

Chapter 6

Domestic and Family Violence and Associated Correlates Among Muslims in Australia

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ABSTRACT

Domestic and family violence (DFV) is a significant social problem that is found in all societies, cultures, and socio-economic backgrounds. Australian-Muslims are under-researched on DFV issues. This chapter explores the correlates associated with DFV using focus group data with various community-leaders living in South-East Queensland. Findings illustrate some unique characteristics of DFV relevant to Australian-Muslims that distinguish them from mainstream Australians such as misusing religious text and scriptures, contribution of culture, burden of men's financial responsibility vs women's work-choices, clash of cultures when living in Australia, loss of extended family support and social support networks, in-law contribution to abuse, and foreign spouses lack of awareness of the law. Findings are important for the design of effective strategies that challenge core assumptions towards DFV which promote and justify DFV. It highlights the importance of working within the cultural and religious framework in preventing DFV for cultural groups.

INTRODUCTION

Domestic and family violence (hereafter referred to as DFV)¹, is increasingly a focal topic of research worldwide. Global prevalence rates indicate that 35% of women worldwide have experienced either DFV or non-partner sexual violence in their lifetime (World Health Organisation (WHO), 2013), making it the leading cause of injuries to women of reproductive age in America (Portwood & Heany, 2007). In Australia, women (17%) were more likely than men (6.1%) to experience violence by a partner (Australian Bureau of Statistics (ABS), 2017b) with an estimated 87% of domestic violence victims being women (Healey, 2005). Other statistics state that one in four Australian women have experienced physical or sexual violence by an intimate partner (Cox, 2015). Often the male-perpetrator is not only known to the

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female-victim, but has also betrayed the intimate relationship with her by making the home, the greatest place of safety, a threat (Dobash & Dobash, 1979; Portwood & Heany, 2007).

Domestic and family violence, that ranges from mild verbal-abuse to severe physical-violence and even death, has occupied many researchers from various disciplines of criminology, psychology, social work, sociology and public health (Barnett, Miller-Perrin, & Perrin, 2005; Natarajan, 2007). Though the problem of DFV is common to almost all societies, it is expressed differently in varying communities (Hajjar, 2004). Its impact on public health is significant in its physical, mental, sexual, and reproductive health effects and statistics indicate that more women (4,600 as compared to 1,700 men) are being hospitalised due to DFV and becoming homeless (78% or 94,100) (Australian Institute of Health and Welfare (AIHW), 2019). Violence against women symbolises a potentially fatal threat to women (Fortune, 1991).

In its many forms, violence against women costs the Australian community \$22 billion in 2015-16 (KPMG, 2016). The consequences of DFV are not limited to economic costs, but in fact encompasses health-costs (Mouzos & Houliaras, 2006), psychological-costs or hidden-costs (McCloskey & Grigsby, 2005), neurological-costs (Campbell & Soeken, 1999) and social-costs (Fugate, Landis, Riordan, Nau-reckas, & Engel, 2005). Research suggests that culturally and linguistically-diverse (CaLD) women are less likely to seek assistance or report to police, due to various known barriers that exist (AIHW, 2019; Family and Domestic Violence Unit (FDVU), 2006; Phillips & Carrington, 2006).

Lack of awareness of the extent of DFV was mainly due to the nature of DFV as a hidden, unnoticed, or an ignored issue (Dobash & Dobash, 1979; Gelles, 2000; Phillips & Carrington, 2006). This makes it difficult to successfully combat this social problem that sees no socioeconomic, cultural or religious boundaries (Barnes, 2001; Haj-Yahia, 2000a). Although research within the wider Australian population has provided some important findings on the factors that are predicted to influence DFV (FDVU, 2006; Healey, 2005; Mouzos & Makkai, 2004), further research is still required.

The literature also illustrates a lack of consensus among researchers and service-providers on how to define the term 'domestic and family violence', making comparisons difficult (Matthews, 2004; Zeitler et al., 2006). Literature indicates that the uncertainty faced by many young women on what constitutes DFV prevents disclosure to service providers of their experiences of DFV (Zeitler et al., 2006). For victims, the process of defining DFV is further complicated by the reality of their lived experiences and a possible troubled identity that leaves them feeling isolated and alone as a result of simplified explanations portrayed by the media (Berns & Schweingruber, 2007). Moreover, the justice system defines DFV in very narrow terms of specific acts of aggression enacted during a particular incident (Barata & Sean, 2003), excluding experiences that are considered abusive by social scientists or victims of abuse (Portwood & Heany, 2007).

In an effort to provide more uniform definitions, the Centres for Disease Control in America has defined DFV as physical-violence and/or sexual-violence or threat of such violence, or psychological/emotional abuse and/or coercive tactics when there has been previous physical-violence and/or sexual-violence between partners or ex-partners (Saltzman, Fanslow, McMahon, & Shelley, 2002). The World Health Organisation (WHO) has similarly defined DFV to include any behaviour within an intimate relationship that causes physical-harm, psychological-harm, or sexual-harm to those in the relationship taking the form of physical-aggression, psychological-abuse, forced-intercourse and other forms of sexual-coercion, and various controlling behaviours (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). In Australia, the National Committee on Violence Against Women (NCVAW, 1994) defines male violence against women as behaviour by a perpetrator adopted to control a victim that results in physical, sexual and/or psychological damage, forced social isolation, economic deprivation, or a state of fear. Furthermore,

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