Domestic violence and gender inequality Inquiry
Finance and Public Administration References Committee

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MAIN POINTS

Early 21st Century period of significant change to gendered norms and the way families operate;

New 'high water mark' in moves towards gender equality, need to recognise and account for issues related to care;

Spike in domestic violence during pregnancy and early parenthood;

Substantial eight nation study conducted by the European Commission *Transitions* (2006) concluded that the Transition to Parenthood was a 'critical tipping point on the road to gender equality';

Unfulfilled aspiration for gender equal or egalitarian families;

The birth of an infant is a 'critical life stage that is often experienced as overwhelming';

High rates of anxiety, depression, marital dissatisfaction and issues related to identity for women as new mothers;

Early years health practitioners are key touchstone between women, their families and the health and welfare systems;

Important to recognise and respond to social and cultural context of pregnancy, birth and early years;

RECOMMENDATIONS

Need for practitioners to strengthen core couple relationship during the early years after the birth of an infant so as to facilitate communication and cooperation;

Need for professional development training for midwives and Maternal and Child Health Nurses so practitioners might assist women and men to respond to the Transition to Parenthood;

Need for funding to lengthen practitioners time allocation so as to incorporate wider social and cultural agenda;

Need for funding for infrastructure so as to run volunteer peer support programs for young families (for example: Family Connect (NSW), Good Beginnings, Benevolent Society).

Introduction

Gender inequality is an underlying and important contributing factor to domestic violence. We are at a new high water mark in moves towards gender equality. Equity will remain allusive until we recognise and account for issues related to the work associated with care; in this case the care of infants and children. The current trends towards gendered roles after the birth of an infant call for institutional change but further to this couples need do care differently. The birth of an infant is a significant social and cultural event that has been highly medicalized, and though over recent years there have been changes within the early years services, these practitioners are scrambling to catch up in an environment where funding has been under attack.

Couples are under significant pressure, particularly during the early years after the birth of an infant. The emphasis of this submission is on the importance of early intervention to support these young families. This can take place through a universal program delivered through Midwives and Maternal and Child Health nurses to assist couples navigate significant issues related to the Transition to Parenthood. Early parenthood is accompanied by: changes to the sense of self; changes to relationships; changes to life course; negotiating increased housework; and navigating the interpersonal dimension, particularly between mothers and their infants. In particular, an extensive body of research demonstrates that the strength of the core couple relationship during this time significantly contributes to positive outcomes for all involved. Interventions by health and welfare practitioners can be supported by volunteer peer support programs to assist struggling families.

1. Early intervention to support young families

There is a significant gap between the expectations and the experience of women as new mothers. These are trends that are recognised in the report on the *National Framework for Universal Child and Family Health Services*[1] and corroborated by a significant body of research (see section two).[2] The report published by the Human Rights and Equal Opportunity Commission as a result of a National Listening Tour by Commissioner Elizabeth Broderick brought attention to a desire for gender equity by Australian men and women; an ambition that has been thwarted by the slow pace of institutional change.[3]

The 'Our Watch' campaign argues that gender inequality underlies domestic violence and they highlight the 'Baby Makes Three' program that works with families during the early years after the birth of a child so as to promote respect, communication and equality within families. Furthermore, research feeding into the 'What Were We Thinking'[4] program run by the Jean Hailes Centre at the Monash University, School of Public Health, demonstrates that the quality of the partner relationship is a key preventative factor for depression. Across the research on perinatal depression is recognition of the need for social support and a recently released study by the Australian Research Alliance for Children and Youth (ARACY) argues

[1] Schmied, V., Kruske, S., 2011. *National Framework for Universal Child and Family Health Services*, Australian Health Ministers Advisory Council

[2] Craig, Lyn. 2007. *Contemporary Motherhood the Impact of Children on Adult Time*. Hampshire, England: Ashgate; Smith, Julie, Mark Ellwood, and Lyn Craig. 2006. *The Australian Time Use Survey of New Mothers*, Australian National University.

[3] Broderick, Elizabeth. 2008. *Gender equality: What matters to Australian women and men The Listening Tour Community Report*. Sydney: Human Rights and Equal Opportunity Commission;

[4] Fisher, J., What Were We Thinking program see: http://jeanhailes.org.au/what-were-we-thinking/about

for early intervention and family support.[5] Though the evidence is compelling these early years services remain inadequate and patchy across Australia.

The *National Plan to Reduce Violence Against Women and Children* focused on the significant part played by health professionals, in particular the early years practitioners who work with women and their families. As a means to prevent domestic violence within the relevant literature, there is a recognition of the need to promote communication and respectful relationships within families. Strategies across Commonwealth, States and Territories include an emphasis on the role of health practitioners to: support men to take a leading role; to challenge discrimination and gender stereotyping; build equality and respect between men and women; and importantly promote initiatives to support men to engage in caring and unpaid domestic work.

An Australian violence prevention specialist Liz Mulder advocated health promotion as a preventative strategy.[6] Robyn Seth-Purdie also emphasised a need for:

> … significant changes in attitudes toward partnership in marriage, responsibility for child-care, and support networks, to take the place of the extended family in relieving the stress of child-care and guarding against the development of chronic abuse. [7]

The *National Framework for Universal Child and Family Health Services*[8] recognises the significance of social and cultural factors to the health and wellbeing of mothers, fathers and families. Nurses and midwives play a key role in providing universal maternal, child and family health services in Australia and the report emphasises prevention, early intervention, continuity of care, collaboration and integration of services. However, the Australian federation of states and territories has resulted in policy frameworks that differ across jurisdictions and services that are fragmented across disciplines and sectors. The congruence of the research both national and international suggests the time is right to consider the introduction of a national approach to universal maternal and child health services.

On the basis of the studies cited in a paper prepared by the Parliamentary Library for general distribution to Senators and Members of the Australian parliament Robyn Seth-Purdie[9] noted a need for "significant changes in attitudes toward partnership in marriage, responsibility for child-care, and support networks, to take the place of the extended family in relieving the stress of child-care and guarding against the development of chronic abuse". Furthermore, among the strategies suggested to prevent further violence the paper included: the development of a national relationship skills/parenting skills program in a range of culturally appropriate forms, to teach techniques of conflict resolution and stress management, and to raise awareness of basic human rights within the family. This emphasis was reinforced by W. Kim Halford[10] in a paper prepared for the Department of Family and Community Services,

[5] ARACY, 2015. *Better systems, better* chances: A review of research and practice for prevention and early intervention
[6] Mulder, Liz, 1999, Preventing Violence Against Women, paper presented at the Interdisciplinary Congress on Women, Tromso, Norway; Seth-Purdie, Dr Robyn, 1995, Domestic violence: in search of well-informed policy, (Australian) Parliamentary Library, Canberra
[7] Seth-Purdie, Dr Robyn, 1995, Domestic violence: in search of well-informed policy, (Australian) Parliamentary Library, Canberra
[8] Schmied, V., 2011, idib.
[9] Seth-Purdie, 1995. idib.
[10] Halford, W. Kim, 2000, Australian couples in millennium three, prepared for the Department of Family and Community Services, National Families Strategy

National Families Strategy. Halford recommended the development of skills based relationship education materials and programs that prepare couples for the variety of life transitions including the transition to parenthood.

The Victorian Royal Commission into Family Violence[11] have uploaded submissions which provide for insight and direction. The La Trobe Violence Against Women Network (LAVAWN) drew attention to the significant role of alcohol in domestic violence. Alcohol is a factor in 50% of cases of partner violence and 73% of cases of assault. Households with children are significantly more likely to have children under five years of age. They draw attention to the lack of research on domestic violence and in particular within diverse family forms according to ethnicity, disability and sexual orientation. They found good evidence for peer support programs that included mentors, both professional and non-professional. They argued that the nurse home visitor is an important touchstone. There is, however a series of issues for nurses which include: a lack of training; lack of knowledge of support programs; discomfort for health workers; issues with language and cultural difference; there were time constraints; and issues with the presence of the partner (who may be a perpetrator). They argued a need for an improved maternal and child health service for vulnerable women and drew attention to the Vic Health 'Respect, Responsibility and Equality Program'.

The Centre for Perinatal Excellence recognises that there is a need for the related health practitioners to attain a basic understanding of how to effectively work and support women who are experiencing mild depressive and anxiety symptoms. The emphasis within the midwifery literature is on assisting women adapt to their new 'role' as a mother; this needs to be revised.

The first major study into the extent of violence against women by the Australian Bureau of Statistics, *Women's safety Australia* (1996) found that nearly one half of women who had disclosed they had experienced abuse within a relationship, experienced violence during pregnancy; the violence began during pregnancy for one half of this group. Evidence also indicates that homicide was the cause of 5% of deaths during pregnancy and childbirth. A paper by Angela Taft'[12] said that between 4 to 8 or 9 in every 100 pregnant women are abused. Though, she added, there are difficulties around disclosure and screening. She also noted the existence of overseas evidence on a link between pregnancy and homicide. Deborah Walsh[13] drew attention to difficulties in determining the frequency of domestic violence in pregnancy due to problems with working definitions and lack of medical screening.

Links between motherhood and domestic violence are made clear by Elspeth McInnes.[14] Two important sources McInnes drew on were the Australian Bureau of Statistics and a study conducted by the National Council of Single Mothers and their Children, which included interviews with 36 respondents. The 1996 ABS figures showed that 42% of women who had experienced violence by a former partner were pregnant at the time; of these 20% experienced violence for the first time when they were pregnant. Forty-six percent of women who had experienced violence by a former partner had children in their care; furthermore

[11] See: http://www.rcfv.com.au/
[12] Taft, Angela, 2002, 'Violence against women in pregnancy and after childbirth: current knowledge and issues in health care responses', Domestic and Family Violence Clearinghouse, Issues paper, no. 6
[13] Walsh, Deborah, 2000, 'Domestic violence in pregnancy', Domestic Violence and Incest Resource Centre Newsletter, no. 1
[14] McInnes, Elspeth, 2001, 'Single mothers, social policy and gendered violence', paper presented to 'Seeking Solutions' domestic violence and sexual assault conference, Gold Coast

61% of women who had experienced violence by a current partner during the relationship, had children in their care. She found that violence was a critical factor impacting on the population of single parents in South Australia. The Spark Resource Centre (working with single mothers) identified 70 to 80% of their clients as survivors of violence and these families had to deal with a Family Court that granted child access to fathers who were the perpetrators of violence.

Anne Morris[15] identified a process which she labelled 'maternal alienation' that can be used by violent men within their families so as to alienate children from their mother. Women can become isolated from sources of support. These men become skilled at convincing her family, the neighbours, the children's school, and any professionals involved with the family that she is mad or bad. People and services involved with the mother and/or children can make a positive difference in this regard if they support the mother to help her rebuild her relationships with her children. This enables her to support and protect her children in the future, as well as helping her overcome the effects of violence and abuse herself. The latest research points out that good practice for better child protection should be built on supporting the mother, not blaming or punishing. Morris concluded that maternal alienation became possible because of a privileging of the male voice and extensive mother blaming within cultural discourses and in families.

Noel Cazenave and M. Zahn[16] drew on a study of 83 homicide cases; 42 male and 41 female victims. The authors refer to a quote from Del Martin in *Battered wives* which stated that the ultimate cause of wife beating is sexual inequality. Wife beating will persist as long as there are unequal power relations between men and women and violence can be used to further tip the scale in favour of male supremacy. Male homicide was a result of self-defence in 18 of the 41 cases and female homicide the result of women attempting to end a relationship in 12 out of the 41 cases. The main findings were that 53 out of 58 of the cases (91%) were initiated by male physical violence. The researchers concluded that many of the murders were gender specific, males tending to be the initial aggressor and female homicide tended to be the result of male offenders' desire for the maintenance of the gender-based status quo. Interestingly, the study did not directly report on whether there were children in the family but all of the specific reports included references to children being present.

Joyce McCarl Nielson set out to test a proposition of Dobash and Dobash[17] that social isolation is linked to wife abuse. The paper was drawn from two separate studies and she concluded that isolation seemed to both precede and result from battering. The relationship could be explained in two ways – a lack of monitoring relationships (friends and family) and a desire for social control.

2. The experience of women through the Transition to Parenthood

An international body of research on the Transition to Parenthood shows high levels of depression, high levels of marital dissatisfaction, a spike in domestic violence and significant issues related to identity for women when they become mothers today. Among the

[15] Morris, Anne, *'Maternal Alienation: the use of mother blaming in abuse'*
[16] Cazenave, Noel, Zahn, M., 1992, 'Women murder and male violence', in Intimate Violence: interdisciplinary perspectives, (ed) E. C. Viano, Hemisphere Publishing Corp., Washington
[17] Dobash, R.E., Dobash, R., 1979, Violence against wives: a case against patriarchy, The Free Press, New York

conclusions of a significant eight nation study, both qualitative and quantitative, carried out by the European Commission[18] is the proposition:

> A frequently recurring theme across the countries is the ways in which gender shapes parenthood and makes motherhood different from fatherhood both in everyday family life and in workplaces. The transition to parenthood appears to be a critical 'tipping point' on the road to gender equity.[19]

This study has been followed by an extensive five year study[20] (to be completed in December 2016) that is looking at how parenting roles are constructed by professionals, welfare states, and popular media, and will assess how cultural and institutional norms and images are perceived and realized by expecting and new parents.

The issues go deeper than access to financial resources or family support, though these are necessarily important. Men and women respond differently to the birth for reasons of life experience and expectations but also the fact that pregnancy and birth is often a profound and life changing experience. This is something that is not adequately responded to by the health services that have historically been concerned with infant health and wellbeing.

The Transition to Parenthood (TtoP) is a social psychology term to describe the adjustments that both men and women negotiate when they become first-time parents. These adjustments are said to begin during the nine months before the birth and carry on into the first two years afterwards.[21] The indicators generally fall under the categories of: changes to identity; changes to life course; changes to relationships; including partner, friends and family; and negotiating more housework. A further and central element in this transition is in the interpersonal connection between mother and baby which is often spoken of in terms of taking on a 'maternal role'.

An impetus for the study of issues related to TtoP has been gender equity within the household but in addition Cowan and Cowan[22] stated that they were concerned to strengthen the couple relationship and support children. Herein is a key tension between the requirements of care and gender equity. The TtoP most often occurs within families, and the couple relationship is central to family dynamics. Couples negotiate issues related to equity and care within a social and economic system that has been built on an assumption of the male breadwinner and more recently the independent worker workplace model. These tensions and dynamics are often dramatically played out through dispositions that are socially and culturally constructed.

The birth of a child is 'a critical life stage' that is often experienced as overwhelming.[23] The research on the TtoP shows that attempts by many couples to achieve a form of gender equal

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[18] Lewis, Suzan and Janet Smithson (ed). 2006. *Gender, Parenthood and the Changing European Workplace: Young adults negotiating work-family boundaries TRANSITIONS*. European Commission: Brussels.
[19] Lewis and Smithson, 2006. idib.
[20] Grunow, Daniela, *Transition to parenthood: International and national studies of norms and gender division of work at the life course transition to parenthood* (see: http://cordis.europa.eu/project/rcn/96665_en.html)
[21] Cowan, C.P., and P.A. Cowan.1998. New Families: modern couples as new pioneers. In *All our Families: report of the Berkeley Family Forum*, edited by M. A. Mason, Skolnick, A., Sugarman, S.,. New York: Oxford University Press
[22] Cowan & Cowan, 1998. idib.
[23] Perren, Sonja, Agnes Wyl, Dieter Burgin, Heidi Simoni, and Kai Klitzing. 2005. Intergenerational Transmission of Marital Quality Across the Transition to Parenthood. *Family Process* 44 (4):441-459; Perren, Sonja, Agnes Von Wyl, Dieter Burgin, Heidi Simoni, and Kai Von Klitzing. 2005. Depressive symptoms and psychosocial stress across the transition to parenthood: Associations with parental

or egalitarian families after the birth of an infant are being stifled by a 'logic of gendered choice'.[24] Tensions between gender equity and the requirement to care are most often played out through the maternal sense of self. There was a decline in the postnatal health and well-being for approximately one-third of the women interviewed for my research[25], a figure consistent with findings from research on the TtoP.[26] Accordingly the first years of parenthood were found to be associated with maternal stress, depression, marital dissatisfaction and issues related to identity. Links between stress, depression and unfulfilled expectations regarding roles and responsibilities were recognized by Glade, Bean and Vira[27] in their review of fifty-nine studies on Family Therapy and the TtoP. Nystrom and Ohrling's[28] analysis of thirty-three studies by nurses argued that there was an association between maternal self-efficacy, depression and social/marital supports, while Cowan and Cowan[29] found links between a failed expectation of gender equity and depression. Golberg and Perry-Jenkins[30] linked this outcome to an incongruence between the expectations and the experience, and an ambivalence between a right to express discontent and the status quo. The researchers often went on to reflect on a need to review expectations and/or strengthen the couple relationship by way of overcoming these shortfalls, individual rather than structural change.

This period has been said to be followed by a trend towards 'traditional' gender roles whereas there is evidence to suggest that the use of traditional as an analytic category is in question. The basis for this characterization has been that men often work longer hours and the vast majority of women take on a greater load of the household and childcare duties, even if they too are working full time.[31] This assertion is descriptive rather than analytical. There is a vast array of literature to show that women are doing more housework than men, even if they have children and are working full time, but this is generally followed by evidence of raised levels of stress and/or depression; an unfulfilled expectation that they would have shared both the care and the housework.

A distinction between childcare and housework is useful in this case. The quantity of housework expands during this period, with many of the tasks related to the care of the infant/child. The negotiation of this work coupled with the prime responsibility for care

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psychopathology and child difficulty. *Journal of Psychosomatic Obstetrics and Gynecology* 26 (3):173-183; Glade, Aaron, Roy Bean, and Rohini Vira. 2005. A prime time for Marital/Relational Intervention: A review of the transition to parenthood literature with treatment recommendations. *The American Journal of Family Therapy* 33:319-336; Golberg, A.E., and M. Perry-Jenkins. 2004. Division of labor and working-class women's well-being across the Transition to Parenthood. *Journal of Family Psychology* 18 (1):225-236; Nystrom, K, and K Ohrling. 2004. Parenthood experiences during the child's first year: literature review. *Journal of Advanced Nursing* 46 (3):319-330.

[24] Singley, S G, and K Hynes. 2005. Transitions to parenthood - Work-family policies, gender, and the couple context. *Gender & Society* 19 (3):376-397.

[25] Garvan, J. 2010. *Maternal ambivalence in contemporary Australia: navigating equity and care*, ANU, PhD thesis see: www.maternalhealthandwellbeing.com

[26] McHale, J P, C Kazali, T Rotman, J Talbot, M Carleton, and R Lieberson. 2004. The transition to coparenthood: parents' prebirth expectations and early coparental adjustment at 3 months postpartum. *Development and Psychopathology* 16:711-733.

[27] Glade, Bean and Vira, 2005, idib.

[28] Nystrom & Ohrling, 2004, idib.

[29] Cowan & Cowan, 1998, idib.

[30] Golberg & Perry-Jenkins, 2004, idib.

[31] Singley & Hynes, 2005. idib.; McHale, idib.; Cowan & Cowan, idib.; Golberg idib.; Glade idib.; Maher, JaneMaree, and A. Singleton. 2004. The 'New Man' is in the house: Young men, social change and housework. *Journal of Men's Studies* 12 (3):227-240.

contributes to maternal stress. The women interviewed for my doctoral thesis[32] were not taking time out from the workforce to attend to the housework and conform to traditional roles, but because they are concerned with the health and well-being of their infants. There has often been a reliance on 'traditional' to hold together an array of characteristics that have been associated with gendered roles, whereas in this period of change it is critical to promote strong working relationships within families.

a) Primary care-giver as 'dependency worker'

The emphasis here is on the contradictory nature of a society that purports to promote equity while at the same time upholding familial relations that are gendered and inevitably disadvantage dependency workers, who are primarily women. Eva Kittay's[33] theory of dependency ascribes a relation of 'cooperative conflict' within families that is balanced in favour of the provider, the person with access to economic capital. This is the case because the distribution of resources is dependent on the provider's sense of fairness. While the family, as a social unit, is contained within an artificially divided private realm, and while dependency and care is privatized and gendered, gender equity will prove to be illusive. The primary caregiver, or 'dependency worker', as a group, are deprived of both justice and rights associated with citizenship as a consequence of their social positioning. Kittay and Okin[34] emphasize that the 'exit options' of the dependency worker are less viable than those of the provider. There is a power imbalance, an inequality of situation that most often disadvantages women. Familial relations are negotiated within a social framework that economically advantages the independent, autonomous individual and resulted in a 'motherhood penalty'[35] for women, who are most often the primary caregivers. When women take time out of the workplace to care for infants and children they incur significant deficits to their lifelong earnings and career options. The relatively recent universal Paid Parental Scheme along with the 'Right to Request' flexible workplace arrangements will go some way to reduce tensions between the workplace and the requirements of care. However, the nineteen week and the proposed 26 week schemes fall far short of the best practice Scandinavian countries who offer 12 months paid leave and it will be some time before family friendly workplaces become the norm.

The result of decisions about childcare include significant compromises for the primary care-giver regarding access to equity as currently structured in western nations. The development of a strong social structure to support caring responsibilities in Scandinavian countries demonstrates the effect through lower rates of female poverty and disadvantage whilst at the same time highlighting the need for far-reaching change; a reconceptualization and reworking of interactions between families, states and markets[36] (see also: Korpi[37] for international

[32] Garvan, 2010, idib.
[33] Kittay Feder, Eva. 1999. *Love's Labor Essays on Women, Equality and Dependency*. New York, London: Routledge.
[34] Kitty, E., 1999, idib.; Moller Okin, Susan. 1989. *Justice, Gender and the Family*. New York: Basic Books.
[35] Chalmers, Jenny, and Trish Hill. 2009. *Part-time work and women's careers: Advancing or retreating?* Paper read at HILDA Conference, at Melbourne; Lewis, Jane, and Mary Campbell. 2007. UK Work/Family Balance Policies and Gender Equality 1997-2005. *Social Politics International Studies in Gender, State and Society* 14 (1):4-30; Lewis, Jane, and Susanna Giullari. 2005. The adult worker model family, gender equality and care: the search for new policy principles and the possibilities and problems of a capabilities approach. *Economy and Society* 34 (1):76-104;
[36] Nystrom idib.; Orloff, Ann. 2006. From Maternalism to 'Employment for All': State Policies to Promote Women's Employment across the Affluent Democracies. In *The State After Statism*, edited by J. Levy.

comparison on gender and class outcomes). A continuing failure to respond to the outcomes of care for the primary care-giver is emblematic of what Barbara Pocock[38] has depicted as the 'work-life collision', or Arlie Hochschild[39] 'the second shift' whereby the vast majority of men do not become primary care-givers and women most often struggle to combine employment with care.

There are important social and cultural factors that are impacting health and wellbeing outcomes. Some of these have been documented by a body of research on 'being a mother' including Jane Hasler, Wendy le Blanc, and Susan Mushart[40] amongst many more. The Australian Bureau of Statistics, the report 'Race against Time', and a body of research by Barbara Pocock demonstrates that women are spending more time on a combination of workplace and care responsibilities than men and that they suffer a deficit in their health and wellbeing as a result of a 'work-life collision'.[41] These outcomes are captured in the phrase popularised by Arlie Hochschild 'the second shift'[42] and more recently 'trying to do it all'; this is contributing to marital dissatisfaction and quite possibly high rates of marital breakdown and vulnerability to domestic violence.

3. Associated Research

Here below I have highlighted key points from associated documents. You will see that much of the research is Australian and where it is not I have indicated how the findings may be useful in the Australian context.

A paper by Marion Tower et al. (2012)[43] found that the experience of women who seek help from health and welfare professionals in response to domestic violence tends to be negative. The authors argue that there is a disconnect between women's experience of violence and how nurses construct their needs and deliver care. Particularly in light of earlier evidence of a lack of disclosure this paper provides for a way of engaging with mother's stories and thus breaking down these barriers. The authors emphasise the importance of adopting a flexible and open-minded response to women affected by domestic violence.

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[37] Korpi, Walter. 2000. Faces of Inequality: Gender, Class, and Patterns of Inequalities in Different Types of Welfare States. *Social Politics* Summer:127-191.

[38] Pocock, B., 2003. *The Work-Life Collision: what work is doing to Australia and what to do about it*. Leichhardt: Federation Press;

[39] Hochschild, Arlie, and Anne Machung. 1989. *The Second Shift: working parents and the revolution at home*. New York: Viking.

[40] Hasler, J. 2009. *'No Bloody Wonder' – Exposing the relationship between postnatal depression (PND) and the gender order*. PhD thesis. Uni of Sydney; LeBlanc, Wendy. 1999. *Naked Motherhood Shattering Illusions and Sharing Truths*. Sydney: Random House; Maushart, S. 1997. *The mask of motherhood: how mothering changes everything and why we pretend it doesn't*. Milsons Point: Vintage, Random House.

[41] Australian Bureau of Statistics. 2009. *Australian Social Trends: Trends in household work*; Baxter, J, Matthew Gray idib. 2007. *Mothers and fathers with young children: paid employment, caring and wellbeing*; The National Centre for Social and Economic Modeling *Race against Time How Australians spend their time* http://apo.org.au/research/race-against-time-how-australians-spend-their-time ; Pocock, Barbara, 2003, *The Work-Life Collision: what work is doing to Australia and what to do about it*. Leichhardt: Federation Press; Pocock, Barbara. 2005. Mothers: the more things change the more they stay the same. In *Family: Changing Families Changing Times*, edited by M. Poole. Crows Nest: Allen and Unwin; Baxter, Janeen, Belinda Hewitt, and Michele Haynes. 2008. Life Course Transitions and Housework: Marriage, Parenthood and time on Housework. *Journal of Marriage and Family* 70 (2):259-272.

[42] Hochschild, Arlie, and Anne Machung. 1989. *The Second Shift: working parents and the revolution at home*. New York: Viking.

[43] Tower, Marion, Jennifer Rowe and Marianne Wallis, 2012, Reconceptualising health and health care for women affected by domestic violence, *Contemporary Nurse*, 42(2): 216–225

Leesa Hooker et al. (2012)[44] draw attention to a lack of research on DV screening in the well child setting and the study by Spangaro (2010)[45] highlighting the fact that much abuse remains hidden and that efforts are required to make it possible for women to talk about their experience and to seek help.

Rebecca O'Reilly (2007)[46] found a paucity of literature on domestic violence against women throughout the childbearing years but furthermore, she concluded that the incidence is poorly addressed by health care professionals.

Tamara Power et al. (2011)[47] found that many women privilege their mothering role over other areas of their lives, and for ill women, it can be difficult to relinquish what they see as their maternal responsibility. Mothering while ill is difficult and women facing illness may need encouragement to accept help. Nurses are in an excellent position to encourage women to identify and draw upon sources of support.

Simon Lapierre (2008)[48] argues that limited attention has been paid to the issue of mothering in the context of domestic violence and that the dominant discourse in this area has been characterized by a deficit model. He concluded there is a need for less blame and more support for women with children.

The paper by Carolyn Frohmader (2011)[49] draws attention to high levels of domestic violence and sexual assault of women with disabilities. Women and girls with disabilities have considerably fewer pathways to safety, and are less likely to report - yet programs and services either do not exist or are extremely limited.

An online resource on indigenous/Aboriginal experience of domestic violence in Australia, is listed under Creative Spirits.[50] This provides an overview of the incidence of violence and emphasises the importance of empowerment, partnership and community involvement with solutions. Another important resource in this regard is the Australian Indigenous Health Info Net which provides access to information, resources and more.

Two international studies that may provide useful indicators, the first from Finland and the second from Canada. Marita Husso et al. (2012)[51] set out to explore professional processes

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[44] Hooker, Leesa, Bernadette Ward and Glenda Verrinder, 2012, Domestic violence screening in Maternal and Child Health nurses practice: a scoping review, *Contemporary Nurse*, October, 42 (2)

[45] Spangaro, J.M., A.B. Zwi, R.G. Poulos and W.Y.N Man, 2010, Who tells and what happens: disclosure & health service response to screening for intimate partner violence, *Health and Social Care in the Community*, 18 (6)

[46] O'Reilly, Rebecca, 2007, Domestic violence against women in their childbearing years: A review of the literature, *Contemporary Nurse*, 25: 13–21

[47] Power, Tamara, Debra Jackson, Roslyn Weaver and Bernie Carter, 2011, Social support for mothers in illness: A multifaceted phenomenon, *Contemporary Nurse* 40(1): 27–40

[48] Lapierre, Simon, 2008, Mothering in the context of domestic violence: the pervasiveness of a deficit model of mothering, *Child and Family Social Work*, 13

[49] Frohmader, Carolyn, 2011, Submission to the preparation phase of the UN analytical study on violence against women and girls with disabilities

[50] Creative Spirits, Domestic and Family Violence (online resource) http://www.creativespirits.info/aboriginalculture/people/domestic-and-family-violence#axzz3iaNYhKU2

[51] Husso, Marita, Tuija Virkki, Marianne Notko, 2012, Making sense of domestic violence intervention in professional health care, *Health and Social Care in the Community*, 20 (4)

for making sense of violence intervention. They found a tendency by healthcare professionals to arrive at sense-making practices where it is possible to focus on fixing the injuries and bypassing the issue of violence as the cause of symptoms and injuries. The results indicate that developing successful practices both in identifying survivors of domestic violence and in preventing further victimisation requires a broad understanding of the effects of domestic violence and the challenges for health care professionals in dealing with it. There is a need for new perspectives in create an adequate response both for victims and for professional that includes strong support at the organisational level.

The second Canadian study by Joni Leger et al. (2015)[52] found that programs that delivered social support by peers to postpartum depression to be promising. This approach may also be useful in the support of women who experience family violence. Leger found that interventions should be targeted and take into consideration the age of the mother, any cultural and linguistic differences, the mother's circumstances and her needs. All volunteers should receive training before providing support and be screened for their ability to commit their time. Although the results were mixed, they provide insights into how peer support volunteers can be an innovative part of a team approach to intervention. And following on from peer support programs Lucy Paton et al. (2013)[53] found in an Australian study that the success of intensive home visiting programs were dependent on the relationship between home visitor and the mother. The role of a trusting relationship between nurses and participants, that included shared decision making, was central to program engagement. A clear distinction was made by the mothers, in that they were engaging in a relationship, and not a program.

[52] Leger, Joni and Nicole Letourneau, 2015, New mothers and postpartum depression: a narrative review of peer support intervention studies, *Health and Social Care in the Community*, 23 (4)
[53] Paton, Lucy, Julian Grant and George Tsourtos, 2013, Exploring mothers' perspectives of an intensive home visiting program in Australia: A qualitative study, *Contemporary Nurse*, 43(2): 191-200