

Supporting women from CALD backgrounds who are victims/survivors of sexual violence

Challenges and opportunities for practitioners

Annabelle Allimant and Beata Ostapiej-Piatkowski

This Wrap aims to raise awareness of the circumstances of refugee and immigrant women who are survivors of sexual violence as they establish new lives in Australia—the lifetime journey that may haunt them, the continuing trauma they may suffer, and the personal and systemic barriers they meet in accessing support.

More than two decades of practice knowledge from the Immigrant Women's Support Service (IWSS) in Queensland informs this paper. IWSS has a history of 24 years of direct service delivery to women and their accompanying children who are from non-English speaking backgrounds (NESB), who have at any time in their lives experienced domestic and family violence and/or sexual violence. In this Wrap we:

- bring to light the issues faced by counsellors and women victim/survivors as they traverse two cultures;
- define some of the expectations and assumptions that women encounter when they attempt to access support services;
- discuss how this can result in exclusion and discrimination for some women; and
- suggest good practice for service providers in relation to effective cross-cultural service provision for CALD background women who have been subjected to sexual violence.

This Wrap is primarily of interest to workers in the sexual assault and domestic violence fields. However, it will be of value to practitioners who provide support to refugee and immigrant women in a broad range of service areas including health, housing and education.



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Introduction

Australian law recognises that sexual assault is a crime and there is currently a move towards framing it within a human rights context, proposing that sexual violence is a human rights abuse against the individual (Libal & Parekh, 2009; Stark, 2009; Victorian Health Promotion Foundation, 2010). Overwhelmingly, 98% of Australians agree that domestic violence is a crime and 80% rate forcing a partner to have sex as “very serious” violent behaviour (Victorian Health Promotion Foundation, 2010).

In contrast, refugee and other immigrant women often come from countries where the laws or culture do not recognise a woman’s right of control over her body (Alvazzi del Frate & Patrignani, 1995). Women raised within such cultural contexts often come to Australia carrying guilt and shame about the sexual violence they have experienced.

It is estimated that the majority of refugee women and children have suffered repeated rape and sexual assault (Pittaway & Rees, 2005–06). Yet there are no data stating how many refugees and immigrant women who now live in Australia have experienced sexual assault, and how many do not access services regarding their assault. Equally, for the women who do seek support, there are no data to indicate how many do this and what type of services they attend.

CALD and NESB

The term Culturally and Linguistically Diverse (CALD) refers to people from a range of different countries, races and ethnicities, who speak different languages and follow various religious, political and philosophical beliefs. The term Non-English Speaking Background(s) (NESB) refers specifically to individuals whose first language is a language other than English. People from CALD backgrounds whose language of origin is English may be familiar with (at least some) concepts of Western culture—an understanding that comes with knowledge of the English language. People from NESB, however, generally do not have this understanding. Therefore, the needs of each group as they exist in the Australian community are distinctly different.

Refugee and immigrant women in Australia

As at 30 June 2009, the estimated resident population (ERP) of Australia was 22.0 million people, one quarter (5.8 million people) of whom were born overseas (ABS, 2010). In 2008–09 the preliminary estimate of net overseas migration (NOM) was 298,900, with arrivals in 2007–08 coming from more than 200 countries (ABS, 2010). In 2010, an estimated 45,556 refugees were living in Australia (United Nations Department of Economic and Social Affairs Population Division, 2009). Women from CALD backgrounds may have arrived in Australia under various circumstances, including as migrants, refugees, international students or unaccompanied minors. Across all categories of arrival, many have few English-language skills, limited social networks, little financial security and minimal understanding of how to navigate social services.

A refugee is defined as a person who:

owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his [sic] nationality, and is unable to or, owing to such fear, is unwilling to avail himself [sic] of the protection of that country ... (*Article 1, The 1951 Convention Relating to the Status of Refugees*, cited by United Nations High Commissioner for Refugees [UNHCR], 2010)

Immigrants may come to Australia as family members of those already in this country, returning residents, workers or business people, or may come as refugee or humanitarian entrants (Department of Immigration and Citizenship, 2010b). Refugee and immigrant women arriving in Australia have different levels of education and literacy as well as diverse cultural practices, socio-economic backgrounds, rural and urban backgrounds, religious beliefs, family structures, race and ethnicity.

Women seeking support related to their experiences of violence may have a history of living in uncertainty for many years. The average time spent in a refugee camp is 17 years (UNHCR, 2007). At the IWSS, we have had contact with women aged 18 years and older who have been born in camps. Many others await the decision about their residency while in Australia, some of them for more than 10 years.

The women who present to a service—either through settlement support, the education system, or in health settings or services similar to those provided at IWSS—may be immigrants or they may be refugees. We have found that within both groups women may indeed have similar experiences of torture, trauma or sexual assault. UNIFEM (the UN Development Fund for Women) noted that many women coming from countries that employ rape as a weapon of war would have experienced sexual violence in their home countries (Taylor & Putt, 2007).

Unaccompanied minors

Unaccompanied minors are defined as:

non citizen children under the age of 18 years who arrive in Australia unaccompanied and not being cared for by a parent are of particular concern to Australia. As a signatory to the United Nations Convention on the Rights of the Child, Unaccompanied minors are covered by the *Immigration (Guardianship of Children) Act 1946* (IGOC Act). The Act ensures that minors who arrive in Australian territory unaccompanied have a legal guardian. (Department of Immigration and Citizenship, 2010a)

These children who entered Australia are placed with either extended family or under foster care arrangements. While family may be the best accommodation option for an unaccompanied girl or young woman, it is an issue of concern if this accommodation places unacceptable risks to her ongoing safety. Research data and our own professional experiences point to the fact that violence and abuse can occur in all families (ABS, 2005; Scutt, 1990). We know that demographics such as



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levels of education, socio-economic status, age, familiarity and religious beliefs make no difference to descriptors of a perpetrator of abuse. Furthermore, we know that abuse within families can remain “the family secret” for generations. The best interests of the girl or young woman may not be met in current practices that do not recognise the complexity of the situation for the unaccompanied minor, who is a refugee, has experienced a journey of multiple losses and may be currently living with the perpetrator of abuse who is the only significant other in her life.

Practice note

The practitioner may confront challenging considerations as the young woman de-prioritises her own need for safety, instead choosing loyalty towards family and desire for credibility, acceptance and ongoing links within her own community (Dawson, 2008).

International students



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In exploring interrelated and interconnected experiences by women from CALD backgrounds, a group of women rarely considered is *international students*. Anecdotal evidence indicates that they share many characteristics that can lead to increased vulnerability to sexual assault, rape, sexual harassment and exploitation, such as social isolation and insecurity regarding visas. This group of women is temporarily living in Australia; however, our service deals with women who are forced to return to their country of origin prematurely due to the sexual abuse they have experienced in Australia, and its consequences for their lives here. Others will make Australia their permanent home. The social and emotional consequences to those women forced to return to their country of origin are unknown. The personal experiences of this group of women are vastly different from that of refugee women. However, from a cultural and trauma viewpoint, their presenting situations remain similar, and they display the same barriers to accessing services as do other immigrant women victim/survivors of sexual abuse.

Practice note

The issues of limited access to information, lack of knowledge that one has a right to seek assistance even as a guest in Australia, and the absence of support from family render these women particularly at risk. A counsellor encounters multiple considerations and challenges surrounding perceptions, assumptions and interpretation of disadvantage and “dispossession”, and a counsellor’s cross-cultural understanding and ability to sit with the other’s world-view are critical in minimising the barriers faced by international students.

Nature of the violence experienced by women from CALD backgrounds

Many of the migrant and refugee women we see in our service have experienced rape, sexual assault, war, civil unrest and other types of conflicts in their lifetime journeys. They may have spent time in

refugee or detention camps. Physical, mental and sexual health conditions often result from these experiences.

Once in Australia, a convergence of factors increases the risk of physical and sexual violence for women from CALD backgrounds. Primarily these include lack of support networks, socio-economic disadvantage, community pressure and lack of knowledge about rights for victims (Allimant, 2005; Taylor & Putt, 2007).

If a woman has a violent partner, issues of finance become paramount in planning to leave the relationship. Women from CALD backgrounds who have been sponsored to come to Australia or hold a visa with limited rights may have no access to health care or income support and may not be eligible to work while their applications for residency are being considered, which may take months or years (Allimant & Anne, 2008). Experience informs us that women from CALD backgrounds are reluctant to report violence against them because of the threat of deportation (Lay, 2006; Taylor & Putt, 2007). Many women fear they may be sent back to their country of origin and face further, and perhaps increased, persecution. Their lack of access to accurate information compounds the fear (Blackburn, 2005).



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In the absence of income, and due to measures they must take in order to simply survive, women are more vulnerable to sexual exploitation and added abuse (Refugee Council, 2009). Some women may be at increased risk of sexual violence from strangers because of “cultural stereotyping” or participation either forcibly or willingly in prostitution.

In the labour force context, sexual harassment may be present and genuinely pose ongoing risks to the psychological and physical safety of women already vulnerable and possibly traumatised. Women from CALD backgrounds also cite an added pressure to keep paid employment due to financial needs and the tensions that financial issues can raise with partners (IWSS, 2006). The pressure also generates from difficulty in finding jobs due to discrimination, racism, lack of experience in the labour market in Australia and limited English-language fluency.

In the broader social context, refugees and asylum seekers can face discrimination and “are often devalued and disempowered within the societies where they have sought safety” (Blackburn, 2005, p. 98). In their 2006 study, Rees and Pease found that women had been “physically assaulted, which included being spat on and having head scarfs (Hijabs) torn off them” (Rees & Pease, 2007, p. 36–37). Indeed, heightened security across the world in the years since 9/11 has served to exacerbate racism in refugee camps and in the new country (Global Migration Group, 2008; Poynting & Perry, 2007).

Practice note

As a consequence of such awareness and understandings, the practitioner’s viewpoint must reasonably take into account the probable physical, mental and sexual health conditions that often result from the experience of being refugees, immigrants and survivors of sexual violence, as well as the ongoing threat of violence against them. The combined effect is to further reduce the likelihood of women accessing support services.

Cultural values and diverse understandings of sexual violence

Sexual violence is perpetrated against women and girls throughout the world. There are significant differences in the forms of violence perpetrated. There is even greater diversity in the way violence itself is perceived, understood and incorporated into individual women’s world-views. These views are influenced by factors such as the environment, social attitudes and cultural values. The necessity

to comprehend the violent experience within the environmental and social contexts constitutes the victim/survivor's basic need in seeking support (Ostapiej-Piatkowski & McGuire, 2008). Our work with immigrant women indicates that these understandings undergo significant challenges when the environment alters rapidly and the victim/survivor is placed in a terrain that does not offer confirmation of their previously integrated world views.

Some refugee and immigrant women do not see sexual violence within marriage as a “real” crime, or they may hold a sense of obligation to stay in the relationship due to religious beliefs or traditional attitudes and rules developed during their upbringing:

[There may be a] strong pattern of socialisation of young girls, communicated both verbally and modelled by mothers and grandmothers, that girls and women have to obey and conform to those traditional rules. (IWSS, 2005, p. 9)

In such clashes of cultural understanding, practitioners report not knowing how to respond to women from CALD backgrounds who are experiencing violence because of the practitioner's desire to maintain cultural sensitivity (Ostapiej-Piatkowski & Anne, 2009) and a fear of offending (Stewart, 2005). It was as if they could only confidently respond to violence when it happened within their “own culture” (Ostapiej-Piatkowski & Anne, 2009). Pittaway and Rees (2005–06) write that health practitioners often construct domestic and other violence as “culturally normal and therefore beyond the critique of Western cultural imperialists” (p. 21). Yet others argue that there is no cultural justification for the violation of human rights and that cultural differences should not lead to excuses and inaction (Rees, 2004).

Support needs of women from CALD backgrounds



Practitioners report not knowing how to respond to women from CALD backgrounds who are experiencing violence because of the practitioner's desire to maintain cultural sensitivity.

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 information in an accessible format. Behind its apparent simplicity, effective service delivery is deceptively complex.

Women who have survived sexual violence, torture or trauma may have restricted abilities to deal with everyday challenges of life, such as settlement, adjustment, education and family, let alone access therapeutic help. It may seem impossible for them to move on with their lives, particularly when they are no longer in “survival mode” and have the “freedom” to connect with past memories in a country that offers different levels of physical safety.

Many practitioners find that the first step in supporting a victim/survivor from a CALD background is to assist in coping with “the psychological effects of living in that prolonged uncertainty” (Blackburn, 2005, p. 98). “Trauma memories” are flashbacks to times that most violated personal integrity:

The thoughts, feelings and physical sensations of the moment are re-experienced in the present. These memories stand outside normal memory and are not integrated with what the person knows now. As a result, they keep the guilt, shame, humiliation, anger, fear, dissociation, helplessness or horror fresh and alive. The person is assaulted by them whenever the trauma memories intrude and this disconnects them from the reality of who they are now. (Blackburn, 2005, p. 99)

Blackburn (2005) suggested that a beneficial approach to take with clients facing trauma memories is to focus on reconnecting to the “preferred sense of self” and integral values. Therapists are obliged to listen to the “unspeakable” (Blackburn, 2005). How else can people unlock the trauma? If we refuse to listen, “this has the effect of maintaining the conspiracy of silence and the stories continue to be unspoken” (Blackburn, 2005, p. 98). This brings into consideration the issues of responsible counselling or contact, self-awareness, self care, and capacity to sit with the woman at her own pace and on her own terms rather than those of the practitioner. The understanding of the relationship

between the “logic” of thinking and culture is crucial and, if not attended to, may result in serious misunderstandings and conflicts (Gilbert, 2006).

Issues for counsellors in providing effective support

Work with women from CALD backgrounds brings counsellors face-to-face with hidden scars, diverse world-views and personal experiences melded with the cultural heritage and spiritual beliefs women hold closely while trying to make sense of their new environment. During such work, cultural competency is not only a valuable tool to draw upon but emerges as an absolute necessity (National Centre for Cultural Competency, 2006). It is often at those times of professional struggle that IWSS receives inquiries in relation to cross-cultural practice and requests for resources.

There is no doubt that the work required while supporting victim/survivors of sexual violence is at times challenging and intense. The complexity of the work with those who cannot express themselves through the same “logic” and language as the practitioner (Gilbert, 2006) can be both personally challenging and professionally frustrating.

For example, the issue of rape within a marriage is a concept that may not find recognition in minds of many women from CALD backgrounds. It does not mean, and should never be confused with, an inability to recognise the violence occurring within such contexts. It points, however, to a world-view that does not include options for women who experience sexual violence perpetrated by their husbands or intimate partners.

It is evident that such situations pose a challenge when self-identification as a victim of sexual violence is expected, yet any disclosure would need to be facilitated by new knowledge influencing changes in prior views related to sexual violence. The question often posed is whether the victim/survivor herself would be seeking support in relation to abuse that she has not named as such, and whether it is appropriate to name the violence where it has not been named.

Most women from CALD backgrounds with whom we have contact have been clear about the traumatic reactions and impact that such experiences have had on their lives. However, while a few women considered those reactions to be natural and acceptable, our experience is that most women struggle to justify and, more often than not, are disturbed by their own very natural responses to sexual violence while holding world-views based on the doctrine that “a woman’s body belongs to her husband”.

In such situations, the support most frequently sought by women was focused on how to “fix” themselves and the reactions that they perceived as “inappropriate”. It is common for women from CALD backgrounds at that point to seek medical advice and/or spiritual counsel from community elders or a spiritual leader. A counsellor or sexual assault practitioner may not necessarily be the first option that is considered when seeking assistance.

Multicultural framework for practice

It is essential to abstain from attitudes that favour the Western way of life and implicitly judge others’ culture as “inferior” or “cruel”. Practitioners should be aware that such insinuations may contribute to minimising a woman’s perception of self-efficacy and life achievements, in addition to being offensive towards the woman’s community and culture. It should be recognised that the Western way of life and the values on which it is predicated are just one way of framing the world and our behaviour.



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Practice note

Refraining from making assumptions and listening with an open mind are two of the fundamental skills of facilitating appropriate rapport and understanding on the practitioner's side. Essential practice constitutes a mindfulness that the Western way of life applies to only a few cultures, and that people, particularly those from CALD backgrounds, might hold different perspectives on life (Gilbert, 2006). The possible divergence of these perspectives from those commonly accepted in Australia should not be judged as "ignorant" or "wrong"; rather, it should be considered as an indication of areas for possible education about Australian laws regarding violence and their approach to issues of human rights.

Barriers in accessing support

Personal barriers

The time, circumstances, and manner of disclosure that refugee and immigrant women choose might be different from those considered "typical" or expected by mainstream practitioners. The first attempts at disclosing—often not consciously intentional—may appear as related to secondary issues such as physical health, legal issues, and difficulty to learn English or inability to concentrate. Consequently, disclosures might take place while the victim/survivor attends doctors' appointments or while seeing a lawyer, settlement worker or English language teacher.

Specific personal barriers for women from CALD backgrounds who are survivors of sexual violence include:

- failure to recognise sexual violence;
- physical and emotional isolation;
- cultural barriers such as spiritual beliefs, rituals, traditions and world-views, among others;
- fears about breaches of confidentiality; and
- residency status and access to income support (Allimant & Anne, 2008; Rees & Pease, 2007; Taylor & Putt, 2007).

Personal fears

It is our experience that women have a legitimate fear of reprisal or escalating violence if they speak out against sexual abuse and/or domestic and family violence. This may be associated with fears of being disbelieved or blamed, and possible exclusion or persecution from their community.

Additionally, there may be well-founded fears of authority such as police, courts and the legal system in Australia, particularly for women where state-sanctioned oppression was enforced in their country of origin. Past experiences of torture and trauma restrict women's confidence in some environments (Allimant, 2005; Allimant & Anne, 2008).

Communication barriers

Literature and our own experiences inform us that there have been situations where women may have wanted to disclose an experience, but the barrier of language or the fact of having a relative and/or child present as an interpreter stopped them from proceeding (Bonar & Roberts, 2006). A further consideration is situations where women are not literate in their own language and will need to be given information verbally (Allimant, 2005).



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Stigma associated with speaking out in relation to abuse

Our work informs us that women from CALD backgrounds consider their experiences of sexual violence as shaming them, and therefore may not consider disclosing and seeking support. At a family and community level, sexual violence by a husband may not even be recognised as criminal behaviour. If a woman was to seek help—for example, for sexual violence by her husband—she may fear the subsequent loss of her relationship and her family as the crime may not be recognised by her community (Nesci, 2006; Rees, 2004; Taylor & Putt, 2007). Furthermore, there is a strong stigma associated with seeking therapeutic help in many cultures (Blackburn, 2005) and a woman may be pressured to avoid bringing shame upon the family and the community (Lay, 2006; Rees & Pease, 2006; Sokoloff & Dupont, 2005; Taylor & Putt, 2007). In counselling and while undertaking assessments, we have heard women from various cultural backgrounds commenting on the pressure they felt not to report to authorities nor share their experiences with others. Women often comment that they would “rather be killed” than have their experiences and contact with a sexual assault service disclosed publicly in the community. Some women, especially young women, may feel that they have no choice but to remain silent. For these women, the thought of being ostracised from their families, guardians and community is “very hard or impossible” to bear, and would lead to them being further disrespected on all levels.



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Knowledge of rights and access to information

Despite extensive community education, women from CALD backgrounds who access IWSS are not familiar with our Sexual Assault Program. It is neither unusual nor surprising that women do not give much attention to information about specific services unless there is some recognition of the service’s possible usefulness for themselves, or for someone known to them. Sexual assault-related programs are often not part of those support services openly discussed among women from CALD communities.

While the risks of sexual assault and domestic violence for some women from CALD backgrounds are increased because they are isolated from the support and protection of their own families in their country of origin, others may be freed from violence because of their husband’s fear of the Australian law (Rees & Pease, 2007). This reveals the importance of the dissemination of appropriate information to all new arrivals in this country about the law that attempts to protect the safety and dignity of people in Australia.

Systemic barriers in accessing support

A service may unwittingly appear unwelcoming or intimidating. The service image portrayed through front-of-house staff or promotional material may not reflect the cultural diversity that exists in the community itself. For example, the employment of staff from CALD backgrounds may not be evident, and the service may not provide information in appropriate languages. While there are limited resources available to ensure that these aspects of service delivery are met, it is a critical reality that requires further discussion in a separate forum.

Language

The language barrier is immense when services cannot or do not deal with it effectively. Services do not meet language requirements when they:

- do not readily engage professional interpreters;
- engage inappropriate interpreters;
- engage interpreters with the wrong language or dialect;
- do not consider the gender of the interpreter; or
- use children, friends and partners of victim/survivors (who may be perpetrators) as interpreters.

Informed understanding

It is of great concern, and unfortunately not a rare occurrence, when women are asked to sign forms without understanding the content, or have serious processes undertaken without understanding the consequences. One example from our practice experience at IWSS demonstrates this:

A woman arrived in Australia to join her husband; within weeks she was taken to a GP where her husband and mother-in-law acted as interpreters. She later presented to IWSS because of domestic violence and in the assessment she showed the worker what happened at the GP: she had been implanted with a contraceptive device—IMPLANON—without her knowledge or consent.



Some of the broad spectrum of comments that point to racism, discrimination and lack of cross-cultural understandings include inappropriate questions about family structure, spiritual beliefs or parenting; or workers stating that the family has “been here long enough to speak English”.

Racism and discrimination

Perhaps a more intangible systemic barrier is the experience of racism and discrimination from workers in agencies. Such attitudes effectively serve to hinder women’s access to services and support when needed. Workers at IWSS have often observed inappropriate responses to women made by mainstream workers. Some of the broad spectrum of comments that point to racism, discrimination and lack of cross-cultural understandings include inappropriate questions about family structure, spiritual beliefs or parenting; or workers stating that the family has “been here long enough to speak English”.

Systemic barriers and workers’ practice frameworks may actually compound the personal experiences of immigrant women, particularly when reporting domestic and family violence and attendant sexual assault and rape.

Considerations for engagement

Individual women experience violence against them differently (Lay, 2006; Ostapiej-Piatkowski & McGuire, 2008) and violence may be understood differently in different cultures (Sokoloff & Dupont, 2005). The sense of powerlessness that inhibits recovery for women from CALD backgrounds can be addressed by workers assisting them to regain a sense of control one step at a time. The initial steps may be assistance with such basic needs as income support or housing, or with the legalities of remaining in the adopted country.

It is misguided to suggest that it is best to “match” the ethnicity of a victim/survivor with a counsellor or worker. While it is true that some women might engage successfully with a worker only when she shares the same cultural knowledge and language, and knows her community, other women may actually seek out or engage with a worker who does not belong to her community nor share her ethnic background. Additionally, some women are more likely to access a service when they know a worker, even when the issue they are facing is not addressed by the service. Fundamentally, the most supportive approach is one in which the worker can demonstrate that she values the woman’s knowledge and life experiences (Nesci, 2006; Rees, 2004; Rees & Pease, 2007; Taylor & Putt, 2007).



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Self-reflection/self-awareness

The National Centre for Cultural Competence (NCCC) and various Ethnic Communities’ Councils in Australia have identified the practices of self-reflection and self-awareness—both organisational and individual—as a vital component of cultural competency (NCCC, 2010; Ethnic Communities’ Council of New South Wales, 2006; Ethnic Communities’ Council of Victoria, 2006; Ethnic Communities’ Council of Queensland, 2010).

Cultural awareness impacts our own personal functioning. Through exposure to other cultures, self-observation and reflection, we can come

Practice note

An important aspect of the cross-cultural engagement process from the outset is the clarification of roles and expectations. It is critical to first explain the role of the service and/or practitioner to a potential client in a simple and clear way. One needs to be mindful of the fact that some services are part of institutions, and therein might provoke diverse emotional responses. People's experiences of authority and institutions vary from very traumatic to ambiguous. It is easy to make the assumption that once the sexual assault victim/survivor has had some contact with the police and/or court, or other authority institutions, there is no further need for clarity of expectations. However, our experience shows that more often than not, the fear of institutions and authority is present regardless of how much contact the victim/survivor has had with that authority. It is therefore important to clarify one's role and reason for contacting the client, as well as address any expectations held by the client. The information may need to be delivered a number of times in the various contact sessions as the woman may likely forget and/or be confused.

to know ourselves as cultural beings—observing our personal variations in behavior and attitude in different situations—and have a greater ability to learn and change over time (NCCC, 2010).

Self-awareness is defined as having an understanding that one exists as an individual, who is separate from others and has unique thoughts. It also includes the understanding that others are self-aware and have their own unique thoughts. The concept of self-awareness refers to a personal understanding of one's own identity and it describes a state of being where we are as close as possible to knowing ourselves objectively. Self-awareness is the “key to understanding our own behaviour and reactions” (Ethnic Communities' Council of New South Wales, 2006).

Self-reflective practice is of paramount importance when working with diversity and ought to hold a significant place in one's professional development curriculum. Indeed, self-awareness provides a necessary foundation to being comfortable with and respecting difference. Self-reflection within the context of cross-cultural work requires us to consider how our beliefs, values and ways of being have been influenced by the culture in which we live. Consequently, how do these beliefs and values inform our words and actions and in what ways are these inclusive or exclusive of others, particularly those from culturally and linguistically diverse backgrounds (Allimant, Martinez, & Wong, 2006; Ostapiej-Piatkowski & McGuire, 2008)?



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Flexibility

Flexibility is paramount when working with women from CALD backgrounds. Practicing flexibility includes:

- being with the woman and accepting her world-views and sense of place;
- being an educator as well as counsellor (this does not make the counsellor directive, but embraces the need of immigrant women who may struggle with the understandings of both practical and factual information); and
- adequate allocation, by the organisation, of time for practitioners' interventions that take into account the dynamic of working with an interpreter.

Engaging professional interpreters

Engaging professional interpreters cannot be overemphasised. It is crucial to attend to it carefully. Ensure the gender of the interpreter is appropriate. Check with the client to see if she prefers



IWSS strongly advocates for services to only use professional interpreters because lack of adherence to the principle of engaging professional interpreters might result in confidentiality breaches and misunderstandings.

a particular interpreter or, similarly, prefers to avoid particular interpreters. Ideally, the interpreting service would be featured in all promotional material produced by each service provider (in appropriate languages for the community as well as in English).

There may be no professional interpreters available in a given language, as is the case for many new emerging communities. Nevertheless, IWSS strongly advocates for services to only use professional interpreters because lack of adherence to the principle of engaging professional interpreters might result in confidentiality breaches and misunderstandings. The stigma and consequences of being identified as the victim of sexual assault in some cultural groups could have impacts not only on the victim herself but the family and significant others. This may result in being ostracised from the community, which might otherwise be the only social support available at that time. Concerns in relation to confidentiality are nearly always present—particularly with smaller and emerging communities—and need to be addressed as a priority.

Cross-cultural skills and competencies

Advanced cross-cultural skills and competencies are vital for successful engagement with diversity. Organisations should invest in this through organisation-wide training and policies. At an individual-worker level, it is recommended that practitioners:

- have broad understandings of migration experiences for CALD women;
- thoroughly understand the woman's presenting situation through confidence in working with interpreters;
- understand the role of family and communities in CALD women's lives; and
- have access to adequate supervision with a cross-cultural framework to ensure ongoing reflective practices.

Resources in community languages

In relation to written information, it is recommended that services are mindful that:

- literacy levels of many women from CALD backgrounds are limited in both English and their own language;
- written information needs to be explained and contextualised, as its content and the unknown expectations related to it may bring on anxiety;
- explanations of written information need to be clear and concise;
- it is valuable to highlight relevant contact details and clarify their relevance to the woman;
- complex or new information might lead to confusion; and
 - it may not be appropriate, in terms of confidentiality, to send information to the client's home.



The influence of factors such as social status, education, family structure, age, gender, settlement, grief and loss, torture and trauma, the migration process and physical and mental health cannot be overemphasised.

Conclusion

This Wrap brings into the forefront a number of considerations for practitioners when working with women from CALD backgrounds who may be living with experiences of sexual violence in their lives. Cultural aspects are very important in understanding each woman, yet it is crucial to remember that the aspects of any given culture will be reflected differently in each and every individual. The influence of factors such as social status, education, family structure, age, gender, settlement, grief and loss, torture and trauma, the migration process and physical and mental health cannot be overemphasised. Each of these

factors will impact on how the individual woman responds to her experiences of sexual assault and therefore how the practitioner can offer effective services.

It is our experience that each contact with a woman, whether it be face-to-face or via the telephone, is a precious window of opportunity. It is often the first, and might be the only, occasion to impart information, clarify a perception related to violence, or potentially influence a change on an individual, family or community level. The power induced by such opportunities requires the practitioner to not only give the issue appropriate attention, but also understand their responsibility in the situation and not take the privilege lightly.

Immigrant Women's Support Service

The service

The IWSS is the only service in the state of Queensland that works specifically with women from NESB and their accompanied children in relation to issues of violence experienced at any point in their lives. The IWSS provides culturally and linguistically sensitive services that include counselling, advocacy, court support, immigration information, referrals, and practical and emotional support to women and their children. The IWSS Sexual Assault Program also acts as a state-wide resource service and provides community education and training to the multicultural sector and service providers generally as part of its service delivery.

The authors

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Annabelle has worked in settlement, torture/trauma and sexual assault counselling, rehabilitation and other projects. These roles have deepened her understandings of crucial issues for families and individuals from CALD backgrounds and the difference a supportive and well informed client-practitioner relationship can make to long-term adjustment in Australia. Annabelle is originally from Chile and identifies her practice to be informed by her personal, professional and researched experiences. Annabelle has an interest in issues of violence for women and has been the National NESB representative in WESNET, and held a position on the Ministerial Advisory Council for Domestic and Family Violence in 2008–09. She has been a member of a multicultural NGO's Board and was the Director of IWSS for a number of years. Annabelle currently works within the Mater Health Services in Brisbane where her knowledge and understanding of CALD issues continues to be relevant in that environment.

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