A Look on Domestic and Family Violence in Australia: Does the Future Look Brighter for the Abused in Rural Families and Families with Unemployed Parents?

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Subject: Population Health 2

Course Code: HCNUR2034

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Of all causes of deaths and hospitalisations by injury in Australia, a major concern is family violence, as a national survey conducted by the Australian Bureau of Statistics (ABS) in 2005 had revealed that approximately 443,800 women in the country had experienced physical or sexual violence that year (ABS, 2006), and that a third of Australian women either had experienced or is experiencing at least one type of violence from their previous or current partners at some point in their lives (Mouzos & Makkai, 2004). It has also been noted that there are a lot of children directly exposed to family violence and abuse, and that even witnessing violence in the family could cause long-term effects (Richards, 2011). A national survey conducted by the Australian Institute of Health and Welfare (AIHW) revealed that there were approximately 34,300 children on care and protection orders in 2007–08, an increase of 37 percent from 2005 (AIHW, 2009).

This essay will focus on domestic and family violence among rural families and families with unemployed parents in Australia, the prevalence of which are believed to be overlooked by the government (Wendt, 2009; Costello, Chung & Carson, 2005). Factors that contribute to such occurrence among the groups, as well as an in-depth analysis of the complex overall health impacts of family violence on the overall well-being of women and children in the family would also be discussed in this paper. It will then be followed by a discussion of some of the service policies established by the Australian government targeted towards preventing the violence from happening or reoccurring within the community, along with a thorough critique of how the government addresses this problem and personal, evidence-based views from the author would be put out.

Family violence, also known as domestic violence, includes any form of aggression towards one’s family, child and/or personal partner (Berry, Harrison & Ryan, 2009), which may be physical, sexual, psychological, emotional, economic, verbal, social and spiritual in nature (Gregory, Green & Brandenburg, 2010).

Among the most susceptible groups in society to be suffering this type of abuse are rural families. Families in rural and remote areas are more prone to domestic violence due to factors such as financial insecurity, distance and isolation, lack of services and information, and police and legal responses (Wendt, 2009) as compared to their urban counterparts. Rural women tend to depend on their partner’s income due to the irregularity in the way the salary is being given to the workers, and also patriarchal property relations (Sharma & Rees, 2007). The men are usually given the upper hand in holding on to the budget, so it is nearly impossible for women to have their own cash. Even if the woman decides to leave the relationship, one would still have to face the burdens of travelling costs - more so if the woman takes the child or children as well - and the distance and isolation due to poor road structures and lack of available vehicles to go to a safer place (Wendt, 2009). Moreover, isolation in terms of social interaction could also bring about emotional difficulties for the woman and child because it is assumed that one would not have that much of a social network, being in a relationship where the partner is very aggressive and is physically abusive, aggravated by social norms in a rural setting where sharing these experiences could bring about humiliation and dishonour to the family (Hogg & Carrington, 2006). Some women do not seek professional help, if there is even any or if one even knows about it, because of the social stigma that comes with it, being in a small community where everyone knows everyone else (Wendt, 2009). It could, then, be deduced that the woman’s decision to either stay or leave the abusive relationship is greatly influenced by the pressure one is compelled to partake into by family and cultural pressure from the rural society one is living in.

In a different yet somehow connected perspective, the link between unemployment and the occurrence of violence in the family was observed in a study initiated by Costello et al. (2005). One of the main reasons why this could be observed in these families is that the breadwinner usually feels threatened if the woman is employed; besides having a source of one’s own income, employment may help a woman develop a sense of independence, self-worth and confidence, empowering one to leave behind the relationship (Tolman & Wang 2005), as well as giving a means to create social connections outside the household (Costello et al., 2005), thereby triggering the violent behaviour from the partner.

It could, thus, be stated that the common grounds by which family violence is fostered between the two populations is the lack of opportunities for other members of the family to be productive member of society, as the women and children either have no money to spend on basic necessities or that the perpetrator usually disapproves the abused to make decisions for themselves.

According to Oke (2008), abuse in the family is one of the culprits of numerous physical and mental health problems, and even death, among women and children who are the most common recipients of this type of maltreatment. A report initiated by VicHealth in 2004 revealed that domestic violence is the cause of various health problems and premature fatalities of women under 45 in Victoria than any other risk factors associated with morbidity and mortality (Oke, 2008). Homicide, minor injuries, depression anxiety and post traumatic stress disorder were some of the most common effects identified by VicHealth (Inoue & Armitage, 2006). It is also important to take notice that even after the abuse has long been ceased, long-term detriments on the wellbeing on the abused party could still be observed, such as gynaecological, mental and chronic stress disorders (Braaf, 2011).

In conjunction with the previous ideas, domestic violence also has negative effects on children who is experiencing or even just witnessing abuse in the family. In a recent Australian research, it has been discovered that the rate of co-occurrence of children witnessing physical abuse and actually being abused is 55 percent, while 40 percent are seeing family violence and being sexually abused, both of which are thought to be staggeringly under-represented (Bedi & Goddard 2007).

Richards (2011) identified some modes of a child witnessing violence for children are hearing violence, being used as a weapon, being forced to participate in the abuse, being held responsible for the abuse happening in the household. Along with witnessing family violence, Price-Robertson, Bromfield and Vassallo (2010) had identified the other four major forms of child maltreatment - physical abuse, neglect, psychological and sexual abuse.

The effects of domestic abuse have severe impacts on children. In a research conducted by Bruce Perry (as cited by Smith, 2006), it has been found out that if a child has been exposed to violence at a very early point of one’s childhood, dramatic physiological changes in the brain development could be noted, as a brain of a non-abused three-year-old is noticeably bigger than the abused and neglected counterpart, which is considered to be due to stress and trauma. The child’s developmental needs are greatly jeopardised, especially when the abuse has been happening while the mother is pregnant with the child (Bunston 2008), which happens to be seventeen percent of all women who get abused for the first time (Morgan & Chadwick, 2009). Children who were victims of abuse and neglect were noted to have insecurity attachment issues during from childhood to adulthood, as well as a constantly worrying about matters associated with danger, feelings of powerlessness and despair, and self-blaming (Browne & Winkelman, 2007).

The fact that a vast majority of Australians, approximately 98 percent, regard domestic violence as a crime against women and children (VicHealth, 2009), it is surprising that the prevalence of domestic violence still exists within the community (Mouzos & Makkai, 2004; Bedi & Goddard 2007; ABS, 2006), especially for a developed country which claims to have been addressing the problem through various policies and service development. The Australian government had only acknowledged family and domestic violence as a public health concern only in the last three decades; before that time, domestic violence was regarded as a non-public matter and, therefore, the State could never interfere with family affairs (Al-Yaman et al., 2006).

It has long been acknowledged that domestic violence must be addressed on a national level (NCRVWC 2009). However, several studies have argued that the government faces a lot of challenges in addressing the issue properly. Bartels (2010) argued that gathered data concerning women and children abuse in Australia is poor, as reported information is usually inconsistent and lacks full understanding of the whole picture the victims are in. Most victims are not keen to disclose information about abuse in the family due to privacy and anonymity concerns, the perception that sharing the information would not help, or the inability to participate in interviews and focus groups due to stress or lack of time are some of the reasons for the inaccuracies and lack of supporting data for evaluation (McDonald & Rosier, 2011; Robinson & Spilsbury, 2008). Lack of training and proper knowledge in assessing a suspected victim of abuse on the part of the health care professional is also an impediment (McDonald & Rosier, 2011).

In a study conducted in the UK, the findings suggest that victims of domestic abuse are not best dealt in the healthcare setting as the respondents reckon that it takes more than one consultation to share one’s experiences with a health professional to build confidence and a trusting relationship for full disclosure (Robinson & Spilsbury, 2008). Therefore, it is best to mandate the routine assessment of family violence for all cases – the initiative to open up the topic should come from the health professional – even to those that are non-suspected. The author argues that by doing this, the idea of utilising the services of health professionals with regard to sharing information about violence in the family would be gradually inculcated in the community, as it provides a certain degree of anonymity. A plausible way to do this is by initiating regular home visits by community nurses or social workers to provide a more comfortable ambience for the client. A disadvantage of this method, however, is that the perpetrator might be present during the interview, so the professional must be trained properly to be well-versed in dealing with such situation – a key area that the policy makers might need to focus on.

Presently, the gravity of the issue of domestic and family violence in Australia had been recognized. The government had established the National Council to Reduce Violence against Women and their Children 2010-2022 (NCRVWC) in 2008 and this has recently been carried forward to different states in the country (NCRVWC, 2009). The program recognises the necessity to improve the system of the past, and the specific needs to be currently addressed in the context of Australian community. The plan focuses on six vital outcome areas, namely, that communities are safe and free from violence; people must become aware of the importance of building respectful relationships respectful; services must meet the needs of women and their children; responses to the problems must be just; perpetrators must stop the violence and the all systems must work together effectively (NCRVWC 2009).

It is indeed a high point for the people of Australia, especially for families with unemployed parents and rural families, with regard to domestic and family violence. A lot of transformation in the society are soon to be or is happening at this moment, yet there is still more that needs to be done with this dilemma. Although it took years before the problem was addressed by the policy makers, more and more people are becoming aware for the need to change the current family beliefs, practices and perceptions in the community. Hopefully, this might be enough to finally break the silence of women and children who suffer from abuse and neglect all over the country.

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