

# Family violence – information for Aboriginal and Torres Strait Islander women

The Royal Women's Hospital Fact Sheet / [www.thewomens.org.au](http://www.thewomens.org.au)



the women's  
the royal women's hospital  
victoria australia

**The information in this fact sheet aims to raise awareness of family violence issues for women in Aboriginal and Torres Strait Islander communities. It also talks about seeking help, where to go, who to contact and what happens when you talk to a health professional about your situation.**

## What we mean by family violence

Aboriginal and Torres Strait Islander women don't use the term 'family violence' easily. You might say "we had an argument" or "he was acting up". Often though you might be describing situations in which you were really frightened, or you felt abused or threatened or forced to do things you don't want to do.

As women, we might want to stay silent about what is happening to us:

- because we don't want to believe it is happening to us
- because talking about it might lead to life changes that are also very frightening
- because we are scared of how our partner/family member (the perpetrator) will respond
- because we want to keep quiet to protect our family and community.

## Describing violence

Violence is any behaviour that makes you feel scared, sad, isolated or disconnected from your family, community or your mob. It is behaviour that makes you feel worthless. Violence is also behaviour that threatens the safety, security and wellbeing of your children.

### Violence is

**Physical** – hitting, punching, slapping, pushing and aggression (screaming and yelling).

**Sexual** – rape or forcing you to have sex, forcing you to do sexual acts you don't want to do, unwanted sexual comments or touching.

**Emotional or psychological** – putting you down, making you feel stupid, telling others you are useless or stupid, commenting on your physical appearance, swearing at you and calling you names.

**Controlling** – stopping you from being with your family or friends, not allowing you to participate in your community or religious and cultural events.

**Economic** – keeping money from you, not allowing you to have money of your own.

**Coercive** – using their power over you to get you to do things you don't want to do.

Family violence is the most common form of violence that women experience.

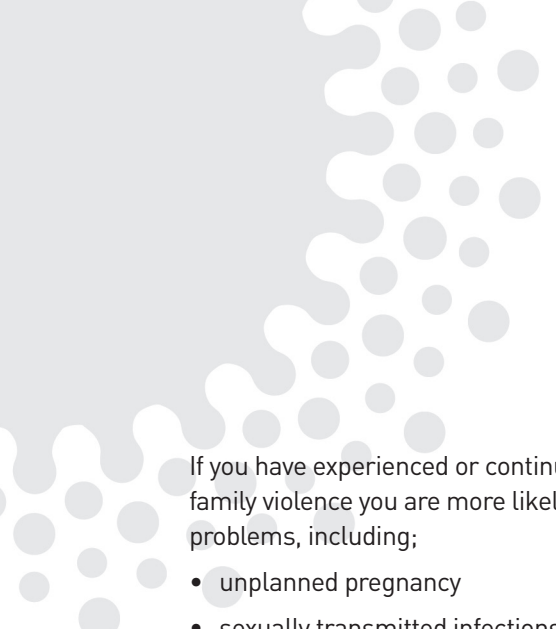
## Family violence is bad for your health

Family violence is the biggest cause of preventable disease and death in women<sup>1</sup>. In Victoria it is the biggest reason for early death, disability and illness in women between the ages of 15 and 44. It is also the biggest contributor to depression and anxiety in women<sup>2</sup>.

Family violence can have serious and long-lasting effects on your physical and mental health. It can affect your social situation, your friendships, your ability to work and be involved in your community and your financial circumstances. This of course can affect your family and your community.

## The health effects of violence

**'...we need to work with women to understand what violence is – the health impacts of violence – we need to get those messages to women so that they understand all of what violence is and can be empowered to take action.'**<sup>3</sup>



If you have experienced or continue to experience family violence you are more likely to have health problems, including;

- unplanned pregnancy
- sexually transmitted infections, including HIV
- heavy periods and period pain
- tummy pain
- problems with eating
- problems with getting pregnant and pregnancy complications
- anxiety and depression
- flashbacks, sleeping problems and nightmares
- phobias and panic attacks
- traumatic and post-traumatic stress disorders
- cancers
- eating disorders
- smoking, drinking and taking drugs (illegal drugs and prescription drugs)
- self-harm and suicide
- physical and emotional harm to children
- illnesses and pain that are ongoing such as asthma, heart disease, obesity, stroke, blood pressure and unspecified pain.

Family violence also has impacts the physical and emotional health of your children.

**Traditionally, violence against women has never been a part of Aboriginal and Torres Strait Islander culture and is contrary to Aboriginal and Torres Strait Islander people's lore.**

## **Violence in Aboriginal & Torres Strait Islander communities**

**'Good to show women that other people in our mob don't like it – it's been silent for so long so it's good that we are acknowledging it.'**

In Aboriginal and Torres Strait Islander communities it is hard to single out one particular cause or reason for family violence because the reasons are very complex.

Aboriginal and Torres Strait Islander women are between three and 40 times more likely than non-Indigenous women to be victims of assault, are 35 times more likely to be injured and hospitalised as a result and are 10 times more likely to be killed by their partner than non-Indigenous women.

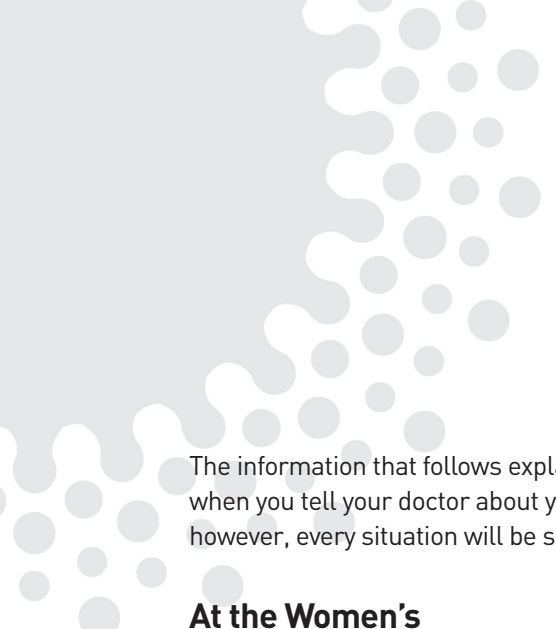
### **Silent business**

**'Hospitals have too much of a connection to police and welfare. And our mob worries especially about that. As soon as you hear (questions about violence) the alarm bells go off.'**

An estimated 10% (10 in every 100) of family violence incidents in Aboriginal and Torres Strait Islander communities are reported to police, with some Aboriginal and Torres Strait Islander women believing that it is almost impossible to report violence perpetrated by family members.

All women, Aboriginal and Torres Strait Islander included, fear shame, reprisal or being ostracised by their community if they report violence. But Aboriginal and Torres Strait Islander women have additional concerns about reporting violence to authorities or seeking help from health services. These concerns are deeply rooted in history and the fact that hospitals were once instrumental in removing babies from Aboriginal families. Aboriginal and Torres Strait Islander women will still encounter racism and disbelief from individual staff in hospitals, and there will always be a risk that the perpetrator will not be adequately punished or child protection will be contacted about the welfare of your children. For this reason, the Women's is committed to improving staff education and awareness about family violence and about cultural issues.

To support you and to ensure you feel safe, the Women's acknowledges the need to work in partnership with and to build and maintain strong trust relationships with the Aboriginal and Torres Strait Islander community.



The information that follows explains what “happens” when you tell your doctor about your situation; however, every situation will be slightly different.

## **At the Women’s**

### **If you tell us you are currently experiencing violence**

If you tell the doctor or health worker that you are experiencing violence they will ask you a number of questions to find out what support you might need. The doctor or health worker will ask you about whether the violence is ongoing. They will want to know if you or your children are in immediate danger.

### **If the violence has stopped and you are in no danger of violence continuing**

If you have experienced violence in the past the doctor or health worker will be concerned about how it is affecting your health now. The impacts of violence can last a very long time. Many women will still be having health problems because of violence they experienced many years ago. The doctor or health worker will work with you around your current health issues and make sure that any current treatment you need is done with sensitivity.

**Health workers are bound by the rules of privacy and confidentiality. Anything you tell the doctor or midwife about your past experiences of violence will be confidential. However, if you or your children are in immediate danger health professionals have to, by law, discuss your safety with other professionals; this will be done with your involvement where possible.**

### **If the violence is still happening**

The doctor or health worker will want to help you be as safe as possible. If you do not feel safe, they will refer you to a social worker or family violence worker, who will support you with information and decision-making.

## **Support services and contact numbers**

### **Dial 000 in an emergency**

### **If you are a patient at the Women’s**

#### **Badjurr-Bulok Wilam**

The Aboriginal workers from Badjurr-Bulok Wilam provide a holistic service to Aboriginal and Torres Strait Islander patients and their families attending the Women’s.

**T:** (03) 8345 3048 or (03) 8345 3047

#### **Social Work**

The Women’s social workers are able to help women experiencing family violence with accessing support services and legal advice.

Questions to ask the social workers.

- How can social work assist and support me and my family?
- What support is available?
- How can I protect my children and myself?
- Where will I live if I decide to leave?
- What will I do about money?
- What are my legal rights?

**T:** (03) 8345 3050

#### **Consumer Advocate**

The consumer advocate wants to hear your feedback including complaints that you have with staff or services at the hospital. When we receive complaints we act on them immediately to make improvements. We always take complaints seriously. Making a complaint will not impact on negatively your care or the care of your baby. You can even make the complaint after you leave the hospital if you like.

**T:** (03) 8345 2291 or 8345 2290.

## Family violence and legal support for Aboriginal and Torres Strait Islanders

### Elizabeth Hoffman House

Aboriginal Women's Services **T:** (03) 9482 5744

**Aboriginal Family Violence Prevention & Legal Service (FVPLS Victoria)** Freecall 1800 105 303 (9am–5pm) or **T:** (03) 9244 3333. Legal advice, counselling, information, referral & support.

### Victorian Aboriginal Legal Service

Freecall 1800 064 865 or (03) 9418 5999 (24hrs)

### North Melbourne Legal Service (NMLS)

You can call NMLS on 9328 1885. An appointment with their outreach lawyer can be arranged through the Women's Social Work, call **T:** (03) 8345 3050.

## Housing, money and community support for Aboriginal and Torres Strait Islander women

### Centrelink Indigenous Phone Service

**T:** 13 63 80

### Ngwala Willumbong

Indigenous Housing Network and Support Services

**T:** (03) 9510 3233

## Crisis support for all women

Questions to ask the crisis support workers.

- What happens if I leave now, what are my options?
- Where can I go?
- How long can I get accommodation for?
- Can my children come?
- What will I do about money?
- Will he find me?
- Will we be safe?
- What support is there to help me to leave?

## Safe Steps

Freecall 1800 015 188 (24hrs)

## Sexual Assault Crisis Line

Freecall 1800 806 292 (24 hrs)

## Centre Against Sexual Assault (CASA House)

**T:** (03) 9635 3610 **Fax:** (03) 9663 9742

**E:** casa@thewomens.org.au

## Support for children

### Kids Helpline

Freecall 1800 551 800

### Online information for young people:

[www.burstingthebubble.com](http://www.burstingthebubble.com)

## Pack a 'Go Bag' so that you can leave quickly, include:

- important documents such as passports, birth certificates and other identification documents
- medications
- change of clothes for you and your children
- money
- keys
- favourite toys/books.

## Teach your children to dial 000 in an emergency.

### References

- 1 VicHealth (2007, reprinted in 2010), The health costs of violence, Measuring the burden of disease caused by intimate partner violence.
- 2 Ibid
- 3 Quote from a community consultation with Aboriginal and Torres Strait Islander women.
- 4 Ibid
- 5 Ibid

**Disclaimer** The Royal Women's Hospital does not accept any liability to any person for the information or advice (or use of such information or advice) which is provided in this fact sheet or incorporated into it by reference. We provide this information on the understanding that all persons accessing it take responsibility for assessing its relevance and accuracy. Women are encouraged to discuss their health needs with a health practitioner. If you have concerns about your health, you should seek advice from your health care provider or if you require urgent care you should go to the nearest hospital Emergency Department. © The Royal Women's Hospital, November 2012