Aboriginal families STUDY

Policy Brief #7

HEALTH CONSEQUENCES OF FAMILY & COMMUNITY VIOLENCE

Translating evidence from the Aboriginal Families Study to inform policy and practice

The Aboriginal families STUDY

The Aboriginal Families Study is a prospective mother and child cohort study investigating the health and wellbeing of 344 Aboriginal children and their mothers living in urban, regional and remote areas of South Australia.

Mothers in the study completed a baseline questionnaire in the first year after the birth of the study children (2011-2013). A second wave of follow-up of mothers and children (aged 5-8 years) has recently been completed. In the baseline study, we asked women about experiences of family and community violence. In the follow-up study, the Aboriginal Advisory Group wanted us to inquire more specifically about experiences of intimate partner violence.

This policy brief summarises preliminary findings from the first 170 women taking part in the second wave of follow up (when the study children were 5-8 years old). It highlights the impact of family and community violence on the health and wellbeing of Aboriginal families, and discusses implications for policy and services.

Why focus on family and community violence?

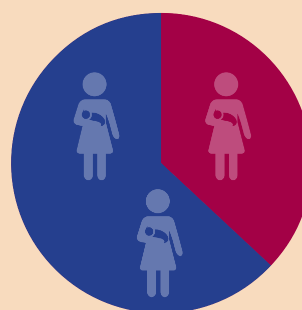
The findings from the baseline study showed that:

- more than half of women had been upset by family arguments during pregnancy
- one in three women had been scared by other people's behavior
- more than one in four had left their home because of a family argument or fight, and
- one in six had been pushed, shoved or assaulted while they were pregnant.
- more than half of women in the study experienced three or more stressful events (e.g. death of a family member) or social health issues (e.g. family and/or community violence) during pregnancy.
- women experiencing three or more stressful events or social health issues during pregnancy were more likely to have babies that were born small for gestational age and/or with a low birthweight (under 2500 grams).

The Aboriginal Advisory Group was concerned about the health consequences of these experiences for women and their children as they grow up. They asked the research team to follow-up mothers and children to find out how they were going around the time the children were starting primary school.

How common is partner violence?

More than one in three mothers in the study had experienced partner violence in the previous 12 months.



37% of women experienced partner violence

Being single did not protect women from experiencing partner violence. Women who were single were more likely to experience partner violence than women living with a partner (59% versus 20%).

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Asking about partner violence

We worked with the Aboriginal Advisory Group to adapt an Australian measure called the Composite Abuse Scale (CAS) to make it more culturally appropriate for Aboriginal women. The wording of some items was changed to reflect Aboriginal ways of using English and to include some Aboriginal language words familiar to Aboriginal people across South Australia. The Aboriginal Advisory Group recommended omission of some items and inclusion of additional items regarding financial abuse.

A preliminary version of the adapted CAS was pretested in a pilot study. Feedback from over 70 women who completed the pilot questionnaire or took part in discussion groups was used to determine the final set of items for inclusion in the adapted CAS.

A preamble to the section of the questionnaire informed women that the information would be used to advocate for better services and support for Aboriginal women and families. Women were also advised that they could choose not to answer these questions if this was their preference.

The majority of women (90%) opted to complete the questions asking about partner violence. Some women said it was hard to share their experiences, but wanted tell their story if it would help other women.

The adapted CAS includes questions asking about:

- psychological violence
- physical violence
- financial abuse.

Women were asked about experiences with a current or former partner in the previous 12 months.

In sharing the information women shared with us, our aim is to ensure that the information is used to benefit the community, and not to reinforce negative stereotypes.

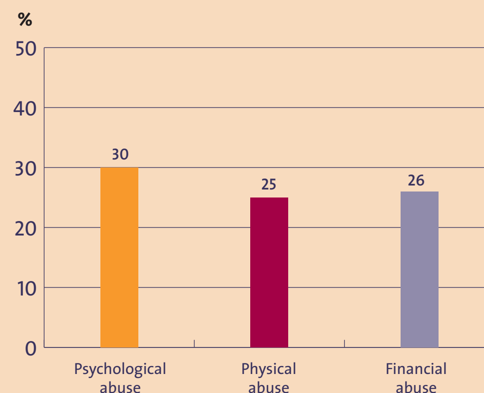
What women told us

Almost one in three women (30%) had experienced psychological violence.

One in four women (25%) had experienced physical violence

More than one in four women (26%) had experienced financial abuse.

Fig 1. Experiences of partner violence in the past year



Very few women experienced physical violence (2%), psychological violence (5%) or financial abuse (5%) alone (i.e. in the absence of other types of partner violence).

Almost one in five women (19%) had experienced all three types of violence in the past year.

Compared to women who had not experienced partner violence in the previous 12 months, women who had experienced partner violence were more likely to be:

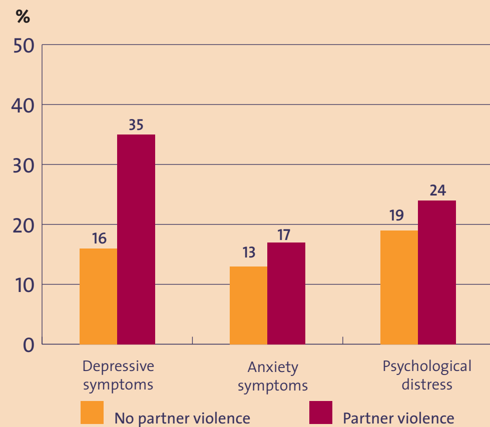
- single
- living in a single adult household
- experiencing housing insecurity
- experiencing financial difficulties
- experiencing other social health issues.

One in three women in the study (30%) had moved three or more times in the previous five years. More than half of these women (56%) had experienced partner violence in the previous year.

Health and wellbeing

A third of women (34%) who had experienced recent physical, psychological and/or financial abuse reported depressive symptoms, 17 % experienced anxiety and 24% experienced psychological distress (see Figure 2.)

Fig 2. Mental health of women experiencing partner violence

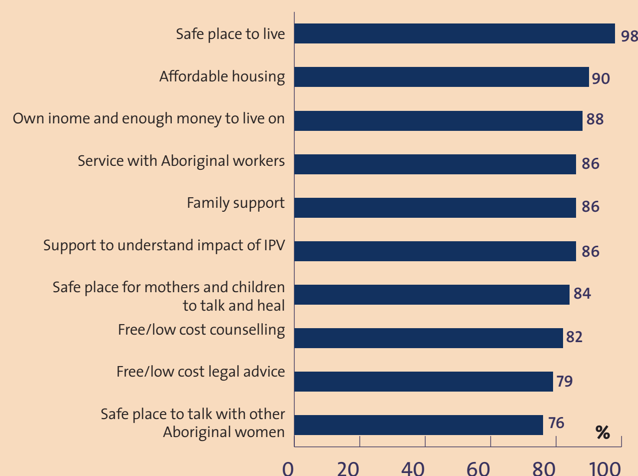


Over half (53%) of the women with depressive symptoms and 45% of women with anxiety symptoms had experienced recent partner violence.

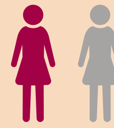
There was also evidence that women's general health was affected by exposure to partner violence. Only 39% of women experiencing recent partner violence described their health as excellent or very good compared with 47% of women not experiencing partner violence in the previous 12 months.

We asked all women what women need when experiencing intimate partner violence. Almost all women identified the critical need for a safe place to live. Nine out of ten women named affordable housing and having enough money to live as critical to women's safety (See Fig 3.)

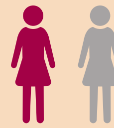
Fig 3. What do Aboriginal women need when experiencing partner violence?



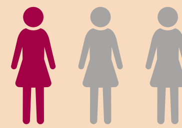
What women did to protect themselves and their children



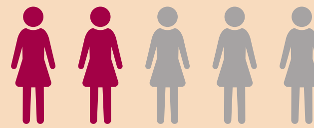
One in two took their children to stay with family or friends (49%)



One in two phoned the police (51%)

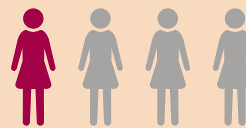


One in three changed their phone number (33%)



Two in five took out an intervention order (38%)

One in three talked to a doctor (29%)



One in four talked to a counsellor or psychologist (24%)

Three in five talked to family (62%)

Considerations for policy and programs

Family violence is a global public health and human rights issue.[1,2] There is evidence to show that having a history of exposure to traumatic events is associated with poorer health across the life course.[1-9] For example, people with a history of traumatic experiences are more likely to attempt suicide, engage in self-harm and have longer and more frequent hospital admissions.

For Aboriginal and Torres Strait Islander communities, intergenerational trauma stems from ongoing impacts of colonisation, including: racism and discrimination; disconnection from traditional lands, culture and language; policies of forced child removal; and constant grief and loss.[10-12] National data indicate that Aboriginal children are around 10 times more likely to be subject to child protection orders and 10 times more likely to be living in out of home care, compared to non-Aboriginal children.[13] Family violence has been identified as a factor in 80% of child removals.[14] Nationally, Aboriginal women are 16 times more likely than non-Aboriginal women to be hospitalised for family violence.[15] Despite accumulating evidence regarding the impact of exposure to family violence and related traumatic events and experiences, and global calls for urgent action[16,17], Australia and other high income countries continue to under-invest in development of effective public health approaches to prevent and reduce the impact of family violence and intergenerational trauma.[18]

What types of changes are needed?

All maternity and early childhood services must be equipped to identify, manage and support women and families experiencing family violence and other social health issues, such as housing insecurity and financial difficulties.

Systems changes are needed to enable health professionals to be better placed and supported to identify, manage and support women experiencing family violence.

At a practical level, there is a need for:

- longer consultations and more co-ordinated care pathways for women experiencing family violence and related social adversity
- greater availability of affordable housing
- stronger links between health services and community, housing and legal services to facilitate appropriate, timely referral and follow-up
- training for health professionals to facilitate co-ordinated, culturally sensitive responses to family violence matched to the needs of individual families
- expansion of multi-disciplinary teams to include Aboriginal workforce and allied health professionals in order to tailor care appropriately in different cultural and community contexts.

Key challenges

It is not easy for women to seek help or obtain support from health services. Two out of three Aboriginal women experiencing recent partner violence had not talked to a health professional about it.

The study findings show that single women are especially vulnerable to partner violence. This reflects that fact that separation does not necessarily lead to an end to violence. In fact, in the short term it may lead to the escalation of violence and increased vulnerability for women and their children.

Partner violence rarely occurs in isolation. It commonly occurs in combination with other social health issues, such as housing insecurity, financial stress and in some cases, drug and alcohol problems.

Engagement with Aboriginal families and communities, tailoring of programs to social context and a range of care pathways are essential for development of successful programs.

For further information about the Aboriginal Families Study, please contact:

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This policy brief has been put together by the Intergenerational Health group, Murdoch Children's Research Institute and the Aboriginal Health Council of South Australia. We acknowledge and thank the many Aboriginal families, communities and agencies that have supported the study, including members of the Aboriginal Advisory Group.

REFERENCES

References used in the development of this policy brief are available from: **ih@mcri.edu.au**

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