



Foundation House

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Submission to the Royal Commission into Family Violence

The Victorian Foundation for Survivors of Torture (Foundation House) appreciates the opportunity to provide this submission for consideration by the Victorian Royal Commission into Family Violence.

The submission is based on the work Foundation House has undertaken since its establishment in 1987, assisting thousands of survivors of torture and other traumatic experiences, of refugee backgrounds, who have settled in Victoria. We provide counselling and other services to individuals and families; train and support service providers in the health, education and welfare sectors; and conduct and commission research to improve policies, programs and services affecting the health and wellbeing of people of refugee backgrounds.

The submission also draws upon other valuable sources of analysis and recommendations for action, including two comprehensive submissions to the Commission from the Victorian Multicultural Commission and cohealth.

It is not possible to determine precisely the prevalence of family violence in the communities with which we work or the use of services to assist families and members affected because such data has not been compiled. However our experience and that of agencies with which we have contact indicates that the problem is significant, as it is in Australian society generally. Similarly, our experience and that of others indicates that between spouses, husbands are the main perpetrators of violence.

While we refer in the submission to 'people of refugee backgrounds' it is important to note that they are very heterogeneous. In the past year alone our clients came from more than 50 countries of origin and within some of those there were differences of ethnicity, language and faith. They differ in circumstances and experiences prior to leaving their countries of origin, in countries of transit and in the course of settlement in Australia. The status of 'refugee' is but one aspect of their background and may not be or considered by them to be a defining characteristic, particularly after years of living here.

The first part of the submission describes factors that are pertinent to the incidence of family violence and how family members affected may respond. The primary focus is family violence between adults. The second part examines some of the main implications for policies, programs and services.

Family violence among people of refugee backgrounds

Among the people with whom we work, a number of interacting factors determine the incidence of family violence and how those involved respond to it. Some are shared with the population at large; with other people who have recently migrated to Australia (especially if they are not proficient in English); with others of refugee backgrounds; and some are linked to their experiences of torture or other traumatic events.

Impacts of experiences which forced people to leave their countries of origin

Experiences which led people to leave their countries of origin may contribute to family violence occurring and also inhibit people who are subjected to harm from complaining to the police or other authorities.

Many refugees have fled situations of armed conflict. Our work and that of others assisting refugees suggests 'that the psychological effects of experiencing the normalization of violence in countries at war may be contributing factors for intimate partner violence.'¹

Foundation House assists specifically people of refugee backgrounds who have been subjected to traumatic events such as physical and psychological torture, arbitrary imprisonment in appalling conditions, war and dangerous journeys to escape harm. The psycho-social impacts may be profound, affecting the individuals subjected to trauma and their relations with families, friends, communities and society at large. The impact of traumatic experiences occurring in one generation may be apparent transgenerationally.

Some of the impacts identified by Foundation House² that are particularly pertinent to family violence are:

- Anxiety and reactions associated with the experience of traumatic events increase sensitivity to a range of stimuli. For example, clients who have been in prolonged solitary confinement may be easily disturbed by the noise of their children in the home or neighbours. High irritability, sleep disturbances and low frustration tolerance can lead to reduced control over impulsive and aggressive behaviour.³
- Guilt and shame are common consequences for survivors of torture and trauma. Even when nothing could have been done to change a situation, people imagine they should have been able to do something. Shame can lead to aggression, whereby aggression towards others can disguise feelings of aggression towards oneself.⁴

¹ Greta Uehling, Alberto Bouroncle, Carter Roeber, Nathaniel Tashima and Cathleen Crain, "Preventing partner violence in refugee and immigrant communities" (2011) 38 *Forced Migration Review*, 50.

² These are documented in Victorian Foundation for Survivors of Torture, *Rebuilding shattered lives* (VFST, 1998). These types of issues have been documented among clients numerous times since this resource was published and are also demonstrated in the case studies at Appendix 1.

³ Ibid 38.

⁴ Ibid 53-55.

- Male survivors of sexual torture who have been raped can be prone to violence. Some express rage at the perpetrator, but usually the anger is generalized to others and can be expressed in the domestic situation.⁵
- Memories of past violence can produce aggression in response to reminders of those events.
- Many survivors experience high levels of anxiety and unwanted intrusive memories of trauma even in everyday situations. They may seek to alleviate their anxiety and memories by palliative methods such as smoking and drinking. Heavy and persistent usage can create debilitating problems of substance abuse.⁶ The link between alcohol consumption and aggression is well established.
- Aggressive behaviour can become a way to deal with excessive anxiety because it enables the survivor to feel power rather than feel continually helpless.⁷
- As a result of their trauma, refugees who are asylum seekers are sensitized to threats, injustice and humiliation experienced while they await the determination of their protection claims e.g. deprivation of the right to basic material assistance; the perception conveyed through media that they are a burden on society; and the ongoing threat of forced return. Adults are likely to deal with renewed experiences of traumatization by withdrawing further due to fear and despair, or by becoming angry with systems and people in the new country.⁸ Frustration, anxiety and anger are often directed against family members, including children.

By definition, a refugee is a person who has a well-founded fear of being persecuted for reasons such as their race or religion in their country of nationality and is unwilling or unable to avail themselves of the protection of that country.⁹ This may be because the authorities of the country were the persecutors or that the authorities would not protect targeted groups against those perpetrating the persecution. Many refugees have also experienced ill-treatment or indifference by authorities of countries in which they lived after leaving their own. Understandably, one consequence common among refugees is apprehension about the police as an agency that can be trusted.

Another common experience for refugees is forced separation of family members. Those subject to family violence will therefore be reluctant to notify authorities if they fear it may result in their family being split and in particular that children may be removed from their care.

⁵ Ibid 56.

⁶ Ibid 40.

⁷ Ibid 42.

⁸ Ibid 65.

⁹ Convention relating to the Status of Refugees, 28 July 1951, 189 UNTS 137, Art. 1(A)(2).

Attitudes to family violence

Within Australian society and its political and law enforcement institutions, recognition of the high prevalence and serious harm of family violence occurring within the nation is a relatively recent phenomenon. The continuing incidence of family violence, with associated deaths and bodily and mental harm indicates that many men (in particular) continue to believe that such conduct is acceptable.

A substantial number of people migrating to Australia – and not only those of refugee origins – come from countries and cultures in which violence within the family is not considered to be a significant problem.

Women of such cultural backgrounds may be reluctant to seek help and concerned that doing so will be considered shameful by members of their communities which share those values. They may regard communal rejection and social isolation as worse than living with a violent husband.

Lack of awareness of Australian family laws and systems

Both men and women who have come from other countries may consider that, as in their country of origin, a husband has a lawful 'right' to hit his wife without external intervention or sanction. Among our client population, as with many new arrival communities, there is frequently a lack of understanding that under Australian laws family violence is prohibited, that the concept may include emotional, psychological and financial abuse as well as physical assault, and that it may be the subject of action by police and the courts. The legal system cannot be a deterrent to perpetrators or a source of assistance to victims if they are unaware of it.

Stresses of settling in Australia

Australia is a place of safety for refugees from the persecution which forced them to leave and prevents them returning to their countries of origin. However the settlement process can be very stressful for both men and women.

Men often express a feeling of disempowerment, particularly if they are unemployed and are unable to provide for their families, and can feel challenged if their wife or children become increasingly independent. They sometimes express feelings of having lost the authority and respect in the home that they are accustomed to, which can manifest in aggressive or controlling behaviour towards family members.

Women often experience social isolation because they do not have extended families and communities, are not proficient in English and are completely dependent on their husbands as the main link to services and financial support. In countries of origin, family and community members have commonly been protective factors, offering places of refuge or intervention in family conflicts. Deprived of their supports in Australia, women may not know anyone to whom they can turn to seek help and be extremely anxious about being able to cope without their husbands.

Service inadequacies

The experience of Foundation House is consistent with the advice provided in the submission of the Victorian Multicultural Commission, that ‘there is limited access to mainstream programs for CALD men due to cultural and/or language barriers.’¹⁰ There is no point referring a man to a service if he is unable to participate.

It is expected that maternity and early childhood services can provide a setting within which women can disclose if they are subject to family violence which may adversely affect their health and that of their babies. However a recent study of new Afghan mothers and fathers undertaken by Murdoch Children’s Research Institute and Foundation House found that there were a number of barriers to this occurring. For example, “(s)ome providers had limited awareness of the experiences that refugees may have had prior to and after settling in Australia, and the impact of those experiences on their capacity to voice their concerns, or ability to access services”; it was common for professional interpreters not to be engaged in various settings, with the husband instead being used to interpret; and both the women and their husbands strongly preferred the use of female health professionals and interpreters.¹¹ Each of these findings has strong implications regarding a woman’s willingness and ability to disclose family violence to a health care provider.

Asylum seekers

A number of particular stresses for asylum seekers awaiting the determination of their protection claims were noted above. An additional circumstance we have noted is that women living with husbands in the community may be reluctant to seek assistance because of the fear that their husbands’ visas will be cancelled and they will be detained. Women living in ‘community detention’ (i.e. at designated residential accommodation, subject to various conditions) have reported being afraid to leave their place of residence even when their partner is violent for fear of breaching their conditions of detention. In ‘held’ detention (i.e. facilities which they cannot leave), people are unable to leave to find refuge; reporting a violent spouse to the authorities carries the risk that the perpetrator will be removed to another facility, which may be a far more severe sanction than the victim of the violence desires.

¹⁰ Victorian Multicultural Commission, *Submission to the Victorian Government Royal Commission into Family Violence* (June 2015) [61].

¹¹ Murdoch Children’s Research Institute and Foundation House, *Having a Baby in a New Country – The Views and Experiences of Afghan Families and Stakeholders Final Report* (November 2013) <<http://refugeehealthnetwork.org.au/wp-content/uploads/Afghan-Families-Project-final-report.pdf>>.

Implications for policies, programs and services

The preceding overview of factors relevant to the incidence of family violence among people of refugee backgrounds indicates a number of implications for policies, programs and services. Incorporating responses to these implications in policies, programs and services would have the potential to reduce the incidence of family violence and enhance the protection of those subjected to it. This includes actions designed to:

- Increase the awareness of people of refugee backgrounds that (i) family violence is an unacceptable form of conduct which is subject to legal sanctions and (ii) there is assistance available to those subjected to family violence;
- Enhance the accessibility and responsiveness of services for families and family members at risk of or experiencing violence; and
- Strengthen the evidence base about family violence among people of refugee backgrounds in order to improve the availability and quality of services.

The following sections consider several areas which we commend the Commission to examine with a view to making recommendations designed to drive attitudinal change, reduce the barriers to accessing legal and other forms of assistance and expand and enhance the provision of effective services.

Reflecting the experience of Foundation House with respect to the provision of mental health services, we consider that there are important roles for both mainstream services (i.e. those targeting the population at large) and specialist services (i.e. those that focus on working with people who are of particular communities, such as nationality, ethnicity and faith).

Enhancing the accessibility and responsiveness of mainstream services to people of refugee backgrounds

Key elements of ensuring mainstream services are accessible and responsive to people of refugee backgrounds include:

- Appropriate interpreters are available when required and (potential) clients are aware of this – staff must appreciate the significance of issues such as potential sensitivities in choice of interpreter and confidentiality concerns of victims of family violence. As discussed below, community members can be a critical resource to ensuring members who need assistance are aware that services exist that can provide appropriate assistance and be accessed confidentially and safely.
- Staff are aware of cultural and other factors that may affect how (potential) clients of certain groups may perceive the service e.g. that it is shameful to seek help from ‘strangers’; or that there may be adverse repercussions for their visa status or sponsorship of family from overseas.

- Agencies are aware of the possibilities of drawing on community resources to respond effectively e.g. employing bi-cultural staff to work alongside 'professional' staff; and the use of community mediators (this is discussed below).
- Understanding the potential significance of traumatic events experienced by people of refugee backgrounds is critical to ensuring that policies, programs and services are effectively tailored to preventing and responding to family violence. That is apparent with respect to interventions seeking to change the behavior of those who are violent as well as creating an environment which allows those being subjected to violence to have the confidence to disclose and seek assistance; it is pertinent to note the Victorian Government's Best Interests Case Practice Model for decision-making with respect to Aboriginal children, which recognises that '(a)n understanding of the impact of past trauma and colonisation is important for practitioners working with Aboriginal families as well as for refugee and some migrant communities'.¹²

As a funder and provider of mainstream services, the Victorian Government has the capacity to ensure services are accessible and responsive to the needs of the state's diverse population. Funding needs to be adequate for services to engage appropriate interpreters when required as a matter of course and provide for training so that assistance is culturally sensitive and trauma-informed.

Maximising the potential contribution of community members

In the experience of Foundation House and other agencies with which we work, the members of communities of people of refugee backgrounds play significant roles in responding to family violence and have the potential to contribute substantially more. Community members may be very well placed to do so because of characteristics such as ethnicity and faith rather than because they are of refugee backgrounds.

The roles that community members have played and that should be expanded include:

- Informing people within their communities about Australian laws and services relating to family violence – they have the connections, cultural understanding and language skills that are critical for effective communication;
- Advising mainstream agencies about how to make their services more accessible and responsive to people of refugee backgrounds; and
- Providing services such as mediating conflicts within families.

The following are two examples of such work in which Foundation House has been involved.

¹² Victorian Department of Human Services, *Best Interests Case Practice Model: Summary Guide*, 4 <http://www.dhs.vic.gov.au/data/assets/pdf_file/0008/589643/cyf_best_interests_case_practice_model_summary_guide_09_12.pdf>.

Family Strengthening Program

Five men and five women of Afghan background were trained on issues relating to family violence in the Australian context, as part of a Family Strengthening Program conducted by Foundation House. They then undertook community awareness raising on family violence issues at Afghan community events. The men became White Ribbon Ambassadors and continued their involvement in public campaigning to stop violence against women, recognizing the important role of men as advocates for attitudinal change and to engage effectively with men who behave violently.

Supporting Traditional African Mediators Project

The Supporting Traditional African Mediators Project (STAMP)¹³ works with African/Australian community leaders to prevent family violence. It is run by the Western Region Health Centre and Foundation House is a collaborating partner.

STAMP recognises the significant influence that community leaders have in their communities, particularly in relation to providing guidance on acceptable behaviour within families, and the mediation role that they are frequently called on to play by community members. It was developed in conjunction with the community, responding to what community members – both women and men – identified as community needs. Insights from STAMP emphasise ‘the importance of relationship building, transparency, openness and the need to navigate sensitive cultural issues when working with newly arrived communities on issues such as family violence.’¹⁴

STAMP provides an excellent model for building the capacity of communities to address family violence in ways that are culturally specific but framed within an understanding of family violence and the role of the mediator in an Australian context. It offers a training curriculum for African/Australian community leaders ‘to build their capacity to provide education and interventions that promote non-violent conflict resolution amongst African/Australian families’ by:

- increasing their knowledge about family violence and the law in an Australian context;
- increasing their skills as mediators in their community; and
- creating attitudinal change about family violence.¹⁵

STAMP also develops communication channels between community leaders and members of the justice system (e.g. Victoria Police and Magistrates) to enhance understanding of family violence risk factors and encourage cooperation.¹⁶

¹³ Robin Gregory, John Bamberg, Teresa Dowd and Lindy Marlow, “Supporting Traditional African Mediators Project (STAMP) for Family Violence”, *Australian and New Zealand Journal of Family Therapy* (2013) 34, 234-244. This article provides a comprehensive overview of STAMP and its program design and learnings.

¹⁴ Ibid 235.

¹⁵ Ibid 236.

¹⁶ Ibid.

The STAMP model has been continued with other community leaders from refugee backgrounds, with the similar UPSCALE project being developed and implemented with community and faith leaders from the Karen community.

In the USA as well, 'building community capacity' has been identified as a promising approach to addressing domestic or intimate partner violence (IPV):

Early on [in the development of the IPV program] it became clear that organisations serving refugees and immigrants recognised the complexity of issues surrounding IPV in their communities, and that strengthening formal and informal networks, creating links between organisations and decreasing people's sense of isolation are all important features of a community-level response to IPV.

Building community capacity or social capital may contribute to IPV prevention through mechanisms such as dissemination of information about healthy and unhealthy relationships and about the healthy norms of behavior. This parallels discoveries within the humanitarian community that the response to sexual and gender-based-violence must engage refugees, be multi-sectoral, and rebuild family and community support networks.¹⁷

Accordingly, Foundation House supports the recommendations of the Victorian Multicultural Commission in its submission to the Royal Commission into Family Violence that community organisations and leaders should play significant roles within a Victorian Government multi-agency strategy, specifically that:

- service providers and organisations within CALD and new and emerging communities should be brought together to engage in family violence prevention and early intervention – we think it also important to stress that the organisations will require support to do so effectively; and
- community and religious leaders should be equipped to promote respectful relationships in families from CALD backgrounds through place-based and community strengthening initiatives.

As we have described, community members and organisations can also make an effective contribution directly in relation to families at risk of or experiencing violence. Regard might be had to the practice in child protection of including elders in the Indigenous community in family conferencing and decision-making.

We believe that community members and agencies have the potential to make a very major contribution to changing attitudes about family violence, improving access of individuals to assistance, enhancing service effectiveness and providing assistance. These are demanding roles and funding should be provided so that they can be undertaken and performed well.

¹⁷ Uehling et al, above n 1, 51.

Data and evidence

As indicated in the introduction to this submission, there is a dearth of evidence about:

- the prevalence of family violence among people of refugee backgrounds – they tend to be significantly under-represented in general population surveys for reasons including language and reticence to participate, which is understandable given the oppressive regimes in countries of origin;
- their use and experience of services – agencies do not as a matter of course collect data (at all or comprehensively) such as country of origin and language (and whether interpreters were required/used) which can identify the number of their clients who might be of refugee backgrounds; and
- the efficacy of interventions.¹⁸

The inadequacy of data in the related area of child protection was noted by the Protecting Victoria's Vulnerable Children Inquiry conducted in 2011. The Inquiry panel identified the need to improve knowledge and data on vulnerable children of culturally and linguistically diverse backgrounds in order to consider the appropriateness of current service provision, particularly in relation to data collected by Victorian government departments.¹⁹ Similarly, the Commonwealth Government's Second Action Plan (2012-2015) for the *National Framework for Protecting Australia's Children 2009-2020* identifies the need to improve the evidence base in relation to culturally and linguistically diverse children, and fill research gaps by "(u)ndertaking research in the priority areas of community awareness, including diverse communities".²⁰

We are aware of and welcome projects to collect and analyse the evidence, such as the Analysing Safety and Place in Immigrant and Refugee Experience study being undertaken by the Universities of Melbourne and Tasmania and the Multicultural Centre for Women's Health. A particularly positive aspect of this project is that the researchers include bilingual and bi-cultural workers.

Foundation House suggests that the Royal Commission should consider recommending that agencies providing services to families and individuals affected by family violence should be required to collect data about their clients which is essential to assessing whether or not there is effective access by diverse groups, whether service provision is adequate and providing base-line information about the effectiveness of initiatives.

¹⁸ Prof. Colleen Fisher, *Evaluation of Healthy Relationships for African Families* (The University of Western Australia, January 2015) 66.

¹⁹ State Government of Victoria, *Report of the Protecting Victoria's Vulnerable Children Inquiry* (January 2012) Recommendation 37.

²⁰ Department of Families, Housing, Community Services and Indigenous Affairs, *National Framework for Protecting Australia's Children – Second Three Year Action Plan 2012-2015*, 18 <<https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business-national-framework-for-protecting-australias-children-2009-2020-second-action-plan-2012-2015>>.

Case studies

Case study 1: A couple from a refugee background lived in Victoria with their three teenage daughters. The husband was subjected to severe torture by the army in his home country and was suffering from a number of consequent mental and physical health issues, which included engaging in self-harm. He used alcohol to cope with his anxiety, but his alcohol abuse triggered his violent behaviour towards his wife. He feared that his wife and children would leave him and wanted help to understand why he was acting violently towards her and how to manage his behaviour, but he did not know where he could get assistance.

Without help, his aggression escalated and he became increasingly violent towards his wife. Rather than involving the police, the family approached elders in their community for assistance and the wife and children resorted to staying at a community elder's house when the husband became violent. Both the husband and wife felt that seeking help from community elders was the most acceptable approach based on the traditional practice in their home country where the village leader would assist families to manage conflict. They also felt that the community elders had a wider knowledge about services available in Victoria.

Through the community elders, the family was connected with the appropriate community liaison worker at Foundation House. However, by the time this connection was made, the family's situation had deteriorated and the husband's violent behaviour towards his wife had become a police matter.

Case study 2: The wife of an abusive husband reported that her husband's behaviour had only become abusive and controlling following a head injury that he sustained in an explosion in the country from which the family had fled. Following the incident, the wife felt that the husband's personality had changed and he was now prone to outburst of anger during which he would verbally abuse his wife. The head injury, however, was not diagnosed in the family's country of origin (which was in the midst of war) and had therefore remained untreated. It was only when the man was admitted to hospital for a different medical reason in Australia that the injury was diagnosed as a severe head injury with potential damage to the brain.