha, 2023). According to WHO (2023), depression is distinct from the temporary negative emotions that one might feel in reaction to a challenging life event. About 3.8% of the global population suffers from depression, including 5% of adults (4% of men and 6% of women), and 5.7% of adults over 60. Approximately 280 million people worldwide have depression. It is about 50% more prevalent in women than men. Over 10% of pregnant women and new mothers worldwide, experience

depression. Each year, over 700,000 people die by suicide, making it the fourth leading cause of death among 15-29 year-olds. Depression can impact every part of life, including relationships with family, friends, and the wider community, and may severely hinder an individual's capacity to perform everyday tasks. Anyone can experience depression, but it is more likely among those who have faced abuse, significant losses, or other stressful situations. Women are more prone to depression than men (Yuan et al, 2024).

A complex interplay of social, psychological, and biological elements triggers depression. Individuals who face adverse life events, such as unemployment, bereavement, or trauma, are at a higher risk of developing depression. Further, physical health issues such as physical inactivity or excessive alcohol consumption can contribute to depression. Individuals suffering from illnesses like cardiovascular disease, cancer, diabetes, and respiratory diseases may experience depression as a result of the challenges involved in managing their conditions (Hards et al, 2023).

ii. Anxiety

Anxiety fuels irrational thoughts and behaviours, amplifying stressors if left unchecked. According to Sari et al (2022), aggression or violence manifests when individuals lack appropriate coping mechanisms for managing emotions like frustration, fear, and anxiety, or when these emotions are expressed by individuals facing mental health challenges. Such behaviours could be observed in individuals dealing with acute or chronic pain, or those with physical disorders such as drug or

alcohol withdrawal, stroke, head injury, or Alzheimer's disease which exacerbate the risk of domestic violence. Anxiety is a feeling of unease that triggers maladaptive physical and mental responses when individuals have intrusive thoughts about an uncertain future (Xi, 2020). According to APA (2024), anxiety is an emotion marked by tension, worried thoughts, and physical symptoms such as elevated blood pressure. Hence, everyone experiences anxiety, yet individuals with anxiety disorders endure heightened and exaggerated feelings of fear and worry, often accompanied by physical tension and various behavioural and cognitive symptoms (WHO, 2023). Anxiety disorders disrupt everyday functioning, affecting familial, social, educational, and professional aspects of life. Approximately 4% of the world's population currently grapples with an anxiety disorder, amounting to an estimated 301 million individuals globally in 2019. This prevalence establishes anxiety disorders as the most widespread among all mental health conditions. Several studies distinguish anxiety from fear. While anxiety is a future-focused, prolonged response to a vague threat, fear is an immediate, short-term reaction to a clear and specific danger.

Individuals diagnosed with an anxiety disorder may encounter heightened levels of apprehension or distress regarding specific scenarios, such as panic attacks or social interactions, or in the case of generalized anxiety disorder, concerning a wide array of everyday circumstances. These manifestations typically persist for a prolonged duration, spanning at least several months, during which affected individuals often steer clear of triggering situations. Additional indications of

anxiety disorders encompass difficulties with concentration or decision-making, feelings of irritability, tension, or restlessness, gastrointestinal discomfort or nausea, palpitations of the heart, perspiration, trembling, or shaking, disrupted sleep patterns, and a pervasive sense of imminent danger, panic, or despair. Moreover, anxiety disorders amplify the vulnerability to depression and substance abuse disorders, as well as the propensity for suicidal ideation and behaviours (Wang et al, 2023). According to Feliman (2023), anxiety is a multifaceted reaction to actual or imagined dangers, potentially causing cognitive, physical, and behavioural alterations. Feelings of anxiety might exceed what's expected or warranted by the initial cause. This can lead to physical symptoms like elevated blood pressure and nausea, indicating the transition from regular anxiety to an anxiety disorder which is a group of mental health conditions characterized by extreme nervousness, fear, apprehension, and worry.

iii. Personality disorders

Personality disorders are intricate mental health diseases associated with social withdrawal, irritability, and an overreliance on others (Yuntong et al, 2022). In the light of Cleveland Clinic (2024) and Drescher (2022), personality disorders are mental health conditions characterised by enduring and pervasive patterns in thinking, behaviour, mood, and interactions with others. These patterns lead to significant distress for the individual and/or hinder their ability to function effectively. Hence, for a condition to be classified as a personality disorder, an individual's patterns of thinking,

feeling, and behaving must deviate from cultural norms, cause significant distress or functional issues, and persist over time.

Personality disorders can lead to skewed views of reality, unusual behaviours, and difficulties in different areas of life, such as work, relationships, and social interactions. Moreover, individuals with the disease might not be aware of their problematic behaviours or the harm they cause to others (Sharp, 2022). Antisocial is one of the predominant features of personality disorders as described in the DSM-5, Section II. Individuals that fall within antisocial domain often exhibit a disregard for others and fail to adhere to socially accepted standards or regulations. They might engage in illegal activities or inflict physical or emotional harm on those around them. They may also avoid taking responsibility for their actions and show indifference to the adverse effects of their behaviour. Antisocial personality disorders are more prevalent among individuals assigned male at birth, whereas borderline, histrionic, and dependent personality disorders are more commonly found among those assigned female at birth.

iv. Post-Traumatic Stress Disorder (PTSD)

In a study by Paulino et al (2023), individuals with PTSD are marked with a substantially increased risk of committing violent crimes. This influenced by environmental factors such as socioeconomic status or other psychiatric conditions previously linked to PTSD and violent crime like depression, substance use disorder [SUD], psychotic disorders, or behavioural disorders, and genetic or environmental influences. PTSD emerges

as a mental condition after an individual undergoes a significant and catastrophic event. In light of Perrotta (2019), it is identified as a separate psychiatric condition that typically emerges following a highly distressing experience. Hence, (PTSD) is a mental health condition that arises following exposure to a traumatic or terrifying event. This may include experiences such as natural disasters, serious accidents, assaults, terrorist attacks, military combat, or threats involving death, sexual violence, or injury. The distress from such events can significantly impact a person's mental, emotional, and physical well-being, affecting all facets of their life ((APA, 2022). PTSD is marked by highly distressing symptoms, including intense and frequent anxiety, flashbacks, nightmares, uncontrollable thoughts about the event, a significant decrease in mood, recurring thoughts or intrusive memories of the traumatic incident, and often a vivid emotional re-experience as if the trauma is happening again (Chen, 2023).

v. Substance Abuse

Substance abuse according to Dumain (2022), arises from the excessive or improper use of alcohol, prescription drugs, and various legal and illegal substances such as heroin, alcohol, cocaine, and marijuana, among others. This is distinct from addiction, as individuals grappling with substance abuse can often cease or modify their harmful behaviour. Addiction, however, is characterized by an inability to halt substance use despite the harm it inflicts, signifying a medical condition. Substance abuse is more strongly linked to aggressive behaviour than the use of any other

psychotropic substance. This elevates the probability of a batterer perpetrating DV. Research indicates that acute alcohol intoxication is a significant factor in roughly half of all violent crimes and sexual assaults globally (Beck & Heinz, 2013). According to Guarnotta (2022), there is a strong correlation between DV and substance use. Substance use is more prevalent in families where DV occurs. In some instances, substance use may trigger DV, while in others; DV may lead to substance use. Further, research has shown that: 25% to 50% of men who commit DV have substance use issues. Victims of DV often use substances to cope with their distress. Many perpetrators of domestic violence grew up in households where both domestic violence and substance use were present. Certain substances, such as cocaine and methamphetamine, can induce both short and long-term effects like aggression, which can lead to violence. Individuals under the influence may also struggle to regulate their emotions, potentially reacting violently to situations they would normally handle calmly. Additionally, prolonged substance use alters the brain, impacting emotion regulation. Drugs and alcohol can affect the amygdala, the brain region responsible for managing anxiety and irritability.

Hence, there is a significant connection between addiction, substance abuse, and DV. When an individual is intoxicated by substances like drugs or alcohol, they often experience a loss of inhibitions, potentially leading to a lack of control over their actions. Substance use significantly heightens the likelihood of engaging in abusive conduct. Close to 80% of incidents of DV are connected to substance abuse. When someone misuses

drugs, their brain chemistry undergoes changes that drive them to seek out the substance regardless of the potential repercussions. This can manifest in irrational, aggressive, or manipulative behaviour within relationships (Addiction Centre, 2024). Substance abuse triggers aggressive behaviour by impairing self-regulation, altering attention, disrupting information processing, and hindering decision-making.

Effects of DV

DV has several consequences on the social lives, physical and mental well-being, mental health, and relationships of the victims with family and society. It also diminishes their social, economic, spiritual, and emotional well-being and can impact society as a whole. This issue has been recognized as a significant factor contributing to the poor health of women (Malik et al, 2021). Research indicates that between one-quarter and one-half of all women worldwide have experienced abuse by intimate partners, and between 40% and 70% of female murder victims have been killed by an intimate partner (Debnath, 2018). According to WHO (2021), nearly one-third of women report experiencing some form of physical or sexual violence by a partner at some point in their lives. Hence, violence against women impacts their lives, bodies, mental health, and freedom, earning it the description of; ‘the most pervasive yet least recognized human rights abuse in the world’ (Bhuller, 2022, Musonda et al., 2020). In the light of Guarnotta (2022), consequences of DV include - bodily harm, brain damage, medical problems impacting the heart, muscles, bones, and reproductive, digestive, and

nervous systems, mental health disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD), increased likelihood of substance abuse and fatality. Women who experienced victimization by their partners exhibited increased levels of depression, anxiety, and phobias compared to those who did not face such victimization. The effects of DV according to Alatrash (2024) have led to several prevalent psychiatric disorders including depression, stress, post-traumatic stress disorder (PTSD), eating disorders, substance dependence, antisocial personality disorders, and non-affective psychoses. This has escalated the strain on mental health facilities. Women who have experienced domestic violence are nearly twice as likely to suffer from depression compared to those who have not. The chronic nature of abuse can exacerbate these feelings, making it difficult for victims to recover even after the abuse has ended.

Theoretical Framework

The study is grounded in the Bio-Psycho-Social Model (BPSM) which considers biological, psychological, and social factors in understanding human action (behaviour) and health outcomes. The model according to Roberts (2023) is formally introduced by George Engel in his 1977 article, “The Need for a New Medical Model: A Challenge for Biomedicine.” Engel aimed to address what he saw as shortcomings in the biomedical model by presenting that disease encompasses significant psychological and social factors alongside biological elements. By this, BPSM establishes that the causes, manifestations, and outcomes

of wellness and disease are influenced by the interplay of biological, psychological, and social factors. No single factor is adequate on its own rather; it is the interaction between an individual's genetic composition (biology), mental health and behaviour (psychology), and their social and cultural environment that shapes their health outcomes (Card, 2022).

The BPSM examines the '4 Ps' within the realms of biological, psychological, and social factors:

1. Predisposing factors are vulnerabilities that heighten the risk of the current issue. Such include a genetic predisposition to mental illness (such as family history) or prenatal alcohol exposure.
2. Precipitating factors are often seen as stressors or events (positive or negative) that may trigger symptoms. These include identity conflicts, relationship issues, or life transitions.
3. Perpetuating factors are conditions within the patient, family, community, or broader systems that worsen the problem rather than alleviate it. Such include unresolved relationship conflicts, lack of education, financial difficulties, and occupational stress (or unemployment).
4. Protective factors include the patient's strengths, skills, talents, interests, and supportive elements. These mitigate the effects of the predisposing, precipitating, and perpetuating factors.

BPSM provides a detailed background in discerning health and illness by considering biological, psychological, and social elements that impact human functioning. Applying this to the cases of DV in

Australia, this model offers crucial insights into the complex interplay of various factors such as biological, psychological, and sociological resulting in mental health issues. Individuals with untreated mental health disorders may experience heightened levels of distress, impaired impulse control, and difficulties in regulating emotions, all of which can contribute to violent behaviour.

Prevalence of DV in Australia

In the light of Duncan et al (2021), there has been a rise in rates of family and domestic violence (FDV) across most areas since 2018. Western Australia has the highest FDV rates, reaching 866 incidents per 100,000 people. New South Wales has experienced a recent surge in sexual violence, recording 86 incidents of sexual assault per 100,000 individuals in 2020, the highest among all states. While sexual assault rates have increased in Victoria, Queensland, and Western Australia between 2016 and 2020, there has been a slight decrease in South Australia, where the rate was 59 per 100,000 people in 2020. On average, one woman is killed every 9 days by her current or former partner (AIHW, 2019). It is estimated that 62 women were murdered in 2020, with 56 of those deaths being related to domestic and family violence (Impact, 2021).

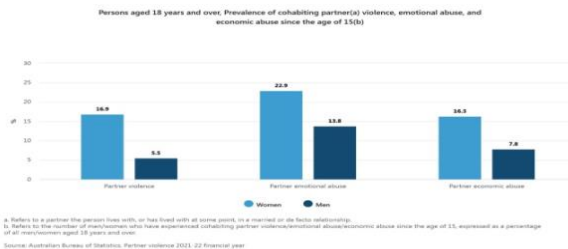
According to the Australian Bureau of Statistics (ABS) (2023), an estimated 4.2 million individuals aged 18 and over (21%) have faced violence, emotional abuse, or economic abuse from a cohabiting partner since they were 15 years old. Women are more likely than men to have encountered violence, emotional abuse, or

economic abuse by a cohabiting partner since the age of 15.

Out of 9.9 million women, 27% (2.7 million) have endured violence, emotional abuse, or economic abuse by a cohabiting partner, including:

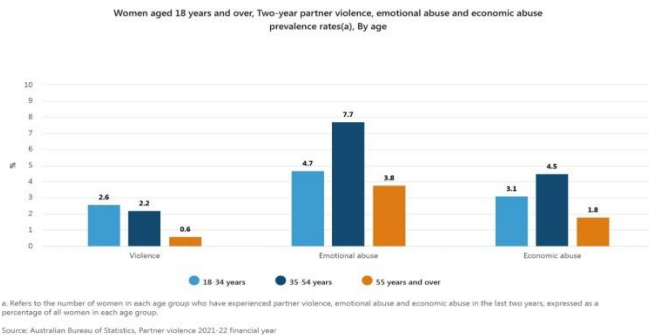
- 23% (2.3 million) who experienced emotional abuse from a partner
- 16% (1.6 million) who experienced economic abuse from a partner
- 17% (1.7 million) who experienced partner violence, which includes 15% (1.5 million) who faced physical violence and 6.2% (618,500) who suffered sexual violence.

Among the 2.7 million women who have encountered violence, emotional, or economic abuse by a cohabiting partner, half (50%) experienced both violence and abuse.



Moreover, women between the ages of 35 and 54 reported higher instances of emotional abuse (7.7%) and economic abuse (4.5%) over the past two years compared to other age groups. sWomen aged 18 to 34 (2.6%) and those aged 35 to 54 (2.2%) were more likely

to have encountered partner violence than those aged 55 and above (0.6%).



In a report by Mission Australia (2024), cases of domestic and family violence are alarmingly prevalent in Australia, serving as a significant cause of homelessness among women, children, and men. In 2021-2022, more than 72,900 individuals sought assistance from specialized homelessness services due to DV. Additionally, 39% (equivalent to 108,000 individuals) of those seeking aid from these services during the same period had encountered domestic and family violence. Primarily, approximately 1 in 6 women has encountered physical or sexual abuse from a past or present partner, compared to about 1 in 16 men. The majority, 75%, of domestic violence victims identify the perpetrator as male, while 25% cite the perpetrator as female. In total, around 1 in 5 women and 1 in 20 men have been subjected to sexual violence. On average, a woman loses her life to a current or former partner every nine days, while a man faces the same fate approximately once a month.

The Australian National Research Organisation for Women's Safety (ANROWS) (2014) states that since the age of 15, approximately 20% of Australian women have encountered sexual violence, while around 16% have faced physical or sexual violence from a past or present partner. Additionally, about 25% have endured emotional abuse from a current or former partner, and roughly 33% have experienced physical violence. Despite the statistical reports, few opinions argue that most cases of domestic, familial, and sexual violence are undisclosed, making it difficult to accurately state the full scale on the cause of the problem.

How mental health issues lead to DV in Australia

Mental health challenges, encompassing conditions like mental illness and heightened psychological strain from stressors, can increase the likelihood of both perpetrating or experiencing FDSV (AIC, 2020). In the light of Boxall et al (2022), Brigid (2023) and Lawler et al (2023), mental health problems linked to perpetrators of DV in Australia include PTSD, depression, thoughts of suicide, and personality disorders. A research project employing a combination of online questionnaires and in-depth interviews engaged approximately 560 individuals, predominantly male, who had perpetrated intimate partner or sexual violence against women. The findings revealed that over half (51%) exhibited symptoms indicative of PTSD, while nearly a third met the primary benchmarks for either anxiety (30%) or depression (29%) (Hegarty et al, 2022). Women who had experienced IPV most frequently reported their male partner's drinking habits, general

aggression, and controlling behaviour as risk factors for violence. These factors promote mental conditioning which might increase prompt or increase aggression level in an individual though; few studies propose that there is minimal correlation between mental illness and violent behaviour when substance abuse is not a factor (Yu et al, 2019).

In a study conducted by Dunkley and Phillips (2015) in Australia, alcohol and drug consumptions increase aggression among DV perpetrators. Their study shows that between 2000 and 2006, 44 percent of all intimate partner homicides and 87 percent of indigenous intimate partner homicides were associated with alcohol consumption. Moreover, previous incidents of violent victimization serve as indicators of future victimization. Women who suffered abuse during their childhood are 1.5 times more likely to encounter violence in adulthood compared to those who did not experience such abuse. Also, individuals who endured childhood sexual abuse are three times more likely to face partner violence later in life than those who were not subjected to such abuse.

Research has found that depression plays a significant role in instances of violence against women, indicating that men suffering from this condition are disproportionately represented among those who commit intimate partner homicide (IPH) (ABS, 2022, Cheng & Jaffe, 2021).Lawler et al (2023)in a research hold that perpetrators of intimate partner violence who suffer from depression are more likely to engage in severe physical violence against their partners compared to those without depression or those with other mental illnesses, such as

schizophrenia. In their findings, perpetrators of intimate partner homicide (IPH) with a history of depression had an average age of 41.8 years (SD=11.4). Half of these individuals (n=34, 49%) were born in Australia, and most (n=55, 79%) were non-Indigenous. The majority faced charges of murder (n=62, 89%), while the remaining (n=8, 11%) were charged with manslaughter. Hence, research consistently shows a moderate link between mood disorders, including depression, and intimate partner homicide (IPH). According to AIHW (2024), Alcohol and substance use can serve as both a risk factor and a coping mechanism for family and domestic violence (FDSV), being linked with both perpetration and victimization, and may either precede or follow instances of violence. The misuse or cessation of alcohol and other drugs, particularly in cases of dependence, can significantly contribute to the risk of FDSV. The 2021–22 Personal Safety Survey (PSS) reveals that nearly half (47%, equating to approximately 348,300 individuals) of women who had encountered sexual assault perpetrated by males within the previous decade indicated that they thought alcohol or some other substance played a role in the most recent occurrence (ABS 2023, Table 4.1).

The 2022–2023 National Drug Strategy Household Survey revealed that approximately 4.6 million individuals, or 21% of respondents aged 14 and above, experienced verbal or physical abuse, or felt threatened by someone under alcohol influence within the preceding year. Among these incidents:

- For 25% of those subjected to physical abuse, the perpetrator was either a current or former spouse or partner.
- Among those who experienced verbal abuse, 18% identified their current or ex-spouse or partner as the perpetrator.
- In cases where individuals were put in fear, 15% pointed to their current or former spouse or partner as the perpetrator (AIHW, 2024. Table 4.61).

Data obtained from the Drug Use Monitoring in Australia (DUMA) Program revealed that male individuals detained by law enforcement for sexual assault acknowledged that their consumption of illicit drugs and/or alcohol played a role in the commission of the offense. Out of the 125 males interviewed as part of the DUMA Program between 2017 and 2018:

- Approximately 28% believed that alcohol played a contributing role.
- Around 8.0% attributed the offense to drug use.
- Approximately 4.0% acknowledged the influence of both drugs and alcohol in the offense (AIC, 2020).

However, incidences of DV among partners where alcohol or drugs were involved tended to lead to physical harm more often than those where substance use was not a factor. Psychotic conditions like schizophrenia occasionally correlate with aggressive or violent conduct.

Actions taken so far

Many actions have been taken by Australian government in addressing cases of DV. The Government maintains a firm dedication to tackling DV and sexual assault, allocating \$75.7 million over the next four years to a fresh Women's Safety Agenda. Additionally, from 1997 to 2005, they allocated \$50 million to the Partnerships against Domestic Violence (PADV) initiative. This initiative aimed to discover more effective methods of preventing and addressing domestic violence within communities. PADV has funded over 230 diverse and innovative projects on domestic violence at local, regional, and national levels, fostering research and the documentation of best practices. It has also generated numerous publications on domestic violence and organized national forums covering topics such as children and domestic violence, men and relationships, indigenous family violence, and domestic violence throughout the lives of women and girls (Australian Government, 2023). AIHW (2021) informs about perpetrator interventions refer to as the actions taken to address individuals who have committed or are at risk of committing violence. These interventions encompass various systems, structures, and services that specifically deal with perpetrators and their interactions with those they have harmed. This involves making decisions or implementing measures directly related to the perpetrator's conduct. Additionally, perpetrator interventions include programs and services designed to work with offenders, aiming to facilitate a shift away from violent behaviours and attitudes. Perpetrators interventions led to the formation of the National

Outcome Standards for Perpetrator Interventions (NOSPI) to monitor the actions of governments, systems and services. The set standards are:

- i. Women and their children's safety is the core priority of all perpetrator interventions,
- ii. Perpetrators get the right interventions at the right time,
- iii. Perpetrators face justice and legal consequences when they commit violence,
- iv. Perpetrators participate in programmes and services that change their violent behaviours and attitudes,
- v. Perpetrator interventions are driven by credible evidence to continuously improve,
- vi. People working in perpetrator intervention systems are skilled in responding to the dynamics and impacts of domestic, family and sexual violence.

Incomplete actions were taken towards addressing mental health issues which are the significant cause of DV in Australia though it is on record that Australia is widely acknowledged as a frontrunner in providing support and treatment for individuals having mental health issues. The Gillard Government has pledged to enhance this standing through an ambitious set of reforms aimed at mental health. This initiative involves a historic investment of \$2.2 billion into mental health services, bolstering support and care, alongside a renewed dedication to enhancing transparency and quality in service delivery (Australian Government, 2012). This is believed to ensure that individuals requiring assistance can access services whenever necessary, regardless of their location.

Conclusion

Identifying the impacts of mental health issues on DV is vital for developing effective support systems. Perpetrators of DV in Australia often exhibit behaviour showing coerce control. Despite the strategies adopted by government towards mitigating DV, addressing mental health issues is relevant. This requires a comprehensive and coordinated approach that includes widespread public education campaigns to change community attitudes, backed up by greater education on emotional control, consent and respect in homes, as well as increased medical and psychotherapy support within families and local communities.

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