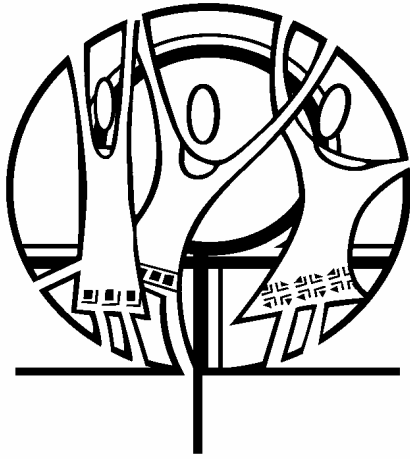


Immigrant Women's Support Service

Newsletter

July Issue 2005



Produced by

Immigrant Womens Support Service

A domestic violence and sexual assault support service for women from non-English speaking backgrounds and their children.

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NOTE FROM COORDINATOR

IWSS latest Newsletter has focused on refugees particularly women living in Australia. Once again the information contained is informed by the experience of working with women escaping domestic and/or sexual violence at IWSS, documented literature and the analysis of working with women. I thank all the contributors to this Newsletter – you know who you are.

Trade between countries goes back thousands of years and the resultant relocation of people into different countries is not a new concept. In modern terms we name it as globalisation, resettlement, migration amongst others. It is important to note however the significant changes that modern technology has made to the concept of globalisation in particular communication, travel and general exposure to other countries. Australia supports the resettlement of refugees from different parts of the world where conflict and war have left many displaced, persecuted and in fear for their safety. Currently, Australia brings around 12,000 humanitarian entrants (off-shore refugees) per year in addition to all those who arrive in the country under skilled migration, family re-union and other visas. Further it is of interest that many refugees or illegal immigrants who overstay their visas and/or apply for permanent residency remain in detention centers throughout Australia or with Temporary Protection Visas (TPV's) or as asylum seekers (on-shore applicants) in the community with limited or no welfare support. There are many women who are in this predicament.

There are multiple interrelated and interconnected aspects to the lives of those we work with. A refugee experience is marked by many losses, tremendous resilience and strength to survive the challenges they are exposed to in their journeys. It must be stressed that not one person's experience is the same as another. I hope the content here-with provides further insight into the experiences of many in our community who may be recent arrivals in Australia or who have been living in Australia for many years because they were given refuge due to their experiences at the time.

Refugee Women—Health Related Experiences

JWSS works with women who are refugees or asylum seekers and whose experiences in addition to domestic and/or sexual violence may include: displacement, state control oppression in country of origin, multiple losses of family and relatives, loss of social status, imprisonment, and persecution of because of political or religious beliefs amongst others. Refugee women however are not a homogenous group. The information that we present here does not represent the experiences of any one refugee woman, or indeed of all refugee women, but is an overview of the multiple layers that refugee women experience in addition to their experiences of domestic and/or sexual violence. Responding effectively to the diverse range of needs of refugee women affected by domestic and sexual violence can be challenging. Many of these challenges relate primarily, but not exclusively, to the mono-

The cultural and ethnic diversity in Queensland is evident - 17.1% of its population were born overseas (Multicultural Affairs Queensland 2004).

cultural nature of Australian systems and structures.

However, the political, economic and social infrastructure is often inadequately resourced to respond to the corresponding diversity of needs.

Supporting refugee women to address their health needs and that of their children can be a challenging process. Many refugee women present with extremely complex health needs. Overcrowding, poor hygiene and under-nutrition in refugee camps and prisons can cause chronic disease such as high blood pressure, malnutrition and problems with major bodily organs. Physical complaints may be present due to injuries inflicted during civil unrest and/or imprisonment in their country of origin – the most common physical health problems relating to torture include epilepsy and deafness from head injuries, and musculoskeletal pain and injury (Harris & Telfer, 2001). Chronic dental health problems are not unusual. They result from poor nutrition, lack of fluoridated water, poor hygiene and limited or no dental care in countries of origin, refugee camps and detention centres (RACGP, 2005). Refugee women and women asylum seekers may suffer from other chronic disease, such as severe parasitic and intestinal infections contracted during long stays in refugee camps and detention centres where health care is far from adequate at best, non-existent at worst (PHAA, 2005).

Consideration needs to be given to community structure disintegrations and women and children becoming displaced which makes it impossible to access traditional remedies.

Furthermore, for women coming from many places affected by civil war/unrest, much of the medical and health care

infrastructure in their country of origin may have been destroyed prior to their seeking refuge. The nature of women's experiences and their journeys as refugees means that they may not have had adequate health care for many years, hence enduring long periods of illness, injury and infection without treatment, and without preventative or curative information. The general health of refugee women and women seeking asylum continues to deteriorate after settlement in Australia due to the lack of access to their traditional foods, or indeed to nutritional information relevant to their current context. Refugee women may not have the knowledge of local produce and foods to prepare a balanced and nutritious diet. Similarly access to fast foods from Western society can mean further risks to general well being.

Sexual violence and its associated stigma also present a major risk to the physical, emotional and psychological health of refugee women. Rape is commonly used as a weapon of war and tool of torture in many parts of the world. Lack of security for unaccompanied women in camps and detention centres contribute to high rates of sexual crime. Consequently, women are vulnerable to sexually transmitted diseases such as HIV and Hepatitis which may go undetected until chronic symptoms ensue. Reproductive health problems can also be common as a result of sustained injuries. For refugee women, the complicating factor associated with sexual violence is that there is often little opportunity for them to speak about their experiences, and therefore to have any sequelae addressed. Issues relating to sex and sexual health are taboo for many cultures. Sexual violence often carries shame and stigma and presents challenges for affected women. Women often carry feelings of shame as a result of the experience of sexual violence, and are unable to tell family for fear of the shame and dishonour that it may bring upon them. For many refugee women, the experience of sexual assault, along with other trauma and losses during their flight from their country of origin, will result in psychological sequelae such as those associated with post-traumatic stress disorder, depression and/or anxiety.

Refugee women's health concerns can often be on-going over an extended period of time. Arrival in a country with a functioning and modern public health care system and where she is comparatively safe does not mean that she will receive the treatment or the information that she requires in a timely manner or indeed that the effects of her experiences will immediately disappear. Refugees and asylum seekers often *remain* unable to access health services that will adequately address their needs. As a very conservative estimate, 40% of asylum seekers in Australia are denied Medicare, the right to work or income support (Harris & Telfer, 2001). Refugees who do have full access rights to Medicare and the Pharmaceutical Benefits Scheme may not have access to information about their entitlements or understand how the system works. Their socio-economic disadvantage within Australia compounded with other personal and systemic barriers can mean that they encounter long waiting lists for treatment. Workers in hospitals and health centres in Australia are more often

Refugee Women—Health Related Experiences

appropriate use of interpreters.

Harris & Telfer (2001) report that a history of torture and trauma and related feelings of unsafety and insecurity will amplify and extend the duration of illness and disease. The public health system in Australia cannot cater to these complex needs in a relevant and holistic manner. Approaches that focus solely on 'Western' medicine often lack the capacity to adequately understand and respond to the interaction of physical, emotional, spiritual and mental health issues experienced by survivors of severe and complex forms of trauma where exposure has occurred over prolonged periods of time.

Refugee women, on arrival in Australia, may have some improvement to their levels of health and safety, however many refugee women remain at risk of harm through domestic and sexual violence. Additionally, racist discrimination and abuse, workplace harassment, and the 'importation' of ethnic and/or religious conflicts from their country of origin place further pressures on their safety. Consideration also needs to be given to the fact that many refugee women in Australia face years of on-going uncertainty regarding their immigration status and live with the fear that they will be returned to their home countries where the violence and degradation continues. Symptoms of post-traumatic stress and anxiety may result in intense vigilance and a sense of profound fear.

As mentioned earlier, refugee women experience all the same barriers to accessing support services and legal systems that are experienced by migrant women. Access and equity issues become increasingly complex for women from refugee backgrounds. Pro-

Healing the impacts of the trauma and losses of flight from their country of origin can be doubly difficult for refugee women who experience violence within their homes.

vision of information that is both linguistically and culturally appropriate presents an on-going challenge. IWSS seeks to balance on the one hand cultural understandings of and responses to sexual violence and violence within the home; while on the other hand provide accessible and meaningful information about Australian legal definitions of domestic and sexual violence and where women can access assistance and support. For women who have experienced the danger and instability of refugee camps, leaving a male partner may not feel like a valid or safe option. There may be strongly-held cultural beliefs and practices that will ostracise and punish women who speak out against forms of violence within the home. Rejection by their own community here in Australia, and being blamed for the violence in the home, can bring about a level of isolation that represents yet another trauma and/or loss. Accessing the legal and justice systems is not always an option for refugee women, many of whom have a real and justified fear of government authorities as a result of their experiences in their home country. For some refugee women, the Court setting is so foreign to their lived experience that attending proceedings can simply be too intimidating. Lack of understanding of legal processes can lead to a

lack of compliance to their obligations in court processes resulting in ineffective outcomes. There are many cultural and systemic barriers that prevent refugee women and children affected by domestic and sexual violence from accessing services.

One of the biggest challenges IWSS sees in the provision of

One of the most commonly observed barriers is that of language.

services to women from NESB is the reticence of mainstream services to providing professional interpreting and translating services thus restricting fair and just access to services.

Through our professional relationships with refugee women at IWSS, we have learned that the experiences and needs of refugee women at presentation are as diverse and as unique as the many different regions of the world from which they come. Moreover, although many women who are refugees and asylum seekers have experienced a multitude of traumas and dangers, they also bring their dignity and resilience to a country that is not always welcoming. At IWSS we continue to advocate individually and systemically to work towards having the needs of our community's most disadvantaged and marginalised adequately understood and provided for.



©3rd Annual UNHCR World Refugee Day Poster
Source: National Geographic Online (<http://news.nationalgeographic.com/news/2003/06/0606unhcr.html>)

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Is nowhere safe? Enduring Domestic Violence in Refugee Camps

Eileen Pittaway (Centre for Refugee Research, UNSW)

Susan Rees (Centre for Domestic and Family Violence Research, CQU)

This brief article is derived from an article currently under review for publication in the journal Women against Violence.

Introduction

This article has been written to provide some insight into the nature and extent of domestic violence in refugee camps, an occurrence that many refugee women resettling in Australia have been victim to and survived before their arrival, and that in too many cases continues to affect their lives during resettlement.

Domestic violence in refugee camps

Refugee women and children have been identified by UNHCR (United Nations High Commission for Refugees) as one of the most vulnerable groups in the world. It is estimated that the majority of all refugee women and many children are routinely raped and sexually abused (UNHCR, 1995). Violence against women, in particular sexual violence, is endemic in situations of conflict, during flight and in refugee camps, and many refugee women and children have no safe space, either publicly or privately, even after they have fled persecution and war. They continue to be the victims of rape, domestic violence, and sexual exploitation, both during flight and in the supposed safety of refugee camps and settlements (McGinn, 2000; McWilliams, 1998; Ward, 2002).

Domestic violence, that is physical, psychological, cultural, and economic violence perpetrated by an intimate male partner or spouse, is one of the most pernicious threats that women face in the whole of their refugee experience. Although its occurrence is often hidden from view and its impact frequently minimised, it has been recognised as the “most destructive” element of the refugee experience for women and the family (Kaplan & Webster, 2003:110). Domestic violence causes as much, if not more, grievous bodily and psychological harm to women and children as armed conflict. A violent home is simply a different type of war-zone. As one theorist notes, “violation by a state or enemy soldier is not more devastating than violation by an intimate” (McWilliams, 1998:117).

Having long been overlooked by camp agencies and the international relief community, reports of the problem and scale of domestic violence in refugee camps are now finally being heard. Recent research in camps throughout Africa and Asia indicates that domestic violence is a social problem experienced universally by women in camps around the world (Human Rights Watch, 2000; McGinn, 2000; Ward, 2002). Reports suggest that aspects of the refugee experience compound the usual risk

factors for domestic violence, making its incidence more frequent and extreme. While many women refugees 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). In order to escape from their violent husbands, some refugee women have expressed a wish to return to situations of armed conflict where their husbands were preoccupied with combat violence rather than languishing in refugee camps (Human Rights Watch, 2000).

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 (Pittaway et al., 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 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.

Domestic violence is often 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 her husband, and to protect his “honour” (Partnerships Against Domestic Violence, 2000). Sometimes women internalise these cultural norms, believing that domestic violence is the right of their husbands, and that if they revealed their experiences 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). 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.

Compounding the lack of programs to address domestic violence, Human Rights Watch found that international relief agen-

Is nowhere safe? Enduring Domestic Violence in Refugee Camps

cies 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).

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). Related to the excuse of culture is 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 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). It also contributes to a general lack of commitment to implementing domestic violence related policy where it does exist (Human Rights Watch, 2000; Ward, 2002).

Conclusion

Because of their gender the experiences of refugee women are unique, and the extent of violence inflicted against women in the country of origin, during flight and in refugee camps is underestimated and often totally ignored by international relief agencies in camps and by resettlement policy makers and service providers in countries such as Australia. Some universal causative factors in cases of spousal violence, including male power and patriarchal cultures are aggravated by the abuses and disadvantages encountered by both refugee men and women in the country of origin and subsequently when living in refugee camps. Unfortunately, the unique experiences of life in refugee camps continue to affect refugee families during resettlement, and refugee women experiencing domestic violence are endangered further by the more acute forms of isolation and powerlessness associated with the complexities and stresses encountered during resettlement (Sharma, 2001)

Domestic violence in refugee camps is a silenced and pervasive problem that breaches the rights of women and jeopardizes the wellbeing of refugee women and their families and prospects for their future resettlement. To facilitate a reduction in the level and risks associated with domestic violence affecting refugee women, international relief agencies and service providers in countries of resettlement should be aware of the magnitude of this problem as well as the compounding and unique factors of significance.

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Date Claimers

IWSS Proudly announces presentations with
RAWA - The Revolutionary Association of the Women of Afghanistan

13th October – evening presentation

14th October – morning presentation

RAWA, the Revolutionary Association of the Women of Afghanistan, was established in Kabul, Afghanistan, in 1977 as an independent political/social organization of Afghani women fighting for human rights and for social justice in Afghanistan. RAWA's objective is to involve an increasing number of Afghani women in social and political activities aimed at acquiring women's human rights and contributing to the struggle for the establishment of a government based on democratic and secular values in Afghanistan. Despite the suffocating political atmosphere, RAWA is involved in widespread activities in different socio-political arenas including education, health and income generation as well as political agitation.

Some of the issues that will be discussed during the presentations are:

- ⌘ Background on Afghanistan - especially the current situation of women and historically;
- ⌘ Impact of husband's migration on families usually women and children left behind;
- ⌘ Changing role of Afghani women in new countries (exploring re-settlement experiences);
- ⌘ Information on the needs and work of RAWA.

Other speaker/s to be confirmed



Notice of Annual General Meeting

The Migrant Women's Emergency Support Service Inc. operating as the Immigrant Women's Support Service is having its Annual General Meeting on:

27th September 2005, at 5.30 pm

Yungaba

' Room 1'; 120 Main Street, Kangaroo Point

We proudly announce that Guest Speaker at the AGM will be **Reverend Alexandra Hazel Gater**, who is a prominent member of the Aboriginal and Torres Strait Island community in Brisbane, an Anglican priest and chaplain at the Brisbane Women's and Sir David Longland Correctional Centers. An Elder in the Murri Magistrate Court, she advocates tirelessly in the justice system for humane treatment for incarcerated Indigenous people. For over a decade, she has represented Brisbane on the National Torres Strait Islander Anglican Council, fighting to raise awareness of issues such as racism, the Stolen Generation and the need for reconciliation.

Reverend Alexandra Gater is one of the 1000 women from 150 countries who are collectively nominated for the Nobel Peace Prize 2005 for the tireless efforts in pursuit of peace.

For more information and to confirm your attendance contact the IWSS on:

Email: mail@iwss.org.au

Phone: 07 - 3846 3490

Myths and Facts about Violence Against Women

In the last edition of the IWSS newsletter we dispelled some of the myths that are commonly held about women from non-English backgrounds and violence. In this edition we have included some of the myths existing in the community with regards to women who experience domestic and/or sexual violence.

Myth: Women who get raped are asking for it by the clothes that they wear and the situations they get themselves into.

Fact: Research into victims of sexual violence show that clothing and situation are not necessarily indicators for the occurrence of sexual violence. Sexual violence can occur in the home, at school, at work as well as in public places regardless of the behaviour or clothing of the victim. Sexual violence can occur to women of all ages and cultures, in any situation. Its occurrence is not dependent on 'sexual attractiveness' of the victim, and is not 'provoked' by the victim. No woman or child asks to be sexually assaulted, nor do they ever enjoy it. Sexual violence is never OK, and it is never the fault of the victim.

Myth: Men rape because they get really turned on and cannot control their sexual urges.

Fact: Men do not have uncontrollable sexual urges. All men can stop themselves at any stage during sexual intimacy. No sexual urge ever gives the man a right to rape or sexually assault a woman or child. Furthermore, it is often the case that sexual assault is premeditated and planned out – rather than a 'spontaneous uncontrollable sexual act'. A man who commits sexual violence is solely responsible for his own behaviour.

Myth: You can tell when childhood sexual abuse is happening in the home because it only takes place in homes that are obviously troubled and dysfunctional.

Fact: From outside the family and without a disclosure from the victim, it is rarely possible to tell when childhood sexual abuse is occurring. In fact, victims of sexual abuse often go to great trouble to hide what is happening to them because of the associated guilt and shame. Perpetrators of sexual abuse within the family can appear to the outside world to be wonderful, caring, 'normal' parents and people. Childhood sexual abuse occurs in families of all socio-economic and cultural groups.

Myth: Sexual violence does not occur within marriage because it is the duty of the wife to do as her partner instructs.

Fact: Sexual violence is common within marriage. A woman is not obliged to respond to all of her husband's sexual needs and requests. The duty of both wife and husband is to be respectful of the wishes and basic human rights of their partner. Sexual violence is always a crime – even in marriage and other intimate relationships.

Myth: Men who sexually assault women and/or children are psychologically disturbed mad-men.

Fact: Most rapists are 'ordinary' men from all socio-economic classes, professions, cultures and nationalities. Rapists most often appear to be 'normal' men, and are men who often achieve and are successful in other areas of their life. Studies have found the overwhelming majority of offenders are not psychologically 'perverted'. Rapists most often have the option to choose sex within a standard consenting relationship, but choose to rape simply to have their needs for power and control met.

Myth: Domestic violence is that much of a problem – it doesn't happen very often.

Fact: Studies have shown that 23% of women in Australian who had ever been married or in a de facto relationship experienced violence by their partner at some time during the relationship (ABS, 1996). Approximately 1/4 of the world's women are violently abused in their own homes (UNICEF, 1995).

Myth: If she doesn't like the abuse, why doesn't she just leave? She can leave any time she wants.

Fact: Women survivors of domestic violence are constrained from leaving violent relationships by:

- Threats of violence and death against themselves and their children.
- Abused women are often at home with dependent children, and are further restricted from other forms of social support by their violent partner. Many women experience shame at their injuries and have a sense of guilt that stops them from speaking to others about the violence.
- Women are often financially dependent on their male partner.
- Many women experience pressure from their communities and from society at large not to separate from their partner and deprive their children of a father.
- Many women are generally committed to their marriage and love their partner and *just want the violence to stop*.
- After years of verbal and emotional abuse, women lose their self-confidence and doubt their ability to cope on their own.

Myth: It is OK in some cultures to use violence within the family to resolve disputes and differences.

Fact: It is never OK to commit an act of domestic violence, and there is no excuse for violent behaviour. Violence does not 'resolve' disputes and differences – it is a way of one imposing one's will over another. All cultures will have violence occurring within them and all will cultures will encourage in some way mutual respect within relationships and partnerships.

The perpetuation of these myths serves a number of purposes. First and foremost the myths about violence against women and children operate to blame the victim or the survivor of the violence, and protect the perpetrator from having to take responsibility for his behaviour. These myths also work to silence women and children about their experiences of domestic and sexual violence, to minimise their experiences and to downplay the impacts. Some myths also serve to perpetuate prejudices against some cultural and social groups. Ultimately these myths function to maintain a mass culture that allows violence against women and children to continue. IWSS sees that it is part of our role as advocates for survivors of domestic and sexual violence to dispel these myths and continue to work toward a society that does not accept the on-going violation of the human rights of women and children in Australia and around the world.

Source: This information was adapted from *Breaking the Silence: A guide to supporting victims/survivors of sexual assault*, 2nd Edition, 1995. Produced by the Centre Against Sexual Assault.

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Country Profile: Life for Women in Guatemala

This article has been written by Olivia a Guatemalan woman living in Brisbane

Some historical characteristics of the Guatemalan people are that at least ½ of its 11 million people have origins from the ancient Mayan civilization. There are 21 ethno specific groups with their own languages and 2 minority groups - the Xincas and the Garifunas (afro-Caribbean from the Atlantic coast). Historically the Mayan people have been discriminated against, oppressed and violently displaced since colonisation by Spain and the genocide that occurred. The conquistadores who were following the mandate of the Catholic King in Spain had two aims. Firstly, make the discovered “new world” Christian and secondly, take as much gold as possible back to the coffers of the king and the altars of the church. Christopher Columbus described the indigenous people of Guatemala as friendly and generous however their bodies were enslaved, whole areas decimated of its people irrespective of their age or gender and our land dispossessed of the gold which was taken by the colonisers. Indigenous people of Guatemala were forcibly and massively baptised by the colonisers. Those who refused or put a struggle were killed resulting in “Christianised” indigenous people being followers but in reality “living dead” Christian.

One can say that this pattern has not changed as the following statistics demonstrate indigenous Mayan people are disadvantaged in comparison to “Ladinos” (non-indigenous people) in Guatemala. The Guatemalan constitution of 1985 recognises ethnic diversity and commits the government to respect and promote this diversity however; racism in Guatemala is a reality that is insidious for the majority of the Guatemalan indigenous people. There are great discrepancies between the well being and social status of the indigenous and “ladinos” of Guatemala. It has been said that Guatemala has one of the most important economies of Central America however the Guatemalan people are the poorest of Latin America. According to the World Bank 57% of Guatemalan people live in poverty and 27% in extreme poverty. In these percentages the indigenous people are the poorest of the poor with about 74% of indigenous Guatemalan being poor in comparison to 41% of the “Ladinos”. Mayan women are particularly disadvantaged when one considers that about 48% of Mayan women are literate in Spanish when compared to 76% of “ladino” women; Guatemala has the second lowest rate of women’s literacy with the first being Haiti; levels of health are low; the number of children per family is around 6.2; mortality rate for women is 190/100,000 (the highest in



Central America); child mortality rate 65/1000 (children under 5 years of age) and amongst indigenous children is 79/1000. Some personal qualities that are identifiable of Guatemalan women without generalising are that we are hard working, very close to and obedient of traditions in spite of living in the modern world and enforcers of traditions as well. In today’s world women in Guatemala aspire to better themselves professionally and wish to take up positions in the public service or at the head of private companies. There is much racial discrimination but a few indigenous professionals have achieved public success.

Guatemala has been at war for a long time – a silent war between guerrillas and army. It is not only a war for social inequalities. It is a war against the discrimination and racism against the indigenous groups. There are marked social classes and the political violence the country has been involved in has helped in ensuring that indigenous communities be treated a little better and are recognised as equal to other ethnic groups in the country.

Domestic violence and abuse has always existed in Guatemala. When I say abuse I refer to sexual assault, emotional, physical, financial and others. Women and children are equally exposed to abuse by the men in their families. When one thinks about the government having a “commitment to the well being of children” as I recall the popular rhetoric, I have to think about what I know and have seen. Guatemala has always been a society that protects children. In fact the Guatemalan president’s wife is a renowned patron and supporter of children’s rights. This is an interesting phenomena given the abuse children experience in domestic violence situations. There is widely spread trafficking of children and illegal adoption of children by citizens of other countries with poverty playing a significant part in this. Children who live in marginalised communities or areas that have extreme poverty are forced to work to support themselves and help their parents to support the family. Some of the jobs they do are: carrying large vegetable bags in the markets, polishing shoes or asking for handouts and begging on the streets. Girls are generally employed for home duties and run the risk of being sexually abused by their bosses or the sons of their bosses. Home duties often means living in the house, working longer hours, doing any jobs within the home and risking any bad treatment that may include emotional, verbal and being allowed to leave the house once a week or once a fortnight. This is a common experience for girls in Guatemala especially indigenous women.

The last three years have seen some changes in Guatemala. The government has enacted some laws around domestic violence which are quite superficial and not always applied. Some women have become more active on supporting women and children experiencing domestic violence. The job of supporting women has very much been left to women who volunteer their time. They are funded by donations and limited contributions that women make to their own recovery and survival. The few volunteers who work towards supporting women and children have a difficult job. A lot of

Country Profile: Life for Women in Guatemala

women return to their husbands possibly because there are not many places to take refuge. At least those women who return to their husbands know where to go next time and continue to educate other women in the community. In Guatemala there is no 24 hour service that can be accessed – sometimes women and children go to the houses of nuns who may provide emergency support. I am cautiously excited and pleased to know that at least some women have taken the first step to break patterns of violence in their lives.

There is a strong pattern of socialisation of young girls communicated both verbally and modelled by mothers and grandmothers

The cultural norms and traditions in Guatemala are that the man has all the power and control of the family and that girls and women have to obey and conform to those traditional rules. It is not unusual for a young woman to get married and experience violence with her new husband. The young girl may go to her parents to seek help and the response is often “you have to be patient”, “obey him”, “get used to him”, “you know what he doesn’t like so do as he likes”. In Guatemalan culture there is another much stronger social conformity model - that is religion. There is about an equal percentage of Catholics and evangelists who strongly practice their beliefs. Irrespective of which religion it is the Guatemalan people tend to respect and adhere to what their religious leaders preach. It is their stated sermon that always resonates in women’s psyche “**marriage is for life**”.

Those women who do leave violent relationships manage to survive well if they have the financial and emotional support of their parents and/or are employed; others may find themselves in other relationships which may or may not work well. This result in great difficulties for women who have grown up in this environment which is meant to be followed and that they have to obey their husbands no matter what he does to them or their children. Accepting that there could be another alternative – that of reporting the assault is unheard of. The wheel of change is difficult and slow because machismo is entrenched in the cultural traditions of all Guatemalans. Poverty also forces women to remain in their situations because there are few alternatives for women and their children.

In concluding I look at life in Guatemala and hold a great deal of hope for the future of women in my country. The government has put in place some legislative changes. At least women have more of a voice than they did in the past and this breath the potential for further changes to happen in a society that has and continues to actively discriminate against women. In 2003 Rigoberta Menchu, an indigenous woman who was awarded the Nobel Prize for Peace in 1992,

was attending a conference where she was publicly insulted by 5 men including the grandson of a prominent member of the Guatemalan elite few. This verbal assault on Rigoberta resulted in these men being charged. This incident opens the door to release women from the silence of their experiences of similar discrimination against them. I see this public move and acknowledgement of wrong as a positive step towards respecting women in Guatemala by the government. It is a small change but enormous at the same time given the history of discrimination and oppression women experience. It can be said to be a sign of change and recognition of indigenous women as human beings worthy of equal rights and opportunities. From a distance, in Australia, I hold on to some positive visions for the future of women in Guatemala and in particular indigenous women.



As a Guatemalan woman I have my own experience of working with women in the country side and the city as a social worker. This article has a combination of personal, professional and documented evidence from various sources from Guatemala.

Service Profile

Refugee Claimants Support Centre

The Refugee Claimants Support Centre (RCSC) is a small and independent community organisation located in Windsor. The Centre assists community asylum seekers while they await for the outcome of their application for a protection visa from the Australian government. As a drop-in community centre it provides information and referral to asylum seekers, and a safe place to meet local members of their community and others in similar situations. The RCSC offers English and computer classes, assistance with accessing health services, emotional support, recreational activities, as well as emergency relief and access to donated food and goods. The Centre is unfunded and relies on donations, regular fundraising events and the sale of the compact disk 'Scattered People' to ensure that the emergency relief fund is replenished. RCSC has just had its ten year anniversary and continues to depend on the support of the community to keep its doors open. The Sisters of the Good Shepherd have been most generous over the last 10 years since the Centre opened, making a yearly donation available so a part-time coordinator can be employed. RCSC relies on the help of many volunteers who dedicate some of their time to assist in managing the centre. New volunteers are always sought.

Refugee claimants or community asylum seekers have to sometimes wait for several years before a final decision in their application process is made. 65% of those applicants are denied permission to work, and access to a Medicare card or English classes. Their children have no formal right to access schooling. The majority of asylum seekers are not eligible for any form of income support and are therefore completely dependent on handouts from generous community members and charity. The RCSC fundraises to help with food, shelter, health care assistance and bus tickets. Most Australians are completely unaware that a very desperate group of people exists amongst us who are impoverished, homeless, powerless and absolutely isolated. The Refugee Claimants Support Centre welcomes any kind gesture towards these people and is most grateful for donations to help us do the right thing. Asylum seekers have committed no crime other than pleading for help so they and their children can survive.

*Please contact the **Refugee Claimants Support Centre** on (07) 3357 9013 or refugees@ecn.net.au if you wish to offer your support to asylum seekers in Brisbane through donating food, goods, money or your time.*

For more information about RCSC check out the website www.refugees.org.au.



RIKARD LARMA. Source: <http://www.larma.info/> [Accessed on 27/06/2005]

Women's Group

IWSS women's group activities aim to provide the opportunity for women currently accessing IWSS or past clients to come together to discover or often re-discover themselves, to develop positive self worth, to support each other and to share their knowledge and experiences in a non-threatening and culturally appropriate environment.

The women's group activities for 2005 are on Thursday mornings, from 9:30 am to 12 noon. Childcare is provided when required. Activities stop during school holidays.

During the first semester IWSS held 'Discovering the Beauty of who I am Through Connecting with My Body' group, which was a series of six interactive workshops exploring:

- Awareness through senses
- Creating a 'safe place' for ourselves
- Positive and negative energy
- Creating healthy boundaries around us
- Core beliefs
- Reclaiming our voice, and
- Reclaiming our power.

The learning from these sessions was gained through the use of movement, breathing exercises, art, laughter, singing, dancing and fun.

We also had yoga classes, information sessions about women's health issues, nutrition for children and a series of four workshops about assertiveness in relationships.

We would like to invite women from non-English speaking backgrounds who are survivors of sexual and / or domestic violence to come and join us in the different activities that we have organised for the second part of the year.

Yoga Class - Thursday 14 July 2005

Parenting Course – 4 sessions
Dates: Thursdays 21, 28 July 4 and 11 August

Outing – Visit to the Qld Museum & Art Gallery -
Thursday 18 August

Art & Craft – 3 sessions
Dates: Thursdays 25 August 1 and 8 September

Connecting with My Body - Thursday 29 September

Self – Esteem and Empowerment – 4 sessions
Dates: Thursdays 6, 13, 20 and 27 October

Yoga Class - Thursday 3 November

Outing - Visit the University of Queensland via City Cat -
Thursday 10 November

Connecting with My Body - Thursday 17 November

Planing day for 2006 Activities - Thursday 24 November



For more information call Beatriz or Beata on 3846 5400

IWSS—RESOURCE GUIDE

The Library

The main focus of the collection is on domestic violence and sexual abuse issues, particularly in relation to women, children and young people from non-English speaking background. There is also material dealing with cross-cultural issues, counselling, multiculturalism, feminism, family relationships, housing and legal matters.

The library resources consist of books, articles, conference proceedings, annual reports, newsletters, periodicals, audio cassettes, videos and CDs.

There is a series of country profiles giving general background information on many countries, as well as information on social, cultural and religious practices and women's issues in those countries.

The library resources are available to the following:

- IWSS staff and committee members
- Staff of women's refuges and domestic violence and sexual assault services in Queensland
- Students and other interested persons on request.

IWSS staff can access the collection at any time, but others must make prior arrangements as the library is only staffed by a librarian on Tuesdays from 9am to 1pm.

A selection of resources available in the library can be found on the web at: www.iwss.org.au.

Some recent additions to the collection:

- Compelling engagements: feminism, rape law and romance fiction / Wendy Larcombe (2005)
- Community development, human rights and the grassroots: conference proceedings, 2004
- Persecution complex: women, gender and refugee determination in Australia / Emma Buckley (A Ph.D. thesis, 2003)
- A series of publications produced by the Women's Sector Community Engagement Project

Brochures and Factsheets

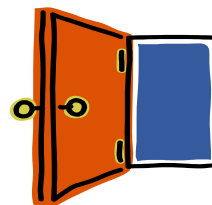
IWSS has produced and developed a number of brochures and fact sheets in a variety of community languages and English. The latest addition are the following brochures in the described languages:

- *What is Counselling and how can you access it?* Into the following languages: Bosnian, Farsi, French and Thai.
- *Consenting Sexual Activity in a Relationship or Marriage*, into these languages: simplified Chinese, Filipino, Serbian, Spanish, Thai, and Vietnamese.
- Revised IWSS Service brochure in English.

Training

IWSS team is committed to providing training to domestic violence and sexual assault support services, health service providers and other community, educational and government organisations and institutions.

IWSS team will work in collaboration with other services in conducting training and community education to different target groups.



IWSS Agency Visit Day

IWSS has opened the agency for visits. Workers from different community, health, government and non-governmental services as well as students are invited to come on this day. Visitors will have access to brochures and resources.

On the **first Monday** of the month, **from 4:00 to 5:00 PM**. If you are coming, **make sure** to give us a call on (07) 3846 3490 as only limited number of visitors is allowed.

IWSS welcomes financial assistance – can you help?

 *
 * *IWSS is a unique Queensland-based support service for NESB women surviving domestic and / or sexual violence. Limited funding impact on how extensive our critical services can be delivered.* *
 *
 * *Financial support via donation, bequests or 'in-kind' support are welcomed. For further information, please contact the IWSS Coordinator.* *
 *
 * *Thank you for your generosity in spirit.* *
 *

FEEDBACK

We would like to hear about your experiences of working with women from non-English speaking backgrounds. Please write to us via email directly.

If you have any comments, questions, requests and / or suggestions related to women and children from NESB contact us at: mail@iwss.org.au

Your feedback is appreciated!