

Mental health, isolation and relationship difficulties among people experiencing economic hardship in a rural city

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Abstract

Objectives: This paper reports on findings of a study which examined the life circumstances of a group of people experiencing economic hardship in a rural city.

Methods: In-depth interviews were conducted with a sample of individuals who had sought emergency relief from charitable organizations.

Findings: The study found that interviewees detailed multiple developmental risk factors during their childhood and adolescence. Most had left home in their mid-teenage years and had little or no contact with their families of origin. Mental health problems were prevalent among interviewees, in particular depressive disorders. Interviewees had very limited social networks and described difficulties in making and keeping friends. Many reported unstable and often violent personal relationships.

Discussion: As suggested by attachment theory, this study supports the notion of developmental continuities from adverse childhood experiences into later life, particularly in relation to personal and social relationships.

Implications: Recommendations for prevention and early intervention approaches will be outlined.

Introduction

The aim of this paper is to explore the life circumstances of a group of people who had experienced adversity and abuse in childhood and adolescence with a particular focus on examining their personal and social relationships in later life.

Method

As this study aimed to provide a detailed examination of the life pathways of emergency relief clients, in-depth interviews were conducted with a sample of people who received emergency relief. Emergency relief is assistance provided by welfare and other community agencies to people in a crisis situation, in the form of food vouchers or food parcels, cash, help with gas and electricity bills, household goods or clothing (ACOSS, 2004).

The size of the sample was set at 20, comprising 10 males and 10 females. The sample size is generally small in such studies because the process of in-depth interviewing is time-intensive, (Minichiello, *et al.*, 1997). This research was approved by the Monash University Standing Committee on Ethics in Research involving Humans. The names of the interviewees and place names have been changed to help preserve confidentiality.

Findings

Risks to development during childhood and adolescence

The interviewees reported six main risk factors in their families of origin. These will be outlined briefly, before then focusing on their experiences in later life.

1. Relationship problems with parents

Problematic relationships with their parents involving lack of love and support during their developing years were noted by many interviewees.

2. Time in care away from parents

Most interviewees had spent time in care away from their parents as children or adolescents either as wards of state, in foster care, in supported youth accommodation, or with relatives.

3. Experiences of violence and abuse

Many interviewees described experiences of violence and abuse as children.

4. Experiences of grief and loss

Numerous interviewees encountered significant issues of grief and loss as children. Ben and Helen were placed in institutions as babies and never really knew their parents or siblings; four interviewees experienced the death of a parent; and six had parents leave with little or no contact thereafter.

5. Family breakdown

Twelve interviewees came from families where parents had separated. Usually, the interviewees were young when this separation occurred, most being of primary school age or younger.

6. Leaving home early

As a consequence of these difficult experiences in their families of origin, 15 of the interviewees had left home by the age of 16 years. Six female interviewees (Anna, Danielle, Helen, Linda, Penny and Therese) became pregnant as teenagers. This had implications for the life choices available to them, especially as none completed secondary education.

Experiences in later life

The childhood and adolescent experiences recounted by the interviewees appear to have remarkable continuities in their experiences later in life, particularly in relation to personal and social relationships.

1. Little or no contact – families of origin

Almost all interviewees had limited connections and contact with members of their families of origin:

“No, I don’t have any contact with them ... they’re spread all over the place.”
(Ben)

“I have no contact, no links with my family. They wouldn’t know if I was dead or alive. I never see or hear from them.” (Frank)

“Not a great deal of contact with brothers and sisters. They’ve all gone their own ways.” (Jim)

“ ... none of us talk. We don’t get on. Everyone went their separate ways.”
(Rebecca)

2. Unstable and violent relationships

In their adult relationships, 11 interviewees had been involved in violence as either victims or perpetrators. Interviewees described in graphic terms the impact of this violence on their lives:

“He was, he was violent, physically violent. He hit me so hard that our first child died. No one knew because I wouldn’t tell anyone. I think the strength then came from my children. When my son was four weeks old, he fell asleep and he come around and basically kicked me down and the baby went flying out of my arms.” (Anna)

“It was after she was born that he got very violent and he didn’t have to be provoked or anything. A lot of people get very violent when they’re drunk. He didn’t need anything. He would just snap. You could be in bed asleep and the next minute he would just beat you out of the bed and hit you across the room for nothing and most of the time he would never tell you why. And he would just go back to sleep and you would be sitting there thinking, ‘What have I done?’ So, I won’t know why it happened. A lot of the time, he never said. I put up with it. It just got too much when (their daughter) started seeing it. She got really upset.” (Penny)

“... he’s not just hitting out at me just for the fun of hitting out. He’s hitting out ‘cause he’s got - it’s that chemical imbalance coming out - and all of a sudden anger takes over and he lashes out and, yeah, he does physically hit me, but it’s nothing I can’t deal with.” (Frank)

Some interviewees were involved in violent relationships for lengthy periods of time before they were able to find help or leave the relationship:

“I was in a domestic violence relationship for six years, with the three older kids’ dad. (Their son) was thrown around a bit. He was an alcoholic. He also smoked a lot. I hated it but every time I tried to leave he’d say, ‘You’re dumb. You won’t be able to do it on your own’. But when they say it over and over again so many times you start to believe it. It took six years, but at the end I just convinced myself that I could do it, that I was dying to do it. So I went to (a rural area in Victoria). I had help from a refuge. They were fantastic.” (Monica)

“... we entered a relationship which lasted 18 months and resulted in domestic violence ... it actually took him the first six months of living together before he touched me in that respect. It had to build up, but you don’t see things like that coming to begin with because you’re naïve. So the following six months after that were pretty full-on stuff, and then it probably took six months to get out.” (Ursula)

Nine of the 17 interviewees who had been in relationships had permanently separated from those partners. Significantly, six of those separations had been from relationships where the interviewees reported violence. In addition, there were reports of violence involving two of the partners - Frank and Greg and Helen and Ian - where both couples had experienced temporary separations and then had moved back in together again.

The considerable lack of stability in relationships and the pervasive issue of violence seriously affected the ability of many interviewees to function effectively in their daily lives.

3. Few friends

Most interviewees reported having few friends.

Ben felt that his experiences in institutions as a child had affected his ability to form relationships. He believed that he was unable to express himself to people and felt he had to be personally very protective. He felt very much alone and graphically described his experience as follows:

“The main effect has been being isolated and literally on an island. There is no-one there, you know. You can just picture a desert island with just a palm tree and a rock and just sand there and think, ‘Am I lying on it’. But there’s not a rock and there’s no, there’s no shade, there’s no, there’s no palm tree. It’s just sand, hot, hot sand. And it is hot. It’s ... I don’t mean because it’s summer, I mean it’s hot because there are just so many areas that can come in and rip you down. Either you can fall into drugs, fall into alcohol. It’s been so easy that I can do that, but I have not chosen that option.”

Like Ben, many interviewees described difficulties in making friends and of not having friends:

“I just kept moving around and didn’t stay too long. Never made friends. People started to get too close and I’d walk away.” (Frank)

“Oh, it’s only us. We don’t socialise with many people.” (Helen)

“No, I don’t really have any close friends.” (Kevin)

“I just locked myself away and I had no social life. So I just spent the weekend doing homework, in my bedroom, reading books and spending most of the time with my grandmother.” (Sarah)

Few interviewees reported having good relationships with friends. However, Anna described how meeting one good person helped her to connect with a wider circle of people:

“That started when I arrived in (a regional city); just meeting one person who was a stable person.”

Some interviewees described friends who had been helpful:

“Very good friends now. They moved up from (a capital city) about two months ago. We’re very close and they have helped out a lot.” (Evan)

However, these good experiences were outweighed by a distinct lack of supportive friends reported by most interviewees.

4. Few links to wider social environment

As well as limited involvement with or support from friends, interviewees indicated that they had very few links to the wider social environment in which they lived.

Only three interviewees were involved in any social or sporting clubs or groups. Jim was a member of the R.S.L. (Returned Services League), which he went to at least once a fortnight.

Therese was a member of a basketball team. However, she described that she was not as involved as she used to be:

“I’m not in it as much as I used to be. I used to be up there all the time. I just go up, play a game and come home.”

Rebecca’s son played football, and her family had become involved with the club:

“(A regional city) Football Club. (Their son) plays for them. (Her partner) drives the kids. He picks up all the boys on away games. Under 14s, yeah. So we’re getting involved with the football club.”

However, none of the other 17 interviewees were involved whatsoever in any groups or clubs.

5. Limited involvement in neighbourhood

Most interviewees had only limited involvement in their neighbourhoods. Many had a range of concerns related to drug and alcohol problems, lack of safety, violence, theft and noise at night. Most considered their neighbourhoods to be unsuitable places for bringing up children:

“Most of the time it’s a ghetto, especially with the government houses. I’m so critical of what is happening in these ghettos. You are just surrounded by them, people with alcohol and drug problems. I’m not saying that everyone who lives there is bad. I’m not making that generalisation. But it is bad. They are there and there are all these little pockets of them slammed in to one area and it doesn’t help any one.”
(Anna)

“Disgusting, absolutely atrocious. Too violent. Too scary. Not a place to bring up a little kid.” (Evan)

“... yeah, the kids run riot - lot of ratbags around here ... this neighbourhood, I wouldn’t recommend to anybody who’s got a family to live in.” (Ian)

Most interviewees tended to keep to themselves:

“It’s not too bad because I stand up for myself and the kids. I won’t be pushed around. Yeah, but I don’t take any crap. I’m very quiet. We keep to ourselves. I mean, kids don’t bother me ... but I don’t fight with anybody.” (Rebecca)

On the whole, the neighbourhoods in which the interviewees lived presented them with a range of problems with which they had to contend. Most interviewees had only lived in their present accommodation for a relatively short time, as well, which limited their opportunities to make meaningful linkages in their neighbourhoods.

6. Importance of professional workers

Particular workers at some welfare agencies had been very helpful. The ability to relate in a friendly manner, being understanding and people who went out of their way, were highly regarded:

“Someone to talk to, as well. Him being there when I needed him to talk to and he understood me. It’s very hard to get someone to understand.”
(Oliver)

“ ... but at least I’ve got people here who are willing to help. It’s nice, because it’s more than their job. One of the workers came down on Sunday and she is moving house and she bought me a lot Tupperware and stuff. She didn’t have to. It’s not her job. When you’re in a violent situation you feel so worthless that when people pay attention when they don’t have to it just makes you feel so much better.” (Penny)

Discussion

Attachment theory is a way of considering the influence of adverse childhood experiences in later life. According to Howe, et al (1999), it is a theory of personality development in the context of close relationships, which suggests that poor-quality close relationships are where children's developmental prospects first become problematic. They consider that the value of this theory is that it helps explain why people who have experienced adversity in their past relationships go on to find relationships difficult in the future, including those with parents, peers, partners, children and neighbours. Berlin and Cassidy (1999) maintain that early attachments play a key role in people's subsequent close relationships because of links between a person's experiences with parental affection and their later capacity for affectionate relationships. Rutter and O'Connor (1999) comment that attachment theory presents an approach which seeks to understand the influence of relationships on personality and social development over the lifespan. They state that childhood experiences are considered to play a vital role in subsequent development, but caution that the model is probabilistic, focusing on trajectories which are influenced by risk and resilience factors, rather than deterministic. Howe (1995) states that disruptions and upsets in early life, such as persistent parental conflict, separation from parents, foster care or institutional care are the early childhood experiences most likely to lead to poor social functioning in later life. As described earlier in their accounts of their childhood experiences, these factors are certainly relevant for the interviewees in this study.

Given the family backgrounds of most interviewees, it is not surprising that in later life, the majority were estranged from their families because of breakdowns in relationships. This finding accords with that of Short (1996), who states that one of the most conspicuous features of the emergency relief clients she studied was that the vast majority of their relationships with family members were permeated with conflict and estrangement. This lack of support from either immediate or extended family has been noted in other studies with similar respondents (McCaughey, et al., 1977; Mattinson & Sinclair, 1979 in Howe, 1995; McCaughey, 1987; McCaughey, 1992; Kempson, 1996; Orr & Taylor, 1996; Anglicare Tasmania, 1998).

Many interviewees described difficulties in making friends and of not having friends in their adult lives. Anna had moved frequently to keep away from her abusive ex-husband. She described being isolated in (an interstate town) and in (an interstate capital city), but stated that she had made some friends in (a regional city). Chris mentioned having a 'mate', however, he was also quite critical of this person. Danielle stated that she did not have close links to any friends. Evan mentioned one friend with whom he was able to talk. Frank detailed a life where he moved around and did not stay in one place for long. He had been married, but that relationship had broken down and he had no contact with his ex-wife or children. He had been involved in a number of other relationships, but they had often involved violence, including his present relationship. Greg described most of his relationships with friends as unreliable, with them being untrustworthy and letting him down. Helen and Ian indicated that they did not mix with many people. Jim stated that he had acquaintances rather than friends and that he did not like to get too close.

Kevin reported that he did not have any close friends. Linda mentioned that she did not have many friends, but nominated one person whom she had known since childhood. Neville stated that he couldn't rely on his family or his friends and was, "sort of stuck by myself". Oliver mentioned "a couple" friends he had met since moving to (a regional city). However, these relationships were at a practical rather than emotionally supportive level. Penny stated that because of her troubled situation with her violent partner she thought it was better not to have friends. She mentioned one person with whom she had occasional contact, but stated that there were long periods when she had no contact with her. Rebecca stated that she had no friends with whom she could talk things over. Sarah spoke of having some friends but stated that she could not open up completely to them. Therese reported one friend who was understanding and to whom she could turn. Ursula stated that distance had developed with some friends since her financial situation had deteriorated and that she would not be able to turn to them for help.

Ben's case is of interest because of his upbringing in an institutional setting. Howe (1995) has suggested that being raised in an institution is an extremely difficult experience for children because they are unable to form a selective attachment. Relationships may be available but they are too transitory and unreliable for children to be able to form appropriate attachments. In such settings, individualised continuity of care is not available and there is no one to show the child any long-term personalised interest. Significantly, Ben described himself as being "isolated and literally on an island".

This lack of friends has been noted in previous research with similar groups of participants (McCaughey, et al., 1977; Smith, 1982; Gourlay, 1986; McCaughey, 1987; McCaughey, 1992; Gilley, 1993; Short, 1996; Kempson, 1996; Jackson & Crooks, 1993 in Taylor & Challen, 1998; Taylor, 1998).

Only three interviewees were involved in any social or sporting clubs or groups, with none of the other 17 interviewees involved in any groups or clubs whatsoever. This finding is comparable to other reported research with similar participants (McCaughey, et al., 1977; Backman, 1988; Trethewey, 1989; McCaughey, 1987; McCaughey, 1992; Howard, et al., 2001).

Most interviewees had only limited involvement in their neighbourhoods. Many expressed concerns in relation to a range of issues including drug and alcohol problems, lack of safety, violence, theft, noise at night and the areas being unsuitable places for bringing up children. Other studies have found that many of their participants had limited connections with neighbours (Smith, 1982; Trethewey, 1989; McCaughey, 1992; Short, 1996). It has also been suggested that people in poverty are more likely to feel unhappy with and unsafe in their neighbourhoods (Gourlay, 1986; Trethewey, 1989; Howard, et al., 2001). Howe (1995) states that poor quality environments are also poor sources of social support, with many families that do not function well interpersonally, socially or economically being likely to find themselves living in deprived neighbourhoods, which then compounds their existing problems.

Given this lack of connection with family, friends and the wider community, the role of various professionals and agencies in the lives of the interviewees took on an important dimension. When describing people to whom they could turn for emotional or practical support, a number nominated people who worked for agencies. Particular workers at some agencies had been especially helpful. People with the ability to relate in a friendly manner, who were understanding and who 'went out of their way', were highly regarded. All of the interviewees had experiences that had severely eroded their feelings of self-worth. Accordingly, humane and respectful approaches by professional staff are essential so that reinforcement of the abusive and negative relationships that many have previously experienced is avoided.

Policy and service implications

Howe (1995) has stated that the key factors in providing a humane social service to people who are extensive users of health and welfare services are understanding, emotional support, practical support and a reliable, responsive relationship. Similarly, services considered most valuable are those provided on a more personal basis, particularly for those people isolated from family and friends who have difficulty in building their own networks (McCaughey, et al., 1977; McCaughey, 1987). This approach was endorsed by the interviewees in this study. The reduction of excessive caseloads to facilitate more effective interaction at a personal level should be taken into consideration when designing such services (McCaughey, et al., 1977; Ribner & Knei-Paz, 2002).

There was a prevalence of mental health problems among the interviewees. Most suffered from depression, as did a number of their partners. This condition is linked with extensive impairments in functioning not only for the people suffering from depression themselves but also for members of their families (Jacob and Johnson, 1997; Cicchetti & Toth, 1998). Recent research has highlighted the high incidence of mental health problems among recipients of welfare payments, including those who receive emergency relief (Butterworth, 2003; Butterworth et al. 2004). This circumstance should be taken into account in the planning of services for people such as the interviewees.

There is considerable research evidence of the need for community support for families to help deal with the negative outcomes resulting from the social processes associated with poverty (Wise, 1999). Accordingly, access to family support, health and welfare services and connections to social networks are seen as helpful in combatting some of the psychological and social correlates of poverty. Wise (1999) comments that effective responses require a comprehensive array of services. This involves an ecological view of family, social network and community that moves away from simplistic solutions to single factors to a holistic approach which targets a network of relationships and processes.

An example of this form of service provision is Child and Family Centres, often known as 'one-stop-shops' (Tomison, 2002). These are multiservice community centres that

take a holistic approach, providing support at a variety of levels. The Centres are planned to be readily accessible, non-stigmatising and offer integrated services. Their aim is to engage families in the local community and to encourage them to seek assistance proactively in order to deal with a range of problems before these take on critical proportions. Such Centres can also facilitate a sense of community and the development of social support networks within neighbourhoods (Tomison, 2002). Given the array of family problems reported by the interviewees in this study, the widespread provision of such services in the community would be of considerable benefit in terms of both prevention and intervention in relation to the range of complex, intertwined problems presented.

Conclusion

It is clear from this study that the consequences of childhood adversity, especially in relation to personal and social relationships, continue into later life. Policy and service provision needs to consider interventions which take account of the implications of adverse experiences for children, firstly, by intervening early in the pathways of people such as the interviewees to prevent problems compounding, and secondly, by providing comprehensive and accessible support for members of the community dealing with the effects of these experiences in later life.

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