

Domestic Violence

1998

Introduction

The AMA deplores all forms of Domestic Violence. Domestic Violence is an abuse of power. It is the domination, coercion, intimidation and victimisation of one person by another by physical, sexual or emotional means within intimate relationships. Such intimate relationships include adult to adult, parent to child, child to parent, and child to child. Child abuse, elder abuse and, in particular, abuse of a woman by her partner, are common forms of domestic violence. Family members, other than the person who is the direct recipient of the violence, may be affected.

Domestic violence is a major social problem in Australia. Australian research reveals

- a prevalence rate of domestic violence of one in seven people attending metropolitan Accident and Emergency Departments (*Domestic Violence Victims in a Hospital Emergency Department by Roberts GL, O'Toole BI, Lawrence JM and Raphael B, Medical Journal of Australia 1993, Vol 159, 307-310.*),
- in a general practice setting, 22% of women in relationships have experienced physical violence in the past year (*Physical, sexual and emotional violence against women: a general practice-based prevalence study, Mazza D, Dennerstein L and Ryan V, Medical Journal of Australia 1996 Vol 164; 14-17.*), and
- 30% of women attending a public hospital ante-natal clinic during a one month period had a history of experiencing domestic violence (*Domestic Violence in Pregnancy. A Prevalence Study by Webster J, Sweett S and Stolz TA Medical Journal of Australia 1994; 161; 466-470.*).

There are major direct and indirect implications for the provision of health care services for the victims. Research indicates that victims of domestic violence receive more psychiatric treatment and have an increased incidence of attempted suicide and alcohol abuse than the general population (*Two Case Control Studies of Domestic Violence in Emergency Department by Roberts GL, Lawrence JM, O'Toole B and Raphael B.*). Those who are witnesses to, but not victims of, domestic violence may also experience ongoing adjustment difficulties. Research strongly suggests that:

- people who have grown up in a violent household are far more likely to become perpetrators of physical violence in subsequent relationships.
- women who are physically abused are at greater risk of committing child abuse than women who are not physically abused; and
- high levels of physical complaints, school phobia, poor school achievement and adjustment problems are experienced by older children who have witnessed domestic violence.

The AMA believes that:

1. The medical profession has key roles to play in early detection, intervention and provision of specialised treatment of those who suffer the consequences of domestic violence, whether it be physical, sexual or emotional.
2. The role and extent of domestic violence, as a determinant of medical and psychiatric morbidity, should be included in undergraduate curricula and postgraduate training programs.
3. Continuing education of the profession is essential to emphasise the extent of domestic violence and the medical and psychiatric consequences for the victims.

4. Continuing education of the profession is also necessary to highlight the critical role of primary health care providers, especially general practitioners, emergency department personnel and midwives, in the early detection of victims of domestic violence.
5. Close collaboration and a coordinated approach with other community agencies is essential when dealing with domestic violence and its consequences.
6. There is a need for continuing research into the emotional and social aetiology of domestic violence. Development and evaluation of intervention programs for both offenders and victims should be significant components within that research. Strategies to prevent domestic violence must incorporate recognition, understanding, and management of the underlying problems of the perpetrator.
7. Due attention should be paid to the child witnesses of domestic violence. Intervention may reduce the development of adjustment difficulties, and may modify the risk of those children subsequently becoming perpetrators of domestic violence.
8. Doctors have a responsibility to participate in community-wide efforts to establish and strengthen resources for victims and perpetrators, and to encourage preventive education programs through schools, the media and community organisations.
9. The AMA supports initiatives undertaken by Federal and State Governments which recognise and address issues relating to domestic violence within the community.