

Strong and safe communities – effective interventions for adult victims of sexual violence

Report on Wellington workshop for ethnic, migrant and refugee communities

Background

- 1 On 26 November 2007, the Ministry of Women's Affairs (MWA) held a workshop with ethnic, migrant and refugee (EMR) communities in Wellington.
- 2 The purpose of the meeting was to discuss effective interventions for adult victims of sexual violence. This included outlining the project's scope and aims and hearing the views of EMR communities on the project. The agenda is attached (Appendix A). Twelve representatives from nine organisations and/or communities participated. A list of participants is attached (Appendix B).
- 3 The Research Manager, Dr Denise Lievore, gave a presentation on the prevalence and nature of sexual violence against adults in New Zealand. The presentation focused on what we know about sexual violence against EMR peoples and provided an overview of the project's objectives and approach.
- 4 The discussions centred on the following key themes:
 - barriers to seeking help in EMR communities
 - suggestions for change
 - the research approach.

Summary of key themes

- 5 MWA acknowledged that the term 'EMR' covers diverse groups, including people from many nations, cultures and religions. What works for one group is not necessarily appropriate for another.
- 6 The participants emphasised that ethnic women face distinct issues in relation to sexual violence and it is important that their voices are heard.
- 7 At the same time, they noted that a distinction must be made between asylum seekers or refugees and migrants. Violence is often part of asylum seekers'/refugees' backgrounds. This may include pre-immigration experience of sexual violence, such as rape in war.

- 8 The participants decided that two key lessons from the meeting centred on 'integration, not segregation' and 'unity in diversity'. This stemmed from the recognition that the consequences of sexual violence are often similar for adult victims of sexual violence, although the barriers to speaking about it and to seeking help differ for women from diverse communities. Any policy or practice response should take account of both similarities and differences.

Barriers to seeking help in EMR communities

Intimate partner sexual violence

- 9 Discussion on the issues facing EMR women centred on intimate partner sexual violence. Women's dependence on their partners is a particular barrier to seeking help and arises in several ways.
- Women who do not have a New Zealand driver's licence are socially isolated.
 - Women may be geographically isolated from family and other support networks.
 - Women who are beneficiaries may have minimal engagement with the community beyond their household. Interaction with external agencies is often through their husbands.
 - Some men do not apply for residence for female partners. This creates uncertainty and insecurity for women. This issue seems to be compounded when there is a considerable age gap between the pair, or when the male partner is a New Zealander.
 - The participants felt that the justice system favoured New Zealand male citizens over EMR women. One participant told how a woman was deported after reporting sexual violence because her husband refused to support her application for residence.
 - Women who are uncertain about their visa status may be afraid of losing custody of their children.
 - Given a choice between abuse and future insecurity alone, women may choose to stay in an abusive relationship.
- 10 The participants saw education about legal rights as the key to addressing concerns around residency status.
- 11 However, even when women are educated and know the immigration laws, they may be deterred from seeking help by the perception that the laws are not flexible. For example, a woman may be taken off a residency application by her husband, who can do this because he is the main applicant. The woman must then start afresh.

Lack of information or education

- 12 Lack of information or education comprises a significant barrier to seeking help for sexual violence. This can include:

- Not knowing where to go for help.
- Lack of understanding about what sexual violence is, including women's belief that they cannot deny conjugal rights.
- Thinking that what happened to them was not wrong.
- Thinking that what happened to them was their fault.
- Misunderstanding of cultural teachings. For example, according to the Qur'an a husband has rights over his wife's body. This right is not unrestrained and there are procedures to be followed but not all people understand this.
- In some countries, women never say 'yes' to sex. For men from some cultural backgrounds, a 'no' from their wives is actually a 'yes'.

Personal, family and community barriers

- 13 Personal, family, and community factors can also hinder disclosure of sexual violence. These are varied and include:
- personal shame
 - loyalty towards the family or community and not wanting to cause them shame
 - protecting themselves from the wrath of the community - in some communities, women who disclose sexual violence are ostracised
 - the view that acknowledging intimate partner sexual violence equals an admission of failure, in terms of having chosen the wrong person to marry
 - in the case of international students, a woman's family might not know about the relationship, so it is difficult to tell them about sexual violence
 - pressure to make resettlement work
 - fear that personal information will not be kept confidential in communities where news spread quickly.
 - wanting to keep the secret within the home, rather than risk losing the family breadwinner if the husband goes to prison
- 14 These factors are compounded by the absence of appropriate support services and, in some cases, the avoidance of Western cultural practices such as counselling.
- 15 The participants noted that family and sexual violence is about power and control. Therefore, the mere threat of sexual violence is sufficient to exercise control over a woman and prevent disclosure. They felt that speaking out is a courageous action and that women need support to show this courage.

Police procedures and attitudes

- 16 The discussion also touched on police procedures and attitudes that deter reporting. They include:
- fear of disbelief
 - the shameful nature of evidence-gathering, which makes women feel dirty and guilty
 - unavailability of specialist police investigators when women report.
- 17 The participants highlighted the necessity of changing the way victims are interviewed and, in particular, helping them feel supported.

Suggestions for change

Education and involving men

- 18 The participants emphasised that mindsets among EMR communities need to be changed to overcome sexual violence. Education and awareness about family and sexual violence and their impact on children are particularly important in this respect.
- 19 They believed that it was important for men to be involved in these changes. Suggestions here included models of social cohesion and participation along the lines of those implemented by the Changemakers Refugee Forum and the Ministry of Social Development's Family and Community Services.
- 20 Younger men represent a potential point of contact because they are more open to discussing issues such as sexual violence.
- 21 One participant intended following up on the discussion with the Imam at her mosque, to talk about starting a discussion group for men.
- 22 One stakeholder noted that women also need education. In some communities, they talk, taunt, label or blame other sexually abused women or girls. They also protect perpetrators. One solution would be to have empowerment projects for women, to set them free from dependency.

Criminal justice system versus community responses to perpetrators

- 23 There was some discussion about appropriate ways of dealing with EMR perpetrators of sexual violence.
- 24 Some participants held the view that men should not be treated like criminals, as was likely to be the case if sexual violence was reported to police. Traditionally, in many EMR communities the family would punish a violent husband. From this perspective, for some communities it may be preferable to deal with the problem within the community, whose members could decide on appropriate ways of dealing with the perpetrator and ensuring the victim's safety and well-being.

- 25 One participant shared a story of how police would contact community elders to deal with offenders rather than taking them to jail. This approach was seen as less shameful than being taken away by police. It raised the issue that police would need a protocol around taking such actions and would need to be trained in dealing effectively with EMR communities.
- 26 The participants were not unanimous on this issue. They noted that not all communities have a structure to deal with violent offenders and the family is often overseas.
- 27 It was also noted that sexual violence is a crime in New Zealand and people must abide by the law. They believed that men need education about sexual consent from a New Zealand perspective. For example, in Africa, if a man picked up a woman - especially in a bar - and she agreed to go to his home to socialise, he would definitely approach her for sexual favours. If the woman refused, the man would think she was simply too shy to say 'yes'. African women never say 'yes' to sex, especially for the first time with a new partner. Some African men living in New Zealand have been charged with sexual offences and are in prison because of such behaviour.
- 28 Moreover, community responses do not necessarily promote victims' safety and well-being, or hold offenders to account. For many victims, dialling 111 is the most appropriate course of action.
- 29 The participants acknowledged that safety and well-being could be achieved in different ways. This might include jail or rehabilitation of the offender or ending a marriage, although there was strong preference for keeping families together when possible.
- 30 The question was also raised as to the potential of utilising a parallel system of restorative justice, which seems to be more in keeping with the understandings and practices of diverse cultural groups.

Services for EMR victims

- 31 The participants would like to see as many support systems as possible in place for EMR victims. They believed it is important to build on existing sexual violence services and programmes. It is not always necessary to have ethnic-specific services but it is important that mainstream services be empowered to respond to different communities. There was consensus among participants that service providers should be pan-ethnic and have neutral names so as to have the widest possible reach.
- 32 The participants also emphasised the importance of building capacity within communities, potentially through training individuals and/or establishing community teams.
- 33 The group agreed that information about sexual violence should be widely disseminated. This encompassed a range of ideas and approaches, including
- a list with helpful phone numbers distributed through mail-drops

- a 24-hour 0800 call-centre system for EMR communities, similar to Language Line, with trained and sensitive staff, and information available in a range of languages
- phone services with non-traceable phone numbers
- a step-by-step guide to sexual violence similar to the *Survival Guide to Wellington*.

The research approach

34 The participants observed that this is a very powerful and sensitive project that will have to consider a wide range of groups. This includes young women and international students, as they are most at risk of sexual victimisation. The participants advocated that the following factors be taken into consideration in designing and implementing the research:

- using a strength-based model
- determining whether prevalence statistics for EMR communities mirror the general New Zealand population
- avoiding duplication of other research
- building trusting relationships between researchers and communities
- understanding different community structures
- identifying the centres of influence in different communities; that is, trusted people to whom others would turn in an emergency
- protecting confidentiality while accessing data; for example, the Citizens Advice Bureau is a potential source of data and it keeps records by numbers rather than name
- collaborating with the Taskforce for Action on Family Violence
- acknowledging that this is an issue for all communities, not just EMR.

35 The participants believed it may be very difficult to find victims to interview. Some advocates and service providers might not feel comfortable asking women to re-visit painful experiences. In addition, some women are kept on a tight rein and it would be difficult for them to be part of the discussion or even leave the house. Therefore the following should be considered for the victim interviews/survey:

- interviews must be voluntary
- inviting group responses, so that individual women do not have to disclose their experiences
- focus groups have worked well for research within Assyrian communities

- it is important to go back to the group and verify the information; it is likely that people will disclose more information during a repeat visit
- a questionnaire with closed responses (yes and no questions) might facilitate access to victims
- advertisements in local, language-specific newspapers could be considered as many people in immigrant communities seem to read them.

36 In terms of the language used during the research, it would be preferable to focus on building strong families rather than on sexual violence. The participants considered the current family violence campaign quite successful.

37 Important contacts include:

- international student groups
- religious and church groups
- Refugees as Survivors could be an important point of contact for information on dealing with refugees who have been victims of sexual violence.

Agenda

Monday 26 November 2007

Effective Interventions for Adult Victims of Sexual Violence – Stakeholder Meeting for Ethnic, Migrant and Refugee Communities in Wellington

Objectives

The purpose of the workshop is to introduce the research project to organisations representing ethnic, migrant and refugee communities in Wellington and to establish a sound platform for the research by gathering their ideas on key issues.

Time	Task
5.30 – 6.00 pm	Arrival / welcome (Catherine Hughes) Food & drink
6.00 pm	Effective interventions for adult victims of sexual violence project (Denise Lievore)
6.20 – 7.30 pm	Discussions on these topics:
	In terms of this research project, what are the particular interests and priorities of ethnic, migrant and refugee communities?
	How can we engage with people from your ethnic or cultural group? What challenges and sensitivities might exist?
	How do we understand ‘culture’ in relation to sexual violence?
	How can we raise conversations about healthy sexuality and sexual relationships in ethnic, migrant and refugee communities?
	How do ethnic, migrant and refugee victims of sexual violence go about seeking help?
	Are there other important issues we haven’t addressed?
	Summary of key points
7.30 pm	Conclusion

Participants

Non-government organisations

- Problem Gambling Foundation of New Zealand
- Wellington Mosque
- Wellington Community Law Centre
- Porirua City Council
- New Zealand Federation of Ethnic Councils
- Hutt Ethnic Council
- Upper Hutt Multi-Ethnic Council
- African Women's Network Group
- Women @ work/Filipino Community
- Assyrian Community
- Somali Community
- Changemakers Refugee Forum

Government Agencies

- Ministry of Women's Affairs
- Office of Ethnic Affairs

Apologies

- Islamic Women's Council