

THE ULTIMATE BETRAYAL: AN EXAMINATION OF THE EXPERIENCE OF DOMESTIC AND FAMILY VIOLENCE IN REFUGEE COMMUNITIES



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Eileen Pittaway
March 2004

**THE ULTIMATE BETRAYAL:
An examination of the experience of domestic and family violence
in refugee communities**

Who is a refugee?

According to the United Nations' 1951 Convention Relating to the Status of Refugees, a refugee is a person who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country."

INTRODUCTION

The refugee experience is one of violence. Refugee women, men and children endure and survive extremes of physical and emotional violence that most of us cannot even begin to imagine. The very basis of being a refugee is that you have been persecuted in your own country and have had to flee for your safety. You can not return because of a genuine fear that if you do, the persecution will continue. Across the world, many people die as a result of persecution. The violence that constitutes persecution is either state based violence, perpetrated by military, police, or other state officials such as doctors in hospitals, teachers and bureaucrats, or it can be violence from other sections of society, such as religious bodies, guerrilla groups and sectional interests, which the state is powerless or unwilling to prevent. It includes physical, sexual and gender based violence, institutional violence, emotional violence, the violence of discrimination and exclusion and torture, and the violence of entrenched class systems and of racism.

These are the violences which refugees experience and which force them to leave their homelands, their families and all that is familiar. They risk dangerous journeys and uncertain futures in the hope of finding a place of safety and a freedom from violence and persecution.

Sadly, what is emerging now is that we must add domestic and family violence to the list of "violences" experienced by some refugees, in particular the women and children who are most often the recipients of this violence (McGinn, 2000). This can include violence against women by their husbands and other men in their families, violence from adolescent youths to their mothers and siblings, and elder abuse from adults to their parents. It encompasses violence within nuclear families but also within the more extended and informal family structures of

refugee communities. Although this paper focuses on spousal violence, other forms of family violence such as elder abuse and family violence perpetrated by adolescent males are also briefly explored.

Seen in the context of the violences already experienced, and the search for safety and security and a new start in life, this additional burden of domestic violence is a devastating blow that can cause serious erosion of the strength and resilience which has sustained refugees through the previous horror and formed the basis of their new life in countries such as Australia.

In order to understand the complex dynamics of domestic violence and its impact on refugee women, it is important to examine the many aspects of the refugee experience, from the acts of persecution which caused them to flee from their homelands, the journeys they took to arrive in Australia and their experience in the countries where they first sought asylum. There is currently a widespread misunderstanding of the problem of domestic and family violence in refugee communities. It is our intention in this paper to demonstrate that this phenomenon is for a large part rooted in the social disruption experienced by refugee families, the torture and trauma they have experienced, and in the emotional problems experienced in being uprooted and resettled in an unfamiliar culture (**See Box 1**). Violence against women in this context is more usually labelled as “cultural” and then ignored, resulting in the families treated with disdain (Pittaway & Bartolomei, 2001). Alternately, it is labelled as a gender/power issue, which fails to take into account the impact of past experiences of violence and instability.

In order to illustrate the many facets of the refugee experience, boxes have been inserted throughout the paper. Each of these should stand alone to present one aspect of the issue we are examining. Together it is hoped that they present a comprehensive picture of the complex issue.



BOX 1

Dream turned into nightmare: Panchita's story

Panchita (not her real name) came to Australia from a country in Latin America. She and her family had fled from a vicious civil war. She arrived with her husband Jorge and four teenage children. Her eldest son (then aged 14) had been killed by the military and her eldest daughter, then aged 17, was brutally raped in front of her and then taken away by the perpetrators. She was never seen again.

Panchita and her husband were both tortured and nearly killed by a drive-by shooting because of their political activity. They both had recovered from their injuries from these experiences, but Jorge could not undertake heavy work. In their homeland, they lived in continual danger and fear of their lives and fear for their remaining children. Persecution was their everyday experience, and yet they clung together fiercely as a family. Resettlement to Australia was a dream come true.

The first year in their adopted country was like a dream. Because of the problems in their homeland, Panchita and Jorge had only had a civil wedding ceremony. Soon after their arrival in Australia they had a formal Church ceremony to recommit their vows and to celebrate their new life. The children were in a stable school environment and the family looked forward to a wonderful future with hope and excitement.

Two year later, it was difficult to find that initial hope. Obtaining employment had been difficult. Jorge was unable to cope with the heavy work that was available, and did not have sufficient English language skills or experience to apply for jobs which were less physically demanding. Panchita had tried to work in a factory, but Jorge was continually angry because she was going out to work while he was confined to the house. In desperation she used the little money they had saved and bought an industrial sewing machine so that she could do piece-work at home. In order to make enough money to pay the rent, she was working long hours and co-opting her daughter to help her after school.

Tensions in the home escalated. As the children grew into adolescence, the small flat they could afford was insufficient for their needs. The daughter could not work and complete her homework. She was threatening to leave home. The elder son was angry and not attending school. They never knew where he was at night.

The response of Jorge was to resort to violence – something which according to Panchita had never happened even in the worst days of their persecution in their homeland. He frequently beat Panchita, and used excessive physical

punishments with the elder children. She reported that he also raped her and called her names, which brought back terrible memories of the time she was pack raped by soldiers.

The dream had turned into a nightmare.

(ANCORW, 1990)

Before coming to Australia as “off-shore” or authorised refugees, or as part of the Special and Humanitarian program, refugees first have to take refuge in a country to which they have fled, and seek “international protection”. Very often they do this in a neighbouring country, which is called the “country of first asylum”. Refugee status is sought through the office of the United Nations High Commissioner for Refugees (UNHCR). Working with host governments, non government organisations and the overseas posts or representatives of countries such as Australia, UNHCR co-ordinates the reception and protection of refugees in their country of first asylum. This is often provided in refugee camps, sometimes in urban settings, where refugees gather in the poorest parts of cities. Refugees apply for refugee status in these settings, and if they wish to move to a third, developed country such as Australia, New Zealand, Canada or the USA, they can also apply for resettlement. This is sometime referred to as “the queue”. It is a long a difficult process, because the officials are under-resourced and understaffed and the work, which includes processing stories of torture and trauma, sexual and gender based violence and death and destruction, can be emotionally overwhelming.

Refugee women and children have been identified by the United Nations as one of the most vulnerable groups in the world. It is also acknowledged that violence, in particular sexual violence, is endemic in situations of conflict, during flight and in refugee camps (Friedman, 1992; Hyndman, 2000; McGinn, 2000). Many refugee women and children do not have a safe space, either publicly or privately, and this is detrimental to their physical and mental health, and impacts on their ability to resettle in new countries and to rebuild their lives (Friedman, 1992; Human Rights Watch, 2000).

Despite our emerging awareness of this phenomenon, to date there has been little formal research undertaken to explore it further, either in Australia or internationally. Some excellent work has been undertaken with particular communities (Rees, unpublished), or as part of larger studies of the refugee experience in different sites such as in camps and urban ghettos (Human Rights Watch, 2000). However, we still do not have a definite body of work to draw on in relation to understanding the dynamics and reasons for the increased risk of domestic and family violence in refugee families and communities.

This paper will explore the literature that is available and weave it together with knowledge which has been gained through working with refugee communities in camps overseas and in Australia. We introduce the notion of cumulative risk factors to provide a framework for understanding the multiple dimensions and complex contributing factors of domestic violence in refugee communities. Using our understanding of the cumulative effect of stressors on families' propensity for violence, we discuss the risk factors for domestic violence associated with each stage of the refugee experience: in the original situation of persecution or armed conflict in the home country; during flight; in refugee camps or urban settlements; and in resettlement. We then analyse the ways in which each of these risk factors interacts with and compounds the effects of the others, creating a cumulative risk which heightens the vulnerability of refugee women to domestic violence.

In this way we hope to begin to understand the complex dynamics impacting on refugee families, and to identify why domestic violence in refugee families does have a different and additional dimension to domestic violence in other communities. Through this process we seek to identify ways in which to work with families who are experiencing the violence. In seeking explanations we are not seeking to justify why it occurs. We are seeking solutions for what is, to many refugee women and children, the ultimate betrayal.

Are refugee women at more risk from domestic violence than other women in the community?

“There is no data to show that the prevalence of family violence is greater among refugee women than women who are not refugees. Without knowing the relative weight of the various causal factors for gender-based violence, it is nevertheless reasonable to assert that the risk factors would be high for refugee women” (Kaplan & Webster, 2003, p.110).

While domestic violence affects all populations in all countries, there is evidence that immigrant families experience a significantly higher incidence of domestic violence than in the wider community. The obstacles presented by migration – challenges to gender roles, social and economic marginalisation, lack of support, unemployment and language difficulties - play a role in contributing to the violence in immigrant families (Easteal, 1996). Research has shown that women in Asian communities who are socially isolated and cannot speak English are at increased risk of domestic violence. Anecdotal evidence suggests that refugee families experience an even higher incidence of domestic violence than some immigrant families, and that this violence has dimensions not previously encountered by domestic violence and other community workers (**See Box 2**).

BOX 2

Some difference between refugees and migrants

“For refugees... their migration is an event of dislocation rather than an affirmative life choice” (Westermeyer, 1986).

When looking at the difference between refugees and migrants, it is easy to concentrate on the experience of torture and trauma. There is also a lot of focus on the fact that migrants, on the whole, choose to migrate and start a new life, while refugees do not have that choice. There have been arguments that some migrants, in particular women, also do not choose to migrate, and that in this case, they are not so different from refugees. We argue that while much of the refugee experience is parallel to that of most other migrants, there are also some fundamental differences.

Whether women migrants choose to come to Australia, or are persuaded to come by husbands and other family members, most have time to prepare physically and emotionally for the change, even if their preparation is a grieving process. They choose belongings to bring: family photos, favourite blankets, items of emotional significance. Migrants have the opportunity to farewell their families, to grieve with loved ones, put farewell flowers on a grave. They bring money and assets with them. Most importantly, they bring their passports, and come with the knowledge of where their families are, and that they can contact them by mail or telephone whenever necessary. They have hope that if things get too bad they can return home, and that they will probably see their families again, if only for holidays.

These are the things that most women from a refugee or refugee like situation do not have. They are forced to flee from their country of origin, usually without any personal possessions, without money, official papers or passports. Often, they do not know the whereabouts of family members or even whether they are dead or alive. They know that it is unlikely that they will ever return to their country of origin, which, however hard it has been to them, is still the place which they identify as ‘home’. There is no opportunity to say farewells or time to grieve.

(Pittaway, 1999).

It has been observed that there are high rates of domestic violence in communities that appear to have lost control over their cultural, psychological, and economic resources (Errante, 1997). In all developed countries, the reported incidence of violence within indigenous communities is extremely high. It is reported that Aboriginal women are more than 45 times more likely to be a victim of domestic violence than non-Aborigines, and are far more likely to be

hospitalised or die (Dalley, 1999). Many parallels can be drawn between the conditions of Indigenous peoples and those of refugees, including their experiences of displacement, social exclusion, economic marginalisation, persecution and racism, cultural disintegration and their lack of access to human rights and basic services.

Currently, community workers in New South Wales, working with newly arrived refugees from the Australian off-shore program are reporting extremely high levels of family and domestic violence in these communities. Despite this growing awareness there is still little literature or research available to substantiate these claims. It is a tragic gap in our knowledge and one which needs to be addressed as a matter of urgency.

Susan Rees, from the Domestic and Family Violence Research Centre, CQU notes that internationally, there have been several claims that refugee and displaced women are more likely to experience gender based and partner inflicted violence than other women. However while the unique experiences (and exclusions) of refugees in the Diaspora have been acknowledged, as well as the impact of patriarchy and violence on the vulnerability of refugee women, it is still not possible to substantiate the occurrence of higher levels of domestic violence in refugee communities (Rees, in correspondence, 2004). McGinn also comments on the lack of specific knowledge: "It is impossible to quantify the degree to which refugee women are more affected than their counterparts in settled populations by rape and domestic violence" (McGinn, 2000).

Despite this lack of hard data, the issue is increasingly highlighted as requiring urgent attention during discussion about refugee service provision. It was tabled at the annual Executive Committee Meeting of the High Commissioner for Refugees (UNHCR), Geneva 2003, and at the annual UNHCR Tripartite meeting on Refugee Protection and Resettlement in Geneva in 2004. It is acknowledged as major issue of concern in all sites where refugees can be found, including camps, urban ghettos, during flight, in countries of resettlement and following repatriation.

In Australia it was identified as a major issue for New South Wales settlement service providers in 2003. This finding has been replicated in other states during current research into the settlement needs of women who enter Australia as "Women at Risk". This is a special visa category which is designed to identify women at extreme risk of violence in refugee settings, and to fast track their resettlement to Australia. Policy documents state that additional settlement services are available for women who enter Australia in this visa category.

**PROFILE OF A REFUGEE CAMP
Kakuma Refugee Camp
Kenya**

It is important for all domestic violence and community workers to learn about camps such as Kakuma, as the Australian Government has pledged to bring some 7000 refugees from Africa as part of our resettlement program in 2004 – 6. Many of these will come from Kakuma and similar camps and circumstances. Workers are already reporting that they are unable to cope with the high demands which people who have survived circumstances such as those described below have experienced.

**This report was written by Linda Bartolomei and Eileen Pittaway following field trips to Kakuma in 2002, 2003 and 2004
(A video of life in Kakuma is available from the Centre for Refugee Research)**



Kakuma Refugee Camp

Kakuma camp is situated in an extremely remote semi arid area in the north of Kenya, where temperatures in the day are near to 45 degrees and only drop to

the low 30s at night. Water and food rations are in short supply and many in the camp face nutritional problems in the coming months. The camp is designated a danger area by the United Nations High Commission for Refugees (UNHCR). Staff and workers from non government agencies (NGOs) are not allowed to take their families to live in or near to the camps. There is little email access and until February 2004, only radio-telephone. Mobile phone access has just been introduced to the camp and local town. Workers and refugees are isolated from family and the mainstream Kenyan community. NGOs work a seven weeks on, one week away roster. Travel to the capital, Nairobi, 840 km away is difficult and dangerous by road, and expensive by air.

The local people are often antagonistic toward the refugees and there are conflicts within different groups inside the camps. The prevalence of AK47 rifles adds to the danger of the situation. There is a very high incidence of rape and sexual abuse of women and girls.

Access to Kakuma camp

Lockichokio, located close to the Sudanese border, hosts a small airport which provides access for aid organisations to both Kakuma camp and the Sudan. Lockichokio airport is composed of a collection of shacks, the tents of the World Food Program and a small tarmac dotted with UN planes. Along one side of the runway are a series of small igloo-like dwellings made from twigs and desert scrub, home to the local Turkarna people. Lockichokio town is characterised by dusty roads lined with shanty style stores, some selling secondhand western clothes or wilted vegetables; others are barbershops or “hotels” (rough shacks in which men drink beer). The streets and squalid dwellings scream of poverty - the sense of desolation is overwhelming. The poverty of the Turkarna people is so extreme that collecting and selling coal is one of the few methods by which they can earn any income. Many of the Turkarna women have been forced into prostitution, servicing the mainly transient population.

Refugee reception centre in Lockichokio

At the time of our visit in early February 2002, refugees from Sudan were crossing the border into Kenya in increasing numbers (50-60 per day), as indiscriminate bombing on the part of the Sudanese government had escalated. Many of these were unaccompanied minors who had been separated from their parents during the attacks. Others were female-headed family groups. In order to be processed and taken to Kakuma Camp all new arrivals are required to register at the reception centre. Once they have been processed they are required to wait, often for several days, in the reception centre until there are sufficient numbers to fill a cattle truck for transportation to Kakuma camp, 120 kilometres down the road. Some of those arriving may remain in the reception centre for

many weeks whilst their claims for protection are checked. Conditions in the reception centre are appalling. There are half a dozen tin roofed concrete buildings, open on three sides. There is no adequate protection from the heat or the swirling red dust. A high cyclone wire fence topped with razor wire encloses the compound. There is no food available at this centre; only water and firewood and some limited medical assistance are provided.

Travel to Kakuma

Kakuma camp is located midway between Lockichokio and Lodwar and can be accessed by road from either town. Travel on this road is dangerous and is only undertaken by NGOs and UNCHR staff as part of a daily convoy or with security guards, carrying rifles. There have been regular attacks on travellers by bandits who sweep down from the hills alongside the road. The road south of Kakuma is particularly dangerous and also in very poor condition.

Kakuma camp

Ever thickening clouds of red dust signal the approach to Kakuma camp. The UNHCR and Lutheran World Federation compounds mark the entrance to the camp – each surrounded by double wire fences, the exterior fence topped with rolls of razor wire and entrance controlled by high security gates. The compounds are home to all of the United Nations (UN) and most NGO staff. Workers are required to leave the camp and go into the compounds at dusk each day.

Kakuma camp has operated for over twelve years and has increased in size as the camp population has expanded. The camp is now composed of three sections - Kakuma 1, 2 and 3 - and covers an area of 25 square kilometres. In January 2004 the camp held 88,000 people, and was increasing daily as a result of the escalating conflict in the Sudan. With limited opportunities available for self-sufficiency due to the semi-arid environment, lack of employment opportunities, and lack of access to markets for the sale of goods, camp inhabitants will continue to rely heavily on international assistance for their survival.

CAMP CONDITIONS

Shelter

Approximately half of the camp's current population is housed in mud brick huts. Families are required to both make the mud bricks and to construct the walls of their homes. UNCHR staff then assist with roofing, using either tin or woven flax-like material. Neither material is ideal for the hot climate; the tin turns the huts

into ovens and the flax leaks during the rain. Worse still are the temporary shelters which were constructed after the floods some eight months ago. During these floods approximately one third of the mud huts were washed away, leaving some 25,000 people, mainly Southern Sudanese, without shelter. Emergency shelters were constructed by UNCHR using white polythene sheeting. Conditions in these plastic tents are unbearable due to the heat, and yet provide the only shelter against the swirling and almost relentless dust storms. New arrivals to the camp are housed in the Kakuma reception centre until such time as they are able to construct accommodation. Those in need of protection in the camp are kept in the protection area, described below.

Kakuma reception centre

The physical conditions in the Kakuma reception centre are similar to those in the Lockichokio Centre. People are crowded together in half a dozen tin roofed shelters, open on three sides. They sleep on thin straw mats on the concrete floors, sharing a small number of pit toilets. Many remain in these conditions for more than a month, some for as long as one year. During one of our visits this centre was particularly overcrowded due to the recent arrival of some 300 Ethiopian University students. The students were to be moved to a series of large canvas tents in a dusty compound. However the high winds and frequent dust storms had prevented the erection of the tents.

Kakuma protection area

Those who are in particular danger in the camp are effectively imprisoned in an enclosure known as the Protection area. They are confined in mud brick huts in an area approximately the size of a football field, behind six foot high barbed wire fencing. Some 120 families live in this area. Most are women and children, including women who have been raped or abducted or sexually harassed. Some men from minority groups who are in particular danger in the camp are also confined in this area. Many have lived in this confined area for up to four or five years. At the beginning of 2004, the protection area was so crowded that there was no space for new cases deemed to be in need of additional protection. An ad hoc "new area" has sprung up near to the protection area. There are frequent attacks on the refugees in the "new" area. During our last visit, in 2004, there were two murders, two rapes of adult women and one case of a mother being forced to watch the rape of her 14 year old daughter. There was then a retaliatory murder, and fear of further violence sent the refugees to seek emergency shelter in the already crowded reception area.

Food and water

There is insufficient water in the camp to meet the basic needs of the population. The minimum international standard in emergency situations is 18 litres per person per day. In Kakuma the daily water allowance is only 14 litres per person per day. This allowance is not sufficient to meet even the basic requirements for cooking, drinking and washing and therefore seriously limits opportunities for the cultivation of kitchen gardens or the rearing of chickens or livestock. The camp inhabitants are required to queue for many hours at water taps and many must then walk long distances to their huts carrying their daily water allowance. Those lacking the physical strength to carry large containers or those arriving at the tap late in the day often do not even receive their daily allocation.



Food rations in the camp are also insufficient. According to World Food Program standards the Food Basket necessary for minimal survival must include vitamins, carbohydrates and protein and must provide a minimum daily kilo calorie intake of 2100kc daily. At the time of our visit to Kakuma the daily food basket distributed provided only 1300kc per day and was composed only of maize, salt and oil. It was

expected that the basket would be reduced to only 900kc in the coming weeks, due to further reductions in donor support. The supplementary feeding program, which was available to high-risk groups in the camp, was also under threat. The United Nations Development Program (UNDP) support for the school breakfast program, which had provided porridge to students, had already been discontinued due to lack of funding.

Security issues

Safety and security fears are high in the camp. We were informed that there is frequent ethnic and clan fighting between various groups including between the refugees and the local Turkarna people. Most of the Turkarnas and a number of the refugee inhabitants own AK 47 guns.

Relationship with the local community

Tensions between the refugee and local Turkarna community are very high. Outbreaks of violence between the two are frequent. Women from both communities are most often the victims of this conflict. There are regular reports of rape and sexual mutilation of refugee women by gangs of Turkarna men. Most recently a 60 year-old woman was raped and her genitals were mutilated. These rapes used to occur when women walked long distances from the camp to collect firewood. As firewood is a scarce and essential resource in the area this has been an ongoing source of conflict with the local Turkarna people. Tragically, although firewood is now provided to the refugees, it appears to have had little impact in reducing the number of rapes.

Women at risk

The lack of safety in the camp, particularly for women and girls, is a factor of major concern. The incidence of rape and sexual violence is extremely high and domestic violence is commonplace. A range of factors contribute to the high incidence of violence against women. These include; conflict between clan groups and with the local Turkarna people, a high rate of alcoholism, lack of economic independence and an almost complete lack of social structure. Unusual for refugee situations, women and girls are in the minority in the camp due in part to the large number of “lost boys”, the orphaned or separated child soldiers who have fled over the mountains from Southern Sudan. This dramatically compounds their degree of risk. The abduction and sale of young girls as brides, the forced marriage of widows and the physical and sexual abuse of those in mixed marriages is commonplace. Women are frequently raped and sexually mutilated by gangs of men. Women who are raped by rival groups, especially those who give birth to babies, are stigmatised and harassed and are in urgent need of protection. Yet for most of these women there is simply no protection available.

Despite the recent establishment of a system of mobile courts and the successful prosecution of some of the perpetrators of sexual and domestic violence, the abuse and violence continue with almost complete impunity. The Jesuit Refugee Service (JRS) Safe haven, though an excellent and critically important project, can only provide safe accommodation to a maximum of 13 women and their children at any one time and is at best a short term solution. Women are supposed to remain in the Safe Haven for a maximum of one month. Many then return to situations of ongoing domestic violence and community abuse. The only other option available to women who experience ongoing abuse and harassment is to seek protection in the UNHCR protection area (see above). The lack of anywhere to send women from the safe haven has led to a situation where many of the women and their children have been confined in the Safe Haven for an average of eight months. Because it was established as a short term facility, the

children do not go to school and the women have very little access to services. In turn, this “blockage” in the Safe Haven means that there is no-where for new cases to be offered protection and the workers have grave fears for the safety of many women in the refugee community.

It must be noted that these circumstances have arisen because the aid workers are under-resourced and overwhelmed with the demand for services. UNHCR constantly requests the international community to share the cost of providing international protection (burden sharing), but the response is not adequate to the demand.

2 THE IMPACT OF PRE ARRIVAL EXPERIENCE

It is important for service providers working with refugee families to understand the unique set of cumulative risk factors that can lead to the heightened vulnerability of refugee women to domestic violence.

Loss of family members is perhaps the most common of all refugee experiences. Many refugee women have lost children and the large proportion of women refugees illustrates the loss of male family members, either dead, presumed dead, or merely ‘disappeared’ (Pittaway, 1999). In one Cambodian camp in Thailand, a survey found that 80% of the women had lost three out of four children in the four years prior to the survey (Freidman, 1992). In a survey conducted in Sudan in 1985, 34% of the women had lost at least one child in the previous four months (Berry, 1986, cited in National Population Council, 1991). Loss of family members during war and political upheaval can leave people with feelings of guilt at having survived when others have not. This compounds the grief normally experienced at times of loss (Pittaway, 1999).

The refugee experience is characterised by exposure to high levels of violence. Almost all refugees have either witnessed or been subject to violence, including rape, torture, public humiliation, murder, and the loss or disappearance of family members (Kaplan & Webster, 2003; Silove, 2003). Men experience the terrible atrocities of armed conflict, while women are frequently targeted for systematic rape (Burnett & Peel, 2001; McWilliams, 1998). Particularly for women, the violence continues after they have fled from their homes. They continue to be the victims of rape and sexual exploitation, both during flight and in the supposed safety of refugee camps and settlements (Bartolomei, 2003; Friedman, 1992; Human Rights Watch, 2000; Hyndman, 2000; McGinn, 2000; McWilliams, 1998; Ward, 2002) **(See Box 3)**.

BOX 3

Some of the types of torture endured by refugee women in Australia

The experience of torture and sexual and gender based violence is similar across the world. It is not ethno-specific, nor is it 'culturally based'. It is a strategy of war used regardless of race, creed or caste. In 1990, 300 refugee women resettled in Australia from 18 countries in Latin America, Europe, the Middle East, Indo-China, Africa and Sri Lanka, were interviewed about their pre-arrival experiences. It was found, with a 95% confidence limit, that between 67% and 80% of refugee women from those countries have survived a medium or high degree of torture and trauma. Subsequent waves of refugees have indicated similar experiences (Pittaway, 1991).

High level torture was characterised as:

- * Severe Physical abuse Rape and other forms of sexual abuse and exploitation, either in the country of origin, during flight, within countries of first refuge, or in refugee camps.
- * Being forced to witness the torture and/or killing of close family members
- * Losing one's home and all one's possessions and being forced to flee for one's life
- * Living in situations so bad that adults and children suffered severe malnutrition and sometimes dies from lack of medical attention

"In our town, they killed 300 people and put the bodies on the rubbish tip. We had to scavenge like dogs for our brothers, our sisters – the soldiers watched, laughing, with guns. We thought that we would be next" (Pittaway, 1991, p.25).

Medium level torture was characterised by:

- * Forced separation from close family members, including young children
- * Physical abuse
- * Having close family members detained in prisons or re-education camps where physical and psychological abuse were used
- * Having lived for long periods in conditions dangerous to health and mental well being without adequate support systems
- * Having lived under constant harassment and threats from the military, or in combat zones

"Life was a nightmare. The children still wake at night screaming. They were kidnapped. One woman hid her baby in a cave for four days when they rounded up the children. It nearly died" (Pittaway, 1991, p.26).

UNHCR estimates that 80% of all refugee women and many children are routinely raped and sexually abused (UNHCR, 1995). Women are raped to humiliate their husbands and fathers, and for reasons of cultural genocide. They are forced to trade sex for food for their children. They are raped by the military, by border guards and by the UN Peace keeping forces sent to protect them. Rape and sexual abuse is the most common form of systematised torture used against women, and this ranges from gang rape by groups of soldiers, to rape by trained dogs and the brutal mutilation of women's genitalia. Many children are born to refugee women as the result of rape (Friedman, 1992; Martin, 1992; McGinn, 2000; Pittaway, 1999).

Women who have suffered rape and sexual abuse report keeping this secret from determining (immigration) officers for fear of being labelled prostitutes and being denied refugee status or visas on moral grounds. This is well documented by UNHCR, Amnesty International, and many aid agencies working with women refugees (see UNHCR 1985, 1988, 1990a, 1990b & 1993). UNHCR became so concerned about the extent of this problem in the 1980s that they launched a comprehensive campaign to try to provide a safer environment for refugee women. Their manual, *Sexual Violence against Refugees, Guidelines on Prevention and Response* (1995), outlines the scope of the problem and strategies for prevention. This was updated and new guidelines were introduced in 2003 (UNHCR, 2003). Despite these measures a conspiracy of silence still exists about the true extent of the problem, and until it is fully acknowledged women will not receive the services which they deserve.

An increase in the risk of domestic violence after flight can partially be explained by refugees' widespread exposure to violence. Studies have shown that violence experienced by men in conflict, war, post-war situations or following social upheaval can be turned on family members, and exacerbate the potential for domestic violence (Krug, Dahlberg, Mercy, Zwi & Lozano, 2002; McWilliams, 1998; Victorian Foundation for Survivors of Torture, 1998). Widespread social violence establishes a cycle of violence that has heavily gendered consequences. Refugee women experience high levels of domestic violence in both camps and post-conflict situations (Human Rights Watch, 2000; McGinn, 2000; McWilliams, 1998; Peavey & Zardkovic, 1996; Ward, 2002), which leads many women to feel they are being victimised twice: first by the armed conflict in their home countries, and then by the violence of their own husbands (Human Rights Watch, 2000; McWilliams, 1998). Some women even express the wish to return to war-torn areas, in order to escape the violence in their own home (Human Rights Watch, 2000).

Research in the former Yugoslavia found that family violence had risen markedly during and after the war (Nikolic-Ristanovic, 1989; Peavey and Zardkovic, 1996). The increase was mostly attributed to men's involvement in warfare, and their bringing home of "guns and internal wounds which are now directed at the women who must live with them" (Peavey & Zardkovic, 1996, p.15; McWilliams,

1998). Many women reported that their husbands became “crazy” after the war experience, while others reported that domestic violence only began after the onset of the war. The aggression was exacerbated by television propaganda programmes, which resulted in a phenomena of “post-television news violence”. This was identified by some women as the initial cause of domestic violence (Maguire, 1998; Nikolic-Ristanovic, 1989, p.76).

Family relations are altered by the aftermath of war and the impact of torture. Survivors of torture typically suffer from symptoms of extreme anxiety, depression, guilt, shame and anger, as well as fear of intimacy, social impairment and changes in identity. They commonly experience post traumatic stress disorder, and sometimes suffer from psychiatric symptoms including marked social withdrawal, strange or abnormal behaviour, and aggression towards others (Burnett & Peel, 2001; Friedman, 1992; Gorman, 2001; Kantemir, 1994; Piwowarczyk, Moreno & Grodin, 2000). This can have a lasting result on interpersonal communications, with the result that men more readily resort to violence to solve family conflict:

“Male refugees... suffer psychological damage which can affect their emotional well being. Once out of immediate danger a refugee man may be angry for the horrible crimes which he has witnessed and feel guilty for having been unable to live up to his expected role in society and protect himself and his family. After witnessing massive episodes of pain and torture, the psychology of violence may numb him and... make him more likely to resort to violence himself” (Friedman, 1992, p.70).

The effects of violence, torture, and the trauma of flight from home are all amplified by conditions in refugee camps and settlements. Camps are more like institutions than communities, lacking both social structure and the means for self-sustainability (Crisp, 2000; Hyndman, 2000). Human rights such as access to adequate food, housing, and health and education services are routinely violated, making existence in camps a daily struggle for survival. There are little or no economic resources available, or options for income generation (Bartolomei, 2003; Hyndman, 2000). Residents are denied civil rights, freedom of expression, freedom of movement and freedom of self-determination. They live in a state of insecurity and uncertainty – in effect, a state of limbo – for sometimes up to many years, not knowing what will happen to them, whether they will be able to return home, or whether they will ever reach a place of safety from where they can rebuild their lives.

Refugee camps and settlements are also sites of high insecurity and continued violence. Conflicts are fuelled by ethnic tensions, cramped living spaces, lack of basic resources such as food, fuel and water, boredom and idleness, and resentment from surrounding locals. No resident is safe from the threat of violence, particularly women and children, who experience a huge rate of rape and sexual exploitation (Bartolomei, 2003; Friedman, 1992; Human Rights

Watch, 2000; Hyndman, 2000). Lack of international funds from donor governments, inadequate resources of the host country, and a general lack of political will mean that services available to camp residents are extremely basic and not sufficient to cater to the enormous, overcrowded populations. There is little or no protection from violence available, especially for women, who cannot seek protection from their community both because the pre-existing social networks don't exist in camp settings (Human Rights Watch, 2000) and because traditional cultures often sanction or at least tolerate the violence against women.

Inadequate services also mean that refugees are not provided with support to enable them to deal with the emotional and psychological disturbances of armed conflict, persecution and flight. Traditional networks of family and community support have been broken down, and most refugees suffer from trauma as a result of the atrocities they have witnessed and experienced. In addition, they frequently suffer from depression and loss of hope in camps because of their loss of control over their lives and future. These cumulative stress factors tend to compound the effects of violence, leading to a higher risk of domestic violence against women (Easteal, 1996; McWilliams, 1998; Perilla, n.d.). Women in Kakuma camp, Kenya, reported that family violence had increased since their arrival at the camp because men were inactive and bored (McGinn, 2000). In 1999 the UN Special Rapporteur on Violence against Women found fatalities in domestic disputes were on the rise in refugee camps in Pakistan, probably resulting from the tensions associated with the precarious status of refugees, and high rates of unemployment (Ward, 2002) **(See Box 4)**.



BOX 4

Adolescent refugees in camps

In a recent field trip to Sri Lanka 2001 a visit was made to people living in horrendous conditions in temporary camps for Muslims displaced from their homes by the civil war in Sri Lanka. Ten years ago they were driven from their homes with less than two hours notice. Their homes were looted, those who did not escape were killed. They escaped to a barren area 3 days walk away, where they were given temporary refuge by the local Muslim community. Over 10 years later they are still there. In one town 75 000 people are living in these overcrowded camps. Children born there have known no other life. There is no running water - water is delivered by truck – and the people have to pay for it with what little money they can earn doing menial tasks in the local town. In one camp up to 15 families share each pit toilet. There is little work in the area, which even before the inflow was only just able to sustain the 80 000 permanent residents.

People, especially the young men, are bored and restless. There is increasing violence and the military and the police frequently raid the camps. Young men are killed and imprisoned with impunity. In a focus group conducted with women from the camp, concern over the future of these young men was identified as a major issue. They discussed how many of these young men had lived the majority of their lives in the camp, and before that in situations of armed conflict. They see violence as the norm. The women believe that if nothing is done to achieve peace and to address the needs of the youth, then the cycle of violence will be perpetuated into another generation, and will never cease.

Young women and widows are at great risk of rape and prostitution. The world food program is cutting food rations, and medication is scarce at local hospitals. While pregnant women in the local towns receive vitamin supplements, the women in the camps do not. Babies have very low birth weight and there is an extremely high rate of infant mortality. There is a shortage of teachers for the local schools.

Workers freely discuss how people driven to desperation and despair will do anything to try and get at least one family member out of the country to try and get help, to try and establish a life, to save their lives. Whole extended families will pool everything they own to raise the money to pay a people smuggler to try and get one person out. They do this knowing that there is at the best a 50% chance of success. They know that many are caught and returned to Sri Lanka, to certain punishment and the family money lost. Some are lost at sea. People, especially women, are abused on the journey, the conditions are appalling and some do not survive the journey. They also know that they are likely to receive a less than welcome reception on arrival in a new country. But still they try – for many it is the last and the only chance. No documents? Of course not. If you

escaped from your house in the middle of the night 11 years ago, given two hours notice at the point of a gun to gather your family and go, and have been in a camp ever since, where are your documents? How do you get new ones when you are in a state of war?

(Pittaway, 2001)

The issue of domestic violence receives less attention from camp agencies than other problems faced by refugee women. Again, the author would argue that this is due at least in part to the lack of resources and personnel available to these agencies, and the overwhelming nature of the work. Human Rights Watch found high levels of domestic violence in Tanzanian camps in 2000, and a lack of effective response from UNHCR and other agencies. Women reported that they had come to neither expect nor even seek help from UNHCR or Tanzanian authorities. While many were the victims of domestic violence before they fled, “the social pressures, uncertainties, and indignities associated with their flight and the housing, security, food and other problems which people tend to face in camps can exacerbate already frayed domestic situations, often leading to increased violence” (Human Rights Watch, 2000). Some of the women even expressed their wish to return to the conflict in order to escape their violent husbands.

Compounding the lack of programs to address domestic violence, Human Rights Watch found that international relief agencies often inadvertently encouraged it through the use of food distribution systems which allocate food rations for an entire family to the head of the household, usually male. Many men withheld food from their families, keeping it to trade for luxury items or giving it to other women. Women risked their husbands’ violence if they tried to intervene, or if they approached agencies for their own ration card (Human Rights Watch, 2000).

The inability of agencies to provide structures that protect women from domestic violence indicates a pervasive attitude of tolerance to violence against women in refugee settings. This is the largest obstacle in the way of refugee women’s enjoyment of their human rights. Widespread attitudes within refugee communities, informed by traditional cultural norms, regard sexual violence as primarily an attack against the “honour” of men and communities, with little compassion for the impact it has on women (Burnett & Peel, 2001; Friedman, 1992; McGinn, 2000; McWilliams, 1998). In the same way that women bring shame on their men by being raped, so too do they by discussing their experiences of violence at the hands of their husbands. Domestic violence is seen as a “private” issue, and many believe that it is a man’s right to use violence to maintain his power as head of the family. A woman’s role is to be patient and tolerant of their men, and to protect their “honour” (Partnerships Against Domestic Violence, 2000a).

Refugee women therefore often receive little support from their communities, even if they do feel comfortable speaking out about the violence they are experiencing. Sometimes they internalise cultural norms, believing that domestic violence is the right of their husbands, and that if they talked about it they would be 'bad wives'. But whether or not they seek outside help, the ignorance of relief agency staff exacerbates the problem (Human Rights Watch, 2000). Those working in refugee camps often share the view that domestic violence is a private issue, or worse, that it is "cultural" and therefore somehow sacrosanct (Volpp, 2003; Ward, 2002). There is also a common belief that domestic violence is "normal", and therefore not as serious as other types of violence to which refugees are exposed, including sexual violence (McGinn, 2000). The pervasiveness of these three attitudes results in the blindness of field workers to the scope of the problem, which leads to inadequate policy and ineffective or non-existent services for victims of domestic violence (Friedman, 1992; Maguire, 1998). It also contributes to a general lack of commitment to carrying out policy where it does exist (Human Rights Watch, 2000; Ward, 2002).

The health risks of sexual and domestic violence to women, both physical and mental, are extreme, and yet at the field level they are still often hidden behind a wall of silence (**See Box 5**). It is only very recently that they have been placed high on the agenda of UNHCR and other agency meetings, and still they are obscured in a welter of euphemistic language. The international public health system has been one of the few groups to deal with this issue and offer services to women, but this has been done under the banner of "sexual and reproductive health". The establishment of these services have given women opportunity to disclose the abuse they have experienced, but while it is seen mainly as a 'medical' problem, the perpetrators have continued to enjoy legal and social impunity. In much of the literature forced prostitution, sexual slavery, and forced sex in exchange for food are referred to as "engaging in transactional sex" or "exchanging sexual favours". This euphemistic language is effectively decriminalising the acts of torture and serious criminal abuse which these women are suffering.

Domestic violence against women in camps therefore often goes unnoticed and unaddressed. Victims have very few avenues for justice or legal redress, and the violence usually continues unabated. Women receive no support or protection to enable them to leave their violent partner, and refugee camps offer few places that women can escape to in safety. They fear the anger of their husbands, and the numerous other risks of violence and rape they will be exposed to if they leave the 'protection' of their homes (Human Rights Watch, 2000; McWilliams, 1998). While most relief agencies at least acknowledge the problem of widespread sexual violence, and have some programs in place to begin to address it, many continue to neglect the issue of domestic violence.

BOX 5

Where death is the only medicine: health risks on the Thai Burma border

“In a hill tribe town near the Thai Burma border, on the veranda of a local shop, numerous ropes swing from a rafter. These are the ropes which women have used to hang themselves rather than face life after rape” (Pittaway & Bartolomei, 2003a).

Burma has been ruled by a series of military regimes since 1962. In that time policy aimed at breaking the resistance of non-Burmese hill tribe people has included: detention, torture and execution of villagers, pillage of villager crops, food supplies and other resources, forced labour and forced relocation. Many tribal women are taken as porters by the military, forced to carry munitions and supplies over the mountains and used as sex slaves: they are sometimes euphemistically referred to as wives. Genocide through forced impregnation is one aim of this practice (Pittaway & Bartolomei, 2003a).

Ethnic Burmese refugee women, in particular those from the hill tribes, face widespread sexual and gender based violence (SGBV) - both inside Burma and in camps along the Thai Burma border. These constitute a major and often unacknowledged violation of human rights. As a result of the abuse, many women die due to lack of access to safe abortion, as a consequence of genital mutilation, and as a result of social exclusion, social stigma and shame. They are vulnerable to a range of STDs and HIV/AIDS. Other health risks experienced by the refugees include: acute respiratory infections; skin diseases due to lack of basics such soap; scabies; diarrhea; dengue fever; malaria; and lack of ambulances to transport women experiencing difficult labour across the mountains to the hospital.

In discussion with staff in refugee camps about the difficulties of health service provision, one of the doctors interviewed expressed his frustration with many of the practices of humanitarian organisations. He indicated that in his experience, working in several humanitarian situations including Sudan and Thailand, humanitarian aid was all too often simply used as an excuse for poor practice and for substandard service provision. It was his opinion that this is often the case on the Thai Burma border. A number of the other health workers working in camps along the border identified a range of barriers that prevent women from accessing the health services they need in the camps. These include: the fact that the majority of translators in camp are men; a lack of psychosocial support services; a shortage of midwives and doctors with indigenous work experience; fear of reporting rape and sexual abuse because it means being taken to a local Thai hospital for examination; and the shame of the diagnosis of HIV/AIDS. Both local and international staff lack appropriate training and there is no privacy in camp facilities. Rape cases in the camp are not routinely documented and a

protocol to deal with such cases, training for workers, and services for assisting women who have been raped, are only just being developed.

(Pittaway & Bartolomei, 2003a)



3. THE LAND OF HOPE – RESETTLEMENT IN A NEW COUNTRY

When refugees arrive in their new homeland, they frequently experience what is referred to as a “honeymoon period”. Freedom from hunger and thirst, adequate housing, school for their children and most importantly, life in a peaceful country are all beyond their wildest dreams. They eagerly start to plan their new lives, to seek a place to call home, to find employment and settle their children into school. Many do succeed, and the dream comes true **(See Box 6)**.

BOX 6

A dream come true: Daniella's story

Daniella and her parents were accepted for resettlement in Australia in 2001. They are from Colombia, a country from which many people have had to escape because of the armed conflict and drug wars. When they arrived at Sydney airport it was a cold winter night. They did not have warm clothes and they couldn't speak any English. They felt very alone as they went through the airport.

Estella, a member of a community support group, was there to meet them and greeted them in Spanish. She gave them warm clothes and drove them to a furnished flat, which was stocked with food. They stayed there for three weeks while Estella and others from the group helped them to find a place to rent in a part of Sydney where there is a large South American community.

The new friends showed Daniella's mother and father how to apply for Centrelink payments so that they could buy food and other household items, and for Medicare support. They took them to the Migrant Resource centre, and explained the range of services which were available to them, including services for torture and trauma. They showed them how to access the Telephone Interpreter Service, and many other things which we regard as simple, because they are familiar.

They helped Daniella enrol in high school, and to get her school uniform and books. Later Estella introduced them to a Latin American Church group and took them to weekend markets, where many people from Latin America have stalls. They love dancing and found a Latin American social group. Daniella and her parents felt that Australia was welcoming them.

Daniella's father and mother have now set up a cleaning business together. Daniella has been learning English at high school and she works at a supermarket two evening a week. To celebrate Australia day, Daniella's family held a party for all the members of the Refugee Resettlement group. They served Colombian food and danced all night. The support group members also gained new friends and new experiences. The rewards of helping refugees go both ways.

(Centre for Refugee Research, 2003)

The impact of pre-arrival trauma

However, over time reality slowly sets in, and many refugees realise that it is going to be a lot harder than they first imagined to achieve all that they hoped for. In addition to the complex set of challenges faced by all migrants, refugees arrive in countries of resettlement with the “emotional baggage” they carry from their pre-arrival experiences. This may include previously established patterns of domestic violence, but more generally refers to the often extensive psychological trauma they carry with them. Every refugee family has a powerful story of uprooted lives and multiple traumatic experiences. They have usually escaped torture and persecution, and have spent varying amounts of time in camps awaiting resettlement (Bailey-Smith, 2001; Kaplan & Webster, 2003).

“Consequently, refugees often suffer from trauma-related mental health sequelae, including anxiety, depression, somatic symptoms, behavioural disturbance and post traumatic stress disorder (PTSD) (Carciero, 1998; Friedman, 1992; Silove, 2003). A study of asylum seekers in Australia showed that rates of PTSD, depression and anxiety were uniformly high: 38% of the sample displayed symptoms of PTSD” (Silove, Sinnerbrink, Field, Manicavasagar & Steel, 1997, in Silove, 2003).

When the “very fabric of life” has been destroyed, as it is by the refugee experience, it is not surprising that the psychological toll is enormous (Kaplan & Webster, 2003, p.106). For families adjusting to the process of resettlement, the legacy of armed conflict, persecution and flight trauma can have a major impact on their ability to deal with the challenges and stresses of adapting to a new culture. Men who have experienced violence, torture and trauma, and life in camps or as asylum seekers sometimes resort to violence as a way of dealing with stress and problem-solving. This partially accounts for the increase of domestic abuse in families who have fled war and terror (McWilliams, 1998).

In addition, the effects of debilitating trauma on refugee men’s ability to resettle into a developed country may itself contribute to women’s vulnerability to domestic violence (Easteal, 1996). Some forms of trauma, particularly torture, are particularly damaging to future psychological adaptation (Silove, 2003). A counsellor at an Australian torture rehabilitation service notes that

“personal traumatic experiences can lead to a loss of belief in the security of the self.... In some instances traumatic experiences are never forgotten but stay with individuals as a major focal point of their experience.” (Carciero, 1998, p.50)

The occurrence of PTSD among resettled refugee populations is high (Carciero, 1998; Silove, 2003). People with PTSD suffer from long-term debilitating symptoms of intrusion, avoidance, arousal, dissociation and sleep disturbance which impair their ability to function normally in daily life (Australian Centre for

Posttraumatic Mental Health, 2003; Friedman, 1992; Regeher & Cadell, 1999). For refugees, PTSD can adversely affect the resettlement process, which in turn can be a push factor for domestic violence.

The resettlement process

The resettlement process, and more generally the post-migration environment, has an enormous impact on the ability of refugees to recover from their pre-arrival trauma and to rebuild their lives (Kaplan & Webster, 2003; Silove, 2003). The many barriers and obstacles encountered in adapting to a new culture can compound the existing psychological problems of refugees (Carciero, 1998). Newly settled refugees frequently experience anxiety about family and friends left behind, guilt and shame, feelings of helplessness in an unfamiliar environment, fear and insecurity, isolation from family and community networks, and cultural dislocation (Kaplan & Webster, 2003, pp.108-109; Freidman, 1992). Some may also have significant difficulties with language, unemployment, financial problems and racism (Bailey-Smith, 2001; Perilla, n.d.). Access to and the quality of resettlement and settlement services play a key role in the ability of refugees to resettle successfully.

However, all too often refugees find that adequate and effective settlement services are not available. The barriers and problems to settlement have been well documented over the years, both for migrants and for refugees (Iredale, Mitchell, Regalia & Pittaway, 1996; Refugee Resettlement Working Group, 1993). Settlement services have been introduced, amended and redesigned to fit the needs of successive waves of migrants and refugees from different parts of the world. Yet many refugees find that they are socially, culturally and economically marginalised upon arrival, and have little or no access to services which facilitate their integration. Problems accessing English classes and torture and trauma services with which they are familiar and comfortable are commonly cited as a major aspect of their difficulties in adjusting. (Iredale et al, 1996; Bartolomei and Ekhardt, 2004) Without being able to speak the dominant language, it is difficult to find well paid employment, to succeed in the education system or even to navigate the social systems necessary to survive in Australia.

Racism is another major challenge faced by both migrants and refugees. Sadly in the last decade in Australia, racism has once again emerged as a defining factor in the political landscape. This coincided with the arrival of a new wave of refugees from the African sub-continent, and emerging research indicates that they are experiencing sometimes extreme forms of racism as they seek to establish themselves in Australia (Bartolomei & Eckert, 2004). Lack of access to adequate settlement services, combined with the racist attitudes of the wider society, creates a poor socio-economic environment for resettled refugees.

Exploring links between the resettlement experience and domestic violence

Potential impacts on refugee men

Changed social status, unemployment and lack of financial security are significant factors in the stress refugee men experience, and may in turn increase the likelihood that they will be violent towards their spouses. (Easteal, 1996; Kang et al, 1998; Nikolic-Ristanovic, 1989; Partnerships against Domestic Violence, 2000a). Men may also find it difficult to deal with changes in gender roles brought about by integration into the dominant culture. They may resent their wives' newfound independence or opportunities for work or study, and may feel that their traditional role as breadwinner and their power as the head of the family is being usurped (Brownell & Congress, 1998; Kang et al, 1998; Hurst, 2002; Partnerships against Domestic Violence, 2000a).

Other frustrations experienced by refugee men may also contribute to domestic violence. In society at large, identified causal factors for domestic violence include poverty, social exclusion, low education levels, and lack of economic resources (Bell & Wilson, 2003; Krug et al, 2002). All of these are commonly experienced by refugee families, particularly in early resettlement. In addition, refugees are "frequently re-traumatised" in the process of meeting the challenges presented by an alien culture (Carciero, 1998). Refugee men may resort to patterns of violent behaviour originating from the refugee experience, or they may utilise the accessibility of alcohol in resettlement countries as a way of dealing with traumatisation (Easteal, 1996; Kang et al, 1998). Many refugee women and women in the wider community have reported a link between alcohol consumption and domestic violence (Partnerships against Domestic Violence, 2000a).

Potential impacts on refugee women

The social isolation refugee women experience is a major contributing factor for post-migration domestic violence. Isolation results from their lack of English, financial dependence and the cultural constraints on their freedom. It is exacerbated by their sense of dislocation when their families and communities are fractured and they are relocated to an alien culture. Cut off from family support and traditional avenues of community intervention, many women experience heightened domestic violence as a result of resettlement (Brownell & Congress, 1998; Easteal, 1996). (The links between domestic and family violence and isolation are well known and will be more fully explored in Section 4 of this paper.)

Refugee women are far more likely than men to stay in the home. They have less access to English classes, employment opportunities, and settlement services, including housing, training and health care (Pittaway, 1991; Iredale et al, 1996).

Insufficient knowledge of English specifically disadvantages them in comparison to men in their families, who often use this as a tool of power and control, engendering the total dependence of refugee women on their husbands (Brownell & Congress, 1998; Perilla, n.d.):

“Living in Australia is like living in a golden cage in a wonderful room! – I can see all the good things but I can not get out because I do not have the key – and the key is English. My children are ashamed of me – they are always out with their friends, and I do not know what they do, they speak more English than [our language]. They do not treat me with respect anymore. My husband says I am boring – he has his work, he goes out with his friends – he has learned English. He does not treat me well; I am like a poor servant to all of them. They have a new life, I have not. I wish we had never come here” (Refugee woman, ANCORW, 1990).

Likewise, lack of training, inadequate English, and cultural restraints on women’s employment create situations of economic dependence. Research has indicated that women who are dependent on their husbands have increased vulnerability to domestic violence (Bell & Wilson, 2003; Brownell & Congress, 1998). They are often subject to financial abuse, to which refugee women are more vulnerable due to their lack of awareness of government allowances (Easteal, 1996).

Another major issue for refugee women is the loss of their extended and informal family networks. The family unit is a social construction, and different societies have defined families in different ways. The imposition of the Australian model of a nuclear family onto groups which perceive families in very different ways can cause tremendous problems. The Australian model informs Australian immigration policy, and this leads to situations whereby many refugee and migrant families find themselves attempting to start a new life without key family members here with them. This can have very detrimental consequences for the families concerned, particularly if the family members are left behind in refugee camps and other situations of danger:

“I sit here in my nice chair in this nice flat and I just feel sick thinking of my family sitting in the dust in Kakuma. I have too much to eat, they don’t have enough. I feel sick all the time, I cannot sleep at night for worrying about them” (Sudanese refugee woman living Australia, Bartolomei & Eckert, 2004).

It is important to note that in some cases, traditionally these extended family members would have played an important role in preventing domestic and family violence, and in dealing with the perpetrators if it did occur. However, we must acknowledge that in other families they may actually condone the violence.

A recent study found that the Australian CALD community has strong beliefs in the permanence of marriage which encourages women to “keep their problems

at home” and to view leaving a violent relationship as a last resort (Partnerships against Domestic Violence, 2000a). The same report indicated the existence of cultural expectations on women to be “patient”, and to endure and tolerate their partner’s “shortcomings” - exemplified by the belief that “good wives stay with their husbands no matter what” (p.39). Motivated by threats to cultural identity, refugee communities in resettlement usually place strong importance on these traditional cultural values, which may account for some of the reluctance of refugee women to report domestic violence. In addition, they are likely to be under strong social pressure not to “discredit” their community by reporting undesirable social problems (Brownell & Congress, 1998).

Other forms of family violence

Family violence in refugee communities does not only take the form of abuse of women by their husbands. Intergenerational violence, by adolescents against their parents, and adults against their elders, is also prevalent. Refugee women often sacrifice themselves for their children and families in the resettlement process. Mothers first concentrate on establishing their families, leaving their own needs to last. They are the last to make new friends, the last to seek help. The exception is that of paid work. Sometimes the urgent need for income forces women to take on the additional burden of what is often exploitative employment while seeking to establish their families. Their own needs are then even more neglected. This often means that mothers are the last to adapt to the new social environment, and are forced to depend on their children to help them navigate their new life. When adults rely on the child’s ability to learn a new language and new culture, they abdicate much of their care and control over the children’s lives. They reverse notions of who is responsible for whom.

In their teens, these children, already used to taking responsibility for family life, assert their right as young adults to follow the customs of the new country. Parents then attempt to regain their parental control and responsibility and to reverse the process that has taken place. This is often unsuccessful, because they cannot take back the authority that they have given away earlier. This is particularly problematic for families from strictly patriarchal societies, and frequently results in the breakdown of family relationships. There are reports of male children reacting to parental control and becoming abusive in their own families. Once again women are vulnerable to this additional violence within their homes.

Studies of refugee youth in the juvenile justice and criminal systems, both in the United States and in Australia show that a large percentage of children had taken an early care-taker role for their families (Eklund, 1982, in Bylund, 1992). It is obvious that this role reversal is detrimental for both children and their parents. Once again, this experience is similar to that of many other migrant families. The difference is the additional baggage that the refugees bring with them, which

appears to lead to an increased resort to learned patterns of violence when faced with difficult circumstances.

Another “loud silence” is that surrounding the abuse of elders in refugee families and communities, but slowly some whispers are being heard. Again there are strong parallels between the experiences of other migrants, and once again we have to look into the additional baggage carried by refugees to elucidate the differences.

The major difference is that of the experience of torture and trauma. Studies have shown that PTSD can return or even emerge for the first time as refugees become elderly, and maybe for the first time in their lives have time to sit and remember what they have experienced. Research conducted in Sydney in 2002, indicated that the experiences of some refugees never left them (Bartolomei, Hugman & Pittaway, 2003).

Conversely, sometimes their children do not want to be reminded of what their families had been through in order to come to Australia, and actively try to prevent their elders from recounting their experiences. Far from the “conventional wisdom” that many ethnic groups resettled in Australia live happily with their elders in idyllic extended family grouping, it is evident that for some people, including many refugee families, this is not the case. Violence does occur in some cases, and finding ways to address this in the future in a sensitive and effective manner is a major challenge for workers in the field.

Fear of authority and government officials

Many refugees have a deep mistrust of government bureaucracy and the judicial process. Asylum seekers fear deportation from the country of refuge while their refugee status is not secure. They are unwilling to draw attention to themselves, despite the fact that women asylum seekers are at increased risk of domestic violence. The denial of their access to bridging visas, with work rights and settlement services such as English classes, exacerbates frustration and isolation, causing extra stresses and assisting in family breakdown (Dunbar, 2001; Easteal, 1996).

Refugee women are often afraid of police and other officials, who in the past have been the perpetrators of violence rather than protectors. Sometimes refugee women’s only experience is of laws that don’t protect them. Some refugees may come from cultures where there are high levels of community and institutional tolerance to domestic violence. Reluctance to contact police is frequently compounded by lack of knowledge about domestic violence laws in countries of resettlement and about the interventionist role police are supposed to play (Easteal, 1996; Friedman, 1992; Perilla, n.d.).

These past experiences and fears lead to a reluctance to trust existing services and officials. They serve to trap women in situations of danger when there is in fact some help available. Tragically, there are reports emerging from the current Domestic Violence project being undertaken by the Centre for Refugee Research, of some male refugees deliberately exploiting the fear and ignorance and lack of English language proficiency of refugee women in order to maintain control, and to prevent their wives and female members of their communities from seeking assistance. Some men tell women that they (the women) will be deported if they report sexual and gender based violence to the police. It is also reported that some men have told their wives that it is only the man who holds the visa and that they can therefore send the wife home if they wish to. There are even reports of men telling single women that they will have to be “protected “ here in Australia, and under this guise, raping or sexually abusing the young women (Bartolomei & Eckert, 2004; Coutsonicas & Wellesley-Cole, 2004). These are serious accusations that highlight the need to raise a very difficult issue. But these things must be acknowledged and discussed if refugee women and their children are to be protected and if the issue of family violence is to be successfully addressed in the context of resettlement.



4. THE NOTION OF CUMULATIVE RISK FACTORS

Existing knowledge in the area of domestic violence clearly shows that it is a rational and calculated act of violence which usually occurs regardless of pressures and frustrations but may be exacerbated by certain factors (Rees, unpublished). In examining the occurrence of domestic violence in refugee communities we are not challenging this existing understanding. Nor are we suggesting that the refugee experience turns all refugee men into potential perpetrators. Indeed many refugee men who experience torture and trauma and extremely difficult experiences in resettlement never resort to domestic violence. Many refugee families remain supportive and intact despite the difficulties they have endured, and indeed become stronger family units because of this. What we are exploring in this paper are those pressures and frustrations which may exacerbate an existing predilection to domestic violence. There is insufficient evidence to argue that these factors could, in themselves, push someone who previously never would have considered the calculated use of violence and abuse of personal power into becoming a perpetrator of domestic violence. We note however that one of the aims of torture is to break the “spirit” of those who are tortured. It aims to reduce them to a level where previously held values and norms are lost, so that the person will then perform acts and give information which they previously would never have divulged. It is obvious that considerably more research needs to be undertaken into the long term effects of torture and its long term sequelae.

The concept of cumulative risk factors is useful in examining the dynamics of domestic violence in the refugee communities. While domestic violence in the wider community results from several factors that interact to create the climate for abuse, in the case of refugee families there is an abnormal or extra-ordinary cumulation of risk factors which may result in a greater propensity for violence. Understanding this cumulative risk enables us to locate the cause of refugee men’s violence in the interplay of psychological factors, cultural factors and the extreme socio-political and socio-economic situations they experience. This does not allow for the justification of domestic violence by refugee men, on the contrary, it prevents their exemption from responsibility on the misconceived grounds of “culture”, and informs the direction for intervention in resettlement countries.

In order to address the challenging and highly sensitive issue of domestic violence in refugee communities, it is essential to understand both the universal aspects of domestic violence, and the specific risk factors for refugee families. It is important to understand the similarities and differences between cumulative risk factors for refugees and the factors contributing to domestic violence in other communities.

A potentially damaging mistake that is often made by domestic violence workers in resettlement countries, as well as field workers in armed conflict and refugee situations, is the dismissal of domestic violence in “traditional” communities as

“cultural”. Volpp (2003) asserts that while psychological explanations are given for domestic violence in white communities, “culture” is used to explain the same behaviour in non-white communities. She argues that cultural explanations are based on an “uninterrogated assumption that devalued and less powerful groups are somehow more culturally determined”, and that such explanations tend to strip away the economic and political factors associated with the occurrence of domestic violence.

Applying a human rights framework to domestic violence can enable us to overcome the tendency to exempt it from attention on the grounds that it is a private matter or an expression of cultural rights (Thomas & Beasley, 1993). The application of the Human Rights framework not only supports the idea that violations of rights must be condemned whatever the traditional justification (Rees, unpublished; Tharoor, 2001). It also highlights the universal characteristic of domestic violence. As stated by one theorist in the field,

“with very few exceptions, abuse against women within their own home is a universal happening that transcends socio-economic status, religion, education, age, ethnicity/race etc.” (Perilla, n.d.).

It is, however, equally important to recognise the ways in which cultural, economic and political elements contribute to the incidence of domestic violence, and to identify the varying risk factors for different groups of women. This enhances our understanding of attitudes to domestic violence, its consequences and the appropriate responses for specific social groups, including refugee women.

Some universal causal factors of domestic violence

Many of the fundamental causes of domestic violence in refugee communities are shared with the wider community. Isolation is a most common factor, central to the nature of domestic violence. Women are often physically isolated from the outside world, forbidden or unable to work, and stopped from having friends. They tend to become increasingly emotionally isolated by fear, low self worth and self-blame when they are victims of domestic violence. This isolation can lead to economic and social dependency on the perpetrator, which makes it very difficult for the women to leave or to change the situation.

Other universal causal factors in domestic violence include patriarchal gender relations, traditional notions of masculinity, socio-economic pressures on families, psychological disturbance and alcohol and other forms of drug abuse. Lack of a strong social network or community, lack of close family, or a family which has a “culture” of domestic violence can all contribute to the vulnerability of women to domestic and family violence (Rees, unpublished). The bottom line is that domestic violence is the exploitation of power by one human being over

another. Identifying and understanding some of the reasons for this abuse of power does not excuse it.

Additional push factors likely to be experienced by refugee communities

Domestic violence is one of the most pernicious threats that women face in the whole of their refugee experience. Although its occurrence is often hidden in resettlement countries, and its impact frequently minimised, domestic violence has been recognised as the “most destructive” element of the refugee experience for women and the family (Kaplan & Webster, 2003, p.110). As one theorist notes, “violation by a state or enemy soldier is not necessarily more devastating than violation by an intimate” (McWilliams, 1998, p.117).

For many refugees, post-migration stresses are compounded by the pre-arrival stresses and the fact that their migration is an event of dislocation rather than an affirmative life choice (Westermeyer, 1986). They arrive in the resettlement country with an already accumulated set of risk factors for domestic violence resulting from the violence and atrocities they have witnessed, their long endurance of human rights violations, and the impact of persecution and flight on their personal and cultural identities (See Box 7). In attempting to rebuild their shattered lives, additional post-migration stresses have a much greater potential to trigger domestic violence. The quality of the settlement environment therefore plays a significant role in either exacerbating refugee women’s vulnerability to domestic violence or enabling refugee traumatised to be gradually overcome (Kalpan & Webster, 2003; Silove, 2003).

One of the most significant cumulative effects that results in an increase in domestic violence is the intersection between traditional cultural values, on the one hand, and the violations and hardships experienced during the refugee journey, on the other. The extremity of the atrocities endured by refugees often exacerbates the culturally constructed vulnerability of women. Women’s gender roles and traditional notions of masculinity are rigorously defended when cultures are threatened by strong external pressure, often resulting in greater rigidity of cultural practices and heightened gender inequality. Frequently in the refugee context, although cultural norms remain unaltered, external circumstances lead to different or more extreme consequences of cultural practices than in the traditional society. These changes often heighten women’s vulnerability to domestic violence, both by amplifying trigger factors in men themselves and by reducing the options and agency of refugee women.

BOX 7

State violence, social violence, structural violence

There is little research into the link between violence in the home and violence in the wider society. Anecdotal evidence, however, as well as parallels drawn with the intergenerational “cycle of violence” recognised in abusive families, suggests that other forms of societal violence have a direct impact on the occurrence of domestic abuse (Widom, 1989).

Violence assumes many different forms. In refugee-producing countries, much of the extreme violence to which people are exposed is perpetrated or sanctioned by the state. This includes most notably violence perpetrated by the military against civilians and other armed forces. In many post-colonial developing countries, it also includes deliberate strategies of public shame, humiliation and subjugation, usually involving torture, systematic rape, death and “disappearance” (Osirim, n.d.).

In situations of social disintegration, precipitated by armed conflict, economic crisis, or persecutory governments, there is a correlative rise in social violence. This may include crimes of hatred committed in times of ethnic tension, violence and terror campaigns carried out by guerrilla groups or insurgent forces, a general rise in the incidence and tolerance of public violence, and marked increases in adolescent violence or attacks against women (Nikolic-Ristanovic, 1989; Osirim, n.d.).

A more subtle and insidious form of violence often afflicting refugee-producing countries is the legacy of colonisation. This is a form of structural violence, maintained by existing institutional systems and hierarchical power relations, rather than by identifiable individuals or groups (James, Johnson, Raghavan, Lemos, Barakett & Woolis, 2003; Osirim, n.d.). Structural violence operates by systematically denying one social group access to their human rights. It is therefore strongly implicated in the occurrence of poverty, social exclusion, lack of opportunity, and inadequate health care and education among marginalised groups.

All of these forms of societal violence can be considered to be risk factors in domestic violence. Research in the field of social work has focussed for years on the correlation between people’s exposure to violence and their propensity for violence, identifying a “cycle of violence” that is handed down between generations in abusive families (Widom, 1989). Correspondingly, studies have demonstrated the effects of warfare and the military on men’s propensity for domestic abuse. One Army-funded study in the US found that the incidence of severe domestic abuse was three times higher among Army families than civilian

ones, and that the greatest incidence occurred when men had just returned from war (Lutz & Elliston, 2002). Well-documented reports also indicate the strong correlation between men's experience of warfare in the former Yugoslavia, and the escalation of their domestic violence towards their spouses (Nikolic-Ristanovic, 1989; Peavey & Zardkovic, 1996).

State-sanctioned and other social violence also indirectly exacerbate the risk of domestic violence by their raising of the general social tolerance to violence. Men who have witnessed horrific atrocities and widespread violence may be more likely to view violence as a means of conflict resolution or expressing their emotions (Nikolic-Ristanovic, 1989). They may also suffer threats to their masculine identities as a result of humiliation, victimisation or violence, and this may find expression in domestic abuse as a way of reasserting their power and control (Brownell & Congress, 1998; Easteal, 1996). In many cultures, if a woman is raped by soldiers, guerrilla forces, or members of a rival group, her vulnerability to domestic violence is greatly heightened, because her husband will perceive the assault as an attack on his own "honour" (Brownell & Congress, 1998; Isis-WICCE, 2001; Friedman, 1992; McWilliams, 1998).

Finally, structural violence, such as exists in many developing countries and in extreme forms in refugee camps, has been directly linked to a greater incidence of interpersonal violence (Errante, 1997; James et al, 2003). Many documented reports also support its implication in domestic violence (Crisp, 2000; Human Rights Watch, 2000; Hyndman, 2000; Osirim, n.d.). Particularly in refugee camps, which it could be argued are a unique form of structural violence in themselves. Systematic, institutionalised inequalities result in severe physical and emotional deprivation. The economic and social stress under which this places families and individuals results in a marked increase in domestic violence (Human Rights Watch, 2000).

It is important to recognise that state and social violence are the legacies of the refugee experience which inflict unseen internal scars that refugees carry with them to resettlement communities. It is equally important to acknowledge that the experience of structural violence often continues, albeit in another form, during the resettlement process. Issues such as ongoing economic marginalisation, the effects of racism, social isolation and the inability to access specialist services have been identified as trigger factors for domestic violence in some refugee communities.

The role of traditional masculine identities

Traditional masculine identities greatly amplify the risk of domestic violence in families that have undergone refugee trauma (**See Box 8**). When men feel that their masculinity is threatened, they often respond with violence. During the

refugee experience, men's traditional masculinities are threatened in numerous ways. They experience challenges to their role as providers both in refugee camps and in resettlement (Brownell & Congress, 1998; Human Rights Watch, 2000; Hurst, 2002; Nikolic-Ristanovic, 1989). They experience challenges to their status as heads of household in refugee camps because they feel that their own lives and those of their family are out of their control (Turner, 1999).

An analysis of the role of shame in violent behaviour suggests that feelings of shame trigger violence when one perceives that there are no non-violent options for restoring one's sense of dignity (Errante, 1997). Men who have experienced the cumulative effects of torture and trauma, uprooting and deprivation, loss of self-determination and threats to their masculine identity in the resettlement environment, are likely to feel overwhelmed by the psychological effects of their experiences. Overcome by their feelings of helplessness in their new country, they may believe there are no non-violent alternatives available to them to rebuild their sense of self. Patriarchal culture positions women as the natural scapegoats for such violence.

In resettlement countries, despite the difficulties experienced by refugee women, in some cases men find that their wives and daughters are provided with opportunities for education, employment and independence which they did not have before. (Friedman, 1992; Kang et al, 1998). Men often can't find employment, and are forced to accept jobs they are over-qualified for, or be supported by their wives. All of these situations undermine the men's sense of worth, dignity and pride. The experience of many migrant men is that of downward mobility, where for some wives and daughters, it is of upward mobility. This can be perceived as an attack on masculine identity and provokes some men to lash out at their wives as a way of restoring their sense of power and control (Brownell & Congress, 1998; Eastal, 1996; Hurst, 2002).

Socio-cultural links between violence and masculine identities also contribute to men's propensity to resort to domestic abuse when situations outside the family are perceived as being beyond their control, traumatic or horrifically violent. In her analysis of the link between male aggression and the rise in domestic violence at the beginning of the war in the former Yugoslavia, Nikolic-Ristanovic argues that

“the abstract hatred against other nationalities was smoothly transformed into hatred against very close persons such as wives, children, relatives... wives are also seen as parts of their husbands' property who became bad and worthless because of their nationalities as well as the source of the husbands' shame and problems in contacts with other people” (1989, p. 76).

Ideologies that inform cultural norms of acceptance of domestic violence are intensified in conditions of war where there is a high level of violent behaviour in

general, and a widespread tolerance toward violence as a way of conflict resolution. War and other forms of societal stress limit options for women and also controls on men, as well as putting stress on individual men (Nikolic-Ristanovic, 1989; McWilliams, 1998). Patriarchal ideology, gendered power imbalance and traditional notions of masculinity and femininity ensure that wartime violence and stress is amplified into heightened violence against women.

BOX 8

Traditional masculinities and patriarchal power relations

The gendered nature of domestic violence is rooted in systems of patriarchal power relations that transcend culture, nationality and religion. The subjugation of women to men is, with very few exceptions, a universal phenomenon. In most parts of the world, male-dominated ideologies still define women as the property of men, confine them to the home, and restrict them to their reproductive and sexual roles.

In contemporary developed societies, where the culturally defined gender roles ascribed to women have been to some extent challenged and subverted, women continue to experience the impact of gender inequality in the family. Domestic violence is universally prevalent, and overwhelmingly committed by men against women. The fundamental reason for women's continuing vulnerability to domestic violence is that while women's gender roles have been somewhat expanded in recent decades, the ideological system of patriarchy that sustains the gendered power imbalance has not been eroded, and traditional notions of masculinity strongly persist (Bunch, 1997).

In under-developed, "traditional" societies, gender roles and patriarchal power relations have yet to be challenged. Women's perspectives and experiences are peripheral to public life and largely ignored. They are not considered to hold equal status with men, and their physical and emotional wellbeing usually depends entirely on the whims of their husbands and fathers. Traditional societies often have little or no concept of wrongdoing by men against women. Sexual and domestic violence and the exploitation and coercion of women are frequently justified on the grounds of "natural" relations between men and women (Bunch, 1997; Umberson, Anderson, Williams & Chen, 2003).

In many cultures violence is central to the notion of masculinity and essential to sustaining a system of patriarchal control (Bartolomei, 2003; Bunch, 1997). Violence plays an important role in men's social place and personal identity, signifying male authority. The link between masculinity and violence, and the entrenched gender inequalities in patriarchal societies, actively foster violence against women, and create the context for women's vulnerability to domestic abuse (Dobash & Dobash, 1998; Umberton et al, 2003).

It is important to note, however, that masculinity “cannot be interpreted as a fixed propensity to violence” (Connell, 2003). Social factors, including culturally- or group-specific masculinities, and individual psychological factors both need to be understood in order to explain how masculinity triggers violence in some men. Recent studies have shown that domestic violence is linked to stress and a loss of “personal control”, defined as “the individual’s perception of control over the environment and the future” (Umberton et al, 2003). To a greater or lesser degree, masculinities shape the way particular men deal with stress (by expressing or repressing emotion), and the centrality of the issue of control to their personal identity (Umberton et al, 2003).

The risk of domestic violence is heightened when men’s sense of self is threatened, causing some men to resort to acts of violence in order to restore their self-dignity and power. In patriarchal cultures, masculine identities are strongly associated with power and status in the family, participation in public life, economic independence, physical strength and sexual aggression. In particular, men’s dual roles as providers and heads of household are integral to their sense of identity and integrity (Brownell & Congress, 1998; Hurst, 2002; Kang et al, 1998).

During the refugee experience, masculine identities come under attack in a range of circumstances. Refugee men often feel victimised by their experiences of persecution and the witnessing of horrific atrocities committed against members of their families and communities. They may suffer from the psychological after-effects of severe traumatisation, and in addition feel they have failed in their duty to protect women and children (Friedman, 1992). In refugee camps, many men feel that their traditional role as providers for their families has been usurped (Turner, 1999). A typical comment from Burundian refugees in a camp in Tanzania was that “UNHCR now provides housing for my family, food for my kids, and clothing for my wife. What use am I anymore?” (Human Rights Watch, 2000).

Masculine identity continues to be threatened after resettlement. It is inevitable that the new social and cultural conditions will trigger changes to one’s sense of self. The challenge to traditional gender roles brought about by integration into the wider society can often lead to threats to the dominant male role (Kang et al, 1998). One of the hardest aspects for newly resettled men is their difficulty in finding employment. Because of the centrality of work and the role of “breadwinner” to men’s sense of self, joblessness creates incredible stress and pressure (Easteal, 1996; Hurst, 2002; Nikolic-Ristanovic, 1989). Expectations prior to resettlement add to the stress caused by financial problems, boredom and feelings of worthlessness (Brownell & Congress, 1998).

The cumulative effects of men’s experiences at all stages of the refugee journey create layers of frustration, anger, helplessness, uncertainty and anxiety (Human

Rights Watch, 2000). These feelings are often exacerbated by the symptoms of post traumatic stress disorder and other psychological problems associated with having been traumatised, persecuted and uprooted. Within the boundaries of their specific masculinities, some men view violence against their wives as the only option for releasing these emotions and trying to regain some power and control in their fractured lives (Brownell & Congress, 1998; Easta, 1996; Human Rights Watch, 2000). This understanding cannot provide a justification or excuse for domestic violence in refugee communities, but it is essential for the pursuit of effective solutions (Dobash & Dobash, 1998).

Another example of the cumulative effect of notions of masculinity and violence and the presence of extra-ordinary socio-political conditions is the increased resort to domestic violence by men who have experienced torture and trauma. The psychological effects of torture and trauma, combined with the pressures of resettlement, contribute to violence against women because conceptions of masculinity predispose men to violence when they feel powerless or helpless. Psychological anxieties regarding their personal strength and sense of identity, including feelings of having failed in their duty to protect their families, ironically heighten the vulnerability of women to domestic abuse (Friedman, 1992, p.72) **(See Box 9).**

BOX 9

The effects of torture and post traumatic stress disorder on men's propensity to violence

In countries with repressive, dictatorial or military governments, torture is frequently used as a form of state-sanctioned violence and intimidation. Of all the atrocities and hardships endured by refugees, it is perhaps the worst, due to its intentional nature and its aim to cause the maximum psychological and physical suffering (Kantemir, 1994). Some studies indicate that as many as half of all resettled refugees have been victims of torture prior to their migration (Gorman, 2001).

Popular perception, supported by propaganda from various sources, often views torture as a method of interrogation that is necessary for state security. In actual fact, torture is more often used to break down political opposition, stifle dissent, and strengthen the forces of tyranny than it is for interrogational purposes (Gorman, 2001). In its most insidious form, torture is used to dehumanise a person and subjugate their community or political group. It is not targeted only at individuals, but is used systematically to terrorise families, communities and the entire population (Piwowarczyk, Moreno & Grodin, 2000).

Systematic torture aims to break the spirit of the individual (Burnett & Peel, 2001; Marotta, 2003). Methods vary, but they have in common the intentional inducement of extreme physical and mental pain: the “breaking of bodies and minds” (Gorman, 2001). A gendered form of torture that is frequently used in armed conflict is the systematic rape of women and girls. This act not only causes grave physical injury and dehumanises its victims; it also attacks the stability of family and community, because the rape of women in so many cultures is interpreted as the loss of “honour”. The systematic rape of women from a particular ethnic group therefore sends a message of intimidation to her community as a whole.

Men, too, are frequently tortured in an effort to rob them of their “voice” and agency (Gorman, 2001). Often torture or its threat is what causes refugees to flee from their home countries. The trauma they undergo during the refugee journey then compounds the serious traumatising they already suffer as a result of their being tortured.

It is difficult to differentiate between the psychological effects of torture and refugee trauma, because most studies of torture have used a sample of resettled refugees (Basoglu, 1993; Kantemir, 1994). The existence of a specific “torture syndrome” appears unsubstantiated, however, research findings do suggest that post traumatic stress disorder (PTSD) is more severe and prolonged for victims of torture (Gorman, 2001; Kantemir, 1994). Torture has the capacity to destroy fundamental human capacities such as the ability to trust another human being and engage in life. It affects psychological functioning in the areas of personal safety, attachment and bond maintenance, identity and role functioning, justice and existential meaning, and psychiatric symptoms include marked social withdrawal, strange or abnormal behaviour and aggression towards others (Burnett & Peel, 2001; Piwowarczyk et al, 2000). Further research is required to investigate the link between men’s previous experiences of torture and the incidence of domestic violence in refugee communities. Torture intentionally operates to dehumanise, humiliate and psychologically damage. It destroys people’s personal identities and takes away their control over their own bodies and lives. Its after-effects, including PTSD, create high levels of stress and social dysfunction, which affect refugees’ ability to maintain family relationships and to resettle easily into their new environments. Men may feel an additional threat to their masculinity posed by the original experience of torture or by the debilitating after-effects of traumatising and PTSD. This may lead to increased stress, and feelings of helplessness, anger and anxiety. Drawing on related research, we would therefore expect the incidence of domestic violence to be higher among families whose men have been tortured prior to resettlement.

The gendered role of refugee women

The interaction between the refugee context and women's traditional gender roles contributes other significant factors to the cumulative risk of domestic violence. The link between shame and violence heightens the vulnerability of women victims of rape to domestic abuse. Women are vulnerable to sexual torture because of traditional notions of femininity, which define women's status as the property of their husbands and the defenders of "honour". This vulnerability is enormously compounded by socio-political situations of armed conflict and persecution, in which women are intentionally targeted for rape and sexual torture because of their culturally defined gender roles (Friedman, 1992; Hyndman, 2000; McGinn, 2000).

In many cultures, women who have been raped are rejected by their husbands and community, who feel they have been shamed by the attack against their "honour". Many families simply abandon the women, and even if the woman is allowed to stay, men often experience strong feelings of anger and shame, and blame the woman for her loss of virtue. Women who have been raped have a significantly increased risk of domestic violence by male members of their family, (Brownell & Congress, 1998; Isis-WICCE, 2001; Friedman, 1992; McWilliams, 1998). A Vietnamese saying, "I will not put my chopsticks in the rice bowl where another man has eaten", typifies the attitude of many men to their wives who have been sexually abused. Instances of women being abandoned, and their husband taking a mistress or another wife have forced many women to stay silent about their experience, even to their closest family members (Pittaway, 1991).

The story of a Naw Chit Chit, a young Burmese woman

In the words of Daw Peh, one of Naw Chit Chit's fellow villagers

"Naw Chit Chit was a married woman with one child... One day, when her husband was away, one of the SLORC soldiers from LID (44) led by Major Ohn Myint came to her house and took out his knife and told her not to shout if she didn't want to die. And he raped her many times...

When her husband came back again she told him what had happened to her. But he hit her, scolded her, and told her to get out from the house. The result was that her husband divorced her and her child also died. In the end, she stayed with some of her friends sometimes and her relatives as well. Her friends said that she had a mental problem after being raped and going around the village. No action was taken for her" (KWO, 2004, p.26)

The denial of women's independence also contributes to heightened domestic violence in the refugee context. In refugee camps, the almost universal practice of allocation of food rations to male "heads of household" often denies women access to scarce food resources for themselves and their children. Whereas in their traditional communities the male head of the family would have provided food and economic means, in refugee camps where deprivation is common, the men often withhold food from the women, who risk domestic violence if they complain (Human Rights Watch, 2000).

In resettlement, women's cultural responsibilities to be "good" or "loyal" wives intersect with the language barriers, cultural dislocation, and isolation from family and community, restricting the limited options they may have traditionally had available to them for stopping or escaping domestic violence (Partnerships Against Domestic Violence, 2000a). Informal interventions from family networks, neighbours, or community leaders, on which women previously relied, are usually no longer possible in the resettlement environment.

Parallels with the experience of Australian indigenous women

Research into Indigenous Australian communities has also found that there is significant under-reporting of domestic violence by indigenous women for reasons that include "loyalty to family and community" (Partnerships against Domestic Violence, 2000b, p.4). A history of discrimination and overt racism has made them unwilling to draw attention to the less desirable aspects of their communities (Dalley, 1999).

Social marginalisation has also led many indigenous people to lack confidence in the support of mainstream social services (Warlga Ngurra, 2000). A national study conducted in 2000 found that indigenous women do not use support services for fear of what will happen to the perpetrator once in custody (Partnerships against Violence, 2000b). Furthermore, they don't feel that leaving their partner - or having him in jail - is a solution for them, both because of the limited options available to them and the value they place on family unity (Dalley, 1999). In a radio interview in 1999 Dalley states that domestic violence has been

"until now, too deeply shameful for the Aboriginal, for the Aboriginal community itself to confront, lest the ugly stereotypes be reinforced and accepted..... many Aboriginal women choose to stay with their abusive partners, partly because there are fewer options for them, partly because they want to keep families together at all costs. They simply want the violence to stop."

Given the current context of racism against refugees in Australian society and the many similarities between the experiences of refugees and indigenous people, it

is reasonable to infer that a similar process may be taking place in refugee communities.

The difficulty many refugee women have in seeking help illustrates the cumulative effect of the resettlement environment on the refugee journey. As we have shown, pre-arrival experiences amplify the risk of domestic violence for refugee women. Despite this, due to the barriers and obstacles they encounter in their new countries, they are less likely than women in the wider community to report their abuse. This prevents them from seeking justice and solutions, and allows perpetrators to continue the violence with impunity.

Likewise, we have demonstrated the cumulative effect of the pre- and post-migration experiences on men's propensity for violence. The concept of cumulative risk factors enables us to see that the risk of domestic violence in refugee communities accumulates as a result of the social, psychological, cultural, political and economic conditions they experience during at least four phases of their journey: in their countries of origin, during persecution/armed conflict, during flight, and in resettlement countries. Because of the uniqueness, complexity and extremity of their experiences, refugees require correspondingly flexible, sensitive, and specific approaches to be taken to the issue of domestic violence in resettlement communities.

5. EXAMINING EXISTING SERVICE PROVISION

Entitlements to settlement services

Australia accepts about 12 000 people each year through the Refugee and Special Humanitarian program. On arrival they are granted permanent residency and provided with a comprehensive range of settlement services. In examining the services provided by the Australian Government for refugees, it is important to define the terms we are using. "Resettlement" is a program of the United Nations High Commissioner for Refugees, in partnership with a small number of mainly developed countries, including Australia. It is a solution offered to some refugees who have sought refuge in a country other than their own, and for whom it is unlikely that they will be able to either return home in the near future, or settle permanently in the country in which they have sought asylum. "Settlement" is the term used in Australia to describe the range of services offered to migrants and refugees to enable them to settle into Australia when they first move here. There is a special category of settlement services offered to refugees and those who enter Australia on humanitarian visas. These are provided or co-ordinated by the Integrated Humanitarian Settlement Services program (IHSS). They include on-arrival accommodation for three weeks, immediate access to income support through Centrelink, English classes and assistance in finding work.

Entitlement to settlement services varies according to the type of visa which refugees receive from the Australian Government, and the manner in which they enter the country. The “Off Shore Program” includes those people officially recognised as refugees and granted refugee status at an overseas site, such as in a camp or an urban refugee area, and then accepted to resettle in Australia as part of our Refugee and Humanitarian Program. Their airfare is paid by the Australian Government.

Other refugees in the Off Shore Program enter on Special Humanitarian Visas (SHP). These are often cases of family reunion and people who are sponsored in by community groups. Their fare to Australia is not paid by the Australian Government and they are not entitled to the same level of service provision as those refugees who are selected for resettlement overseas.

Refugees who apply for asylum within Australia are included in the “On shore Program”. A small number of these are granted permanent protection visas, (PPV) which entitles them to the same level of service provision as refugees who are resettled to Australia. Those refugees who arrive by boat, and who are placed in Detention centres while their case is being determined are granted Temporary Protection Visas (TPV) if their case is successful. These visas are for a period of three years with access to restricted service provision. Some refugees live in the community while their case is being considered. They are usually on a bridging visa, and have no entitlement to settlement service provision. **(See Box 10).**

These differences in service entitlement can be very perplexing for workers not actively engaged in the refugee field and who might not know which visa their client holds. This can be particularly confusing because clients from the various visa categories often relate very similar pre-arrival experiences. Full details of the various visa categories and settlement service provision can be found on the Department of Multicultural and Immigration Affairs (DIMIA) website, at <http://www.immi.gov.au> .



BOX 10

Eligibility for Services and Entitlements of Humanitarian Entrants and PV Holders				
IHSS Services	Refugees	SHP Entrants	PPV Holders	TPV Holders
Initial Information & Orientation Assistance	✓	✗	✗	✗
Accommodation Support	✓	✗	✗	✗
Household Formation Support	✓	✓	✗	✗
Early Health Assessment and Intervention (EHAI)	✓	✓	✓*	✓*
Proposer Support	✗	✓	✗	✗
Community Support for Refugees	✓	✓	✗	✗
Longer-term Settlement Services				
Migrant Resource Centres/Migrant Service Agencies/Community Settlement Services Scheme	✓	✓	✓	✗
Adult Migrant English Program	✓	✓	✓	✗
ESL-NA for minors	✓	✓	✓	✓
Immigration				
Commonwealth funded airfare	✓	✗	NA	NA
Family Reunion	✓	✓	✓	✗
Right of Re-entry	✓	✓	✓	✗
Permanent Residence	✓	✓	✓	✗
Employment				
Work Rights	✓	✓	✓	✓
Job Network: Job Matching**	✓	✓	✓	✓
Rent Assistance**	✓	✓	✓	✓
Health				
Medicare**	✓	✓	✓	✓
Health Care Card**	✓	✓	✓	✓
Maternity Allowance**	✓	✓	✓	✓
Program of Assistance for the Survivors of Torture and Trauma (PASTT)	✓	✓	✓	✓
Education				
Public Education (school-aged)	✓	✓	✓	✓
HECS***	✓	✓	✓	✓
New Apprenticeship**	✓	✓	✓	✓
Social Benefits				
Newstart Allowance**	✓	✓	✓	✗
Rent Assistance**	✓	✓	✓	✓
Family Tax Benefit**	✓	✓	✓	✓

Entrants may also be eligible for other social benefits. Further information on entitlements can be obtained from www.centrelink.gov.au or contact Centrelink on 13 1021. For information in other languages call 13 1202.

** Only PV holders released from Immigration Detention are eligible for EHA.*

*** If assessed as otherwise eligible.*

**** Special conditions apply, see www.hecs.gov.au*

Source: Department of Immigration, Multicultural and Indigenous Affairs (2003) Australia's Support for Humanitarian Entrants, http://www.immi.gov.au/search_for/publications/ashe.pdf, p. 5.

The Role Of Holistic Settlement Services

Drawing on information presented so far, a picture is emerging of domestic violence in refugee families being exacerbated by a number cumulative risk factors created by the intersection of various events and experiences of the refugee journey with other socio-cultural triggers. Based on this understanding, it is apparent that the “conventional wisdom” that refugee women will be adequately served by the same services as other immigrant women is misconceived (Pittaway, 1999). The issue of domestic violence in refugee communities needs to be addressed in the context of the complex and closely interrelated events and circumstances which impact on the lives of newly arrived refugees. If we can ensure that some of the compounding factors are alleviated, then we would expect a corresponding decrease in domestic violence.

Difficulties in the settlement environment include: anxiety about family and friends left behind; guilt; feelings of helplessness in an unfamiliar environment; racist based attacks; isolation and fear; and dislocation from culture. Kaplan & Webster (2003, p.108) note that the quality of the settlement environment has the power to either mitigate the traumatic effects of violence and human rights violations or to exacerbate the legacy of violence. The importance of quality and effectiveness in post-migration service provision is also discussed by Silove, who states that “post-migration stresses appear to exert a largely independent impact on post-traumatic stress symptoms, thereby adding to the effects of pre-migration trauma” (Steel, Silove, Bird, McGorry & Mohan, 1999, in Silove, 2003). Despite this knowledge, refugees, service providers and researchers have reported continual problems with settlement services over many years (Iredale et al, 1996; Pittaway, 1991).

Central then to working with refugees is the provision of adequate and effective on-arrival and continuing settlement services. It is said with pride that Australia has the best resettlement services in the world (Piper & Aristotle, in Australian Refugee Rights Alliance, 2000). However, for many refugee women, for a variety of reasons, some settlement services are still inaccessible. More specialist

services are available in urban areas, but increasingly, refugees are being sent to rural areas on arrival in Australia. The type of services provided also varies from state to state.

Torture and Trauma Rehabilitation Services

Access to effective torture and trauma services is essential for the wellbeing and successful resettlement of refugees. Despite the fact that Australia is considered to be a leader in the provision of torture and trauma services to resettled refugees, these are still inadequate to meet the demand. The services in Australia offer excellent care to many people in the refugee population, but most are stretched beyond their capacity to take on extra clients. In some cases there are waiting lists of weeks and months, even for quite urgent cases.

“I am not mad!!”

Some refugees are reluctant to use these services. Comments such as “We are not mad” and “It is shameful to go to a place for crazy people” are quite often made to generalist workers who suggest referring refugees for counselling or therapy. Sometimes these comments are based on a simple misunderstanding of the services offered. This can be compounded if the refugees do not come from a social environment in which the provision of mental health services is part of the normal social infrastructure.

Other refugees report attending clinics and programs and finding the services offered to be very alien to what they expect or feel comfortable with. Many of the services offered in Australia rely on western frameworks, and some refugees find these very alienating, and after a couple of visits, they refuse to return. Comments are also made which indicate that refugees feel that some workers do not understand the level of horror and trauma that they have experienced. “They have no idea what it is like in a camp” (Sudanese woman, in Bartolomei & Eckert, 2004). It has been reported that the message is spread in some communities that the torture and trauma services are not suitable for their people. In some cases this is patently true. The challenge to us as service providers is to explore alternative and culturally appropriate ways of working with clients from the refugee communities. There are some excellent examples of this happening and these will be explored in the final section of this paper.

The Need for Professional Interpreters

The issue of access to qualified and experienced interpreters is a major challenge, commented on by all service providers and many refugees interviewed in 2003 and 2004 about settlement services, and service providers taking part in the NSW domestic violence project (Bartolomei, Ekhardt,

Coutsonicas & Wellesley-Cole, 2004). It is an interesting challenge, because the most urgent need for interpreters is often from the most newly arrived communities. Conversely it is these communities who have the least qualified interpreters to work with their own groups. An additional complication is the small size of emerging communities. Many people do not want interpreters who they know personally to assist them with an interview on issues as sensitive as domestic and family violence. Because of this, some refugees opt out of seeking help, because they either do not trust the confidentiality of the interpreter, or are scared of being publicly humiliated.

The impact of rural resettlement

Another area of settlement service provision which deserves further attention is the delivery of services to rural communities of resettled refugees. The current policy of placing refugees in small country towns has the potential to be mutually beneficial for both the local communities and the refugees, but this is dependant on a number of important factors. The first is the presence of a supportive and welcoming community group. The second is access to the specialist services traumatised refugees will need, and strengthened lines of support necessary for people who work with them. When working with people who have experienced the level of trauma common amongst the newly arriving African refugees, the likelihood of secondary traumatisation for workers is very real. A breakdown of country placements is leading to an “urban drift” of refugees moving from rural placements to seek their own communities in the cities.

The fact that service providers in NSW are experiencing so many concerns over the wellbeing of refugee families, and are feeling unable to respond adequately to the incidence of domestic and family violence in these communities suggests that the settlement services and other important factors are not currently responding fully to the needs of many newly arrived refugee families.



Case Study

This service provider has been attempting to negotiate with the Department of Housing on the behalf of an Afghan Woman at Risk client. She is a single woman and upon arrival in Australia she was harassed by a man within her ethnic community. She had an AVO placed on him which he has broken twice. The woman is currently living in insecure housing after already rejecting one property from the Department of Housing as it was unsafe. She has asked for a security apartment which the service provider has been attempting to negotiate with the Department of Housing for her. Despite the service provider explaining her individual circumstances and the particular risks she is facing which necessitate her speedy access to secure accommodation, they were told by the Department of Housing that this made no difference and she would simply join the bottom of the list like everyone else waiting for housing – there was nothing they could or would do. The service provider is concerned for the woman because once a client has rejected two properties they are taken off the Department of Housing listing. This is a clear example of the need for priority housing assessment to take into consideration the specific risk and safety issues experienced by refugee women. The Department of Housing's attitude to these risk factors and refugee situations requires further exploration. The provision of appropriate housing addressing heightened safety issues is also required.

Domestic Violence Service Provision

At present, many refugee and domestic violence workers do not feel well enough informed about the dynamics or prevalence of domestic violence in refugee communities to be able to offer appropriate services. A number of workers from refugee services have identified the need for training and skills development in identifying and responding to domestic and family violence. Domestic violence workers have identified the need for training and skills development in working with refugee families. They report that they do not have the resources to deal with this problem and that they often do not have the cultural knowledge necessary to work at this level with these communities. Training and models of best practice are often not available. They also report government and non government service provision is under resourced and is not adequate to deal with the need for services for these women and their families (Domestic Violence Working Group, 2003).

In 2002, in response to the concerns of these workers, the Refugee Council of Australia convened a working group of key service providers, both government and non-government, who work with either refugees or the victims and survivors of domestic violence. The organisations who attended this first working group meeting tabled a broad range of problems and concerns. Services are often not

co-ordinated and many of the frontline workers in government and community agencies have not received appropriate training. The impact of domestic violence on children and young people within refugee families is also an area of particular concern to community service workers and educators.

In 2003, as a result of the work of this committee, the Department for Women, NSW State Government, awarded funding to the Centre for Refugee Research at the University of New South Wales to produce training materials for domestic violence and community workers who come into contact with refugee families. The team is co-led by one person from a refugee community and one CALD person who has a long experience with domestic and sexual violence issues in CALD communities. These training materials are being produced using community development techniques. This includes the employment of nine bi-cultural workers from newly arrived refugee communities to ensure that the concerns of the refugees themselves are reflected in the material produced. The emerging results are included in the final section of this paper, "Ways forward".

The Importance of Community

The presence of a supportive ethnic community for refugees to relate to is an important component of effective resettlement. This was stated by nearly all of the refugee and workers interviewed for this project. A strong community provides both emotional and social support. It can provide a sense of familiarity and belonging in an alien environment and safe space in which people can learn about and explore the language and culture of their new country. The community can often provide solutions for problems experienced by the newly arrived refugees. The history of migration has shown us that groups need this sense of strong community when they are new migrants. As they slowly become established in their new countries, and confident of their place within society, the need to maintain very strong community links weakens. Within this notion of community is that of obligations to the extended family. This is much stronger than in the Australian community, and is often not acknowledged and understood. The importance of a broad interpretation of family reunion is seen to be a critical factor in successful resettlement. People resettle more successfully when they have access to their extended family members and their chosen community.

In the case of a family recently resettled to Australia, the woman and her young children were accepted as "Women at Risk" and sent to one city. Her 19 year old son was considered in his own right as an adult, and was sent to another city in another state. This caused the family real distress and financial hardship before the family was finally reunited in one spot.

However, this need for community to be carefully analysed and understood by service providers. Just because refugees come from one region or one country, this does not mean that they will be automatically compatible with others from the

same place. All Australians are not the same, and yet we often assume that all people from Africa or Iraq are. We forget that Africa is a huge continent of many different countries and cultures. We forget that within countries people experience differences of opinion based on class and social background, religion and gender and political persuasion. To be sure that refugees resettle successfully, effort has to be put into ensuring that they have a compatible and supportive group of like-minded people around them. This is just as important as adequate settlement service and good specialist service.



6. HEARING THE STORIES

“Thank you, thank you, thank you – you are the first person who has let me tell my story. People do not want to listen – they tell me it is better to forget about it. How can I forget? It is in my head the whole time and I dream about it every night!!” (Refugee woman from Sudan, Pittaway & Bartolomei, 2003a).

We cannot afford to ignore the traumatic experiences of refugee women who resettle in Australia, in particular those who experience domestic and family violence. Not all may have suffered extremes of torture, but the refugee experience is in itself a traumatic experience. However, one of the most difficult aspects of service provision is simply listening to refugees’ stories and providing an environment in which they can heal their wounds.

Therapists, torture and trauma rehabilitation workers, refugee workers and social workers have all reported the difficulties of repeatedly hearing descriptions of atrocities and severe abuse, and of responding in a culturally appropriate manner. Workers often suffer from vicarious – or secondary – traumatisation when continually exposed to tales of such cruelty and hardship as are commonly endured by refugees. Their professional and personal lives may suffer as a result, to the point where they are unable to keep working with clients:

“The tendency for individuals, including health professionals, to withdraw from survivors of violence has been well documented... the medical or psychiatric interviewer is often emotionally unprepared to listen to the horrifying experiences of the survivor of torture” (Goldfield, Mullica, Passavant, & Forgone, 1988, in Gorman, 2001, p.2725)

Many social workers also suffer from burnout and exhaustion due to the difficulty of their cases. Workers who feel the clients' problems are unsolvable may feel that their interventions are futile and meaningless, leading to erosion of self-esteem and sense of professional efficacy. Acuity, or the intensity of the problem and the need for immediate action, can be an additional stressor for the worker (Dane, 2000) **(See Box 11)**.

BOX 11

Vicarious traumatisation

“Repeated exposure to the atrocity that one human commits against another can result in experiences of terror, rage and despair on the part of therapists” (Regeher & Cadell, 1999, p.56).

Vicarious traumatisation is the syndrome experienced by therapists who work with victims of severe trauma or abuse. Studies have focused on samples of sexual assault workers and child abuse workers, although it is generally recognised that working with anyone who has been traumatised has inevitable, long-lasting and detrimental effects on therapists (Dane, 2000; Hesse, 2002).

Symptoms of vicarious traumatisation can be similar to post traumatic stress disorder or other symptoms experienced by the clients themselves. These include decreased energy, no time for one’s self, increased disconnection from loved ones, social withdrawal, increased sensitivity to violence, despair and hopelessness, and intrusion of disturbing images and thoughts (Dane, 2000). Vicarious traumatisation differs to burnout in that it is caused by exposure to images and description of atrocities and horrific abuse. Its onset can be sudden, leading to confusion and helplessness. Often therapists involuntarily relive the client’s trauma (Hesse, 2002). Eventually, the cumulative effect of exposure to stories of severe abuse is the erosion of one’s identity and world view, in the same way that a traumatic event affects one’s sense of self (Regeher & Cadell, 1999).

Unrecognised and unaddressed vicarious traumatisation is harmful for both therapist and client. Therapists have an increasing inability to cope with their work as well as other aspects of their life. They often begin to use techniques of avoidance because they can’t deal with the repeated exposure to trauma. A typical sentiment is expressed by this worker with refugee women:

“I just cannot bear to hear one more story – I will burn out and leave. I make my colleagues see all the Women at Risk – I just cannot bear more horror” (Pittaway & Bartolomei, 2004).

Other techniques of avoidance may be even more detrimental to the client. Therapists whose world views have been shattered as a result of vicarious traumatisation may blame the client for their own sense of loss, and may not allow or listen to them speak about things that emphasise this loss. They may collude with client in avoiding working through the trauma, or they may develop scepticism of clients’ stories, or minimise the abuse (Regeher & Cadell, 1999). Alternatively, they may steer the conversation in self-serving ways, avoiding

feelings or topics that produce anxiety, anger or fear. They may become authoritarian, adversarial or argumentative with clients, causing them to emotionally distance themselves or to doubt the therapy. Lack of empathy or emotional unavailability on the part of the therapist can inadvertently re-traumatise the client (Hesse, 2002).

While these are natural defence mechanisms, it is essential that they are identified and addressed early on, for the wellbeing of both therapist and client. Refugee women, in particular, have to overcome so many obstacles – economic, linguistic, cultural, psychological – to even reach the point where they can begin to share their horrifically traumatic stories with anyone, that it is extremely important that they are provided with a supportive environment when they do so. Without experiencing empathy and understanding, they will be unable to begin to unpack the emotional baggage they carry with them from the refugee experience.

Therapists need to look after their own wellbeing in order to help refugee women. Various strategies have been identified that reduce or prevent vicarious traumatisation. Non-work related hobbies, close family and friends, spirituality, and an open peer-group environment that encourages therapists to support each other have all been shown to be effective in the minimisation of vicarious traumatisation. Not working overtime, and the ability to hand over cases to other therapists when you know you are reaching your limit are also extremely important.

Unfortunately it is refugee women who often have the most horrific stories of trauma and abuse, and the instinct to recoil from or block out these stories is strong, particularly for people who are exposed to them repeatedly or on a daily basis. It is essential, however, for these women to be provided with a safe space to tell their stories and enable them to rebuild their lives.

When working with traumatised refugees, workers often have to walk a tightrope of cultural issues which can be very confusing. Common sentiments expressed by people from CALD communities are:

- “We don’t talk about things like that in our culture”
- “It doesn’t happen in our culture”
- “That is quite acceptable in our culture”
- “Women are not allowed to admit to that in our culture”
- “Older women won’t talk to you if you ask questions like that”

The power of multiculturalism is so great that it is often difficult for workers to challenge statements such as these. The fact that the statements have elements of both myth and reality makes it even more complex. The worker can feel that they are walking on a double mine-field of cultural appropriateness and fear of uncovering stories so horrific that they doubt their own ability to deal with them,

and this adds to the complexity of the situation. It often seems easier for everyone just to leave it alone. Everyone that is, but the woman with the problem. There is a lot of “conventional wisdom” about not talking about the experience of torture and trauma with refugee women. It is argued that it is better not to disturb painful memories. In fact, lack of understanding and a safe space in which women can retell their stories causes the trauma of refugee women’s pre-arrival experiences to be constantly relived, or expressed in other ways within the dynamics of the family (Pittaway, 1999).

The confused use of the concept of “Culture”

A related obstacle in the development of a supportive therapeutic relationship is the popular use by white workers of “culture” to explain domestic violence in non-white communities, in place of the psychological explanations that are given for white clients (Volpp, 2003). Domestic violence workers can become caught up in the public sentiment of multicultural “political correctness”, and may be hesitant to interfere with or criticise what have been misconceived as “cultural practices”. To address this issue workers need to develop an understanding of the client’s cultural and other belief systems, in order to make sense of their world. This is a difficult process that requires the exploration and co-creation of ideas with the client, but it is essential for breaking down the worker’s own unquestioned assumptions (Bailey-Smith, 2001).

Workers also need to continually examine their own biases and prejudices in the course of their work with refugees. Research has shown that it is important for domestic violence workers to monitor the work they do with black families in order to expose their own implicit racism. For years, the language used in the field for black families was racist, and the question of how the ethnic identities of worker and client might impact upon the therapeutic conversation was not seen as significant. Smith states that “the attitudes and expectations of the counsellor can be as much a ‘problem’ as those of the client from another culture” (1985, pp.537-79, in Bailey-Smith, 2001).

Yet another challenge to the provision of effective services is the lack of information of some refugee workers about the existence and size of the problem of domestic violence. Susan Rees (2004) notes that often, when working with refugee communities, some researchers have not even considered that domestic violence might be a common occurrence. In a study of East Timorese asylum seekers in Australia, domestic violence was not anticipated or factored into research questionnaires, and no discussion of domestic violence arose during the interviews with women asylum seekers, although the incidence of domestic violence within this community was subsequently found to be extremely high.

Unfortunately, the use of bi-cultural workers does not always address these problems. These workers may also carry their own emotional baggage. While

coming from the same language base, and even the same ethnic grouping, they may be of a totally different class or ideological background. In exactly the same way that two Australians may differ on just about every conceivable issue, the many elements that make up that thing called culture will impact on their understanding of the experience of the client.

Hiding the shame, hiding the crime

In some cases it would appear that workers from particular communities think it better to sacrifice the well being of individual for the collective good. They will argue that the community does not need the rape and sexual abuse of their women widely discussed - that they have experienced enough collective shame already. Or they will argue that discussion of high levels of domestic violence will further disadvantage communities which already experience debilitating levels of racism, both personal and institutional. These are very difficult issues and there is no easy answer.

Fear of the unknown

In other cases, the experiences of women are played down, because the workers themselves do not know how to talk about the issues. Even if they haven't suffered from them themselves, they are not comfortable dealing them. Bald questions such as "have you been raped?" and "were you tortured?" will often be greeted with a curt negative. An unskilled and perhaps frightened worker will often be very relieved to leave it at that. It is essential, however, for workers to always remember that not addressing these issues will only cause secondary problems, for children who are raised in atmospheres of unresolved trauma or domestic violence (Pittaway, 1999).

Interventions to adequately respond to domestic violence in refugee communities require an understanding of the propensity for domestic violence when social structures are weak or inadequate. The unique issues and circumstances that exacerbate or compound domestic violence in refugee situations need to be articulated, understood and incorporated into the development of adequate responses for refugee women. They also need to be incorporated into education and training courses delivered to all community workers.

Hurst (2002) comments that we need to go beyond a one-dimensional analyses of domestic violence. She suggested that the unwillingness of some workers to do this has limited our ability to adequately respond to the people with whom we are working. A simple reliance on a solely gender analysis to the exclusion of race, class, ethnicity and culture, seems likely to place significant barriers in the way of men accessing and engaging with opportunities to stop and change

violent behaviour. In working with men from communities such as refugee communities it is necessary to hold both realities in mind, of men as both possible oppressors and the oppressed. Many men in a variety of cultural contexts are both anxious and curious to talk about being a man, particularly given current global and historical changes.

Caring for the workers

While it is important that we build good support systems for our clients, it is equally important that we build support systems for ourselves and our staff. This is perhaps the area of settlement services which receives least attention, and yet is essential to all workers in contact with refugees communities. Provision must be made staff and professional supervision available both to identify and assist with cases of vicarious traumatisation. This can range from regular formal supervision, to dedicated staff debriefing sessions, or to sharing a drink at the end of the week. Good and ongoing staff training is essential. The important thing is that there is a structure in place, and that staff should never feel that they are carrying the burden of their clients' trauma on their own shoulders. It is equally important that we have a safe space where we can explore our own prejudices, biases and assumptions, with peers and supervisors who are able to help us to move forward and offer the best possible services to our clients.

7. WAYS FORWARD

Sensitive Settlement Service Provision

Unfortunately, there is no “magic formula” for working with refugees experiencing domestic and family violence. The research undertaken as part of this project has further reinforced the need to see domestic violence as part of a complex set of reactions to events experienced by refugee families both pre and post arrival, and analysed taking into account the cultural and social context of the refugees former life. We have to add to this our current understanding of domestic violence in all communities. Domestic violence has to be addressed in the context of a package of comprehensive settlement services. All settlement services need to reflect a sensitivity to the refugee experiences and the special needs which this generates, including for domestic violence service provision. The experience of severe torture and trauma heightens the need of all refugees for security in terms of housing, income and work. For example, housing is seen as a safe place in which to rebuild shattered lives, and haven for families. Income is necessary to fulfil basic needs, but work is seen as a way of reclaiming self esteem and self respect. The need for sensitive female doctors for women who had been sexually abused is obvious. The need for an integrated holistic approach to the provision of settlement services which recognises the refugee experience is essential if we are to enable refugee women to take control of their own lives and settle successfully in a new environment.

There is some innovative and extremely promising work being done by a number of refugee communities, working with committed service providers to address this problem. Models of good practice are emerging and alternative methods of working are being explored. The most successful of these are models of community development, based on the skills expertise and capacities which are another part of the baggage which refugees bring to Australia. It is easy to forget the strengths of refugee families when focusing on the problems they are experiencing. Some suggestions for working with refugee families are discussed below. The need to allow refugees to talk about their experiences was found so be so fundamental to good service provision that it was addressed separately in section 6 of this paper.

Improved Information and Training for Settlement Service Providers

The need to provide information about the circumstances of refugees to the relevant service providers, both government and non-government is also critical to effective service provision. People can not be expected to know these things intuitively, and yet ignorance of the specific needs of refugees can be very detrimental to their resettlement opportunities, as is shown in the case study below. Better case notes need to be developed, and with permission from the refugees and appropriate confidentiality agreements, these should be made available to service providers to assist them in their work.

One of the first steps that needs to be taken to address domestic and family violence in refugee communities is to provide increased training for settlement service providers, and for specialist service providers, such as domestic violence workers. **(See Box 13)**



BOX 13

Working with Refugee Communities: Domestic Violence Prevention and Education

In July 2004, a new training kit and video addressing the issue of domestic and family violence will be released for service providers working with refugee communities in Australia.

The kit has been developed by the Centre for Refugee Research, UNSW, in partnership with the NSW Department for Women and nine refugee communities. As part of the development of the kit, research was undertaken with resettled refugee women and children in Australia who experience domestic and family violence. Based on the research, which included focus groups with 63 women and 4 men from 9 refugee communities, the project examined the scope of the problem of domestic/family violence in refugee communities, and has identified effective, culturally appropriate methods of service provision which are seen as acceptable by the communities concerned.

The resulting training module and video include models of best practice for working with refugee men and women in families experiencing domestic and family violence; innovative and culturally acceptable models of program delivery to address domestic and family violence in refugee communities, including the effects of torture and trauma on men, women, children, and family structures; and the provision of a range of training materials for workers in the field which can be adapted and used for current and subsequent refugee intakes. "Train the trainer" sessions will be delivered by the staff who have developed the program in the second half of 2004, and the training module will be available from July 2004.

The project also aims to identify the reasons for the high incidence of domestic and family violence reported in newly arrived refugee families, and to establish a database of information on incidences of domestic violence in refugee communities both in refugee camps and in countries of resettlement.

Research Findings

The research to date, conducted in the context of focus groups and interviews with refugee men and women, confirms the findings of the secondary data analysis undertaken for this paper. Refugees identified resettlement stress as a major risk factor in domestic violence, including cultural conflict, financial stress, changing gender roles, generational conflict, housing problems, lack of extended

family support, isolation, alcohol and drugs, and unrealistic expectations of resettlement in a developed country. They also identified the impact of war and conflict in their homeland, past experiences of domestic violence in refugee camps and in transit, poor education levels due to prolonged lack of access to educational facilities, rigid gender roles, often exacerbated during flight and living in the camps, stress and trauma affecting the whole family, injuries affecting men's ability to work, the pressures of masculinity, mental health issues, and cultural constraints on talking openly about family issues.

Men identified the need for specific material targeting men in their communities, including posters, pamphlets and TV and radio advertisements in appropriate local languages and using celebrities such as sports stars. They stressed the need to present domestic violence as a men's issue rather than a women's issue for refugee communities. This is because refugee men often react against the freedom of women in Australia and will not be open to addressing the issue if it is presented as one of 'women's liberation'.

Women suggested small community based prevention and education sessions in appropriate languages, which should be available to men, women and young people. They echoed the need for newspaper, internet, radio, and TV programs in their languages, using links to celebrations and entertainment activities. They identified better job training for women and more affordable child care as broader prevention strategies, aimed to lessen the financial burden. They also stressed the need for women to be educated about Australian laws to protect women and families, as these are very different to those in their home countries.

(Coutsonicas and Wellesley-Cole 2004)

Specialist Counselling and Therapy

The reaction of refugees to the torture and trauma which they have experience prior to arrival in Australia is often diagnosed as post traumatic stress syndrome (PTSS). While there are some exciting and innovative service provision models being explored for working with people experiencing PTSS, as yet there is very little work done linking the incidence of PTSS to that of domestic violence in refugee communities. Given the growing concern about the domestic violence, it is obvious that much more work needs to be done in this area. In the meantime, we can learn from the successful programs being run by places such as the Service for the treatment and Rehabilitation of Torture and Trauma Survivors. (STARTTS),(see www.startts.org/), the Transcultural Mental Health Centre in NSW, (see www.tmhc.nsw.gov.au), and in similar centres in other states of Australia and overseas. These include the use of non traditional interventions such as massage and reflexology, art therapy, quilting and community activities such as the forming of choirs and other social groups.

Refugees womens groups in Australia report that programs which empower them to take control of their own lives and the knowledge necessary to navigate the social and legal infrastructure also gives them skills and courage to face up to issues of domestic violence. Information is seen as the key to moving forward (Bartolomei and Eckert, 2004). Education about specific rights, responsibilities and legal obligations of new residents was also requested for all refugees. Refugees in camps around the world have identified the importance of using a rights based approach to service delivery, which includes teaching refugee communities about their human rights. In a recent training course with refugees on the Thai Burma Border, the technique of “Story Boards” was used to assist refugee leaders to talk about domestic violence – a previously taboo topic, and to identify ways in which it could be approached in the camp. This was a very successful way of breaking the silence and the result of the session was the implementation of a series of action to address the problem in the camp. **(See Box 12)**. It could also be used with refugee communities in Australia.

TELLING IT LIKE IT IS Using Story Boards To Explore Human Rights Abuses with refugee communities

In 2003, as part of a project exploring the protection needs of refugee women and girls experiencing sexual and gender based violence in camps and urban settings a team from the Centre for Refugee Research, UNSW were invited by a



non-government organisation to conduct Human Rights and Gender Training for a group of refugees in a remote jungle camp on the Thai Burma border.

Background to the Training.

Although there were grave concerns about human rights abuses occurring

within the camp, due to political issues and power dynamics, there was a real reluctance to talk about them. In some cases there was a denial of the abuses

taking place, in particular violence against women and girls, which led to survivors not accessing medical and legal services which they badly needed. This reluctance to name the abuses was blamed on the notion of shame – the idea that “we don’t talk about it in our culture”. The issue was exacerbated by “official” silence, which can be understood as complicity, allowing perpetrators to act with impunity.

Despite this attempt to silence the refugees, people did talk, and some women and girls disclosed what was happening to them to individual workers. One group of young women who had been raped reported the attack, and with support from the non government sector, took action against the perpetrators. There was a backlash because of these actions, but the refugees themselves wanted to address the abuses and the training was requested from one of the NGO’s working in the camp.

The Training

Originally planned for 20 people, over 120 men and women turned up for the Human Rights and Gender Training, all desperate for knowledge and information. Despite the numbers the training was extremely successful. Participants worked for 8 hours a day for 4 days. 8 interpreters were needed to translate the material into the local languages. At first, the human rights abuses were not openly acknowledged by the group. There was a silence about what was happening in the camp.

For the first 2 days of training the participants learned about the human rights framework. While some of the material was presented in lecture format, mostly they worked in small groups and participated in a number of interactive exercises. At the end of the second day, based on the material presented, they were asked to identify a range of human rights abuses that might occur in refugee situations such as camps; the silence was broken. They named gender and sexual violence, domestic and family violence, elder abuse, drug and alcohol abuse, the taking of child soldiers, people trafficking from the camp and labour abuse by employers.

The participants were then introduced to the concept of “story boards”. This group activity involves identifying a problem and then working through it to achieve solutions. It is a 6-step process, and for each step a poster is made, which is presented to the larger group with a narrative



explaining the graphics and the ideas proposed. The participants were split into 12 groups and each group was allocated one of the problems they had identified. They were then asked to produce their 6 posters, addressing: 1. The problem, 2. The impact of the problem on refugees, 3. The implication of not taking action, 4. Identification of solutions, 5. Identification of individuals or groups who might be able to assist, and 6. The hoped-for outcome of the action.

Despite having worked very hard for two days with interpreters, and very new material, the groups all did substantial amounts of homework and continued working on their storyboards the next day. They then presented their work to the larger group. The presentations were excellent. Issues which had not been named were talked about openly and analysed with an incredibly high level of sophistication. Potential solutions were identified, often very different to those that would have been suggested by 'outsiders'. Allies were also identified and strategies planned for achieving the hoped-for outcomes. The dialogues were well grounded in realism, and in the everyday experiences of the refugees. They held hope for the future. The politics of the situation were taken into account and 'reality' checks were made on all suggested strategies. Training needs were identified, and actions plans were started in consultation with NGO's.

Wider Application

The Story Board technique has subsequently been used very successfully with other refugee groups in Africa. It allows participants to name problems and issues within their communities in a positive and empowering context. It recognises the skills, knowledge and experience which refugees bring to situations, and provides a human rights framework which acknowledges their rights to a fulfilled life. It could equally well be used with refugee communities in Australia to explore issues such as domestic violence, and to identify solutions with, rather than for refugee communities.

(Pittaway & Bartolomei, 2003b)

Successful models of working with refugee women to help them to overcome traumatic experience include weekend retreats with a range of alternative therapies available to the women, and child care to relieve them of some of the constant stress of coping with resettlement. A "Human Rights" court was held in Sydney in 2001, and refugee and indigenous women took the opportunity to share their stories through personal testimony, poetry and music. Story telling through art or words, theatre or dance are powerful ways to enable and encourage women to talk about their experiences and to identify ways forward from their own cultural and refugee backgrounds. Women who participated in the court reported that the experience of sharing their stories in a supported environment both validated their experiences and gave them strength to develop strategies to face the future and hope for their new life. The development of craft

groups, catering businesses and other commercial activities, while not traditionally seen as “counselling” can also be extremely therapeutic and provide impetuous for women to address problems within their own lives and courage to seek help and legal intervention for situations which can not be solved within the family or the community.

Community development schemes, working with groups to identify and develop their own projects, building on their own capacities and vision are also proving to be extremely successful in assisting refugee communities to achieve effective resettlement. These examples provide a rich foundation for developing models of service provision to specifically address the issue of domestic violence in refugee families.

Increasingly, the importance of working with perpetrators in the arena of domestic and family violence has been identified as crucial. Not all refugee women wish to remain with abusive partners, but many do. Their fervent wish is for the violence to stop and for normal family life to resume. This is particularly the case if domestic violence was not part of the family dynamics before the experience of flight, asylum and resettlement. In working with refugee victims of family violence we need to maintain the same ethical principle as we do when working with all other domestic violence survivors. The choice of action lies with the client. Our role as workers is to provide advice, support and as much practical and emotional support as is possible. The decision as to what to do must lie with the women concerned. The major difference in working with refugee women is that of assisting them to unpack the additional baggage of trauma and the experience of violence which they bring with them to Australia.

The provision of effective settlement services, including appropriate domestic violence services, is not only essential for the refugee families we invite to become residents of Australia. It also brings long term benefit to all Australian by ensuring that new settlers hasten their speedy and successful resettlement into the fabric of Australian society. In the past, Australia has enjoyed an international reputation as strong upholder of Human Rights principles and the notion of social justice. The provision of effective services to refugee families experiencing family and domestic violence will add to that reputation. As our understanding deepens and further research is undertaken, we can be confident that in the future, settlement services will be more responsive to the needs of refugees faced with domestic and family violence, and more effective in responding to their needs.

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