

## Position Statement

### Intimate Partner Violence

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*SHQ (Sexual Health Quarters) acknowledges intimate partner violence as a form of family and domestic violence (FDV), and advocates for improved research, awareness and laws to support people affected by it. Intimate partner violence violates SHQ's core values around human rights, autonomy and choice.*

Intimate partner violence is any behaviour by someone in an intimate relationship (including current or past marriages, domestic partnerships or dating relationships) that causes physical, sexual, or psychological harm to those in the relationship. Intimate partner violence by men against women is the most common form of family violence and the most generic form of violence that women experience. The term intimate partner violence is sometimes used interchangeably with domestic violence.

These can include (but are not limited to):

- Acts of physical violence, such as slapping, hitting, kicking and beating.
- Sexual violence, including forced sexual intercourse and other forms of sexual coercion.
- Emotional (psychological) abuse, such as insults, belittling, constant humiliation, intimidation (e.g., destroying things), threats of harm, threats to take away children.
- Controlling behaviours, including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care.
- Stalking is a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one's own safety or the safety of someone close to the victim.
- Psychological aggression is the use of verbal and non-verbal communication with the intent to harm another partner mentally or emotionally and/or to exert control over another partner.

While intimate partner violence is an emerging area for research in Australia, what is known is that people have an increased risk of experiencing Family and Domestic Violence (FDV) during pregnancy. If FDV is already present, it is more likely to escalate during this time.

SHQ advocates for:

- Increased research around intimate partner violence, especially in relation to other types of violence.
- Improved data collection around intimate partner violence, to allow a wider understanding of the issue and to support service providers in ensuring they are responsive to client needs.
- Increased access to contraception that is less susceptible to detection and tampering.
- National policies and strategies addressing reproductive health or domestic violence that include intimate partner violence.
- National sexuality education programs that address gender, rights and power in intimate relationships.

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- Intimate partner violence to be considered in domestic violence and ante-natal screening tools.
- People experiencing intimate partner violence having increased access to and support from specialist services that support their specific needs.
- Increased awareness of the surrounding issues and ramifications of intimate partner violence.
- Improved laws to support victims of intimate partner violence.
- Improved confidential access to termination services, emergency contraception and pregnancy tests to increase levels of safety for people experiencing reproductive coercion.
- Reproductive coercion to be considered in termination service delivery models.

SHQ will continue to monitor emerging information and data around intimate partner violence and update this position statement accordingly.

## References

1. World Health Organisation. In: Ethical and safety recommendations for intervention research on violence against women: building on lessons from the WHO publication putting women first: ethical and safety recommendations for research on domestic violence against women. 2016. Geneva: World Health Organisation.

*Information current as of February 2022*

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