

Domestic Violence and Sexual Health

Multicultural Sexual Health Network (MSHN) Forum
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mshn

multicultural sexual health network

Produced by
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Introduction

The Multicultural Sexual Health Network (MSHN) is an initiative of Multicultural Health and Support Service (MHSS), a program of the Centre for Culture Ethnicity and Health (CEH). MSHN is a platform that brings together stakeholders from different sectors—such as health, youth, settlement, education, employment and housing—to discuss strategies to address emerging blood borne viruses (BBV) and sexually transmissible infections (STI) affecting asylum seekers, refugees, migrants and international students.

MSHN acts as a hub for information sharing, improving referral pathways, enhancing service coordination and multi-sectoral advocacy. The network enables a more effective and strategic approach to addressing BBV and STI in refugee and migrant communities.

To coincide with White Ribbon Day in November 2015 the Multicultural Sexual Health Network ran the forum, *Domestic Violence and Sexual Health* at the Multicultural Hub, Melbourne. Seventy people attended the forum to hear from speakers: Darlene, Roshan Bhandary, Dr Regina Quiazon, Dr Joanne Gardiner and Dr Ruth De Souza. The objective of the forum was to examine the complexities of domestic violence, especially for women from refugee and migrant backgrounds and explore links between domestic violence and negative sexual health outcomes.

Promoting healthy relationships is an essential part of promoting sexual health and preventing blood borne viruses (BBVs) and sexually transmissible infections (STIs). The limited literature available on the impact of domestic violence on sexual health predictably shows domestic violence impacts negatively on the sexual health of women who experience it. Improving our understanding of domestic violence and the distinctive forms of disadvantage faced by women from refugee and migrant backgrounds, helps us to serve our communities with more appropriate approaches to preventing BBV/ STIs and promoting good health.

Presentations

Darlene, RAMP Coordinator, [Women's Health West](#)

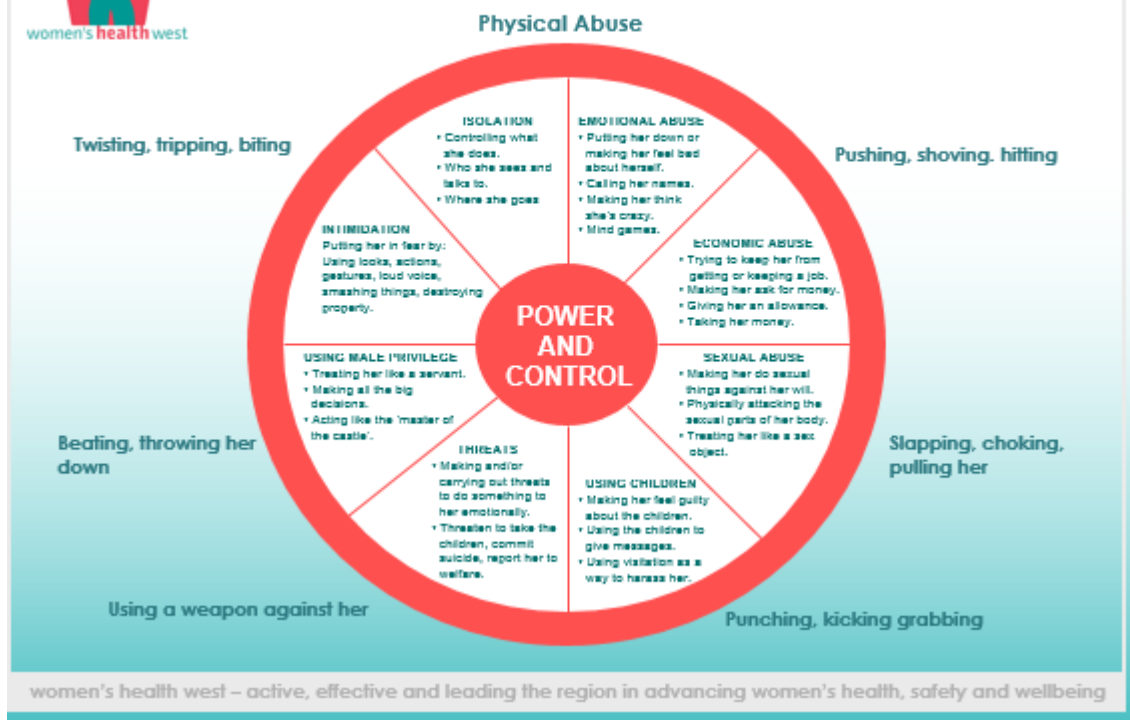
Darlene laid the foundations for the morning introducing domestic violence, including theories of domestic violence, legislation around domestic violence, indicators of domestic violence and responding to disclosures or suspicions of domestic violence.

Some of Darlene's key points included:

- Family violence is gendered in nature and the social and structural inequity and power imbalance between men and women drive it.
- Family violence is about power and control and is a choice.

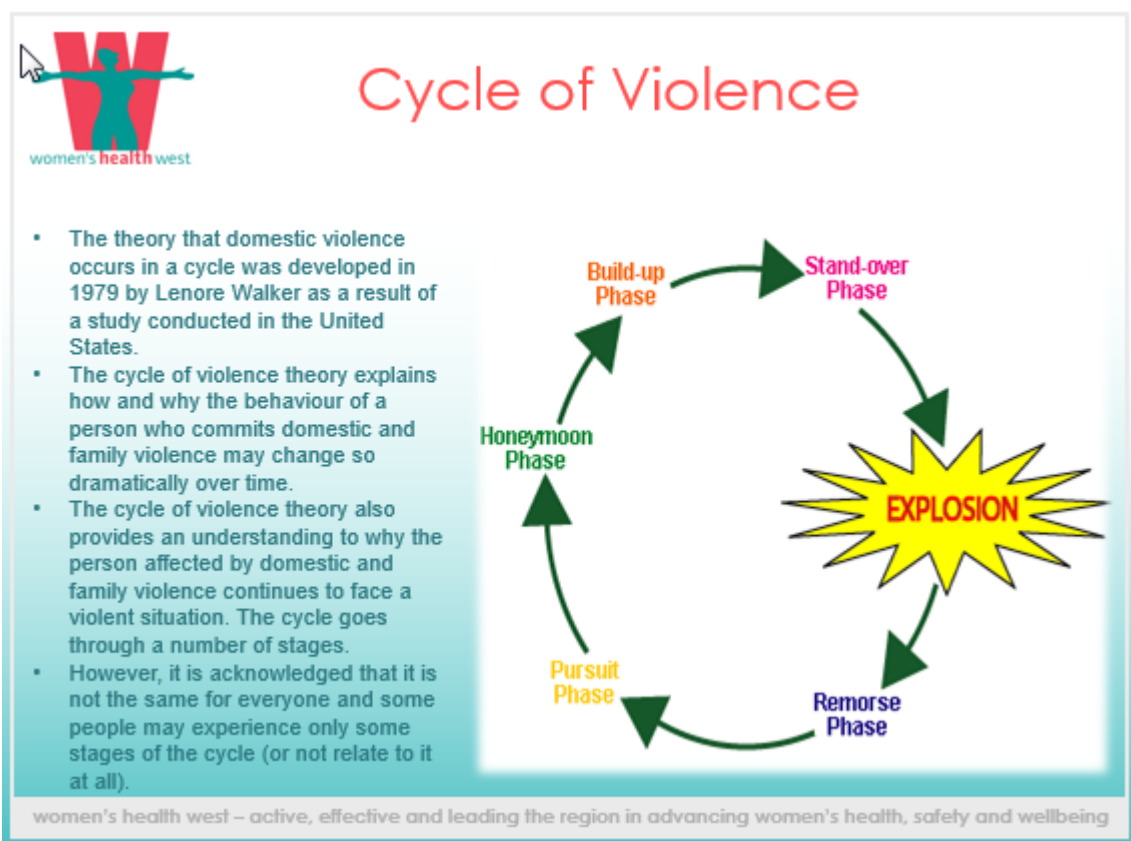


The Different Forms of Violence



- Women are further marginalised if they experience disability, are elderly, young, from refugee and migrant backgrounds, indigenous or from low socio-economic backgrounds and will experience higher rates of family violence.
- One in three Australian women will report being a victim of physical violence and almost one in five will report experiencing sexual violence.
- For Victorian women aged 15-44, family violence is the leading contributor of death, disability and illness.
- Family violence was estimated to cost the nation \$13.6 billion in 2009, with an expected rise to \$15.6 billion in 2021.
- Police referrals received by Women's Health West increased from 708 in the 2006 – 07 year to 8452 in the 2014 – 15 year.
- Unhelpful responses to a disclosure of family violence include talking down to the woman, telling a victim what they should do and judging a victim.
- Good responses to disclosures of violence include listening non-judgementally, validating the woman's decision to disclose and emphasising that the violence is unacceptable and that she does not deserve what is happening to her.

- There are many and varied indicators of family violence including unexplained bruising and injuries, miscarriage and other pregnancy complications, sexually transmitted diseases, social isolation and emotional distress.
- It is important to ask very broad question's when a woman has not disclosed violence, but it is suspected: How are things at home? How are you and your partner relating?
- Safety plans are step by step plans for women and their children on how to leave an unsafe situation safely, they should include emergency contact numbers, numbers for family violence organisations and identify safe places and friends or neighbours where the woman can go to when she is in danger.



“I have had women who have told me this (Cycle of Violence) happens to them once a year or twice a year, and for some women it happens every couple of days. So they go through the explosion, then the remorse phase when the perpetrators say they're sorry, then the pursuit phase, when the violent person is trying to win the other back. The honeymoon phase when everyone gets along and things are going well and then there's the build-up and stand-over where the woman is walking on eggshells, you can imagine how this can affect her mental health.”

Roshan Bhandary, Program Manager, [inTouch Inc. Multicultural Centre Against Family Violence](#)

InTouch have been working with victims and survivors of family violence from refugee and migrant backgrounds, for more than 30 years. Roshan discussed the factors that lead to increased vulnerability to ongoing domestic violence for women from refugee and migrant backgrounds.

The eight categories of abuse include: physical, verbal, financial, sexual, emotional, social isolation, spiritual and stalking:

Physical

- Many InTouch clients believe that family violence means something that has to result in serious injury or hospitalisation and other types of abuse are not recognised as family violence as they have been normalised in their communities.
- Slapping, hair pulling and spitting may not be recognised as abuse by many people as it doesn't leave them with a bruise.

Verbal

- Across the board many people believe that verbal abuse is just a part of being married or a part of being in a relationship and do not know that it is considered violence in Australia.

Financial

- This is a major issue for InTouch clients, who may not be literate in their own language let alone English.
- When clients decide to separate from their partners they may find themselves in huge debt after being tricked or coerced into signing loan papers. Clients have told InTouch workers: "my husband says this is the school admission form for our child, and this is the place where the mum signs", without having knowledge of the language or with a power imbalance, she signs loan documents and ends up with debt in her name.

Sexual abuse

- This is a highly taboo subject for most clients.
- In many communities marital rape is not a recognised concept as there is no concept of consent. It is considered part of being married and many women would not offer information about this voluntarily.

Social Isolation

- Refugees, migrants and asylum seekers usually don't have a strong support structure in place and the experience can be inherently isolating.
- Advice to contact family members or friends if they're in danger might not work. It can also be difficult for them to ask their neighbours to call police if they are in danger as language can be a barrier.

Spiritual abuse

- Spiritual abuse can take on different forums, it can include:
 - o Denying someone the freedom to practice their religion or not allowing them to display objects of faith in their homes
 - o Using spiritual texts to justify violence or minimise the impact of violence, for example a husband might tell the wife that it says in the spiritual text that a woman should always obey and should tolerate violence.

Stalking

- Innovation in technology is increasing this risk, particularly in situations where the InTouch client is not very technological literate but the abuser is.
 - Perpetrators can track women's phones or use things such as icloud to track or locate women.
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- Two women are killed by a current or former partner every week in Australia, this is an alarming increase, as it was 1 a week until about six months ago. There was an eight percent increase in the number of family violence incidents in the last financial year, reaching 69,442 reported cases and we know that there are many who do not report.
 - The greatest risk factor for family violence is being born a woman. Other risks include young age, pregnancy, the period of separation or voicing a plan to leave.
 - Women with a disability are at a higher risk of family violence, women with an Indigenous background are 35 times more likely to experience family than non-Indigenous women and women from CALD backgrounds have additional barriers and challenged in terms of recognising family violence, disclosing and seeking help.
 - For women from CALD communities, language is the biggest barrier and issues with interpreters is an additional barrier. In smaller communities and more newly arrived particularly, most people know each other and interpreters do not always follow their code of conduct. There have been many incidents where the woman has become a source of gossip in the community after using an interpreter, or where interpreters have refused to interpret for a woman at court because they think the woman shouldn't be going there.
 - Fear of authorities is acute for many InTouch clients, especially those from refugee backgrounds or women who have come from conflict areas or where police and the justice system are easily bought. Many women are afraid to call the police as they believe the police will take them to jail because in their experiences the police favour men or people who have money or power.
 - Visa dependency is a significant issue for InTouch clients, with one third of their clients being on spousal visas. A lot of women think they have to tolerate abuse as their perpetrators say "if you don't do this, I'll report you and you'll be deported because your visa is dependent on me". Often victims of family violence can get their own permanent residency.
 - Complex family dynamics sometimes means that there is more than one perpetrator, such as in-laws, which further complicates the situation.
 - Window of Opportunity, Cultural Misunderstanding Video:
<https://www.youtube.com/watch?v=RVsQ4Vsb02M>

Dr Regina Quiazon, Senior Research and Policy Advocate, [Multicultural Centre for Women's Health](#)

Regina discussed the systemic issues and distinct forms of disadvantage experienced by immigrant women which underpin intimate partner violence.

- The Multicultural Centre for Women’s Health work in the primary prevention end of violence against women.
- Cultural diversity issues are very complex and we need to acknowledge that all cultural interactions and any issue that might involve multicultural communities, different ethnicities and cultures will be a challenge.
- Intersectionality is about looking at culture in a more nuanced and sophisticated way.
- We know at an international level that intimate partner violence is related to negative sexual health outcome, but there is little research on this in Australia.
- An emerging concern is about understanding what we term as abuse and recognising the many different forms of abuse.
- There is a lot of work in the US about reproductive justice and reproductive coercion, which is about male partner pregnancy controlling behaviours, whether that is birth control sabotage (for example, throwing pills away or forcing a woman to have unprotected sex) or pregnancy pressure, with the male partner saying things such as “you’d have a baby if you really loved me” or “everything would be okay if we just had a baby”.

Violence and sexual health: what the evidence tells us

- ▶ Intimate partner violence leads to a host negative sexual and reproductive health outcomes (WHO 2012)
- ▶ Unintended pregnancies are two to three times more likely to be associated with IPV (Miller and Silverman 2010)
- ▶ Women in violent relationships have higher rates of poor reproductive health including unplanned pregnancies and STIs (Children by Choice 2014)
- ▶ More research required in Australia

Sexual and Reproductive Health

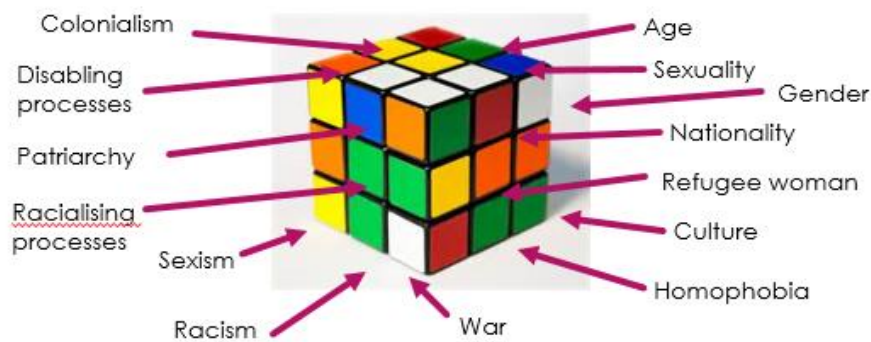
16%
more likely to have a low birth-weight baby

1.5 TIMES
more likely to acquire HIV and 1.5 times more likely to contract syphilis infection, chlamydia or gonorrhoea

- While it is becoming more widely known that control and power are the main issues underpinning these forms of violence and abuse, we still have a long way to go into understanding why this happens.
- The results from VicHealth’s national community attitudes survey in 2013 show that only 18% of Australians recognise that unequal power is the main cause of violence against women and 64% think violence against women is because men can’t control their anger. Understanding why violence occurs is the first step to preventing it.

- We know that systems, norms and practices around migration and settlement create distinctive forms of disadvantage for immigrant and refugee women. This only comes because it intersects with a whole range of other factors: contextual factors around what is happening socially, historically, politically, economically, all these factors create 'isms' like racism, and discrimination and I wanted to highlight the AND, because the migration journey and settlement does cause quite a bit of discrimination for women. Additionally, our systems and processes embed that discrimination and marginalisation even further. Put simply we need to see culture as a Rubik's cube, we need to see all these different parts of our identity, because being a man or a woman isn't the only thing that really governs who we are.

Put simply:



Systems, norms and practices around migration and settlement can create distinctive forms of disadvantage AND Intersect with a range of contextual (historical, social, economic and political) factors which can lead to racism, sexism and discrimination

- OurWatch recently released the international framework for the primary prevention of violence against women and children. This framework explicitly articulated the link between gender inequality and all forms of violence against women.
- We need to look at enhancing our cross cultural understanding and strengthening positive, equal and respectful relationships.
- We need to understand that every interaction we have when working with refugee and migrant women is cross cultural, and to think about the many aspects on the Rubik's cube.
- We need to provide equitable access for refugee and migrant women's issues, visa status and entitlements, particularly for health services.
- We need to engage qualified interpreters and look at using a qualified bilingual workforce.

Dr Joanne Gardiner, GP CoHealth Kensington; GP Counsellor, Refugee Mental Health Clinic, Foundation House; Refugee Health Fellow, Royal Melbourne Hospital; Chair, Victorian Refugee Health Network.

Joanne talked about her experiences of working with families in general practice. Joanne shared anecdotes which highlighted key issues faced by women experiencing violence and offered strategies for managing these situations.

“I was working in a community health centre, and the family came in for a refugee health assessment– mum and dad and the children. I took the history and had a chat to them all, then the nurse whisked Dad and the kids out to weigh them and measure them and take their temperature. The minute the door closed, the mother spoke up and with the aid of the interpreter said ‘I want to tell you, I want another house, I want to leave this man, we have been married for 17 years, he’s abused me for all that time, except for when we were in the refugee camp and he had another wife.’ It dawned on me that she had never been able to tell anyone that, because all of her settlement workers had interviewed the whole family together and they had never been separated.”

- Always interview the husband and wife separately. It’s really basic but it only struck me for the first time and full credit to her, because I wouldn’t have thought to ask her that, she volunteered it, very bravely to a person she didn’t know.

“I have seen abuse perpetrated by fathers and brothers, quite violent abuse that has caused women to seek refuge and one particular patient of mine was abused by relatives for not wanting to do her share of the housework and not wanting to marry the partner they chose for her when they came to Australia.”

- Perpetrators are not always intimate partners, but can be fathers and brothers.

“Another group that I’ve seen of particular concern are children who come over on an orphaned child visa and they are brought over by cousins or an aunty or uncle or someone like that and those children can be at particular risk because they are young, 12, 13,14 and they may not have the words to talk about their problem.”

- It’s very important to ask the questions “how did you come to Australia?”, “when did you come to Australia?” “what visa did you come on?”, “what language do you speak and do you need an interpreter?”. This can help establish the context in which she may be dependent or perceive herself to be dependent on the perpetrator/s.
- The issue of interpreters can be particularly difficult. Confidentiality can be a problem, especially in smaller communities when the interpreter may know the client.
 - o You don’t need to tell the Translating and Interpreting Service the clients name

Discussion

In the second part of the morning, small group discussions, report back and panel responses were facilitated by Dr Ruth De Souza from CEH.

Participants were given 20 minutes in small groups to discuss a key point from the presentations that strongly resonated with them. Each group then had one minute to report back to the wider group. The panel then identified some points from the group discussions to respond to.

The panel responses were clear calls to action for participants, these included:

- There is a lot of risk and complexity in terms of working with interpreters, especially in smaller communities where it is common for interpreters to know clients. This poses many potential issues, such as breaches in confidentiality, or the interpreter knowing the client or the perpetrator. The smiley face tool for a client to say if they are comfortable or not comfortable with a particular interpreter, would be a great initiative to empower clients.
- While changing power dynamics is often used as a form of analysis as to why violence may start happening, these changes may have already been happening in their home country, so we need to start talking about the migration context and structural issues. Structural issues include things like employment and the way Centrelink is structured, if we look at these we may have a better way of solving the problem
- . We need to think about how we can properly resource interpreter services at each hospital, at each domestic violence crisis centre. These are the things we should be screaming from the rooftops and demanding and supporting a multicultural workforce. The only way to get there is if everyone sees themselves not only as service providers but also as advocates. Change is glacially slow, but we just have to keep chipping away at it.
- We need to create an awareness in the community, engaging communities to create awareness and engaging them to change their attitudes and behaviours – this is a long term process.
- There needs to be investment into the research of the direct impact of domestic violence on sexual health in Australia.

Recommendations

- Increased resources going towards research which explores the links between sexual health and domestic violence.
- Provide capacity building for both primary and secondary schools to implement respectful relationships education confidently and competently to students, including those from diverse backgrounds and with diverse sexualities.
- Improve access for women seeking domestic violence support whilst on a spousal visa.
- Allocate resources to address the distinctive forms of disadvantage faced by refugee, migrant, asylum seeker and mobile populations.
- Increase resources for multicultural family support programs.
- Increased support for projects working with males to prevent domestic violence.

Resources & Links

InTouch Multicultural Centre against Family Violence <http://intouch.asn.au/>

Multicultural Centre for Women's Health <http://www.mcwh.com.au/publications.php>

Women's Health West <http://whwest.org.au/family-violence/>

Domestic Violence Resource Centre Victoria <http://www.dvrcv.org.au/>

Love: The good, the bad and the ugly <http://lovegoodbadugly.com/>

Bursting the Bubble <http://www.burstingthebubble.com/>

Victorian Centres Against Sexual Assault <http://www.casa.org.au/>

1800 Respect <https://www.1800respect.org.au/>