

Women from Migrant and Refugee Backgrounds: Considering the Impact of Violence on Health and Settlement

Many migrant and refugee women share similar experiences of violence in their lifetime

By Stephanie Anne, Director of The Immigrant Women's Support Service

This brief article highlights the importance of identifying health issues associated with violence as may be experienced by migrant and refugee women.

Women from migrant and refugee backgrounds may have faced different journeys in how they came to reside in Australia, however many migrant and refugee women share similar experiences of rape, assault, war, civil unrest and other types of conflicts in their lifetime prior to and/or after their arrival in Australia. Physical, mental and sexual health conditions often result from these experiences (Allimant and Ostapiej-Piatkowski, forthcoming). It is also relevant to acknowledge that migrant and refugee women may face similar barriers in accessing information, health services, and other essential support services in Australia.

Nationally, women from migrant and refugee backgrounds also account for 17.9 per cent of people who experience violence by their current partner (ABS 2006). Research also indicates:

- Women from non-English speaking backgrounds are less likely to receive appropriate assistance when they are trying to leave a violent relationship (Dimopoulos and Assafiri 2004);
- Immigrant and refugee women are more likely to be murdered as a result of domestic violence (FaHCSIA 2009a); and
- Without appropriate action to 2021-22, violence perpetrated against immigrant and refugee women will cost the economy over \$4 billion (FaHCSIA 2009b, cited in QCOSS Policy Position Violence Prevention 2010).

Working with women from migrant and refugee backgrounds in the area of health requires us to consider the experience and sequelae of trauma relating to violence. There are multiple barriers experienced by women in disclosing issues of violence and these barriers frequently exacerbate the risks and consequences resulting

in heightened vulnerability and isolation (Ostapiej-Piatkowski and McGuire 2008). Additionally health practitioners may not feel confident in recognising or naming violence outside of their 'own culture' and may subsequently neglect to respond appropriately to women from non-English speaking backgrounds (Ostapiej-Piatkowski & Anne, 2009).

It is essential that health practitioners undertake further professional training to enable them to appropriately screen and respond to issues of violence; and to be sensitive to the diverse world views and personal experiences of women from migrant and refugee backgrounds. In practical terms, women need to be listened to in a confidential and non-judgemental setting; to be appropriately supported or referred; and to receive accurate and relevant information in an accessible format (Allimant and Ostapiej-Piatkowski, forthcoming). Information is essential to enable women to make informed decisions in all areas of their lives including engagement with health services.

It is the author's hope that this article may inspire one to consider the complexity of issues relating to violence in addition to the recognised language, cultural and systemic barriers experienced by migrant and refugee women. It is essential that issues of violence are appropriately considered within health service models to ensure more favourable health outcomes for migrant and refugee women.

Immigrant Women's Support Service

The Immigrant Women's Support Service (IWSS) is a specialist domestic violence and sexual assault service that provides free and confidential support services to women and their children from non-English speaking backgrounds (NESB) in Queensland. IWSS provides information, crisis support, counselling, advocacy, assisted referral, Court support, and other culturally relevant services to women from NESB and their children.

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References

- Allimant, A. and Ostapiej-Piatkowski, B. forthcoming. 'Supporting Women from CALD backgrounds, Survivors of Sexual Violence - Challenges and Opportunities for Practitioners'. ACSSA Wrap 9. Australian Institute of Family Studies.
- Dimopoulos, M. and Assafiri, H. 2004. 'Pathologising NESB Women and the Construction of the 'Cultural Defence''. In *Point of Contact: Responding to Children and Domestic Violence, Partnerships Against Domestic Violence*, Commonwealth of Australia, Canberra.
- FaHCSIA. 2009a. *Time For Action: The National Council's Plan for Australia to Reduce Violence Against Women and Their Children 2009-2021 A Snapshot*. The National Council to Reduce Violence against Women and their Children, Commonwealth of Australia, Canberra.
- FaHCSIA. 2009b. *The Cost of Violence Against Women and Their Children*. The National Council to Reduce Violence against Women and their Children, Commonwealth of Australia, Canberra.
- Ostapiej-Piatkowski, B. & Anne, S. 2009. Multicultural Identity and Working Across Cultures in Responding to Violence. *Issues in Good Practice, Australian Family and Domestic Violence Clearinghouse Newsletter* (36): 4-5.
- Ostapiej-Piatkowski, B. and McGuire, C. 2008. *A Critical Reflection on Feminist Interventions in Working with Women from Non-English Speaking Backgrounds who have Experienced Violence*. Paper presented at the Brisbane International Feminist Conference 2008.

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