Whittlesea CALD Communities Family Violence Project

Scoping Exercise Report

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EXECUTIVE SUMMARY

Context and Background

Family violence is a significant problem that impacts on all sectors of the community regardless of age, class, income, country of origin, religion or cultural background/ identity. All women who are subjected to family violence face difficulties and challenges living with violence, disclosing family violence, finding assistance, accessing support services, leaving and moving on from a family violence situation.

It is a gendered crime with a far greater number of female victims. 80% of reported family violence victims in Victoria are women (Victoria Police Crime Statistics 2010-2011) and police and court data shows that perpetrators of family violence against adult female victims are overwhelmingly male (91-95%) (Victims Support Agency, 2012, p.18). Family violence has been identified as the leading contributor to preventable death, illness and disability in Victorian women aged 15-44 (VicHealth, 2004, p.10).

This report presents findings from a scoping exercise conducted by the Whittlesea Community Futures CALD Cluster group with funding from the Scanlon Foundation. The scoping exercise was motivated by anecdotal evidence that existing service responses in the City of Whittlesea were not meeting the needs of culturally and linguistically diverse ('CALD')[1] communities experiencing family violence. This was of concern given the relatively high incidence of reported family violence in the municipality and the (increasing) proportion of the population born overseas and not proficient in English.

The objective of the scoping exercise was to inform the development of a new approach to delivering family violence responses to CALD communities; developing an innovative, culturally appropriate family violence service model tailored to the needs of the multicultural community of the City of Whittlesea.

A range of methods were identified to tap into the local experience of family violence and family violence services by CALD communities. This included direct consultations and interviews with four key cohorts: female survivors of family violence, young people from CALD backgrounds, community and religious leaders and service providers who assist victims and perpetrators of family violence. An extensive literature review of more than 40 local, national and international sources were consulted and analysed to augment the findings from the primary research and to ensure a sound evidence base for the project's findings and the proposed model.

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[1] For the purposes of this Report 'CALD' is adopted in preference to the term 'Non-English Speaking Background' and generally refers to people who were born overseas or who are Australia-born with one or both parents (or grandparents) born overseas and who speak a language other than English at home. This term includes migrants, refugees and asylum seekers. For further discussion of the use of the term 'CALD' refer to p.18

Perspectives from Survivors

Findings from consultations conducted with female survivors of family violence, service providers and community and religious leaders confirmed existing anecdotal evidence and identified a number of factors that disproportionately or only affect CALD women. These factors acted as additional barriers for CALD women disclosing family violence, finding assistance, accessing support services, leaving and moving on from a family violence situation:

Personal Barriers

- Immigration issues, uncertainty regarding visa status and fear of deportation;
- Language barriers caused by lack of or limited English language skills;
- Isolation from their own community and the broader Australian community and lack of support networks;
- Lack of familiarity with and knowledge of support services, including how and where to access them;
- Lack of knowledge about family violence, legal rights and legal processes in the Australian context;
- Cultural factors including beliefs and norms regarding marriage, separation, divorce and gender roles;
- Perceived and actual community pressures to stay in the relationship, shame and stigma associated with separation and divorce;

Systemic Barriers

- Ineligibility and exclusion from certain support services and payments due to visa status;
- Language and communication barriers between women and service providers;
- Practical difficulties associated with leaving a family violence situation including lack of financial support, difficulties finding suitable employment and difficulties finding suitable housing.

Many of the women interviewed had lived with family violence for many years before they felt able to disclose their experiences or seek help. The women shared similar fears when it came to disclosing family violence and encountered many of the same 'barriers' to accessing assistance and services.

Women spoke of encountering a number of practical difficulties when leaving a family violence situation including finding affordable and appropriate housing, accessing financial support for themselves and their children, knowing where to get assistance, filling out forms, being able to transport themselves to appointments and finding childcare. These practical difficulties were compounded for women without permanent residency in Australia. A number of women identified these practical difficulties as key factors in decisions associated with leaving a family violence situation, resulting in a decision by some women to stay in a violent relationship 'for the sake of their children' and because they could see no alternative.

Lack of information about family violence and legal rights and lack of familiarity with available support services was a particular barrier for women attempting to access assistance and this was acute for women who were newly arrived in Australia. Women described arriving in Australia with complete ignorance of their legal rights and no knowledge of how to 'navigate the system.' For women on partner visas this left them highly dependent on their spouse. One woman described herself as being 'at the mercy' of her husband who made her fearful of the police, government and other services that might have helped her. Most women reported that had they had access to

information about their legal rights and the availability of support services, they would have taken action in relation to the family violence impacting on them.

Being connected to external support often had not only an effect on the women themselves but also an effect on the perpetrator of the abuse. A number of women reported that once the perpetrator knew that others knew about the abuse and that the women had outside support this led to a change in their behaviour.

The value of support groups that connected women to each other and reduced their isolation was reported as especially important in empowering women. Women who were connected to support groups felt more confident, had greater self-esteem and felt more informed about their rights and the options available to them.

Perspectives from Service Providers

Service providers perceived and articulated the barriers faced by CALD women in accessing support and information in relation to family violence in much the same way as the women themselves. Among the 23 workers from specialist family violence and mainstream service providers consulted there was general consensus on ways in which support services and access for CALD women might respond to the barriers that were identified:

- More information about Australian laws, family violence and women's rights to be provided to women on arrival in Australia;
- Information also to be provided to men on arrival in Australia to address attitudes and behaviours;
- Making printed information available in Arabic and other languages as well as targeting women through community forums was suggested as an effective way of reaching CALD women;
- More information and education for CALD communities about service providers and what they do to address ignorance and mistrust;
- Greater access to legal support;
- Continuing opportunities to engage in groups such as the Arabic speaking women's group;
- More opportunities for women to engage in social and other activities outside the home.

Service providers generally agreed that CALD clients of their services were more likely to have been in contact with the police before accessing their services in relation to family violence than non-CALD clients. This was generally attributed to CALD clients having less knowledge of the service system prior to a crises and contact with the police.

The majority of workers agreed that CALD women, and in particular newly arrived CALD women, do not have the same family/social support networks that non-CALD women can rely on in family violence situations. It was also observed that these reduced support networks limited the options available to women when considering leaving a family violence situation. Women from smaller and emerging communities were seen as particularly vulnerable within this context.

All service providers agreed that women without Australian citizenship or permanent residency who are dependent upon their spouse or partner to remain in Australia are particularly vulnerable. The fear of losing the right to remain in Australia was so compelling for some women that they were 'locked' into violent relationships. Immigration status was perceived to increase a woman's vulnerability to family violence, making it harder for a woman to leave a family violence situation and reducing her options upon leaving a family violence situation.

The fear of losing the right to remain in Australia, whether real or perceived, was cited as a powerful disincentive for women to speak out about family violence. It was noted that this fear is readily exploitable by perpetrators of family violence with workers giving numerous examples of perpetrators using the threat of deportation, and in particular deportation and loss of access to children, as a means of controlling and keeping women in violent relationships.

Services reported on the increased challenges of supporting women where they have limited or no English proficiency. The language barrier was seen as important in compounding the disadvantage of a lack of information and social isolation. The use of interpreters, though standard practice among those interviewed, threw up further considerations for those from smaller communities where the likelihood of the interpreter knowing the victim or the perpetrator is increased.

A range of factors were identified by workers where community, religious and cultural norms and taboos impacted negatively on a woman's ability to seek and get help. Community and family pressures to preserve the relationship were often counterproductive to efforts for early intervention. Some workers highlighted the role of community and religious leaders in urging women to return to their partners.

A general fear amongst CALD women that they may lose custody of their children if they separated was reported as significant for some in considerations of whether or not seek help. The fact that CALD women face the possibility that their children may be removed and taken overseas was reported as a factor not normally experienced by non-CALD women.

Overall, service providers reported that it may be harder for mainstream and specialist family violence services to build trust with CALD women and advocated for partnership and integrated approaches with settlement and CALD specific agencies with greater and more developed relationships with women from CALD backgrounds.

Perspectives from Community and Religious Leaders

All community religious leaders who participated in the project had been approached by someone in their community who had experienced family violence. Most said this occurred regularly and ranged from 4 to 6 cases per year to being approached every weekend after delivering their sermon.

Community and religious leaders on the whole reported a preference for resolving family violence within the community if possible. Most also saw that they had a role in contributing to the prevention of family violence through their position as leaders within their communities.

All community and religious leaders expressed a willingness to be involved in education, training and professional development to improve their capacity to respond the family violence.

A particular need was identified for younger religious leaders to be supported through further education and training. Some leaders emphasised the need to ensure that family violence training conformed to the culture and traditions of communities. It was also implied by most that their role and capacity to contribute to family violence prevention was not usually acknowledged and deserved greater recognition.

Perspectives from the Literature

The literature review confirmed the findings of the consultations regarding the barriers that confront CALD women experiencing family violence.

The literature reveals that, comparative to the mainstream population, there are additional factors that only or disproportionately affect CALD women and compound the difficulties associated with disclosing family violence, finding assistance and early intervention, accessing support services and leaving a family violence situation.

A combination of factors, including lack of English language proficiency, low levels of participation in paid employment and family responsibilities, combine to increase the isolation of CALD women from the wider Australian community. Some research indicates that this isolation results in a lack of awareness of family violence laws and support services and increases dependence on the perpetrator, both socially and financially. Perpetrators may also seek to deliberately isolate women from support in order to entrench their power over them. A particular vulnerability is identified in the literature in respect to women who are dependent on their spouse or fiancé for visa status and the right to remain in Australia.

A theme is evident in the literature that supports the findings from both service providers and survivors that women who lack information about their rights and support services are more vulnerable to exploitation, manipulation and continuing family violence. There is strong emphasis in most of the literature, therefore, on the provision of information on family violence, the Australian legal system and support services.

The literature, acknowledging the complexities of the experiences of family violence by CALD women, is consistent in recommending models that are integrated, comprehensive and collaborative.

Research suggests that those models of service delivery that are integrated, comprehensive and collaborative are likely to be successful in addressing the interrelated factors that affect CALD women experiencing family violence and facilitating access to assistance. The literature in fact identifies a clear trend towards models for family violence service provision that are integrated and co-ordinated.

The literature emphasises the importance of targeted information and education aimed at CALD men as well as women. The experience of resettlement, particularly changes in women's social and economic status can increase tension and the risk of violence by men towards women. Whilst women often felt empowered by changes to their social and economic status, men reported feeling disempowered and attributed conflict within the relationship to these changes. The literature cites evidence that these changes in the gender dynamics within families often results in increased efforts by men to maintain or regain control, including through violence.

Whether the needs of CALD male perpetrators are being accommodated within existing groups is unknown but anecdotal evidence from consultations conducted with service providers as part of the scoping exercise suggested that CALD perpetrators often fail to have their needs met by English speaking men's behaviour change groups.

The findings from the literature review and the consultations were utilised to inform and influence the development of the service model. The service model takes a multifaceted approach to addressing family violence in CALD communities with a mixture of elements aimed at primary prevention of, early intervention in and response to family violence.

There is considerable support in the literature for targeting prevention and intervention strategies at children and young people as a distinct sub-group with school based programs aimed at preventing violence and promoting respectful relationships having the strongest evidence base for effective primary prevention work.

The special vulnerability of women without permanent Australian residency status receives particular attention as does the importance of group work and other efforts to reduce CALD women's vulnerability arising from social and community isolation.

A 'bystanders' approach to primary prevention is singled out as having potential for reducing violence against women. Within this context, the literature supports interventions aimed at building community and religious leaders' understanding of family violence and supporting them to respond appropriately and effectively to family violence within their communities.

An Integrated Approach to Family Violence in the City of Whittlesea

The experience of family violence within CALD communities is multi-layered and complex. This complexity demands that, in order to to break the cycle of family violence and empower communities to prevent violence against women, an appropriate mix of prevention and early intervention strategies be adopted.

This report recommends the establishment of a Steering Committee to oversee the implementation of all elements of an integrated model for delivering early intervention and prevention responses to CALD communities in the City of Whittlesea.

The overarching aim of an integrated model should be to support CALD communities, newly arrived migrants, refugees, and asylum seekers, to break the cycle of family violence and empower communities to confront and respond to the challenge of preventing violence against women. The model will address:

The Empowerment of CALD Women

- CALD women's isolation by increasing social connectedness through participation in groups. The connections that women gain through group programs are vital to enabling women to access information about their rights and services and increase their confidence to seek and obtain support.

Building the Capacity of Community and Religious Leaders

- Community and religious leaders' response to disclosures of family violence and the information and assistance they give to CALD men and women has a critical role to play in determining outcomes for CALD women experiencing family violence. The model will increase the capacity of community and religious leaders to respond both to individual disclosures of family violence in their communities and to address family violence in their communities at a broader level.

- Anti-family violence tools, resources and messages will be developed in partnership with community leaders so that they have the capacity and support to deliver information and support to their communities in ways that are culturally and linguistically appropriate.

Prevention of Family Violence: Early Intervention in the Settlement Process

- The model will address the pressures and stressors that newly arrived migrants and refugees often experience during the settlement process which may impact negatively on the ability of individuals and families to maintain equal and respectful relationships. This will be achieved through early intervention in the settlement process and in increasing the professional capacity of service providers to respond to the needs of those in the early stages of settlement.

Preventing Family Violence: Programs Targeting Young People

- Prevention programs aimed at young people have a sound evidence base for being effective in countering violence supportive attitudes and norms and building awareness of respectful and equitable relationships. Such programs also have the potential to impact on future attitudes and behaviours and the development of healthy intimate relationships. The model will support the piloting of a 'whole of school' approach to promoting respectful and equitable relationships at a school in the City of Whittlesea with the intention of future transferability to other schools and non-school settings.

Reducing Recidivism: Increasing Access to Behaviour Change Programs

- Men's behaviour change programs aim to increase the safety of women and children by addressing the causes of men's violent offending and requiring perpetrators to take responsibility for their behaviour. The model will increase access to men's behaviour change programs by CALD men through the development of language/culturally specific men's behaviour change programs.

PROJECT OBJECTIVES AND SCOPE

The *Whittlesea CALD Communities Family Violence Project* ('the Whittlesea Family Violence Project') is a partnership project involving the organisations that make up the Whittlesea Community Futures (WCF) CALD cluster group.

The WCF is a partnership of multidisciplinary agencies working together towards a common goal, to improve opportunities for the people of the City of Whittlesea. The CALD cluster group is one of four such groups created by the WCF Partnership in 2010 to focus on priority areas including positive aging, families and children, youth and culturally and linguistically diverse communities.

In its Action Plan for 2011-2016 the CALD cluster group identified family violence as one of three key priority areas along with Racism and Community Relations and Employment.

Family violence has now become an acute issue for Whittlesea as a whole. In 2011 as a result of efforts made by the Whittlesea Community Futures Partnership funding was secured from the Scanlon Foundation[2] to conduct a scoping exercise to document the reach of existing family violence services to Whittlesea's CALD communities, to assess the adequacy of existing services and identify gaps in service provision and to document key issues, challenges and barriers to service access.

The objective of the Whittlesea Family Violence Project is to develop an innovative, culturally appropriate family violence service model tailored to the multicultural community of the City of Whittlesea. The model will aim to support CALD communities, newly arrived migrants, refugees, and asylum seekers, to break the cycle of family violence and empower communities to confront and respond to the challenge of preventing violence against women.

Background/Context

The impetus for undertaking a scoping exercise focussing on family violence and CALD communities in the City of Whittlesea were a number of co-existing factors including:

- the comparatively high incidence of family violence in the City of Whittlesea;
- anecdotal evidence that existing services were not meeting the needs of CALD communities ;
- the larger proportion of people in the City of Whittlesea born overseas when compared to the Melbourne metropolitan average;
- the larger proportion of people in the City of Whittlesea who speak little or no English when compared to the Melbourne metropolitan average;
- Recognition of the fact that women from CALD communities face additional barriers to accessing assistance for family violence.

Incidence of Family Violence

The number of incidents of family violence reported to police in Victoria has increased dramatically (by 108%) in the eleven year period from 1999, when reporting first commenced, to 2011. Analysis conducted by Victoria Police and the Victorian Government Department of Justice attributes this

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[2] The Scanlon Foundation was established in 2001 with the purpose of enhancing social cohesion within Australia. In its mission to enhance social cohesion the Scanlon Foundation recognises the significance of cultural diversity within Australia and seeks to support capacity building including through grassroots Community based organisations and by investing in projects that develop skills and provide opportunities for people from CALD backgrounds to meaningfully contribute towards their families, education, work, cultural and community life.< www.scanlonfoundation.org.au>

increase to reforms implemented during this period[3] and an overall more proactive approach to family violence by police.[4]

The City of Whittlesea has a high level of reported family violence when compared to other municipalities in metropolitan Melbourne. In 2009/10 Whittlesea had the fifth highest number of recorded 'family violence incidents' in metropolitan Melbourne and the sixth highest in 2010/11. (The recorded change from 2009/10 to 2010/11 was unfortunately not explained by a drop in the number of incidents in Whittlesea but a rise in the number of incidents in Brimbank.)[5]

According to Victoria Police data reported in the *Victorian Family Violence Database Volume 5: Eleven-year Trend Report*[6] the number of family violence incidents reported to police in Whittlesea increased from 329 in 1999/2000 to 1231 in 2009/2010 (an increase of 225%). Family violence incidents in the Whittlesea Local Government Area (LGA) in 2010/2011 were reported to be a contributor to between 40% and 50% of all assault related crime.[7] Whilst family violence reports in Victoria have increased overall during this period, local government data from the Whittlesea LGA indicates that the rate of family violence callouts in Whittlesea has increased in comparison to metropolitan Melbourne, from being roughly on par in 2002/2003 (577 to 567) to well above the Melbourne metropolitan average in 2009/2010 at 868 compared with 622.[8]

Court data included in the *Eleven-year Trend Report* also indicates that the number of finalised Intervention Orders involving affected family members from Whittlesea increased by 94% between 1999 and 2010 (from 467 to 904). The percentage of Intervention Orders initiated by police also increased from 9% in 1999/2000 to 46% in 2009/2010.In 2010/2011 143 family violence incidents attended by police in the Whittlesea LGA resulted in a Family Violence Safety Notice[9] (FVSN) being issued.

Demographic Snapshot

The Whittlesea Local Government Area is one of the geographically largest municipalities in Melbourne covering an area of 490 square km of both urban and rural land and is the sixth most socio-economically disadvantaged LGA in Melbourne and one of the most disadvantaged in Victoria.[10]

With a current population of 154,800[11] the City of Whittlesea is also experiencing rapid population growth which is projected to increase to over 280,000 by 2031.[12] Whittlesea had the highest level of growth amongst the northern metropolitan municipalities and is the fourth-fastest growing LGA in

[3] Introduction of the Victoria Police *Code of Practice for the Investigation of Family Violence*; improved and standardised risk assessment and management practices; on-going training and education and the introduction of the *Family Violence Protection Act 2008* including Family Violence Safety Notices that can be issued by police and also serves as an application for an Intervention Order.
[4] Victims Support Agency, *Victorian Family Violence Database Volume 5: Eleven-year Trend Report*, Victorian Government Department of Justice, Melbourne, 2012, p.50-53.
[5] Family Incident Reports – 2006/07 to 2010/11, Victoria Police Website <http://www.police.vic.gov.au>
[6] Victims Support Agency, *Victorian Family Violence Database Volume 5: Eleven-year Trend Report*, Victorian Government Department of Justice, Melbourne, 2012
[7] Family Incident Reports – 2006/07 to 2010/11, Victoria Police Website <http://www.police.vic.gov.au>
[8] Victorian Local Governance Association < http://www.vlga.org.au/>
[9] Family Violence Safety Notices may be issued by Victoria Police when they attend a family violence incident outside of court opening hours to protect a victim of family violence, a child who has witnessed family violence or the property of a victim and may include a condition that the perpetrator leaves the house. A FVSN is considered to be an application for an Intervention Order (IVO) by police and operates until a Magistrate either makes an IVO or decides not to make an IVO.
[10] Australian Bureau of Statistics, *Socio-Economic Indexes for Areas (SEIFA)*, 2006
[11] Australian Bureau of Statistics, *2011 Census of Population and Housing*
[12] Department of Planning and Community Development, *Victoria in Future 2012: Population and Household Projections 2011-2031*, http://www.dpcd.vic.gov.au/__data/assets/pdf_file/0003/106518/Whittlesea-One-Page-Profile-VIF2012.pdf

Australia.[13] Population growth in Whittlesea during the eleven-year period from 1999 to 2010 was 31%, the second fastest and second largest population growth of any LGA in Victoria.[14]

Whittlesea's population is diverse with a larger proportion of people born overseas (34%) and a larger proportion of people born in non-English speaking countries (32%) than the Melbourne statistical average.[15]

The City of Whittlesea also has a larger percentage of people born in Italy, Greece, Macedonia, India, Iraq and other Arabic speaking countries and a smaller percentage of people born in the United Kingdom when compared to greater Melbourne.

Census figures indicate that the municipality is undergoing a demographic change with an overall decrease in the number of residents born in Italy, Greece and Macedonia and an increase in residents born in India, China, Sri Lanka, UK, the Philippines and Iraq with the biggest increases in the number of residents born in India, China and Sri Lanka.[16]

43% of City of Whittlesea residents speak a language other than English at home (either exclusively or in addition to English) a figure which is higher than the Melbourne statistical average (29%). The most common language spoken is Macedonian however the biggest increases have recently been in those speaking Arabic, followed by Vietnamese, Mandarin and Cantonese. City of Whittlesea also has a larger proportion (22.4%) of people who speak a language other than English but speak English not well or not at all.

A larger proportion of City of Whittlesea residents nominated a religion (80%) than in Greater Melbourne and the most commonly nominated religion was Christianity (81%) followed by Islam (8%).

The proportion of the overall population of the City of Whittlesea aged under 25 is 35% compared to 32% of Greater Melbourne. While the City of Whittlesea has a larger proportion of young people, it has a smaller proportion of those aged over 65 (11% compared to Melbourne's 13%).

Newly Arrived/Emerging Communities

Within the population of people born overseas there is a smaller sub-group of newly arrived migrants and refugees who have been in Australia for less than 6 years.

Within this group is an even smaller population of migrants arriving on Refugee and Humanitarian[17] or Family Stream[18] visas. Between 2007 and 2011 a relatively high number of this sub-group settled in the City of Whittlesea comparative to the rest of Victoria. The City of Whittlesea ranked 9th out of 80 Local Government Areas for the number of Humanitarian arrivals and 8th for the number of settlers arriving on Family stream visas. A total of 3215 migrants and refugees on Humanitarian or Family Stream visas settled in the City of Whittlesea in the last 6 years.

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[13] Australian Bureau of Statistics [ABS] 2009-10, *Regional Population Growth, Australia, 2009-10* Catalogue No. 3218.0, Australian Bureau of Statistics, Canberra; City of Whittlesea.
[14] Victorian Local Governance Association < http://www.vlga.org.au/>
[15] Australian Bureau of Statistics, *2011 Census of Population and Housing*
[16] Victorian Local Governance Association < http://www.vlga.org.au/>
[17] There are a number of visa sub-classes included within this category but essentially Refugee and Humanitarian visas cover those people who are either subject to persecution or substantial discrimination amounting to a gross violation of their human rights in their country of origin. <www.immi.gov.au>
[18] Family stream visas enable an Australian citizen or Australian permanent resident to sponsor immediate or extended family members to come to Australia. Both partner and fiancé visas are included in this category. . <www.immi.gov.au>

Of those migrants and refugees who arrived on Humanitarian or Family stream visas a higher proportion (62%) spoke either no English or had poor English. Of Refugee and Humanitarian settlers the top three languages spoken were Arabic, Tamil and Farsi and the top three countries of birth were Iraq, Sri Lanka and Iran. The makeup of Family Stream settlers was quite different with the top three languages Mandarin and other Chinese languages, Vietnamese and Arabic and the top three countries of birth India, China and Macedonia.

A higher proportion of women than men arrived on both Family Stream and Refugee and Humanitarian visas (61%) in this period and of these, 20% arrived on either a spousal or fiancé visa and more women arrived on a spousal visa than any other visa category.

Of those migrants who settled in the City of Whittlesea in the last 6 years, 21% were aged under 18 at the time of arrival and 41% were aged under 25. Humanitarian entrants had an even higher proportion aged under 18 (33%) and close to half were aged under 25 (48%).

CALD Women: Multiple Complexities, Specific Vulnerability

Family violence is a problem that impacts on all sectors of the community regardless of age, class, income, religion, country of origin or cultural background/ identity.

Family violence is however very much a gendered crime in which the majority of victims are females (80% of reported family violence victims in Victoria are women)[19] and the majority of perpetrators are males. Family violence has been identified as the leading contributor to preventable death, illness and disability in Victorian women aged 15-44.[20] In Victoria the Australian Bureau of Statistics estimates that approximately one fifth of the 95 victims of homicide in Victoria in 2010 were victimised by a partner or ex-partner.[21] Nationally, the National Homicide Monitoring Program found that 78% of female homicide victims in 2007/2008 were killed by an offender with whom they shared a domestic relationship.[22]

Results from the Australian Bureau of Statistics *Personal Safety Survey 2006* found that of those women who were physically assaulted in the 12 months prior to the survey 31% were assaulted by a current or former partner.[23] The Australian Institute of Criminology estimates reports that over one third of women who have ever had an intimate partner report experiencing one form of violence during their lifetime from a male partner.[24] The most common location for physical assaults on women was in the home irrespective of the sex of the perpetrator and this differs quite markedly from men's experience of physical assault. Men were more likely to be physically assaulted by a male stranger and the location of the assault is more likely to be a licensed premises or a public space.[25]

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[19] Victoria Police Crime Statistics 2010-11, in Victims Support Agency, *The Victorian Family Violence Database Volume 5: Eleven-year Trend Report*, Victorian Government Department of Justice, 2012, p.22

[20] VicHealth, 2004 in Victims Support Agency, *The Victorian Family Violence Database Volume 5: Eleven-year Trend Report*, Victorian Government Department of Justice, 2012, p.22

[21] Australian Bureau of Statistics, 2004 in Victims Support Agency, *The Victorian Family Violence Database Volume 5: Eleven-year Trend Report*, Victorian Government Department of Justice, 2012, p.22

[22] Virueda, M., & Payne, J., 2010, *Homicide in Australia: 2007-08 National Homicide Monitoring Program annual report*, Canberra, Australian Institute of Criminology in Victims Support Agency, *The Victorian Family Violence Database Volume 5: Eleven-year Trend Report*, Victorian Government Department of Justice, 2012, p.22

[23] Of those women who reported at least one incident of physical assault since the age of 15, 46% reported that in the most recent incident they had been assaulted by a current or former partner.

[24] Mouzos, J., and Makkai, T., 2004, 'Women's Experiences of Male Violence: Findings from the Australian Component of the Internationals Violence Against Women Survey', *Research and Public Policy Series No.56*, Australian Institute of Criminology, Canberra in Victims Support Agency, *The Victorian Family Violence Database Volume 5: Eleven-year Trend Report*, Victorian Government Department of Justice, 2012, p.22

[25] Australian Bureau of Statistics [ABS] 2005, *Personal Safety, Australia, 2005 (Reissue)* Catalogue No. 4906.0, Australian Bureau of Statistics, Canberra.

The scale of the problem and the impact that family violence has on the Australian community was captured by a 2009 KPMG Management Consulting Report which estimated the cost of family violence to the Australian economy to be $13.6 billion and projected to be $15.6 billion in 2020-2021.

The Report identifies some of the main costs that contribute to the economic impact of family violence including:

- Pain, suffering and premature mortality;

   the costs associated with pain and suffering attributable to violence and the cost of premature mortality which was calculated by attributing a statistical value to years of life lost.

- Health costs

   including private and public health costs associated with treating the effects of violence on the victim, perpetrator and children.

- Production-related costs

   including lost production (wages plus profit) through absenteeism, search and hiring costs, lost unpaid work, retraining costs, lost productivity of victim, perpetrator, management, co-workers, family and friends and permanent loss of labour capacity.

- Consumption related costs

   including costs associated with replacing damaged property, moving costs and settlement of bad debts.

- Second generation costs [26]

   including private and public health costs associated with childcare, changing schools, counselling, child protection services, remedial/special education, increased future use of government services, increased juvenile and adult crime.

Reliable estimates of the level of family violence in CALD communities as a distinct group are hard to come by. The results of the limited research that has been conducted in this area are mixed, with some studies indicating that women from CALD backgrounds experience higher levels of family violence[27] comparative to the general population and others indicating that CALD women experience lower or similar levels of family violence to the general population.[28]

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[26] KPMG Management Consulting, 'The Cost of Violence Against Women and Their Children' March 2009, 5-6 and 21.
[27] O'Donnell CJ, Smith A & Madison JR 2002 'Using demographic risk factors to explain variations in the incidence of violence against women' *Journal of Interpersonal Violence* 17(12) 1239-1262 in Morgan, A & Chadwick H 'Key Issues in Domestic Violence' Research in Practice Summary Paper No.7, December 2009, Australian Institute of Criminology, 5
[28] Bassuk E, Dawson R & Huntington N 2006 'Intimate partner violence in extremely poor women: Longitudinal patterns and risk markers' *Journal of Family Violence* 21, 387-399; Mouzos J & Makkai T 2004 'Women's experiences of male violence: Findings from the Australian component of the international violence against women survey (IVAWS)' *Research & Public Policy Series No.56, Canberra: Australian Institute of Criminology* <http://www.aic.gov.au/publications/current series/rrp/41-60/rrp56.aspx> in Domestic Violence' Research in Practice Summary Paper No.7, December 2009, Australian Institute of Criminology, 5

What is repeatedly emphasised in the literature, and has been confirmed through consultations conducted through the project, is that CALD women experiencing family violence face additional barriers to accessing appropriate services. Specific factors that contribute to CALD women's vulnerability in family violence situations include:

Personal Barriers

- Immigration issues, uncertainty regarding visa status and fear of deportation;
- Language barriers caused by lack of or limited English language skills;
- Isolation from their own community and the broader Australian community and lack of support networks;
- Lack of familiarity with and knowledge of support services, including how and where to access them;
- Lack of knowledge about family violence, legal rights and legal processes in the Australian context;
- Cultural factors including beliefs and norms regarding marriage, separation, divorce and gender roles;
- Perceived and actual community pressures to stay in the relationship, shame and stigma associated with separation and divorce;

Systemic Barriers

- Ineligibility and exclusion from certain support services and payments due to visa status;
- Language and communication barriers between women and service providers;
- Practical difficulties associated with leaving a family violence situation including lack of financial support, difficulties finding suitable employment and difficulties finding suitable housing.

Project Aims/Project Objectives and Critical Success Factors

Prior to undertaking the scoping exercise it was of concern to service providers in Whittlesea that the anecdotal evidence suggested CALD women experiencing family violence were not accessing or not able to access support services in the same way or in the same numbers as non-CALD women. The anecdotal evidence suggested that existing services were falling short of being able to address family violence in CALD communities. The scoping exercise was intended to operate at two levels. At a local level, the focus was on gaining insight into the experience of family violence and family violence services by CALD communities. Feedback about these experiences was utilised to inform and influence the development of the service model.

At a second level, the scoping exercise was intended to draw out best practice and alternative models and approaches to preventing and responding to family violence from the existing literature. The experiences of female survivors of family violence within CALD communities as well as service providers they may have come into contact with and the perspectives of others from within the community who may have been witness to family violence and its consequences or have actively intervened where family violence has occurred, was analysed and contrasted with existing knowledge and theoretical frameworks to produce a model of service implementation tailored to the local community.

The scoping exercise was intended to inform a clear business plan for the improvement and enhancement of family violence prevention and intervention strategies targeted at Whittlesea's CALD communities. The business plan presents opportunities, costs, benefits and implementation strategies.

Definitions

Family Violence

Definitions of 'family violence' in both State and Federal legislation recognise that family violence encompasses a range of behaviours not limited to physical violence.

The *Family Violence Protection Act 2008* (Vic) provides an extremely broad definition of family violence which includes physical, sexual, emotional, psychological and economic abuse as well as any behaviour that is threatening, coercive, controlling or dominating and causes a family member to fear for their safety or wellbeing or for the safety or wellbeing of another family member. The definition of 'family violence' in the *Family Law Act 1975* (Cth) now includes all of the behaviours listed in the Victorian legislation. This follows amendments that were made in 2011 with the intention of changing the definition to reflect a contemporary understanding of family violence and abuse, including explicitly stating behaviour that is considered unacceptable.

The project has been guided by the definition of family violence adopted by Berry Street, a key regional provider of family violence services, which recognises both the multiple behaviours that may constitute family violence and the fact that family violence is not confined to heterosexual intimate partner relationships:

'Violence is defined as any act which makes another person feel fearful, unsafe and not in control of their own destiny. Family violence can include physical, sexual, psychological, emotional, verbal and financial abuse. It can occur in current or past family, domestic or intimate relationships. Family violence is predominantly, but not exclusively, perpetrated by men against women and children. It occurs in all ethnic and cultural groups, in all kinds of relationships and families, including heterosexual & same-sex relationships & against older people and people with a disability'

CALD (Culturally and Linguistically Diverse)

'CALD' stands for 'Culturally and Linguistically Diverse' and is now commonly used to describe those Australians who were born overseas or who are Australia-born with one or both parents (or grandparents) born overseas and who speak a language other than English at home. This term includes migrants, refugees and asylum seekers and is used in preference to the previous descriptor 'NESB' or 'Non-English Speaking Background'.

The Department of Immigration and Citizenship adopted the term 'CALD' in 1996 in preference to 'NESB' in recognition of the fact that this is a diverse group within Australian society and barriers or disadvantages that may be faced by this group are not necessarily the product of language alone.[29]

The term 'CALD' also avoids defining a whole group by what they are lacking[30] rather than recognising that Australia is made up of a diverse group of people from different backgrounds all of whom contribute to Australian society. In this way Australia itself can be described as 'CALD' however in this instance the term has generally been used to define those Australians who are originally from non-English speaking countries, or who come from non-English speaking backgrounds

29 Sawrikar, P & Katz, I 'How useful is the term 'Culturally and Linguistically Diverse' (CALD) in Australian research, practice, and policy discourse?', Social Policy Research Centre, University of NSW, 4
30 The Department of Immigration and Citizenship identified four major problems with the term NESB including: (i). the term has conflicting definitions; (ii). it groups people who are relatively disadvantaged with those who are not disadvantaged; (iii). it is unable to separately identify the many cultural and linguistic groups in Australian society and (iv). it has developed negative connotations (Department of Immigration and Citizenship, *The Guide: Implementing the Standards for Statistics on Cultural and Language Diversity*, 2001).

or who may speak English as a first or second language but have come from a predominantly non-English speaking country or background.

It is also noted that 'CALD' is an extremely broad category and within this group there are a diverse range of backgrounds and a diverse range of experiences between and even within cultural groups. It is recognised that in formulating a model that addresses family violence in CALD communities, recognition must be given to the fact that CALD communities are not homogenous but may share common attributes and experiences that differentiate them from the mainstream.

Limitations

Scoping Exercise

The initial stage of the project was intended to be a scoping exercise with the purpose of identifying key issues, barriers to service access and gaps in existing services as well as potential solutions to increasing service access for CALD communities.

Limited Access to Statistical Data

Gaining access to accurate statistical data on the incidence and prevalence of family violence is problematic. Estimates as gathered from sources such as police records, court data and national and state crime surveys etc are generally acknowledged to provide only a conservative estimate of the incidence and prevalence of family violence due to barriers to disclosure faced by victims of family violence and inconsistencies in the definition of family violence which may lead to non-recording of some incidents.[31] As a result, only a percentage of incidents of family violence will ever be reported to police.

Victoria Police publishes statistics each year indicating the number of 'family incidents' police have responded to, where Family Violence Safety Notices were issued and where Intervention Orders were applied for. These statistics are extracted from the LEAP database and are broken down according to Local Government Area.

The Australian Bureau of Statistics *Personal Safety Survey 2005* found that women who experienced physical assault were more likely to be assaulted by a current or previous partner or other known person than a stranger. Of women who had experienced physical assault by a male perpetrator only 36% had reported the incident to police. Only 15% of women who had experienced sexual assault by a male perpetrator had reported the incident to police.[32] Police statistics on the incidence of family violence are therefore likely to represent a fraction of actual occurrences of family violence.

There are further limitations in attempting to break down family violence data to determine the incidence and prevalence of family violence in Victoria. Police also collect data through the LEAP database on the country of birth of perpetrators however the data is limited to those perpetrators involved in family violence incidents where charges are actually laid. Often Victoria Police attend family violence incidents where there are no charges laid so this data only captures a proportion of all family violence incidents. Victoria Police also collect data on the likely cultural background of perpetrators when they attend family violence incidents. This data is based on physical appearance only and is therefore considered unreliable as a true indicator of a perpetrator's cultural identity.

[31] Mulroney, Jane, 'Australian Statistics on Domestic Violence', Australian Domestic & Family Violence Clearinghouse; Phillips, Janet & Park, Malcolm 'Measuring Domestic Violence and Sexual Assault Against Women: A Review of the Literature and Statistics', http://www.aph.gov.au/library/intguide/SP/ViolenceAgainstWomen.htm
[32] Australian Bureau of Statistics [ABS] 2005, *Personal Safety, Australia, 2005 (Reissue)* Catalogue No. 4906.0, Australian Bureau of Statistics, Canberra.

Victoria Police do not record data on the country of birth or cultural identity of victims of family violence.

Organisations that provide services to the City of Whittlesea generally collect statistical data about clients who access their services. However there is little consistency between organisations on the type of data collected and the method of data collection. Data collection may even differ within agencies between different program areas and the type of data collected is often dependent on reporting requirements for funding bodies.

At the beginning of the scoping exercise it was envisaged that statistical data would be collected from each organisation that provides family violence services to the City of Whittlesea, both family violence specialist and non-family violence specialist, to build up an accurate picture of who is and who isn't accessing services and the types of services that are being accessed.

A comprehensive questionnaire was prepared and distributed to each of the relevant organisations. However, only three agencies were able to access enough data to provide a partially completed questionnaire and only one agency was able to provide answers to all questions for all program areas. Both family violence specialist agencies were able to provide the most comprehensive data. One of the principal difficulties encountered by agencies in responding to the questionnaire was in separating data for CALD clients from non-CALD clients.

Ethical Constraints

At the beginning of the scoping exercise it was anticipated that identifying CALD women who would be willing to share their experiences of family violence for the project would be difficult. Prior to embarking on the consultation and community engagement aspect of the scoping exercise there was considerable discussion and preliminary work undertaken by the WCF CALD Cluster around how best to engage with individuals and communities in relation to this sensitive and often taboo topic. In particular the challenge was how best to ensure that the views of women who had experienced family violence were heard but in a way that minimised any harm or distress that might be caused by revisiting their experiences.

In fact there was a better than anticipated response to the scoping exercise by the local community with 10 women and 6 Community and Religious leaders agreeing to participate in consultations conducted by the Project Leader. Many of the women involved were eager to participate in consultations and share their experiences in order assist other women experiencing family violence.

Consultations with the community were underpinned by an ethical framework that was developed by the CALD Cluster group and based on the WCF Community Engagement Principles and *The National Statement on Ethical Conduct in Human Research* (2007).

Interview questions were structured so as to focus primarily on women's experiences of service access rather than their experiences of family violence.

All women who participated in consultations were asked to sign a consent form that provided referral information including contact numbers and information about family violence services where they could pursue further support if needed. It was also emphasised to the women that they were under no obligation to consent and their willingness to participate in the research would in no way be linked to their ability to access services in the future. Each woman who participated in consultations was provided with a voucher for Coles/Myer or Epping Plaza as appreciation for their contribution.

METHODOLOGY

During the implementation phase of the scoping exercise the following activities were completed:

Needs Analysis

Summarising and documenting key issues, challenges and barriers demonstrating a need for action to address family violence within Whittlesea's CALD communities

Service Mapping

Mapping existing family violence services in the City of Whittlesea or that cater for those in the City of Whittlesea and identifying gaps in service provision

Consultation and Community Engagement

Stakeholder consultation tapping into community member's experience of family violence, reflecting on its impacts and identifying approaches that work well and those that don't.

Research and Literature Review

Charting existing and past approaches and models based on local, national and international experiences.

Project Leader

A part-time Project Leader (3 days per week) was funded to implement and manage the project and take responsibility for achieving project outcomes.

The Project Leader was seconded from Whittlesea Community Connections (WCC). Day-to-day supervision of the project leader was provided by the CEO of Whittlesea Community Connections with the Project Leader reporting back to the CALD cluster group and providing updates on a monthly basis.

The WCC Arabic Speaking Settlement Support Worker also provided in-kind support to the project, in particular in facilitating and assisting with community engagement activities. Support was also provided by the Settlement Team Leader and the Whittlesea Community Connections Youth Worker in facilitating and conducting a group consultation with young people.

Whittlesea Community Futures CALD Cluster Group

The WCF CALD Cluster had overall responsibility for steering the Whittlesea Family Violence Project. The collective knowledge and expertise of the WCF CALD Cluster was utilised to ensure appropriate oversight and guidance of the scoping exercise. In particular, the Project Leader was able to utilise the knowledge and expertise of specific members of the WCF CALD Cluster outside of CALD Cluster meetings where necessary.

Consultations

Community consultation was a critical part of the scoping exercise. The family violence service model is intended to be tailored to CALD communities in the City of Whittlesea and it is therefore crucial that it is responsive to and informed by local experience.

The aim of conducting community consultations was to utilise the experience of the communities themselves to inform the project in relation improvements in service access and the potential strategies required to better address family violence within CALD communities.

Community consultations were conducted with three different cohorts:

- female survivors of family violence;
- young people;
- community and religious leaders;

Consultations were also conducted with service providers who offer services to people in the City of Whittlesea and who assist either victims or perpetrators of family violence.

All community engagement activities of the project team were guided by the Whittlesea Community Engagement Framework and Principles.

Following discussions within the WCF CALD Cluster interview questions were devised to guide the conduct of semi-structured interviews with each cohort.

Female Survivors of Family Violence/Women

The WCF CALD Cluster felt that consulting with female survivors of family violence was the most critical way to research women's experiences, any barriers they encountered and how these barriers impacted on their ability to seek help.

Consultations were conducted with a sample of women from CALD backgrounds who had experienced family violence and who currently reside in the City of Whittlesea.

In total 10 women were recruited through the Arabic Speaking Settlement Support Worker at Whittlesea Community Connections, caseworkers at Berry Street Family Violence Services and a Sikh religious leader. Two further case studies of women who had experienced family violence and sought assistance from service providers were also incorporated into the findings.

Interviews were conducted by the Project Leader either face-to-face or by phone with the Arabic Speaking Settlement Support Worker present to provide interpreting services for Arabic speaking women where necessary.

The women were asked questions from a set interview format **(see Appendix 1)**.

Young People

A group consultation was conducted with two groups of young people from CALD backgrounds.

In total, 5 young people participated in the group consultations with groups separated according to gender, one group of two girls and one group of three boys.

The group consultation was conducted by the WCC Youth Worker based on questions and scenarios from the *Be the Hero!* program[33] adapted by the WCC Youth Worker, WCC Settlement Team Leader and the Project Leader.

Community and Religious Leaders

In total 6 community and religious leaders were interviewed by the Project Leader either face-to-face or by phone.

The Religious leaders were chosen either because their Church, Mosque or Temple was based in the City of Whittlesea or large parts of their congregation reside in the City of Whittlesea.

Service Providers

23 individual workers from 5 service providers, both family violence specialist and non-family violence specialist agencies, participated in consultations either via face-to-face interviews with the Project Leader (individually or as a group) or by providing written answers to interview questions.

- Anglicare;
- Berry Street;
- Mary Anderson Family Violence Services;
- Plenty Valley Community Health;
- Whittlesea Community Connections

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[33] The *Be the Hero!* program is a violence prevention program developed by the Victorian Women's Trust and Northcote High School with funding from VicHealth with the intention of 'providing a greater understanding of violence against women' and helping 'identify ways young men can safely be involved in taking a stand against violence against women.' The intention of the program is to generate discussion amongst small groups of young men around family violence and healthy relationships. <www.bethehero.com.au>

FINDINGS

Consultations with service providers, women and community and religious leaders revealed a number of common themes regarding CALD women and family violence. A general consensus emerged from consultations that CALD women who are victims of family violence also experience additional complexities which increase their vulnerability and make it harder to access assistance and support.

The complexities or 'barriers' that CALD women themselves identified were largely mirrored in the responses of service providers and the challenges they experience in providing services to CALD communities (refer to p.17 for a detailed description of the identified barriers).

Consultations with Women

Demographic Information

Just under half of the women interviewed for the scoping exercise were engaged with the Arabic speaking women's group run by Whittlesea Community Connections. Two case studies, from CALD women who had contacted service providers for assistance with family violence, have been included in these findings.

The majority of women interviewed identified as coming from a Middle Eastern background. The women identified themselves as coming from the following countries of origin:

- Egypt
- Iraqi-born (from Assyrian/Chaldean, Arabic and Kurdish speaking backgrounds)
- Lebanon
- Syria
- India

None of the women were born in Australia although half were now either Australian citizens or permanent residents. Most had originally migrated to Australia either as refugees, on spousal (either as the spouse of someone holding a refugee or student visa) or family reunion visas. Only two of the women came to Australia on a skilled migrant visa, both of whom migrated from India.

The majority of the women consulted were Arabic speaking with varying levels of English proficiency. Just over half were able to speak English fluently while the others had little or no English. The women's level of English language proficiency was not necessarily a reflection of how long they had been in Australia. Some of the women who were able to converse in English still felt more comfortable conducting the interview through an Arabic speaking interpreter.

The women were of mixed ages and had been in Australia for varying lengths of time. Four had been in Australia for less than five years (the period of time ranging from six months to four years) and the rest had been in Australia for six years or more and up to thirty years.

All but two of the women interviewed had children.

Awareness/Understanding of family violence

'I wouldn't describe what I experienced as family violence it was more persecution, punishment and loneliness'

As a preliminary question the women were asked about their understanding of the term 'family violence.'

The majority of women demonstrated an understanding that 'family violence' encompasses a range of behaviours and is not confined to physical abuse. However, despite this, four of the women did not identify what they had experienced as 'family violence', particularly if they had experienced verbal, financial and emotional abuse.

One woman said that whilst she would consider verbal and emotional abuse to be *'damaging and hurtful'* she would not consider it to be 'family violence.' Another woman who had been subjected to violence over a number of years, including one incident in which she sustained a broken bone, did not think that she had experienced 'family violence' because the violence was mainly confined to verbal and emotional abuse and the incidences of physical violence were isolated.

Perpetrators of family violence

The women were not asked directly who had perpetrated the violence but this was generally disclosed over the course of the interview.

Family violence was most often perpetrated by a partner or ex-partner although it was not necessarily confined to intimate partner relationships. Two of the women who experienced family violence at the hands of their husbands also experienced family violence at the hands of their husband's extended family and this was not confined to male relatives but also included mothers and sisters in law. Two women also experienced family violence at the hands of their own family, in these instances perpetrated by their brothers.

First Point of Disclosure

The women were asked who they first spoke to about the family violence they were experiencing.

- Half of the women first disclosed their experience of family violence to relatives either in Australia or overseas;
- One woman made a disclosure of family violence to a dietician who she had been referred to by her GP when she presented for weakness and exhaustion;
- One woman first disclosed family violence to the Arabic speaking settlement support worker at WCC;
- One woman first disclosed family violence to Victoria Police
- Two women made disclosures to religious leaders (one woman after first confiding in her sister);

The majority of women who disclosed family violence to a family member reported that their family was supportive and encouraged them to seek assistance either from the police or from support services. However, for those women who had family overseas or inter-State there was often a limited amount their family could do to assist. In some cases even if the woman's immediate family overseas was supportive their family and community in Australia were not necessarily so:

'Friends in Melbourne and my community were not supportive of my decision to leave my husband and in fact they actively discouraged me from taking my complaint further. I felt pressured to stay with my husband and I was also discouraged from seeking assistance from family violence services. I was told that those services are for 'white people' and this type of issue should be resolved within the family and within the community.'

Two of the women who disclosed to family members reported that they were not supportive; one woman was told that it was her choice to marry and her choice to emigrate and now she was on her own.

One woman whose family overseas encouraged her to contact Victoria Police also disclosed the family violence to her employer. She said that he was extremely supportive and encouraged her to be pro-active in seeking assistance. It was this support as well as her employer's willingness to allow her to take leave from work that encouraged her to finally get in contact with the police and also take steps to obtain an Intervention Order.

The women who made disclosures to religious leaders reported mixed reactions, one reported that she received an enormous amount of support and simply having people who were willing to listen, believe and understand her was enormously helpful. The other woman was very unhappy with the reaction to her disclosure. She felt that the religious leader was very much on her husband's side, that he was mainly concerned with preserving their relationship and discouraged her from seeking separation/divorce.

The women were also asked whether there was a particular event or incident that led to their decision to disclose family violence. Most women said that there was not one particular incident that was a catalyst for disclosing family violence or taking action it was more likely that there would be a gradual build up over time. Many women described simply reaching a point where they felt confident enough to take action or they had just reached the limit of what they could endure.

'Eventually I had just had enough because I realised that I have human rights and the violence was affecting my health and I just couldn't stand it anymore'

Many of the women interviewed had lived with family violence for years before they felt able to disclose what they were experiencing or seek assistance; some of the women were in their 50s or even 60s with adult children.

Barriers to Accessing Assistance

The women were asked to discuss whether there were any fears or concerns that prevented them from disclosing family violence or seeking assistance. They were also asked to discuss any difficulties they encountered in accessing support services.

Some of the women had disclosed family violence to an external agency and had sought assistance from police, the courts and other organisations whilst other women had only ever disclosed family violence to close family or friends or the Arabic speaking women's group and had not sought formal assistance from external agencies.

The responses to these questions indicated that the women shared similar fears when it came to disclosing family violence and encountered many of the same 'barriers' to accessing assistance and services including:

- Fear of deportation and loss of visa status (particularly for women on spousal or fiancé visas);
- Lack of information about family violence, legal rights and the availability of support services as well as how and where to access them;
- Difficulty getting information and communicating with services due to limited English language proficiency;
- Practical difficulties associated with finding housing and financial support;
- Fear of isolation from the community, shame and stigma associated with separation and divorce.

The women who arrived in Australia on partner visas[34] spoke of their fears that disclosure of family violence would affect their ability to remain in Australia and a number of women said that their partners used threats of deportation as a means to control them and prevent them from disclosing family violence.

'Initially my husband used threats to deport me back to my [country of origin] if I disagreed with him and initially I was frightened but after a while I stopped believing the threats.'

The women also stated that the way in which Centrelink payments are structured (for example the fact that it is the resident partner not the sponsored partner who is eligible to receive payments) gave the resident partner an enormous amount of power and control in the relationship.

Inability to access Centrelink payments also had flow on effects for women trying to find housing and financial support where the relationship had broken down or they had made the decision to leave a family violence situation. The women spoke of encountering a number of practical difficulties when leaving a family violence situation including finding affordable and appropriate housing, accessing financial support for themselves and their children, knowing where to get assistance, filling out forms, being able to transport themselves to appointments and finding childcare. These practical difficulties were compounded for women without permanent residency.

'I am struggling financially because the rent is very expensive and I am on a spousal visa and cannot receive income from Centrelink to support myself and my child. My husband and I have joint bank accounts but the child's Centrelink benefit goes straight to my husband's own account which I have no access to because all the forms are in his name and I cannot get him to sign the forms. When he left he took the car so I also have no access to reliable transport to get to and from appointments.'

Finding affordable and appropriate housing was nominated as a major impediment to leaving a family violence situation with women encountering difficulties finding accommodation in the private rental market and long waiting lists for public housing. One woman was desperate to leave a family violence situation but had remained for six months after first seeking assistance because she was not eligible to enter a refuge[35] and she could not find a safe private rental (for example, the only alternative accommodation available was in mixed gender rooming houses). Ultimately, the women said that these practical difficulties made the decision to leave a family violence situation more

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[34] Includes people intending to marry (fiancé), married partners or de factor partners of an Australian citizen or permanent resident who have applied to enter and/or remain permanently in Australia.

[35] The woman in this instance did not disclose why she was not eligible to enter a refuge. Common reasons cited by service providers and the literature for women being unable to enter a refuge include a lack of access to government benefits and the violence not being considered either severe enough or recent enough to place women into a category of immediate risk (see discussion on p.51, Literature Review).

difficult, particularly given that most women interviewed had dependent children and neither employment nor family support when they made the decision to leave the family violence situation.

A number of women said that the practical difficulties associated with leaving a family violence situation meant that they had chosen to stay in a violent relationship 'for the sake of their children' and because they could see no alternative.

Lack of information about family violence and legal rights and lack of familiarity with available support services was a further barrier for women attempting to access assistance and this was particularly acute for women who were newly arrived in Australia. The women described arriving in Australia with complete ignorance of their legal rights and no knowledge of how to 'navigate the system.' Women on spousal and fiancé visas were highly dependent on their partner for information and easily subjected to misinformation. One woman described herself as being 'at the mercy' of her husband who made her fearful of the police, government and other services that might have helped her. Other women described the experience as being like a return to childhood:

'Arriving in Australia from [country of origin] was like being a child again. I had no knowledge, no access to information and I was totally dependent on others.'

Women who were not proficient in English upon arrival (the majority of women interviewed) stated that this increased their isolation from the wider Australian community and acted as an additional barrier to gaining information and assistance. The women noted that the majority of information on websites, pamphlets, radio and television is in English as are official forms for getting access to housing and other services. Whilst the majority of services offered the use of telephone interpreters the first point of contact was generally in English which made it more difficult for the women to understand and communicate. In addition in their experience not all services consistently used interpreters and some relied on children and even perpetrators to provide interpreting and information about acts of violence:

'I was bashed by my husband and my wrist was broken. I contacted police but when they arrived I was not offered an interpreter and the police had to rely on my children, who witnessed the abuse, to act as interpreters.'

The women also cited cultural and religious beliefs about divorce, separation and gender roles as well as community disapproval associated with challenging these beliefs as bearing on their decision whether or not to leave a family violence situation or seek assistance from outside of the community. Many of the women had the perception that they were being disapproved of or judged for their decisions. Some of the women had even experienced community or religious leaders or others in the community actively trying to persuade them to return to their husbands or give them a 'second chance.' One woman said that she felt 'ostracised' from her community when she made the decision to separate from her husband:

'I have always felt very isolated from the mainstream community because I don't speak English and I have been ostracised by my own community because of my separation from my husband and the fact that he has left me alone is considered shameful. In my community the break up of the family is usually blamed on the woman.'

Whether for fear of the reaction from their community or due to a combination of the factors outlined above, what emerged through the interviews was that half of the women interviewed remained with the perpetrator of family violence.

Responses to Family Violence

As well as identifying the difficulties they encountered in seeking assistance with family violence the women were also prompted to reflect on what, if anything, did or would have made it easier for them to access assistance.

The women emphasised the importance of having both information and support when they were experiencing family violence. Most women stated that had they had access to information about their legal rights and support services sooner they would have taken action in relation to family violence much sooner:

'Even when I was in fear for my life, had I known about the services that I could access and had I had the information about my rights then I would have done something about the family violence, no matter what the consequences.'

Even where the women had ultimately chosen to remain with the perpetrator of family violence, they stated that having knowledge and information was empowering and could even go so far as to change the power dynamic within the relationship:

'I have now taken financial control back from my husband and he has just had to accept this. I now have the strength to stand up to my husband and tell him my point of view and even to disagree with him – I now know that I have a right to do this and he knows it'.

Having relevant information also increased women's options for dealing with family violence. For example, before she got in contact with the police one woman was unaware that she could apply for an Intervention Order and stay in her own home. Most women said that whilst they had a vague awareness that the Australian government provides support services for women what made a difference to them was having specific information and contact details or a contact person for services in their area. (The women who had received the domestic violence resource cards or 'pink cards' said these were a useful resource)

For most women, gaining awareness of their rights and options for dealing with family violence was a gradual process that happened over time through exposure to the mainstream community or through word of mouth in their own community:

'When I migrated to New Zealand and then Australia I was keen to mix with the general population as much as possible...I noticed that Australia and New Zealand are free societies with very liberal attitudes towards women. Through Australian and New Zealand women I learnt about my rights and gradually, over time, I became more assertive and stood up to my husband's controlling behaviour'

The women also often received information about family violence and referrals to specialist agencies when they came into contact with mainstream services such as a their general practitioner, their child's school/kindergarten or the police (for example, one woman received a referral to a legal service and information about obtaining an Intervention Order when her neighbour contacted the police after a family violence incident).

Being supported, either by family, friends or external services was also crucial for women in making the decision to seek assistance with family violence or leave a family violence situation. Most women said that having the support of family and friends was most important to them. The women who had accessed assistance from an external agency also emphasised that agencies that provided ongoing face to face contact and support were extremely beneficial and a source of strength. One woman gave the example of an agency who continued to send someone to see her once a week at a coffee

shop near her workplace for six months while she was separating from her husband. She said this support was crucial given that she had no family in Australia.

What the women were generally seeking from support services was firstly, a person they could trust, confide in and talk to and secondly a person who could provide practical assistance with referrals, paperwork, court support etc.

Having external support often had not only an effect on the women themselves but also a corresponding effect on the perpetrator of the abuse. For example, a number of women stated that once the perpetrator knew that others knew about the abuse and that the women had outside support they believed that this led to a change in their behaviour:

'...he knew there were other people aware of what was going on who cared for us and that changed the dynamic. He knew he couldn't continue to abuse us without consequences.'

Many of the women interviewed had accessed support and assistance from the Arabic speaking settlement worker at WCC. The women usually became aware of the Arabic speaking settlement worker through word of mouth in the community and the Arabic speaking women's group or through presentations and information sessions held at institutions where they attended English language classes. The women said that they felt particularly comfortable with someone who they knew they could trust, who spoke the language and who had a connection to their community.

The majority of the women interviewed were involved with the Arabic speaking women's group run by Whittlesea Community Connections. The women who were involved with this group stated that having the support of the group was extremely important to them and their involvement with the group helped build their confidence and self-esteem, allowed them to discuss their experiences with other women and build friendships, reduced their isolation and exposed them to different points of view and specific information about family violence through training and information sessions run by the group (for example, healthy relationships training provided by InTouch)

'Participating in the Arabic speaking women's group was a great support because I could speak to other migrant women with similar experiences and everyone supports each other and it improves your self-esteem. All the women listen to each other and help each other and it is also an outlet and a place to forget about the problems at home.'

For women whose activities outside of the home may have been controlled and monitored by their partners attending the Arabic speaking women's group had the advantage of being seen as a more acceptable activity than others. A number of women gave examples of their attempts to attend counselling being blocked by their husbands or their husbands insisting on accompanying them to counselling sessions.

Some of the women also emphasised the importance of having further opportunities outside of the home and the group such as engaging in paid employment or volunteering. The women who had undertaken volunteering said that this experience helped build their confidence and self-esteem, taught them self-reliance and other skills and made them feel like they were a part of broader Australian society. Whilst the women emphasised the importance of having a group environment where they felt safe and comfortable they were also concerned that women have the opportunity to step outside the Arabic speaking group and be exposed to the mainstream community, different cultures and points of view.

Whilst most of the women felt extremely comfortable discussing their experience of family violence within the Arabic speaking women's group, some women said that they felt more comfortable disclosing their experiences to people outside of their own cultural group because they wanted to maintain anonymity.

Improvements to Services

The women were asked to reflect on their experiences and suggest ways in which access to support services might be improved.

The women were keen to share their experience to assist other CALD women experiencing family violence. The suggestions that were made for ways in which support services and access for CALD women might be improved were largely a reflection of the barriers that were been identified through the consultations:

- More information about Australian laws, family violence and women's rights to be provided to women on arrival in Australia;
- Information also to be provided to men on arrival in Australia to address attitudes and behaviours;
- Making printed information available in Arabic and other languages as well as targeting women through community forums was suggested as a potentially effective way of reaching CALD women;
- More information and education for CALD communities about service providers and what they do to address ignorance and mistrust;
- Greater access to legal support;
- Continuing opportunities to engage in groups such as the Arabic speaking women's group;
- More opportunities for women to engage in social and other activities outside the home.

Consultations with Young People

The aim of the consultations with young people was not to determine whether the young people in this particular group had experienced family violence but to take a sample group of young people from a CALD background and gauge their level of understanding and awareness of family violence, their level of understanding of what constitutes a 'respectful relationship' and their level of awareness of support and services available in the Whittlesea LGA.

Demographic Information

All of the young people who participated in the group consultation were from Sudanese backgrounds, had been born overseas and had been in Australia for 4-6 years. All of the young people and their families had migrated to Australia on refugee visas.

The young people were aged 14-17 years with the girls slightly younger at age 14 and the boys aged 15-17.

The young people who agreed to take part in the consultation were all attending secondary school and were already engaged with the Homework Club run by Whittlesea Community Connections.

In order to generate discussion the groups undertook a number of activities led by the Whittlesea Community Connections' Youth Worker for newly arrived young people.

- First, they were asked to brainstorm words that could be used to describe a 'healthy' or 'respectful' relationship then they were asked to brainstorm words that could be used to describe an 'unhealthy relationship';
- Second, they were given two scenarios taken from the *Be the Hero*! Program and asked a series of questions regarding the scenarios.

Task 1

The girls group came up with eleven adjectives to describe a 'healthy relationship':

- shared values;
- commitment;
- respect;
- helping;
- caring;
- encouragement

- honesty;
- fairness;
- love;
- sharing;
- communication;

The boys group also came up with eleven of the same or similar adjectives to describe a 'healthy relationship'.

Both groups, probably due to their young age, when asked to describe a 'relationship' emphasised relationships between siblings, children and parents, friends, cousins, teachers and students rather than boyfriend/girlfriend or husband/wife relationships.

The girls group required more prompting to come up with adjectives to describe an 'unhealthy relationship' (although one girl described this task as *'easy'* in comparison to describing a 'healthy' relationship). 'Bullying' and in particular 'cyber-bullying' was mentioned by both groups and was a topic they said had been discussed extensively in school. Both groups thought 'physical' and other' bullying' behaviour could occur within relationships.

The boys group was able to come up with three times as many adjectives and behaviours to describe an 'unhealthy relationship' as the girls group including:

- cheating/infidelity;
- not trusting each other;
- fighting/arguing;

- lack of communication;
- selfishness;
- financial abuse;

Both groups were asked whether they thought it was important to discuss 'healthy' and 'unhealthy' relationships and why.

The boys group agreed that it was important to discuss 'healthy' and 'unhealthy' relationships to prevent making mistakes that *'...might wreck future relationships'.* The girls group were less sure of the value of discussing 'healthy' and 'unhealthy' relationships. One girl said that it was important because it was important to *'know what to expect'* before entering a relationship while the other said she didn't care.

Task 2

The first of the two scenarios involved a teenage girl whose mother meted out physical punishment to her daughter after she returned home from a party that she did not have permission to attend.

Both groups were asked to discuss:

- whether the mother's use of physical punishment was appropriate;
- whether there was an alternative possible response from the mother;
- whether physical punishment in this context is violence;
- what consequences might flow from the mother's use of physical punishment;
- what advice they would give to the girl if she confided in them or sought help;
- how they would react if they were in the mother's position;

Both groups were sympathetic to both the mother and the daughter in this scenario.

Girls Group

The girls group thought that physical punishment was sometimes appropriate and were quite condemnatory of the girl's behaviour saying she had contributed to or in some way deserved physical punishment.

The girls group distinguished between a one off situation and an ongoing pattern of behaviour on the part of the girl. Where it was a one off they thought a verbal warning or grounding might have been a more appropriate response, but where it was a pattern of behaviour they believed the mother's response was justified. One girl equated physical punishment with violence, the other did not.

The girls group listed some of the consequences of ongoing physical punishment as: having a negative impact on the girl's relationship with her mother, the girl experiencing fear, behaviour change in the girl (e.g. not leaving the house without permission, telling her mother where she is going etc).

In offering advice to the girl the girls group emphasised ways in which she could modify her behaviour to avoid physical punishment, for example encouraging her to *'stay home and study'* instead of going out.

Boys Group

The boys group thought that it was not appropriate for the mother to use physical punishment but they also thought the girl's behaviour was not appropriate.

Again they emphasised that there was a difference between a one off situation and an ongoing pattern of behaviour but they were less likely to see physical punishment as ever being an appropriate response and all in the group equated physical punishment with violence.

The boys group came up with more suggestions for alternative ways the mother could have dealt with the situation including calling the police if she was worried, increasing communication and trust with her daughter, discussing with her daughter the reasons for her behaviour.

If advising the girl as a friend the boys group said they would tell her to listen to her mother and try to communicate better. If communication failed the boys group suggested that the girl could speak to her father, another trusted family member or teachers at school.

The second scenario involved a boyfriend/girlfriend relationship. The boyfriend was described as persistently texting and phoning his girlfriend, checking her whereabouts, demanding to know where she was at all times and putting her down.

Both groups were asked to discuss:

- whether this was an example of a healthy relationship and why or why not;
- what the boy's friends could say or do to help the situation;
- what the girl's friends should say if she came to them for help;
- what the girl should do if her boyfriend's behaviour continued;
- whether the girl should tell someone what is happening and who;
- whether the girl may be afraid to tell someone and why.

Both groups recognised that this was not an example of a healthy relationship.

Girls Group

The girls group did not immediately recognise that the boyfriend's behaviour could be classified as 'controlling' and they did not equate this type of behaviour with 'stalking' or 'violence.' Rather the girls group said the relationship was unhealthy because the boyfriend didn't know his girlfriend's whereabouts and this was *'bad'* and she may be *'cheating on him'* without his knowledge.

When asked what the girl should do the girls group emphasised ways in which she could change her behaviour to make her boyfriend feel more secure, including talking to him about where she goes and who she usually hangs out with as well as suggesting that he meet with her friends so he knows who she is spending time with.

The girls group also said that the boyfriend's mates should tell him to *'get over her,' 'get another girl'* and stop worrying too much about her. One girl said that the problem with this was that he might do the same thing to another girl.

With some prompting the girls recognised that it was unreasonable for a boyfriend to expect his girlfriend to stop seeing her male friends altogether. They also said that if the boyfriend's behaviour continued even after the girl had spoken to him then she might consider breaking up with him.

The girls group suggested that the girl confide in a school counsellor or her parents if she was having trouble resolving the situation. The girls were aware that outside of school there was also counselling available and they suggested that the girl could talk to other family and friends and even contact police or a lawyer (*'like in law & order'*) if the situation got really bad.

The girls group raised fears that might prevent the girl from confiding in someone as: embarrassment, worrying about what other people might think (e.g. disapproval over boyfriend/girlfriend relationships), worrying about what her boyfriend might think or do if he found out.

Boys Group

The boys group were better able to recognise that the boyfriend's behaviour in the scenario was controlling and abusive. (This is possibly due to the fact that the boys group were slightly older than the girls group)

The boys group stated that the relationship was not healthy because there was a lack of trust and communication. While they explained the boyfriend's behaviour as indicating that he cared for his girlfriend they recognised that the behaviour was not acceptable and the boyfriend should have

more trust in his girlfriend. The boys group also said that more communication from the girlfriend in terms of where she was going and who she was with would help the boyfriend to develop trust.

The boys group also recognised that 'put downs' were examples of 'emotional hurt' *'...and for girls that's pretty bad.'* They thought that the girl would eventually break up with her boyfriend if it continued and the behaviour may even lead to fights with other boys who disagreed with his behaviour.

The boys group said that the boy's mates should tell him that he needed to act differently, it was not a 'healthy relationship' and he was being too protective and controlling. They also suggested talking to the girl to see if she was alright and if there was anything that could be done to resolve the situation.

If the behaviour continued the boys group suggested the girl either break up with her boyfriend, ask a friend to talk to him or confide in somebody. The boys group also suggested the girl confide to a school counsellor and/or her parents. The boys group also nominated fear of what other people, especially parents, would think about a boyfriend/girlfriend relationship (they commented that it was generally not acceptable in African culture to be in a relationship before finishing school) as one reason the girl may be fearful of confiding in others. The boys group were concerned that if the girl confided in a school counsellor they may notify the police or the girl's parents.

Consultations with Service Providers

23 individual workers from 5 service providers, both family violence specialist and non-family violence specialist agencies, participated in consultations either via face-to-face interviews with the Project Leader (either individually or as a group) or by providing written answers to interview questions.

Consultations with service providers were conducted from a pre-prepared list of interview questions **(See Appendix 2).** Service providers were asked to discuss whether there are differences between CALD and non-CALD clients in terms of demand for services, referral pathways and the types of services accessed; identifiable barriers for CALD clients wishing to access assistance for family violence; how services respond to CALD clients including any special measures adopted to engage with CALD clients and facilitate access; any gaps in service provision and existing models for delivering family violence services to CALD clients that are operating in City of Whittlesea or may be adapted to City of Whittlesea.

Referral Pathways

Service providers identified a number of referral pathways through which both CALD and non-CALD clients gain access to family violence assistance including direct referrals from Victoria police, courts, family violence crisis services, child protection services, community and religious leaders and health services including GPs and Maternal Child Health nurses.

For the two agencies that provide specialist family violence services the most common referral pathways were Victoria police, after attendance at a family violence incident and (commonly) the issue of a Family Violence Safety Notice, and the Women's Domestic Violence Crisis Service. Secondary referrals were also often received from non-specialist family violence agencies and there was no noted difference in referral pathways between CALD and non-CALD clients.

For non-specialist agencies the most common referral pathways for CALD clients were self referrals through word of mouth in the community and secondary referrals from other agencies (e.g. settlement services).

Most service providers were not able to provide detailed information about who the victim first disclosed family violence to or whether their service was the first point of disclosure beyond general observations that women are more likely to disclose family violence to someone they trust and this is likely to be someone within their own family or community.

It was a general observation made by service providers that CALD clients were more likely to have been in contact with police prior to accessing services than non-CALD clients. This was attributed to the fact that CALD clients are likely to be have less familiarity with family violence and other support services and may only become aware of these services through contact with police rather than through other avenues such as the family violence crisis line.

Barriers to Accessing Services

Service providers were asked to identify and discuss whether, in their experience, CALD clients face additional barriers to seeking assistance with family violence when compared with the mainstream population.

Service providers emphasised that it is difficult to draw generalisations about CALD clients and barriers to accessing services because 'CALD' describes such a diverse range of backgrounds and experiences. A person's ability to access services is also likely to be influenced by other factors such as level of education, class, age, amount of time spent in Australia as well as country of origin and region (for example, a person who comes from an urban area may have vastly different experiences from a person who comes from a rural area).

Despite these differences, analysis of the data drawn from consultations with service providers revealed that there were a number of common barriers identified as hindering the ability of CALD clients to access assistance with family violence. (Refer to p.17 for a detailed description of the barriers CALD women experience)

Immigration Status

All service providers agreed that women without Australian citizenship or permanent residency who are dependent upon their spouse or partner to remain in Australia are particularly vulnerable. All workers bar two (91%) identified a woman's immigration status as a barrier to accessing assistance in a family violence situation. Immigration status was perceived to increase a woman's vulnerability to family violence, making it harder for her to leave a family violence situation and reducing her options upon leaving a family violence situation.

The fear of losing the right to remain in Australia, whether real or perceived, was cited as a powerful disincentive for women to speak out about family violence. It was noted that this fear is readily exploitable by perpetrators of family violence with workers giving numerous examples of perpetrators using the threat of deportation, and in particular deportation and loss of access to children, as a means of controlling and keeping women in violent relationships.

It was noted by service providers that women are able to use the family violence exception in the *Migration Act 1958* to remain in Australia where their relationship has broken down and family violence is a factor, however women often lack accurate information and awareness of their legal rights due to limited English proficiency and dependency on their partner for information. Practical difficulties associated with accessing the family violence exception were also highlighted including

the fact that women must prove the existence of family violence which can prove difficult where there is no Intervention Order and no Police Report. In this circumstance a woman must obtain two Statutory Declarations from 'competent people', which again may prove difficult, and in the meantime will require a worker to support her through the process and attend to urgent needs such as housing and financial support. Women who are in Australia on fiancé visas are not able to rely on the family violence exception at all making them a particularly vulnerable group.

If a woman cannot take advantage of the family violence provisions she is left with limited legal options for remaining in Australia.

Service providers also indicated that immigration status may act as a barrier to women accessing family violence services because the category of visa a woman possesses will impact directly on her eligibility for government benefits:

'Refuges are reluctant to take women who don't have access to benefits because they are not subsidised for medical visits, they have to pay full fares on public transport, they are less likely to be eligible for public housing, etc, etc'

It was noted that family violence is often a precipitating factor in homelessness and there is an added risk for CALD women on partner visas:

'Women who have left a family violence situation and are not eligible for Centrelink benefits cannot pay their rent. For this reason they will need access to housing assistance but they cannot get housing assistance because without Centrelink they have no budget and their income is not deemed sustainable.'

Some service providers also raised the fact that even where a woman is entitled to Centrelink benefits, if she leaves the sponsored relationship early her guarantor may incur a Centrelink debt which acts as a further disincentive to leave.

Isolation/Lack of Support Networks

The majority of workers (18 of 23 or 78%) agreed that CALD women, and in particular newly arrived CALD women, do not have the same family/social support networks that non-CALD women can rely on in family violence situations.

It was observed that CALD women often experience increased isolation due to the fact that they are in a new country often without family or friends who are not connected to their partner and it is not uncommon for them to be actively isolated by their partners. Workers cited examples of women they had encountered who were not allowed to leave the house unaccompanied and had very little contact with the mainstream community. Isolation from the mainstream community was further exacerbated for women with limited proficiency in English.

A woman without support networks has reduced options when leaving a family violence situation because she cannot rely on friends or family members to provide a place to stay, childcare and financial support. It was noted that these problems are exacerbated for women from smaller communities:

'Women from smaller communities often have smaller support networks to draw on and may have more at stake if they speak out about family violence. A woman from a smaller community risks being ostracised by the entire community if she speaks out and being from a smaller community makes it harder for her to find anonymity'

Lack of Information about Family Violence, Support Services & Legal Rights

The majority of service providers (22 of 23 or 96 %) stated that CALD women generally have limited knowledge of the concept of 'family violence' under Australian law and their legal rights as well as available support services.

It was observed that CALD women generally find it harder to navigate the system and to access help from external agencies because they may not know that help is available or they may be aware that help is available but not where to go and how to access it. It was noted that newly arrived women were particularly lacking in an understanding of their legal options such as Intervention Orders, how they are obtained and implemented.

In many countries of origin there are simply no equivalent services for women and their first knowledge of these types of services, particularly legal services, is the information they are given upon first arrival by migration services. It was noted that whilst migration services often provide a lot of detailed information about the migration experience and may provide some information about family violence, this information is not specifically about the law in Victoria.

For women who may not even be literate in their own language, let alone in English, acquiring this knowledge is also problematic with one worker giving the example of a woman she encountered who did not even know her own address and other instances of women not being permitted by their partners to attend English classes.

'Advising someone who doesn't have good English about Intervention Orders and how they work is incredibly challenging.'

Lack of understanding of the concept of 'family violence' represents a barrier in itself. Service providers encountered many CALD women who come from countries of origin with different legal systems and less robust notions of women's rights. Service providers highlighted the fact that for many women 'family violence' is a common occurrence and they are often not aware, firstly, that family violence encompasses more than just physical violence and secondly, that family violence is wrong or illegal. Sexual abuse within relationships, for example, is likely to be particularly under reported amongst CALD women who may view sexual access as part of a husband's right.

Language Barrier

For service providers, providing information to and communicating effectively with CALD women is more challenging where they have limited or no proficiency in English. The language barrier compounds and contributes to other disadvantages experienced by CALD women such as isolation from the community and lack of information.

Whilst most service providers stated that they have access to and use telephone and on-site interpreters they noted that use of interpreters raises issues of confidentiality and anonymity for some women, particularly those from smaller communities where the likelihood of the interpreter knowing the victim or perpetrator is increased. Service providers were aware of these issues and most had adopted common practices to deal with them such as using an interpreter from inter-state if they knew that they would be speaking to a woman from a small community. However, many service providers were aware of and gave examples of women who had difficulty communicating

with other service providers who did not have a budget for interpreters or who did have access to interpreters but did not necessarily use them as part of their usual practice.[36]

'Mainstream agencies often don't use or don't have access to interpreters and this is a problem. This is the first point of contact for most women & it is therefore crucial that she is able to communicate. Given how difficult it is to make the decision to seek help, the way in which first contact occurs will influence whether the woman goes on to access further services.'

One worker used the example of a female client who described a situation in which a neighbour had called the police after a string of physical assaults by her husband. When the police arrived they spoke to the woman's husband, who spoke fluent English, but did not interview the woman separately nor offer an interpreter. As the police car drove away the woman described feeling trapped and utterly helpless and *'...dropped to her knees in despair'.*

The quality and neutrality of interpreters was also said to be variable which can affect women's access to services. Most service providers cited instances in which they had been aware that the interpreter was not simply translating but also giving the woman additional information or advice, against their professional code of ethics.

While they have oral competency in their first and additional languages, many CALD women who are not proficient in English are often also not literate in their own language and many require greater assistance and time from service providers. For example, a worker may need sit down with the woman and go through forms with a telephone interpreter before assisting her to fill them out (either because she cannot comprehend written English or she is not familiar with using forms and interacting with written materials) or they may need to liaise with other services assisting the woman, such as legal services, because the woman has received either written or telephone advice in English that she doesn't understand.

Service providers who run group work sessions, either for women or Men's Behaviour Change groups, stated that the language barrier can also present a challenge when attempting to accommodate CALD people in group work programs delivered in English. For example, workers who were involved with Men's Behaviour Change groups noted that introducing an interpreter into this type of group can prove difficult because men in the group are often already difficult to engage and having an interpreter present can alter the group dynamic. If there are men present from more than one language group then it simply may not be possible to accommodate these men within the group even using interpreters. Providing one on one counselling sessions is one way to accommodate CALD men however using this approach means that CALD men miss out on the benefits of the group context. [37]

Practical Obstacles

Service providers agreed that whilst all women leaving a family violence situation face significant disruption to their lives and practical difficulties such as accessing housing and financial support, for CALD women these difficulties are magnified.

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[36] General Practitioners were used as an example a number of times. It was observed in a 2010 article in the *Australian Family Physician* that although interpreter services are highly accessible for Australian doctors in comparison with other countries their services remain '...underused, and frequently misunderstood, by GPs,' Phillips, C., *Australian Family Physician*, v.39, no.4, April 2010.
[37] Also refer to discussion at p.41 'Engaging with CALD Communities'.

Service providers stated that similarly to Australian born women, CALD women considering leaving a family violence want to know what their alternatives are: where they will live, where their children will go to school, where they will get financial support, wow they will support themselves.

'Often the women are quite isolated and they want to be reassured that if they leave they are not going to be worse off than before and this is difficult because there are lots of barriers to housing etc.'

Finding appropriate housing is a huge challenge for service providers with a shortage of suitable emergency and temporary accommodation for women or women and their children (for example, service providers said that rooming houses are almost always unsuitable for women and children but these are often the only form of accommodation available to women).

Service providers were concerned about the shortage of long-term housing options for women beyond the crisis phase. It was the experience of service providers that CALD women who do go into refuges often stay longer than non-CALD women because they have fewer options for alternative accommodation once they leave (for example, they may find it harder to come up with a lump sum for a bond to get into the private rental market and may also have few if any family and friends to fall back on). Service providers described experiencing CALD women's frustration at being unable to find housing and having difficulty managing their expectations of what the service provider could do.

Some service providers stated that whilst it may be relatively easy for women to get access to legal advice and assistance regarding Intervention Orders, especially through the duty lawyer service at the Magistrates Court; it is harder to find legal practitioners who are experienced in family violence and can assist women with family violence related matters such as property and migration advice, mortgage arrears, child custody disputes etc.

Cultural Beliefs

Cultural taboos and beliefs regarding gender roles, separation and divorce were raised by 17 of 23 or 73% of service providers as a factor that influenced a woman's decision whether or not to leave a violent relationship. It was agreed that cultural and community expectations add a layer of pressure to stay in a relationship that is less prevalent or influential for non-CALD women.

'Some women who have arrived on skilled migrant visas may be quite well educated and knowledgeable about their legal rights and family violence but they are still often reluctant to leave the marriage because of strong cultural taboos around divorce.'

Service providers cited many instances they had come across where CALD women experienced pressure from family overseas as well as pressure from within the community in Australia to keep the relationship together. Some women were visited by religious or community leaders who urged them to return to their husbands because they had changed and deserved a second chance or they were told they had brought shame on themselves and their families.

There was also a perception that for CALD women it was less acceptable to speak out about family violence particularly when this involved talking to people from outside the family and community.

'There is shame attached to taking a 'private' family matter to a public arena like a court which is an added pressure against applying for an IVO'

For some women, particularly those women from smaller communities, speaking out about family violence means risking being cut off from the entire community.

Whether as a result of these factors or not it was noted that a marked difference in the way that CALD as opposed to non-CALD clients accessed services was that non-CALD clients were more likely to access services at the point at which they had made the decision to leave the relationship whereas CALD clients were more likely to access services with some hope that they could save the relationship.

Another fear for CALD women is what would happen to their children if they separated from their partner. Service providers found that this often weighs very heavily on women's minds, particularly if they come from a cultural background where the father traditionally takes sole custody of the children if the couple separate. It was highlighted that women often hold fears that their children will be removed from Australia by their ex-partner post-separation. Service providers pointed out that these fears are not necessarily unjustified with a partner or ex-partner with family, friends or connections overseas often having greater means and motive to take children from Australia back to their country of origin. For Australian born women this scenario is a much more remote possibility.

Engaging with CALD communities

Service providers were asked whether they encountered difficulties engaging with people from CALD backgrounds and whether there were any particular measures or practices their agencies adopted to facilitate access by people from CALD backgrounds.

The majority of workers said that they did not generally find it more difficult to engage with clients from CALD backgrounds although there was a general perception CALD women may be less forthcoming about their experiences of family violence and it may be harder for service providers to build trust with these women and convince them to open up and discuss family violence. As has been discussed previously, given the limited statistical data available, there is no way of verifying whether this perception amongst service providers is reflected in the number of CALD clients accessing their service.

Service providers who delivered group work for CALD women or men said that engaging people from CALD backgrounds in group work presents specific challenges arising from language barriers. Some service providers had attempted to address this challenge by using interpreters in a group situation but said that this could be disruptive for other members of the group, particularly when they were already difficult to engage (for example, men's behaviour change groups). Rather than using interpreters some service providers chose to facilitate access for CALD men by delivering group content in one-on-one settings or providing individual counselling with the drawback that this is much more resource intensive and has the added drawback of CALD men missing out on the benefits of content delivered in a group context. Service providers agreed that utilising bi-lingual group facilitators or referring CALD men to language specific groups could be a more effective way to accommodate these clients but they had no specific experience of this type of group. There was also the suggestion that an inability to accommodate the needs of CALD men meant that they were simply screened out of the intake process.

It was common practice for service providers to use interpreters to communicate with CALD clients and workers were aware of specific issues that may arise with the use of interpreters (for example, protecting confidentiality) and adapted their practices accordingly (for example, using interpreters from inter-state). Multi-lingual workers were seen as a valuable resource but it was not always possible to have an on-site worker who speaks the relevant language and some women expressed a strong preference not to deal with a worker from the same cultural background due to fears around confidentiality.

Some mainstream service providers also maintained links and networks with CALD specific services in order to draw on their expertise (for example, discussions at network meetings around particular issues specific to CALD clients or through secondary consultations with CALD specific services in relation to individual clients).

Consultations with Community and Religious Leaders

The Project Leader conducted one to one interviews with six recognised community leaders representing a number of religious groups and communities in Whittlesea. As may be expected, all of these religious and community leaders were male. These leaders were consulted due to the likelihood of them being a first point of contact for community or congregation members disclosing family violence and seeking assistance. They were drawn from a variety of backgrounds including Indian, Middle Eastern and African and they represented a number of religious denominations including Catholic, Orthodox Christian, Muslim and Sikh and one Sudanese community leader was also consulted whose leadership role is non-religious.

The community and religious leaders were relatively experienced in their roles and all were senior members of their institutions. Within this group there was a broad range of skills and experience including one leader who had a Masters degree in family counselling and another who had previously worked in a community organisation.

Consultations were conducted from a set list of pre-prepared questions **(Refer to Appendix 3)** that were intended to gauge whether community and religious leaders are confronted with family violence in their communities, how often this occurs, what assistance and information they are providing to victims and perpetrators of family violence and the level of knowledge and expertise that they have around family violence, legal rights and responsibilities and services.

Incidence of Family Violence

All community and religious leaders who participated in consultations had been approached by someone from within their community who had experienced family violence.

Most often they were approached by the victim of family violence (and the victim was most often female) but it was not unusual to be approached by the perpetrator. Religious/community leaders explained this phenomenon as a result of the fact that such leaders are almost always male and men in the community feel comfortable talking to and seeking assistance from a male leader which may not be the case for women. It was observed by more than one religious leader that men were more confident seeking assistance and it was not unusual for men to represent themselves as *the* victim or *a* victim in the situation.

It was more unusual for a community or religious leader to be approached by family or friends of the victim or perpetrator or other concerned bystanders.

Community and religious leaders acknowledged that family violence was occurring in their communities and most said that they were regularly approached by people seeking assistance with family violence although one religious leader was adamant that family violence was only a 'rare occurrence' within his community because it was not condoned by religious teachings.

Being approached on a 'regular' basis was variously expressed as:

■ seeing on average 4-6 cases of family violence per year;
■ seeing on average 9-10 cases per year;
■ being approached every weekend after delivering the sermon.

Why Community/Religious leaders are chosen to disclose family violence to?

Community/religious leaders offered the following factors to explain why they were approached in relation to family violence:

■ they are well known and trusted within the community;
■ they have an approachable manner;
■ they have ability and experience communicating with and advising people;
■ they can offer spiritual guidance;
■ they have authority in the community, particularly, in some cases, the authority to grant marriage and divorce;

Understanding of family violence

One observation made by nearly all community/religious leaders was that people who sought assistance in relation to family violence often did not talk specifically about 'family violence' or frame their experience in this way. It was more common for people to ask for assistance with 'relationship' or 'family problems' or request general spiritual guidance.

The religious and community leaders interviewed noted a general perception within communities and amongst both victims and perpetrators that non-physical violence is not necessarily 'family violence.'

Amongst community/religious leaders themselves there was generally a good understanding of the range of behaviours that constitute family violence and recognition that family violence extends beyond physical abuse.

Types of assistance sought from Community/Religious Leaders

Religious/community leaders reported that people seeking assistance wanted guidance on their rights and responsibilities according to their religion, general advice and support and sometimes active intervention. They also suspected that sometimes people were looking for a person who would be willing to make a decision on their behalf.

It was the perception amongst all community and religious leaders that people were generally seeking ways to reconcile or salvage the relationship and keep the family together (preventing family violence occurring in the future formed only a part of this goal).

There were varying levels of intervention or assistance community/religious leaders felt comfortable offering in relation to family violence. Most community/religious leaders offered one-on-one counselling as well as mediation between the two parties and sometimes involving parents and extended family.

The amount of level and type of assistance and advice offered was quite often dependent on the perceived seriousness of the violence, whether other assistance had also been sought and whether the relationship was perceived to be in 'crisis.' Two religious/community leaders specified that where there was physical violence or children were potentially in danger they would involve the police or other agencies.

The advice and involvement community/religious leaders were willing to offer was also dependent upon their perception of their own role and expertise in dealing with family violence. Some community/religious leaders were more comfortable defining their role narrowly to providing 'spiritual guidance' to the individual or couple and making referrals where other assistance was needed. Referrals might be made to external counsellors or psychologists with a preference expressed for referrals made to members of the faith or the immediate community where possible. Other community/religious leaders felt comfortable giving advice on a range of issues and were less willing to refer except in extreme cases.

Some community/religious leaders felt that it was better to refer parties where there was a possibility that they might separate or divorce because they wanted to avoid the perception that they had a hand in the breakdown of the relationship. Community/religious leaders also sometimes directly experienced anger from perpetrators, including physical violence.

The leaders consulted also spoke of walking a fine line in terms of the community's perception of their role; on the one hand they wanted to assist female victims of family violence but on the other hand they were keen to avoid being seen as too proactive for fear of losing the trust of their community.

Generally there was observed to be a greater willingness on the part of religious leaders to intervene where they felt there was a chance to reconcile the parties. The religious/community leaders' own emphasis was on preserving the marriage and whilst it was stated that the prevention of future occurrences of family violence was important 'success' in resolving a situation was often described as moving the parties away from divorce or separation. Despite the different backgrounds from which the religious/community leaders were drawn there was a common approach that favoured avoidance of divorce and separation.

There was a general preference expressed by community/religious leaders for resolving family violence issues within the faith or community if possible and not through the legal system if it can be avoided and resort to legal action was often actively discouraged or a case of last resort.

Most religious leaders also saw themselves as having a role in the prevention of family violence through raising awareness in their communities via sermons and religious teachings as well as counselling couples entering into marriage. One religious leader's common practice was to send a strong message that violence is unacceptable by offering all women entering into marriage an information sheet, in front of their future husband, with contact details for family violence services.

Knowledge and perception of services

Most community/religious leaders were aware that victims of family violence could seek assistance from the police and through the courts as well as specialist family violence services and some had made referrals to these agencies but not all community/religious leaders had a detailed understanding of the specialist and non-specialist family violence agencies in their area and the services they provided.

Two religious leaders commented that there was a negative perception within the community that family violence services focus too much on women to the detriment of men and encourage the separation and break-up of the family.

What is needed to address family violence in CALD communities?

Community/religious leaders were asked to consider the resources they and their communities' need to assist them with family violence.

Some community/religious leaders had already attended formal family violence training but all expressed a willingness to be involved in future education, training and professional development opportunities. There was a particular need identified for professional development for younger religious leaders although some religious leaders said they would have to ensure that family violence training conformed to the culture and traditions of the institution.

Most community/religious leaders also expressed a desire to receive greater recognition for their role.

Community/religious leaders spoke of 'addressing the skeptics' in their communities through knowledge and information to alter community perceptions:

Further suggestions made by those consulted to address family violence included:

- in collaboration with community/religious leaders conduct community meetings and education sessions around family violence;
- build partnerships between family violence and other agencies and the community, religious and language schools and encourage information sharing;
- provide education to the community about legal rights and responsibilities including victim's rights and consequences for perpetrators;
- address power imbalances within relationships and aim to prevent family violence occurring through the provision of respectful relationships training.

LITERATURE REVIEW

The purpose of the literature review was to draw on existing research into family violence to identify promising examples and models based on local, national and international research with the potential to be adapted for the City of Whittlesea. The literature review also intended to augment the findings from the primary research conducted as part of the scoping exercise and to ensure a sound evidence base for the proposed model.

Approximately forty sources (see references) were compiled and reviewed. A variety of sources were consulted including peer reviewed academic research, research conducted by government and statutory bodies and research conducted by community and philanthropic organisations.

A major limitation encountered in the conduct of the literature review was the limited amount of existing research focussing specifically on CALD communities and family violence (Aly & Gaba, 2007; Erez, E. et al, 2009; Ghafournia, N., 2011; Pease & Rees, 2008; Pittaway, E., 2004; Raj, A. & Silverman, J., 2002;). Though in recent years it is noted that there has been more research conducted in this area (Dimopoulos, M., 2010) this is still a largely neglected area of study. A further limitation is the fact that of the CALD focussed research that has been conducted there are only a small number of peer reviewed, quantitative studies and those that have been conducted have limitations.[38] (Yoshihama, M. in Runner et. al., 2009) Most of the research consists of small-scale, qualitative studies based on specific migrant groups. (In Touch Inc., 2010, Raj, A. & Silverman, J., 2002, Runner et. al., 2009).

Due to these limitations, it was necessary to also draw on non-CALD focussed family violence research to inform the development of the family violence service model.

CALD Women: Multiple Complexities, Specific Vulnerability

Family violence is recognised as a major health issue in Australia that causes significant and long-term harm for victims, the majority of whom are women (Morgan & Chadwick, 2009). It is sobering to reflect that in Victoria intimate partner violence is the leading contributor to death, disability and ill-health in women aged 15-44, ahead of illicit drug, alcohol and tobacco use (VicHealth, 2004, p.10)

There is also a significant economic cost attached to family violence, not just for individuals and families but for government and the community as a whole (Office of Women's Policy, 2009).[39]

All women who are subjected to family violence face difficulties and challenges living with violence, disclosing family violence, finding assistance, accessing support services, leaving and moving on from a family violence situation.

In terms of the incidence and prevalence of family violence in CALD communities there is no conclusive evidence that CALD communities experience a greater level of family violence[40] although there is some evidence of a lower likelihood of reporting family violence to the police in cases

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[38] Limitations identified by Yoshihama include exclusion of portions of the migrant or refugee population where studies have been conducted in English, inattention to differences between race and ethnicity within populations studied, aggregating different groups together, lack of attention to socio-cultural context and lack of comparability due to differing sampling criteria, data collection methods etc (Yoshihama, M. in Runner et. al, 2009, p.42-43)

[39] For more detailed information regarding the cost of family violence in Australia refer to discussion at p. 16 and the findings of the KPMG Consulting Report.

[40] Morgan & Chadwick report that studies draw differing conclusions, higher levels of family violence were reported in a study by O'Donnell, Smith & Madison, 2002 whereas lower or similar rates of violence were reported in studies conducted by Bassuk, Dawson & Huntington 2006 and Mouzos & Makkai, 2004. Morgan & Chadwick, 2009, p.5

involving CALD women (Morgan & Chadwick, 2009). There is also confirmation in the literature and anecdotal evidence from the City of Whittlesea that CALD victims of family violence are less likely to access services for assistance with family violence. (Morgan & Chadwick, 2009, Rees, 2004, Raj & Silverman, 2002).

The literature reveals that, comparative to the wider Australian born population, a number of additional factors that only or disproportionately affect CALD women compound the difficulties associated with disclosing family violence, finding assistance and early intervention, accessing support services and leaving a family violence situation (InTouch Inc., 2010, Justice Institute of British Columbia, 2007, Morgan & Chadwick, 2009, Nelson & Spalding, 2009,) This is concerning given that "violence against women is one of the most common victimisations experienced by immigrants" (Erez, et. al, 2010, p.36) Bui & Morash note that CALD women also experience disadvantages comparative to CALD men "...immigrant women arrive with disadvantages in social status and basic human capital resources relative to immigrant men."[41]

Across the literature, both national and international, the additional factors that affect 'CALD' women as a distinct group are surprisingly consistent despite differences in country of origin, country of re-settlement, migration experience and other differences. (Bartels, Dr. L, 2010, Ghafournia, N., 2011, InTouch Inc., 2010, Justice Institute of British Columbia, 2007, Morgan & Chadwick, 2009, Nelson & Spalding, 2009, Raj & Silverman, 2002, Runner et. al., 2009) Common factors that were identified in the literature include:

- **Visa dependency issues:**

Research indicates that newly arrived women who are dependent upon their spouse or fiancé for visa status and the right to remain in Australia experience a heightened vulnerability to family violence (see discussion below at p.50).

- **Social isolation and lack of support networks:**

The experience of migration often results in disconnection from immediate and extended family and loss of contact with traditional support networks that existed in the country of origin (Erez, et.al, 2010, Raj & Silverman, 2002, Versha & Venkatraman, 2010). Pease & Rees' research into family violence in refugee communities found that isolation from family support was an "...important factor preventing women from speaking out about violence" (Pease & Rees, 2008, p.28, Nelson & Spalding, 2009, p.46), a finding confirmed by research conducted by the University of NSW Centre for Refugee Research which also found, through qualitative interviews conducted with a large number of refugee communities, that traditional family support networks are viewed as a source of protection for migrant women and their loss increases women's perception of vulnerability to family violence (Versha & Venkatraman, 2010, p.44, Erez et. al 2010, Pease & Rees, 2008).

Due to a combination of factors, including lack of English language proficiency (see discussion below), lack of participation in paid employment and family responsibilities (Pease & Rees, 2008), CALD women also commonly experience isolation from the wider Australian community (Versha & Venkatraman, 2010, Morgan & Chadwick, 2009, Bartels, Dr. L, 2010). Pease & Rees' research indicates that this isolation results in a lack of awareness of family violence laws and support services and increased dependence on the perpetrator, both socially and financially (Pease & Rees, 2008, Erez et al., 2010). Perpetrators may also seek to deliberately isolate women from support networks

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[41] Bui, H. & Morash, M. (1999) 'Domestic Violence in the Vietnamese Community: An Explanatory Study', *Violence Against Women*, 5, p. 769-795

(Raj & Silverman, 2002, Erez et. al, 2010). For example the women in Erez et. al's study reported that social isolation was a common tactic used by abusers to perpetuate dependency and included preventing women from attending English classes, going to school, having employment and speaking to family and friends (Erez et. al, 2010)

- **Language barriers:**

Limited English language proficiency may act as a barrier to women accessing services and compounds many of the other factors that affect CALD women (Aly & Gaba, 2007, InTouch Inc., 2010, Justice Institute of British Columbia, 2007, Runner et. al, 2009). For example, an inability to communicate with the wider community has been found to increase social isolation (Ghafournia, N., 2011, Justice Institute of British Columbia, 2007, Pease & Rees, 2008) and reliance on the perpetrator, giving the perpetrator the opportunity to disseminate misinformation and increase their power and control in the relationship (Ghafournia, N., 2011, Pease & Rees, 2008, Runner et. al, 2009).

Limited English language proficiency also presents a barrier to employment, increasing women's financial dependence on the perpetrator (Ghafournia, N., 2011, Justice Institute of British Columbia, 2007).

- **Cultural factors**

Any discussion regarding the influence of 'culture' on CALD women's experience of family violence must be approached with caution. There is a tendency, noted in the literature, that where family violence in CALD communities is discussed 'culture' can become a convenient explanation for the occurrence of family violence (Morris, B., 2007, Pittaway, E., 2004). There is also concern that citing culture as a relevant factor can lead to stereotyping of CALD communities and a failure to recognise the existence of a diversity of views and beliefs about family violence between and within cultures (Morris, B., 2007) as well as the contribution of individual and structural factors to the occurrence of family violence. (Morris, B., 2007, Pittaway, E., 2004).

Nevertheless, the literature illustrates that CALD women's understanding of and response to family violence is influenced to some degree by cultural factors (Erez et. al, 2010, Ghafournia, N., 2011, Immigrant Women's Domestic Violence Service, 2006, Justice Institute of British Columbia, 2007, Morris, B., 2007, Pittaway, E., 2004, Raj & Silverman, 2002, Pease & Rees, 2008, Runner et. al, 2009). For example, CALD women may migrate from countries of origin where family violence is not recognised as a crime and where there are weak or non-existent community and/or legal sanctions against it. (Erez, et. al, 2010, p.47-48, Raj & Silverman, 2002, p.369-371). There is evidence that CALD groups and individuals often hold traditional views about gender roles (research shows that this is a known risk factor for family violence) (Powell, Dr. A, 2011, VicHealth, 2006) and it is noted that for CALD women there is often an additional stigma attached to separation and divorce when compared with non-CALD women (Erez, et. al, 2010, Brewer, 2009, Nelson & Spalding, 2009).

Erez et al's research contends that community views about family violence affect women's response to abuse, prolong marriages and prevent women from seeking outside help (Erez. et. al, 2010). As a result, women may fear being ostracised from their community if they speak out about family violence with a combination of "shame, gossip and guilt" being employed to keep women in violent relationships (Erez, et al., 2010, p.48). Cultural beliefs that regard family violence as a 'private' or 'family' matter discourage women from seeking external assistance (Erez, et. al, 2010, Brewer, 2009, Nelson & Spalding, 2009, Raj & Silverman, 2002). Raj & Silverman note that at times this may result in CALD women seeking help through informal avenues within the community, for example, from

friends or religious leaders, where they often encounter attitudes that condone family violence, discourage separation or promote fear of police or the legal system (Raj & Silverman, 2002).

It is also a phenomenon observed in the literature that where there is fear within a certain group that their cultural identity is under threat the response is often to affirm traditional values and beliefs (Pittaway, E., 2004). Reporting of family violence in this context can be viewed as betraying or undermining the group's reputation and CALD women may experience increased pressure not to discredit their community by highlighting social problems (Pittaway, E., 2004).

- **Limited knowledge of services, legal rights and options:**

It is widely reported in the literature that CALD women who are experiencing family violence often lack knowledge of laws that may protect them and services that may assist them. (Australian Law Reform Commission, 2011, Erez et. al, 2010, Dimopoulos, M., 2010, InTouch Inc., 2010, Raj & Silverman, 2002). Legal remedies[42] can represent a pathway out of family violence but, as Curran & Noone point out, the ability to assert legal rights is predicated on "knowledge, capacity, capability and understanding…". (Curran & Noone, 2007, p.63-64 in Curran & Buck, 2009, p.1) A recent report by InTouch Inc. examining the barriers to the justice system faced by CALD women experiencing family violence recognised that lack of information about legal rights and the legal system led to CALD women delaying seeking help or, when they did access the justice system, receiving less favourable outcomes. (InTouch Inc, 2010, p.16).

CALD women often immigrate from countries where there are no equivalent services or laws (Erez, et. al, 2010, Dimopoulos, M., 2010, Raj & Silverman, 2002) and acquiring relevant information is made more difficult where there is a language barrier(Aly & Gaba, 2007, Dimopoulos, M., InTouch Inc., 2010). A 2008 study with African refugee communities, by Springvale Monash Legal Service identified a lack of proficiency in English as one of a number of barriers to new migrants accessing information through the 'usual channels'.[43] As well as lack of proficiency in English, lack of literacy in their own language is a further compounding factor for CALD women identified by the literature (Dimopoulos, 2010).

Women who lack information about support services and Australian laws are more vulnerable to exploitation and manipulation by their abuser (Erez, et al, 2010, Dimopoulos, 2010, InTouch Inc, 2010). Being deported (Erez, et al, 2010, InTouch Inc, 2010, Raj & Silverman, 2002) and losing custody of children (Erez et al. 2010, p.46-47) were some of the fears held by CALD women reported in the literature which could lead to a reluctance to report family violence.

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[42] Such as criminal charges, Intervention Orders under the *Family Violence Protection Act 2008* (Vic) and the family violence exception under the *Migration Regulations 1994*.

[43] For example, lack of proficiency in spoken English made it difficult to access information by phone and lack of proficiency in written English meant that information was not available through written materials. Further barriers identified by the research were a lack of resources in African languages, over-reliance on others in the community for information, reliance on children for information, unrealistic expectations of service providers and reluctance to seek help in relation to family issues. Springvale Monash Legal Service, 2008, *Comparative analysis of South Sudanese customary law and Victorian Law,* Springvale Monash Legal Service, Victoria in Dimopoulos, 2010, p.6.

Refugees & Women Without Permanent Residency

As has been discussed previously, 'CALD' is an extremely broad categorisation that covers many different groups and individuals with a multitude of different characteristics and experiences. Within this group, the literature identifies certain sub-groups of 'CALD' women who have a heightened vulnerability in relation to family violence. Refugee and newly arrived CALD women without permanent residency are two such groups. (Brewer, R., 2009, Pittaway,E., 2004, Pease & Rees 2006, Pease & Rees 2008, Rees, S., 2004).

Refugees

Refugees (both women and men) bring to their country of settlement the effects of traumatic pre-arrival experiences. The refugee experience is typically characterised by exposure to high levels of violence,[44] persecution and human rights violations, loss of family members as well as disruption and upheaval (Pittaway, E., 2004, Rees, S., 2004, Pease & Rees, 2006, Pease & Rees, 2008). Pittaway describes the combination of these pre-settlement experiences, both in the country of origin, refugee camps and during flight as well as post-resettlement as "cumulative risk factors" which heighten refugee women's vulnerability to family violence (Pittaway, E., 2004, p.8). Rees agrees that whilst refugee women share many of the same risk factors for family violence as CALD women more broadly, these factors are compounded for refugees "...who are more isolated, have reduced opportunities to learn English and find employment, and for those who experience ongoing mental and physical effects of torture, rape and trauma" (Rees, S., 2004 in Pease & Rees, 2008 p.39).

There is no definitive evidence that the prevalence of family violence is higher in refugee communities (Kaplan, I. & Webster, K. (2003), 'Refugee Women and Settlement: Gender and Mental Health', p.110 in P. Allotey (ed.) *The Health of Refugees,* Victoria in Pittaway, E., 2004, p.8) although existing research is limited and a case is made in the literature for further study of this issue (Rees, S., 2004).

Women Without Permanent Residency

Newly arrived women without permanent residency, who are the spouses or fiancés of Australian citizens or Permanent Residents, are also particularly vulnerable to family violence (Erez et. al, 2010, Ghafournia, N., 2011). Australian migration law leaves such women highly dependent upon their spouse/fiancé, both for their legal status, because the right to apply for Permanent Residence is dependent upon the permanence of the relationship with the Australian citizen or Permanent Resident.[45]

Erez highlights the fact that migration laws that create 'marriage-status' dependencies for visas and residency make migrant women more vulnerable to the family violence power dynamic (Erez et al, 2010, p. 46). Women's dependency leads to further entrenchment of gendered inequality, creates

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[44] For women this often includes experiencing rape and sexual abuse, Pittaway, E., 2004, 'The Ultimate Betrayal: An Examination of the Experience of Domestic and Family Violence in Refugee Communities', Centre for Refugee Research, University of New South Wales, Occasional Paper 5, p.17.

[45] For example, a woman on a temporary spousal/partner visa is currently entitled to work and access Medicare but is not entitled to access the full range of Centrelink benefits. A woman on a temporary prospective marriage/fiancé visa is permitted to work but is not entitled to access Medicare or Centrelink benefits. The temporary spousal visa lasts for an initial period of 2 years after which time the relationship is reassessed and a permanent visa granted if the relationship is considered to be 'genuine and continuing'. For holders of fiancé visas, the marriage must take place within 9 months and then a temporary spousal visa can be applied for. *Migration Act 1958* (Cth) and *Migration Regulations 1994* (Cth), Australian Law Reform Commission, 2011.

new ways for men to control and abuse their partners and traps women in family violence situations.[46] (Erez et al., 2010, p.36)

CALD women's financial dependency also influences their ability to access services and the resources available to them when escaping from a family violence situation. For example it has been noted by the Women's Domestic Violence Crisis Service that an increasing number of women entering women's refuges do not have Permanent Residency Status.[47]It is also noted that these women stay in interim/refuge accommodation longer due to a combination of lack of permanent accommodation options, financial and immigration issues and require more intensive support before they can be referred to external services.[48]

Only a few of the women who were consulted for the scoping exercise came to Australia as refugees however a large number of the women who were consulted had originally migrated to Australia on spousal or fiancé visas. The responses from these women concur with the findings of the literature review that uncertain visa status prevents women from disclosing family violence, is often used as a tool of power and control by abusers and increases women's economic dependency on their partners. All but two workers from service providers consulted for the scoping exercise also identified a woman's immigration status as a barrier to accessing assistance, making it harder for her to leave a family violence situation and reducing her options upon leaving and all agreed that women on partner visas are particularly vulnerable.

In 1994 a 'family violence exception' was introduced into the *Migration Regulations 1994* (Cth) with the intention of discouraging visa applicants from remaining in violent relationships in order to secure permanent residency in Australia. (Ghafournia, N., 2011, Australian Law Reform Commission, 2011) The provisions allow a grant of a permanent visa to be considered if the relationship between the visa holder and the applicant has broken down, the visa holder has withdrawn support for the application and (depending on the visa class applied for) the visa applicant or their child or family member has suffered family violence at the hands of their ex-partner[49]

In order to meet the criteria for the family violence exception it is necessary to substantiate the claim that family violence is occurring, either through judicially[50] or non-judicially[51] determined evidence.

The family violence exception is not available to prospective marriage (fiancé) applicants whose relationship breaks down due to family violence prior to the marriage taking place.

A recent report by the Australian Law Reform Commission (Australian Law Reform Commission, 2011) cited DIAC statistics that indicate that despite an increasing number of claims made through the family violence exception since 2005, such claims still only account for a fraction of partner visa cases.[52] In its report the ALRC makes a number of recommendations for reforms to increase the accessibility of the family violence exception to genuine victims of family violence whilst still

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[46] The InTouch Inc. Report also highlights the effect of visa dependency issues for CALD women in Australia at p.17
[47] This is a trend that has continued over a number of years, the Women's Domestic Violence Crisis Service reports that in the 2010/2011 financial year, 36% of women who entered refuges did not have Permanent Residency Status. Women's Domestic Violence Crisis Service, Annual Report 2010-2011, p.10 <http://www.wdvcs.org.au/files/H1124123149.pdf >
[48] Ibid, p.10
[49] Migration Regulations 1994 (Cth), schedule 2.
[50] For example, an injunction under the *Family Law Act 1975* (Cth), or intervention order made under State legislation or a finding of guilt against the perpetrator under the criminal jurisdiction.
[51] *Migration Regulations 1994* (Cth), reg. 1.23 (2)-(14), including a joint undertaking by the victim and perpetrator, a police record of assault plus a statutory declaration from the victim and a 'competent person' or three statutory declarations, one from the victim and two from differently qualified competent people.
[,52] 1.5% , Australian Law Reform Commission, 2011, p.492.

maintaining the integrity of the visa system (Australian Law Reform Commission, 2011, p.492) among them that the family violence exception be extended to cover prospective/fiancé visa holders, that targeted education and training be provided to 'competent people'[53] and that there be better information dissemination to prospective visa applicants regarding their legal rights and family violence support services prior to and on arrival in Australia (Australian Law Reform Commission, 2011, p.490).

Addressing Family Violence in CALD Communities: Potential Models

The VicHealth family violence framework and background paper (VicHealth, 2006) defines three levels at which strategies for the prevention of violence against women can be implemented: intervention strategies[54], early intervention strategies[55] and prevention strategies.[56]

Evidence from consultations conducted with CALD women and service providers confirms the findings in the literature review that there are additional complexities that present barriers to CALD women disclosing family violence, finding assistance and early intervention, accessing support services and leaving a family violence situation.

Given that the research also demonstrates that CALD women are less likely to seek both informal and formal assistance with family violence (Raj & Silverman, 2002, p.381) it was the aim of the scoping exercise to determine how an understanding of the needs of CALD communities can assist service providers to facilitate greater access to services.

The literature suggests that for services to be both effective and empowering they must recognise the additional complexities that hinder CALD women's ability to access services and adopt strategies to address these complexities (Justice Institute of British Columbia, 2007, InTouch Inc., 2010, Runner et. al, 2009, Raj & Silverman, 2002) and meet a 'multiplicity of needs' (Justice Institute of British Columbia, 2007, p.33).

Strategies for overcoming language barriers, addressing visa and migration issues, challenging social isolation and providing information are key to a successful model of service delivery.

Integrated Service Delivery

The research suggests that those models of service delivery that are integrated, comprehensive and collaborative are likely to be particularly successful in addressing the interrelated factors that affect CALD women experiencing family violence and facilitating access to assistance (InTouch Inc, 2010,

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[53] 'Competent people' are those professionals, including registered nurses and family violence specialist agencies, which the Migration Act deems able to give statutory declarations in support of a claim for family violence on the basis of non-judicially determined evidence and includes medical practitioners, registered psychologists, registered nurses, social workers, family consultants, a manager or co-ordinator (or person in a position that involves decision-making power) of a women's refuge, a manager or co-ordinator (or person in a position that involves decision-making power) of a crisis or counselling service that specialises in family violence.

[54] implemented *after* violence has occurred and aimed at providing support and treatment to victims of violence and to perpetrators who use violence in order to deal with the violence, prevent its consequences and stop it from recurring or escalating. VicHealth, 2006, p.8-9

[55] targeted at individuals or groups who display early signs of either perpetrating or being subject to violence. Aimed at changing behaviours or increasing skills at an individual or group level or in environments where there are strong indications that violence may occur. VicHealth, 2006, p.8-9

[56] aimed at preventing violence before it occurs and delivered to the population as a whole or targeted at particular groups at higher risk of experiencing or using violence. Strategies can aim to change the behaviour and build the knowledge and/or skills of individuals but also target the structural, cultural and societal contexts in which violence occurs as well as addressing underlying causes of violence. VicHealth, 2006, p.8-9

Justice Institute of British Columbia, 2007, Klevens, J., 2007, Mulroney, J., 2003, Raj & Silverman, 2002). According to Mulroney 'integrated service provision' means:

'coordinated, appropriate, consistent responses aimed at enhancing victim safety, reducing secondary victimisation and holding abusers accountable for their violence' (Mulroney, 2003, p.2).

There has been a recent trend towards models for family violence service provision that are integrated and co-ordinated (Mulroney, 2003).

In the United Kingdom integrated approaches were applied to dealing with high-risk victims of family violence and these MARACs (Multi-Agency Risk Assessment Conferences) provide an example of an integrated, multi-agency model aimed at addressing the needs of high-risk family violence victims.

A 2011 review by the United Kingdom Home Office into the effectiveness and cost effectiveness of MARACs concluded that the MARACs have the potential to greatly improve victim safety and reduce re-victimisation. As a model they are therefore considered to be extremely 'cost effective.' (Steel et. al., p.5) For example, the results of a six month evaluation of the MARACs conducted in 2004 in Cardiff showed that 6 in 10 victims reported a complete cessation of abuse within 6 months of the MARAC and 4 in 10 victims were still free of abuse within 12 months (Steel, et. al, 2011, p.5).

Enhanced information sharing between agencies was viewed as the key component to the effectiveness of MARACs along with appropriate agency representation and involving IDVAs (Independent Domestic Violence Advisers) to engage the victim in the process. Having a mix of agencies including statutory agencies, specialist domestic violence services and voluntary and community organisations was also considered crucial as was the creation of an atmosphere in which there was active participation rather than just attendance (Steel, et. al, 2011). In order for information sharing, particularly highly sensitive or confidential information, to occur it was essential that there was a high level of trust and good working relationships between agencies. (Robinson, Dr. A, 2004, p.15-17)

Additional factors identified as being central to facilitating effective practice were strong links between agencies and a strong commitment from agencies within the partnership to tackle family violence, strong leadership (through the MARAC chair) and good co-ordination (through the MARAC co-ordinator).

The Hume Strengthening Risk Management Demonstration Project is a local example of a coordinated multi agency approach to strengthening family violence risk management. The pilot project is currently being run at two sites, Hume and Geelong, and will continue until 30 June 2013 with the intention of trialling integrated governance arrangements, new roles and responsibilities and new ways of working collaboratively to ensure an integrated response to the needs of women and children. An evaluation will be conducted at the conclusion of the Project with a view to transferability of this approach to other areas of Melbourne.

The literature reinforces the on-the-ground experience and suggests that in relation to CALD communities, collaboration between CALD specific and mainstream services can increase the capacity of mainstream services to respond to family violence in CALD communities. (InTouch Inc., 2010, Klevens, J., 2007, Pham, A., 2011) Concerns were raised by Australian CALD specific services consulted by Pham that the mainstreaming of services, whilst important in principle, can place extra pressure on existing CALD specific services where mainstream services lack the capacity or expertise to address the complex needs of CALD communities. (Pham, A., 2011, p.7). Interviews with service providers conducted for the scoping exercise revealed mixed responses regarding whether existing service providers already have the capacity to address the needs of CALD communities.

Research conducted in Australia (In Touch Inc, 2010) and the US suggests that service providers may experience difficulties establishing trust within CALD communities (In Touch Inc, 2010, Runner et. al, 2009). The In Touch Report found that CALD women felt more comfortable accessing settlement services and had an expectation that these services would be able to address all of their needs (In Touch Inc, 2010, p.23). The report also found that there is a high level of trust in CALD specific services amongst CALD communities but these services lack expertise in family violence (In Touch Inc, 2010, p. 28) In consultations with CALD women and service providers for the scoping exercise there was a perception amongst some sectors of the community that family violence specific services promote or encourage divorce and the breakup of families. Partnerships and collaboration between CALD specific and family violence specialist agencies may increase the capacity of both of all agencies to address the needs of CALD communities. (In Touch Inc, 2010, Klevens, J., 2007, Runner et. al, 2009).

Challenging Social Isolation – Mentoring and Group work

The literature and the consultations conducted for the scoping exercise highlighted the fact that CALD women commonly experience social isolation and this can be exacerbated by other factors including being newly arrived, lacking social connections and lacking English language proficiency.

The literature identifies a number of strategies that may assist women to break social isolation and establish social connections including group work and mentoring.

There is recognition in the literature that group work can be a successful way of working with women who have experienced trauma and as an intervention is particularly suited to assisting victims of family violence. (Flannery et. al, 2000) Drawing on their experience conducting twelve support groups for women experiencing family violence, including three in languages other than English, Flannery, Irwin and Lopes identify four main benefits to working in groups with women who have experienced family violence:

- **Counteracting secrecy:** groups can provide a safe environment for women to talk about and understand their experiences as well as challenging abuse. Sharing experiences with other women also provides validation for their experience.
- **Challenging isolation:** it is a common feature of family violence that the abuser seeks to isolate the victim from others which can contribute to loss of confidence and self esteem. Groups provide women with an opportunity to re-establish contacts and relationships and provide women with a sense of belonging
- **Facilitating empowerment:** hearing from other women who have experienced family violence and survived can be empowering. Sharing experiences can assist women to identify survival strategies and recognise their own strengths;
- **Linking private and public worlds:** groups can be an effective way to identify and challenge dominant beliefs that have been influential in women's lives. For example, the belief that women are responsible for their own victimisation. (Flannery et. al, 2000, p.15-16)

Laing noted in 2001 that much group work practice with victims of family violence takes place in local and community settings and is therefore undocumented (Laing L.,2001). In order to address this gap, the Northern Integrated Family Violence Partnership brought together the intuitive wisdom of those who have been running facilitated family violence support groups for women in the Northern region for the past twenty years with the aim of providing a sound knowledge base for family violence group work (Women's Health in the North, 2006, *Collected Wisdom: Facilitated Family Violence Support Groups with Women in the Northern SubRegion*).

The manual includes a section specifically looking at group work and CALD women. The major benefits to delivering culturally sensitive group work for CALD women who have experienced family violence cited are that CALD women feel more comfortable in a group setting as opposed to individual counselling with a stranger and engage more quickly with a facilitator who speaks their language and knows their culture. Group work is also seen as an effective way to '...facilitate the development of social networks for women isolated from their own or the wider community'(Women's Health in the North, 2006, p.19).

Responses from women interviewed for the project who were engaged with the Arabic speaking women's group suggest that group work provides an antidote to social isolation, allows women to connect and share their experiences with other women in a safe environment and may also be a useful forum for the provision of information to women experiencing or at risk of experiencing family violence.

In setting up and delivering groups for CALD women, Women's Health in the North recommends avoiding the use of interpreters where possible and engaging bilingual/bicultural facilitators, particularly people who already have links with the community. They also recommend forming partnerships between agencies to share relevant skills and expertise, such as language expertise (Women's Health in the North, 2006, p.18).

Mentor models are identified in the literature as a potential model for addressing CALD women's social isolation and facilitating engagement with services. The MOSAIC Project (Mother's Advocates in the Community) was designed to pilot and evaluate whether mentors (who were themselves mothers) could improve the lives of pregnant women and their children who were experiencing family violence (Kerr, C., 2009, p.4). The MOSAIC study included women from CALD backgrounds, with about one third of women recruited for the study born overseas. (Taft et al, 2011, p.4) The women were referred into the program by their GP or Maternal Child Health Nurse. (Kerr, C., 2009, p.4)

The MOSAIC project drew on research suggesting that peer support, mentoring and advocacy can assist women experiencing family violence and that pregnancy is a known risk factor for family violence (Kerr, C., 2009, p.5). In the evaluation there was evidence of a true difference in reduced partner violence in women who had been mentored (when compared to the control) but there was only weak evidence of other benefits such as reductions in depression and improvements in physical and mental well-being. (Taft et al, 2011, p.7) There were also some other reported benefits to mentored women which included twice the proportion of mentored women (32%) taking up new studies or training or returning to further training or education (Taft et al, 2011, p.5).

Amongst the group of mentors recruited for the study were women from a diverse range of backgrounds who were fluent in a number of languages. It was suggested that if setting up a mentoring program in a diverse community in future it would be considered highly desirable to recruit bilingual mentors. However it was recommended that caution should be exercised in simply matching women on the basis of cultural background because some women do not wish to receive mentoring from a woman of the same cultural background.[57]

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[57] It was noted that women may fear their partner or ex-partner, family and friends finding out and in some situations a woman's safety might be compromised. It was recommended that women be consulted before being matched with a mentor from the same cultural background. Kerr, C., (2009), *MOSAIC: Mothers' Advocates in the Community – Project Manual: Setting Up a Mentor Project for Mothers Experiencing Intimate Partner/Family Violence, Mother & Child Health Research*, La Trobe University, Melbourne, p.10.

Provision of Information about Legal Rights and Support Services

Responses from consultations with women and service providers correspond with findings from the literature that CALD women often lack knowledge about their legal rights, the availability of support services and this presents a barrier to gaining access to services and asserting legal rights.

The literature emphasises the importance of ensuring that information regarding family violence, the Australian legal system and support services is provided to CALD communities both prior to migration and after arrival in Australia, with particular emphasis placed on the provision of information and education regarding legal rights. (Australian Law Reform Commission, 2011, Dimopoulos, 2010, Fisher, 2009, InTouch Inc., 2010, Raj & Silverman, 2002). The Australian Law Reform Commission Report notes that the Department of Immigration provides settlement programs to newly arrived migrants and refugees that includes providing such information but recommends that greater collaboration between migration service providers, Community Legal Centres and industry bodies is needed to ensure that information regarding migration law and the family violence exception reaches visa applicants and visa holders (Australian Law Reform Commission, 2011).

As part of its strategy for ensuring greater access to the family violence exception the ALRC Report also recommends that the Australian Government, Community Legal Centres and industry bodies collaborate to provide training and education to 'competent persons'. (Australian Law Reform Commission, 2011, p.508) Evidence from competent persons is crucial in establishing the existence of family violence where there is no judicial evidence (e.g. Intervention Order). Competent persons have specialist expertise and knowledge as family violence service providers but concern was expressed that they may not have sufficient knowledge of migration law (Australian Law Reform Commission, 2011, p.508-509)

Community legal education is a common aspect of family violence prevention efforts. (Dimopoulos, 2010) The literature establishes that provision of information about rights is empowering (In Touch Inc, 2010, Justice Institute of British Columbia, 2007) and this is reflected in the responses of CALD women consulted for the scoping exercise. Dimopoulos points out that whilst there have been numerous education and empowerment programs aimed at new and emerging communities there has been very little evaluation of the effectiveness of such programs in the prevention of violence (Dimopoulos, 2010). Drawing on evidence provided by three case studies[58], Dimopoulos concludes that factors that can improve the level of knowledge of the law as it relates to family violence in CALD communities include adopting a whole of community approach involving both men and women, involving '...trusted community mediums to convey key messages', building the capacity of community leaders to understand the impact of family violence and to effect change in their communities (Armstrong, 2010, p.14), providing information face to face as well as through written materials, building relationships and trust with individual communities (Dimopoulos, 2010, p.17, Armstrong, 2010). In Touch suggests information provision through education in schools, English language classes, Maternal Child Health Nurses, Centrelink and settlement services (In Touch Inc, 2010, p.26) The literature underlines the importance of providing information early in the settlement process (Australian Law Reform Commission, 2011, In Touch Inc, 2010, Raj & Silverman, 2002) '...information needs to reach women sooner and be reinforced repeatedly' (In Touch Inc, 2010, p.26). Legal empowerment strategies for CALD communities should also include pathways to lawyers with expert knowledge of criminal, migration and family law (Raj & Silverman, 2002).

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[58] Justice for Refugees Program, Victoria; Islam Opposes Violence Against Women, Islamic Women's Welfare Council; Legal Information Project for Sudanese Youth, Centre for African Australian Women.

Community legal education provision to new and emerging communities should be informed by an understanding of the broader context and experiences of these communities including pre and post-arrival experiences and laws and legal processes in countries of origin (Armstrong, 2010,Dimopoulos, 2010).

The literature also highlights the importance of also engaging with and including newly arrived men in education strategies (Dimopoulos, 2010, InTouch Inc, 2010, VicHealth, 2006). The literature acknowledges that refugee men are affected by pre-arrival experiences of war, torture and trauma (Pease & Rees, 2006) and experience difficulties in adjusting to western societies where gender roles are less rigid and defined (Pease & Rees, 2006).

The literature underlines the importance of targeting information and education at CALD men as well as women. (Fisher, 2009) Fisher's report advocates strongly for the involvement of CALD men to ensure the success of family violence prevention strategies (Fisher, p. xxi). It is demonstrated in studies reported in the literature that the experience of resettlement, particularly changes in women's social and economic status can increase tension and the risk of violence by men towards women (Erez et. al, 2009, Pease & Rees, Pittaway, 2004, 2006, Rees, Raj & Silverman, 2002). Pease & Rees found that whilst women often felt empowered by changes to their social and economic status, men reported feeling disempowered and attributed conflict within the relationship to these changes (Pease & Rees, 2006, p.4) Drawing on studies from Asian and Middle Eastern communities in the US, Raj & Silverman report that changes in women's behaviour often results in increased efforts by men to maintain or regain control, including through violence (Raj & Silverman, 2002, p.370). Pittaway's research with refugee communities concludes that changes to men's social status in combination with other factors such as unemployment and lack of financial security can increase the risk of violence. (Pittaway, 2004, p.30) Some pre-arrival experiences, particularly torture and trauma, are known to have ongoing psychological effects and make resettlement and adaptation more difficult (Easteal, 1996 in Pittaway, 2004, p.28).

Working with Perpetrators - Men's Behaviour Change Programs

Programs targeted at male perpetrators of family violence have been a common aspect of intervention strategies since the first perpetrator programs emerged in the mid 1970s (Salter, 2012, Day et. al, 2009, Day et. al, 2010, Laing, Dr. L, 2002, Feder et al., 2008). Programs that attempt to address perpetrator's behaviour by holding them accountable and changing their behaviour are included as part of the Federal Governments' 10 year Action Plan for Reducing Violence Against Women and Children (The National Council to Reduce Violence Against Women and their Children, 2009). The VicHealth framework identifies men and boys as a key group to target prevention strategies both as perpetrators but also as part of a broader prevention strategy (VicHealth, 2006, p.50). Under Victorian law, courts may refer perpetrators to men's behaviour change programs as a condition of sentencing or bail under the criminal law or in relation to an Intervention Order proceeding (The National Council to Reduce Violence Against Women and their Children, 2009, p.135). Currently, court mandated counselling orders can only be made in the family violence division courts at Ballarat and Heidelberg for people in postcodes included within the court's catchment area. A number of postcodes in the Heidelberg catchment area fall within the City of Whittlesea.

Perpetrator programs have proved to be a controversial aspect of intervention strategies with the effectiveness and appropriateness of engaging perpetrators the subject of ongoing debate (Day et. al, 2009, Feder at al, 2008, Gondolf, E. 1999, Laing, Dr. L, 2002).

Evaluations of men's behaviour change programs conducted to date have produced mixed results as to their effectiveness[59]. There have also been fundamental disagreements amongst those seeking to evaluate such programs as to how 'effectiveness' should be measured. For example, should the sole indicator of success be a reduction in rates of family violence reoffending as measured by quantitative data or should other more qualitative measures be relied on, including improvements in quality of life or feelings of increased safety on the part of victims? (Salter, M., 2012, Howard & Wright, 2008, Day et. al, 2009, Gondolf, E., 2009) Commentators argue that any program offered to family violence offenders should be able to demonstrate a reduction either in the frequency or intensity of violent behaviour and/or an improvement in women's and children's safety (Day et. al, 2009, p.204). On this measure researchers contend that many men's behaviour change programs are not effective (Feder et al, 2008, Gondolf, E., 1999). However, others point out that the partner contact component of men's behaviour change programs can have benefits for victims, including gaining access to support and services, increasing feelings of safety, giving women space to consider the future of the relationship and providing strength and validation (Howard & Wright, 2008, p.31).

Despite these controversies, Men's Behaviour Change programs continue to form a part of violence intervention strategies in Victoria with approximately 37 Men's Behaviour Change groups currently running in metropolitan Melbourne.[60]

Very little research regarding the success of men's behaviour change programs in engaging men from CALD communities has been conducted either in Australia or internationally (Laing, Dr. L, 2002, InTouch Inc, 2010, McIvor & Markwick, 2009). In two separate studies from the United States, race was found to be a strong predictor of whether or not men dropped out of the program, with men who were classified as belonging to an 'ethnic minority' less likely to complete the program when compared to Caucasian men[61]. In one study 'race was the strongest predictor of treatment dropout and number of treatment sessions completed by individual members...'(Taft et al, 2001, p.395-396 in Laing, Dr. L, p.20)   Of the men's behaviour change programs currently running in metropolitan Melbourne none are language or culturally specific.

Whether the needs of CALD male perpetrators are being accommodated within existing groups is unknown but anecdotal evidence from consultations conducted with service providers as part of the scoping exercise suggested that CALD perpetrators often fail to have their needs met by English speaking men's behaviour change groups. Service providers gave examples of strategies they had employed to accommodate CALD perpetrators within existing groups, including using interpreters or providing one on one sessions, but there were real limitations highlighted in both of these strategies. There was also evidence that because of the difficulties in accommodating CALD perpetrators, service providers may simply screen these men out of their intake process.

A pilot program for establishing and delivering perpetrator programs to Vietnamese speaking men in Melbourne's North Western Region concluded in 2011 after delivering three groups.[62]

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[59] A systematic review of ten experimental and quasi-experimental studies from the US concluded that court mandated treatment does not reduce the likelihood of reassault, Feder et al, 2009. An evaluation of men's behaviour change programs that are part of the Gold Coast Domestic Violence Integrated Response gave the researches some "cautious optimism" about the ability of group interventions to change perpetrator's behaviour. Reported in Day, et al, 2010.

[60] Figure provided by Victorian umbrella group 'No To Violence' <www.ntv.org.au>

[61] Babcock, J. & Steiner, R. (1999) 'The Relationship between Treatment, Incarceration and Recidivism of Battering: A Program Evaluation of Seattle's Co-ordinated Community Response to Domestic Violence, *Journal of Family Psychology*, v.13, no.1, p.36-59; Taft, C, Murphy, C, Elliott, J, & Keaser, M (2001) 'Race and Demographic Factors in Treatment Attendance for Domestically Abusive Men', *Journal of Family Violence,* v.16, no.4, 385-400 both quoted in Laing, Dr L, 2002.

[62] InTouch Inc, 'Vietnamese Men's family Violence Program – Evaluation Report'

The evaluation report concluded that there is a strong need for recognition that CALD specific groups are necessary to enable CALD men to embrace behavioural change and reduce violent behaviour.

Primary Prevention Models

There has been an increased focus on the development of primary prevention models aimed at preventing violence before it occurs alongside intervention and early intervention strategies. (Powell, Dr. A, 2011, VicHealth, 2006) At both State and Federal level a 'high-level framework' for the prevention of violence against women has been developed through a number of policy documents[63] that identify 'effective and promising strategies, priority areas, population groups and sites.' (Powell, Dr. A, 2011, p.4)

Primary prevention models aim to stop violence before it occurs by promoting non-violent social norms and equal and respectful relationships between men and women (VicHealth, 2006). Primary prevention strategies may be targeted at changing individual and peer group norms and behaviours or more broadly at societal and institutional level (Powell, Dr. A, 2011).

Drawing on the existing literature, the VicHealth framework outlines a number of reasons why primary prevention should be targeted at CALD communities specifically including:

- consensus in the literature that primary prevention should be tailored to the needs of individual communities;
- the fact that some migrants and refugees have immigrated from countries where there is greater gender inequality, more rigid gender roles and greater cultural acceptance of violence against women;
- evidence from the literature that communities experiencing transition from traditional societies to societies where gender relations are more equal experience a heightened, though temporary, risk of increased violence against women;
- findings from a Community Attitudes Survey that there is a higher level of support for attitudes associated with acceptance and perpetration of violence against women in CALD communities (VicHealth, 2006, p.54)

One area of primary prevention that has been singled out for further development is the potential role of 'bystanders' in the prevention of violence against women. (Powell, Dr. A, 2011) Bystander theory and practice models in the area of violence against women are aimed at explaining and promoting 'pro-social' bystander behaviour. (Powell, Dr. A, 2011) Pro-social bystanders are those who take action to intervene either in an individual act of violence or by challenging social norms and attitudes that perpetuate violence in the community (Powell, Dr. A, 2011).

Primary Prevention Models Aimed at Community & Religious Leaders

The primary research conducted for the scoping exercise indicated that both victims and perpetrators make disclosures of family violence to religious leaders and seek their advice and assistance in family violence situations. Religious and community leaders also have authority and respect within their communities and therefore have the potential to influence attitudes towards family violence.

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[63] Preventing Violence Before it Occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria (Vichealth, 2007), A Right to Respect: Victoria's Plan to Prevent Violence Against Women 2010-2010 (State Government of Victoria, 2009), Time for Action, the National Council's Plan for Australia to Reduce Violence Against Women and Their Children (National Council to Prevent Violence Against Women and their Children, 2009)

The literature and the primary research provide examples of CALD women encountering attitudes within their own communities that are unsupportive and which encourage actions that potentially put them at greater risk of violence such as returning to a violent relationship (Justice Institute of British Columbia, 2007).

There is support in the literature for interventions aimed at building community and religious leaders' understanding of the nature of family violence with the aim of encouraging leaders to respond to individual disclosures of family violence with support and assistance (Runner et al, 2009, Justice Institute of British Columbia, 2007) and to change attitudes within their own communities by acknowledging and condemning violence (Runner et al, 2009).

Interventions that provide community and religious leaders with the skills and confidence to respond appropriately to disclosures of family violence are important because the research shows that lack of knowledge about how to intervene and the perception that intervention would be ineffective present obstacles to taking action (Powell, Dr.A, 2011 p.21). It is observed in the evaluation of the Northern Interfaith Relationships Project, and confirmed by the responses provided by the community and religious leaders interviewed for the scoping exercise, that there is a need to build the capacity of religious leaders to respond appropriately to disclosures, for example, by making referrals to external agencies (Holmes, S., 2012, p.52). Other recommendations for future capacity building in faith communities that come out of the project evaluation include the importance of identifying and targeting those individuals who are most likely to be able to act as agents for change and encouraging partnerships between community and other organisations and faith organisations (Holmes, S., 2012, p.55). The responses from the religious and community leaders interviewed for the scoping exercise indicated a high level of receptiveness to participating in education about family violence and engaging with local organisations.

The 'Religion and Family Harmony Project' from Western Sydney provides an example, drawn from the Australian Domestic and Family Violence Clearinghouse 'best practice' database, of a partnership project aimed at engaging and educating community and religious leaders about family violence and its impact on their communities. [64] A reported outcome of the project was a noticeable shift in attitudes towards family violence from 'denial, resistance and rationalisation of violence' towards a more pro-active stance towards family violence prevention (formal evaluation of the pilot training program is ongoing). A central aspect to its success was the development of strong networks with community and religious leaders.

Models Targeting Children and Young People

There is considerable support in the literature for targeting prevention and intervention strategies at children and young people as a distinct sub-group (Flood et. al, 2009, Flood & Fergus, 2008, Powell, Dr. A, 2011, VicHealth, 2006)

In their report for the White Ribbon Foundation, Flood and Fergus outline in detail a number of reasons why violence prevention efforts should be targeted at this cohort including that young people are already exposed to, and influenced by violence; that young people may be subject to or perpetrate violence within their own intimate partner/dating relationships, the evidence that young people hold attitudes and norms supportive of violence and evidence that violence prevention programs for young people are effective (Flood & Fergus, 2008, p.4-5).

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[64] The database can be accessed from
< http://www.austdvclearinghouse.unsw.edu.au/goodpracticedatabase.html>

A comprehensive study into young people's experience of and attitudes towards family violence was conducted by the Crime Research Centre and Donovan Research between 1998 and 1999 in which qualitative and quantitative data was gathered from 5,000 young people aged between 12 and 20 in all States and Territories. (Crime Research Centre and Donovan Research, 2001 in Indermaur, D., 2001) The study revealed that approximately one quarter of the young people had witnessed an act of physical violence directed at their mother or step-mother (Crime Research Centre and Donovan Research, 2001 in Indermaur, D., 2001, p.2). Police data from the City of Whittlesea (2007/2008) indicates that in 45% of family violence incidents at least one child was present.[65]

The potential harm caused by childhood exposure to family violence is well documented in the literature with a range of potential negative impacts including:

- depression, anxiety, mood and temperament problems;
- behavioural problems such as increased aggression, antisocial behaviour and peer conflict;
- pervasive fear and trauma symptoms;
- difficulties at school;
- impaired cognitive functioning;
- increased likelihood of alcohol and substance abuse. (Indermaur, D., 2001, p.3, Laing, L., 2000)

The evidence regarding whether young people who are exposed to family violence are more likely to go on to perpetrate family violence is inconclusive and controversial, with some studies finding that being exposed to or being the victim of violence in childhood has a direct impact on later perpetration of intimate partner violence (Flood & Pease, 2006) whilst other studies have concluded that the majority of children who are exposed to family violence will not in fact go on to become perpetrators. (Humphreys, C., (2000), *Social Work, Domestic Violence and Child Protection: Challenging Practice*, The Policy Press, Bristol in Laing, L., 2000, p.22). Flood & Fergus conclude that there is conclusive evidence of an association between exposure to family violence in childhood and perpetrating family violence in adulthood but there is no conclusive evidence of a causal relationship between the two (Flood & Fergus, 2008).

It was also estimated in the national study that one in ten young people live in households where a male carer has been physically violent towards them or their siblings (Crime Research Centre and Donovan Research, 2001 in Indermaur, D., 2001, p.4) (excluding cases of physical discipline). In City of Whittlesea, police data (2007/2008) indicates that in 7% of family violence incidents the affected family member was aged under 18 at the time a family violence incident report was made and in 22% of incidents the affected family member was aged under 25.[66]

The national study revealed that one in three young people has been subjected to physical violence in their intimate relationships (Crime Research Centre and Donovan Research, 2001 in Indermaur, D., 2001, p.4) and 14% of girls (and 3% of boys) had been sexually assaulted within an intimate relationship. Young people who lived in homes where there was adult family violence were more likely to be both victims and perpetrators of violence within their own relationships (Crime Research Centre and Donovan Research, 2001 in Indermaur, D., 2001, p.4)

Data from Australia shows that young women (aged 18-24) are at an increased risk of experiencing violence in intimate partner relationships.[67]

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[65] Victoria Police family violence statistics can be accessed at < http://www.police.vic.gov.au/content.asp?Document_ID=782>
[66] Victoria Police family violence statistics can be accessed at < http://www.police.vic.gov.au/content.asp?Document_ID=782>
[67] ABS + Australian Longitudinal Study on Women's Health

School based programs aimed at preventing violence and promoting respectful relationships are noted as having the strongest evidence base for effectiveness of all primary prevention strategies (VicHealth, 2006 p.18, Flood & Fergus, 2008). VicHealth's evaluation of effective and promising bystander models for primary prevention includes a number of models that have been implemented in schools and universities both in Australia and internationally[68] that employ both peer mentoring and education and social marketing components (Powell, Dr.A, 2011). Reflecting on what makes these programs effective, the literature identifies an emerging consensus on 'good practice' in this area which can be distilled into five principles for delivering the most effective programs which are:

- a whole-school approach;
- a program framework and logic that incorporates a theoretical framework for understanding violence and a theory of change;
- effective curriculum delivery;
- relevant, inclusive and culturally sensitive practice; and
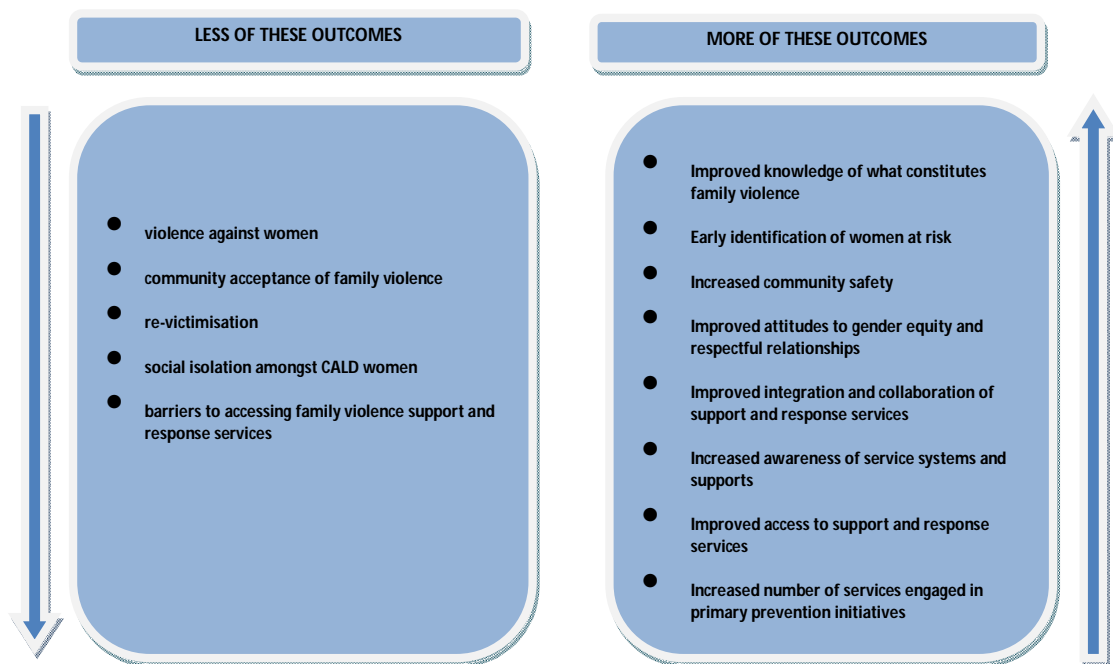- evaluation (Flood, et al, 2009, p.23)

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[68] Sexual Assault Prevention Program for Secondary Schools (SAPPS) (Australia), Mentors in Violence Prevention (US), Know Your Power: Step in, Speak Up (US)

FAMILY VIOLENCE SERVICE MODEL

Based on the findings from consultations conducted with female survivors of family violence, community and religious leaders, service providers and young people as well as evidence gathered from the literature review, this report recommends the adoption of a co-ordinated, integrated family violence service model.

The proposed model comprises six elements, each element addressing a specific need identified through the research. Whilst each element can be delivered independently, given the complex and multifaceted nature of family violence in CALD communities, it is recommended that all elements be implemented as part of an integrated approach to build a culturally responsive, effective service system that helps to reduce family violence and the impact of family violence in CALD communities in the City of Whittlesea. However, should limited resources not allow for the model to be implemented in its entirety it is still considered that there is value in one or more of the elements being delivered as a particular initiative to address an identified need.

Figure 1: Expected Outcomes – Family Violence Service Model

LESS OF THESE OUTCOMES

- violence against women
- community acceptance of family violence
- re-victimisation
- social isolation amongst CALD women
- barriers to accessing family violence support and response services

MORE OF THESE OUTCOMES

- Improved knowledge of what constitutes family violence
- Early identification of women at risk
- Increased community safety
- Improved attitudes to gender equity and respectful relationships
- Improved integration and collaboration of support and response services
- Increased awareness of service systems and supports
- Improved access to support and response services
- Increased number of services engaged in primary prevention initiatives

1. Co-ordination/Integration Mechanism

The research suggests that those models of service delivery that are integrated, comprehensive and collaborative are likely to be particularly successful in addressing the interrelated factors that affect CALD women experiencing family violence and facilitating access to assistance.

Models such as the United Kingdom's Multi-Agency Risk Assessment Conference Model demonstrate that a multi-agency integrated approach promotes shared understanding of the risk factors and interventions for family violence and enables a comprehensive and client-centred response. The Hume Strengthening Risk Management model and the Northern Integrated Family Violence Service

provides a local (Northern Metropolitan) example of the use of integrated approaches to address family violence.

- A Steering Committee will be established with participants drawn from the City of Whittlesea, the WCF CALD Cluster and the broader membership of the WCF partnership with expertise, knowledge and linkages relevant to the key elements to be implemented;
- An action plan identifying key strategies, actions, timelines and responsibilities will be drawn-up and agreed upon that will guide the work of the Steering Committee;
- The Steering Committee will monitor the progress of the project and implementation and facilitate the sharing of skills and knowledge across agencies;
- The Steering Committee will oversee the evaluation process and develop strategies for project sustainability beyond the funded period.

2. Empowering CALD Women

The research highlighted the fact that CALD women commonly experience social isolation which can be exacerbated by other factors including being newly arrived, lacking social connections and lacking English language proficiency. Consultations conducted during the scoping exercised revealed that gaps in information regarding family violence, legal rights, entitlements and services represented a significant barrier to CALD women's ability to access assistance for family violence, increasing women's vulnerability. This gap was more pronounced though not limited to newly arrived women who had been in Australia for less than six years and was particularly evident among CALD women who did not have permanent residency.

The literature identifies a number of strategies that may assist women to break social isolation and establish social connections, for example, participation in groups. Consultations conducted with women during the scoping exercise revealed a strong correlation between the level of empowerment survivors of family violence felt and their level of connection to other women and supports. These connections were vital to enabling women to access information about their rights and services. For some women, being connected to a group increased their confidence to assert their rights and to seek and obtain support. Knowing that support existed was sufficient to empower disclosure of family violence and seek early intervention.

- The project will establish a clear mapping of existing women's support groups that are available to and accessed by Whittlesea residents and will aim to identify gaps in available support groups. The capacity of existing groups will be built with support and assistance to participate in programs and initiatives aimed at increasing women's empowerment in relation to family violence;
- Where gaps exist in access to support groups, financial and other support will be provided to establish new groups specific to isolated and marginalised women;
- Family violence, community legal education and women's leadership resources will be developed to assist existing and new groups to empower women;
- Whittlesea Community Legal Service and family violence agencies will contribute to the training and education of women's group facilitators, building their capacity to inform, educate and support women in relation to family violence;
- Regular information and community legal education sessions will be delivered by legal, health and family violence services and organisations through the existing and new groups.

3. Building the Capacity of Community and Religious Leaders

Consultations conducted with community and religious leaders during the scoping exercise revealed that these leaders are often the first point of disclosure for both CALD women experiencing family violence and CALD men perpetrating family violence. All community and religious leaders consulted had been approached at least once in relation to family violence and most reported being approached for guidance on a regular basis.

Community and religious leaders' response to disclosure of family violence and the information and assistance they give to CALD men and women has a critical role to play in determining outcomes for CALD women experiencing family violence. Consultations with community and religious leaders revealed differences in their understanding of family violence and the available services, experience and training leading to differing responses from these leaders. There was a noted emphasis by community and religious leaders on reconciliation of the relationship and discouragement of divorce and separation. All community and religious leaders who participated in the project expressed interest in participating in training and education activities specifically addressing disclosures of family violence.

- The project will seek to recruit community and religious leaders from established and emerging CALD communities and provide them with the support to develop a local leadership network;
- The network will provide leadership on matters related to family violence and targeted training and education will be delivered to the network to support their leadership. WCC's links with refugee and migrant communities will be key to engaging community groups to participate in this project;
- The project will access and harness the knowledge and expertise of Whittlesea Community Legal Service and specialist family violence agencies to deliver information and training sessions on Australian residents' rights and responsibilities particularly in relation to legal protections for victims of family violence under State law and the federal *Migration Act* and available support services;
- Family violence prevention tools, resources and social marketing messages will be developed in partnership with the network to ensure that community and religious leaders have the capacity to deliver information and support to their communities in ways that are sensitive and appropriate;
- Community leaders will be provided the opportunity to link with service providers who will provide secondary consultation outside of network meetings, advice and guidance on appropriate and effective responses following disclosures of family violence.
- Representation from a diverse range of faiths and communities will establish a foundation for inter-community relationship building that will contribute to community cohesion at a local level. Once established the network will develop a unified voice that does not commit, excuse or condone violence against women in their communities.

4. Preventing Family Violence: Programs Targeting Young People

There is considerable support in the literature for targeting prevention and intervention strategies at children and young people as a distinct population group. The literature suggests that young people are already exposed to, and influenced by violence, that young people may be subject to or perpetrate violence within their own intimate partner/dating relationships and that they hold attitudes and norms supportive of violence. In the City of Whittlesea police data indicates that in 45% of family violence incidents at least one child was present. The negative effect of childhood exposure to family violence is well documented in the literature. City of Whittlesea data also indicates that a significant proportion of migrants who settled in this area in the last 6 years were aged under 25 at the time of arrival with the proportion even higher for Humanitarian entrants.

Research indicates that prevention programs for young people are effective in countering violence supportive attitudes and norms, in building awareness of respectful and equitable relationships and developing an understating of family violence. Such programs also have an impact on future attitudes and behaviours and impact on the development of healthy intimate relationships. There is a strong evidence base for delivery of such programs in school settings and there are a number of good practice principles that can be drawn on to guide the implementation of a program in Whittlesea.

- The project will identify and engage with a school located within the Whittlesea LGA with a high level of cultural diversity to determine the feasibility of piloting a whole of school approach for the prevention of violence and the promotion of respectful relationships;
- A lead agency will be identified to oversee the development of a targeted training program that incorporates best practice principles;
- In partnership with the chosen school, the lead agency will have responsibility for the implementation and evaluation of the program. The evaluation component will inform the expansion of the program into other schools within the Whittlesea LGA;
- Partnerships and connections between the school, local community organisations and family violence agencies will be encouraged through the involvement of senior members of the school community in the project steering committee;
- The lead agency will establish a Steering Committee for the pilot program that will include staff, students and parents and ensure the involvement, support and ownership of the program by the whole school community and that the program and resultant changes are sustainable;

5. Reducing Recidivism: Increasing CALD Men's Access to Behaviour Change Programs

Programs targeted at male perpetrators of family violence have been a common aspect of intervention strategies since the first perpetrator programs emerged in the mid 1970s and continue to be an integral part of Victoria's response to family violence.

Evidence gathered from CALD women, service providers and the literature revealed that not all CALD women will choose to or be able to leave a relationship where family violence is occurring even after assistance has been sought from external services. CALD women were noted by service providers to be more likely to access external services with the intention of maintaining or reconciling the relationship whereas people from non-CALD backgrounds were more likely to access services where a decision to leave the relationship had already been made.

In this context, addressing the causes of men's violent offending and requiring perpetrators to take responsibility for their behaviour is a necessary part of ensuring women's and children's safety.

Evidence gathered from the scoping exercise indicates that CALD men may have less access to existing men's behaviour change programs and these programs may be less effective in assisting CALD men primarily due to language barriers. The research indicated that there are currently 35-40 men's behaviour change programs in existence in Victoria but none of these are language or cultural specific.

- The project will aim to address the current gap in the provision of men's behaviour change groups to CALD communities through the development and piloting of a language or cultural specific men's behaviour change group in the City of Whittlesea;
- The most appropriate language or cultural group (or groups) to pilot the implementation of the initial men's behaviour change group will be identified by drawing on demographic data from the City of Whittlesea;
- A lead agency with specific experience in delivering men's behaviour change groups will be selected to oversee the development and implementation of the group;
- The lead agency will be responsible for identifying and/or organising training for group facilitators and partner contact workers ;
- The lead agency will draw on the experience of previous groups run in Melbourne's West to identify referral pathways for entry to the group that are relevant for the City of Whittlesea;
- The lead agency will oversee the implementation of the men's behaviour change group and the evaluation that will form the basis for further groups to be delivered in the Whittlesea LGA.

6. Prevention of Family Violence: Early Intervention in the Settlement Process

The research identifies newly arrived migrants, particularly those migrants and refugees arriving with limited supports and high settlement needs as experiencing increased vulnerability in relation to family violence. Additionally, women arriving under spouse or fiancé visa categories are identified as facing a range of additional barriers to accessing support, information and services when compared to other members of CALD and non-CALD communities.

The settlement process itself presents new arrivals with a range of pressures and stressors that may impact negatively on the ability of individuals and families to maintain equal and respectful relationships.

Professional development and the provision of information regarding the pre and post migration experiences of new migrants, the impact of specific visa categories and the specific pressures of settlement will be provided to family violence workers to ensure currency of skills and knowledge and to increase the professional capacity of family violence specialist agencies.

- The project will draw on teachings from VicHealth's work on the primary prevention of violence against women which showcases a number of best practice examples (specifically adaptation of the 'Baby Makes 3' model to the settlement process) to deliver early intervention and targeted prevention support to men and women during the settlement process;
- An information and education package will be developed for newly arrived CALD couples aimed at addressing the stressors experienced during the settlement process that lead to a heightened risk of family violence;
- The Steering Committee in partnership with a lead agency will be responsible for the development of the information and education package and the recruitment of participants;
- The Steering Committee in partnership with a lead agency will be responsible for selecting, training and supporting a contact worker to deliver information, training and support to the participants;

- The contact worker drawing on the support of the lead agency and the Steering Committee will carry out an evaluation of the project;
- The project, through the mechanism of the Steering Committee, will create links between family violence specialist agencies and agencies that deliver settlement services to facilitate an exchange of knowledge and skills and encourage cross referrals and collaboration.

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APPENDIX 1

Whittlesea CALD Communities Family Violence Project

Interview Format

Cohort 1: Women who have experienced family violence

1. How long have you been living in Australia? What is your residency status?
2. What is your cultural background?
3. What is the main language you speak at home?
4. Who did you first speak to about the family violence you were experiencing?
5. Why did you choose that particular person/organisation to speak to first?
6. What prompted you to make the decision to first speak to someone about the family violence you were experiencing?
7. When you first spoke to that person/organisation about your experience what information/advice did you receive from them?
8. How would you describe the information/advice that you received?

(If the first point of disclosure was not an organisation that assists victims of family violence)

8.1 Did that person refer you to an agency/organisation for assistance?

8.2 If yes, which agency/organisation did they refer you to?

8.2.1 Did you choose to make contact with the agency/organisation that you were referred to?

8.3 If no, did you go on to access services from another agency/organisation for assistance with the family violence you were experiencing?

8.3.1 If yes, how did you find out about that agency/organisation?

8.3.2 f yes, why did you choose to make contact with that particular agency/organisation?

(If they have already accessed services for assistance with family violence)

9. When you first chose to seek assistance from the agency/organisation, what information/advice did you receive?

10. How would you describe the information/advice that you received?

11. What particular services did you access?

12. When you first made contact with the agency/organisation was there any particular assistance that you were hoping that they could offer to you?

13. Was there any particular assistance that you wish could have been available to you that wasn't?

14. Would you say that it was easy to access assistance from the agency/organisation or difficult?

14.1   If it was difficult, why was it difficult?

14.2   If it was easy, why was it easy?

14.3   If it was difficult, was there anything that the agency/organisation could have done differently to make it easier for you to access assistance?

14.4   Is there anything else that you can think of that would have made it easier for you to access assistance from the agency/organisation? (e.g. access to childcare, public transport vouchers etc)

15. Reflecting on your experience, was there anything about the way in which people you know reacted to your disclosure of family violence that was good/helpful?

16. Was there anything about the way people you know reacted to your disclosure of FV that you wish could have been better/different?

17. Reflecting on your experience, is there anything that would assist women in a similar situation to you to get better help?

18. Did you have any fears or concerns that prevented you from seeking assistance at an earlier point in time?

19. Is there anything that would have addressed some of your fears and concerns and enabled you to seek assistance at an earlier point in time?

20. Reflecting on your experience, if a woman experiencing family violence were to come to you today seeking assistance, what advice would you give her?

APPENDIX 2

Whittlesea CALD Communities Family Violence Project

Interview Format

Community Organisations

1. What description best suits your organisation?
    a. Community Service Organisation
    b. Health Services Provider
    c. Welfare Organisation
    d. Family Violence Service Provider

2. Does your organisation assist people from CALD communities who are experiencing family violence?

3. If someone from a CALD background is referred to your agency/organisation for assistance, in your experience, who are they most often referred by?
    a. Does this differ at all from the general population?
    b. If yes, why do you think this is?

4. In your experience, are there any identifiable barriers to people from CALD communities seeking assistance with family violence when compared to the general population?
    a. If yes, what are these barriers?

5. In your experience, is there a greater or lesser demand for your services from CALD communities when compared with the general population?
    a. Why do you think this is?

6. Do you face difficulties in engaging people from CALD communities experiencing family violence in accessing your services?

7. Are there any measures in place or practices your organisation has adopted to facilitate access by people from CALD communities?
    a.   If yes, what are these measures/practices?
    b.   In your opinion, how effective are these measures/practices in facilitating greater access by CALD communities?

8. In your experience, for people in CALD communities, who is the first point of disclosure?
    a. Does this differ at all from the first point of disclosure for the general population?
    b. If yes, why do you think this is?

9. In your experience, are there any identifiable barriers to people from CALD communities in the City of Whittlesea seeking assistance with family violence when compared with the general population?
    a. If yes, what are these barriers?

10. Are there any gaps in family violence service provision for CALD communities in the City of Whittlesea?

11. If yes, are there any ways in which these gaps in family violence service provision may be addressed?

12. Are there any models for service provision in the City of Whittlesea that work well for CALD communities?

    a. If yes, why do you think this is?

13. Are there any case studies that you have come across that illustrate barriers faced by people from CALD communities in accessing assistance with family violence?

14. Are there any case studies that you have come across that illustrate people from CALD communities effectively overcoming barriers to accessing services?

APPENDIX 3

Whittlesea CALD Communities Family Violence Project

Interview Format

Cohort 3: Community & Religious Leaders

1. Have you ever been approached by someone seeking assistance/advice in relation to family violence?
   a. If yes has this happened more than once?
   b. If yes, how often are you approached for assistance/advice in relation to family violence?

2. If you have been approached for assistance/advice who has approached you?
   a. Victim
   b. Perpetrator
   c. Friend/family member/concerned bystander of victim
   d. Friend/family member/concerned bystander of perpetrator

3. Which group most often approaches you for assistance/advice?

4. Why do you think that people in your community choose to approach you in relation to family violence?I

5. When you have been approached for advice/assistance what has that person been seeking? (e.g. information about their rights, information about where to get assistance, a sympathetic ear, direct intervention etc)

6. What assistance/information or advice have you offered them?

7. Why did you offer that particular information/assistance/advice?

8. Have you ever referred the person to an agency/organistion(s)?
   a. If yes, which one(s)?
   b. Why did you choose to refer to that particular agency/organisation(s)?
9. To your knowledge, when you make referrals to an agency/organisation(s) does the person actually go on to seek assistance from that agency/organisation(s)?

10. When you have been approached for assistance in relation to family violence, how well informed was the person seeking assistance about:
    a. Family violence generally? (e.g. recognition of what constitutes family violence and whether what they are experiencing constitutes family violence)
    b. Support services available to them?
    c. Their legal rights in relation to family violence?
11. Do you feel comfortable in your role as someone who is called upon to give advice/assistance about family violence and to people experiencing family violence?

12. How confident are you about giving assistance or advice in relation to:
    a. Family violence generally (e.g. what constitutes family violence?)
    b. Family violence support services?
    c. Legal rights in relation to family violence?

13. Is there anything that you need to enable you to feel confident offering assistance/advice in relation to family violence?
14. In your experience, is there a greater or lesser demand for your services from CALD communities when compared with the general population?
15. Have you ever attended any formal training in relation to family violence?
    a. If yes, please describe the training you attended?
    b. Would you say that it was beneficial?
    c. If yes, whey was it beneficial?
    d. If no, why wasn't it beneficial?

16. In your opinion, is there anything that your community needs to assist them in relation to family violence?