



Family Harmony

**Understanding family
violence in Somali and
Eritrean communities
in the Western Region of
Melbourne**

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The research for this project was conducted by the research consultant Khadra Omer, with the assistance of Munira Adam. This research report was written by Ruth Gordon, Resolve Community Consulting, utilising the data collected by the research team and using the draft report prepared by the research team as a basis.

Women's Health West and the project research team thank all of the women who participated in the focus groups for their time and for sharing their ideas and opinions on such a sensitive topic.

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EXECUTIVE SUMMARY

This research explores the issue of family violence within the Somali and Eritrean communities in Melbourne's western region. The research targeted three groups – Somali and Eritrean women, ethno-specific service providers and mainstream service providers to gain an understanding of the key issues in relation to family violence in these communities and how services can be improved to better meet the needs of these communities. A literature review was conducted to examine themes and issues of relevance to the research.

The researcher used two qualitative research methods - focus groups discussions with Eritrean and Somali women's groups; and individual semi-structured interviews conducted with ethno-specific and mainstream community workers.

The research findings varied between the groups however, there were a number of consistent themes which were also consistent with the literature reviewed, and which are summarised below:

1. In general, Eritrean and Somali women, ethno-specific workers and mainstream workers had a good understanding of all forms of family violence, including violence against children;
2. Somali and Eritrean communities traditionally deal with family violence and conflict within the extended family and community and prefer not to seek help outside of the community;
3. Ethno-specific workers tend to deal with family violence issues in a culturally sensitive way, however, this may not provide the most appropriate response for women;
4. Whilst the family violence service system worked well in meeting women's physical needs such as housing and food, it is not culturally sensitive and does not respond well to the different needs of the target group, particularly the crisis refuge system which often requires women to share facilities and to move away from their community supports;
5. There is little service response for Eritrean and Somali men in adapting to Australian society and laws; accessing employment; and in handling their own violence.

The findings from the research corroborate the issues raised in the literature review, illustrating the attitudes and responses to family violence in Melbourne's Somali and Eritrean communities.

The recommendations focus on recommended action for Women's Health West arising from the research learnings, sometimes in collaboration with other relevant services. However, it is hoped that the range of services working with Somali and Eritrean women experiencing family violence take on board the learnings from this research.

Recommendation 1: That Women's Health West develop a community education campaign for the Somali and Eritrean communities (aimed at both women and men) on family violence and child abuse and what is acceptable and legal in Australia.

Recommendation 2: That Women's Health West provides improved information to Eritrean and Somali communities about what family violence services can offer



and further develop relationship building between the family violence sector and Eritrean and Somali communities.

Recommendation 3: That Women's Health West work with appropriate agencies, such as DVIRC and Immigrant Women's Domestic Violence Service, to develop and deliver specifically designed combined cross-cultural awareness and family violence training for generalist service providers and ethno-specific service providers, including police and child protection workers.

Recommendation 4: That Women's Health West works in collaboration with relevant services, to develop an alternative crisis service response model based on using ethno-specific family violence outreach workers for meeting the needs of Eritrean and Somali women experiencing family violence.

Recommendation 5: That Women's Health West advocates with the range of services working with Eritrean and Somali women experiencing family violence for the employment of trained bi-lingual family violence workers.

Recommendation 6: That Women's Health West work with appropriate agencies, such as DVIRC and Immigrant Women's Domestic Violence Service, to develop and deliver family violence training for interpreters, with a particular focus on confidentiality issues.

Recommendation 7: That Women's Health West advocate for extended availability of on-site and appropriate interpreters for Somali and Eritrean languages.

Recommendation 8. That Women's Health West advocates with relevant agencies for employment and activity services and for family violence perpetrator programs specifically designed to respond to the needs of men from Eritrean and Somali backgrounds.



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1. INTRODUCTION

1.1 Research Aim

The aim of the *Family Harmony* research project was:

To develop a critical understanding of the issue of family violence within African communities, and in particular, Somali and Eritrean communities living in the western region of Melbourne.

1.2 Research Objectives

The objectives of the *Family Harmony* research project were:

1. To conduct action research on family violence in the Somali and Eritrean communities in the western region.
2. To identify key recommendations for future action by Women's Health West in addressing family violence within these communities.

In addition it was anticipated that the research project would enable the development of closer working relationships between Women's Health West (WHW) and key community leaders in the Somali and Eritrean communities.

1.3 Theoretical framework

The work of Women's Health West is guided by feminist principles and a social model of health and health promotion. At WHW, a feminist theoretical framework informs the critical analysis of family violence as criminal assault and a serious infringement on the human rights of women and children. These underlying models and principles directly influenced the research methodology and the analysis of the research outcomes.

1.4 The Research Report

The research for this project was conducted by Khadra Omer, the research consultant, with the assistance of Munira Adam, WHW FARREP worker. This research report was written by Ruth Gordon of Resolve Community Consulting, utilising the data collected by the research team and using the draft report prepared by the research team as a basis.

The research focused on three groups:

- women from Melbourne's Western Region Somali and Eritrean communities;
- ethno-specific community workers working with families from the two communities; and
- mainstream (non-ethno specific) services working with families from these two communities in the areas of family support, health services, schools, family violence and settlement services.

This research report provides the background to the *Family Harmony* research project; describes the methodology used; provides a literature review to set the context for the

research; examines the key findings from the research; and explains the learnings and recommendations for improving services to Somali and Eritrean families affected by family violence. It is anticipated that Women's Health West will follow up on the research recommendations with further advocacy and associated actions to improve services for these communities.



2. BACKGROUND

2.1 WHW's Commitment To African Women In The West.

WHW has worked within the African community since 1998 through the Family and Reproductive Rights Education Program (FARREP) funded by the Department of Human Services (DHS). The FARREP program is designed to improve access to mainstream services by women from African backgrounds that are disadvantaged due to cultural and language barriers and may be affected by female genital mutilation.

WHW FARREP community workers have engaged in key initiatives including the following:

- the provision of health information to African women through women's groups and education sessions at local mainstream and language schools;
- a direct health advocacy service for African women who are pregnant and who attend the Sunshine campus of Western Health;
- the provision of workforce development sessions on African cultural issues for mainstream health providers including medical practitioners, nursing and allied health professionals;
- the development of 'Talking Health', a research project exploring the experiences of depression amongst Somali women;
- the provision of a young women's social and physical activity group;
- secondary consultation for health providers from the health, welfare, legal and education sectors; and
- advocacy and support for African women in relation to housing, employment, income security, family violence and educational issues.

2.2 Definition of Family Violence

Family violence is defined as any behaviour by a family member that causes physical, sexual or emotional abuse or damage to others in the family or causes them to live in fear. Most violence in the home is committed by men, who are the partners or fathers of the women and children who are most often the victims of such violence. Sometimes older women can experience abuse from their adult or adolescent children, primarily their sons. Family violence also includes verbal, financial and social abuse, stalking and property damage. Family violence is legislated as criminal assault under a number of laws in Australia including the Crimes Act 1956, the Crimes (Sexual Offences) Act 1989, and the Children and Young Persons Act 1989.

2.3 Western Region Profile

Australian Bureau of Statistics data (1996) indicates that there is a higher percentage of African born settlers in the Western region of Melbourne, than in other parts of Victoria.



According to census data, the highest numbers have come from Ethiopia, followed by Somalia and Eritrea (Bereded-Samuel, 1999). The dominant age range across the communities is from 10 – 39 years of age and represents a significant proportion of women in child-bearing years (ABS, 1996). Melbourne is a popular settlement destination for Horn of Africa refugees, as they want to be close to their own communities with Somalis constituting one of the largest African refugee populations in Australia (Hadiya Consult, 2000:6; VICSEG, 1997:12).

Statistics extracted from the Settlement Database on Eritrean and Somali settlers between 1996 and 2004 for the Western Region are illustrated the table below.

Country of Birth	Eritrea	Somalia
Humanitarian Program	250	465
Non-Humanitarian Program – Family Stream	98	143
Total Western Region	348	608
Total Victoria	559	1539
% of all Victorian Eritrean/Somali born	62%	40%
Total Australia	1007	2688
% of all Australian Eritrean/Somali born	35%	23%

DIMIA Settlement Database, www.settlement.immi.gov.au, extracted on 21 December 2004.



3.1 LITERATURE REVIEW

3.1.1 Somali and Eritrean Cultural Issues

This literature review is divided into two sections. The first section explores the Somali and Eritrean cultural issues that are relevant to this research, including family, religion and patriarchy/gender issues. The second section examines issues that impact on service provision (both family violence specific and mainstream) to these communities, focussing on refugee issues, information issues, service provision issues and service responses to perpetrators.

3.1.2 Family

The concept of family is very significant to both Eritrean and Somali cultures and living in extended family households is the norm (VICSEG, 1996:20 and 1997:4). In Eritrean culture, decisions are made in the “interest of the whole family” in a “family structure [that] is hierarchical and patriarchal” (VICSEG, 1996:20).

In Somalia, “the principle of identity is based on blood and patrilineal structure, underpinned by Islamic law and Somali tradition” and although divorce is considered a right for both husbands and wives, “both Somali culture and Muslim culture discourage instant divorce, placing considerable emphasis on mediation, conflict resolution and reconciliation” (VICSEG, 1997:5).

3.1.3 Religion

Religion in Eritrea is split fairly evenly between Islam and Christianity. However there are many tribal and language groups representing a diverse culture. (VICSEG, 1997:5).

Somalis are a more homogenous group than the Eritreans, with a common language, culture and religion (VICSEG, 1996:4). Although the dominant religion is Islam, their religious beliefs are often combined with local belief systems and superstitions (VICSEG, 1997:6).

3.1.4 Patriarchy/Gender Issues

Eritrean and Somali societies are strongly patriarchal with an emphasis on male decision-making and dominance over family matters (IWSS and VICSEG, 1996 and 1997).

After the independence the Patriarchal tradition was so strong, women lost all the ground they gained during the war ...the husband's domination over his wife is still an absolute right. The law has nothing to say about it (IWSS).

Kordvani (2002) discusses the patriarchal structures of Middle Eastern societies which has some relevance for this study given the dominance of Islam in Somali and Eritrean communities in Melbourne and the commonality of collective male decision-making responsibility for the family.



Kordvani explains that whilst patriarchy is not intrinsic to Islam,

Islamic rules and teachings, particularly where there have been ambiguities in the meaning of a specific rule, have been interpreted in a way to guarantee the dominating position of men (Kordvani, 2002:3).

Senior men in Middle Eastern families have authority over the whole family and the responsibility for making all decisions based on the collective good of the family which other family members are forced to accept (Kordvani, 2002:2-3).

Women are viewed as the

Property of the family and senior family men, who, in a hierarchical order with the father being on the top, exert their privileged control over this property (Kordvani: 2002:4)

Arenas in which men deploy their dominating power over female members of the family are often related to women's economic status or their sexuality (Kordvani: 2002:3)

Hadiya Consult points out that "in [Horn of Africa] countries, the full and free expression of one's own views on social and family related issues was not tolerated" (2000:10) which can impact on women and children's responses to family violence.

Hadiya Consult reported that Horn of Africa parents in Melbourne were reluctant for their daughters to participate in community activities for cultural reasons such as the requirement for daughters to contribute to household tasks and fear of their daughters' exposure to "undesirable cultures" (Hadiya Consult, 2000:15).

3.2 Family Violence and CALD and Refugee Communities – Issues and Responses

Despite a strong family violence service system in Victoria, its responsiveness to the specific needs of CALD and refugee communities is often deficient. Some of the issues raised in this section are problems for many women experiencing family violence, regardless of birthplace, however these issues are generally exacerbated by the refugee and immigrant experience.

Despite the development of a domestic violence service system and infrastructure in Victoria to assist women experiencing violence, ethnic communities are not fully able to respond or interface with it comfortably. ... For genuine interface with the service system to occur, policy makers and service providers require an understanding and insight into how "family violence" is perceived in the various communities and the ways in which these communities deal with it, whether covertly or overtly. Papadopoulos, 2002:3

Refugee women who are subjected to domestic violence are often reluctant to invoke the laws of the host country to address this abuse. They often face pressure from within their communities and from their families and partners, not to report cases of domestic violence to the police. They may also feel intimidated and fear ostracization by their families and community, or retaliation from their



abuser. They may still be emotionally attached to their abuser or be dependent on him for their and their children's welfare. At home, women victims usually turn to community mediation structures, although these may not be adequate to provide them protection, especially in male dominated societies....but often this option is not possible in refugee settings, where there is typically an absence of consolidated community structures (Human Rights Watch Report, 2000 quoted in RCA et al2003:2).

Aldunate points out that family violence for women from non-English speaking backgrounds is compounded by a "triple disadvantage [with] gender-based violence [being] reinforced and exacerbated through racial violence, discriminatory practices, and lack of culturally inclusive service delivery (1999:2). There are additional barriers to accessing assistance for women from non-English speaking backgrounds which stem from ethnicity, class, race and immigration/refugee experiences (1999:2-3).

Aldunate discusses the problems with interpreting and how important concepts can be misunderstood through interpretation. She discusses the impact of this issue on migrant women's experience of the court system and how this further disadvantages these women (1999:6).

A number of factors relating to the refugee experience may contribute to Eritrean and Somali women's reluctance to address family violence issues. The factors also impact upon family violence service delivery to these communities. These issues include:

3.2.1 Refugee issues:

- many people from the Horn of Africa have spent most of lives as refugees within Africa and have experienced a great deal of trauma, torture and deprivation as a result of war, famine and other forms of violence both in their home countries and in refugee camps including rape and torture;
- gender roles from Eritrea and Somali may conflict with the value system and the law in Australia;
- many families have been divided due to war, famine and the refugee experience, losing their extended families which traditionally provide support.
- resettlement in Australia can be disturbing for women and children, compounding problems they have experienced as refugees.
- exhaustion post-arrival;
- diagnosed and/or undiagnosed mental illness;
- the absence of traditional systems of managing family violence (e.g. the role of elders and the extended family as mediators);
- financial pressures experienced by the family including chronic unemployment;
- alcoholism and/or substance abuse;
- intergenerational conflict;
- the stigma of being a victim or perpetrator of domestic violence and fear of bringing shame and dishonour to family;



- fear of being judged and blamed by family and community;
- fear of authority particularly on the part of women from corrupt or oppressive regimes;
- misunderstanding and reluctance to use services such as counselling;
- value on keeping family together; and
- fear of their losing children (Hadiya Consult, 2000; VICSEG, 1997; and EYIN, 1994:10-13, RCA et al, 2003:2- 3 and Aldunate, 1999:3-4).

3.2.2 Information Issues

- lack of access to information;
- little knowledge about services and the legal system;
- communication and language difficulties;
- illiteracy;
- fear of police and courts;
- fear of deportation
- lack of interpreters; and
- barriers in providing information to refugee men (RCA et al 2003:3-4 and Aldunate, 1999:3-4).

3.2.3 Service provision issues for Settlement Workers

- inability to undertake the intensive case management to support families experiencing domestic violence;
- conflict of interest when services are funded to support both spouses;
- insufficient knowledge of appropriate family violence and unfamiliarity with the court system; and
- inexperience in identifying domestic violence and child abuse (RCA et al, 2003:3-4).

3.2.4 Service Provision Issues for Family Violence Workers

- a shortage of emergency housing for very large families;
- the difficulty of finding refuges that accept adolescent boys as separation of families can exacerbate previous trauma;
- the lack of specialist training in supporting the needs of refugee women;
- the lack of after hours crisis response;
- discriminatory or culturally insensitive work practices by service providers;
- a lack of multilingual and culturally appropriate information about legal entitlements and processes;



- a lack of appropriate outreach programs;
- the intimidating nature of court proceedings ; and
- a lack of cross-cultural training provided to the police or the court system (RCA et al, 2003:3-4 and Aldunate, 1999:3-4).

3.2.5 Service Provision Issues for Mainstream Services Providers

Hadiya Consult researched the needs of young people from the Horn of Africa living in Melbourne. The research found that:

- there was low mainstream service usage due to lack of information and confusion relating to program objectives; community misconceptions; the absence of community groups to act as linkages and agents of change and the fact that “service provision is not adapted to the social and cultural values of these young people”;
- young people considered it imperative that community members participate in service delivery to “enhance social cohesion”;
- an education and information campaign aiming to raise community awareness of service provision would increase their participation in programs;
- counselling on family breakdowns, disputes and how to deal with institutions (such as housing and law enforcement agencies) is more useful than counselling on refugee experiences (Hadiya Consult, 2000:16-17 and 32).

3.2.6 Service Responses to Perpetrators of Family Violence

The literature briefly mentions addressing issues of family violence with perpetrators. The RCA et al report describes the findings of studies undertaken by the National Centre for Post Traumatic Stress Disorder (PTSD) with the perpetrators of domestic violence living with PTSD, which indicate that

it is not the experience of trauma that exacerbates domestic violence but rather the ongoing trauma-related symptoms that are experienced... clinicians treating the disorder should assess the potential for domestic violence in each individual case and coordinate the treatment of the two issues (National Centre for PTSD, 1997 in RCA et al2003:2-3).

The Queensland based Immigrant Women’s Support Service recommends that men be included in debates and forums on sexual violence with the recognition “that they have to make the transition from a strict patriarchal society, and they may be overwhelmed by the perceived loss of control” (IWSS website).



4. METHODOLOGY

This research explores the issue of family violence within the Somali and Eritrean communities in Melbourne's western region. The research targeted three groups – Somali and Eritrean women, ethno-specific service providers and mainstream service providers to gain an understanding of the key issues in relation to family violence in these communities and how services can be improved to better meet the needs of these communities.

The researcher used two qualitative research methods. Firstly focus groups discussions were held with existing women's groups to capture the women's perceptions, experiences, attitudes and needs in relation to family violence. Secondly, individual semi-structured interviews were conducted with ethno-specific and mainstream community workers.

The research consultant developed the research methodology and prepared the interview and focus group questions in consultation with the research assistant, FARREP worker, Munira Adam. Khadra conducted the majority of interviews and focus group discussions with Munira conducting two interviews and two focus groups. Some focus groups were conducted in English and some in Eritrean and Somali. Munira acted as interpreter where required.

4.1 Research Participants

4.1.1 Women's Focus Groups

The researcher held discussions with five existing women's community and support groups. These Eritrean and Somali women's groups were selected to reflect the diversity of the communities being studied and, in particular, to cover the age range between 13 and 60 years old. The groups were selected based on the community networks of the research team. Participating groups were:

- Eritrean Women's Group in Carlton;
- Somali Women's Group in Flemington;
- Carlton Somali Playgroup/Parenting group;
- Hoppers Crossing Women's Group; and
- Girlzone.



50 women participated in the focus group discussions. 36 women were from Somalia and 14 women were from Eritrea. The age breakdown for the discussion groups is as follows:

Age range	No of Participants*
13-15.....	4
16-20.....	5
21-25.....	0
26-30.....	5
31-35.....	8
36-40.....	12
41-45.....	1
45+.....	4

*Please note that age breakdown data was not collected for one of the focus groups and therefore the total does not add up to 50.

The background and purpose of each community group is summarised below.

Eritrean Women’s Group in Carlton

The Eritrean Women’s Group is a social support group that meets every Friday with the main aim of breaking down social isolation. The group is for Eritrean women who live in the high rise flats of Carlton and is coordinated by an Eritrean worker. The group has run for several years. A culturally significant coffee ceremony is the focus for the group.

Somali Women’s Group in Flemington

The Somali Women’s Group is social support group run by a Somali FARREP worker from Women’s Health West and for Somali women who live in the Flemington, Ascot Vale and North Melbourne area. The group has met on the last Wednesday of each month except school holidays, from 2001 until now. The aim of the group is to empower and bring women together, minimising the risk of social isolation by providing the opportunity for women to socialise, exchange information and share experiences.

Carlton Somali Playgroup/Parenting Group

The Carlton Somali Playgroup/Parenting Group meets weekly on Fridays. The group is run for Somali women by the Maternal and Child Health Nurse in the Carlton high rise flats. The women meet for the purpose of gaining parenting skills to help them raise their young children in Australia.

Hoppers Crossing Women’s Group

The Hoppers Crossing Women’s Group is weekly social support group for Muslim women who live in Hoppers Crossing. The purpose of the group is to break down isolation and exchange information. Women’s Health West taps into this existing group to deliver health information for women who live in this Western isolated suburb.



Girlzone

Girlzone is a group of adolescent girls from the Horn of Africa aged between 12 and 16 years old who live in the western region of Melbourne. The group attend a weekly youth program run by Women's Health West. The majority of the participants of Girlzone come from Somalia and Eritrea.

The focus groups were conducted as general discussions with the findings reflecting the commonly shared views of the group, unless specifically noted otherwise.

4.1.2 Ethno-Specific Worker Interviews

Thirteen Somali and Eritrean community workers were interviewed for the research. The participants were workers in the community and welfare sector. They were identified by the research team as part of their work networks. Participants worked for a variety of organisations including:

- Women's Health West
- Islamic Women's Welfare
- Well Women's Clinic
- Immigrant Women's Domestic Violence Service
- AMES (Adult Multicultural Education Services) and
- VICSEG (The Victorian Cooperative on Children's Services for Ethnic Groups).

Participants worked in a variety of roles including:

- youth worker;
- social worker;
- community development worker; and
- settlement worker.

4.1.3 Mainstream Service Provider Interviews

Eleven workers from mainstream (non ethno-specific) services were interviewed. The participants were identified by the researchers as part of their work networks.

The professional background of the participants included:

- family violence crisis housing workers;
- a general practitioner;
- a school welfare coordinator
- social workers, including a family support worker; and
- maternal & child health nurses.

Participants worked for a variety of organisations including:

- G.P. from Carlton College Square Medical Centre;



- Women's Health West;
- local government;
- a school; and
- Doutta Galla Community Health Service.

4.2 Limitations of the Research Methodology

A critical limitation for the project was that the resources were insufficient to meet the breadth of the research topic and to meet the methodological requirements of the project. The original project brief was reduced to cover issues in Eritrean and Somali communities rather than all African communities. Also the research did not address issues from a male perspective as proposed in the original research proposal. Covering issues from the women's perspective and the workers' perspective also stretched the project funding.

This led to the research report remaining incomplete for over twelve months after the completion of the research phase. These issues would become evident in a full project evaluation. Despite these limitations a number of useful learnings and recommendations can be drawn from the research.

4.3 Barriers to Participation

A number of barriers and aids to participation in the research were identified in Joy Free's 2003 paper *Inclusive Research: the Opportunities and Challenges of Engaging and Empowering Diverse Communities*. These barriers included:

- cultural taboos;
- gender expectations and responsibilities;
- fear of racial discrimination;
- fear or family recrimination;
- inability to see the value of participation;
- the invisibility of family violence within these communities; and
- the sensitivity of discussing the issue of family violence, particularly in a group situation (Free, 2003:4).

Women seemed particularly sensitive about the inference of singling out their community for research purposes as a signal that family violence is more prevalent in their communities than other groups.

The above factors may have influenced the way in which the issue of family violence was discussed by the women's groups.

Despite the barriers, many women were keen to participate and share their opinions on the issue of family violence with the researchers.



4.4 Aids to Participation

A number of factors aided the research team in developing the research methodology, recruiting research participants and in conducting the research. Identified aids to participation included:

- WHW has extensive experience in working with African women in the Western region since 1998. WHW is well-known for its service provision to African women in the west through its FARREP program and has specific workers with expertise and extensive networks with the African community in the Western region. WHW also has a strong commitment to addressing family violence in the West;
- the project worker was a well-known, trusted and respected member of the African community with a strong reputation as a family educator for six years;
- WHW and the researcher had strong networks with ethno-specific and mainstream service providers;
- the Eritrean and Somali women who participated in the research were actively involved right from the beginning in framing the research topic so that it was relevant to them, and in assisting in identifying appropriate methods to facilitate the data collected. This participation demonstrated respect for participants' values, needs and rights; and
- Workers' experience in working with local Eritrean and Somali women in the western region identified that these women may be more likely to identify with the concept of family harmony than family or domestic violence. Reframing the research to incorporate the language and definitions of family harmony made the research more accessible and appropriate to these women and was likely to result in richer and more useful data (Free, 2003).



5. KEY FINDINGS OF THE FAMILY HARMONY RESEARCH PROJECT

5.1 Key Findings for Eritrean and Somali Women

The focus group questions concentrated on the following topics:

1. general understanding and awareness of family violence in their community;
2. community attitudes towards family violence;
3. how do women seek help with family violence issues;
4. awareness of and suitability of the community services available to assist in family violence issues; and
5. suggestions and recommendations for services dealing with families regarding family violence.

The women's focus group discussions focussed mainly on the first three topics. The discussion on available services and recommendations was very limited. There is no indication in the raw data as to the reason for this. The consultant may have run short of time or the women may not have had much to say on these topics.

5.1.1 Understanding and Awareness of Family Violence

Eritrean and Somali women in the focus groups seemed to have a wide-ranging and thorough understanding of different types of family violence, including physical, emotional and social violence and violence against children.

Participants in the group described violence in the family as:

- bullying;
- abusing power over somebody;
- abusing mentally;
- calling names and teasing;
- bashing;
- hitting children for discipline;
- physical fights in the family;
- swearing;
- ignoring and putting down;
- lack of socialising and isolation;
- disrespect;
- undermining;



- using power to make a point.

5.1.2 Violence Against Children and Discipline

Most participants agreed that hitting children for discipline is a type of violence that commonly occurs amongst their community and that it is culturally acceptable and even expected. Although one young woman said:

I feel embarrassed about it; we should talk about it.

One focus group believed that the majority of family violence in Somali families was around hitting children for disciplinary reasons by other family members, including older brothers and parents. Participants generally agreed that violence against children in the form of hitting is acceptable for disciplinary reasons. One participant said:

You have to smack children to teach them manners. It only becomes abuse if it reaches to a very far extent, for example hitting with a T.V wire.

Participants discussed the cultural clash of attitudes regarding the physical discipline of children. In Somalia, physical discipline was culturally acceptable and commonplace but in Australia it is not acceptable. Some participants felt that the Australian attitude towards physical discipline of children is extreme to the extent that it is seen as crime.

White Australians have to understand our culture too, and not interpret it negatively. If a brother, husband or father is violent towards a child that is for a cultural reason. It is for a good thing, it is for discipline not to hurt.

5.1.3 Reasons for Violence in the Family in Somali and Eritrean Communities

Participants agreed that family violence does occur in their communities. Participants gave the following reasons for family violence occurring in their communities:

- people are upset, tired, frustrated by children and lack of sleep;
- absence of family rules;
- ignoring family problems;
- no respect for one another and lack of respect for elders;
- power of one over another;
- frustration caused by immigration issues;
- social isolation can make people lose control;
- cross-generational conflict, i.e. teen age children arguing with their parents;
- financial difficulties;
- stress resulting from both parents working or from unemployment;
- men believe that women get too much freedom and support to go against their husbands' wishes and that when women socialise together they turn against their husbands; and



- women believe that the reason some men ill treat their wives is because women do not have their families here to support them and keep the men in their places.

One group thought that family violence has become a more significant issue since migration to Australia. In Somalia men had high status in their community. In Australia this status has been lost because of different cultural expectations of men and women and because of unemployment. In Somalia, religion strongly informed family values and participants felt that this has been lost in Australia.

Back home we were more relaxed and had better respect for each other. In Somalia, if a woman was angry she would go to her family home for time out and would only return to her husband's home when she had cooled down. Also in Somalia couples did not often see each other during the day because the men were occupied with jobs and women with household issues. Here in Australia men have lost their patience because of unemployment.

5.1.4 How do Somali and Eritrean Women Deal with Family Violence?

Participants stressed the preference to keep family violence issues within the family and within the community. Handling the problems themselves or by turning to friends and family for advice was seen as important. Most participants did not believe that it was necessary or desirable to seek help outside the family or community and disagreed with legal intervention to address family violence.

A friend, not more than that. In our culture we seek older people's opinion and tribal mediation. You have to involve the family.

Families can solve their problems at home, without involving outsiders or authority. It could be solved by community elders, religious leaders or by mediation process.

Back home if someone was hurt, we fixed the problems within the family by trying to give advice. If that didn't work and the problem was big, we raised it to the community level.

One group said that the issue of family violence should be addressed firstly amongst family members, friends and the community; and not with the white Australian community. They proposed the following steps to address issues of family violence in their community:

1. Family
2. Extended family
3. Community
4. Law for all types of physical mistreatment.

It depends on the degree of violence and how long has it been there. If it's been there for a long time, that means it is not safe, therefore, legal steps should be taken.



In this approach, legal intervention is viewed as a last resort.

Participants also thought that the abuser should seek counselling.

They need more help than the victim; from someone whom they trust like a family member or a friend”.

Participants were asked about individual rights within the family and in particular, whether someone who is hurt has the right to seek help. The discussions on this issue varied between the groups. Some groups felt that women had the right to seek help, whilst other groups felt that it was not culturally appropriate to seek help.

If a man abuses his wife then he doesn't deserve her. She should ask for help. It's her rights to talk about it. Women should seek help from community leaders, and if that doesn't help they should seek help from authority or the police.

It is not appropriate in our culture to seek help if you are hurt. It is silent.

*You've got the right to seek help if you're hurt.
Everybody has the right to be respected, valued and feel safe.*

The participants also mentioned that women sponsored under the spousal immigration visa were at particularly high risk of abuse by their husbands. These women are particularly vulnerable and are more likely to put up with violence than seek assistance.

5.2 Key Findings for Ethno-Specific Workers

The interview questions for the ethno-specific workers concentrated on the following topics:

1. understanding of family violence and whether it is an issue in these communities;
2. community perceptions of family violence;
3. how have they dealt with family violence in their work;
4. family violence training;
5. awareness of family violence services and whether they meet the need of Eritrean and Somali women; and
6. recommendations.

5.2.1 Ethno-specific Workers' Understanding of Family Violence

Twelve of the thirteen workers from the communities of interest, who were interviewed, acknowledged that family violence is an issue in their community.

Workers' understandings of family violence are summarised as:

- verbal abuse;
- physical abuse such as bashing;
- child abuse and neglect;
- emotional and psychological abuse such as controlling, locking women up at home, isolating women, restricting access to friends, no respect or kindness;



- economic control;
- can result from drunkenness; and
- family violence results from fathers, husbands and sons being socialised as manly. Sons are socialised to control other siblings especially sisters.

Ethno-specific workers' understanding of family violence was wide-ranging and showed an awareness of family violence in a range of forms. However, not all workers shared the breadth of this understanding, with some workers exhibiting a lack of awareness of the depth of the issue and the range of behaviours understood to be family violence in Australia.

One worker described family violence as a "bad relationship, lack of understanding and communication". Another worker described it as "ill treatment" and another described it as "very damaging" without explaining what or why.

One worker said that they had "no idea" about family violence or any of the other issues in the interview. Due to the lack of precise data records, it is not possible to establish the professional background of the worker.

5.2.2 Community Perceptions of Family Violence

The existence of family violence in the community was acknowledged by the majority of the participants; however there was disagreement as to its prevalence in these communities. Some workers expressed a belief that the issue is marginal in their community. However, three workers believed that levels of family violence in these communities were "considerable" and one worker estimated that family violence affected over 50% of families, particularly where the men were unemployed. One worker said that the level of family violence in the community was high but that it was not obvious and does not come to the attention of the authorities. Most workers agreed that family violence is a hidden issue, that no-one wants to admit or discuss.

Most of the ethno-specific workers interviewed reported that in general the community does not perceive family violence as a public issue. It is an issue to be dealt with by the family and community elders or to be ignored and put up with. The communities do not deal well with family violence issues, with one worker saying that "it happens because men believe that it is okay culturally". Another worker reported that family violence occurs "because the men feel that women are their property".

One worker reported that the community "take it very seriously and support the women". Other workers reported that "women see it as a private matter and feel very embarrassed if outsiders find out" and if the community gossip about them.

There is a belief that the move to Australia has put pressure on Eritrean and Somali tradition and culture which has negatively affected family harmony.

The view of the community is that the Australian social support system ... promotes family disunity.

One worker reported that there is a lack of extended family and community support in Australia that encourages men to neglect their family. One worker described the male perception that young women have too much freedom in Australia and are abandoning their traditions. Men are seen as more traditional



than women and as not adapting as well to the changes of time and circumstances. Unemployment puts more pressure on families resulting in the neglect of children's and teenagers' needs. It was felt that these factors contribute to the incidence of family violence amongst the Somali and Eritrean communities in Melbourne.

5.2.3 How Do Ethno-Specific Workers Support Women to Deal with Family Violence?

The majority of the participants (eleven) said that they had come across family violence in their work and dealt with the issue in a way that they think is appropriate and professional.

Ethno-specific workers generally gave women information about their options, supported them in handling the situation within the family and/or community, and then supported them with mainstream services such as the police, women's refuges or legal processes if the situation was deemed to be "serious".

Workers comments on how they support women facing family violence included:

I always ask the women how they want to deal with it. Some want to deal with it in a cultural way and others have just had enough that they want to stop it in any way.

I would put myself as one of the community members, not a worker and try to mediate between the parties. I would treat it in a culturally appropriate way; I don't take notes or document the process. If the situation is out of my control, I would give advice and support to the woman about legal procedures and what it involves. I would support them in whatever their option is.

They will not trust the system if we as workers don't give them the right information and support.

The issue was about an elderly woman being abused by her step daughter and children. After their permission, I brought the issue to the Senior African Women's Group and it was resolved there.

5.2.4 Ethno-Specific Workers' Participation in Family Violence Training

Seven participants reported participating in training or workshops on family violence. Six participants had not participated in any such training. Topics mentioned by those who had participated in training included:

- DVIRC training;
- cross-cultural communication & domestic violence;
- general information on marginalisation;
- legal services;
- domestic violence issues; and
- Child Protection and child abuse.



Eleven participants showed an interest in attending other training on family violence and related issues.

5.2.5 Ethno-Specific Workers' Knowledge of Family Violence Service System

Eleven participants responded that they were aware of services that could assist with family violence. The following services and agencies were mentioned by the interviewees.

- Women's Health West Domestic Violence section;
- the Police;
- welfare organisations;
- Immigrant Women's Domestic Violence Service;
- hospital social workers;
- community houses;
- Islamic Women's Welfare Association;
- Drummond Street Relationship Centre;
- CASA House and western CASA;
- Women's Refuges and the women's crisis service;
- school counsellors; and
- family resource centres.

5.2.6 The Responsiveness of the Family Violence Service System to Eritrean and Somali Women

Ethno-specific workers generally believed that the family violence service system worked well in meeting women's practical needs such as housing, schooling for children, shopping and financial assistance. However the majority of workers believed that services struggled to be culturally appropriate and were not responsive to women who did not want to pursue the matter through the legal system. One worker commented – "They do not look for a culturally appropriate way to solve their problems".

Family support services, child protection, hospitals and police were highlighted as services requiring improved cultural responsiveness to Somali and Eritrean women. One worker mentioned the problem of sharing facilities in some women's refuges and the cultural issues which may arise.

One ethno-specific worker commented that:

Workers need specific information on Halal food, prayer time in winter, about Ramadan, etc. An information kit that contains all of these is needed. They need to differentiate between culture and religion and assess whether the facility suits their need.

The issue of using qualified and experienced interpreters who respect client confidentiality was seen as particularly important by workers, especially in relation to hospital staff and police. One worker emphasised the importance of consistency in



interpreting by using one interpreter for all of a counselling client's sessions. It was recognised that some women prefer interpreters from other backgrounds given the small communities in Melbourne.

Several workers believed that services need to employ bilingual, culturally specific workers to meet the needs of Eritrean and Somali women, with one worker saying that a worker from the Somali community is needed "who has good reputation and trust of the community". One worker felt that counselling needs, in particular, were not adequately met.

5.3 Key Findings for Mainstream Service Providers

The interview questions for the mainstream (non-ethno specific) workers concentrated on the following topics:

1. experience working with women from Somalia and Eritrea on family violence issues, including referral processes, service responsiveness and use of interpreters,
2. barriers to working with Somali and Eritrean women experiencing family violence; and
3. participation and interest in cultural awareness training related to working with Eritrean and Somali.

5.3.1 Experience Working with Women from Somalia and Eritrea

All eleven mainstream workers interviewed acknowledged that they have worked with women from Somalia and Eritrea, with an emphasis on working with the large community in the Carlton public housing high rise estate.

Eight out of the eleven workers responded that they have come across family violence issues in their work, including one maternal and child health nurse. A maternal and child health nurse remarked:

Not as such, but I have perceived that men [from these communities] are controlling. A lot of verbal abuses/put downs. [Women don't] want to talk about it, a sense of shame that it is only happening to them. Women are seen as second class citizens.

Mainstream workers felt that there was a high level of social and cultural pressure on women not to seek assistance for family violence problems, especially outside of their own community. Women can become ostracised by the community, by extended family or community elders for seeking help. Family violence has to become extreme before women will risk isolation from their community by breaking the cultural taboo to seek outside help.

Mainstream workers were aware of a number of concerns for women in seeking help including:

- fear of the police;
- language barriers;



- lack of understanding of the service system; and
- concern for their children in family violence situations.

Most mainstream workers were aware of ethno-specific community support services available to help Eritrean and Somali women and families. Services mentioned included:

- Islamic Women's Welfare Association;
- Women's Health West;
- African Australian Welfare Association;
- DVIRC;
- African Family Support workers;
- Somali Playgroup at Carlton Neighbourhood House;
- Carlton Women's Group Somali worker; and
- a sewing group run by African workers.

A few mainstream service providers, including the GP, said although they were not aware of the African community support services, they did know about some Horn of African groups that meet regularly in the area.

Some participants also mentioned their awareness of the existence of a traditional family mediation system in the community by elders and religious leaders, for example, the Eritrean men's elderly group. Some workers said while they are aware of the African community supports available, they did not know if these services and groups offered particular support relating to family violence issues.

Mainstream workers described Eritrean and Somali women as fearful, hesitant and prone to changing their mind about accepting mainstream service intervention. One worker pointed out that once a woman made up her mind to accept assistance, immediate action was required to minimise the client's anxiety. Another worker commented on the bureaucratic nature of the service system and that women are unlikely to achieve the result they want from the system. One worker commented that they had not been particularly successful at referring clients for family violence issues, whilst another had not used such services at all. Several workers commented that the system worked well for women who had a long history of violence.

Mainstream workers' views varied on the responsiveness of family violence services to the needs of Somali and Eritrean women. Some workers felt that the service system worked well in supporting Somali and Eritrean women; some thought that services can always be improved; and other workers felt that the services lacked cultural sensitivity. Some of the comments made about the responsiveness of the service system would apply across all groups of women not just Eritrean and Somali women. Some of the workers commented -

Refuge system is good but not culturally sensitive.

Slow and rigid, different food.

Yes very supportive/engaging.

They try to be [responsive]. Some services work harder to meet these needs.



Yes, they attempt to be [responsive]... Gap in transport, childcare, knowing how to get there, mismatch of expectation...Once they come to the service they think the problem is gone. They need follow up, follow through.

They come to the nurse because we are seen as neutral.

Some workers interviewed explained how they respond to the needs of Eritrean and Somali women with family violence issues. Some services “co-manage” with African or Islamic welfare organisations and the Immigrant Women’s Domestic Violence Service to meet the cultural needs of clients. Mainstream workers emphasised the need to build trust and rapport with women. Non-family violence specific workers preferred to use gentle or indirect questions to elicit information such as “You seem anxious. Is there anything that makes you unhappy at home?” or “I wonder if there are things at home that are difficult for you?” Maternal and child health nurses monitored children’s behaviour, health and levels of anxiety to alleviate the effects of violence on children.

Despite limited resources and funding for interpreting, most mainstream workers used language services regularly with clients from Eritrean and Somali communities. Most workers and their services used a telephone interpreter, whilst others were able to use face-to-face interpreters. Some workers reported having no restrictions on client access to interpreting. One worker used family members or children to interpret for straightforward problems where appropriate and used telephone interpreting for more complex issues.

5.3.2 Barriers for Somali and Eritrean Women in Addressing Family Violence Issues

The majority of the mainstream workers agreed that there are several barriers for Somali and Eritrean women in addressing family violence issues. Some of these barriers are systemic problems that apply to all women experiencing family violence and some barriers are more specific to Eritrean and Somali women.

The barriers are summarised as:

Cultural issues

- Somali and Eritrean culture and tradition clashes with Australian law;
- women are reluctant to approach services due to language barriers, cultural differences, shame and fear of being ostracised from their family and community;
- women do not have financial independence;
- it is traditional not to take problems outside of the family and the community and there is a cultural taboo of not talking about violence in the family;
- the women’s refuge system is seen as inflexible and rigid and not capable of accommodating different needs;
- women mistrust the system;
- women lack the confidence and ability to articulate their emotions; and
- interpreting issues such as time delays accessing interpreters; different interpreters each time; lack of on-site interpreters with interpreting only available



by telephone; and fear and confidentiality issues with workers and interpreters from the same community;

One Maternal and Child Health nurse explained –

[I] have come across many women in the past who are willing to talk about it, but become very reluctant when it comes to seeking help. Language barrier and cultural barriers. Fear for what they would lose, or fear to move to somewhere they don't know. Sometimes when they go to refuges, it's more traumatic when they return home. At the final stage they build trust and rapport so they seek counselling (at a crisis stage). With the Somali community some women are willing to leave and move on with their lives. Eritrean women fear being ostracised by the community.

Systemic issues

- lack of accommodation and support services if they leave home;
- long waiting list of for support and housing; and
- some services can only play a limited role for such a complex issue as family violence which makes it difficult to case manage clients and provide a holistic response.

5.3.3 Participation and Interest in Cultural Awareness Training

Seven of the mainstream workers had attended cultural awareness training on Horn of Africa and/or Muslim communities. One worker had attended general cultural awareness training. Two other mainstream workers reported reading articles on these communities whilst one reported having very little training on working with these communities.

All mainstream workers expressed interest in attending any future cultural awareness training, with one participant commenting that the training should be “culturally specific localised neighbourhood training”.



6. LEARNINGS AND RECOMMENDATIONS

This research project presents a number of learnings for people working with Somali and Eritrean women experiencing family violence, which can improve service responsiveness to these communities. The findings from the research corroborate the issues raised in the literature review, illustrating the attitudes and responses to family violence in Melbourne's Somali and Eritrean communities. The recommendations focus on recommended action for Women's Health West arising from the research learnings, sometimes in collaboration with other relevant services. However, it is hoped that the range of services working with Somali and Eritrean women experiencing family violence take on board the learnings from this research.

6.1 Improving the Somali and Eritrean Communities' Attitudes and Responsiveness to Family Violence

Somali and Eritrean communities' value systems in relation to family violence differ from what is legally and culturally acceptable in Australia. This is particularly the case in relation to violence against children as a form of discipline. Men and women from Eritrea and Somalia require improved awareness and understanding of family violence and child protection laws (including mandatory reporting laws) and better information about the family violence service system and how it can assist them to break the cycle of violence.

Recommendation 1: That Women's Health West develop a community education campaign for the Somali and Eritrean communities (aimed at both women and men) on family violence and child abuse and what is acceptable and legal in Australia.

Recommendation 2: That Women's Health West provides improved information to Eritrean and Somali communities about what family violence services can offer and further develop relationship building between the family violence sector and Eritrean and Somali communities.

6.2 Improving the Service Response to Eritrean and Somali Women

Ethno-specific workers and non-family violence specific mainstream workers require an improved understanding of family violence and related issues. They also require training on how to respond to and assist women experiencing family violence appropriately and effectively. Mainstream workers need to have a better understanding of the cultural



issues for women and how this impacts on providing a service to women from Eritrean and Somali backgrounds. Improved networks and coordinated service delivery between family violence services, mainstream services and ethno-specific services are required to provide an effective response to Eritrean and Somali women and their families. Providing family violence and cultural awareness training jointly to ethno-specific and mainstream workers would assist in relationship-building and strengthening networks among workers.

Family violence services need to be more responsive to the needs of women from Somali and Eritrean communities. Somali and Eritrean women require an alternative crisis response to the traditional women's refuge which is often inflexible, with shared facilities and takes women out of their communities.

Recommendation 3: That Women's Health West work with appropriate agencies, such as DVIRC and Immigrant Women's Domestic Violence Service, to develop and deliver specifically designed combined cross-cultural awareness and family violence training for generalist service providers and ethno-specific service providers, including police and child protection workers.

Recommendation 4: That Women's Health West works in collaboration with relevant services, to develop an alternative crisis service response model based on using ethno-specific family violence outreach workers for meeting the needs of Eritrean and Somali women experiencing family violence.

Recommendation 5: That Women's Health West advocates with the range of services working with Eritrean and Somali women experiencing family violence for the employment of trained bi-lingual family violence workers.

6.3 Improving Interpreting Services

A range of issues relating to interpreters arose from the research. These relate to improving the availability and responsiveness of interpreting services to family violence issues. Interpreting services need to be available on-site for those that require additional sensitivity. Interpreters require training in working with women experiencing family violence to ensure sensitivity, appropriateness and confidentiality of the interpreter service. The issue of the need for interpreters who are not from the community but who speak the language arose in relation to community confidentiality and shame. This issue requires further exploration as training for interpreters in confidentiality may overcome these issues and in recognition that there are few interpreters who are not from these communities who speak the languages.

Recommendation 6: That Women's Health West work with appropriate agencies, such as DVIRC and Immigrant Women's Domestic Violence Service, to develop and deliver family violence training for interpreters, with a particular focus on confidentiality issues.



Recommendation 7: That Women's Health West advocate for extended availability of on-site and appropriate interpreters for Somali and Eritrean languages.

6.4 Providing a Service Response to Eritrean and Somali Men

The research showed that Eritrean and Somali men require a service response to assist them to reduce their violence against women and children. Men from these communities feel dislocated and troubled about having their traditional roles challenged by Australian society and laws. They sometimes have difficulty finding employment which adds to the stress in the home and means they are at home a lot more than they were in their home countries. They require assistance and support to obtain employment and to adapt to Australian social expectations.

Recommendation 8. That Women's Health West advocates with relevant agencies for employment and activity services and for family violence perpetrator programs specifically designed to respond to the needs of men from Eritrean and Somali backgrounds.



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