

Fact Sheet 8 Responding to diversity

Factors impacting on victims' vulnerability to continued violence

Although family and domestic violence transcends cultural, social and economic boundaries, there are people in Western Australia who may be more vulnerable to an increased frequency or severity of violence and face a range of barriers to accessing safety.

There is no single cause or factor that leads to domestic violence. Each victim's experience of family and domestic violence will be unique, and should be carefully risk assessed, regardless of any group or community she may belong to.

Some of the groups commonly represented as experiencing additional barriers to support and safety are listed below.

Women in pregnancy and early motherhood

Pregnancy and the early years of motherhood are periods when women are at greater risk of experiencing family and domestic violence. Research shows that women often experience their first assault during pregnancy, or experience an increase in the frequency or severity of violence. Violence committed against pregnant women is more likely to be very dangerous or lethal. There is also evidence that some perpetrators specifically target the foetus, using physical violence aimed at their partner's abdominal area, genitals and breasts (Australian Bureau of Statistics 2012).

Some of the vulnerabilities that women might experience in pregnancy and early motherhood include:

- exhaustion and sleep deprivation associated with mothering, which might contribute to diminished sense of, or actual, self-efficacy;
- stress associated with their new role or with the introduction of a new child into their family;
- perceived or actual inability to protect themselves and their children from harm;
- change in financial circumstances, for example, a reduction from two incomes to one;
- fears about losing access to their child because of involvement of child protection services;
- fear of social stigmatisation about becoming a single mother;
- lack of safe accommodation options appropriate to an infant or young child; and
- desire to maintain the child's connection with its father.

The prevalence of family and domestic violence in pregnancy and early motherhood suggests that professionals working in perinatal and maternal and child health services play a critical role in early intervention, by identifying family and domestic violence and referring appropriately.

Aboriginal women

Research suggests that Aboriginal women are 35 times more likely to be hospitalised due to family violence (NATSISS 2002) and nine times more likely to be the victim of domestic homicide compared to non-Aboriginal women (Loh & Ferrante 2003; Mouzos & Rushforth 2002).

Family and domestic violence in Aboriginal communities is complex and must be understood in the context of a long history of racism, dispossession, marginalisation and poverty. In particular, the separation of children from their families over generations, and practices of moving groups of Aboriginal people from their traditional lands is recognised to have led to the breakdown of kinship systems, family relationships and Aboriginal law (NATSISS 2002). However, regardless of the historical antecedents of family and domestic violence in Aboriginal communities and the cultural complexities involved in responding sensitively, the safety and wellbeing of adult victims and children of violence must always be the highest priority.

The close-knit nature of Aboriginal communities can mean that family violence affects a wide range of people and that those involved might be unwilling to act in a way that will disrupt their community membership, especially through the involvement of outside agencies. In rural and remote regions, the limited access to police and other services can also present barriers to Aboriginal women seeking help. Some Aboriginal women are reluctant to speak out because they fear it will result in their children being removed from their care, or fear that their partner will be taken away from their community and imprisoned.

When considering safety for an Aboriginal woman experiencing family and domestic violence, particularly someone from a remote community, the following challenges must be considered:

- Is the language of the risk assessment relevant and appropriate?
- Is it likely that the victim is minimising or denying violence for cultural/community reasons?
- How will confidentiality be maintained?
- What are the sources of safety in the community?
- How far away is the nearest police response?
- Does the victim have access to a phone to contact the police?
- Does the victim have access to safe accommodation?
- How effective are mainstream interventions or 'safety measures' likely to be, for example a violence restraining order?
- Is the referral culturally appropriate and relevant?
- Is the victim at risk of family retribution or ostracism from the community if statutory or legal intervention is initiated?

The best way to assess the support required by an Aboriginal woman is to ask her.

Culturally and linguistically diverse women

The term culturally and linguistically diverse (CALD) refers to people from a range of different countries of origin, including those whose first language is a language other than English.

Women from culturally and linguistically diverse communities may face additional barriers in seeking assistance as they may:

- speak no or limited English, making it harder to seek support from services,
- lack extended family and community support;
- have already experienced multiple forms of violence and trauma;
- encounter difficulties in accessing legal and support services owing to language and cultural differences;
- be unaware of their rights and of laws relating to family violence and/or immigration;
- lack knowledge of housing, income and support services designed to assist women who experience family violence;
- lack independent funds and income earning capacity;
- fear that reporting violence will compromise future residency in Australia, a particular concern for women on temporary or spouse visas;
- fear that their confidentiality will be breached by service providers; and
- hold cultural or religious beliefs that preclude separation or divorce, and/or be heavily affected by concepts of honour and shame.

A significant number of women who seek assistance from family and domestic violence crisis services are living in Australia on temporary or provisional visas. Conditions attached to these visas differ, and women in these situations usually require specialist advice. Perpetrators often exploit victims' fear of deportation.

When working with victims of family and domestic violence from CALD communities, it is important to ensure that you:

- check that the woman understands the words and terms you are using;
- always provide an interpreter if required (see below);
- collaborate with a service that specialises in responding to family and domestic violence against victims from CALD communities;
- engage with the woman in a culturally appropriate manner, perhaps by making contact with other appropriate agencies;
- enquire about and record concerns arising from the woman's life circumstances and factor these into risk assessment and risk management; and
- discuss with the woman any protective concerns you hold for her children, to minimise the chances that your concerns arise from cultural misunderstandings
- understand the victim's visa status and legal position (this should be based on information from a suitably informed professional); and
- identify the underlying reasons for any reluctance the victim has to use a service or engage with the service system.

If you cannot communicate easily in the victim's preferred language, then you must use a properly accredited interpreter. Accredited interpreters have advanced training, significant experience and are required to abide by a code of conduct; however, women might feel more reassured to have access to interstate or international telephone interpreters.

The best way to assess the support required by a woman from a culturally and linguistically diverse community is to ask her.

Women from rural and remote communities

Studies suggest that women living in rural and remote locations experience more frequent violence, greater severity of physical abuse and remain in abusive relationships longer than women in urban areas (Wendt et al. 2015).

Women in rural and remote areas face unique barriers that can make ending a relationship, accessing support or reporting violence especially challenging. These may include:

- isolation, both geographically and from support networks including family and friends;
- limited access to services, specifically specialist programs;
- lack of behaviour change programs for perpetrators;
- lack of transport options or alternative accommodation;
- poor telecommunications;
- perceived difficulties maintaining confidentiality and safety;
- fear of not being believed, particularly in situations where the perpetrator is a prominent and valued member of the community; and
- access to interpreters for women from diverse backgrounds or women with a communication difficulty.

Firearms are often more accessible in rural and remote communities, particularly in farming areas. This must be considered in risk assessments as it can significantly increase the risk for a victim.

The best way to assess the support required by a woman from a rural or remote community is to ask her.

Women with disabilities

Approximately 19 per cent of people in Australia report having a disability (Frawley et al. 2015), though each person's experience of disability - and the effects of that disability - is unique. A disability might not always be observable and/or it might not be perceived as disabling. Most critically, disability only sometimes means a person is cognitively impaired.

Perpetrators of violence will often manipulate the impact of a person's disability to increase their own power and control over that person. Furthermore, women with disabilities sometimes have little autonomy in family or institutional settings; in these contexts, perpetrators are often perceived by others - such as police and doctors - to have more credibility. This can be a significant barrier to seeking help or reporting family and domestic violence.

Factors that increase vulnerability to family violence for women and children with disabilities are:

- reliance on the perpetrator of the violence, for example, for personal care, mobility, income, parenting support, or transport;
- lack of support options;
- fear about having children removed from their home, particularly if they rely on the perpetrator to assist them with their parenting role
- lack of economic resources and/or sufficient income;
- social isolation that stems from the marginalised position of people with disability in society;
- failure of adequate supervision in a community, residential or other institutional settings;
- communication challenges and lack of access to interpreters, communication devices and information in an appropriate format; and
- normalisation of the experience of being controlled and abused (especially if this has been accepted by authority figures, for example, where a male carer is asked to 'speak for' the woman with the disability).

To minimise the effects of the additional risks and vulnerabilities that might be experienced by a woman with disability, it is important that you:

- check what, if any, communication assistance she requires before proceeding with the assessment;
- check whether she identifies as having disability;
- check whether any children identify as having disability;
- enquire about what, if any, supports she and/or her family require for daily living, and who provides that support;
- check whether she requires mobility aids, medications or treatments and record the details of any schedule that applies to these;
- identify any support services/agencies that she and/or her family are engaged with;
- explore what support or assistance she needs if she wishes to access other services, including accommodation;
- develop a safety plan that makes specific provisions for her and her children's requirements (addressing, for example, lack of mobility, communication difficulties); and
- believe her and directly address any concerns she has about whether she will be believed by others, especially if the perpetrator has undermined her confidence or self-esteem.

The degrees of assistance that people with disability require range from none, through to very intensive support. They might require mobility assistance, personal care or interpreters.

The best way to assess the support required by a woman with a disability is to ask her.

People of diverse sexuality, sex and gender

While the level of family and domestic violence in lesbian, gay, bisexual, transsexual, transgender, intersex, and other people of diverse sex, sexuality and/or gender (LGBTI) relationships is unknown, there is some evidence to suggest it occurs at rates comparable with family and domestic violence perpetrated by men against women in heterosexual relationships. The forms of violence occurring are also similar to those reported by women in heterosexual relationships.

Some of the factors that can make people in LGBTI relationships more vulnerable to family and domestic violence are:

- myths that violence from LGBTI people is not family and domestic violence;
- beliefs that there are no services for LGBTI people experiencing family and domestic violence;
- concerns about the ways that LGBTI people have historically been treated by police or other service providers - and about ongoing discrimination, homophobia and transphobia on the part of some professionals;
- concerns for confidentiality and privacy, including being 'outed';
- lack of awareness about rights and entitlements if ending a relationship;
- internalised homophobia, which might lead victims to question their deservedness of respectful relationships; and
- lack of awareness about parental rights, including fears that children will be removed, or that access to children might be limited if family and domestic violence is disclosed.

To minimise the effects of the additional risks and vulnerabilities that might be experienced by people of diverse sexuality and gender, it is important that you:

- are respectful of people's choices regarding the pronouns and identities they use to describe themselves and others in their family and community;
- make specific provision to address concerns or fears that arise from the context of homophobia or transphobia; and
- believe people and directly address any concerns they have about whether they will be believed by others, especially if the perpetrator has undermined their confidence or self-esteem.

The best way to assess the support required by a LGBTI person is to ask them.

References

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