

Introduction

THERE IS no 'typical kind' of woman who experiences domestic violence or accesses domestic violence services.

Diversity in cultural and socio-economic background, in physical and intellectual ability, in sexuality, in health, in geographic location, in past experience, in goals and desires, in age, makes it virtually impossible to summarise the experience of domestic violence in any simple way.

For example, the experience and needs of a woman trying to escape from an isolated farm will vary from those of a newly arrived migrant woman who is threatened with deportation if she leaves her sponsoring spouse. In turn, that woman's needs will vary from those of an Aboriginal woman who has endured constant racism from police; or those of a lesbian who finds that services do not acknowledge her relationship; or the needs of a woman with a disability who is physically unable to take the necessary steps to get help.

There are things, however, that all these women have in common: the violence in their lives and their desire for it to stop.

Ensuring accessibility

Leaving a violent partner may well be the hardest and most dangerous thing a woman will ever do.

To assist her, services need to be able to listen and respond with sensitivity to her particular experience of domestic violence. The assistance they provide must effectively address the extraordinary diversity of women's needs.

Ensuring that a service is accessible to *all* women and children is an ongoing and

many-faceted process.

It involves acquainting yourself with, and learning from, the women within your community, forming networks with a range of women and women's services, and understanding some of the factors which may determine a woman's experience and influence her needs.

It may involve adjusting your service to create an atmosphere and practice that is inclusive and open.

Services need to be actively working against discrimination, both within themselves, and in the wider community.

Ultimately, the aim is to provide effective support which meets the needs of *all* women and children.

It is known that domestic violence occurs in all groups in the community whether middle class or working class, old or young, black or white, English speaking background or non-English speaking background and whether they reside in urban or rural areas.¹

Thinking about diversity

Some factors of domestic violence hold true in all instances. Determining these factors may be a helpful starting point when considering diversity.

- In Australia, domestic violence is always a crime.
- The best source of information about what a woman needs is the woman herself.
- All domestic violence situations are complex. The best way to understand each situation is to listen effectively.
- *All* women and children have a right to live in safety.

Diversity exists within all groups of people. To address this spectrum of experience and need, service providers require a correspondingly diverse range of strategies and solutions.

Diverse needs can be effectively addressed. Strategies begin with service providers being prepared to build networks, seek training

and advice, discuss issues, ask questions, listen and learn. This enables them to construct the kind of framework which allows for diversity and finds appropriate solutions for complex individual needs.

We can never have a deep understanding of every human experience. We can, however, provide support and services for a diverse population of women and children if we are committed to doing so. We can make sure that our service is non-judgmental and non-discriminatory.

Different contexts of domestic violence

The social, cultural, historical and personal context within which domestic violence occurs, will influence a woman's perception of the choices available to her. Sometimes these factors are shared by 'groups' of women and as a result, some similarities may emerge.

One woman's story

I made the decision to leave him after 40 years of marriage. He was violent, on and off, ever since our first child. I wanted to leave but in those days there wasn't anywhere to go and people used to say it's your own fault, and you must have nagged him or something.

When I did finally leave, people treated me differently because I was older. I don't know, more like with sympathy or something. I felt like they were thinking 'poor old dear', and not really listening to me.

The woman I was talking to, she was the social worker, she was quite young. She couldn't seem to understand that I wanted help to escape from domestic violence. They ended up sending me to an old people's home, which wasn't what I needed at all.

Woman from Bega

For example, some Aboriginal women remain in violent relationships rather than contact police. This may be because they have experienced abuse and racism from police, or because they expect police inaction. This expectation has a history: the experience of police racism over many generations. It exists within a social and cultural framework of Aboriginal people being disadvantaged and marginalised on the basis of race.

A recently arrived migrant woman may remain in a violent relationship because she is unaware of her options, including her legal rights. This apparent inaction has a history: in the woman's country of origin, domestic violence may not be a crime. It also exists within a social and cultural framework: the woman may be isolated in Australia, far from family and friends, and a language barrier may prevent her from making contacts in her local community.

It is important to have an awareness of the many contexts in which domestic violence can occur, and the impact this context may have. Considering the similarities between 'groups' of women may be a useful starting point for effective service provision. However, services also need to allow for the differences which may exist between women, in the ways they may respond, and the specific nature of their needs.

Responding effectively to diversity

The following section introduces some of the issues and factors of diversity which service providers may encounter. It is not meant to be exhaustive, nor to extinguish the diversity that exists within any identifiable 'group' of women. It is presented as a guide only, to raise issues for consideration.

Further training in these areas is recommended to ensure that workers have the skills and knowledge necessary to deliver effective service to all women and children.

Domestic violence and women from non-English speaking backgrounds

IMMIGRANT and refugee women must not be considered as an homogeneous group. As with all women, factors such as their origins, age, education, sexuality, residency status and personal stories of migration, shape their experience and their needs.

Barriers to getting help

Nevertheless, there are some significant similarities, the most notable of which may be the discrimination and barriers that immigrant and refugee women face when accessing a range of services and institutions.²

These barriers are chiefly concerned with:

- a lack of awareness of women's legal rights in Australia and the service options available;
- communication difficulties; and
- the failure of the service providers themselves to meet migrant women's needs.

Who are women from non-English speaking backgrounds?

These women, sometimes known as first generation migrants, have migrated to Australia from a country where English is not the primary language spoken. Also included here are second generation migrants: women born in Australia, with one or both parents born overseas, whose first language was not English.³

The fabric of Australian society

Post-war migration has significantly reshaped the socio-cultural, economic and political fabric of Australian society. There are now over 100 ethnic groups speaking 80 different languages living in Australia. Over 20% of Australians were born overseas, over half these came from non-English speaking countries; 14% of Australians do not speak English at home and 19% of Australians born in non-English speaking countries speak little or no English.⁴

Garret 1992

For information on meeting migrant women's needs, turn to *Improving accessibility* on page 22 of this chapter.

Knowledge of legal rights and service options

Women from non-English speaking backgrounds may not know of support services for women escaping domestic violence. They may not be aware of Australian laws, services or rights and may not know how to access the laws, rights and services to which they are entitled.

Social isolation

The social isolation experienced by many women in situations of domestic violence may be intensified for women who have recently arrived in Australia.

This is particularly true in rural or remote areas. These women may be far from family and friends, and living within a social structure that is new to them. Language barriers and cultural and religious difference may leave them feeling alienated from their local community. Unless this isolation is overcome, there is little or no opportunity for a woman to find out about her legal rights and service options.

Some women from non-English speaking backgrounds are entirely dependent on their husbands for information.

Support

A woman's family circumstances may affect her experience of domestic violence to varying degrees. For some women, isolation from family may contribute to, or be a factor in, the continuation of the violence. For example, the following comments from women from an Indo-Chinese community were noted in the 1990 report, *Better on Your Own*:

Several of the community workers interviewed noted that, in the women's country of origin, it would be traditional for family members of the woman or the man to seek to intervene if violence or another problem was occurring in the marriage.⁵

In other cases, however, women living within an extended family community, did not necessarily find that family supportive. Some women fear the repercussions from members of her own, or her husband's, family if she admits her marriage has broken down. She may feel shame, fear rejection or fear losing custody of her children.

Fear of authorities

Many women express a reluctance to involve the police. Some women from non-English speaking backgrounds, particularly refugee women, may fear or mistrust the police. If their country of origin is, or has recently been, at war, previous experiences of the police or militia may have been negative and oppressive. Women and children may also be survivors of torture and trauma at the hands of oppressive government institutions.⁶

Communication difficulties

The inadequate use of interpreters by many services, low numbers of bilingual employees, and a lack of culturally and linguistically appropriate information about services, all create serious barriers for women with low proficiency in English. Without access to effective language services such as accredited interpreters, women with low English language proficiency cannot receive the support they require.

Problems in service response

In some instances, women from non-English speaking backgrounds experience discrimination. Migrant women report frequent problems when using the police service in particular. These problems include 'a general reluctance by police to use interpreters when attending a domestic violence call' and 'cultural stereotyping about women from non-English speaking backgrounds which results in inappropriate action.'⁷

Discriminatory experiences like this contribute to the perception of many migrant women, that services will be unable to meet their needs adequately and sensitively.

Invisibility

A recent project report entitled *Yes, but where are they?* found that, in the three rural locations encompassed by the project, most mainstream services felt the issues raised by women from non-English speaking backgrounds were peripheral to their areas of service delivery.

According to the report, these service providers were unfamiliar with the demographic profile of their constituency. They expressed real surprise that women from non-English speaking backgrounds lived in their area:

*'Yes' they agreed, when asked if issues raised by immigrant women in the community were important, 'but where are they?'*⁸

Such perceived invisibility is a major barrier to providing effective service for women from non-English speaking backgrounds. If service providers are unaware of the demographic profile of their area, it is possible that they are unaware of the diversity of needs of all women and children.

Residency status

Many women are dependent on their spouse for their residency status. They may have made an application for permanent residence in Australia on the basis of their married or de facto relationship with an

What is direct discrimination?

The Anti - Discrimination Board defines direct discrimination as treating someone unfairly or unequally simply because they belong to a particular group or category of people (NSW ADB, June 92). Direct discrimination may be open and obvious in the form of either written, spoken, or body language, or a combination of these.

What is racism?

Racism is direct discrimination on the basis of being a member of a particular cultural group or race.

Australian citizen or other permanent resident. They may fear, and may well be being threatened with, deportation if they leave the violent partner.

The Domestic Violence Provision of Immigration Law is a legal provision allowing women in this position to leave their sponsoring spouse, while still proceeding with their application for residency.

Further details about this provision and how it applies are contained in the law section of this kit on page 95.

Serial sponsorship

Serial sponsorship is when:

a person (an Australian citizen) sponsors a spouse or fiancé from overseas on more than one occasion in situations where at least one of the relationships has resulted in some form of abuse or exploitation of the sponsored party.⁹

The Iredale et al report (1992) found that 73% of cases of repeat sponsorship were known to contain some element of violence.¹⁰

If these women leave their relationship, they can face serious consequences. The risk of deportation is very real. Whether a woman stays in Australia or not depends upon the motive for her relationship and the circumstances of the separation.¹¹

These women often experience extreme isolation. They may be living with men from a different culture who are ten or 20 years older than they are, in geographically isolated locations. They will have very diverse and particular needs.

Common community beliefs

Myth:

They don't need our services. They look after their own.

Fact:

Many migrants come to Australia with few or no family links.

Family and community networks may not be in a position to provide the level of support that a service can. Distance and transport, for example, can make support by parents and friends very difficult.

A woman from a non-English speaking background, in a married or de facto relationship with an Australian citizen or resident, may rely heavily on her partner for information. This leaves her extremely vulnerable and often unaware that she can take action to escape the violence.

Domestic violence may not be a crime in her country of origin. Many women who have recently migrated to Australia are not aware that the violence is criminal.

There may be many reasons why women from non-English speaking backgrounds do not use mainstream services. It is too often reported that, when they do access a service, they find it insensitive to their individual needs. Because of these difficulties in accessing mainstream services, and the lack of understanding they receive from Anglo-Australians, many women from non-English backgrounds are forced to establish survival networks within their own ethnic communities. Hence the common perception that 'they look after their own'.

Myth:

Our doors are open to all.

Fact:

People from non-English speaking backgrounds may not know that services exist. They may come from countries where there are no community services, or where the types of service provided are different from those in Australia. In some countries, government services are used to control the population, rather than advocate for their welfare.

Agencies do not often promote their services to women from non-English speaking backgrounds as they do to the Anglo community.

If these women do use the service, they may feel frustrated by the barriers of language, racism, isolation. There is a tendency for services not to acknowledge differences, thus offering responses to women which are not relevant to the situation they describe.

These are issues of accessibility. They challenge the notion that 'our doors are open to all'.

Myth:

They have ethnic services for them.

Fact:

There is still only a small proportion of resources allocated to providing ethnic services. In rural areas these services are even more scarce.

It has only recently been recognised that people migrating to Australia require services to assist them settling in to their new home. For example, the first interpreting services were introduced as recently as 1978, despite non-English migration to Australia since the 1830s.

It is unreasonable to expect the small number of ethnic and bilingual workers to have the range of expertise, or to deliver the range of services currently provided by mainstream government and non-government agencies.

Myth:

All non-English speaking background communities have the same needs.

Fact:

Just as within the 'Anglo' Australian community, there exists an enormous variety of lifestyles and cultures within any 'ethnic' community: metropolitan, outer-suburban, rural, religious etc.

No ethnic community is an homogeneous group. Even among those living in one location, there is a diversity in the length of residency, employment status, literacy levels, educational backgrounds, proficiency in English and the migration experience.

Needs will differ depending on these factors, and on whether a person migrated by choice or as a refugee. For example, issues of concern to long-term migrants may relate to cultural maintenance, family breakdown, inter-generational conflict or ageing. For recently arrived migrants, the focus may be on employment, income support, education, accommodation, or communication. For refugee women, additional issues could include torture and trauma, concerns for family members back home, and homesickness.

Common community beliefs are from BCCSN, BMRC & ECC of NSW 1996 *Planning Manual for Community Services*. They are reprinted with permission.

Improving service accessibility for women from non-English speaking backgrounds

In rural areas, it is critical to make contact and create links with women from non-English speaking backgrounds. The isolation of being thousands of miles from family and friends, in a different culture, speaking a different language, may be barely tolerable. To experience domestic violence on top of all

Special note:

The sections titled 'Improving accessibility for women from non-English speaking background' and 'Improving accessibility for women with disabilities' have been informed conceptually by the *The Planning Manual for Community Services 1996* by Blacktown City Community Services Network (BCCSN), Blacktown Migrant Resource Centre (BMRC) and Ethnic Communities' Council (ECC) of NSW. The steps involved in making the service accessible have been reproduced from this manual. Some wording has been altered to make it appropriate to domestic violence, and some parts have been added.

We gratefully acknowledge BCCSN, BMRC and ECC of NSW for permission to reproduce this information.

this, and feel that there is no-one to turn to, is devastating.

The following planning suggestions may help service providers ensure the accessibility of their service to *all* women.

Know who's in your local community

The first step to improving the accessibility of your service is knowing the make-up of the local community. You may need to compile an up-to-date demographic profile of which communities live in your area and where.

This information is not always easy to obtain from official sources and statistics. For example, in places where people only expect to stay a short while, such as mining towns, they may not update their address on things such as the electoral role.

If this is the case, seek information elsewhere. Are there other points of interaction where statistics may be recorded: health services, or community groups, or perhaps a Migrant Resource Centre?

If you get to know the make-up your area, you

will know who it is you are trying to talk to. It enables you to target your information more effectively. You will also be able to monitor who is using your service and who is not.

Once you know who lives in your area, let them know about your services.

Letting people know your service exists

An excellent starting point is to identify and speak to agencies which may already service these groups. Ask these agencies how different communities access their information.

These agencies may be able to assist in:

- identifying community leaders so you may tell them about your service;

A helping strategy

When helping women from non-English speaking backgrounds to escape domestic violence, remember the following:

- if there are language difficulties, use an independent and accredited interpreter to inform a woman of her rights and options;
- treat the woman as an individual;
- avoid cultural stereotyping;
- remember that an established migrant is subject to cultural influences in Australia as well as those of her country of origin;
- respect her culture, beliefs and decisions regarding legal action;
- make sure she understands that, in Australia, domestic violence is a crime: neither she nor the perpetrator may be aware that to obtain an AVO or a divorce, you do not have to prove fault;
- inform her of support services for women from non-English speaking backgrounds;
- do not simply refer her to migrant services, but work in cooperation with them.¹²

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- making contact with the migrant interagency in your area, if there is one;
- finding community groups and community members who may be willing to talk with you or invite you to speak about your service at one of their meetings;
- identifying places where you can display translated posters and brochures;
- identifying relevant and appropriate community language newspapers and radio stations where you might market your service;
- organising festivals or women's groups;
- identifying professional translators in your area.

Understand who uses your services

Begin to **collect and keep data** about your service. Include records regarding which communities are using your service, and whether they are using it fully.

As well as satisfying any government and funding body requirements, you will be able to identify the ways communities use the service, and which communities are not using it but may have a need.

If particular communities are not using your service, you should not assume that there is no need until you have fully explored the issue with the communities themselves.

For each client, the following records are suggested. Adapt them to your service and purpose to ensure the records are relevant.

- Do you belong to a particular ethnic or cultural community?
- At home, what languages do you speak other than English?

A list of Ethnic Communities Councils and Migrant Resource Centres in rural areas is included on page 40 of this kit.

- What is your country of birth?
- What religion are you?
- How long have you lived in Australia?
- Do you require an interpreter?

These statistics are valuable for many reasons. Not only do they

assist in understanding need and the use of your service, but they may also assist in 'speaking about' the problems. For example, well-kept records can help you lobby for services and resources, and can be useful in submissions for funding and projects.

Be sensitive to diverse needs

Your service will be more accessible if women of different backgrounds **feel comfortable** when using it.

For example, a woman may come to the service with a friend or family member. This person may be the woman's support person. As long as she wants this person present, you should allow them to stay.

The following steps will help to make your service more sensitive to women's needs.

Make the physical environment warm and welcoming

- Does your service have signs inside and outside stating that it is a multicultural service?
- Do you display posters of people from different ethnic groups?
- Does your service have multilingual information on display?
- Does your service use international symbols for facilities such as toilets and where to get information?
- Does your service display posters and language

While collecting data is theoretically a good idea, great care must be taken to ensure that you do not breach the confidentiality of women. In your area, what are the possible implications of keeping records? Can the data be collected in such a way that it cannot be linked with individual clients?

What does having cross-cultural awareness and skills mean?

Awareness and skills for working in a multicultural society include:

- recognising and dealing with racism and racial harassment;
- understanding the impact of re-settlement and migration processes;
- awareness of the needs and issues affecting specific ethnic groups;
- an understanding of, and sensitivity to, the needs and expectations of people from non-English speaking backgrounds generally.¹³

identification charts or cards telling people they can request an interpreter?

- Do you translate your information into community languages?

Understand multicultural issues

- Have all staff undergone cross-cultural training?
- Is 'an understanding of cross-cultural issues' included in all job descriptions?
- Do you have information on ethnic communities in your area for staff to refer to?
- Do you subscribe to newsletters from the Migrant Resource Centre or attend Migrant Interagency meetings?

Offer services that women from non-English speaking backgrounds want

- Ask women from non-English speaking backgrounds what they want and what they need.
- Ask other agencies about successful programs they have run.
- Review your resource allocations.
- Feed back to women in the community about suggestions and projects.

Make sure it is not a token response

- Do you encourage the employment of women from non-English speaking backgrounds?
- Does your constitution guarantee equal access to everyone: do your aims and objectives include all target groups?
- Have you reviewed your management structure:
 - does it reflect the needs of women from non-English speaking backgrounds;
 - does it ensure that these women are represented on your management committee;
 - do you have an advisory committee for women from non-English speaking backgrounds;
 - when making decisions, are issues for women from non-English speaking backgrounds considered?
- Does your membership reflect all groups in your area?
- Have you reviewed your policies and procedures – are access and equity principles incorporated into all policies such as employment, consumer rights, staff training, consultations, planning and evaluations?
- Have the needs of ethnic groups been incorporated into your services and programs?

It is important these issues become everyday concerns at your centre.

Communicating with women from non-English speaking backgrounds

Here are some steps to overcome difficulties in communicating.

- Have all staff had training in the use of interpreters, both face-to-face (on-site) and over the phone?
- Have you identified professional interpreters

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in your area? Make your own local lists. If there are none, or few, what alternatives are available?

- Do all staff know how to use telephone interpreting services and how to pre-book interpreters? (See *Using interpreters* on this page)
- Do you have a copy of the language card handy? (Refer to the resource envelope in this kit, photocopy it and give it to other service providers in your area.)
- When speaking to people with limited English, ensure that all agency staff speak slowly and clearly but not loudly, that they use plain English and always check whether the client has understood what they have said.

Some don'ts to remember

- Do not use children or other family members to interpret for you.
- Even if she does not speak English well, do not talk about the woman to others in her presence or mention other clients in her presence.
- Do not use staff, volunteers, or bilingual staff who do not have accreditation as interpreters.

Note: Interpreting is a specialised skill. When you have need of an interpreter, it is important not to settle for 'just anyone'. Doing this could be dangerous for your client.

Using interpreters

When should an interpreter be used?

Accredited interpreters should be used:

- if a client exhibits hesitation

or difficulty in understanding and communicating in English; and

- in times of crisis or in traumatically or emotionally charged situations, where second language competency may be dramatically decreased.

What is the role of an interpreter?

The interpreter's role is **only** to provide a clear channel of communication between the service provider and the client.

What type of interpreter should be used?

Telephone Interpreters deliver a service over the phone. They may provide immediate assistance, or establish the initial nature of the inquiry.

They may also be used in emergency situations.

On-site Interpreters should always be used for follow-up interviews, or where complex or lengthier matters need to be discussed.

In emergency situations, on-site interpreters should be booked for any ongoing action. The telephone interpreter should only be used for ongoing action if an on-site interpreter is not available.

Who should organise and pay for the interpreter?

In New South Wales, it is the responsibility of officers from public agencies to book interpreters for their clients. This is in accordance with NSW Government Policy (Premier's Memorandum to all Ministers, July 1989). These same agencies are responsible for paying for the interpreter.

The information in this section is from the booklet *Use of Interpreters in domestic violence and sexual assault cases – A guide for service providers* published by the (previous) Ethnic Affairs Commission of New South Wales Dec 1995.

For copies of the booklet or more information, phone (02) 9716 2296.

If you wish to gain accreditation so you may work as an interpreter, phone the National Authority for the Accreditation of Translators and Interpreters (NAATI) on (02) 9267 1357.

Payment exemption

Non-profit community based agencies that are funded by a state government department may be eligible for a payment exemption. For example, refuges are given special consideration. For more information, phone the Community Relations Commission For a multicultural NSW on (02) 9716 2248.

Non-profit community centres are responsible for booking and paying for interpreters.

Police and DOCS workers have 24 hour access to an interpreter via the TIS service. For emergency after hours service, police should contact TIS for immediate assistance, then use the Community Relations Commission For a multicultural NSW after hours pager number.

If the matter is to be pursued through court, it is the officers' responsibility to ask the appropriate court staff to book the interpreter. The same applies for all court appearances and applications for Apprehended Violence Orders.

When making the booking

The Community Relations Commission For a multicultural NSW ensures that domestic violence and sexual assault hearings and applications for AVOs receive priority when allocating interpreters.

When making a booking through any of the interpreter services, you should:

- * identify the job as one involving domestic violence or sexual assault;
- * indicate whether the situation is a crisis call;
- * request the preferred gender of the interpreter.

Using interpreters effectively

Included in the pocket of this kit is a language card. This can help you to identify the language your client speaks.

Training on the effective use of interpreters is available through the Community Relations Commission For a multicultural NSW, the Translating and Interpreting Service and the Health Care Interpreting Service coordinators.¹⁴

Interpreter services available for different agencies

There are three major government interpreter services. The interpreters in each service are trained in a particular area of knowledge and jargon. It will be easier if you use the service appropriate to your area of work.

AGENCY	INTERPRETER SERVICE TO USE	HOW TO MAKE A BOOKING
<p>State Government agencies and state based non-profit community groups <i>(except the Health system)</i></p>	<p>The Community Relations Commission For a multicultural NSW (CRC) – Language Services</p> <p>CRC also provides a Tele-Typewriter (TTY) service for use by people with hearing impairment.</p>	<p>Phone: 1300 651 500 or (02) 9716 2248</p> <p>Requests for an on-site interpreter should be made in writing and well in advance.</p>
<p>Health professionals in New South Wales public health systems</p>	<p>Health Care Interpreter Service (HCIS)</p> <p>This service is free to all public health staff. Sexual assault and domestic violence are categorised as emergency cases and receive priority booking allocation.</p>	<p>Book through your Area Health Services – 24 hours a day</p> <p>Central Sydney (02) 9515 3222 South Eastern Sydney (02) 9515 3222 Western Sydney (02) 9840 3456 Wentworth (02) 9840 3456 South Western Sydney (02) 9757 1800 Northern Sydney (02) 9926 7560 Illawarra (02) 4274 4211 Hunter (02) 4924 6285</p> <p>Rural areas outside the above Area Health Services should contact TIS. Pre-book interpreters where possible. Phone bookings are acceptable. In crisis, an interpreter will be located as soon as possible.</p>
<p>Federal government agencies</p>	<p>Translating and Interpreting Service (TIS) (Department of Immigration and Ethnic Affairs)</p> <ul style="list-style-type: none"> • Provides on-site interpreting for federal government agencies. 	<p>On-site Interpreter: Phone (02) 9258 4732 or fax (02) 9258 4698</p>
<p>All agencies and emergencies</p>	<ul style="list-style-type: none"> • 24 hour telephone interpreters 	<p>Telephone Interpreters: 131 450 from anywhere in Australia. Telephone Interpreters can be pre-booked.</p>

For more information, call the CRC:
 Sydney **(02) 9716 2248**
 TTY **(02) 9716 2818**
 Newcastle **(02) 4929 4191**
 Wollongong **(02) 4226 8480**

Domestic violence in lesbian relationships

JUST AS the lesbian and gay community began using the slogan 'We Are Family', the community began to talk openly about the incidence of domestic violence in gay and lesbian relationships.

The slogan reflected the legitimate aspiration to receive legal recognition of lesbian relationships and the unpleasant truth that violence can happen in any family.

Incidence of violence in lesbian relationships

In Australia, there has been no comprehensive survey of the prevalence of violence in lesbian relationships. The 1986 Brand and Kidd survey in the United States of America estimated that 25% of lesbians will experience violence from their partners.

Jude Irwin, from the Australian Centre for Lesbian and Gay Research at the University of Sydney, says:

We haven't been able to do the sort of extensive research to investigate the prevalence of the problem. But what we do know is that violence happens in lesbian relationships and it is common enough to be a concern.

It is also common enough that we need to do something about the lack of services for lesbian survivors of abuse and to do

something about the lack of sensitivity of some service providers. We have to make sure that lesbians feel safe enough to use these services.

Invisibility and isolation

In a society in which women are defined in relation to men – as somebody's wife, daughter or girlfriend – lesbians are rendered all but invisible to the world at large.¹⁵

Many lesbians have experienced discrimination because of their sexuality.

Homosexuality means being sexually attracted to, or having consenting sexual relationships with, someone of the same sex. Usually, homosexual women prefer to call themselves lesbians.

Homosexuality has been practiced in all societies and at all times in history.

In any given population, about 10% of people will be homosexual, just as about 10% of the population will be left-handed.

When someone tells you they are gay or lesbian, it is called 'coming out'.

In a study conducted by Barbeler for the Sydney Young Lesbian Support Group (1992), 89% (179) of respondents stated they had faced discrimination in some form because they were known or perceived to be lesbian. Verbally hostile abuse was reported by 136 respondents. Even more alarming was that 27 of these young women had been physically assaulted on the basis of their sexuality.

Fear of discrimination and abuse is often why many lesbians choose not to openly express their sexuality. As a result, lesbian sexuality may not be visible and heterosexual members

of the broader community may be unaware that some members of the community are lesbian and gay.

For example, people might say they have never met a lesbian, which is extremely unlikely given the percentage of the population that is either lesbian or gay. We have all met and known and been friends with someone who is lesbian: we just may not have realised it. We may have assumed that everyone is heterosexual.

Low reportage rates

As with domestic violence in heterosexual relationships, it is believed the level of domestic violence in lesbian relationships is far higher than is actually reported.

At the first conference on violence in lesbian and gay relationships held in Sydney in 1994, Chris Puplick, former senator and now head of the Anti-Discrimination Board of New South Wales speculated that fear of discrimination is one of the reasons for low levels of reporting of violence in lesbian relationships:

...[there] has been a tendency to idealise lesbian and gay relationships as not being exposed to many of the snags of heterosexual relationships and to believe that they are all egalitarian...Another factor is the fear of hostility from society at large thus adding to silence around the issue from within the [gay and lesbian] community itself.¹⁶

Puplick went on to discuss the work of American Clair Renzetti whose work found that lesbians were extremely reluctant to seek intervention in violent relationships.

...There were comments about the homophobic attitudes of police and other service providers which acted as a deterrent for the women in seeking help, thus increasing their isolation. Many of them also talked about the lack of support that they received from friends.

According to Jude Irwin, 'many lesbians also don't have the support of their families who are often very anti-lesbian. So when they hear about domestic violence, it just confirms all of their anti-lesbian feelings'.¹⁷

As with heterosexual survivors of domestic abuse, shame and self-blame may make it very difficult to disclose that domestic violence is happening.

For a women in a lesbian relationship who is experiencing domestic violence, such discrimination can be damaging and danger-

What is homophobia?

Homophobia is a term which refers to fear or intolerance of homosexual women and men, usually linked with hostility towards them.

Homophobia can mean that lesbians are discriminated against at work, or denied employment. They may be refused housing, bank loans and health insurance on the grounds of their sexuality.

We are being homophobic, even if we don't mean to be, when we assume that everyone is heterosexual and then treat someone differently if we find out they are not.

Rural communities

Many gay men and lesbians are fearful that if they come out, they will be treated differently. As a result, many lesbians living in rural or remote communities live in isolation. They may be invisible to their community, and even remain separate from each other, because they fear being identified as gay or lesbian.

The homophobia they experience is often brutal and psychologically damaging, sometimes forcing them, involuntarily, to live a life of seclusion.

ous. If she is afraid to talk about her relationship, how can she tell anyone about the violence she may be experiencing within it?

Service provider's response

Jude Irwin says:

I once worked with a woman who attended the same emergency department of a hospital at least once a week for five months. Each time her partner went with her and explained that she had fallen down the stairs or walked into a door. It took more than five months before anyone in the hospital asked if it might have been domestic violence.

I can't believe it would have taken them that long if it had been a heterosexual couple. Or maybe the doctors and nurses knew and just didn't know how to handle it, or just didn't want to get involved.

While some services are now responsive to the needs of lesbian women escaping domestic violence, there are others where women have, and may still, experience discrimination. In response to this, specific services, such as Surviving Lesbian Abuse Group (SLAG), have developed to meet the needs of lesbians who are survivors of domestic abuse.

The Anti-Violence Project also provides support, information and resources regarding domestic violence.

As is the case for all women experiencing violence, it is important that the service offered by community and government agencies is part of the solution, and not contributing to the problem. To support the needs of women escaping lesbian violence, services need to be able to acknowledge lesbian relationships and the experiences of lesbians.

Making your service accessible

Service providers can take steps to ensure that their staff and service provision is not homophobic, and that lesbians feel safe when using the service.

- Display posters depicting lesbian families

Lesbian and Gay Liaison Officers

Gay men and lesbians are covered by AVOs. In recognition of the difficulties faced by gay men and lesbians, the police service now employs 'Gay and Lesbian Liaison Officers'. Contact (02) 9281 0000 to ask for your local police Gay and Lesbian Liaison Officer.

and pamphlets about lesbian violence. These are available from the Anti-Violence Project.

- Provide training to all staff on the issues involved in assisting survivors of lesbian violence. This may include issues such as homophobia, and coming out to family and friends in the context of involvement in an abusive relationship.¹⁸ If a woman comes out to you, it is important to respond respectfully and sensitively.
- Provide women with information on how to contact a Gay or Lesbian Liaison Officer at the NSW Police Service.
- Inquire about a person's relationship rather than assume they are heterosexual.
- Review policies and protocols to make sure they are not based on the assumption of heterosexuality. For example, replace any references to husbands or boyfriends in your forms, paperwork and manuals, with the word 'partner'.
- Ensure that your management committee has representation and input from lesbians.

Domestic violence and women with disabilities

Anecdotal evidence from disability groups consulted for the National Committee on Violence Against Women study suggests that the level of violence against women with a disability is higher than for women in general. The women consulted agreed that it is their disability which makes them more vulnerable.

The National Police Research Unit and Flinders University study showed that people with an intellectual disability are almost three times more likely to be physically assaulted, and ten times more likely to be sexually abused than non-disabled people.¹⁹

Different needs

Women with disabilities are not an homogeneous group. They will have different values, beliefs and lifestyles. Their disabilities will affect their lives, and their experience of domestic violence, to varying degrees and in very different ways. The disadvantage they experience may be compounded if they are Aboriginal or Torres Strait Islanders, or if they come from a non-English speaking background.

Women with disabilities have the same rights as all other women to the law, to information, to support and to protection. It is essential that a disability or illness does not deprive a woman of her right to safety for herself and her children.

When adjusting your service to meet the needs of all women, consider these broad categories of disability:

1. Physical disability, including conditions such as cerebral palsy or quadriplegia;

Note: The general information on disabilities in this chapter applies equally to women with psychiatric or mental illnesses.

However, because of the transitory nature of many of these illnesses, and society's attitude to psychiatric illnesses in particular, these women experience some unique barriers when escaping from domestic violence. Issues specific to women with psychiatric illnesses are addressed under the heading Psychiatric illness and domestic violence on page 38.

2. Sensory disability: for example, profound deafness or visual impairment;
3. Intellectual disability: for example, Down's Syndrome; and
4. Psychiatric disability, encompassing illnesses like clinical depression or schizophrenia.

Of course, each disability will require particular adjustments to your service. While this chapter aims to develop awareness of a range of specific needs and issues, you may initially find it useful to consider the experience of women with disabilities in more general terms.

Barriers to getting help

Invisibility and isolation

The difficulties experienced by women with disabilities may not be apparent to the rest of the community. Historically, these women may have been locked out of view and the public's consciousness in hospitals, hostels and institutions. Very often, they have had limited access to open employment and, as a consequence, many live in poverty.

For women with disabilities, communication difficulties and issues of mobility have often resulted in isolation. For example, a woman may find it hard to make or take phone calls. She may have difficulty making a

statement. She may have reduced decision making skills or reduced short-term memory. Issues of mobility and access could make it very hard or impossible for her to attend a police station or a chamber magistrate.

Such isolation often results in little or no opportunity to access information and assistance from legal services, or rehabilitation and employment programs.

Even when women with disabilities are able to establish communication, they are often not believed. Be aware that a disabled woman may communicate differently and use different forms of expression. This does not make the things she is trying to say any less valid.

Disabled women have commented that they suffer from a 'community pathology', referring to our society's tendency to view women with disabilities as asexual. This view implies that such women ought not even aspire to the same sorts of lives that many non-disabled women take for granted.

Lack of appropriate services

Services often fail to meet the needs of women with disabilities who are escaping domestic violence.

Often there is insufficient funding to ensure services are physically accessible.

Similarly, workers may not be trained in understanding issues surrounding disability and domestic violence. This may result in inappropriate referrals to a disability service, or admission to hospitals or institutions when it is not medical care the woman needs, but help to permanently escape domestic violence.

A recent report found that many women with disabilities who were trying to escape violence, ended up in institutions because there were no domestic violence services able to adequately attend to their needs. The complexity of the situation is illustrated in the following:

The experiences of women with disabilities deter them from approaching support agencies which work with women who are subjected to violence, such as sexual assault clinics and women's refuges. Their experience has been that facilities are inaccessible, transport is difficult, staff have limited knowledge and training in the area of disability, and therefore often refer them elsewhere, usually to a disability group. But the referrals are often inappropriate because the problem is the violence, not the person's disability.²⁰

Refuges have a policy that women must be able to 'self-manage' in order to stay in the refuge. Generally, refuges do not receive sufficient funding to provide specialist service, and do not have the staff-to-client ratio necessary to provide the constant care that an illness or disability may require.

Helen Cattalini's 1993 report on women with disabilities for the National Committee of Violence Against Women found that:

Most refuges reported that they have difficulty in providing services for women with sensory and intellectual disabilities and psychiatric illnesses. While the physical spaces can be the same for other women, special provision may be needed, for example, additional staff resources, staff training and additional child care. The attitude of staff to women with disabilities was also identified as an important issue.²¹

While it can be difficult for support agencies with limited funding to provide special facilities for women with disabilities, these women deserve to have their needs met.

Life in an institution

While many institutions have been closed down, some are still home to women with disabilities. In Australia, 70% of people who live in institutions are women. Many women who now live independently, still suffer from having been forced to live in institutions when a little help would have enabled them to live in the community.

It's not love – it's violence

It is now generally accepted that physical and sexual violence occurs in institutions. In psychiatric institutions, it is said to be widespread.²² In institutions, however, it still goes largely unreported.

The 1993 *Access to Services for Women with Disabilities who are Subjected to Violence* report found that hostels for women with intellectual disabilities often overlooked cases of abuse of women by male residents or staff. If action was taken, it was likely to take the form of 'punishing' the victim by isolating her from male company, or simply transferring the staff member to another section where the violence was likely to continue.

It is important to note that the use of violence by disabled men ought not be excused on the basis of their disability.

When the carer is also the abuser

Being physically dependent on a carer, particularly if that carer is also the partner, places women at risk of exploitation and violence.

Women who need help dressing and eating can't just move out of a violent relationship. Women who are unable to use a phone without help, can't simply call domestic violence help-lines. Women with disabilities may not have access to money because their partners/carers manage their finances. These factors limit a woman's opportunity to get help and protection, placing her in an extremely vulnerable situation.

Women with disabilities who do disclose abuse from their partner/carers, sometimes find the people they tell reluctant to take action. In some cases these people are afraid they will end up having to care for the woman themselves. Other women discover that there is more sympathy for the abuser/carers. They are seen to be 'good' for caring and, when under such tremendous stress, cannot be blamed for lashing out.

Common community beliefs

Myth:

Most people with a disability are sick and frail.

Fact:

Like everyone, people with disabilities are well most of the time.

Myth:

People with disabilities are asexual.

Fact:

People with disabilities have the same feelings and needs as others, but sometimes adjustments are needed to enable sexual intimacy and enjoyment.

Myth:

Deaf people are mute and/or dumb.

Fact:

Having a hearing impairment does not mean that a person cannot make vocal sounds, or has an intellectual disability.

Myth:

Most people with disabilities live vastly different lives from others.

Fact:

False. People with a disability do the same things that are important to other people, such as getting married, having families, working, paying taxes etc.

Myth:

People of NESB look after their own elderly and people with disabilities.

Fact:

False. People of NESB are not any more

prone to looking after their elderly and people with disabilities than the general population, but linguistic and cultural factors often preclude use of mainstream services.

Common community beliefs are reprinted with permission from BCCSN, BMRC & ECC of NSW from the 1996 Planning Manual for Community Services.

Improving accessibility for women with disabilities

Let people know your service exists

An excellent starting point is to identify and speak to agencies which may already service women with disabilities in your area. These agencies may be located in surrounding areas, but may have contact with people in your area. Ask these agencies how people with disabilities get their information about community services.

These agencies may be able to assist in:

- making contact with the disability inter-agency or network in your area, if there is one;
- finding relevant community groups and community members who may be willing to talk with you;
- identifying places where you can effectively distribute posters and brochures;
- providing advice on appropriate media for promotion.

Understanding who uses your service

Begin to **collect and keep data** on your service. This includes keeping data on the number of women with disabilities using your service, the type and degree of their disability, and whether they are using the service fully.

In addition to satisfying any government and funding body requirements, you will be able to identify the ways in which these women use the service, and which women, with which kinds of disability, are not using

While collecting data is theoretically a good idea, great care must be taken to ensure that you do not breach the confidentiality of women. In your local area, what are the possible implications of keeping your records? Can the data be collected in such a way that it cannot be linked with individual clients? Remember that if there is only a small number of women with disabilities in your area, the data you collect about their use of the service may easily be connected to them. This may place their privacy at risk.

it, but may have a need.

If women with disabilities are not using your service, it is not safe to assume that they have no need of it until you have fully explored the issue with the women themselves.

For each client, the following records are suggested. You can adapt them to your service and purpose to ensure the records are relevant.

- Nature of disability
- Degree of disability
- Need for an interpreter (AUSLAN & other language interpreter/s)
- Need for translated material (language, braille etc)
- Need for hearing assisted devices
- Need for an advocate (particularly in cases of intellectual disability)

You may also wish to note in your records whether the woman is Aboriginal, a Torres Strait Islander or from a particular ethnic background. If she is from a non-English speaking background, what language does she speak?

These statistics are valuable for many reasons. Not only do they assist in understanding need and use of service, they may help in 'speaking about' the problems. For example,

accurate records greatly assist in lobbying for services and resources, and can be useful in submissions for funding and projects.

Communicating with women with disabilities

Most people with a disability have stories to tell about trying to make themselves understood:

These experiences range from having service providers speak loudly and extremely slowly to people who are blind, while yelling even louder to people who are deaf, standing over/towering over people in wheel chairs to treating people as stupid because of their disability.²³

Some steps you can take to overcome difficulties in communication:

- Have all staff undergo training in how to communicate with women with disabilities.
- Display posters, language identification cards/charts or other information telling people they can request an interpreter, and

contacts

For more information about:

AUSLAN interpreters – contact the Community Relations Commission For a multicultural NSW on
(02) 9716 2248

TTYs - contact the Deaf Society on
(02) 9893 8555

For installation of telephone facilities such as TTYs – contact Telstra on
13 2200

For information about communication strategies and aids, contact

The Disability Information and Referral Centre (DIRC) on
(02) 9387 4199

letting them know what communication aids your service has access to.

- When speaking to people with disabilities, do not speak loudly or yell.
- Do all staff know how to use AUSLAN (sign language) Interpreting Services?
- Do all staff know how to use other communication aids such as TTYs? Tele-Typewriters (TTYs) are telephone devices which let you communicate in script.
- Do all staff know about the use of hearing loops and Compic language which uses diagrams and symbols?

Be sensitive to diverse needs

Your service will be more accessible if women with disabilities **feel comfortable** when using it.

Following are a few suggestions and questions to consider about your service. Your answers will help to identify whether your service is accessible, or whether you need to plan some changes.

Where possible, make the physical environment accessible

Does your service have the following physical facilities:

- Car parking spaces close to the entrance;
- Barrier free access from the car park;
- Wide doorways;
- Accessible toilet facilities;
- Enough circulation space;
- An absence of obstacles such as sandwich boards;
- Appropriate access, such as ramps or lifts, into and around the building?

Make the physical environment warm and welcoming

- Does your service display braille and/or audio-system and multilingual labels and signs?

- Is publicity material available on tape for people who are not literate or have a visual impairment?
- Does your service use international symbols for facilities such as toilets and where to get information?
- Does your service display posters and language identification charts or cards telling people they can request an interpreter?
- Is all signage appropriate? Be aware of the positioning of signs, thinking of people in wheelchairs, and of those with visual or intellectual disabilities.

Understand the difficulties which may be faced by women with disabilities

- Have all staff undergone training in disability awareness?
- Is 'an awareness of issues for people with disabilities' included in all job descriptions, along with skills in the use of AUSLAN interpreters or interview techniques?
- Do you have information about, or a directory of, disability services in your area for staff to refer to?
- Do you subscribe to newsletters from disability service bodies, for example, Community Services Outlook?

Offer services that women with disabilities want

- Where appropriate, directly consult with these women about what they want and what they need.
- Ask other agencies about successful programs they have run.

- Review your resource allocations.
- Feed back to women in the community about suggestions and projects.

Note: for consultations, you may need to arrange for interpreters (AUSLAN or community language, bilingual assistants or advocates) and the availability of a hearing loop for people with a hearing impairment.

Make sure it is not a token response

- Does your constitution guarantee equal access to everyone and do your aims and objectives include all target groups?
- Have you reviewed your management structure?
 - does it reflect the needs of women with disabilities?
 - are women with disabilities represented on your management committee?
 - do you have a women with disabilities advisory committee?
 - when making decisions, are issues for women with disabilities considered?
- Does your membership reflect the diversity in your area?
- Have you reviewed your policies and procedures? Are access and equity principles incorporated into all policies such as employment, consumer rights, staff training, consultations, planning and evaluations.
- Have the needs of this group of women been incorporated into your services and programs?

It is important that these issues become everyday concerns at your centre.

Domestic violence and psychiatric illness

I IS now being recognised that the stress and isolation involved in living with a violent partner can exacerbate an existing psychiatric illness or cause such illnesses to develop.

At the 1991 Local Domestic Violence Committee Conference, Dr Meg Smith said:

Mania in particular can be triggered by extreme emotional and physical stress: a woman may be unable to prove she wasn't imagining it all in the first place. Schizophrenic episodes have also been shown to be triggered by negative emotional circumstances. While the research so far has been applied to young people returning home to parents, there is no obvious reason why a similar dynamic may not apply to a marital situation.²⁴

Additional barriers to getting help for women with psychiatric illnesses

Invisibility and isolation

When a woman with a psychiatric illness says she has been assaulted, it is sometimes considered a manifestation of her illness.²⁵ In many cases, she is dependent on doctors, who are not necessarily sympathetic, or on her partner for support. The very same doctors and partners may also be looked to by services like the police, to verify the 'credibility' of the woman's claim. This leaves her particularly vulnerable.

Lack of police support

Helen Cattalini's 1993 report for the National Committee of Violence Against Women found

What is a psychiatric illness?

Like physical illness, psychiatric illnesses range in severity, intensity and duration. Like physical illnesses, many can be successfully treated and cured. They are not necessarily lifelong conditions.

Also like physical illnesses, the sooner conditions such as depression, anxiety, postnatal depression, anorexia and bulimia are identified, the higher the chances of complete recovery.

Less common are the psychiatric illnesses which involve some level of psychosis, such as schizophrenia and bipolar disorder. Some people who have these conditions are able to manage their illness successfully most of the time, having only occasional difficult 'episodes'.

The fact that a person has a psychiatric illness, does not automatically mean they are unable to manage themselves. Talk to the woman about her illness and whether she has strategies for coping with it.

that police were even more reluctant to intervene in cases of domestic violence when the woman had a psychiatric illness. This discouraged women from calling the police. Said Cattalini:

One of the concerns expressed by disability groups was that the police cannot or do not distinguish between intellectual disability and psychiatric illness. As a result, the woman's credibility may be questioned. The police may assume that the woman who is psychiatrically ill has a distorted view, or that the woman who has an intellectual disability would not stand up to vigorous questioning in court.²⁶

Lack of appropriate services

Cattalini found that most refuges had difficulty providing services for women with a range of disabilities: physical, sensory, intellectual and psychiatric.

However, due to a lack of other suitable accommodation, women with psychiatric illnesses escaping domestic violence are particularly prone to being hospitalised or institutionalised. The report identifies a further concern for these women:

Upon leaving hospital, the women found it difficult to prove that they were fit to continue to look after their children. The violent partner, on the other hand, was often considered to be a suitable carer.²⁷

Violence in institutions

Just as it does in many kinds of institutions, violence occurs in residential facilities for women with psychiatric illnesses. According to the 1993 report on *Access to Services for Women with Disabilities Who are Subjected to Violence*:

..violence in psychiatric facilities is said to be widespread. The use of medication and devices to control, lock up, physically restrain or isolate women, and the threatening of voluntary patients with involuntary committal, are all forms of violence. The placement of women in mixed wards because 'men behave better when women are around' also was seen to encourage violence.²⁸

Domestic violence and drug and alcohol issues

WITH reference to domestic violence, drug and alcohol issues are still 'emerging issues'. There has been little specialist research into the particular dynamics of abusive relationships when the woman is affected by drugs and alcohol.

As yet, few services are able to provide a holistic approach to helping these women. Women who are experiencing domestic violence, as well as problems with drugs or alcohol, are often referred to drug and alcohol services. These services may assist them with issues of dependency, but not with the experience of domestic violence.

Refuges are not a 'proclaimed place'. Legally, this means they are unable to accept a woman who may be 'unmanageably' drunk or stoned. Most refuges have policies of 'no alcohol' and 'no drugs'. While this is seen as essential for the refuges' operation, it creates difficulties for women with drug and alcohol dependencies who are escaping domestic violence.

Alcohol

Contrary to the myth that alcohol causes violence, research suggests that alcohol is present in only around 50% of domestic violence incidents.²⁹

If a woman is drunk when she approaches a refuge, the refuge may arrange alternative overnight accommodation until she is sober. For example, in some towns, a woman may spend the night at the hospital, and come to the refuge the next day. This is not the most desirable scenario, as the hospital may not be as safe as the refuge, but it may at least make the escape possible.

Susan Lloyd from the DAWN medium-term accommodation centre says:

Women who are escaping domestic violence need refuge support. Women with drug and alcohol issues who are escaping domestic violence also need refuge support.

These women have the same fear; they have the same repressed feelings. It's important to remember that women with drug and alcohol issues may be attempting to numb the pain and other feelings caused by the domestic violence.

In some cases the drug and alcohol issues may be the presenting problem but the domestic violence is really the primary issue.

Drug and alcohol workers need to be aware that many adult women who present with drug and alcohol issues may have been abused as children. Several studies have found links between drug use and sexual abuse.³⁰

At a CEIDA forum in 1992, speakers quoted figures from a study by the Toora Single Women's Shelter and the Family Planning Association which found that, out of the 73 women at the shelter in 1990, 34 were incest survivors, 46 had been raped as adults, and 61 were abusing alcohol and/or other drugs.³¹

Police attitudes

In Dr Suzanne Hatty's report *Male Violence and the Police*, published in 1988, she revealed that police officers are often guilty of a double standard where alcohol use and domestic violence are concerned.³²

Many officers said they could understand men getting drunk because their wives 'nagged' them, and lashing out violently while under the influence.

When women were drunk, however, this was considered a good reason for the man to be violent towards her.

Said one police officer: 'I see a lot of women who are drunk all the time. They're just

sluts. They should be looking after their kids. They're just low women with no morals. They drink in pubs.'

There are many reported incidents of police telling women who come to the police station to complain of domestic violence to 'go away and come back when you're sober'.

As in any other case, police attending a dispute involving domestic violence and/or drugs and alcohol, must either charge the perpetrator, or take out an AVO on the woman's behalf.

contacts

Multicultural services

Department of Immigration & Ethnic Affairs –
Ph: 13 1881

Community Relations Commission For a
Multicultural NSW
Ph: (02) 9716 2222 (general)
Ph: (02) 9716 2248 (Interpreting/translation)

Ethnic Communities' Council of NSW (ECC)
Ph: (02) 9319 0288

Illawarra ECC – Ph: (02) 4229 7566

ECC of Newcastle and Hunter Region
Ph: (02) 4929 5880

ECC of Wagga Wagga – Ph: (02) 6938 6471

Federation of Ethnic Communities' Council of
Australia (FECCA) – Ph: (02) 6282 5755

Immigrant Women's Speakout Assoc. of NSW
Ph: (02) 9635 8022

Migrant Resource Centres (MRC)

Broken Hill Multicultural Women's Resource
and Information Centre
Ph: (08) 8088 4742

Illawarra MRC – Ph: (02) 4229 6855

MRC of Newcastle and Hunter Region
Ph: (02) 4969 3399 Freecall 1800 813 205

Sydney

Auburn MRC
Ph: (02) 9649 6955

Baulkham Hills Holroyd Parramatta MRC
Ph: (02) 9687 9901

contacts

Blacktown MRC – Ph: (02) 9621 6633

Botany MRC – Ph: (02) 9663 3922

Canterbury/Bankstown MRC
Ph: (02) 9789 3744

Fairfield MRC – Ph: (02) 9727 0477

Granville Multicultural Centre
Ph: (02) 9637 7600

Liverpool MRC – Ph: (02) 9601 3788

St George MRC – Ph: (02) 9597 5455

Services for lesbians

Lesbian and Gay Anti-Violence Project
Ph: (02) 9360 6687 Freecall 1800 637 360

Mountain Women's Resource Centre – Crisis
Counselling and Referral Service for lesbian
women who experience domestic violence.
Ph: (02) 4782 5133 (Tues.)
Ph: (02) 4782 1216 (Wed-Fri)

Disability services

The Deaf Society
Ph: (02) 9893 8555 TTY: (02) 9893 8858

Disability Council of NSW
Ph: (02) 9211 2271 Freecall 1800 044 848
TTY: (02) 9286 7226

Disability Information Service (North NSW)
Ph: (02) 6622 8000 Freecall 1800 800 340
TTY: 1800 800 340

IDEAS (Information on Disability, Equipment,
Access, Services Inc)
(Riverina-Murray and Illawarra regions)
Ph: (02) 6947 3377 Freecall 1800 029 904
TTY 1800 029 904

Royal Blind Society – Ph: (02) 9334 3333
Freecall 1300 134 560

Other services

Alcohol and Drugs Information Service
Ph: (02) 9361 8000 Freecall 1800 422 599

Mental Health Advocacy Service
Ph: (02) 9745 4277

Older Women's Network
Ph: (02) 9247 7046

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