

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

Report on Auckland workshop for ethnic, migrant and refugee stakeholders

Background

- 1 On 8 November 2007, the Ministry of Women's Affairs (MWA) held a workshop in Auckland to discuss its sexual violence research project with representatives of ethnic, migrant and refugee (EMR) communities. The workshop was organised with the support of staff from the Ministry of Social Development's 'Settling In' programme.
- 2 The purpose of the workshop was to outline the project's scope and aims and to hear the views of EMR stakeholders on the project. The agenda is attached at Appendix A. Ten representatives from EMR communities and advocacy organisations participated (Appendix B).
- 3 After a round of introductions, the Research Manager, Dr Denise Lievore, gave a presentation on the prevalence and nature of sexual violence against adults in New Zealand. The presentation focused on what we know about sexual violence against EMR peoples and provided an overview of the project's objectives and approach.
- 4 The discussions centred on:
 - culture-specific issues
 - raising conversations about sexuality/sexual violence with EMR communities
 - conducting the research.

Summary of key themes

Culture-specific issues

- 5 The participants highlighted that sexual violence is a very sensitive issue for women and men in EMR communities. Any initiatives in this area would need to start at a grassroots level. The following points were salient here:
 - Working with women should be a priority: women in some EMR communities are used to being battered and treated as a 'doormat'.

- Teen pregnancy and sexual violence are often related.
 - The impact of pre-migration sexual violence must be taken into account.
 - It is necessary to look at the causes of sexual violence, such as alcohol and settlement issues, including difficulties adapting and under-employment.
- 6 EMR victims do not often report sexual violence to police or approach counsellors in a crisis as they may not trust the police because of pre-migration experiences, or because they are afraid of losing face in the community. It is necessary for police, and particularly female officers, to build trust among the community. Participants suggested this may be an issue for the research project and/or the Taskforce for Action on Sexual Violence (TASV) to consider.

Raising conversations about sexuality/sexual violence with EMR communities

- 7 The term 'culture' is often misused and degraded, rather than being understood as a values-based word. Participants rejected the view that violence against women is culturally acceptable in some EMR communities. Instead, they asked what gave men the right to violate women and use culture as an excuse. Challenging communities about cultural tolerance of violence will not encourage discussion, whereas a strength-based approach is more likely to be acceptable.
- 8 The participants noted that it may be useful to couch the issue as a criminal justice matter. EMR communities want to know about New Zealand laws, and this could help to introduce the topic. They stated that EMR communities need to know that sexual violence is against the law.
- 9 Refugee orientation programmes are piloting approaches to raising awareness of family violence and sexual violence. These include an initiative by Auckland University of Technology and Refugees as Survivors New Zealand, which is currently targeting women. The programme will be implemented for men in 2008. However, participants noted that Mangere was not necessarily the best setting for a discussion of sexual violence as recent refugees already have quite a lot going on in their first few weeks in the country.
- 10 Women from EMR communities often refuse counselling and prefer not to discuss their past. The participants discussed some barriers to EMR women talking about sexual violence or engaging in counselling.
- Not all communities consider sexual violence a crime, particularly between partners.
 - Culturally, it is sometimes not appropriate to talk about sexual violence.

- There are often prohibitions against speaking about rape within marriage. Shame is a particular issue.
 - Many refugee women have experienced multiple victimisations in their lives. They find this very difficult to discuss.
 - Counselling is a western concept that is often foreign to EMR women. Pathways to healing might be quite different in EMR communities and may include spiritualism, for example.
- 11 The participants suggested that raising conversations about healthy sexuality may be easier if young adults were targeted. An example of such an approach is the BodySafe programme developed by Rape Prevention Education. For secondary students, it may be necessary and/or appropriate to approach families rather than individual students.
- 12 Some participants felt that the research would not be robust if communities were not ready to talk about it. A range of ideas were put forward.
- An initial step could involve meeting with community leaders to promote knowledge and awareness of the issue before beginning the research. There was a feeling that one-on-one conversations with community elders/leaders would open many doors.
 - The TASV's 'raising conversations' work would be important in this regard. Funding is needed to start community conversations.
 - It would be useful to provide information in people's own language.
 - Ethnic radio could be used for discussions on men's issues.

Conducting the research

- 13 There is a need to think outside the box and to approach EMR communities to see what will work for them. For example, Rape Prevention Education found a pamphlet for EMR communities was more acceptable when the topic was obscured from plain view. They also found that a light blue colour was acceptable to most ethnic communities.
- 14 Non-traditional research methods may be more likely to encourage EMR victims to communicate their experiences. They may include the use of metaphors, or non-verbal methods, such as drawings of the body. This is particularly important:
- for second-language learners, who may lack fluency in English
 - in communities that do not have a language for talking about sexual violence and

- when victims do not trust interpreters to respect confidentiality.
- 15 The way the research is framed will have an impact on participation, particularly on interviews with victims. The word 'rape' should not be used. While talking about 'sexual violation' is acceptable in some communities, it may deter others from taking part.
 - 16 People are more likely to become involved in research framed along the lines of 'health and safety', 'lifestyle', or 'protecting the body'. The participants also commented that it would be easier to talk about family well-being, rather than women's individual well-being.
 - 17 Another option would be to survey the larger EMR community on a related topic, in an anonymous and confidential way, rather than surveying victims only, as the sample might be too small.
 - 18 Pākehā and other women's perspectives should be included to avoid the perception that the research project is singling out EMR communities.
 - 19 Participants suggested that ACC Counsellors, or professional bodies such as the New Zealand Association of Counsellors or the New Zealand Association of Psychotherapists might facilitate interviews with victims. Interviews must take place in a safe environment and could include the counsellor together with the researcher and client.
 - 20 There were mixed views as to whether sufficient information on victims' needs could be gained through the key informant survey. While some endorsed the idea, others felt the research would miss a lot of information, as there are so few ethnic service providers. Other key informants suggested included ARMS, the migrant women's information centre, the Citizens' Advice Bureaux, Auckland Sexual Abuse HELP, Refugees as Survivors, ethnic boards, Shakti, the Auckland Latin American Women's Refuge, Preventing Violence in the Home, SafeNET, and WAVES.
 - 21 Participants were very keen for the project to provide data on ethnicity and victimisation. It was noted that current data collection methods do not allow for analysis based on ethnicity.
 - 22 There is close to zero chance of talking to male survivors in EMR communities. It would be best to go through community leaders, but time and resources would be needed.
 - 23 Working with male offenders is most effective in small groups, where they can be challenged in a therapeutic environment.

Agenda

Effective Interventions for Adult Victims of Sexual Violence Stakeholder Workshop for Ethnic, Migrant and Refugee Communities

Thursday 8 November 2007

Agenda

Objectives

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

Time	Task
10.00 am	Welcome / karakia / mihi (Sonya Rimene)
10.30 am	Effective interventions for adult victims of sexual violence project (Denise Lievore)
11.00 am	Discussions on these topics:
	Defining key terms: <ul style="list-style-type: none"> • diverse groups • understandings of sexual violence
11.30am Morning tea / light lunch	In terms of this research project, what are the particular interests and priorities of ethnic, migrant and refugee communities?
	How can we engage with people from your ethnic or cultural group? What challenges and sensitivities might exist?
	How do we understand 'culture' in relation to sexual violence?
	How can we raise conversations about healthy sexuality and sexual relationships in ethnic, migrant and refugee communities?
	How do ethnic, migrant and refugee victims of sexual violence go about seeking help?
	Are there other important issues we haven't addressed?
1.00 pm	Summary of key points
	Conclusion

Participants

Non-government organisations

RMS Refugee Resettlement
Counsellor (private practice)
Rape Prevention Education
Counsellor (private practice)
Auckland Regional Migrant Services
Waitakere Ethnic Board

Government Agencies

Ministry of Women's Affairs
Ministry of Justice
Ministry of Social Development
Auckland District Health Board

Apologies

Shakti
Asian and Migrant Health Centre, AUT
Ethnic Voice
Office of Ethnic Affairs
Waitakere Anti Violence Social Services
Refugees As Survivors
Chinese Student Association
Somali Community
Chinese Community Centre
Auckland Refugee & Migrant Centre
Migrant Action Trust