Rurality, domestic relocation and intimate partner violence in young women

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Aims: This research aims to investigate the prevalence of intimate partner violence (IPV) within a cohort of women surveyed as part of the Australian Longitudinal Study on Women’s Health (ALSWH). The occurrence of IPV was analysed with regard to area of residence, frequency of relocation and distance moved across the 13-year survey period.

Methods: This research utilises data from the cohort of 14 247 women (born from 1973 to 1978). These women have been surveyed every three years since 1996, giving five completed survey waves for analysis. Information about area of residence was ascertained by the ARIA+ measure of remoteness for each participant and the distance moved in relocation from one survey to the next was computed.

Relevance: There is a link between IPV, adverse health and social circumstances. Data from police reports on domestic assault indicates that the occurrence of IPV is higher in rural/remote areas than in urban centres. However the links between IPV and relocation remain mostly unexplored. The large-scale, nationally representative Australian Longitudinal Study on Women’s Health provides a unique quantitative dataset for exploring these issues.

Results: Lifetime prevalence of IPV for this cohort of women was lowest in the major cities (18.4%). This rate was significantly lower than inner regional (25.7%), outer regional (25.2%) and combined remote and very remote areas (25.8%) (P < 0.001).

The survey participants moved frequently, with over 30% of all women changing ARIA+ classification during the 13-year study period. This figure is, however, much higher for women who lived in regions outside of the major cities at commencement of the study in 1996. While only 17.3% of inner city women changed regional area, over 40% of women from inner regional or outer regional areas registered a change in ARIA+ classification and 65% of women from remote or very remote areas had a change to their ARIA+
classification over the 13-year study period. Relocation was overwhelmingly, but not exclusively, towards urban and inner regional areas.

**Conclusions:** This study contributes new knowledge about regional prevalence of IPV in Australia and gives a perspective beyond police reporting and small-scale studies. Findings on IPV as a factor in relocation will provide an interesting dimension to information regarding mobility of young Australians. The link between frequent IPV, frequent relocation and mental health will be discussed.