

The Right to be Safe from Domestic Violence: Immigrant and Refugee Women in Rural Victoria



Immigrant Women's Domestic Violence Service
May 2006

Copyright

State of Victoria

First published State of Victoria

ISBN- 9757832-0-3

Written and Researched by Success Works for the IWDVS

Funded by: Department of Human Services Victoria

Edited By: Well Cut Words

Desktop Publishing: Marilyn Hanson

Printed by: Fishprint

Immigrant Women's Domestic Violence Service

GPO Box 2905

Melbourne Vic 3001

Phone: (03) 8413 6899 (admin line)

Fax: (03) 9898 1049

Public Intake: (03) 8413 6800

Country Callers: 1800 755 988 (Freecall)

TTY: (03) 9419 3536 (hearing impaired)

Email: iwdvs@infoxchange.net.au

Website: www.iwdvs.org.au

Disclaimer

The views and opinions expressed in this report are those of the research team and do not necessarily reflect the views of the Immigrant Women's Domestic Violence Service.

Contents:

Acknowledgements	I
Executive summary	III
Introduction	1
1. Perceptions of domestic violence	7
2. Barriers to service delivery.....	13
2.1 Perspectives of service providers	13
2.2 Perspectives of rural immigrant and refugee women ...	16
3. Understanding barriers	21
4. Perspectives on change	29
5. Action priorities	38
Appendix 1: Bibliography	i
Appendix 2. Methodology.....	vi
Appendix 3: Community demographics	ix
Appendix 4: Interview questions	xvii
Appendix 5: Service mapping	xxi
Appendix 6: Focus group communities and locations	xxi

Acknowledgements

This report has been made possible through the generous and invaluable contributions of many individuals and groups in Victoria. The most significant contribution was funding received from the Department of Human Services to undertake the project.

We acknowledge the research team at Success Works who completed the first phase of the project. The research team worked closely with IWDVS Board and staff to develop the methodology and to identify research sites in rural communities.

Thanks are due to members of the project's Advisory Group, many of whom travelled some distance to guide and support the project's inception and progress. The Advisory Group was chaired by Judith Miralles (IWDVS Board) and had as members, Alison Fraser, Senior Family Violence Officer, Department of Human Services, Commissioner Vicki Mitsos, Victorian Multicultural Commission, Litsa Chung, Ballarat Regional Multicultural Centre & NESB Links Inc., Heather McIntosh and Christine Nunn of Project Partnerships/Cutting Edge Youth. Special mention should be made of the IWDVS Executive Officers, Sandie Beswarick and Diana Orlando, whose passion helped shape a meaningful and practical report. Later Corinne Getty and Jacky Tucker of the Department of Human Services assisted in the final editing of the report. Finally, thank you to Marg Jacobs of Well Cut Words for the professional editing of the report.

The research project was a profound learning experience for the IWDVS Board and staff. Staff of IWDVS worked with Success Works to facilitate focus groups. We were fortunate also to have Madeleine Laming, Maria Dimopoulos and Tania Farha to keep a critical eye on the final stages of the analysis.

The value of contributions made by regional community groups and women who participated in culturally based focus groups cannot be overestimated. The researchers were honoured to be welcomed into the group discussions that tackled the very challenging and often uncomfortable issues surrounding family violence. We trust that, through this report, participants will see the value and importance of their contributions, particularly in relation to future action.

We would like to acknowledge all of the regional domestic violence, health, and other workers who participated in the study. These professionals brought with them a range of perspectives- together with frustration with the existing system, there was an ability to devise creative responses, and the capacity to reflect on practice in a critical and courageous way. It is in partnership with these workers that progress has already begun in service responses, and that advances will be possible in the future.

Final thanks must go to those members or leaders of particular cultural communities and community workers in regional areas around Victoria -- both men and women -- who assisted us in arranging and convening the focus groups,

booking venues, and communicating the importance of our work to potential participants. Your efforts were most appreciated.

So as can be seen, this was truly a collective effort; reflecting the commitment of those involved, to work with women from diverse language and cultural backgrounds to take control of their lives. I am confident that you will find much of value in the following pages.

Slavia Ilich
Chairperson

Executive summary

Women from culturally and linguistically diverse backgrounds have the right to live free from family violence. A failure to plan for the growing population diversity in rural and regional areas leaves in place many barriers to action for such women when they are confronted by domestic violence. To explore how they understand domestic violence, and how they respond when it occurs, this report draws on the perceptions and experiences of the women themselves, and on the understandings of workers in rural services.

Focus groups held with women and service providers revealed that the majority of the women had no knowledge of what services were available to them if they were in a violent situation. Most problems were kept within the home; however if women were intending to disclose situations of violence, confidentiality was a necessity. When they did finally decide to take action, women were more likely to approach mainstream services (for example police) than crisis or domestic violence support agencies.

Although for all women—rural and urban, including immigrants and refugees—many of the barriers to disclosing violence and taking action are the same, culturally and linguistically diverse women in rural areas face additional obstacles: language difficulties, xenophobic community attitudes, fears about immigration or residency status, and physical and cultural isolation. However according to the participants in this project (both women and service workers) services themselves can present even further obstacles. Few workers come from immigrant backgrounds, and there is a need for cultural sensitivity training. As a result, local women are afraid to approach services or are unprepared to trust the staff.

The range of similarities and differences between and amongst culturally and linguistically diverse women in rural Victoria and women in the broader community points to the need for flexible, culturally sensitive and diverse responses. Recognising their differences, and the factors that enable women to act, are critical to any future solution. It is clear from the interviews that women must have access to the supports that enable them to exercise their rights and functions as independent citizens: to adequate housing, medical care, interpreters, child care, education and training—particularly English language training—transport, employment and income. Culturally and linguistically diverse women approach their rights not in isolation but in relation to these social, legal and financial issues, pointing to the importance of developing links between service types, and integrated service delivery strategies.

For women to have access to social supports, the legal and social welfare systems need to consider responses that take diverse values and experiences into account. For example a service approach that advocates 'all or nothing' responses to domestic violence neglects to frame violence in a broader context of safety that

might take into account safety planning and flexible response. Limited service responses have emphasised women leaving the home, and the notion of crisis support. But if young teenage children of the dominant culture are threatening a woman's children with knives and telling them to 'go back to where you come from', aggression in the home is likely to be considered a secondary threat.

Women from newly arriving migrant communities are clearly grappling with a range of fundamental survival issues for themselves and their families. While settling in a new community inevitably involves difficulties and complications, if they have no access to information and few relationships outside the home, culturally and linguistically diverse women who face domestic violence are left with few or no choices for action. Of most significance is the importance of relationship. It is *who* women know that ultimately exposes them to people or information that can provide them with support. Whether the relationship be with the family doctor, the TAFE teacher, the worker at a Migrant Resource Centre, someone from the ethnic community council, or a senior community leader who has links with local services, it is through relationship connections that most women obtain the information they need.

Action priorities

Building relationships

1. Service practices and models of resource allocation should reflect the importance of relationships, with priority given to the following as a means for delivering improved outcomes:

- a). *Involvement of workers in existing networks; seminars; and social, activity or education groups where there are immigrant and refugee women, as a means for establishing communication and building trust.*
- b). *Set up opportunities for workers to engage with immigrant women in a non-threatening setting, where women can meet each other: community information days or expos, special events, school open days for example.*
- c). *Facilitate opportunities for immigrant and refugee women to meet, talk with and learn from other women in a non-threatening context: for example classes, activity and support groups, school canteen, playgroups.*

Organisational and staff development

2. Service delivery organisations and their staff should be recruited with cultural diversity in mind; training, resources and networking opportunities should be provided to staff to improve outcomes for immigrant and refugee women:

- a) *Introduce, increase or update cultural diversity training for workers.*
- b) *Provide diversity resources and tools (such as manuals and websites) for workers.*
- c) *Develop, improve and build upon professional networks.*
- d) *Provide training for professional staff in the use of interpreters.*
- e) *Recruit staff with cultural diversity in mind.*
- f) *Build opportunities for reaching out to a community's diverse client base, such as through links with local cultural or ethnic community workers.*

-
- g) *Develop processes that are inclusive of and responsive to the needs of women.*
 - h) *Develop processes and networks for culturally and linguistically diverse services, domestic violence services and mainstream services to work together to respond to the needs of women in rural Victoria.*

A strategic approach to overcoming barriers

3. A strategic approach to overcoming barriers for women requires communities, decision makers, service providers and local immigrant women to work together and in response to the women's particular circumstances:

- a). *When planning responses to violence, involve all members of the community.*
- b) *Develop strategies for working with women that respect and value cultural difference.*
- c) *Obtain statistical information on cultural diversity in the local area, and survey the client base.*
- d) *Meet with immigrant and refugee women in the local area to discuss their needs.*
- e) *Increase the capacity of staff in primary and universal services to recognise when immigrant and refugee women may be in a violent situation, and to raise awareness of appropriate processes for responding, (for example avoiding unnecessary referral).*
- f) *Address some of the legal, language and procedural barriers that may cause immigrant and refugee women to fear taking action.*
- g) *Provide inclusive options to women for action, safety planning and/or escape.*

Provision of information

4. Modes and methods of delivering information need to be reviewed and improved, with the requirements and preferences of immigrant and refugee women in mind:

- a) *Ask local immigrant and refugee women about their information needs and preferred methods of delivery.*

-
- b) *Use non-printed as well as printed forms of communication, for example through public talks, existing groups, radio, TAFE classes.*
 - c) *Provide multilingual printed material and distribute this in places where women have ready access.*
 - d) *Increase the capacity of staff in primary and universal service delivery areas to make information about their options available to women—translated into relevant community languages and including non-print media.*
 - e) *Make information about interpreting services available to women.*

Joint action

5. Advocacy bodies, local women's organisations and service deliverers will gain maximum benefits through joining forces to lobby, along the lines of immigrant and refugee women's stated priorities:

- a) *Employ more bilingual workers; where possible employ community workers, counsellors and service staff from language backgrounds other than English.*
- b) *Work towards improved relations between police and women.*
- c) *Deliver more and better quality information about services, and about women's basic rights, in community languages, using print and non-print media—including material distributed on arrival in Australia.*
- d) *Address interpreting and translating needs.*
- e) *Improve community transport between towns and to remote locations.*
- f) *Develop strategies to encourage employment of more women doctors locally.*

The Right to be Safe from Domestic Violence: Immigrant and Refugee Women in Rural Victoria



Introduction

Immigrant and refugee women are living in rural and regional Victoria — and although we understand much more than we did ten years ago about the effects of domestic violence on women and children generally, not much is known about the particular situation of women from culturally and linguistically diverse backgrounds. How do such women understand domestic violence, and how do they respond when it occurs?

The approach of the Immigrant Women's Domestic Violence Service to answering these questions has been to draw on the perceptions and experiences of the women themselves, and on the understandings of workers in rural services. We are hopeful that in this way the project will help services with the process of developing more effective responses to the urgent needs of immigrant and refugee women—who have as much right to live safely as other residents of Victoria.

The Victorian population is tremendously diverse, with inhabitants who 'come from over 200 countries, speak over 175 languages and dialects and follow more than 100 religious faiths' (Government of Victoria 2002:32). The Centre for Culture Ethnicity and Health has drawn on the *Basic Community Profiles* published by the Australian Bureau of Statistics to outline the corresponding diversity in regional areas of the state. In the Loddon Mallee region in 2001, for example, there were people using ten major community languages other than English, and among the population were 199 Arabic, 208 Tagalog (Filipino) and 214 Vietnamese speakers. Furthermore, included in the total of 10,674 non-English speakers in the region were 1,795 who speak an *other* language.

Statistical information and lists of countries of origin are necessary resources in planning responses; however they can take us only so far in exploring the variety of experience and rich diversity of backgrounds represented by the women 'out there'. Someone whose country of origin is listed as the Philippines might have arrived with her family or husband; she might be a so-called 'mail order bride'; or she might be a refugee. Adding to the complexity, at any given time a survey might uncover a person or people who are members of a tiny, newly emerging group of immigrants, about whom very little is known and for whom there are as yet no established services (such as interpreters).

The need for more research

It is estimated that as many as one in five women living in Australia experience intimate partner violence at some point in their lives (Women's Safety Australia ABS 1996). Supported Accommodation Assistance

Although we now understand much more about the effects of domestic violence on women and children generally, not much is known about the particular situation of women from culturally and linguistically diverse backgrounds.

Program (SAAP) statistics show that family violence is the single most common cause of homelessness amongst women and children in Australia. (DHS Victoria, 2002: 9.)

Although it is evident that for all women—rural and urban, including immigrants and refugees—many of the barriers to disclosing situations of domestic violence and taking action are the same, women's varied experiences and circumstances obviously affect their responses. Researchers have consistently found that living in rural areas limits women's ability to respond to violence and may exacerbate its effects. PADV (2001), DoTRS (2000) and others report that women living in rural and remote areas face particular difficulties in disclosing domestic violence and accessing services. These included geographical isolation, lack of services and information, lack of housing, childcare and public transport.

Yet the *risk* of domestic violence to women living in rural areas is believed to be higher than for women living in urban areas (Crime and Safety Survey, ABS 2003): as well as factors such as high gun ownership, there are cultural factors which make achieving safety more difficult for rural women, such as prevailing attitudes and values which may tolerate domestic violence and sexual assault and be unsupportive of women who report it (Neame & Heenan, 2004), DoTRS (2000). In a small town or isolated district, a woman considering disclosing domestic violence is surrounded by people who know each other and where the perpetrator may be in a position of authority.

However rural immigrant and refugee women face even more barriers than other women. Participants from non-English speaking backgrounds in this study included the following examples among the reasons a friend might have for not disclosing or taking action:

'She may find it difficult to talk to someone from another culture.'

'It might be difficult to seek help because of the language problem.'

In one reported instance where a report was made

'The police turned up to one house and entered straight away before the woman had a chance to cover herself. She had to run and hide in another room.'

Such responses point to the need for new perspectives and strategies on the part of regional authorities and services. But overall, there has been a failure to plan for the growing diversity in country Victoria—and this presents a major barrier for immigrant and refugee women.

Previous research such as the DoTRS (2000) and WESNET (2000) reports recognized that for rural women from non-English speaking backgrounds, their geographic isolation is compounded by a lack of

Living in rural areas limits women's ability to respond to violence and may exacerbate its effects. However, culturally and linguistically diverse women considering disclosure face even more barriers than other women.

culturally responsive services and proactive service delivery, which actively engages them. Because immigrant communities tend to be dispersed in regional areas, small and newly emerging communities are at risk of marginalisation. (Babacan 1999)

In one of the few available studies of family violence rates in Australia (the oft-cited, ABS' Women's Safety Australia 1996) the methodology relied on family members to interpret women's responses, thus effectively inviting under-reporting from women who speak languages other than English. As National Health and Medical Research Council (NHMRC) researchers recently observed, the only conclusion that can be drawn from the available literature is that rates of violence in culturally and linguistically diverse communities in rural Victoria are currently unknown. More appropriately designed, targeted research is urgently required (NHMRC May 2002: 27).

New responses

Different cultures have different understandings of what constitutes family violence, varying degrees of tolerance of it and different perceptions of its prevalence. Recent research has revealed that women and men of culturally diverse backgrounds are as heterogeneous in their attitudes to family violence as other Australians (PADV, June 2002; Success Works 2004). Some individuals consider family violence as unacceptable; others tolerate it. For newly arrived communities, the disclosure of family violence may carry the added burden of shame associated with failure in the new country (PADV June 2002: 39-40). Migrant women are often under extreme pressure to keep the family together in a situation where other supports are absent, in a context where English is a second language and the culture and legal system of the new country are not well understood. Where a family has already traversed the difficulties of immigrating together, and where they may feel isolated because of their perceived 'difference', maintaining the integrity of the family unit becomes an imperative.

For all women, rural communities present far more challenges to their safety than provincial towns and cities. As mentioned, rural living is associated with conservative gender roles and a high tolerance of domestic violence that isolates women (and service workers) who try to speak out. In many instances, police have been found to share these attitudes (Victoria Police, 2002). Compounding these problems, increasing rural poverty and the withdrawal of local services due to economic restructuring leaves many women economically and socially dependent on their male partners, and unable to find employment or access training.

Until recently domestic violence services in rural Victoria have generally been limited to crisis response. Workers report that they are unable to

*Recent research
has revealed
that women and
men of
culturally
diverse
backgrounds are
as
heterogeneous
in their
attitudes to
family violence
as other
Australians.*

meet demand across overly large catchment areas. And in the absence of specialist professional services, local medical practitioners, schoolteachers, and religious leaders without specific family violence skills, may provide limited support. In other cases, where local volunteers staff support services, victims may not wish to disclose.

While there has been much positive change in the approach of government agencies to dealing with domestic violence, the pace of change is slow. Initiatives include the introduction of the Family Violence Division of the Magistrates Court and the newly established Victorian Judicial College. Courts must balance an often delicate and complex interplay of factors around culture, gender, and sexuality in approaching their deliberations. Having said this, there are concerns that the court system continues to perpetuate mythologies about the 'passivity' of immigrant women and the 'cultural' acceptance of family violence in communities whose first language is not English. In some instances courts have denied applications for intervention orders on the basis that women should be familiar with the 'extreme patriarchal nature of (their) culture' (Dimopoulos & Assafiri 1995: 21). Of course cultural stereotyping is a system-wide issue, not confined to the courts. For example, typecasting by support service workers can lead to an over emphasis on 'helping' immigrant women overcome their 'cultural deficits' and an under emphasis on the provision of resources and support services to assist them to leave a violent relationship.

Further initiatives within the legal system include the work currently being undertaken by The Victorian Law Reform Commission to review the *Crimes (Family Violence) Act 1987*. The Commission was asked to identify any procedural, administrative or legislative changes necessary to ensure the best response to family violence.¹ One of the key considerations in the review of the Act is the response of the intervention order system to culturally and linguistically diverse communities.

Like the courts, Victoria Police has pioneered a number of positive initiatives designed to respond proactively to issues around domestic violence. Amongst these is the introduction of *Code of Practice for the Investigation of Family Violence* and eleven full-time Family Violence Advisors, establishment (in conjunction with the Office for Women's Policy) of the State-wide Steering Committee to Reduce Family Violence, and a new emphasis placed on the role of family violence liaison officers in Victorian regions. However, concerns remain about the attitudes and responses of police in relation to domestic violence. Fear of police, and the expectation that police will not respond in a timely or supportive manner to calls from immigrant women experiencing family violence, are

The project provided for the varying experiences, perceptions and issues facing particular groups by involving women living in a variety of locations and from a variety of cultural backgrounds who have been in Australia for different periods of time.

¹ Victorian Law Reform Commission, *Review of Family Violence Laws: Consultation Papers* (Victorian Law Reform Commission, 2004) p xix

recognised as factors that undermine women's safety (Wakim 2002, Victoria Police 2002).

What remains clear is that there is still much to learn about the attitudes of immigrant and refugee women in rural and regional locations in relation to family violence. What service and information responses work for these women? How are they likely to respond to violent situations? What do workers in their communities consider to be the limitations of service delivery and the impediments to working with immigrant and refugee women in rural and regional areas? Service providers and immigrant women from many Victorian towns, cities and districts have been generous in giving their time and sharing experiences and memories with researchers. This project attempts to weave their words into a more complex and in-depth picture of the current situation.

Gathering data and information for this project

Information for this project was gathered from groups of immigrant and refugee women, and from workers in domestic violence and general services. As experiences vary greatly, women from large provincial cities, medium size towns, and more remote locations were interviewed. Four out of the five rural Department of Human Services regions were covered, as it proved difficult to locate accessible communities of women in one region.

The methodology provided for the varying experiences, perceptions and issues facing particular groups, by involving immigrant groups that had longstanding experience in Australia (e.g. communities of Italian and Greek descent), medium range exposure (e.g. Turkish and Tongan), and who were newly arrived (e.g. Iraqi and Bosnian). Resources informing selections under these categories included the Victorian Community Profiles Census reports produced by the Victorian Office of Multicultural Affairs/Department for Victorian Communities (by ethnic community), and other occasional documents such as Working with Emerging and Refugee Communities produced by the National Ethnic and Multicultural Broadcasters' Council.

Among strategies for selecting particular communities, the team used knowledge derived from recent projects such as the Department of Justice Cultural Diversity Project (2003). Consideration was given to continental coverage, including migrant groups from Asia, Europe, and Africa. Australian Bureau of Statistics (ABS) maps and data were drawn on and a number of community leaders and organizations contacted to explore and verify the existence and concentrations of the relevant cultural groups in the various locations.

Focus group interviews were subsequently undertaken with women from Italy, Greece, the Philippines, Iraq, Kuwait, Turkey, Tonga, and Bosnia. An additional group included women from backgrounds other than these.

*Immigrant women
may be without a
cultural or
community
network... they
may have no
relationship
except with their
partners.*

Numbers in the groups ranged from three to twenty, and interview locations included Ballarat, Bairnsdale, Moe, Shepparton, Morwell, Mildura, and Robinvale. In order to protect anonymity, and because the communities themselves are small and identifiable, this project has not provided any further detail as to which groups of women were associated with which particular geographical areas.

As this is a project of the Immigrant Women's Domestic Violence Service, another consideration for community selection was the extent of involvement and support of the project from staff and workers in the community agencies. If there were a number of cultural communities that met the criteria for inclusion, then the extent of this broader support was also taken into consideration for final selection. Finally, the willingness of local communities themselves to participate has been a consideration.

Researchers held interviews with representative cultural/ethnic bodies and local and peak service providers. A range of other information was secured through searches of the Internet and written literature, cold calling, snowball referencing, and other mechanisms.

Few of the staff in rural services come from immigrant backgrounds; workers cited cultural sensitivity and awareness as an important professional development issue but were not aware of the extent of cultural diversity in the area.

1. Perceptions of domestic violence

How do specific communities of women perceive issues of family violence? It seemed important to us to explore how culturally and linguistically diverse women themselves constructed and interpreted their experience and their situation. Service responses that are not informed in this way are doomed to failure, and in fact may do more damage than good—by feeding into destructive mythologies that suggest no matter how much money is spent, women simply don't want to or can't help themselves. By learning from the women themselves, services are in a better position to explore the barriers women face, to evaluate a set of viable responses and take a cooperative approach to building and implementing solutions that take account of these understandings.

As interviews for this project began, participants were invited to share their definitions of domestic violence, to indicate whether in their communities there was a culture of open discussion about sensitive topics, and to describe what their responses might be to incidents of domestic violence.

Taboo talk – How much do women discuss sensitive issues?

Women in the focus groups were asked to reflect on the degree to which they shared with one another issues of a personal or delicate nature. Their responses revealed a wealth of differing perspectives on what type of information was shared, who it was shared with, and in what circumstances it would be shared. It also revealed distinctions between topics that were okay to talk about, and subjects that were taboo.

One group of women from a long-established community indicated that they talk quite openly about personal issues, although one participant in this group qualified the comments of others by saying that certain things stay between husbands and wives. Another longstanding community of women pointed out that at the beginning of the migration experience, they had only one another to rely on because there were no bilingual health or social workers. Interestingly, some women from longer-established communities said that a family doctor with whom they had developed a relationship of trust might be someone to whom they would reveal information of a 'private' nature. Another group of women commented that they are more likely to talk with one another about health, as opposed to safety issues.

'I like to discuss and share among friends. I learn new things from them, such as new treatments to illness.'

There was a fear, particularly amongst the smaller rural communities, that what started as a confidence shared between friends might snowball into distorted rumour. This fear was expressed more commonly amongst

'I like to discuss and share among friends. I learn new things from them, such as new treatments to illness.'

Women should be aware of their rights and not be judged for taking action to live without violence.

A number of interviewees said that the cultural worker was a person to whom they might go if they had a problem or in whom they might confide.

medium or long-established communities, presumably because linkages and communications were more entrenched in these.

Some women spoke of an inability or unwillingness to disclose sensitive information because of fear of being negatively judged within their cultural group.

'Women should be aware of their rights and not be judged for taking action to live without violence.'

Some of these interviewees suggested that competitive attitudes, jealousy, and the importance of maintaining 'face' in the pecking order meant that many women feared being judged and were afraid to speak out. For these reasons, one interviewee suggested that she would prefer to speak with women from other ethnic communities,

'Where you are not judged and where you are listened to, which I would like to see within my own community.'

In general, but particularly amongst newly-arrived groups, women were hesitant to share their experiences with mainstream workers who were not of the same cultural background, or to visit mainstream services.

'I was once visited by a social worker from [organization unnamed]. She is not a worker (of my ethnicity). She asked me a lot of questions but I will be hesitant to tell her if I have a problem at home. She might not understand me.'

A number of interviews with newly-arrived migrant groups were facilitated through dedicated cultural community or education workers in places such as Migrant Resource Centres, education facilities, or other local initiatives. Such workers were often an immigrant woman's 'way in' to other supports and services in the town or city. A number of interviewees said that the cultural worker was a person to whom they might go if they had a problem or in whom they might confide.

The women interviewed appeared to be prepared to disclose to one another if they considered an individual to be completely trustworthy, and if the issue was not considered too volatile. In relation to domestic violence, the researchers were told time and again by particular cultural groups that no such thing existed in their ranks, or at least none of the participants were aware that any such behaviour existed. This suggests that the topic is one about which women either don't want or like to talk, or that those experiencing violence keep the secret of their circumstances well hidden.

Women's definitions of domestic and family violence

Common understandings of domestic or family violence within the focus groups usually included notions of physical assault.

In relation to domestic violence, the researchers were told time and time again by particular cultural groups that no such thing happened in their groups.

'It includes hitting.'

'Physical— hitting, using guns.'

A number of women extended the definition to other types of physical or emotional abuse.

'It can involve harmful/hurtful words.'

'Throwing things.'

I do not feel that the word domestic violence is appropriate because it seems that it is only referring to violence or physical abuse. I was subjected to an enormous amount of emotional and verbal abuse. As a result of this, I had a miscarriage. I never thought I was in an abusive relationship.

I do not feel that the term, domestic violence is appropriate because it seems that it is only referring to violence of physical abuse.'

Interviewees also commented on the context of violence.

'It's when there are problems in the family'

'Perhaps a husband is using drugs and he comes home in a bad way.'

'Drunkenness may provoke it.'

But for some communities of immigrant and refugee women, the definition extended to personal and social issues that could cause them harm.

'It includes when one of the partners threatens divorce.'

'Unemployment is our biggest problem here – it causes all sorts of problems in the family.'

There was a significant minority of women in almost all of the interview groups who were either silent about this issue, or who did not offer a definition of family violence. In any focus group some participants can be less vocal than others; however feedback from workers and facilitators suggests that some of these women find the topic of family violence is too new, too confronting, or not something they have previously had to define.

'I know of someone who was helped by a maternal and child health nurse with regards her family problems.'

Women's responses in situations of domestic violence

The focus of the interviews moved from more general questions about sharing personal issues and defining family violence, to asking women how they would respond in circumstances where a friend was experiencing domestic violence. The women's comments provided valuable insights into their level, or lack, of knowledge about service options, but also about what they thought were acceptable responses and behaviours in the eyes of their cultural communities and themselves.

When asked how they would respond if a friend revealed injuries sustained in a recent domestic violence incident, women's responses were mixed. Most suggested they would advise their friend to see a

'I wouldn't be sure where to go or what to do.'

doctor, whether for treatment purposes or for 'evidence.' Others said they would advise the woman to report it.

'She should go to the authorities.' 'I will tell her to report it to the police.'

'I will tell her to report it to the police.'

Mainstream services were described on a number of occasions as being the place where women who finally wished to take action really went.

'Again, the women in crises used mainstream services like police and Salvation Army.'

'Violence – we always suggested using the mainstream services.'

'I can say that I will support you but not advise you what to do.'

'I know of someone who was helped by a maternal and child health nurse with regards to her family problems.'

However many participants responded by saying that they were unsure what services or support were available.

'I'm not sure, but is there a special place to go?'

'I wouldn't be sure where to go or what to do.'

'I would like to help her but would not be able to assist her.'

A number said that their responses would depend on the express wishes of their friend—in other words, their actions or advice would depend significantly on whether the friend wanted help, asked for help, or was prepared to accept help.

'It depends on if she wants my help.'

'Even though she has opened up to one person it may be a while before she does anything.'

A significant number of interviewees said that, depending on this need, they would act as listeners.

'[People in our culture] mind their own business. I would probably think she just wants to tell me. Just get it off her chest. I wouldn't think that she wanted me to do something about it. It's her business.'

One participant commented that violent behaviours can fester within the family.

Some raised a concern that if a supporting friend gave an abused woman advice, and that advice led to negative consequences, then the abused woman might lay blame on the friend.

'I can say that I will support you but not advise you what to do. In case the woman takes action which does not work for her and she comes and blames me for it or the husband finds out who helps her.'

'She may find it difficult to talk to someone from another culture.'

A number expressed reticence to become involved at all, for fear that the husband of her friend would physically retaliate. One woman said she would advise the friend not to leave without her children. Others put conditions on their involvement.

At midnight one of my friends rang asking for help because she was in domestic violence. We— me and my husband—went to their house. I spoke to her and husband spoke to him and we managed to patch up their relationship and that was the end of it. I would not get involved if the police were involved.'

We were also interested to find out from women what they thought a domestic violence victim from their communities would actually do—rather than what the women thought they should do. A consistent response to this question was that a victim would likely do nothing. That is, she would remain in the violent situation.

'She may do nothing.'

'Even though she has opened up to one person, it may be a while before she does anything.'

Participants speculated as to the reasons a woman might take no action.

'She may be too frightened to do anything.'

'She may find it difficult to talk to someone from another culture.'

'It might be difficult to seek help because of the language problem.'

'The woman may feel guilty.'

Language differences and lack of transport were cited as other barriers to women's action. The newer communities in particular also spoke of fear and mistrust of the police.

A significant number of interviewees talked about problems being kept within the home and especially within the community.

During all these years we had a couple of cases everyone knew about. Living close to each other, knowing everything. In the past it was a few women who were physically assaulted and one of them stayed with him until the children grew up and moved to Melbourne. After that she separated from him. In our culture they try to hide the problems inside in the house not letting other people know or to find out about it. The women [from our culture] try to show everything is fine at home even if violence is happening for the sake of the children and for the close friends not to find out.

A number of groups in which participants were mostly over the age of thirty (more commonly in the longer-established community groups) commented that younger women were more likely to take action than those from the older generation. Going to the local community/education worker was considered a realistic option. But again, there were provisos.

'We would go to [Jane]—but if she refers us we need to know that the referral is trustworthy. We will not go to see someone if they are going to divulge our secrets or if they are going to take our kids away.'

In summary, throughout the interviews and focus groups held with women and service providers in rural Victoria, it was found that:

- Mainstream services were the place where women went when they finally decided to take action;
- Most participants had no knowledge of what services were available;
- According to a significant number of interviewees most problems were kept within the home; and
- Confidentiality was a necessity if women were intending to disclose violence.

2. Barriers to service delivery

Rural service providers and immigrant and refugee women were asked to describe what they saw as the barriers to effective service delivery. Their perspectives are outlined here.

Chapter Three will provide a closer analysis of the barriers and explore their implications.

2.1 Perspectives of service providers

Physical and social isolation

Workers identified physical and social isolation as one of the most significant barriers to reporting violence and taking action for rural women in general, but particularly for women from immigrant backgrounds. Such women may be without a cultural network; they may lack any other community networks; they may have no relationship except with their partners. Some women may have no access to transport or private cars, or may not have a driving licence. Some can be so geographically isolated that weekly shopping trips into town with their partners and the telephone provide their only contact outside the home. In the home, it can be difficult for women to have enough privacy to use a telephone, particularly when itemised bills reveal details of calls.

Awareness of services

Many workers commented that there were few immigrant or refugee women living in their locale, while others suggested that perhaps such women rarely used their services. There was concern amongst workers that women from culturally different backgrounds did not know much about available services and their purposes; and that even if aware of these services, they were perhaps unsure about how to access them. It was pointed out frequently that much important information was not provided to immigrant women and their families upon arrival in the country. Even when women are aware of services, they can be difficult to access. For example where a particular service provider visits the local area or town on certain days, these days may not coincide with the days that a woman comes into town for shopping.

Cultural sensitivity

Another key issue in service delivery relates to the diversity of workers and staff. Few of the staff in rural services come from immigrant backgrounds. Workers cited cultural sensitivity and awareness as an important professional development issue for those working in their fields.

There was concern amongst workers that women had low levels of knowledge about available services and their purposes.

Interpreting and language issues

Workers raised concerns about access to interpreting services, and the implications for women of using them. First, it was noted that very few local interpreters were available. The availability and time taken to locate an interpreter, and for them to provide a service, can also be onerous. For example, if police are required to attend a home dispute, it is difficult to require that they wait at the location for three or four hours until an appropriate interpreter can be found. One worker commented that interpreting services are prohibitively expensive, while another said that some interpreters are not sufficiently expert to follow the nuances of meaning in a conversation. Added to these issues, workers were aware of a lack of awareness amongst their own ranks about available interpreting services.

It was noted that very few local interpreters were available.

Interviewees pointed out a further difficulty: if an interpreter is drawn from a local community, or even from the relevant ethnic community in Melbourne, local women may fear that such workers will reveal confidences, and that information will 'get around'. Telephone interpreting is sometimes used, but this was viewed as cumbersome and difficult—there also needs to be an appropriate location in which telephone interpreting can take place. Finally, a worker needs to arrange a conversation involving an interpreter and a local woman in a time and place convenient to that woman, particularly if she is in danger.

Local women live in a community where values emphasise the preservation of marriage and stigmatise single motherhood and separation.

In addition to provision of interpreters, some workers saw a need for counsellors and service workers from language backgrounds other than English. Staff also commented that written materials aren't usually available in languages other than English.

Cultural and community attitudes and pressures

According to many workers, women live in a broader rural community where values emphasise the preservation of marriage and stigmatise single motherhood and separation. In such communities there may be a longstanding acceptance of or ignorance about domestic violence—almost a tacit acknowledgement that domestic violence is acceptable. Some workers considered that for women from culturally and linguistically diverse backgrounds, these broader rural values might be exacerbated by religious or cultural pressures to stay with their partners—and a fear that reporting domestic violence will bring their community into disrepute. Workers also felt that women from certain cultural backgrounds had a fear of being disconnected from their own communities and social networks, particularly if asked to relocate to safe houses which may be culturally inappropriate.

'In Safe Houses women feel they have no one to turn to - cannot communicate.'

'In Safe Houses women feel they have no one to turn to—cannot communicate.'

Though in one sense they are invisible, immigrant and refugee women are also exceptionally visible in regional communities because of their different looks or practices. It is hard to be inconspicuous in such a context.

Workers pointed out that many women feel shame about being in a situation of domestic violence, as though somehow they have failed. This influences their decisions to report or not.

Access to social, financial, and legal rights and services — and immigration advice

Workers pointed out that some women in violent situations may not be physically beaten, however they can be subject to other types of abuse. For example if a woman doesn't work outside the home, she has less access to social networks, and may also be under the financial control of her partner. Workers suggested that access to finance is a significant issue in many rural communities, and that what little money is available may be managed and controlled by the partner.

Workers also emphasised that some women feel unsure about legal issues, particularly residency and immigration status. Some of these women stay with partners for fear of being deported. As one worker put it,

When a domestic violence situation occurs while she is waiting for a visa [a woman] becomes confused [about] whether to seek assistance for the fear of being returned to her original country. There is a fear amongst many [immigrant and refugee] women that the government may reject her application for a visa because of trouble within her marriage.

Both workers and women are put in a difficult position: some clients without residency status may not be able to use services because they do not 'officially' exist within the system.

We had a woman who had left a violent situation, gone to a refuge, been referred to us, and we've been unable to access Centrelink assistance for her because she has no ID. She has no money to access medical services, nothing. It seems to be a further abuse to a person who has already suffered so much and is trying to get away from it—the system becomes abusive. Women have gone back to a violent situation because they just cannot survive on their own financially.

Psychological and personal barriers

The psychological effects of domestic violence on women's sense of self, agency, and capacity to make informed choices cannot be

'She has no money to access medical services, nothing. It seems to be a further abuse to a person who has already suffered so much.'

Some women feel unsure about legal issues, particularly residency and immigration status ... some stay with partners for fear of being deported.

underestimated. The pattern of control established in violent households, and the fear that most women feel, can limit their ability to take action.

Many workers described men who use violence as being ‘crafty’—able to manipulate and represent situations in such a way as to further isolate women.

‘Another issue is that perpetrators are crafty, they may have experienced domestic violence themselves, so their behaviour is a learned behaviour. They also know how to brainwash their women to keep secret.’

Stories are related of women being prevented from learning English or learning how to drive—in one instance a woman was even chained up, except when her husband required that she do the housework. As mentioned above, perpetrators can check details of telephone bills, or accompany their partners to social services so that nothing in the woman’s life is private. This can make escape seem almost impossible.

Women can suffer from a lack of self-confidence that comes from being a victim of domestic violence,

‘So they have become too afraid to speak to people, let alone ask for help.’

2.2 Perspectives of rural immigrant and refugee women

Physical and social isolation

A number of the women’s interview groups discussed physical isolation. One group complained about a lack of accessible public transport between regional centres: this is problematic because many services are located at the larger regional centres. A woman spoke about the ‘placement’ of public housing in areas that increase social isolation. If housing is in a segregated or isolated part of a town or location, it can prove very difficult for women to remain linked to their own communities, and to the regional community in general.

Interpreting and language issues

Access to interpreters was a key issue in this study. We were advised that some doctors have to book interpreters two weeks in advance. On the other hand, women made it clear that many doctors and professionals either won’t, can’t, or don’t know how to engage interpreting services. In such circumstances, individuals have to rely upon friends and family to interpret for them or, alternatively, pay agency rates for interpreters.

Cultural and community attitudes and pressures

Interviewees described a range of cultural and community attitudes as affecting their capacity to act. For example, some described the shame

Women can suffer from a lack of self-confidence that comes from being a victim of domestic violence.

Access to interpreters (or lack thereof) was a key issue in this study.

‘It would be a source of shame for a woman [from my culture] to go to a refuge.’

that would probably be felt by those in a violent situation, including the degrees to which such individuals might go to hide their circumstances.

There is no refuge or shelter in [our town]. If there was, women [from my culture] wouldn't use it—women [from my culture] like to do things for themselves. They like to solve their own problems. It would be a source of shame for a woman [from my culture] to go to a refuge.

The frustration caused by the barriers to disclosure of 'private domestic issues' was nowhere more evident than in the comment of one focus group interviewee, who spoke of her years of abuse.

Why did you not bring this information 20 years ago? I have suffered for 46 years and after all I have gone through and had to put up with he left me with another woman. I did not speak about my situation to anyone, could not move around my own home freely, always fearful of [him]. Even after I became a grandmother he hit so hard my eardrum burst. After this incident he never hit again but he was worse with his verbal and other form of abuse. Now I am free from him and his abuse but not from the gossip from the community. They talk behind my back, they blame me for him leaving with another woman. They say I was abusive towards him and that's why he left. Why didn't I talk to anyone? I did have close friends- and I had no family in Australia. I was fearful of losing my friends because of him. There is a saying, "Man is the sky- woman is the ground and ground will take rain". Our community will judge women unfairly no matter what she puts up with. Women are very judgmental of other women, judging them unfairly. Still at community functions they . . . are talking about me. People will try to keep a couple together no matter what. Now women instead of talking to one other have turned to minor tranquilizers. They are just "popping pills".

This woman reveals that the cost of silence is borne in many ways: through violence perpetrated by the partner, through community attitudes which blame the woman, through isolation experienced within the community, and through potential self harm by the victim herself.

A number of interviewees reported discriminatory treatment, which they attributed to their language differences. This treatment extended even to those members of their communities who were in professional employment locally.

A number of interviewees reported broader discriminatory treatment, which they attributed to their language differences.

Women in the focus groups often drew attention to the impact of broader social issues on families and family violence.

'Professional workers are forced to work as volunteers as the services refuse to pay or organize interpreters at sessions. Or [they] ask patients to cover the cost.'

However there was also a comment from one interviewee that local ethnic organizations could sometimes be more concerned with enforcing traditional values and behaviours than with the woman's safety. This was echoed in comments from some of the workers.

Access to social, financial, and legal rights and services

Women in the focus groups often drew attention to the impact of broader social issues on families and family violence. A number of groups—particularly those newly arrived—pointed to the devastating effects of unemployment and minimal opportunities for education. Some were frustrated that they or their partners were qualified in trades or professions that they couldn't practice in the new town or area because their original qualifications were not recognised, or their level of English competency was an issue.

The women in one newly arrived group feared for the safety of their kids because of mainstream racist behaviours. They spoke of their children being threatened with knives, and their fears that their children would be forced to retaliate.

Knowledge and perception of services

There were varying levels of knowledge about services amongst women in the different communities.

'[Organisation X] is a service. But isn't it mainly for children?'

'There are social workers near the main clinic. They are very helpful.'

'English language support is available.'

'We have hospitals, doctors, and specialists.'

As might be expected, women from longer established groups had a greater capacity to describe and navigate the service system. Family doctors were often cited as service providers with whom women had built a longer-term relationship, and thus to whom they were prepared to disclose personal or sensitive information.

'We use family doctors for health and problems at home. The doctors are the therapists and counsellors for us.'

Lack of female doctors was seen as a significant barrier to service access for many interviewees. Women also asked that doctors be available who could speak the relevant community language. Interestingly, the question of whether it was preferable to have a doctor in the client's cultural group

There was a greater capacity to describe and navigate the system for those women from longer established groups.

'I want a type of counselling that includes cultural support.'

'The opportunity to meet other women from [our cultural group] gives us a chance to get together and talk about our situation.'

met with diverse responses. Some women favoured this option, while others insisted they would not go to a doctor of their own cultural background due to fear that other members of their community might find out.

Some groups discussed a lack of accessible medical services.

'[Women in our community] are very busy. They work ... often from 7am to 8pm during harvest time. A lot of [us] have lots of kids. They don't see the doctor unless and until they are really sick.'

There were also concerns about the closure of public hospital beds and long waits in emergency services departments.

'It's a long wait in the Emergency Department if you don't have a life and death problem.'

Lack of available or accessible childcare was a concern for women in remote locations, as was the lack of birthing facilities.

In respect to networking with other women, some interviewees were aware of various discussion groups in their local areas, but didn't know how to access these. Others spoke of the benefits of networking groups.

'The support group that meets . . . is very useful. The opportunity to meet other women from [our cultural group] gives us a chance to get together and talk about our situation.'

There were a few groups, particularly those with newly arrived participants, in which many of the women had little or no knowledge of services, except perhaps for the service through which our interviews with them had been organized. For those who did access services, their experiences were mixed.

'With Centrelink, it is very difficult to contact them over the phone. You have to wait for a long time. It is easier if you just go to them. There are two . . . workers [from our cultural group] there and they are helpful.'

A number of participants spoke of services being culturally inappropriate.

She may find it difficult to talk to someone from another culture. The type of counselling in Australia is not effective for me. I want a type of counselling which involves cultural support. I want an interactive type of counseling with a lot of 'lambing' (caring).

'We don't feel very comfortable and if those services employed more bilingual workers, this will be easier for

There were a few groups, particularly those with newly arrived participants, in which many of the women had little or no knowledge of services.

'The police turned up to one house and entered straight away before the woman had a chance to cover herself.'

us to express ourselves and talk about different issues with them.'

Amongst newly arrived communities there were particularly negative perceptions about the police.

'I rang the police because our bike was stolen. The police told me that there are so many crimes that are happening here, it is just a bike! I did not get any help from them.'

Some police officers are racist. I had this experience when our house was broken into by a robber. We rang the police but we were told to go to the police station. At the police station, a female police officer talked to me but I felt that she was racist because I am an Asian.

'In a local street a car was burning. The police were called. When the policewoman arrived she took one look at me and left. The police had to be called again.'

Interestingly, while many workers commented that responses by the police to domestic violence had improved over the course of the years, the preparedness of women from migrant communities to trust the police was dependent on their perception of police action and response overall. Some concerns expressed about the police were equally applicable to other general services. For example, issues around cultural sensitivity were discussed.

The police turned up to one house and entered straight away before the woman had a chance to cover herself. She had to run and hide in another room. If the police absolutely need to come straight away, they should send a woman.

3. Understanding barriers

Taking diverse cultures and circumstances into account

It is important to reiterate that many of the barriers to service delivery identified in this report apply to all women who experience family violence regardless of their cultural background. The barriers for women from culturally and linguistically diverse backgrounds are, however compounded by factors such as language difficulties and cultural isolation. This research has highlighted a range of similarities and differences between and amongst culturally and linguistically diverse women in rural Victoria and women in the broader community—pointing to the need for flexible and diverse responses. Length of time in Australia, geographic location, level of education, self-esteem, degree of networking, community infrastructure, and a host of other factors clearly influenced the experiences of these women, mediated by personal opinion, personal response and individual perspectives. Recognising these differences, and the factors that enable women to act, are critical to any future solution.

Many women in the focus groups felt unclear about, unsure about, and deeply interested in their rights in relation to health, safety, and other matters. It is apparent that the factors that enable such women to exercise their rights in relation to domestic violence are the same factors that underwrite their ability to participate as citizens in their new country. Women's rights to safety must be actively protected under law, and these rights must be enforced by the police and the courts. Women must also be informed of their rights at law, and their rights as visa holders. They must have access to social amenities and supports that enable them to exercise their rights and function as independent citizens: to adequate housing, medical care, interpreters, child care, education and training—particularly English language training—transport, employment and income.

However for women to have access to these supports—so fundamental to their rights—the legal and social welfare systems need to acknowledge communities with diverse values, and consider responses that take this diversity into account. For example, a service approach that advocates all or nothing responses neglects to frame violence in a broader context of safety that might take into account safety planning and flexible responses. Such an approach renders the likelihood of women's action much less or – worse still – only possible in a life or death situation. Limited service responses to domestic violence have for varying reasons emphasised women leaving the home, and the notion of crisis support. But we must consider that if a woman is forced to leave her fourteen-year-old son

The factors that enable women to exercise their rights in relation to domestic violence are the same factors that underwrite their ability to participate as citizens in their own country.

Significant numbers of the women from newly arriving migrant communities are still grappling with a range of fundamental and survival issues.

behind in order to seek refuge in a shelter, then she is simply unlikely to leave the family home. When young teenage children of the dominant culture are threatening a woman's children with knives and telling them to 'go back to where you come from', aggression in the home is likely to be considered a secondary threat.

Service solutions need to take into account that attitudes and responses to violence, and barriers to taking action, arise in the context of communities with very different experiences, perspectives, and values.

Immigrant women look at violence in the context of other issues

In response to questions about the health and safety issues of priority to them, women placed violence in the context of other interrelated issues that had a significant impact on their lives. For example, considerable numbers of women from newly arriving migrant communities are still grappling with a range of fundamental survival issues for themselves and their families. When asked what her priorities were, one recently arrived woman commented that she wanted to be able to practice medicine as she had in the home country. Her frustration and despair was manifest. Others spoke about lack of employment and access to services. Another interviewee spoke about the frustration for her husband, who was qualified as a mechanic, but could not find work. This draws attention to the new political strategy of 'locating' professional migrants in rural areas to cater for professional shortfalls. Whether newly located individuals are enabled to share their skills and contribute to the community is dependent upon a range of factors, many of which have yet to be addressed by some regions.

Information and relationships enable women to act

Settling in a new community inevitably involves difficulties and complications: the process of coming to terms with a completely different culture is not without contradictions. Becoming better informed and developing connections with people and networks does not mean that women from diverse cultural backgrounds will necessarily question the unspoken principles of the dominant culture. However if they have no access to information and few relationships outside the home, immigrant and refugee women who face domestic violence are left with few or no choices for action.

Interviewees' feedback about barriers to accessing information—and their lack of knowledge about service options—suggest that it is important for local agencies to take another look at communication strategies. Planning for service delivery might need to include further investigation of the makeup of diversity in the local community. Has the service surveyed the client base? Have service strategies included discussions with local women about their information needs? Has material been tailored to the

They have no access to information and have few relationships outside the home ... women who face domestic violence are left with few or no choices for action.

needs of the audiences? For example, does communication rely on printed material, or is it accessible in non-print form, such as via radio? Is print information available where women can easily get it, and in their languages? Are there other reasons for communication being impeded?

Linking in with umbrella services may form part of a strategy to overcome barriers. Are there ways in which umbrella services might share with local community services a greater diversity of translated material? (While a brief survey of local universal service providers indicates that there have been efforts by some to offer information in a range of languages, it appears that most material is still only available in English.)

It is also clear from the women's comments on barriers (see Chapter 2.2) that relationships play a significant part in the dissemination of information to diverse communities. Women who attended an education institution or community organisation such as a Migrant Resource Centre were at least in contact with individuals to whom they could turn for information and advice. In this way, awareness of services spreads throughout the communities.

The longer-established communities of women were better networked; however they were still ambivalent about discussing women's safety issues. The dynamics in these longer-established communities were almost contradictory at times. On the one hand, many of the women who had been in Australia almost a lifetime, or who were the daughters of migrants, had strong links in the local town. They generally knew how to navigate their way to a particular service if need be. More significantly, if there was an issue about which these longer-term communities felt strongly, they had the numbers, the voices, and the tools to be able to make things happen. They had experiences of establishing churches, meeting halls, and clubs at which to congregate, and—in some instances—from which revenue could be generated.

On the other hand, the longer-established communities seemed more resigned to the difficulties and challenges of their circumstances. In other words, while some of the newly arrived women – regardless of age - were quite vocal about wanting bilingual and/or female doctors (and a range of other services), the longer-established communities at times seemed more accepting of their circumstances. One might speculate that the consequences of learning to navigate a new culture—learning the rules of engagement in order to achieve positive outcomes—is also accompanied by a degree of assimilation into and acceptance of that culture and its limitations. Conversely, newly arrived migrants have likely not yet learned to navigate the system, and may not be sensitised to the set of popular unspoken principles and values either consciously or unconsciously held by the dominant culture at large. Negative attitudes to 'difference' or 'newness' by those in the prevailing culture may arise from fears that their

previously unchallenged values and principles might be called into question by the 'uninitiated' or 'unassimilated'.

Length of time in Australia is only one aspect of difference that influences women's experiences. Of most significance in a discussion about accessing information, as previously mentioned, is the importance of *relationship*. It is *who* women know that ultimately exposes them to people or information that can provide them with support. Whether the relationship be with the family doctor, the TAFE teacher, the worker at a Migrant Resource Centre, someone from the ethnic community council, or a senior community leader who has links in with local services, it is through relationship connections that most women obtain the information they need. The only exception to this rule might be the media – ethnic radio and newspaper – through which some women, particularly those in isolated areas, also gain a great deal of information.

Physical and social isolation

The implications of physical and social isolation for planning service responses to domestic violence are complex. It is the exacerbated nature of that isolation for women from non-English speaking backgrounds in particular, which requires closer attention by service delivery agencies. Some of the isolation issues are endemic: particularly, for example, where public housing is built in remote or inaccessible parts of a town or area, and the likely occupants of that housing are families with little money and few resources, such as newly arrived migrants. When difference is exacerbated by physical separation, the consequences can be difficult to tackle. Providing community transport – particularly regular transport between towns and to remote locations – might offer one solution, but this needs to be complemented by strategies that recognise the other factors causing isolation.

The situation of women living in remote locations with only their partners poses a different set of concerns, particularly if the factors contributing to their isolation are multiple, for example physical remoteness, lack of familiarity with the English language, disconnection from social networks.

Service providers must consciously ask, if women cannot get to us, how do we get to the women? The strategies for addressing this issue may be simple or multi-pronged. For example, women are often prepared to have conversations with or divulge sensitive, personal information to 'mainstream' service providers (e.g. Maternal and Child Health Nurses) because their role is perceived to be neutral (e.g. they are not a 'domestic violence worker'.) How then might acute service providers work more closely with universal services in reaching such women?

Whatever their causes, the barriers resulting from isolation can only be overcome by targeted, strategic approaches on the part of both centralised and local agencies.

Whether the relationship be with the family doctor, the TAFE teacher, a Migrant Resource Centre worker, someone from the Ethnic Community Council or a community leader, it is through relationship connection that most women obtain information.

Women's perceptions of services

For a range of reasons, including isolation, women may not approach services; workers may not be aware of some or any of the immigrant and refugee women who live in their locale. As outlined in this report, such women may not be 'seen', or they may remain silent. However it is the responsibility of services to find out about and acknowledge the existence of such women, and to recognise that their failure to access services does not imply any lack of need.

For their part, local women revealed in the interviews that they are often unwilling or afraid to access services, that they are unprepared to trust them, or that the workers themselves are not necessarily aware of the ways in which service delivery is culturally exclusive. Women's fear or reticence is informed both by perception and personal experience. One woman from a longstanding migrant group did not want word of her circumstances to 'get around' within her local cultural community. Other women had heard stories about or observed the behaviour of a range of service deliverers (e.g. police), which gave rise to their mistrust of service deliverers in general. Some felt that they would be judged against a set of inappropriate cultural standards if they approached a service professional.

If services are to make meaningful responses to diversity in the community and achieve positive effects they must take into account perceptions and lived experiences such as these.

Resource constraints on workers

From the perspective of workers, time and resource constraints are a significant barrier to service delivery. Travel distances, reduced budgets, professional isolation, and other factors impede the capacity of those working under stress to give time to matters outside the mandatory requirements currently imposed on them by their jobs. Certainly, one might argue that those mandatory requirements should be premised around a presumption of community diversity; however if this is not yet the case, an argument can be made that it is difficult to effect change without the proper resources to do so.

Interpreting

The limitations and difficulties for service providers in accessing interpreters have been well documented (see for example: Report on the Review of Settlement Services for Migrants and Humanitarian Entrants DIMIA 2003). While there are clearly external barriers to accessing language services (for instance, limited availability of interpreters in some community languages in regional locations), workers' comments during this project suggest that a lack of exposure to or experience with, interpreting and translating services may sometimes play a part. Knowing certain services exist in theory is one thing, and using them in a practical

From the perspective of workers, time and resource constraints were considered a significant barrier to service delivery.

context is quite another. While the external barriers to accessing interpreting services are real, increased exposure and training for universal and general service workers would increase the benefit from what is currently available.

Cultural and community attitudes and pressures

The culture of every community is influenced by many factors including the nature of its constituents and its location. The workers interviewed for this project suggested that rural communities often display a particular set of values around the role of women, marriage, violence, and action. One worker reported having been specifically asked not to raise the uncomfortable issue of domestic violence at an annual women's event for fear that she might 'introduce' the problem to the town. Researchers also heard from women who are perceived to be culturally different, that xenophobic attitudes can create a sense of marginalisation, and a pressure to stay silent or conform.

These external pressures and attitudes cannot help but impact the decisions and actions of immigrant and refugee women. Someone might feel, for example, that public revelations of violence within her particular ethnic community will only feed into the negative attitudes, prejudices and stereotypes already held by residents towards her culture in the local or broader community. Discrimination was identified as an overt concern by a number of the interview groups.

Such revelations show that service delivery responses need to be part of a framework within which problems can be seen in the context of collective assumptions and attitudes. In other words a problem is not confined to an individual woman and her particular issues or needs. Service providers are agents within a broader community of values, and in both their own actions and in the initiatives they take part in, have some responsibility for addressing the attitudes that stigmatise and problematise diversity.

In this context, it is worth advocating models of community education, engagement and action that foster strong relationship building and dialogue. Through such a process rural immigrant and refugee women would be enabled to recognise and embrace the fundamental nature of their own difference, as they formulate solutions to domestic violence.

Reporting violence and taking action

For any woman, whether born in this country or overseas, fears about reporting violence may involve external factors—for example lack of transport, social and geographical isolation and community attitudes to family violence. For immigrant and refugee women, these factors are exacerbated by culturally inappropriate services, language barriers and xenophobic community attitudes which may result in a struggle that

While the external barriers to accessing interpreting services are real, increased exposure and training for universal and general service workers would increase the benefit from what is currently

Xenophobic attitudes can create a sense of marginalisation and pressure to stay silent or to conform.

requires balancing personal values, local cultural and community expectations, and broader community perspectives. In other words, the inner conflict for some women rests with balancing what are perceived to be their own interests, against the interests of family and community. Inaction may be propelled by fear of isolation, fear of retaliation, fear of being ostracised, or simply fear of the unknown.

Ultimately, many of the women in our interview groups expressed hesitation in disclosing information about family violence to service providers because they didn't want their secrets to be revealed, or they didn't want to be forced into action. For immigrant and refugee women the stakes can be high because they already experience a degree of marginalisation and alienation through being considered 'different'.

Women's inaction may also be attributable to a lack of appropriate information, causing further fear of the consequences of taking action. Fear of the police, for example, may create a barrier to accessing useful and necessary information about their services.

If fear of any service (including domestic violence services), or some physical inability to access information about a service is a barrier—then providers should take these factors into consideration when seeking to reach previously untapped community groups.

Access to social, financial and legal rights and services

Workers taking part in these interviews emphasised the importance of women being able to access legal information and services, particularly in relation to residency status. Feedback from the focus groups indicated that where women have little or no information about legal matters and the justice system, fear could prevent them from taking action. In contrast, one of the regional cities boasted a legal advice service that was well accessed by immigrants and refugees because some of those responsible for running and staffing the service were linked into a range of cultural groups within the community. Managers of this service were proud that they were well patronised by diverse elements of the community, particularly by women who were newly arrived migrants in need of residency information and support.

A key barrier to accessing rights is that individuals may not be aware of such rights, or aren't particularly interested in knowing about such rights given other demands in their lives, until they find themselves in a problematic or difficult situation. Even for those whose first language is English, and who can easily identify service pathways, the barriers to accessing rights can be significant. An immigrant or refugee woman may not even find out about her rights until after a problem situation has reached acute status, and until all patience or other options have been exhausted. The complex aspect of accessing rights is that people often required to know about how they work before the problem situation

*Information
about how to
improve migrant
women's
circumstances
needs to come
from women
themselves -
what will work
for them -
stepping into
their world,
rather than
making them
come to us.'*

arises—and finding out afterwards makes the whole process more difficult.

It is of note that the local women interviewed for this project placed heavy emphasis on the importance of *social* rights and services—particularly in relation to housing, employment, and education. They understood their rights in terms of a related package of issues—legal, social, financial—that impacted upon their wellbeing. In relation to rights overall, local women emphasised that authorities should provide information in the pre-departure and immediate post-arrival period for new migrants. The consensus was that women should be privy to a range of different information before they even come to the country. Making information available about basic rights through women’s networks would also seem to make sense, given the importance of relationship in conveying information.

4. Perspectives on change

'Information about how to improve migrant women's circumstances] needs to come from women themselves – what will work for them – stepping into their world, rather than making them come to us.'

How to meet the needs of culturally and linguistically diverse women? Many workers, looking for answers to this fundamental question, reported lacking the kind of information about their local communities that would provide them with a starting point: knowledge of the numbers and backgrounds of culturally diverse women living there. Conversely, workers pointed to some of the innovative and practical strategies already in place across regions. (Particularly noted by both deliverers of services and the women themselves, were the benefits women gained from opportunities to meet and talk with each other.) These strategies were undoubtedly improving women's circumstances, and could be reproduced or extended. One worker reflected,

There is a push by the government to bring non-English speaking people into rural areas. This needs to be accompanied by relevant services. What is available in Melbourne has to be available in rural Victoria as well.

Resources and development: funding, training, specialised staff, professional links

Cultural awareness training amongst workers, and increased numbers of specialised workers, were considered crucial by both the workers and by the women; the workers also stressed the need for increased resources generally, for cross-discipline professional networks, and for community development programs and events.

Workers consistently pointed to the need for increased resources to meet the diverse demands of their jobs.

'Current services are just under-funded. Services such as counselling/outreach/community education already exist, yet need more funding to expand and meet the needs of culturally and linguistically diverse (CALD) women.'

'I think existing domestic violence services do a great job. We just need more of them, more staff, more resources. We are stretched too thin.'

(Domestic violence workers should) 'work with GPs or mental health workers, so that professionals at all entry points can learn to ask questions differently, respond to disclosures differently, more thoughtfully.'

Travel time was an example of a resource issue. An interviewee remarked that a support worker who has to travel four hours in a day is able only to offer perhaps four hours of service provision after that. It was clear that from the workers' perspective, scarce resources make it difficult to meet *current* demand, let alone anticipate unmet demand.

Responses from both workers and local women indicated a need for cultural awareness training amongst workers. Many of the professional respondents were acutely aware that their services and networks are not proactively addressing cultural diversity in their delivery of services, despite being located in communities that are visibly diverse. They also highlighted the need for professional networks within which they could share information and learn how to approach their work differently:

'(by) assisting existing workers to become more skilled through training. Having domestic violence workers work with GPs or mental health workers, so that professionals at all entry points can learn to ask questions differently, respond to disclosures differently, more thoughtfully.'

One interviewee suggested the appointment of a local council worker to assist newly-arrived refugees. Others spoke of the need for more ethnic community workers in their local areas.

'Mainstream agencies need to employ culturally and linguistically diverse women in all areas.'

Community development programs, special events and information days also featured heavily as strategies that workers considered would be successful.

'Have community information days. Don't target particular groups of people or they would feel uncomfortable. Have just a general information type event e.g. an expo.'

And,

'There could be a] calendar of CALD events in rural communities to encourage service participation in community events at which they can engage in casual and informal education about domestic violence. Incorporate CALD events into services' calendar or program.'

Service strategies: building relationships, improving cultural accessibility, integrating, becoming informed

Service providers emphasised the importance of building connections between local women and the health and police services. Some professionals mentioned the importance of services that women already access:

Community development programs, special events and information days were strategies that workers considered would be successful.

Strategies to lessen fears about the police could include a 'no - uniform' policy with community liaison officers.

'Child health nurses, the workplace, health services, etc'. 'Wherever a culturally and linguistically diverse woman goes, these services should be able to respond well to CALD and DV issues.'

These workers highlighted a number of strategies for improving trust: for example service workers showing their faces at local events where there are networking opportunities. A number also spoke about the role of the police. They considered that more and better information about domestic violence could be made available through the police, and that strategies to lessen fear of police could include 'no uniform' community liaison officers.

Comments were made about improving the cultural accessibility of communal housing options, and the provision of better legal services, especially for those without permanent residency status. (It was a common requirement of support workers that they manage women's fears about deportation.)

Expanding the Migrant Resource Centre system, which was also suggested, could along with many other benefits have the effect of improving the cultural accessibility of services generally.

Migrant Resource Centres should be set up in each region so that DV workers can link to them. The Resource Centres would act as hubs that provide interpreters, cultural knowledge in general, hub for community activity and also contact point for domestic violence and other women's issues. They could provide cultural training (formally or casually) for domestic violence and other service workers.

However, most input from professionals focused on the ways current service systems could work in a more integrated fashion, building trust amongst clients.

Secondary consultations [could be used]..in which a GP, for example, seeks back up information and advice from a domestic violence worker, but does not make a referral to that secondary professional. Referral can sometimes leave the client with the impression that the problem is too big for the original professional to deal with and needs 'specialised' intervention. Don't pathologise and handball. Secondary consultation means that the client can continue to engage with the trusted professional to whom they made the disclosure.

In particular, one interviewee noted,

Comments were made about improving the cultural accessibility of communal housing options, and the provision of better legal services, especially for those without permanent residency status.

Most input from professionals focused on the ways current service systems could work in a more integrated fashion, building trust amongst clients.

Workers . . . need to avoid referring women on to other services because for victims it can be traumatic having to repeatedly explain their situation. Paper case notes also need to be kept in detail so that victims don't need to explain their situation whenever they meet a new worker or service.

Many workers made requests for better and more comprehensive information about the communities with which they worked. This included requests for statistics and other data.

Interestingly, only a few workers spoke about the changes that needed to occur within the general community itself, in order to improve circumstances for women from diverse cultural backgrounds.

'Could increase multicultural activities in rural communities.'

'Increased media involvement in ensuring rural people accept culturally and linguistically diverse people e.g. documentaries about their experiences.'

'Increasing awareness of culturally and linguistically diverse people may result in services being more accepting and sensitive to the needs of CALD people and therefore they may have more awareness of services and be more likely to access them.'

'Increase awareness of services available through different media, for example, radio announcements and posters on public transport in different languages.'

Provision of Information

There were numerous requests from the workers and local women for more information about services to be provided, in both printed and oral form, using community languages.

Discussions with local women revealed some consistent themes in relation to receiving information. In particular, it seemed important that any printed information be available:

- a. In locations where women feel there is enough personal space and privacy to take the materials—ironically, this often means a very public space like a hospital waiting room or TAFE information stand
- b. In languages that make the information accessible.

Workers suggested that information could be provided in adult English classes, with one region already planning to offer English classes in the home to women. It was considered important that the visiting English teachers be appropriately trained to recognise any issues of concern.

Both workers and local women emphasised the importance of circulating information about domestic violence and other issues through diverse

Providing women with information is more complex than simply publishing brochures. 'A lot of work is needed ... Women need to know that violence is not acceptable and can be against the law.'

media (for example not necessarily restricted to pamphlets or written material) including:

'Newspaper, TV, radio, posters in doctors' offices and on public transport, in chemists, and other key places.'

There were many suggestions for where and how information could be delivered locally. Recommendations from workers included schools, churches, networking groups, shops in strip shopping centres, supermarkets, doctor's clinics, the police, grassroots clubs, migrant associations, and hospitals.

There needs to be public information about domestic violence services in all places where culturally and linguistically diverse women are likely to go, including supermarkets, corner stores, infant welfare services, schools, hospitals, GP. And they need to be in the languages of culturally and linguistically diverse people – something that says "Ring this number if . . ."

One particular worker felt that the importance of shopping areas and supermarkets could not be underestimated. It was clear from the research that on at least one day per week, almost *all* women come into larger regional areas to shop. As mentioned, workers also pointed out the importance of services (particularly health services) and other centres that women already access as critical information ports. Feedback from workers mirrors many of the suggestions made by local women, who listed amongst their preferred means of distribution of information:

- Doctors' clinics
- At religious associations
- Talks in public locations, that are generally advertised
- *'We should invite workers from family violence services to visit our support group so that they could tell us about their services.'*
- Hospitals
- Through the media, 'especially SBS radio, local newspapers with advertisements in different languages'
- 'Perhaps someone can talk about it on country radio.'
- *'We need more brochures with different languages with domestic violence issues to have in Centrelink Offices.'*
- *'There should be pamphlets and posters available in Centrelink, police stations and other government offices.'*
- Translated materials in a number of common dialects from the home country, not just the first and most obvious one.

The multicultural workers who convened 'meeting' groups pointed to the liberating nature of get-togethers and information sharing for women.

-
- *'Put information in the ethnic council.'*
 - Notices in local service establishments that are popularly attended
 - TAFE.

Other methods proposed by workers for improving information to and about their diverse communities included conducting more research to discover better modes of communication, undertaking a community art project which includes the women, holding a forum on issues of general interest to women, and conducting further community education programs.

Professionals also recommended making available more information about interpreters and accessing interpreters.

'Empower migrant women to make decisions. Provide them with information that will empower them to act on their own situation.'

Respondents stated that interpreting services need to be available by telephone.

A number of interviewees indicated that the issue of providing women with information was more complex than simply making brochures available in appropriate locations.

'A lot of work is needed to raise awareness and change existing mindsets. Women need to know that violence is not acceptable. ... need to change their "I deserve this" and "it's happened to women for generations so it is normal" mentality.'

Facilitating networking opportunities

Both workers and women stressed the importance of networking, and of creating circumstances in which women could meet, talk and/or learn. According to one worker,

'For women who are allowed to go out, there should be groups for them that are non-threatening e.g. mother's group, play group, English classes, etc.'

Another professional spoke about women getting together for exercise and walks. A few spoke glowingly of the effectiveness of locally run support groups.

We have a group that meets on a monthly basis, a multicultural group with thirteen nationalities. They talk about issues that concern them. Also, we have guest speakers from different services to talk about what services are available. This group is advertised locally. People join us both for social interaction and for support.

The participants in these groups also spoke enthusiastically about them, mentioning the outcomes they facilitated.

Access to child-care and appropriate transport were seen as necessary to facilitating networking opportunities for women. Making invitations to such events personal was considered equally important. Many of the workers with whom we spoke arranged interviews for us and followed up with participants in person and by telephone, rather than through a generic invitation or pamphlet.

The multicultural workers who convened 'meeting' groups stressed just how liberating get togethers and information sharing are for women. However many also pointed to circumstances in which women simply weren't allowed to participate in these groups because of restrictions placed on them by their partners.

'Women's groups are really good, but their partners won't let them talk to anyone. "You can't talk to them/her because they're not good for you."

In speaking about women in isolated regions, one worker suggested:

'Culturally and linguistically diverse women need to join in with schools, do school canteen, include them in something. Women ... should get together with other women in a way that would not raise partners' suspicions e.g. cooking classes, needlework groups, school canteen, etc.'

Telephone counselling was suggested by one worker as an accessible and practical method of contact for women. The importance of services being accessible and available at times convenient to women was also mentioned.

'And that services are open 9 to 5. Telephone services [should be available] for those unable to get to a service.'

Interpreting and translating

One professional worker spoke of the need for on-site court interpreting, and for awareness of the potential harm from use of family members as interpreters.

We had a court case once where the police were told by a [non English speaking background] woman's husband that she's deaf. When workers went to speak with her, they found that she's not deaf and is quite articulate. She just had some difficulty with English.

Avoid using family members as interpreters, use telephone interpreters instead. With family members

'Avoid using family members as interpreters, use telephone interpreters instead.'

interpreting, women are less likely to tell the full story, and family may also put in their own connotation on the story.

One worker suggested the use of female interpreters in court for women.

Women's health and safety priorities

Participants in the focus groups were asked to identify the priority health and safety issues for women in their cultural communities. This aspect of the interview process was both interesting and challenging. Women spoke of diverse concerns that extended beyond narrow definitions of health and safety. Notable, however, was an absence of discussion about violence in the home or family. Amongst urgent health concerns were listed:

- Unsatisfactory waiting periods to see their own doctors
- The high cost of medical care
- Hospital bed closures in local areas
- The need for after hospital care in local languages.

In responding more broadly to the question of what might improve their health and safety situation, women made reference to a range of strategies. Some wanted more bilingual workers employed. Another key issue was the level of support provided for newly-arrived migrants. Numerous groups spoke of the difficulties facing 'mail order' brides. As previously indicated, many women felt that information pre and post departure from their homeland needed to be more extensive. One participant suggested the introduction of,

'A service that is available twenty four hours a day seven days a week to provide information, support, and advice to women.'

Another spoke specifically of the need for culturally appropriate counselling services:

...a service with workers [from our culture] to provide a [culturally appropriate] type of counselling. It ought to be a counselling service that is not merely talking, but something with added cultural support on it.

Some women were concerned at the ramifications of broader social problems on their families. They did not see violence in the home as unique and separate from unemployment, racial vilification, and social fears.

The problem is more complex than talking about violence in the family. Violence in the family often stems from other broader problems, like unemployment. Unemployment for my kids – for my sons – causes

'(We want) a counselling service that is not merely talking, but something with added cultural support on it.'

'The problem is more complex than talking about violence in the family.'

Violence in the family often reflects broader issues.'

*friction in the family. My son hangs out at [a local venue]
- he engages in inappropriate relationships – when he
comes home it causes fights with my husband. Boys
also cause problems with other families, which then
causes splits in family friendships.*

Other requests for community services included a child-care centre, and accessible transport for being able to get to close towns and regional centres.

5. Action priorities

Building relationships

Social isolation is one of the most significant barriers to women accessing services. The development of relationships and networks amongst immigrant and refugee women themselves and between the women and their local communities is vital, and service providers aiming to meet women's safety and related needs can do much to foster these links. When issuing invitations to events or meetings, personal contact with women is important, as well as providing access to child care and transport.

Service practices and models of resource allocation should reflect the importance of relationships, with priority given to the following as a means for delivering improved outcomes:

- a). *Involvement of workers in existing networks; seminars; and social, activity or education groups where there are immigrant and refugee women, as a means for establishing communication and building trust.*
- b). *Set up opportunities for workers to engage with immigrant women in a non-threatening setting, where women can meet each other: community information days or expos, special events, school open days for example.*
- c). *Facilitate opportunities for immigrant and refugee women to meet, talk with and learn from other women in a non-threatening context: for example classes, activity and support groups, school canteen, playgroups.*

Organisational and staff development

For all service deliverers, communicating with immigrant and refugee women requires cultural sensitivity and expertise in working with interpreters. In smaller communities, there is not always the capacity to reconfigure services in a way that is more responsive to the demands of a diverse community. For this reason, it is critical that staff across all levels of an organisation are provided with exposure to issues around cultural diversity, and strategies for dealing with diversity in the community. Once immigrant women and refugees make their way through the door, it is important that a service and its staff are seen to be trustworthy, sensitive, and responsive.

While training may be a 'one off' strategy in many resource poor environments, staff have suggested that they also need readily available tools. A useful manual, website, or other kinds of professional tools have the advantage of always being on hand.

Immigrant and refugee women have requested more bilingual workers, and more cultural workers, interpreters and counsellors from language backgrounds other than English.

Service delivery organisations and their staff should be recruited with cultural diversity in mind; training, resources and networking opportunities should be provided to staff to improve outcomes for immigrant and refugee women:

- a) *Introduce, increase or update cultural diversity training for workers.*
- b) *Provide diversity resources and tools (such as manuals and websites) for workers.*
- c) *Develop, improve and build upon professional networks.*
- d) *Provide training for professional staff in the use of interpreters.*
- e) *Recruit staff with cultural diversity in mind.*
- f) *Build opportunities for reaching out to a community's diverse client base, such as through links with local cultural or ethnic community workers.*
- g) *Develop processes that are inclusive of and responsive to the needs of women.*
- h) *Develop processes and networks for culturally and linguistically diverse services, domestic violence services and mainstream services to work together to respond to the needs of women in rural Victoria.*

A strategic approach to overcoming barriers

Overcoming barriers requires an understanding of women's particular circumstances. Immigrant and refugee women approach their rights not in isolation but in relation to other social, legal and financial issues, pointing to the importance of developing links between service types, and integrated service delivery strategies.

New models for conceptualising approaches to violence call on men and women to work together in their communities to promote greater equality and justice—in addition to initiatives initiated exclusively by women. Whole-of-community programs may be more empowering for some men and women, particularly for those new to a community. Such programs

rely on the development of culturally attuned outreach by both specialist family violence services and other community organisations, on a willingness by such groups to tackle attitudes that make diversity a problem, on public education about the rights of women to safety, on the determination of police and courts to enforce the law, on the roll-out of laws that uncompromisingly prioritise women's safety and with the skilling and resourcing of all women in ways that enable them to make life choices.

Going to women, rather than waiting for them to make contact, could involve working with housing, education, legal, government, general and child health services, as well as workplaces, to share information and improve the response to immigrant women's domestic violence issues. Women tend to disclose information to those with whom they already have a relationship—a Centrelink staff member or a priest may be the first person they turn to.

Strategic approach to overcoming barriers for women requires communities, decision makers, service providers and local immigrant women to work together and in response to the women's particular circumstances:

- a) *When planning responses to violence, involve all members of the community.*
- b) *Develop strategies for working with women that respect and value cultural difference.*
- c) *Obtain statistical information on cultural diversity in the local area, and survey the client base.*
- d) *Meet with immigrant and refugee women in the local area to discuss their needs.*
- e) *Increase the capacity of staff in primary and universal services to recognise when immigrant and refugee women may be in a violent situation, and to raise awareness of appropriate processes for responding, (for example avoiding unnecessary referral).*
- f) *Address some of the legal, language and procedural barriers that may cause immigrant and refugee women to fear taking action.*
- g) *Provide inclusive options to women for action, safety planning and/or escape.*

Provision of information

The development of any communication materials should be informed by those for whom they are intended, and draw on the wisdom of organisations that have already trialled and evaluated resources. (For example there have been instances where the materials produced for use by a particular ethnic community were not printed in the dialect of familiarity to most immigrants, but in the language of officialdom, reserved for the highly literate and educated. The message did not reach many of the intended readers, and in some instances, created hostility.)

Information is most effective when provided in a variety of modes—for example in both printed and oral form.

Modes and methods of delivering information need to be reviewed and improved, with the requirements and preferences of immigrant and refugee women in mind:

- a) *Ask local immigrant and refugee women about their information needs and preferred methods of delivery.*
- b) *Use non-printed as well as printed forms of communication, for example through public talks, existing groups, radio, TAFE classes.*
- c) *Provide multilingual printed material and distribute this in places where women have ready access.*
- d) *Increase the capacity of staff in primary and universal service delivery areas to make information about their options available to women—translated into relevant community languages and including non-print media.*
- e) *Make information about interpreting services available to women*

Joint action

Services, advocacy bodies and local groups of immigrant and refugee women can make the strongest case for improved resources and relationships by joining forces and pointing to needs.

Advocacy bodies, local women's organisations and service deliverers will gain maximum benefits through joining forces to lobby, along the lines of immigrant and refugee women's stated priorities:

- a) *Employ more bilingual workers; where possible employ community workers, counsellors and service staff from language backgrounds other than English.*
- b) *Work towards improved relations between police and women.*

-
- c) *Deliver more and better quality information about services, and about women's basic rights, in community languages, using print and non-print media—including material distributed on arrival in Australia.*
 - d) *Address interpreting and translating needs.*
 - e) *Improve community transport between towns and to remote locations.*
 - f) *Develop strategies to encourage employment of more women*

Appendix 1: Bibliography

During its early stages, this project was informed by a literature review that considered the range of research to date about culturally and linguistically diverse women's experiences of domestic violence in rural and remote settings. A number of the sources used in the literature review have been cited in the final report. An entire bibliography drawn from the literature review is presented here for the interest of readers.

Bibliography

Alston, M (1997) "Violence against women in a rural context". *Australian Social Work*, Vol.50, no.1. pp/15-22.

Anon (1997). "Indo-Chinese Refugee Families in Australia: A Multicultural Perspective." Cultural Diversity and the Family (journal of the Ethnic Affairs Commission of NSW) 3.

Australian Bureau of Statistics. *Women's Safety Australia* 1996.

ABS (2003), *Crime and Safety Australia 2002*, Catalogue No, 4509.0, Australian Bureau of Statistics, Canberra.

Australian Institute of Criminology (1999). Ethnicity and Crime: An Australian Research Study, Department of Immigration and Multicultural Affairs.

Babacan, H. (1999), "do U belong here" An exploration of issues facing women of non English speaking background", in L. Briskman & M. Lynne with H. La Nauze (eds) *Challenging Rural Practice: Human Services in Australia*, Deakin University Press, Geelong, Victoria.

Centre for Culture Ethnicity and Health. Rural statistics.
www.ceh.org.au

Chung, D., R. Kennedy, et al. (2000). Home Safe Home: the Link between Domestic and Family Violence and Women's Homelessness, Social Policy Research Group, University of South Australia; Shelter South Australia.

Chung, D., P. O'Leary, et al. (June 2003). Final Report of the Comparative Assessment of Good Practice in Programs for Men who Use Violence Against Female Partners. Adelaide, Research and Education Unit on Gendered violence, School of Social Work and Social Policy, University of South Australia.

COSW (2001) State and Territory Consultations with Migrant and Refugee Women, Australian Women Speak. Commonwealth Office of the Status of Women, Barton, ACT

Crime Prevention Victoria (2002). Women's Experience of Crime and Safety in Victoria 2002.

-
- Department of Health** Western Australia (1999). (Papers relating to Resource Manual for Family and Domestic Violence Protocols for Hospitals in Western Australia.
http://www.gfmer.ch/Guidelines/Violence/Domestic_violence.htm.
- Department of Human Services Victoria Victorian Homelessness Strategy Focus Group:** Homelessness in Culturally and Linguistically Diverse Communities Background Paper.
- Department of Human Services Victoria VHS Focus Group** on Homelessness for People in Rural and Remote Areas Background Paper.
- Department of Human Services** (DHS) Victoria, (2002). Family and Domestic Violence Crisis Protection Framework. Melbourne.
<http://www.housing.infoxchange.net.au/library/vic/homelessness/items/00040-upload-00001.pdf>
- Department of Justice Victoria** and Success Works (2003). Cultural Diversity Project. Melbourne, Department of Justice Victoria.
- Department of Transport and Regional Services** (DoTRS) and Women's Services Network (WESNET) (January 2000). Domestic Violence in Rural and Remote Communities: A report for the Commonwealth Department of Transport and Regional Services (Draft).
- Department of Transport and Regional Services** (DoTRS), Women's Services Network (WESNET), et al. (June 2000). Domestic Violence in Regional Australia: a literature review.
- Department of Transport and Regional Services** (DoTRS), Women's Services Network (WESNET), et al. (2000). Domestic Violence in Regional Australia.
- Dimopoulos, Maria** (a) (n.d.). Domestic Violence and Cross-Cultural Communications: some Issues for Registrars. (supplied by DVIRC, Collingwood)
- Dimopoulos, Maria** (b) (n.d). NESB Women as 'Deviant' – the Legal system's 'Treatment' of NESB Women Victims of Male Violence. (supplied by DVIRC, Collingwood)
- Dimopoulos, Maria** (July 1995). Pathologising N.E.S.B.. Women and the Construction of the 'Cultural Defence'. Domestic violence and Incest Resources Centre Newsletter, July 1995. pp.9-12.
- Dimopoulos, M** and Hanna Assafiri (May 1995) The legal System's treatment of NESB women victims of male violence. Criminology Australia (May 1995); pp19-22

Department of Immigration and Multicultural and Indigenous Affairs (2003). Report on the Review of Settlement Services for Migrants and Humanitarian Entrants.

http://www.immi.gov.au/settle/settle_review/#report

DVIRC (2003). Family Violence: Victorian Update
www.dvirc.org.au/resources/DVUpdateVocctoria.htm.

Ferrante, A., Morgan, F., Indermaur, D. & Harding, R. (1996), *Measuring the Extent of Domestic Violence*, The Hawkins Press, Sydney.

Hastings, C. and K. MacLean (2002). Addressing Violence Against Women in a Rural Context. Expanding Our Horizons: Understanding the Complexities of Violence Against Women - Meaning, Cultures, Difference, University of Sydney.

Health Outcomes International, PADV and Commonwealth Office of the Status of Women (June 2002). *Improving Women's Safety Project: Literature Review*

Health Outcomes International, PADV and Office of the Status of Women (2003). *Improving Women's Safety Project: Summary of First Forum Strategies*. Adelaide.

Health Outcomes International, PADV and Office of the Status of Women, (January 2003). *Improving Women's Safety: Legislation Review*. Adelaide.

Krishnan, S. p., J. Hilbert, et al. (2002). Understanding Domestic Violence in Multi-ethnic Rural Communities: A focus on collaborations amongst the courts, the law enforcement agencies, and the shelters. Las Cruces, New Mexico State University.

MacLeod, L. and M. Shin (1990). *Isolated, Afraid and Forgotten: The Service Needs and Realities of Immigrant and Refugee Women Who Are Battered*. Ottawa, National Clearinghouse on Family Violence, Health and Welfare, Ontario, Canada.

McEwin, Marion. 'An Overview of the Women's Safety Survey'. Conference paper delivered at the *Second National Outlook Symposium: Violent Crime, Property Crime and Public Policy*; Hyatt Hotel, Canberra, March 1997.

Murray, D. (2001). Domestic/Family Violence in Diverse communities: Strategies implemented by the Queensland Police Service. Policing Partnerships in a Multicultural Australia (etc), Brisbane, 25026 October, 2001.

National Health and Medical Research Council (August 2002). When it's right in front of you: assisting health care workers to manage the effects of violence in rural and remote Australia.

National Health and Medical Research Council (May 2002). Report on a review of literature on the epidemiology of violence in rural and remote Australia and resources to the management of violence.

National Sexual Violence Resource Center and Pennsylvania Coalition Against Rape (2003). *Unspoken Crimes: Sexual Assault in Rural America*.

Neame, A. & Heenan, M. (2004) Responding to sexual assault in rural communities. Briefing Paper No 3, Australian Institute of Family Studies No 3, June 2004.

Newman, T. (2003). "The Victorian Homelessness Strategy." in *Parity* September 2003.

NSW Women's Refuge Working Party (2003). *An Open Door: NSW Women's Refuge Movement Access and Equity Manual*.

Office of Women's Policy, Victoria. (October 2002). *Women's Safety Strategy: A Policy Framework*
[http://www.women.vic.gov.au/owa/owaimages.nsf/Images/wssframework/\\$File/wssframework.pdf](http://www.women.vic.gov.au/owa/owaimages.nsf/Images/wssframework/$File/wssframework.pdf)

Office of Women's Policy Victoria (2002). *Acting on the Women's Safety Strategy*. Melbourne, Government of Victoria.

Partnerships Against Domestic Violence (PADV) (2002). *Attitudes to Domestic Violence in the Diverse Australian Community: A cultural perspective*.

PADV and Commonwealth Department of Transport and Regional Services (2001). *Domestic Violence: Case Studies of Domestic Violence Programs in Regional Australia*.

PADV and SuccessWorks (2004) *PADV Final Report (Draft)*. Melbourne.

Paton, Shirley. (2003) *Pathways; How Women Leave Violent Men*. PADV and School of Sociology and Social Work, University of Tasmania.

Pendleton, G. (n.d.). *Building the Rhythm of Change: developing leadership and improving services within the battered rural immigrant women's community.*, (United States) National Immigration Project of the National Lawyers Guild; Family Violence Prevention Fund; Violence Against Women Office, US Department of Justice.

Relationships Australia (November 2002). *Response Paper: Future Funding Family Relationships Services Program*.

Rural Womyn Zone website <http://www.ruralwomyn.net/> (Papers on) *Violence Against Rural Women*.

-
- Senturia, K., M. Sullivan, et al. (2000).** Cultural Issues Affecting Domestic Violence Service Utilization in Ethnic and Hard to Reach Populations. Seattle, Seattle and King County, and University of Washington School of Public Health and Community Medicine.
- Venkatraman, R. and Anoop Johar (1999).** Culturally appropriate strategies in preventing violence against women. Available at www.austdvclearinghouse.unsw.edu.au.
- Victorian Law Reform Commission (2002)** Defences to Homicide: Issues Paper.
- Victorian Law Reform Commission (2003),** Sexual Offences interim Report, Victorian law reform Commission, Melbourne
- Victoria Police (2002).** A Way Forward : Violence Against Women Strategy. Melbourne.
- Victorian Homelessness Strategy (2000).** Regionally Based Consultations, DVIRC at www.dvirc.org.au/resources/DVUpdateVictoria.htm.
- Victorian Office of Multicultural Affairs.** Victorian Community Profiles Census Reports.
www.voma.vic.gov.au
- Victorian Settlement Planning Committee (2001).** Women on Spouse Related Subclass Visas: Information Provision, Project 7. Melbourne: 24.
- Wakim, J. (2002).** Attitudes and Opinions of Police, Service Providers and Community Leaders to Domestic Violence in Culturally Diverse Communities in Sydney, Australia. Third Annual Women and Policing Conference: Women and Policing Globally, 20-23 October 2002, Canberra.
- Women's Services Network (WESNET) (2000),** Domestic Violence in Regional Australia: A Literature review, Partnerships Against Domestic Violence and department of Transport and Regional Services, Canberra.
- Women's Health Goulburn North-East.** Family Violence Archive, Autumn 2001
<http://www.whealth.com.au/fvarchiveautumn2001.html>

Appendix 2: Methodology

This project collected information from service providers as well as migrant and refugee women in order to inform our understanding of the service needs of women from culturally and linguistically diverse backgrounds living in rural and remote communities who are experiencing domestic violence. The collection of information from the women of culturally and linguistically diverse backgrounds was achieved through convening focus groups in a range of locations in order to procure in depth, qualitative data about the perceptions and experiences of women in those communities. In devising a methodology, the project team was careful to ensure that a diversity of experiences would be captured in a range of contexts. To that end, the process for identifying and selecting communities is inclusive of the following components.

Participants in the Study

Culturally Diverse Women in Rural Locations

This project included women across a number of different community types, sizes, and locations. It is clear that the experiences and service accessibility of women living in large regional cities differs from those who live in remote, outlying areas. To that end women were interviewed from large provincial cities, medium size towns, and more remote locations. The project team also planned for coverage of all five Department of Human Services rural regions, although ultimately interviews only took place in four. Even working with local councils, it was difficult to locate accessible communities of women in one of the regions.

Identifying Diverse Communities for Interviewing

Based on the work we have undertaken with culturally diverse communities in the past, it is clear that there are differences in the experiences, perceptions, and issues facing particular groups based on the length of their time in Australia and migration experiences coming to this country. For this reason, the methodology allowed for coverage of migrant groups who had longstanding experience in Australia, medium range exposure, and those who were newly arrived. A number of resources informed selections under these categories, including the *Victorian Community Profiles Census* reports produced by the Victorian Multicultural Affairs/Department for Victorian Communities (by ethnic community), and other occasional documents such as *Working with Emerging and Refugee Communities* produced by the National Ethnic and Multicultural Broadcasters Council (NEMBC).

When selecting communities the team used its own knowledge of ethnic community concentrations derived from recent projects (such as the

Department of Justice Cultural Diversity project). In addition, consideration was given to continental coverage (including migrant groups from Asia, Europe, and Africa.) With numbers of potential migrant groups identified in each location, the team drew on ABS geographic maps and data to validate the presence and prevalence of particular groups in those locations. In addition, a number of community leaders and organizations were contacted to explore and verify the existence and concentrations of the relevant cultural groups in those locations. As an example, contact with the Horn of Africa Community Organisation provided us with information that there was little presence of this community in regional or remote locations. ABS data confirms the paucity of northern African settlement in rural and regional locations overall.

Given that this project is being undertaken through the Immigrant Women's Domestic Violence Service, another consideration was the involvement of staff from the service in the project. If there were a number of cultural communities that met the criteria for inclusion in the matrix, then the desire of staff to participate was also taken into consideration for final selection.

In addition, the willingness of local communities themselves to participate has been a consideration. A representative of the Chinese community in Ballarat, for example, articulated her view that domestic violence was not an issue or a problem. Also, timelines for consultation with the 'gate-keeping' bodies were beyond the scope of this project.

Ultimately, focus group interviews were undertaken with women from Italy, Greece, the Philippines, Iraq, Kuwait, Turkey, Tonga, and Bosnia. In addition, one focus group included women from a diversity of backgrounds beyond those listed above. A bilingual worker as a support mechanism convened this mixed focus group for women whose first language was not English. The regional locations where interviews took place included Ballarat, Bairnsdale, Moe, Shepparton, Morwell, Mildura, and Robinvale. In order to protect the anonymity of the women who participated in this project, and because the communities themselves are so small and identifiable, this project has not provided any further detail as to which particular groups of women were associated with which particular geographic communities.

In summary, the factors that influenced selection of participants included:

- Community size and type
- Migration experience and length of stay
- Regional spread
- Continental coverage (attempts have been made to ensure the inclusion of Asian, European and African migrant groups.)

-
- ABS maps and data
 - State government reports and census data
 - Willingness of communities to participate in the project
 - Other administrative constraints (e.g. meeting times for local organizations)

Method

Bilingual facilitators convened the focus groups, and commenced by providing participants with a handout explaining the project, and the rights of participants in the research process. The facilitators moved through a series of questions and provided room for more open discussion within their groups. Findings were sent back to the project team in the form of a written report.

Service Providers and Domestic Violence Workers

The researchers used desk research methods and snowball sampling to identify domestic violence, health, and other community workers in local regions. These workers were then initially contacted by telephone, and asked if they were prepared to answer some questions about the needs of culturally diverse women in their local communities.

Method

Interviews took place with service providers both over the telephone and in focus groups. While the individual telephone interviews provided an opportunity for one to one conversation, and a capacity to reflect on challenges in the current system, the focus groups provided for interactive dialogue, in particular regarding solutions or ways forward.

Other Information

The researchers secured a range of other information through Internet searches, written literature searches, cold calling, snowball referencing, and other relevant mechanisms. Interviews were undertaken with peak representative cultural/ethnic bodies, local, and peak service providers.

Interview questions are provided in Appendix 4.

Appendix 3: Community Demographics

The following summaries provide some general demographic and background information about settlement history and migration patterns for a number of the cultural communities interviewed in this project. The information has been predominantly drawn from the Victorian Community Profiles Census reports produced by the Victorian Office of Multicultural Affairs.

Filipino Born Community in Australia

History

Although settlement in Australia of Philippines-born people is comparatively recent when compared to that of other migrant groups, their history dates back to the late nineteenth century. In the late 1890s a small population of approximately 700 Filipino migrants settled in Western Australia and Queensland. The beginning of the 20th century saw the implementation of the 'White Australia Policy', which effectively prevented those born in the Philippines from entering Australia for the next fifty years. By 1947 the numbers of Filipinos in Australia was down to just 141.

In the 1950s the Filipino population began to increase as significant numbers of Filipino students entered into Australia under the Colombo Plan. The 1966 immigration policy reform, which encouraged qualified non-Europeans to immigrate to Australia, had a significant impact on the Filipino population, which became one of the fastest growing overseas-born communities in Australia.

In 1972 the Philippines government declared martial law. At the same time Australia was in the process of dismantling the final components of the 'White Australia Policy' and considerable numbers of Filipino-born people began to migrate to Australia. It was also during the 1970s that many Filipino women came to Australia as 'spouses' of Australian residents in order to escape the dire poverty in their home country and provide assistance and hope for their families. This trend has continued through the last three decades and poses one of the greatest concerns in regard to domestic violence in such relationships. Evidence suggests that women who meet Australian men through introduction agencies, the Internet or correspondence are most at risk.

Demographics of Australian Filipino Community

The Filipino community is a medium-term settled community in Australia with a younger median age (38 years) than that calculated for most overseas born populations.

The vast majority of Philippines-born migrants arrived in Australia during the 1980s. The population growth began to slow at the beginning of the 1990s with the 1991 Census recording 73,673 Philippines-born people residing in Australia. However, by the 2001 census, the population had increased to 103,990 with the largest numbers in NSW (52,240 or 50.2%) and Victoria (22,500 or 21.6%). Queensland and Western Australia had 14.9% and 5.2 % respectively followed by South Australia (4.3%), the Northern Territory (1.7%), the ACT (1.3%) and Tasmania (0.7%). Since the mid-1970s, most Filipino settlers to Australia have been sponsored by a family member.

The gender ratio of Philippines-born males to females is 52.6 males per 100 females. This is in line with the trend of Filipino women arriving in Australia as 'spouses' to Australian men. At the 2001 census count there were 35,840 (34.5%) males and almost double that (68,150 or 65.5%) for females.

Greek born community in Australia

History

It is believed that the Greece-born community in Australia began as far back as the early 1800s, with seven Greek sailors convicted of piracy and sentenced to transportation to Australia. The first significant migration to Australia of those born in Greece occurred in 1850s as part of the early gold rush era. The two World Wars marked a considerable increase in immigration, partly due to the expulsion of Greeks from Asia Minor in the early 1920s and immigration quotas imposed by the United States. Following the Second World War and in collaboration with a struggling post-war Greek government, the Australian government provided assisted immigration passage to tens of thousands of Greeks. By 1961 there were over 77,000 Greek-born Australians and by 1971 this figure had more than doubled to 160,200 with about 47% settling in Melbourne.

Demographics of Australian Greece-Born Community

The 2001 Australian Bureau of Statistics (ABS) Census found that there were approximately 116,000 Greece-born people in Australia in 2001. Of these the largest number lived in Victoria (49.6%), New South Wales (31.7%) and South Australia (10.1%). As indicated by their history, the Greece-born community is a long and established one with an aging population. Furthermore, since the late 1950s the Greek community has been identified as one of the largest non Anglo-Celtic ethnic groups in Victoria, second only to the Italian community.

In the 2001 census, more than 65% of the Greece-born population were over the age of 35 years with a median age of 58 years (compared to 36 years for the total Victorian population). Most of Victoria's Greece-born population reside in metropolitan Melbourne, particularly in the northern

local government areas of Darebin (10.7%), Monash (9.2%), Moreland (7.7%) and Whittlesea (7.6%).

Most Greece-born individuals and families in Victoria arrived in Australia during the 1950s and 1960s directly following World War 2 and at the beginning of the post war boom in the manufacturing industry. Victoria received the bulk of the Commonwealth assisted immigrants in addition to those sponsored by family, friends and fellow villagers. The 2001 Census found that over 51,400 persons (89.1%) had arrived in Victoria prior to 1981. The Greece-born population in Victoria experienced a significant decrease of 6.7% during 1996-2001, primarily due to return migration to Greece, a down turn in the numbers of new arrivals and natural attrition as the population ages. However, because the Greek community is a long established one, there are now considerable numbers of first, second and third generation Australian-born individuals who have Greek ancestry.

In regional and rural Victoria the Census counted 2,031 Greek-born residents, which equates to 1.7% of Victoria's total Greek-born population. Although Victoria has the most Greece-born people of any other State/Territory, the regional and rural population count of Victoria's Greece-born is the second largest in the country following New South Wales (3,219 or 2.8% of total NSW Greece-born population).

Iraqi born community in Australia

History

The Iraq-born community in Australia is a newly emerging population that has experienced rapid growth over the past decade. This community includes Kurds, Assyrians, Armenians, Turks, Turkmens and Jews and have only been counted as a separate population in the Australian census since 1976 when there were just over 2,200 Iraq-born migrants residing in Australia. By 1986 the Iraq-born population had more than doubled (4,516) and by the end of the Gulf War in 1991 the figure had increased to 5,186. Since 1991 a considerable proportion of Iraq-born people have arrived in Australia under the humanitarian categories of the migration program including the refugee and special humanitarian program.

Demographics of Australian Iraq-Born Community

The 2001 census recorded a total of 24,760 Iraq-born migrants residing in Australia. This is an increase of some 77% from the 1996 census, which counted just over 14,000 in the Iraq-born population. Most Iraq communities have settled in New South Wales (15,730 or 63.5%) and Victoria (6,110 or 24.7%). Western Australia and South Australia have 5.9% and 2.9% Iraq-born populations respectively, followed by Queensland (.24%), ACT (0.3%), Tasmania (0.2%) and the Northern Territory (0.1%).

As with many newly emerging communities Iraq-born communities in Australia experience significant levels of unemployment, poverty, social isolation and language barriers. The unemployment rate was recorded in the 2001 census as 38.2% with two thirds of the Iraq-born population holding no post-school qualifications. Only 3.1% of the population spoke English at home with the vast majority speaking Arabic, including Lebanese (45.9%) or Assyrian (43.8%). Of those Iraq-born people who are employed most were in the manufacturing, wholesale or retail sector.

In Victoria, the geographic distribution of Iraq-born communities was in metropolitan Melbourne, mainly within the Local Government Areas (LGA) of Hume and Moreland. Regional areas that have experienced the largest increases in population include Greater Shepparton and Moira, primarily due to the area's involvement in the horticultural industry and the attraction of a strong local Iraqi community.

Italian born community in Australia

History

The Italy-born community is another of Australia's long established ethnic communities dating back to the mid-nineteenth century. It was at this time that a number of small Italian communities were formed on the goldfields of Victoria and Western Australia. In 1885 a group of approximately 300 Italy-born migrants from northern Italy established a small community known as 'New Italy' in northern NSW. Established communities also flourished along the south coast of NSW, Port Pirie and Fremantle and Italian labourers began to arrive in Queensland to work in the cane-growing industry. By the late 1930s at least one third of all Australia's Italy-born migrants were residing in the cane-growing areas of Queensland. Italian communities in these areas were also significantly involved in market gardens and comprised approximately forty percent of Queensland's market garden workers.

Most of the Italy-born migrants today arrived in Australia after the post-war period from 1960 through to the early 1970s as part of Australia's need to meet the demand for workers. Many came from Sicily, Calabria and Veneto settling in metropolitan areas throughout Australia, most notably in NSW (27.7%) and Victoria (41.5%).

In the years following 1971 Italy underwent economic recovery and this prompted many Italy-born migrants living in Australia to return to their home country. Australia's Italian population subsequently declined some 50,000 during the period 1971 (289,476 Italy-born migrants) to 1996 (238,216 Italy-born migrants).

Demographics of Australian Italy-Born Community

The Italy-born community in Australia today numbers a total of 218,750 people, most of who have settled in Victoria (90,810 or 41.5%) and NSW (60,640 or 27.7%). The Northern Territory recorded the lowest proportion of Italy-born migrants (0.2%), followed by Tasmania (0.5%), ACT (1.1%) and Queensland (6.9%). Western Australia and South Australia recorded 10.6% and 11.4% Italy-born migrants respectively.

Over the past two census periods (1996 & 2001) there has been a consistent decline in the number of Italy-born migrants arriving in Australia. In Victoria, Italy-born migrant arrivals have dropped from 857 in 1981-85 to 432 in 1995. In 1996 to 2001 the numbers of arrivals into Victoria increased slightly to 698.

The Italian community is the largest non Anglo-Celtic ethnic group in Victoria with a considerable proportion residing in metropolitan Melbourne (88.9% of total Victorian Italy-born population). The largest clusters recorded in the 2001 census were in the Local Government Areas of Moreland (12.6%) and Darebin (10.1%). The Italy-born population in Victoria is an aging one with a total of 22.8% aged between 45 and 65 years and 48.2% aged over 65 years. The median age of the Italy-born community in Victoria was recorded at 61 years.

However, there were over 290,000 persons in Victoria who identified with Italian ancestry in the 2001 census, half of whom were in the younger age bracket of 0-34 years. Two thirds (64.7%) of those identifying with Italian ancestry were born in Australia most of whom had both parents born overseas. These figures suggest a strong community of second and later generations of Australian-born/Italian ancestry.

Turkish born community in Australia

History

The Australian Turkey-born community is a long established community that began with a small population of ethnic Jews, Armenians, Georgians and Greeks in the late 19th century. The beginning of the 20th century saw the implementation of the 'White Australia Policy', which effectively excluded all non-Europeans, including those born in Turkey, from entering Australia for the next sixty years. By the 1947 census year only 252 Turkey-born people were counted in Australia. The years following the end of World War 2 saw the Turkish-speaking population begin to increase, primarily from the immigration of Turkish Cypriots who held British passports.

It was not until 1967, following the shared experiences at Gallipoli and the Australian and Turkish governments co-signing a bilateral agreement on assisted migration to Australia, that the Turkey-born community in

Australia increased significantly. This agreement offered migration to whole Turkish families on a permanent basis. These first Turkish migrants were the largest 'Asian' intake since 1901 and represented the first large Muslim population to enter Australia. The immigration agreement between Australia and Turkey resulted in a population increase for the Turkey-born community that rose from 1,544 in 1961 to 11,589 in 1971. While most Turkey-born people came to Australia through the Family Migration category, some arrived in Australia (mainly between 1965 and 1980) as Turkish Kurds who were fleeing persecution in their homeland.

Demographics of Australian Turkey-Born Community

The 2001 Census recorded 29,820 Turkey-born people in Australia, most of who settled in Victoria (15,220) and New South Wales (12,140). Queensland had the third highest count of Turkey-born (920) and Western Australia recorded 740. In Victoria, the 2001 census also counted some 28,441 residents who spoke Turkish and a similar figure (28,063) who identified with Turkish ancestry.

Victoria's Turkish population is well below average in the numbers of children and young people aged 0-24 as well as those aged over 55 years. In addition, the Turkish community holds a significant and unusually high rate of adults aged 25-54 years. This is perhaps influenced by the fact that many Turkey-born immigrants initially arrived in Australia during their mid to late adolescence, and the older population (their parents) have declined due to natural attrition.

Main languages spoken in the home of Turkey-born people were Turkish (85%), Greek, Armenian and Kurdish. Only 5% spoke English in the home. The lack of English proficiency within the Turkish community presents a range of issues also experienced by other non-English speaking communities, including:

- High unemployment rates;
- Increased difficulty in communicating effectively with the next generation whose main language is often English;
- Lack of knowledge of available services and lack of confidence and ability to access them (if known) due to a short supply of interpreters.

Most of Victoria's Turkey-born population arrived in Australia prior to 1986, with a further 25% arriving between 1986 and 1990. In 2002 three hundred Turkey-born individuals became permanent residents of Australia, however a dramatic reduction in sponsorship places for older parents resulted in fewer older people arriving under the Family Migration Program.

Former Republic of Yugoslavia (FRY) born community in Australia

History

The Federal Republic of Yugoslavia (FRY) was officially dissolved in February 2003 following the adoption of a new Constitutional Charter and Federal Parliaments' proclamation for the establishment of the state of Serbia and Montenegro.

Prior to the late 1920s Yugoslavia was known as the Serb-Croat-Slovene State and since has seen many changes to both its name and territory. In the early 1960s Yugoslavia adopted the name 'Socialist Federal Republic of Yugoslavia' and in 1991 Croatia, the Former Yugoslav Republic of Macedonia and Slovenia broke away from its mother state. Only a year later Serbia and Montenegro announced the formation of the Federal Republic of Yugoslavia noting this to be the legitimate successor to the former Socialist Republic. The FRY was admitted membership to the United Nations in late 2000.

Australia now recognises Bosnia and Herzegovina as an independent state as well as Croatia, the Former Yugoslav Republic of Macedonia and Slovenia.

The former Yugoslavia has been the third largest source of migration to Australia from Europe only behind Greece and Italy. Migration trends to Australia cover four major periods during the 20th century. The first of these occurred prior to 1948 where approximately eleven thousand Croatians, Macedonians and Serbians migrated to Australia, most arriving in the period between the two World Wars.

The second major period of migration was between 1948 and 1960 where some twenty-five thousand arrived in Australia as Displaced Persons. Up until 1960 a steady flow of several thousand refugees came to Australia through family contacts or sponsorship. Most people arriving during this period were also Croatian however there were increased numbers of Serbians and Slovenes as well as Bosniaks and those from national minority groups including Hungarians, Germans and Italians.

The third period spanned the thirty years from 1960 through to 1990 where migration numbers of Macedonians, Croatians, Bosniaks and Albanians peaked at 50,000 between 1969 and 1971.

The final migration period followed the 1991 civil war and the succession of the Republics of Slovenia, Croatia, Bosnia and Macedonia. Only Serbia and Montenegro remained in the new Federal Republic of Yugoslavia.

Demographics of Australian Federal Republic of Yugoslavia-born Community

The 2001 Census recorded 55,310 FRY born people living in Australia, most of who are located in NSW (35.6%) and Victoria (35.5%). Queensland recorded 9.9% followed by Western Australia (8.3%), South Australia (7.8%), the ACT (2.1%), Tasmania (0.5%) and the Northern Territory (0.2%). The ABS notes that the 1996 Census was the first time that the individual countries of the former Yugoslavia were recorded separately.

The median age of the FRY born was 49 years and the gender ratio was 107.3 males per 100 females. Almost half (49.1%) of FRY born people were engaged in the labour force in 2001, however the unemployment rate was still higher than that of the total Australian population (10.4% for FRY born and 7.4% for the total Australian population). Approximately 46% of FRY born people aged over 15 years held some form of qualification.

Rates of Australian Citizenship were high (95.4%) among FRY born people compared to that of the total overseas-born population (75.1%). Most FRY born people noted their ancestry to be Serbian, Hungarian and Albanian with the majority noting their religion as either Serbian Orthodox (34.2%) or Western Catholic (22.9%). Languages spoken in the home were mainly recorded in the 2001 census as Serbian, English and Hungarian.

Appendix 4: Interview Questions

A4.1 Questions by Telephone for Local Service Providers (particularly domestic violence and health workers)

1. There is a range of research pointing out the issues generally for women who are experiencing domestic violence. In your view, what are some of the issues in particular for culturally and linguistically diverse women living in rural and remote communities experiencing domestic violence?
2. What do you think women from culturally and linguistically diverse backgrounds experiencing domestic violence in rural communities are most likely to do in their situations? Who do you think they are most likely to tell, and what early action do you think they are most likely to take?
3. What is your perception of the uptake of *domestic violence services* by culturally and linguistically diverse women, say compared with those who are *actually* experiencing domestic violence? In other words, what proportion of women experiencing violence use services? Can you give some examples or stories to illustrate your point?
4. What do you think are the most useful services/contacts/ 'help' in terms of usage by culturally and linguistically diverse women, and can you speculate as to why they work or are considered useful?
5. What changes need to take place to existing services to increase their accessibility to culturally and linguistically diverse women from rural and remote communities?
6. What new services/activities/help do you think could make a difference for these women?
7. What do you think are the best strategies for hearing from/communicating with women from culturally and linguistically diverse backgrounds in rural and remote communities about their experiences and needs?
8. Would you be prepared to participate in a focus group to explore the question and potential solutions and responses in greater depth?

A4.2 Questions for focus groups with local women

1. (Introductory/Ice breaking questions)

For how long have you lived in the town? Would you like to share an aspect of your migration story or your family's migration story with us?

2. (Question to ascertain the degree of taboo around safety and health issues amongst women in the community)

In your experience, do women in your community tend to talk about their health issues or safety issues with friends or those within the community?

3. (Question to discern women's levels of knowledge about available services and pathways for those in crisis)

(Question to ascertain women's likely courses of action in crisis)

Let's run with a hypothetical question. You have a friend who decides to tell you, over a cup of tea, that she's been assaulted, however she doesn't want to reveal who assaulted her. When you question her further, it seems to be that her partner or a relative has assaulted her. She says that she is concerned that she may have some major injuries.

- a. If you had to advise this woman, what would you suggest that she does – and why.
- b. What do you think a woman in this situation is *likely* to do

4. When someone talks about 'domestic violence' or 'family violence', what do you understand that to mean? What do you think it might include?

5. (Question to ascertain safety needs of women in the community)

What do you think are some of the key safety and health needs of women in your community, and do you think they're being met?

6. (General evaluation question re quality and accessibility of services in the region)

Can you tell us a bit about the safety support and health *services* you are aware of, and perceptions about those services. Which do you think work well and which do you think need change?

7. (Question to determine what kinds of interventions might make a difference for women in the community)

Given that in many communities around Australia, rural and urban, large and small, topics like domestic violence are often kept quiet, what do you think are the ways information could find its way into your community about these kinds of issues.

-
8. (Question to ascertain service gaps in the community re women's safety)

If you had the resources to start a local project, to build a new service, or to run a new program in the area of women's safety and health, what would your first two priorities be?

A4.3 Questions for focus groups with local service providers (particularly domestic violence and health workers)

1. A number of you have already provided us with some feedback over the telephone about the issues in our project. What do you think are some of the key health and safety issues for women from migrant backgrounds in your communities?
2. What do you think women from culturally and linguistically diverse backgrounds experiencing domestic violence in rural communities are most likely to do in their situations? Who do you think they are most likely to tell, and what early action do you think they are most likely to take?
3. What are some of the issues for you as workers in the field? What would help you to do your jobs better?
4. What do you think are potential solutions or strategies for tackling migrant women's safety issues in your communities?
5. Has there been change or rather have there been shifts over time in attitudes to health and safety issues within the community – or do attitudes remain similar? What are those attitudes?

A4.4 Questions by telephone for State-wide cultural organisations

1. Which towns in rural Victoria would you say have a significant population of the cultural group your organization represents?
2. Which local community groups are you aware of in these towns?
3. What would be the best mechanisms for contacting them? Who might be the best person to speak to in that organisation?
4. There is a range of research pointing out the issues generally for women who are experiencing domestic violence. In your view, what are some of the issues in particular for women from culturally and linguistically diverse backgrounds living in rural and remote communities experiencing domestic violence?

-
5. What do you think women from your cultural community experiencing domestic violence in rural locations are most likely to do in their situations? Who do you think they are most likely to tell, and what early action do you think they are most likely to take?
 6. What is your perception of the uptake of domestic violence services by women from your cultural community, say compared with those who are actually experiencing domestic violence? In other words, what proportion of women experiencing violence use services? Can you give some examples or stories to illustrate your point?
 7. What do you think are the most useful services/contacts/ 'help' in terms of usage by culturally and linguistically diverse women, and can you speculate as to why they work or are considered useful?
 8. What changes need to take place to existing services to increase their accessibility to culturally and linguistically diverse women from rural and remote communities?
 9. What new services/activities/help do you think could make a difference for these women?

Appendix 5: Service Mapping

During the early stages of this project, the research team spent considerable time identifying key services in rural and regional Victoria that support, assist, or advise women experiencing family violence. It was the staff from these agencies, and their contacts, that formed the interview pool of professionals for this project. The Services Map that follows provides a summary of these agencies, and their contact details. Readers should keep in mind that the information is, to the best of our knowledge, correct at the time of publication.

SERVICES MAP – Barwon South West Region

Name of Service	Location		Service Type
	Address	Phone/Fax	
Geelong			
DHS Barwon South West Region	State Government Offices, 2nd Floor Little Malop Street (cnr Fenwick St) Geelong 3220	5226 4540	Government Department, Child Protection
Geelong Migrant Resource Centre	153 Pakington St., Geelong West 3218	5221 6044	General welfare services, employment & community development
Geelong Ethnic Communities Council, Inc	153 Pakington Street, Geelong West, Vic 3218	5221 6044	Advocacy, development & delivery of programs & services of Geelong Migrant Resource Centre
Geelong DVOS (Domestic Violence Outreach Service)		5224 2903	
Indigenous Family Violence Strategy Worker – Barwon South West		0417396946 or 5226 4463	
CASA(Centre Against Sexual Assault) Barwon	291 LaTrobe Trc., Geelong 3220	5222 4802	Emergency and crisis care, information and advocacy, counselling & support
Police Station		5225 3100	Law enforcement, community assistance, crime and safety issues
Colac			
Colac Community Health	Corangamite St., Colac, 3250	5230 0100	Primary and community health services

Name of Service	Location		Service Type
	Address	Phone/Fax	
Police Station		5231 5599	Law enforcement, community assistance, crime and safety issues
Warrnambool			
Emma House and Domestic Violence Service - Warrnambool		55 611 934	
CASA South Western – Warrnambool	South West Healthcare Ryot St. Warrnambool 3280	5564 4144	Emergency and crisis care, information and advocacy, counselling and support
Police Station		5560 1180	Law enforcement, community assistance, crime and safety issues
Orbost			
Orbost & District Community Health Service	Boundary Street, Orbost 3888	5154 6666	Hospital, allied health, accommodation and community services
Other			
DVIRC (Domestic Violence and Incest Resource Service)		9846 9866	
Immigrant Women's Domestic Violence Service		8413 6800 Freecall: 1800555985	
Telephone interpreter Service		131450	
Women's Legal Service		188 133 302	
Police Station - Corio		5273 9555	Law enforcement, community assistance, crime and safety issues
Police Station - Hamilton		5572 1999	Law enforcement, community assistance, crime and safety issues
Police Station - Portland		5523 1999	Law enforcement, community assistance, crime and safety issues

SERVICES MAP – Gippsland Region

Name of Service	Location		Service Type
	Address	Phone/Fax	
Bairnsdale			
Police Station Bairnsdale	155 Nicholson St., Bairnsdale 3875	5152 0500	Law enforcement, community assistance, crime and safety issues
Bairnsdale Regional Health Service Community Health C'tre		5152 0222	Health and community services
Gippsland and East Gippsland Aboriginal Corp. The Family Violence Prevention & Legal Svc	37-53 Dalmahoy St., Bairnsdale 3875	5152 1922	
Bairnsdale Koori Women's Shelter		5152 1789	
Sale			
Gippsland Women's Health Service	56b Cunninghame St, Sale 3850	5143 1600	
Central Gippsland Health Service	Gippsland Base Hospital, Guthridge Parade, Sale	5143 8600	Community health, allied health, counselling and migrant resources
Police Station – Sale		5144 2244	Law enforcement, community assistance, crime and safety issues
Kilmany Community Health Centre (Quantum Support Services)		5143 2294	Family Services
Morwell			
CASA Gippsland	P.O. Box 1124 Morwell 3840	5134 3922	Indiv. counselling, outreach, comm.ed.
Gippsland Migrant Resource Centre)	100 Buckley St Morwell 3840	5133 7072	
Migrant Resources Centre	100-102 Buckley St, Morwell 3840	5143 8800 5133 7072	
La Trobe Community Health Service		5134 2011	Health and Community Services
Police Station – Morwell		5134 3255	Law enforcement, community assistance, crime and safety issues
Wonthaggi			
Family Resource Centre Davey	Wonthaggi	5671 3278	Counselling and Support Services

Name of Service	Location		Service Type
	Address	Phone/Fax	
House			
Police Station		5672 1222	Law enforcement, community assistance, crime and safety issues
Gippscare Homeless and DV Outreach Service	Wonthaggi	5672 4322	
Traralgon			
DHS Gippsland Region		5177 2500	
Regional Family Violence Adviser (to DHS)	64 Church St. Traralgon 3844	5177 2510	
Police Station		5174 0900	Law enforcement, community assistance, crime and safety issues
Relationships Australia Traralgon		5174 1100	Relationship counselling and skills courses
Moe			
La Trobe Community Health Service – Moe		5127 9100	Health and community services
Police Station		5127 2222	Law enforcement, community assistance, crime and safety issues
Other			
Churchill Community Health Centre		5122 0400	Health services, mental health and support groups
Nowa Nowa Community Health Service		5155 7294	Health and Community Services
Police Station		5623 2328	Law enforcement, community assistance, crime and safety issues
Salvation Army Gippscare – Leongatha		5662 4502 or 1800 221 200	Outreach, transitional support, emergency housing and support groups
West Gippsland Community Services Division – Warragul	34 Queens St. Warragul	5623 4488	Health and Community Services
Mallacoota District Health and Support Services	POBox 200 Mallacoota 3892	5158 0243	Health, aged, community and allied health services
Lakes Entrance Community Health Centre		5155 8300	Health and community services
Rawson Community Health Centre	5165 3236		Health and community services

SERVICES MAP – Grampians Region

Name of Service	Location		Service Type
	Address	Phone/Fax	
Ballarat			
Ballarat Community Health Centre	260 Vickers Street, Sebastopol 3356	5335 6661	Health, Mental Health and Community Services
Uniting Care Ballarat		5332 1286	
CASA (Centre Against Sexual Assault)	P.O. Box 577, Ballarat, Vic 3353	5320 3933	Emergency care, information, advocacy, counselling and support
Child and Family Services	115 Lydiard Street, Nth Ballarat 3350	5332 1434	Family Relationships Counselling, Mediation, Skills Training & Education. Adolescent Mediation & Family Therapy. Children's Contact Services Two groups currently in operation: <ul style="list-style-type: none"> • 'Survive and Thrive' • 'Art and Violence'
Community Legal Centre	Ballarat	5331 5999	
Lisa Lodge		5330 5000	
Department of Human Services Grampians Region	P.O. Box 712 Ballarat 3353	5333 6669	Housing, health, family, disability and aged care services for the residents of the Grampians region
WRISC Domestic Violence Support Service	119 Lyons Street, Nth Ballarat 3350	5333 3666	
Community Health Centre	Sebastopol	5335 7801	Health, Mental Health and Community Health Services
Community Health Centre	Wendouree West	5339 5069	Health, Mental Health and Community Health Services
Salvation Army	Ballarat	5331 5001	
Police Station	Ballarat	5336 6000	Law enforcement, community assistance, crime and safety issues
Grampians Community Health Centre	60 High Street, Ararat 3377	5352 2555 5358 3700	Community health and support services
Police Station	Ararat	5352 2233	Law enforcement, community assistance, crime and safety issues
Stawell			
Grampians Community Health Centre	40-44 Wimmera St. Stawell 3380	5382 6669	
Police Station	Stawell	5358 8222	Law enforcement, community

Name of Service	Location		Service Type
	Address	Phone/Fax	
			assistance, crime and safety issues
Horsham			
CASA (Centre Against Sexual Assault)	9 Robinson Street, Horsham, Vic 3400	5381 9272	Emergency care, information, advocacy, counselling & support
Grampians Community Health Centre (incorporating Palm Lodge)	Horsham	5381 1062 0438 342 595	
Salvation Army	12 Kalkee Road, Horsham, Vic 3400	5382 1770	
Uniting Care	185 Baillie Street, Horsham, Vic 3400	5382 6789	Assists victims to access information, counselling and practical support
Police Station	Horsham	5382 9200	Law enforcement, community assistance, crime and safety issues
Maryborough			
Police Station	Maryborough	5461 1677	Law enforcement, community assistance, crime and safety issues
Other			
DHS Child Protection		13 12 78	

SERVICES MAP – Hume Region

Name of Service	Location		Service Type
	Address	Phone/Fax	
Shepparton			
DHS Hume Region Shepparton		5832 1579	
Marian Community DV Outreach and Refuge – Shepparton		58219458	
Goulburn Valley DV Outreach Service – Shepparton		5823 3200	
Goulburn Valley CASA Shepparton	PO Box 1452 Shepparton 3632	5831 2343	
Police Station – Shepparton		5820 5777	Law enforcement, community assistance, crime and safety issues
Wangaratta			
DHS Hume Region - Wangaratta		5722 0555	Housing, health, family, disability and aged care services for the residents of central northern Vic
Cooroonya DV Services – Refuge, Crisis Support - Wangaratta	PO Box 396 Wangaratta	5722 1100	Cooroonya is a refuge & crisis response centre. One of two refuges in Hume
Central Hume DV Outreach - Wangaratta	PO Box 377 Wangaratta 3677	5721 8277	
Upper Murray CASA	PO Box 438 Wangaratta 3676	5722 2203	
Women’s Health – Goulburn North East		5722 3009	
Police Station - Wangaratta		5723 0888	Law enforcement, community assistance, crime and safety issues
Lifeworks Wangaratta		5721 5700	Counselling
Wodonga			
Cooroonya DV Services – Wodonga		02 6056 0925	
Upper Hume Community Health Service, DV Outreach - Wodonga		02 6022 8888	
Police Station - Wodonga		02 6024 1000	Law enforcement, community assistance, crime and safety issues
Benalla			
Cooroonya DV Outreach - Benalla		5762 7330	

Name of Service	Location		Service Type
	Address	Phone/Fax	
		57221100	
Police Station – Benalla		5762 1811	Law enforcement, community assistance, crime and safety issues
Other			
Regional Family Violence Advisers (to DHS)		5761 1205	
Lower Hume DV Outreach Service – Broadford [Mitchell Community Health services]	PO Box 84 Broadford 3658	5784 1306	
Police Station - Kyneton		5422 1377	Law enforcement, community assistance, crime and safety issues
Police Station - Seymour		5792 1211	Law enforcement, community assistance, crime and safety issues
Yarrawonga Community Health Centre		5744 1324	Community Health service
Goulburn Valley Community Health Service - Namurkah		5862 3348	Community Health service

SERVICES MAP – Loddon Mallee Region

Name of Service	Location		Service Type
	Address	Phone/Fax	
Bendigo			
DHS, Indigenous Family Violence Project Southern Mallee Region	165 Hargreaves St. Bendigo 3550	5430 2333	
Regional Family Violence Adviser (to DHS)		5430 2453	
EASE	PO Box 958 Bendigo 3550	5443 4945	Housing Support, D&A, young parenting, women DV, kids program
CASA (Centre Against Sexual Assault)	P.O. Box 78 Bendigo Nth 3550	5441 0430	After hrs DV service
Loddon Mallee Women's Health	47 Myers Street, Bendigo 3550	5443 0233	
Women's Health Centre at Bendigo Health Care Group		5454 7288	
Police Station – Bendigo		5440 2510	Law enforcement, community assistance, crime and safety issues
Centacare Sandhurst	P.O. Box 255 Bendigo 3552	5443 9577	Family welfare agency offering programs to support & strengthen marriage & families
DHS Bendigo Region - 'Lister House'		5444 9999	Housing, health, family, disability and aged care services for the residents of Bendigo, Echuca, Swan Hill.
Swan Hill			
Mallee Domestic Violence Service – Swan Hill (incorporates Mallee Sexual Assault Unit)	P.O. Box 1641 Swan Hill 3585	5033 1899	Domestic Violence Service
Mallee Domestic Violence Service (Southern Mallee)	P.O. Box 1373 Mildura 3502	5025 5400	The Network has two groups: Northern Mallee and Southern Mallee (Mildura and Swan Hill).
Police Station – Swan Hill	199 Curlewis St, Swan Hill 3585	5036 4444	Law enforcement, community assistance, crime and safety issues
Mildura			
Mallee Domestic Violence Service (Northern Mallee)	P.O. Box 1373 Mildura 3502	5025 5400	The Network has two groups: Northern Mallee and Southern Mallee (Mildura and Swan Hill).

Name of Service	Location		Service Type
	Address	Phone/Fax	
Sunrasia Ethnic Communities Council	P.O. Box 1213 Mildura 3502	5022 1006	Ethnic specific service, health, immigration, settlement education
Mallee Sexual Assault Unit	P.O. Box 1373 Mildura 3502	5021 2130	
Mallee Domestic Violence Services	P.O. Box 1373, Mildura 3502	50255400	
Mallee Family Care	122 Ninth Street, Mildura 3500	5023 5966	
Police Station – Mildura	67 Madden Av, Mildura 3500	5023 9555	Law enforcement, community assistance, crime and safety issues.
Castlemaine, Echuca & Ouyen			
Loddon Mallee Women’s Health Service	72 Oke Street, Ouyen, 3490	5092 1686	
Police Station – Castlemaine		5472 2099	Law enforcement, community assistance, crime and safety issues
Police Station – Echuca		5482 2255	Law enforcement, community assistance, crime and safety issues
Other			
Cobaw Community Health Service		54211611 (direct line) 5421 1666 (switchboard)	
Working Women’s Health	Northcote	9482 3299	
Annie North Refuge		0418 562 2083	

Appendix 6: Focus Group Communities and Locations

The cultural communities interviewed for this project included the following:

- Filipino
- Greek
- Iraqi and Kuwaiti
- Italian
- Former Republic of Yugoslavia
- Tongan

In addition, one interview group was constituted of women from a range of cultural backgrounds over and above those cited above.

The regional locations in which interviews took place were:

- Bairnsdale
- Ballarat
- Mildura
- Moe
- Morwell
- Robinvale
- Traralgon