
Available from Deakin Research Online: http://hdl.handle.net/10536/DRO/DU:30025999

Every reasonable effort has been made to ensure that permission has been obtained for items included in DRO. If you believe that your rights have been infringed by this repository, please contact drosupport@deakin.edu.au

Copyright: 2007, IHUPE
Human rights approaches and health promotion practice

Our contemporary human rights system, according to Boutros Boutros Ghali, former UN Secretary-General “is heir to demands for human dignity throughout history and across cultures. It expresses the enduring elements of the world’s great philosophies, religions and cultures.” This paper will explore the value of human rights approaches as grounding for health promotion policy and practice using intimate partner abuse (IPA) as a case study. IPA represents an enormous and under-acknowledged public health problem. IPA is defined as: “the exercise of control by one adult person, usually a man, over another adult, usually a woman, within the context of an intimate relationship [current or past]. Such abuse may manifest itself in a variety of ways including physical violence, emotional or psychological abuse, sexual violence and abuse, financial control and abuse and the imposition of social isolation or movement deprivation,” (from Greater London Domestic Violence Strategy, 2001). At the centre of IPA is the exercise of coercive control by one individual over another. In most countries, IPA will affect at least one in four ever-partnered women at some time during their adult life. It is found in all socio-demographic groups and has major health impacts for both women and any children involved. There are major societal costs: eg, in Australia, the annual cost of IPA is estimated at $8.1 billion (Access Economics, Canberra, 2005). Using current and recent research, IPA is analysed as an example of a major health issue that adversely affects the human rights of those who experience it. The research evidence on: the effectiveness of empowerment based programmes; the importance of autonomy; and understanding processes of social exclusion is used to draw out implications for health promotion practice in relation to IPA.