The Australian Muslim Women's Centre for Human Rights

working with Muslim women on the effects of **family violence and child sexual abuse on children**

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Equality without Exception

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Our Strategic Intent

The Australian Muslim Women's Centre for Human Rights (AMWCHR) is an organisation of Muslim women working to advance the rights and status of Muslim women in Australia.

We believe Muslim women must be the impetus for change in their status as citizens.

The Australian Muslim community is characterised by diversity and hybridity, and not by a binding vision of Islam or what it means to be Muslim. We are therefore a non-religious organisation reflecting the sectarian, cultural and linguistic diversity within the Muslim community.

As an organisation committed to Muslim women and human rights, we will intervene with facts and informed analysis when Islam is used to undermine the status of Muslim women.

Our framework of understanding is the international Muslim women's movement for equality and dignity but our action and concern is focused on the local communities in Australia where Muslim women live.

We work for the rights of Muslim women by:

- empowering women's self-determination
- bringing a human rights approach to bear on issues of inequality and disadvantage
- working with individuals, the community, and government to advocate for equality within the Australian context

We aim to inspire positive action by others and aspire to continuously enhance the quality, impact and effectiveness of our work.

Our Principles

The one foundational principle that informs our approach to our work is that Muslim women's equality is:

- without exception
- without qualification
- without threat

Who are we?

In 1991 the Islamic Women's Welfare Council of Victoria (The Council) was established by Muslim women for Muslim women. The Council was founded on the belief that meaningful change to the status of Muslim women could be achieved through the improved situation of Muslim women individually and by building their collective capacity.

In December 2012, the Council's name was changed to the Australian Muslim Women's Centre for Human Rights to better reflect the Council's significant role as a human rights defender. This change recognises the singularity of our voice and work on Muslim women's human rights across Australia.

As advocates of Muslim women's rights, we are in chorus with a multitude of Muslims all over the world supporting a vision of Islam at its most progressive, immediate and pertinent to the challenges Muslim women face. Our work in Australia contributes to the already substantial work on Muslim women's human rights taking place across the world in Muslim and non-Muslim majority countries.

What are the core areas of work we undertake?

We prioritise practical assistance for women to improve their lives in tangible and measurable ways. We work with individuals, groups and service providers in the following areas:

- case work, referrals, secondary consultation and outreach
- advocacy
- community-based programs and service delivery
- capacity building
- leadership development
- policy development
- partnership projects

We have recently established the Australian Institute for Minority Women (the Institute) to operate as the research and consultancy arm of AMWCHR. The experience of Muslim women as a minority has much in common with women's experiences from other minority groups. The Institute was created because, we believe, the expertise we formed working with Muslim women could be useful to all minority women. As well as providing an insight into the conditions and situations of minorities in Australia generally, the Institute seeks to build an alliance with other minority women in Australia as a gesture of solidarity. The Institute undertakes the following activities:

- research
- training development and delivery
- publications
- consultancy services

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Table of Contents

Working with Muslim Women on the effects of **family violence and child sexual abuse on children**

Introduction

The Child Aware module is designed for workers seeking to run group work information sessions with Muslim women about the impact of family violence and sexual assault on children. It considers the migration, cultural and familial contexts of the impact of family violence and sexual assault on children from a Muslim background. The aim of the module is to support workers from the community sector to design and run workshops that effectively meet women's needs.

By reading this guide we hope that workers will have a better understanding of the cultural and familial context of Muslim women and children, and to have developed an appreciation for how they might experience family violence and sexual assault. Professionals are provided with an introduction to working with minority communities. This guide intends to provide as much information as possible. However, further training on diversity is always advisable.

Finally, this guide focuses on women and children, both male and female. We have taken a view of families, gender, culture and migration that is broad, focusing primarily on factors which may have a negative impact on women and children. This guide seeks to assist professionals with these complex and intersecting issues and has been developed for non-Muslim professionals in the community welfare, government and legal sectors. Australian workers already have a wealth of information at their fingertips on child abuse and basic strategies for working with cultural and ethnic minorities; any further work of this nature would simply be duplicating existing information. Therefore, this guide assumes that the reader has this preliminary knowledge and understanding of violence against women and children.

This guide will work to augment the existing knowledge base of professionals working in this area to provide culturally sensitive information to assist them in dealing with Muslim women and children.

Why a guide on Muslim women and children?

There are a number of important reasons for this. Firstly, a great deal of what we know and the work we do on family violence and the effect it has on children, is not available to Muslim minorities in Australia in any substantive manner. There is currently no awareness raising campaign on child abuse in the manner we see in the broader Australian community. This is vital information for the safety of women and children. Additionally there is, of course, a duty of care to ensure communities are provided with information that is critical to their well-being, fulfillment of their rights, and their ability to use the protections available to them as citizens of this country.

Secondly, all over the world Muslims in Muslim-majority countries are undertaking community awareness campaigns on family violence and child abuse. This guide ensures that there is international consistency in education and training of Muslim communities across the world and that Australian Muslims do not miss out because of their minority status in Australia.

Finally, this will be the first time in Australia that a community education campaign has been made widely available to Muslim women on the impacts of family violence and child sexual abuse. This guide focuses on providing information to women because research demonstrates that women share their learning with their families and communities. **An investment in women is an investment in the entire community.**

Why a guide by Muslim women?

The right to live in safety is one of the most fundamental of our human rights; it is also one of the most actively violated of human rights all over the world – both in developed and developing countries. It is one of the most persistent forms of violation against women, despite decades of work and investment, and it remains a blight on most societies.

While culture and religion do not create violence, historically certain cultural and religious understandings can work to entrench, normalise and minimise the effect of violence against women. The eradication of violence against women and children requires an understanding of the cultural and religious context of women's lives. We have structured this guide in a manner that caters for religious, cultural and gender dimensions to community education on violence. Information that is developed from within the prism of community experience is far more effective and its impact far more sustainable than information that is provided to the community externally.

At the heart of the Australian Muslim Women's Centre for Human Rights is the belief that Muslim women have a right to the enjoyment of **all** their human rights. Without ensuring their children's and their own safety in the home this is not possible.

Context for violence against women and children

Violence against women

Crucial to understanding the context of violence against children is violence directed against women as they are the principal carers of children. Additionally, both women and children generally witness violence targeted at the other, especially when it is in the home. It is not uncommon for women and children to experience violence from the same perpetrator, particularly in cases of family violence.

Intimate partner violence, also commonly termed domestic violence, is one of the most common forms of violence against women and may be physical, emotional or sexual in nature. Population based surveys done around the world over the past decade and a half indicated that 10% to 52% of women were hit or assaulted by their partners. According to the WHO Multi-country study on women's health and domestic violence against women (Garcia-Moreno et al., 2005) between 15% to 71% of women experienced physical and/or sexual partner violence at some point in their lives. However, the difficulty in measuring non-physical forms of such violence makes it challenging to accurately estimate partner violence. The study, which covered both rural and urban areas in 10 countries, also found that between 15 % to 21% of women interviewed reported experiencing child sexual abuse under the age of 15 years, and sexual violence by a partner at some point in life up to 49 years of age was reported by 6% to 59% of women.

The most recent Personal Safety Survey (ABS, 2012) collected information from men and women aged 18 years and over about their experience of violence since the age of 15. The survey defined violence as any incident involving the occurrence, attempt or threat of either physical or sexual assault. The survey found that 41% of all women had experienced violence since the age of 15 (with 34% of this physical violence). Women were much more likely to have experienced violence by a person known to them than by a stranger. The most common location for a woman's abuse was her home and males, mostly partners, were the most commonly reported known perpetrators. This was true for both physical violence (30% of women experienced physical violence by a known person, mostly their partners) and sexual violence (16% of all women, mostly on dates). Twenty-five percent of women also reported experiencing emotional violence.

An earlier survey, the Australian component of the International Violence Against Women Survey 2002–03 (Mouzos & Makkai, 2004), employed a broader definition of violence, measuring physical violence (including threats), sexual violence (including unwanted sexual touching) and psychological violence (including controlling behaviours such as put downs and keeping track of whereabouts). According to this survey, of all the women who have or have had partners, 34% reported some level of physical and/or sexual harm since the age of 16. Physical violence was more commonly experienced (just less than one third of all women) than sexual violence. Women were as likely to report being threatened with violence as to actually experience it: 85% of women who were threatened also reported experiencing physical violence. Twenty-two percent of women reported experiencing more than one form of violence from a current or previous partner. Between 37% and 40% of women in a current relationship reported experiencing at least one type of controlling behaviour.

Due to the difficulty of measuring child exposure to intimate partner violence, an accurate and reliable estimate of its prevalence currently does not exist. Many parents in violent relationships appear to be unaware of the extent to which children in their care have witnessed violence and may even believe, often erroneously, that they have been successful in shielding children from these violent acts (Rosenberg & Rossman, 1990). Despite these difficulties a number of estimates have been made in recent years. Pinheiro's (2006) report for UNICEF estimated that between 133 million and 275 million children around the world witness frequent domestic violence each year. According to the Australian Bureau of Statistics' (2005) Personal Safety Survey, 59% of women who had children in their care at the time reported that children had witnessed violence, 37% said they had not witnessed it and 4% did not know. The findings of the Australian component of the International Violence Against Women Survey indicated that of the women experiencing violence 36% reported that children had witnessed it (Mouzos & Makkai 2004). Children can be exposed to violence from birth, or even in utero (Bunston, 2008), as pregnancy increases the risk of violence for women. Around 17% of women who experience domestic violence do so for the first time while pregnant (Morgan & Chadwick, 2009).

Violence against children

Family violence against children or child abuse (physical, emotional, verbal, and sexual) and neglect occurs around the world in all cultures and communities. In 2006, the United Nations released the UN Secretary General's Study on Violence Against Children, which was supported by a number of organisations including the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), and the Office of the High Commissioner on Human Rights (OHCHR). According to this study an estimated 80% to 98% of children suffer physical punishment, and more than 33% experience severe physical punishment (United Nations Secretary-General, 2006). However, these estimates are unlikely to be accurate, reflecting only cases that have been reported in the media or retrospectively self-reported. Measuring child abuse is fraught with methodological difficulties; thus, the true extent of the worldwide problem remains for the most part unknown.

In Australia, according to the Australian Institute of Health and Welfare (AIHW, 2012), during 2010–11, there were 237,273 reports nationally of suspected child abuse and neglect made to state and territory authorities. Substantiated cases are categorised into one of four harm types: physical abuse, sexual abuse, emotional abuse and neglect.

In migrant/refugee populations in developed countries such as Australia, little is known about the extent of child abuse and neglect. Research challenges include cultural taboos associated with reporting personal and family issues, delimiting and defining the sample, choosing concepts with cross-cultural relevance, translating instruments, varied definitions of child abuse, and cultural biases on the part of researchers. However, the limited research available and the experience of workers in the area indicate that the incidence of child abuse is comparably high in migrant populations.

A recent literature review of culturally and linguistically diverse (CALD) and refugee families in the Australian Child Protection System in 2011 raised significant attention to the needs of children belonging to CALD groups (Kaur, 2012). One of the key recommendations that emerged from this research was a need for cultural competency and culturally appropriate practice when working with migrant families on issues of child abuse and maltreatment, which includes an understanding of their pre and post-migration and socio-cultural contexts in order to provide the best support possible.

Islam and Muslims in Australia

Introduction

The global Muslim population is highly diverse – in terms of language, nationality, socio-economic status, cultural practices and to an extent even in terms of religious practices, interpretations and beliefs. Every country has its own history and culture which mediates its practice of Islam; this varies in time and is subject to the political, social and economic changes within each country and sometimes globally. Because of this, it is important to establish the specific geographic and sectarian contexts of behaviour and beliefs rather than referring generally to them as "Islamic". What may be considered Islamic in one Muslim context may be considered alien in another. This renders overarching generalisations about 'the Muslim community', especially the Muslim diaspora, both unrealistic and impractical. However, there are some basic beliefs and practices that are common to all or most Muslim cultures. This section aims to provide a brief overview of these common practices as well as to outline some of the areas where there are key differences.

Origins/history

It is believed that Islam was revealed to the Prophet Muhammad (whose name will be followed by the initials PBUH, standing for "Peace Be Upon Him", a common blessing given to him by Muslims) just outside the city of Mecca (or Makkah), which is part of the modern kingdom of Saudi Arabia, around AD 610.

Islam has its lineage in Judaism and Christianity. It therefore acknowledges and pays respect to all of the prophets of the Old Testament and names Jesus as the most beloved of the prophets. Jews and Christians are described as "People of the Book" in the Qur'an because they are considered recipients of the same revelation of the One God. Islam's relationship with Judaism and Christianity is complex; on one hand it reiterates and supports many of the beliefs and practices of both religions, on the other it introduces new doctrines and significantly different practices sometimes leading to tensions with its predecessors. Nevertheless, the similarities between the monotheistic faiths surpass their differences.

The Holy Book

The Qur'an is the holy scripture of Islam. It comprises the complete collection of revelations by God to the Prophet Muhammad (PBUH), beginning around AD 610 and ending with Prophet Muhammad's (PBUH) death in AD 632. The word Qur'an literally means "that which is recited", because the revelations received by Prophet Muhammad (PBUH) were repeated verbatim by those around him. Although there are differing views, many Muslims believe the Qur'an was finally put into written form around AD 650. The Qur'an contains 114 chapters (or surahs) written in Arabic, using both allegorical and prescriptive approaches to revelation. Its structure is not chronological nor is it ordered according to the importance or the theme of revelations. As with other religions, there are various approaches to the interpretations of the text.

Working with Muslim women on the effects of family violence and child sexual abuse on children

Pillars of Islam: Source of unity

The key duties required of Muslims form the five pillars of Islam. Although different levels of importance may be placed on them by Muslim individuals and communities, most will recognise them as duties of a Muslim:

1. Bearing witness to the oneness of God (Tauheed) and to Muhammad being his messenger – this denotes the centrality, unity and indivisibility of God;

2. Prayer (Salat) – all Muslims who have attained puberty are required to perform prayers in a prescribed manner five times each day;

3. Almsgiving (Zakat) – this is an obligatory religious tax, generally estimated at 2.5% of a Muslim's annual savings and is to be used to assist the poor and needy;

4. Fasting (Sawm) – all Muslims who have reached puberty and whose health permits are required to abstain from eating, drinking, smoking and sexual intercourse from dawn to dusk in Ramadan, the ninth month of the lunar year; and

5. Pilgrimage to Mecca (Hajj) – in the 12th month of the lunar calendar all Muslims are required to make a pilgrimage to Mecca at least once in their lifetime if they are physically and financially able to do so. Pilgrims participate in special rites held there during the 12th month of the lunar calendar.

Development of Islam: Source of diversity

While some of the diversity within Islam comes from ethnic, cultural, regional and linguistic differences in the Muslim community, some variation has also emerged from the historical development of Islam itself. The major sectarian division in Islam is that between the Sunnis and Shi'ah. Sunnis form about 85% of the global Muslim population and Shi'ah (or Shi'ites) form most of the remaining 15%. The Sunnis (who call themselves "the people of tradition and community") are often considered to be the mainstream in Islam, following the example of the Prophet Muhammad (PBUH) and the four Caliphs who succeeded him upon his death. The Shi'ah (who call themselves "the people of the house"), on the other hand, are often seen as diverging from the mainstream of Islam. It would be more correct to say that both groups formed because of Ali, Muhammad's son-in-law and cousin, and the question of his right to succeed the Prophet (PBUH) as leader and first Caliph upon the Prophet's (PBUH) death, as the Shi'ah believe was the Prophet's wish. Over time, this split has expanded into significant theological, traditional, social and sectarian differences. The principles of Islam remain the same in both sectarian streams.

It is difficult to do justice to the breadth of sectarian differences within Islam and their individual practices. The majority of Muslims in Australia are Sunni, but there are also significant populations belonging to the Shi'ah, Ismaili, Druze, Alawi, Alevi, Bohra and Ahmedi sects. It is important to note that there are also profound differences among Muslim jurisprudence and textual history.

Muslim leadership

Islam does not have a hierarchy of clergy nor any intermediaries between God and the individual, as in some other faiths. There is no overarching authority to establish or prescribe religious practices or interpretations of scripture across social, cultural, national and sectarian divides. An imam is a person who leads the congregation in prayer. He is not a priest. There is no ordination

and no sacraments or rites which only a religiously qualified person can perform. Imams may be married and have families like any other Muslim. In theory, any respectable person with sufficient religious knowledge can act as an imam and in cases where a mosque is left without a formally appointed imam, a member of the congregation can fulfil the function as necessary.

In Australia, imams frequently find themselves called upon to act as community counsellors and arbiters on questions of religious law, as community representatives and welfare officers as well as prayer leaders. At times, this has caused significant problems for Muslim communities and for imams, because they are forced to respond to issues for which there is no religious precedent or for which they do not possess expertise. There is no official training institute for imams in Australia and no system to regulate the teachings and conduct of imams. While the absence of a hierarchy is one of the liberating aspects of Islam, it also means different imams may preach widely varying forms and interpretations of the faith, and this can prove bewildering for anyone trying to understand Islam in Australia, much less globally. This also means that trying to find a definitive 'answer' to a complex social problem is not realistic.

Islam on women

The role, status and rights of women in Islam is one of the most contested areas of interpretation among Muslims. There are a great number of verses within the Qur'an that promote the equality and sound treatment of women, but there are also a number of verses which situate women as dependent on and possibly inferior to men depending on the how these verses are interpreted. This complexity emerges because of the context of Islam's revelation and the fact that women occupied a marginal position in Arabian society at that time. Originally, the Qur'an's teachings were considered a source of liberation for women and many men strongly opposed the development of women's rights.

What is uncontested among Muslims is that many verses of the Qur'an address both men and women, providing a strong sense of presence to women who had had no voice in Arab society prior to Islam's revelation. In addition, the Qur'an explicitly reproaches those who believe that women are inferior to men and instructs men time and time again to treat all women with dignity, respect, kindness and justice.

The definition of Islam, and therefore the status of women, has varied considerably historically and continues to be subject to political, social and economic change. Because of this, it is important to establish the specific geographic and sectarian contexts of women's situation and oppression rather than referring generally to them as "Islamic". As previously stated, what may be considered Islamic in one Muslim context may be totally unheard of in another.

Islam on children

Like most other religions, Islam sees procreation as the basis for marriage. However, love, affection and caring for children play a crucial role in Islam. Hence, the Qur'an refers repeatedly to the protection of children, particularly those who are orphans because this was a common occurrence, as was the fostering of children, in society at the time. In the Qur'an, children are seen as a vulnerable group, who require additional care and protection by adults and society.

The Prophet was especially kind and attentive to children; he is even known to have let his granddaughter sit on his shoulders while he prayed. Even in the 7th Century, the Prophet was able to read the emotional and psychological needs of a child. This is recounted in a story of the Prophet Muhammad (PBUH) sitting with a child in his lap. The child urinated over the Prophet

and the father immediately scolded the child. The Prophet restrained the father and advised him: "This is not a big issue. My clothes can be washed. But be careful with how you treat the child. What can restore his self-esteem after you have dealt with him in public like this?"

Apart from the above prescription very little is said about children in Islam that reflects our understanding of childhood today. In 7th century Arab tribal society, childhood was a very small period of an individual's life which ended at puberty. Historically, adulthood began in the early teens for Muslims without the period of adolescence we recognise to be so important today.

Islam on violence

Given its historical origins, the Qur'an spends considerable time dealing with violence against women and children manifest in the era such as female infanticide and devouring of women and orphans' possessions/wealth. There are a number of sanctions against the mistreatment of women and withholding of women and children's rights. While there are a number of very strong proscriptions against the mistreatment of women, particularly violence towards them, there are no specific sanctions against family violence and child sexual abuse in the way we would understand them today. Given the considerable emphasis the Qur'an and the Prophet (PBUH) placed on the good treatment of women and children, it would be difficult to accept any proposition that Islam condones any form of mistreatment of women and children.

Muslims in Australia

Indonesian Muslims were trading with indigenous coastal communities prior to Australia's settlement by the British Empire. The first Muslims to migrate to Australia were Muslim sailors and convicts who lived under the rule of the British Empire in the 1700s, followed in the 1800s by Afghan cameleers.

Significant Muslim migration to Australia commenced after World War 2, with large numbers of Turkish and other European Muslims escaping the post-war devastation across Europe and the Middle East. In the 1970s, Lebanese and other Muslims started to arrive, seeking protection from war and other forms of protracted civil unrest. Since that time, there has been a steady stream of Muslim migration to Australia driven by war and poverty. The precise number of Muslims in Australia is unknown because many Muslims do not register their religion for fear of persecution or due to a lack of understanding of the purpose of data collection by the Australian Bureau of Statistics. Some Muslim minority sects do not identify with mainstream Islam because of a history of persecution. The number of Muslims registered by the ABS in 2011 is 476,300 Australia-wide. Australian Muslims make up about 2% of the Australian population, with 40% of Australian Muslims born in Australia, making them the single largest category among an otherwise extremely diverse community. Around 60% were born overseas in countries such as Lebanon, Turkey, Afghanistan, Bosnia-Herzegovina, Pakistan, Indonesia, Iraq, Bangladesh, Iran, Fiji, Cyprus, Somalia, Egypt and Malaysia. Less than 20% of Australian Muslims were born in Middle Eastern or Arab countries.

Muslims belong to a diverse range of language groups, including Arabic, Turkish, Farsi, Bosnian, Bahasa Indonesia, Bengali, Malay, Dari, Albanian, Hindi, Kurdish and Pushtoon. It is important to note though that English is the most common language among Muslims.

Working with Muslim women on the effects of family violence and child sexual abuse on children

A note on understanding Muslim families' culture and religion

Muslim migration to Australia is a complex phenomenon. It is important to note that while some Muslims have migrated to Australia as skilled and economic migrants, the vast majority of Muslims who arrived in Australia did so because of war, civil strife, natural or man-made disasters, and from varying degrees of persecution because of race, ethnicity, religion, politics and/or gender.

In countries where there have been significant and extended periods of turmoil (for example, natural disasters like famine, war and civil strife) there are profound and far reaching impacts on the culture of a nation. These events change cultures and alter the development of societies. This does not mean that cultures are diminished, nor that migrants who come from war-torn countries come from culturally impoverished societies. It means that if one is speaking about families that have come from Lebanon, Sudan or Burma, one cannot simply speak about 'Lebanese culture' or 'Burmese culture' without consideration of the complexity that war and political turmoil bring to a country and its culture.

Equally one cannot speak about Islam in a context in which Islam has been manipulated for the purpose of political persecution and domination in places such as Iran and Afghanistan, without being mindful of the corruption of Muslim ethics that has taken place to make religion useful as a politically repressive tool. For example when the Taliban preach that the education of girls is Islamically forbidden, they strike at the very heart of Islamic teaching, in which education is a human necessity that Muslims must seek out irrespective of personal, cultural and national barriers.

It is also important to note in these contexts the perversion of religion is most often used to target women, and this ultimately changes the nature of families to resemble more patriarchal structures. This means that families may not be operating in a manner that is natural, meaningful or beneficial to them.

The occurrence of violence in the home or within the family against women and children in these contexts may become invisible or buried beneath social and collective forms of violence and other forms of deprivation. **As history has proved repeatedly, women and children bear a significant burden of the deprivation, violence and harm that comes from natural disasters, war and civil strife, but they are the least visible victims.**

The impact of migration on Muslim families

The focus on migration in this guide reflects the degree to which the story of migration features profoundly in the story of Muslims generally and Australian Muslims specifically. Even for some second and third generation Australian Muslims, the experience of migration is deeply embedded in who they are.

Ideally, in our long history of working with families and individuals, research would have provided us with a sophisticated understanding of how migration affects families and how this might contribute to violence and sexual assault. Unfortunately, we do not yet have a clear understanding of its impact on families, much less if there are already issues of family violence and child abuse. While it is beyond the purpose of this guide to provide a detailed account of the causes of family violence and child sexual abuse, at least in relation to family violence, stress is a significant contributing factor. This does not mean that immigrant families are more likely to experience family violence; families, the migration process and violence in the home are all a far more complex phenomenon. One of the most challenging barriers in understanding this area is that while the family is universal, its structure, dynamics and purpose change across cultures, and so it is difficult to generalise how families from different cultures respond to the migration process.

The following section provides an indicative list of factors that contribute to stress. These are important to consider when providing information on family violence and child abuse to Muslim communities.

The foundation for the process of migration

Immigrant families, including Muslim families, are diverse. They vary by ethnicity, nationality, education, class, immigration circumstances and status, pre-migration experiences, language, employment status, family structure and a number of other dynamics.

Migrants leave their home countries for a range of reasons: a possibility of a better life, economic hardship in migrants' home countries, to escape natural and man-made disasters such as civil strife and war, and to flee varying degrees of persecution and threat which may be based in race, ethnicity, religion, politics and/or gender.

It is generally understood that migration to a country with substantially better development indicators offers migrants better outcomes in health, education, security and justice than what may be available in their home countries or pre-migration displacement.

While varying levels of grief and loss accompany all migration processes irrespective of why families migrate, the reason for migration and the degree of choice individuals believe themselves to have had in the migration process impacts profoundly on the process and degree of settlement in their newly adopted country.

Working with Muslim women on the effects of family violence and child sexual abuse on children

The dislocated family

In our extensive experience of working with Muslim communities, the experience of dislocation lies at the heart of many Muslims' lives and identities. Dislocation is both a psychological and physical experience – it is about not belonging to one's immediate environment psychically and culturally. A sense of dislocation can substantially alter a person's psychological and emotional development.

Dislocation as a physical reality is obvious when families are about to migrate, especially in the lives of refugees who have spent many years if not all their lives living in refugee camps. Living for extended periods in refugee camps or other places of transition can have a profound impact on families and leaves them, especially women and children, vulnerable to violence and abuse from others living in the camp or from the host society. There is also the initial period of dislocation on arrival in a new country and the period required for physical settlement.

Psychological and emotional experiences of dislocation and its effects can be far more difficult to identify. Those watching their countries collapse in a war or civil upheaval may remove themselves emotionally and psychologically from their environment in order to survive. This may also be the case for those who spend extended periods in refugee camps or those who migrate to multiple places before finally arriving in the country where they feel able to settle their families. In addition to recognising that most immigrant families will feel psychologically dislocated upon arriving in Australia and will have to go through a process of psychological settlement, it is equally important to recognise that at least for some families, this will never be achieved or be achieved by some family members but not by others. In most situations, it will be the children who overcome their sense of dislocation but not always. Some parents settle and find a place for themselves in their new country, while their children find little solace in their new home.

Changes external to the family

All family members to varying degrees must adjust to a new country with sometimes vastly different systems (socio-political, legal, health, economic, education). They may struggle with a new language, a new culture, and a lack of information. Finding employment and financial difficulties are some of the socio-economic issues faced by individual migrants and migrant families. These are considerable hurdles that all families must overcome and it is important to note that not all families will be able to overcome these barriers.

For some Muslim families, particularly those who have come from countries characterised by an extended period of upheaval, the structuring of gender and parent and child relations in Australia within families profoundly confronts gender roles and family power structures among new arrivals. These new gender and parent/child relations not only potentially affect the relationship between parents, but also between a parent and child of the opposite sex, and sometimes allow, for example, young women more independence from their fathers and brothers. Additionally, most children will acquire English language proficiency before their parents. They will act as interpreters, sometimes translators and often as representatives of their parents in Australian society. This can have a significant impact on parent/child relationships particularly as it relates to questions of power. It may lead to children becoming parentified and assuming responsibility for their elders and this may lead to diminishing respect for their elders. Equally parents may experience a sense of powerlessness and diminished self-esteem by having to rely on their children.

Contraction and fracturing of family

A great many families immigrate and leave behind family: it is extremely common now for individuals to leave behind spouses and children. Even when nuclear families migrate, they often leave behind an extended family. In this sense, the family is already fractured and the number of people said to belong to a family has substantially contracted. Nonetheless, many families migrate and make great sacrifices to make a new life for themselves and their families and to send money to family still living in their home countries. By working to improve the quality of life for family left behind in their home countries, they may suffer from poor working and living conditions, low wages, and discrimination. These are additional challenges and hardships for families, especially in the early years.

One of the most emotionally challenging tasks of migration is dealing with separation from family. The grief and loss experienced by first generation migrants/refugees may affect every aspect of their lives, including acculturation, integration, employment and most importantly, family relationships. Many migrants come from social set-ups where family support, especially grandparents, constitutes a major resource in the upbringing and parenting of children. In many families working mothers have the advantage of extended family to care for their children while they are at work. The process of migration typically deprives parents, particularly the mother who is the primary parent in most social contexts, of the day-to-day practical help, advice and, more importantly, emotional support needed to parent their children. High levels of stress are associated with this process of adjustment and acculturation, which, in turn, have various implications for family relationships and parenting styles.

The potential impacts of family separation and migration on children depend on a number of factors, such as the age of the child at the time of migration, the attitude of the caretaker and the overall well-being of the caretaker. In the case of single parenting, where the child is separated not only from his/her extended family but also from a parent, typically the father, the implications are, understandably, even greater.

Changing roles in family

Migration has a profound effect on parenting due to the enormous socio-economic and cultural changes and adjustments that must be made in the process and the many stressors, particularly isolation, that migrants encounter in their new homes.

In addition to issues noted above, immigrant parents are also faced with adapting to parenting styles, expectations and systems that may be different from those 'back home' to varying degrees. Initially, this in itself is a very daunting and stressful experience for many parents. Over time, most families negotiate and combine the old with the new to develop a parenting style which is workable and which meets their needs in their new country. But this is no easy task and may in fact never be achieved by some families.

Depending on how different members adapt to their new environment, families may become more close knit while others may become more isolated from each other. Typically families do become tighter knit, with both parents and children adapting to their new situation. Generally, both parents and children accommodate each other's needs and limitations around questions of mother culture versus the Australian culture. When families are unable to adapt and accommodate each other's needs, they can be characterised by conflict. This is most obvious around intergenerational challenges. Differences in the rate of acculturation, as is typically the case with migrant parents and their children, tend to have a magnifying effect

on intergenerational conflict. As a result, when adolescents are more assimilated into the dominant culture of their host countries than their parents, the chances of intergenerational conflict increase. The emerging differences in values and the importance given to tradition, religion, customs, etc., serve to heighten the tension between parents and their children and adversely affect parent-child bonding, sometimes creating serious conflict, communication breakdown and even violence.

Finally, while not adequately reflected in the literature, a common difficulty experienced by families is, in our experience, the withdrawal of fathers from the family, most evident in the reduction of their role in parenting. The reasons for this are many and complex, but some men feel at a loss and unsure how to occupy their role as fathers in their new cultural environment. Additionally, their own difficulties in relation to migration may make them far less emotionally available to their children. Generally this results in mothers assuming all the parenting responsibilities and this has consequences for everyone in the family, including fathers who may become further alienated by their families' capacity to operate without them.

Migration and mental health

Many Muslim migrants, especially refugees, arrive in their host countries carrying the emotional consequences of their often traumatic pre-migration experiences, such as displacement, poverty, war, loss, and violence (including sexual violence). Sometimes despite, or because of their more secure environment in their host countries, the mental health effects of these pre-migration experiences may emerge or continue to dominate their lives both in the short and the long term.

It is well established that migrants in general, and refugees in particular, especially women, are susceptible to depression, post-traumatic stress disorder (PTSD) and a range of anxiety disorders. Trauma and other mental health issues can have a significant impact on the everyday aspects of a person's life, particularly his/her relationships and parenting.

Children:

Like their families, migrant children also undergo significant stress, sometimes more so than adults, which may be linked to children's inability to control events and decisions. Migrant children's stress and emotional distress is related to a number of experiences they may have had in the process of migration and its aftermath, such as: displacement; the social disruption that invariably takes place with migration; separation from and/or the loss of all that is familiar; intergenerational conflict; exposure to unsafe living conditions; neglect; having to take on adult-like responsibilities at a young age. These factors combine to place children at an especially vulnerable position and may affect their psychosocial wellbeing, behaviour, school performance, and attachment with parents.
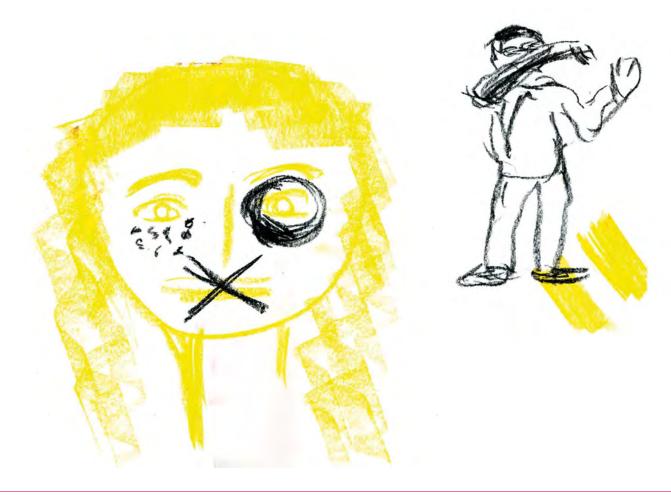
Children who are separated due to migration from either or both their parents for a substantial amount of time experience additional distress and possibly trauma depending on the process and reasons for the separation. Even when children are being cared for by close relatives, the separation is typically distressing for children. Feelings of abandonment, separation anxiety, depression, aggressiveness, anger towards parents, loss of appetite, sleep problems and decreased cognitive and academic ability are common effects. In extreme cases, migrant children separated from their parents may also display symptoms of traumatic stress or post-traumatic stress disorder (PTSD).

Parents:

Pre-migration experiences, the process itself and its aftermath, are all likely to impact the migrant family's ability for nurturing parenting. Parents' own anxiety, stress and trauma add to children's stress and their capacity to effectively deal with the uprooting, disruption and readjustment that typically follow migration. Parental stress also affects the parents' ability to cope and to provide a sense of safety, security and stability that children need. This may be especially true in cases where parents themselves have been victims of violence and abuse, which is often the case with refugee families. A parental history of victimisation increases the likelihood of perpetrating abuse at home; however, in no way does this mean that all or most parents who have been victimised become abusive parents.

Final note

Varying degrees of racism and discrimination are also a reality for many migrants and refugees, further impacting their mental health, wellbeing, relationships and overall integration into society. Over the past 12 years since the events of September 11, 2001 reports of racial discrimination and abuse towards Muslim migrants and refugees, especially those who are visibly Muslim, have consistently emerged and have tended to increase immediately after terrorist attacks perpetrated by Islamic militant groups anywhere in the world. The psychosocial ramifications of such racism include increased fear, mistrust, a sense of alienation and an inability to integrate.

Working with Muslim women on the effects of family violence and child sexual abuse on children

Perspectives on family and children in Muslim communities

As in other communities, marriage and the family are considered extremely important social institutions. Marriage is seen as a means to harmony, stability, security and the satisfaction of mutual needs. For many Muslim families, marriage is the gateway to adulthood.

In many Muslim families, marriages continue to be 'arranged' by parents; even when this is not the case, parental consent and approval are generally considered important. Theoretically, even with arranged marriages, the willingness of both parties is considered essential. However, as in many traditional communities, parental pressure is sometimes applied in seeking consent. Sexual relationships before or outside marriage are socially disapproved of and religiously forbidden.

Traditionally, the Muslim family is extended, with children, their parents and their grandparents often living together. The advantages of this system include financial saving, stability and physical and psychosocial support, particularly in times of need. Today, however, with the cultural changes brought about by globalisation, migration, etc., nuclear families are increasing in number, although many Muslim families continue to live as extended or semi-extended families, even in Western societies.

Placing the elderly in homes continues to be uncommon within Muslim communities as adults are socially expected to care for their parents, grandparents or at times even their elderly aunts and uncles who do not have other carers. As with other traditional cultures, age brings with it greater respect and esteem within many of the cultural groups to which Muslims belong. The elderly often occupy a position of authority within their families, even if the authority is more symbolic than practical in nature.

Starting a family is considered an important goal of marriage. Traditionally, expecting and new mothers are cared for by their own mothers, mothers-in-law or other elder women in the family. However, this is often not possible for migrants as they leave their extended families behind.

Children are a central part of the family in most Muslim cultures. Male-child preference is still unfortunately common in many Muslim cultural groups.

Parental approval and consent is considered important in life decisions. In many Muslim migrant cultures, academic and career achievement is encouraged and highly valued, sometimes accompanied by significant parental pressure.

Traditional gender roles are the norm in many Muslim migrant communities, with men as the primary earners, often seen as heads of the family and women as the primary carers and homemakers. The mother is typically responsible for the day-to-day care of children. The importance of the role and responsibility of the mother is underscored in Muslim cultures, sometimes to the extent that mothers are burdened with full responsibility for all aspects of their children's and families' lives. Women in the extended family – grandmothers, aunts, older sisters, especially in 'joint family' settings – are also often actively involved in parenting.

Gender role differences often become apparent from a young age. In some families this manifests as boys being allowed more independence and less supervision than girls as they get older. However, in others, with this independence comes greater responsibility and parental discipline and control. Girls, on the other hand, are often expected to take on greater responsibility within the home, such as helping with the housework, caring for younger siblings, etc. Their outdoor activities may become more and more restricted as they approach puberty, and varying degrees of modest dressing may be expected of them. In some families this is reflected by the head scarf or 'hijab'.

Academic achievement may be encouraged in both girls and boys; however, men are expected to go on to develop skills and a professional career, while women may or may not. While for some women this is a choice to make while for others the decision to work may be needs-based. Yet for other Muslim women, the option to pursue higher studies and/or have a career can face limitations due to familial and/or community disapproval. Even in cases where women work outside the home, career choices are sometimes limited to socially-approved professions such as doctors, nurses, teachers, childcare workers, dress-makers, etc. Otherwise, the goal of marriage continues to be the general expectation for women in many migrant cultures. The notion of women as nurturers and homemakers means that many women's and girls' mobility may also be limited; at times this is due to limited exposure and opportunities, but in some cases mobility may be actively curtailed.

The financial responsibility for maintaining the family falls on the men of the family, sometimes irrespective of whether or not their wives are earning money. Times of financial difficulty, such as during unemployment, then, can affect the sense of self-worth and well-being of the heads of family. Psychological morbidity in such situations may be high, with implications for the whole family.
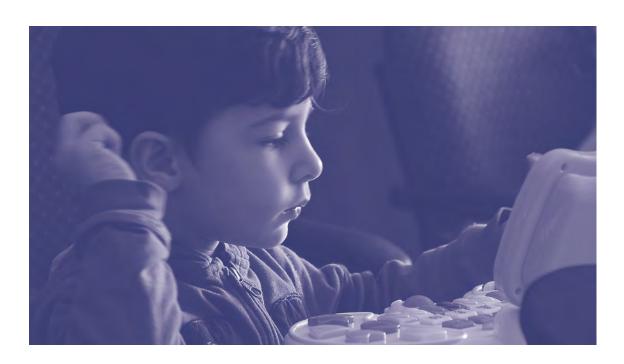
Family wellbeing is also affected by gender discrimination and the challenges that women and young girls face in areas such as education, community participation and freedom of movement.

It must, however, be emphasised once again that the above discussion speaks of the dynamics of traditional cultures, both Muslim and non-Muslim. In reality, there is a great amount of diversity and individual differences in values, practices and customs within these cultural groups.

Parenting approach

It is extremely difficult to make generalisations about the parenting styles of Muslim families because of the sheer diversity inherent in Muslim identity. There are also stereotypes that permeate our society of Muslim men/fathers as patriarchal and domineering, and Muslim women/mothers as weak and permissive. It is important not to fall into these stereotypes.

There are many ways one can speak about parenting styles and relationships between parents and children. We have chosen to use the framework and language of Diane Baumrind which you will find listed in our reference list. For the sake of brevity, we see parenting style among Muslim communities as often being attachment-based, with features of authoritative, authoritarian and/or indulgent parenting styles. The authoritative parenting style is associated with parenting concern, caring and love and, at the same time, maintaining harmony and control within the family and community.

The indulgent parenting style is characterised by a high degree of parental affection, acceptance, emotional expressiveness, nurturance and permissiveness, with more emphasis on interdependence versus independence. Co-sleeping with parents, sometimes for the first few years is not uncommon. Religious education and practice (prayer, fasting, etc.) are encouraged in Muslim children to varying degrees depending on the importance attached to it by the family and/or community members.

Parenting styles are influenced by a multitude of factors, including parents' wellbeing, the child's temperament, and the family's circumstances among many other things. Complications in this parenting style can result in the authoritative parenting style becoming authoritarian with parental expectations of obedience, conformity and preservation of honour. Authoritarian parenting can work well and have benefits for children when families are living in war zones, or in periods of civil upheaval and in refugee camps. Parental control over children in such contexts can be crucial to ensuring safety, stability, containment and emotional and psychological security.

A further complication in parenting style is what may generally look like the uninvolved parenting style, for example parents who don't appear to be involved in their children's lives or indeed aware of the emotional/psychological life of their child. Generally this evolves from parents whose parenting style hasn't adapted to the nuclear family set up and continue to parent as if they exist in an extended family scenario. It is important that professionals do not confuse the lack of skill to parent in a nuclear family context with a lack of interest in children. Many parents are not aware of the additional skills they will have to acquire as a result of missing an extended family, such as filling and managing a child's time. This is ordinarily a responsibility and skill that multiple family members share. It may also be that parents simply do not know how to replace the role of the extended family in the child's life or feel that they do not have the emotional resources to parent in the way required in a nuclear family.

Family violence against children in migrant Muslim communities

Research on family violence against children in migrant/refugee families in Australia is very limited. While there is no reason to assume that culture and migration is linked with increased rates of child abuse and family violence, the nature and dynamics of child abuse in migrant/refugee families and their response to this abuse, including its reporting, may be shaped by cultural and/or the socio-economic contexts within which migrants live.

Parenting style is one factor that has been associated with physical child abuse. While there is generally great diversity in parenting styles even within one cultural group, certain parenting styles appear to be more dominant. As mentioned earlier, many migrant Muslim families belong to cultural groups where authoritative parenting styles are more commonly practised. As noted above, authoritative parenting style can be characterised by warmth, encouraging independence while also setting strong limits on children. However, under stress some families become authoritarian in their parenting. This style is characterised by varying degrees of parental control and respect for authority, which can, at times, translate into the use of corporal punishment to discipline children. It is important to note here, however, that corporal punishment is by no means a parenting strategy unique to certain cultural/religious groups. Research around the world, including developed countries, clearly indicates that despite the significant investment in community awareness, many parents continue to use physical punishments to discipline their children.

High rates of parental stress have also been linked with emotional and physical child abuse and neglect. Risk factors include low income settings, poverty, unemployment, single parent homes, substance abuse, lack of housing, and limited social support networks. As discussed earlier, many migrants/refugee families, including Muslims, live in these circumstances as a result of both pre- and post-migration circumstances and may therefore be at risk of high rates of parental stress.

In addition to the typically identified forms of physical, sexual and emotional abuse and neglect, certain kinds of social issues affecting children, such as early marriages and international child abductions in custody cases, are also seen in Muslim migrant communities. The categorisation of these issues as forms of child abuse is unfortunately not always seen as abuse by some communities. This stems from several factors, including difficulties in understanding the complex, multifaceted cultural, socio-economic and political context in which these issues occur as well as the practical, legal and social implications of including them in the definition of abuse.

Children as witnesses of family violence have received significant attention in recent years. One immediate risk faced by children in families with insecure visa status, which is the case with many Muslim migrant/refugee families, is that they are often used by the violent partner (usually the father or stepfather) to manipulate and control the victim (usually the mother). For example, the violent partner may abduct the children and take them to his home country or he may threaten or actually harm the children for the same purpose. Even when children are not direct victims, they are significantly affected by the violence they witness towards their mothers.

A guide for workers on working with Muslim women on family violence, developed by the Australian Muslim Women's Centre for Human Rights, highlights specific forms of family violence that Australian Muslim women face. These include husbands using their wives' insecure

migration status to physically, socially, emotionally, financially and/or spiritually abuse them; for example: threatening harm to their children or families in their home countries; threatening them with deportation if the abuse is reported; hiding/destroying her or her children's legal documents; restricting her mobility; giving her incorrect legal/migration information about migration; taking her money, forcing her to work or preventing her from working; not allowing her to learn English or learn new skills; polygyny(commonly known as polygamy); and providing incorrect religious information.

Many migrant women experience great difficultly leaving and are less likely to report violent relationships, because of fear, misinformation, limited English and lack of support. As a result, scores of migrant children are exposed to violence in their homes.

Gender inequality and discrimination also account for some forms of child maltreatment and neglect in migrant Muslim communities. Forcibly limiting girls' education and mobility, forced marriages and some forms of child sexual abuse are examples of this.

Research on child abuse in the migrant/refugee communities in the U.S and Canada indicates that migrant families may be at increased risk of reports to child protection services. Possible reasons cited for this include their visibility, punishing children in public rather than in private, misunderstandings with professionals, and parenting norms that conflict with those of the dominant culture.

At times immigrant parents may not even fully understand what is expected of them and, therefore, fail to comply with unwritten cultural expectations. Language and cultural barriers may also make it difficult for immigrant families to access resources and services and comply with treatment plans. These issues are further exacerbated by a lack of understanding of the social welfare system, which may be different from or non-existent in their home countries, as well as a shortage of interpreters and translated material and perceived or actual racism and discrimination. Many immigrant families are reluctant to seek or accept formal assistance from medical and social service institutions given past experiences of oppression, fear of being deported, and a general distrust of authority figures. This may be especially true in cases of sexual abuse where notions of family privacy, taboos related to disclosing sexual issues and filial piety may impede migrant children from disclosing sexual abuse, especially incest.

Defining the precise nature of child abuse and child maltreatment is a complex matter even among professionals. Including the perceptions of immigrant communities further complicates the matter. Abuse that involves physical aggression is frequently viewed as abuse in most communities. However, there is less agreement regarding less severe forms of abuse as well as emotional and psychological abuse and neglect. While child sexual abuse is considered the most severe form of abuse among all cultural groups, it is an extremely sensitive issue within Muslim communities. Most communities tend to limit or avoid talk about sex and sexuality, including sexual violence. Notions of privacy, virginity before marriage and respect for elders and the community makes the disclosure and reporting of sexual abuse very difficult. Assessing the issue and addressing the needs of victims and their families is, therefore, significantly challenging.

Finally, another area crucial to understanding and assessing child abuse in immigrant/refugee communities, and the under- or over-reporting of abuse, stems from our own cultural, organisation and personal bias as workers. This bias can manifest in complex ways, but three common patterns have been documented.

Professionals wishing to work with diverse families must be aware of the tendency towards professional ethnocentrism. This is the practice of judging others exclusively by the values and norms of one's own culture. This may lead professionals to see culturally-diverse families as being aberrant or pathological in their parenting practices. Hence, it is always important to reflect on one's own personal biases and whether they have affected one's professional practice.

Cultural relativism, often labelled the opposite of ethnocentrism, is the tendency to normalise, minimise or justify instances of abuse by assuming that all behaviours within a cultural group are equally valid. This may also be a result of attempting to be 'culturally sensitive' and avoid being viewed as racist. This is unfortunately more likely when cultures justify abusive behaviour towards women as religiously or culturally sanctioned.

Finally, it is important to note that sometimes superficial or swift assessments of families or abuse may neglect other contributing factors to families' vulnerability such as the socio-economic factors that place many migrant families at a disadvantage. Poverty, marginalisation and lack of access to resources puts significant strain on families and must be accounted for in assessments of children's vulnerability. The failure to correctly identify stressors for the family means that culture might be blamed when in fact it is a source of strength and wellbeing for children.

Strategies for working on family violence against children and child sexual abuse with Muslim migrant/ refugee communities

Before setting up a group for Muslim women on child abuse reflect on the following points:

1. Why do you want to run a session on child abuse with the Muslim community? And why your organisation specifically?

2. Have you worked with the Muslim community previously? Do you have a meaningful relationship with the women you want to provide information to? We strongly recommend that you never go in to provide information without having established a sound working relationship with the community group you wish to engage with on this issue.

3. Is this the most pressing issue for the community? Community groups can become alienated if they experience practical hardships (insecure housing, low income or sick children) but are expected to be serviced on issues which they feel have no relevance to them. It is better to assist them with the issues they feel are important and return to this issue once their needs have been met.

4. Be aware that issues of violence in the home, even when that violence is directed at children, are always political, therefore:

   • **Consult** – Consult on how you might deal with such issues. While information provision, skill development and support are all important needs both for the prevention of and as a response to family violence, ultimately for sustainable change to occur it is critical to affect a shift in community attitudes and this is where the politics of it lie. This is a much neglected yet critical area of work in the family violence sector, particularly with migrant communities.

   • **Be trained** – Attitudes towards gender, children, family, parenting, religion, violence, sex and sexuality, privacy, support-seeking, reporting crimes, etc., must all be explored, and where needed, challenged respectfully, appropriately and safely. Understandably, this strategy requires substantial expertise on the part of the worker in order to be able to handle the sensitivity of the issues involved, and must, therefore, be employed only after workers have undergone training in group facilitation, cultural competency, gender and violence.

   • **Understand your bias** – Finally, it is important that workers in the community sector make a concerted effort to become aware of and challenge their own biases, cultural assumptions and stereotypes. Australia is a society in which the public space is often filled by stories and theories of Muslims' propensity to violence, especially against women and children. Ultimately, these mythologies do find a place in our unconscious and their eradication requires us to be highly self-aware and to consciously and conscientiously reflect on our biases and limitations.

If you decide to proceed, here are some steps to consider:

- **Consult again** – Consult other services that work with the Muslim population in the area, particularly ethnospecific organisations, for highly useful information regarding the community, its issues and sensitive dynamics, strategies that have worked and which have not, approaches that have been tried, and the diversity that exists within the community.

- **Collaborate** – Working in partnership with community-based or ethno-specific services can help ensure both greater community participation and a more positive and sustainable impact. It is crucial that collaboration is undertaken in its true sense. This means that both partners, however big or small, have an equal role in decision making across the life of the project, and that they both equally develop and implement the program.

- **Build alliances** – Establish alliances with community/ethno-specific organisations with similar values. With Muslim communities, services often take the quick route of working with religious leaders to address issues commonly dealt with by the community welfare sector. While religious leaders are important, and certainly have a valuable role within the community, the development and implementation of community education groupwork programs isn't their area of expertise, and places a great deal of expectation on them to provide information on an area that is essentially not a requirement of their role as religious leaders. Working with community-based professionals from the area means that the process of undertaking community education is not fragmented or compartmentalised, but has community input at every stage of the process.

- **Know existing services** – Know existing services. A good understanding of the socio-cultural status and dynamics of the Muslim population in the area you choose to work in can make a significant difference in how you structure your group and its content. Make an effort to find out what services are currently being offered in general and in relation to violence, abuse and parenting. Identify the gaps and tailor your group programme accordingly. When possible, group consultations can help you gain helpful information not only about what services are available, but their content and effectiveness as well as the group's perceptions of them.

- **Assess** – Assess related issues. Family violence against children does not exist in isolation. Understanding the issues that surround it – socio-cultural factors, family dynamics and systems, sensitive issues within the community, various mechanisms of support and redress – can go a long way in helping you decide in advance how best to work with the group, how to bring up and respond to issues, and adapt the content if needed.

- **Use interpreters –** Work only with trusted interpreters and translators you have worked with before and trust implicitly that their interpreting skills are up to the task. Additionally, given the sensitivity of the topic, inform participants in your group of who the interpreter will be and gain their consent first. Dissuade interpreters from summarising participants' responses to questions or general group discussion as some interpreters might find it otherwise difficult to keep up with the pace of the group. It is best to use interpreters when groupwork sessions are simply information delivery, and this can work quite well. More complex forms of groupwork such as the participatory methodology are definitely hampered by utilising interpreters and should only be used if no other alternative exists. Finally, make sure that the interpreter is comfortable with the subject matter, brief them prior to the session and debrief upon completion of the session. Also, be aware that interpreters may be victims of family violence and therefore the sessions may be difficult for them.

- **Research** – Familiarising yourself with available reports and research on family violence in migrant/refugee communities, including lessons learnt and best practice models, will help workers become more culturally competent in their area of work and allow them to better understand and respond to the unique and specific support needs of child victims of violence and their families. It is, however, important to note that as with any community, there is not, nor can there ever be one profile to understand the nature and dynamics of migrant Muslim families and the complexities that contribute to violence against children. Nor is there a blue print for working with them successfully. Workers must commit to a continuous process of learning and applying their knowledge to tailor their services to the needs of their clients.

- **Be culturally relevant** – The techniques used to provide information are critical to how it is understood, processed and applied. Traditional means of community education which entail one-way information provision using speakers, presentations and written material (booklets, information sheets, etc.) are unlikely to be useful if used alone. In order for the information to be fully understood, appreciated and importantly, owned by the migrant community, it must be culturally relevant and appropriate. This includes imparting information using participatory methods such as groupwork, workshops and experiential sessions that allow open discussion and the asking of questions in a safe and comfortable environment. While such methods are more time and effort-intensive than one-off community education sessions, the impact is likely to be both more effective and sustainable in the long-run.

- **Respect privacy** – Many Muslim migrants prefer culturally and/or language specific groups so they are able to express themselves fully and be better understood without judgment or bias. However, some migrants may also prefer the opposite, fearing that their privacy may be compromised within their own community in culture-specific groups. When group participants are able to choose the kinds of groups in which they participate, based on their personal preferences, concerns and needs, the impact of groups is likely to be greater.

- **Build skills** – In communities which do not want to discuss issues of family violence or child abuse or where professionals feel they lack the skills/working relationship with the community to contend with these difficult matters, a different approach is advisable. Another approach to helping migrants struggling with issues of family violence is to facilitate the learning of new skills and/or building on existing ones. Skills that help prevent family violence include coping with difficult emotions, including anger management, conflict resolution, communication and negotiation. Professionals may also assist the community to enhance its parenting skills and focus on building positive parental techniques and interactions while highlighting the impact of harmful parenting techniques that may contribute to family stress.

Finally, groupwork allows for a range of approaches to be employed simultaneously. Intensive groupwork models may include community education (on violence and abuse, services, family law, etc.), support provision (for parenting, trauma, experience sharing, etc.), skill development and attitudinal change as part of their interactive and participatory session plans. A sample groupwork module addressing each of these aspects is included below.

Pre-training notes for facilitators

There are four significant challenges when running a group of this kind; firstly, the sensitive nature of child abuse, secondly, the inclusion of women's cultural and religious background in the development, methodology and facilitation of the group, thirdly, the combination of the experiential/participatory approach with standard information provision to women and, finally, the potential for women in the group to be experiencing mental health issues, such as PTSD because of war or civil upheaval, or women who may have in fact been victims of abuse as children or whose children have been abused.

The topics discussed in this training are of a sensitive nature with a community that has not necessarily discussed these issues in a public forum. As previously advised, we would emphasise the importance of working in collaboration with a professional from the relevant community or one who has a great deal of professional experience and/or an extensive working relationship with the community.

Ideally, this professional should have the skill base to co-facilitate. If this is not possible then certainly you will find a professional from the community who can provide community and culture specific information about its dynamics that could add to the training. It is important that they attend sessions with you, that you spend time preparing for the session together as well as providing feedback after each session.

All groupwork facilitators know that groups have their own dynamics, nuances and challenges. This is greatly magnified by the cultural diversity within a group. Similarly, participants across various groups will vary immensely, depending on things such as levels of education, literacy, cultural/religious conservatism, etc. All training, and potentially all sessions, require some degree of tailoring to meet the needs of particular groups; this is especially the case when working with a cultural group that is different to your own. This involves a dynamic process of discussion and review of each group session. Groups have their own life and are dynamic so it is necessary to

constantly review session plans and adapt them according to the group. Even with the module outlined below, expect to vary it according to the group you find and the relationship you develop with them. The amount of diversity among Muslim women means that we cannot be overly prescriptive with the module we've provided.

Much of the language we utilise in community education, particularly as it relates to violence against women and children, has only been developed in English over the last few decades. This terminology may not necessarily exist in other languages; hence, it is important to ask your co-facilitator what terminology is available or might be used in the group. Additionally, some terminology may need to be simplified or you may need to replace terms with concrete examples to draw out your intended meaning.

In undertaking successful groupwork it is important to pace sessions depending on the needs of participants, the relationship you develop with the group and the practical challenges of providing information. For example, successful use of an interpreter may double the time it takes to deliver a session. Some sessions may take longer to conduct than the given time because of the cultural clarification required, and some language and terminology may have to be simplified to increase understanding so that you are able to meet the objectives of the session based on the time you have.

Also important in assessing the length of a session is the literacy of participants in your group. This will have to be established prior to commencing the group and will alter how you facilitate sessions. The module detailed below assumes literacy in English or another language (your cofacilitator and/or interpreter can read/write on behalf of the group and translate into English for you and other group members if required). If, however, participants are not literate in any language, then information will need to be broken down into smaller segments that facilitate understanding, retention and discussion in the group. This does not need to alter the exercises nor the process of the session, but requires a different level of facilitation that is designed to assist women to absorb the significant quantity of information being provided.

Finally, it is crucial that you do not provide information to participants if they are not ready, are hostile to the topic or distressed by it. It will not only make the information meaningless, also it will damage your relationship with the group and may result in the group refusing information on the topic in the future. It is far better to provide information the group is prepared to accept, and build your relationship with the group so that they trust you sufficiently that you are able to return in the future to provide the necessary information.

Notes have been provided at the end of some of the exercises in the module to inform and assist the facilitator with any process issues or points for discussion. These notes have been provided for your assistance, but they are by no means exhaustive.

Child aware module

Day 1

Participant introduction

Time: 10 minutes

1. Ask participants to say their name, and one thing they like about children.

Workshop introduction & objectives

Material: Objectives sheet
Time: 15 minutes

Method:

1. Give a brief introduction about your organisation.

2. Share the background and rationale of the workshop.

3. Share the objectives of the workshop verbally or on a flipchart.

Hopes and fears

Objective: To explore participants' expectations from the workshop and to understand and clarify their concerns.	**Time:** 10 minutes
	Material: Butchers paper, markers, tape/ blue tack

Method:

1. Ask participants to discuss and identify what their hopes or expectations are from this workshop and write them down on butchers paper.

2. Address and clarify particular hopes or expectations that might not fall within the objectives of the workshop. Also, address any fears they have and what can be done to overcome them. This could be at the participant level or by the facilitator.

Facilitator notes: *Give the group examples, such as "You hope to gain more information on dealing with teenagers" or "You fear that the workshop will be boring and long."*

Norms setting

Objective: To develop norms and guidelines for participants, the facilitator and the workshop sessions to maximize learning and minimize disturbance and disorganization.	**Time:** 10 minutes
	Material: Butchers paper, markers, tape/ blue tack

Method:

1. Ask participants to brainstorm on what norms they would like to have for the group, to help the group learn and work together for the duration of the workshop. (For example, confidentiality, or speaking one by one.)

2. After each norm suggestion, ask the entire group if they agree with this norm and if it should be added. Tell them that since everyone has to follow the norms, it is important that everyone is in agreement.

3. Once the norms are complete, read them out one last time. Tell the group that these norms will be followed for the duration of the workshop, and that norms can be added and removed at any time.

Facilitator notes: *After participants have shared the norms they would like, the facilitator can add some norms that are important but weren't mentioned, such as punctuality, and taking responsibility for their own learning. Confidentiality is crucial to mention if the group has not, but even if it listed by the group, ensure you reinforce its importance by explaining how it contributes to the life of the group by increasing trust, learning, and safety.*

Tea break: 15 minutes

Children's developmental needs

Objective: To allow participants to explore the necessary elements required from parents and families that lead to positive emotional health and growth in children.	**Time:** 30 minutes
	Material: Butchers paper, markers, blue tack

Method:

1. Ask participants what children's development needs are? What do they need to grow up in a healthy way?

   Bring out the following:

   • Basic needs such as food, water, health and shelter,

   • Academic needs such as opportunities for education and skill learning, knowledge of the world around them, information about safety,

   • Social and emotional needs such as love, care, affection, nurturance, self esteem,

confidence, friends, the opportunity for play, fun, entertainment, discipline and routine, positive values, opportunities for self expression and development.

2. Make the point that often parents and schools tend to focus only on basic and academic needs. Emotional needs are not given so much importance even though they are as important as other needs.

3. Ask the group what are some of the negative factors that can affect children's emotional development. Briefly take some answers and post on a flipchart. Highlight issues where there is parental conflict and children witness or are subjected to abusive language and violent behaviour.

Understanding child development

| **Objective:** To deepen the understanding of participants of children's psycho-social development in order to give them the perspective on how children process the world, and how this affects their growth and emotional health. | **Time:** 40 minutes |
| | **Material:** Butchers paper presentation, markers, tape |

Method:

1. Divide the participants into three groups. Ask one group to write about the physical, social and intellectual development of children ages 0–5, another group to write about children aged 6–12, and the third group to write about children aged 13–18.

2. Ask them to present their responses. Add some information to each group.

   Share Erikson's stages of psycho-social development. Highlight the needs of children and how they process information at these various stages, especially within the context of positive and negative experiences. Use examples from the previous exercises to reinforce how children process the world and relationships.

Psychosocial development

Stage 1: Learning: **hope and trust** (Infants, 0 to 1 year)

Main question: Will my needs be met?

Centres around the infant's basic needs being met by the parents. The infant depends on the parents, especially the mother, for food, sustenance, and comfort. The child's relative understanding of world and society come from the parents and their interaction with the child. If parents expose the child to warmth, regularity, and dependable affection, the infant's view of the world will be one of trust. If parents fail to provide a secure environment and to meet the child's basic need a sense of mistrust will result. If caregivers are consistent sources of food, comfort, and affection, an infant learns trust – that others are dependable and reliable. If they are neglectful, or perhaps even abusive, the infant instead learns mistrust – that the world is in an undependable, unpredictable, and possibly dangerous place.

Stage 2: Learning: **Independence** (Toddlers, 2 to 3 years)

Main Question: Can I do things myself or must I always rely on others?

As the child gains control over bodily functions (eg., toilet training) and over coordination and movement, they begin to explore their surroundings. Parents still provide a strong base of security from which the child can try out new things and express their will. The parents' patience and encouragement helps teach independence in the child. Highly strict parents, however, are more likely to create doubt and a lack of confidence in children. As they gain increased muscular coordination and mobility, toddlers become capable of satisfying some of their own needs. They begin to feed themselves, wash and dress themselves, and use the bathroom. If caregivers encourage self-sufficient behaviour, toddlers develop a sense of independence – a sense of being able to handle many problems on their own. But if caregivers demand too much too soon, refuse to let children perform tasks of which they are capable, or ridicule early attempts at self-sufficiency, children may instead develop shame and doubt about their ability to handle problems.

Stage 3: Learning: **Purpose and initiative** (Preschool, 4 to 6 years)

Main Question: Am I good or am I bad?

Children act with more purpose, seek a sense of self-worth and approval. This initiative adds planning and problem solving. The child is learning to master the world around him, learning basic skills and principles of physics. Things fall down, not up. Round things roll. He learns how to zip and tie, count and speak with ease. At this stage, the child wants to begin and complete his own actions for a purpose. Guilt is a confusing new emotion. He may feel guilty over things that logically should not cause guilt. He may feel guilt when his initiative does not produce desired results. They develop courage, confidence and independence. During this stage, the child learns to take initiative and prepare for leadership and goal achievement roles. Activities sought out by a child in this stage may include risk-taking behaviours, such as crossing a street alone or riding a bike without a helmet; both these examples involve self-limits. When trying out new things, the child may also develop negative behaviours. These behaviours are a result of the child developing a sense of frustration for not being able to achieve a goal as planned and may engage in behaviours that seem aggressive. Aggressive behaviours, such as throwing objects, hitting, or yelling, are examples of observable behaviours during this stage. With this growing independence come many choices about activities to be tried out. Sometimes children take on projects they can accomplish, but at other times they undertake projects that are beyond their capabilities or that interfere with other people's plans and activities. If parents and preschool teachers encourage and support children's efforts, while also helping them make realistic and appropriate choices, children develop initiative – independence in planning and undertaking activities. But if, instead, adults discourage independent activities or dismiss them as silly and bothersome, children develop guilt about their needs and desires.

Stage 4: Learning: **Competence and self-worth** (Childhood, 7 to 11 years)

Main Question: Am I successful or worthless?

Children at this age are becoming more aware of themselves as individuals. They work hard at "being responsible, being good and doing it right." They are now more reasonable and share and cooperate. Children understand the concepts of space and time, in more logical, practical ways, are beginning to grasp and gain a better understanding of cause and effect and understand time.

At this stage, children are eager to learn and accomplish more complex skills: reading, writing, telling time. They also get to form moral values, recognize cultural and individual differences and are able to manage most of their personal needs and grooming with minimal assistance. At this stage, children might express their independence by being disobedient, using back talk and being rebellious. These years are critical for the development of self-confidence. Ideally, primary school provides many opportunities for children to achieve the recognition of teachers, parents and peers by producing things – drawing pictures, solving addition problems, writing sentences, and so on. If children are encouraged to make and do things and are then praised for their accomplishments, they begin to demonstrate confidence and responsibility. If children are instead ridiculed or punished for their efforts or if they find they are incapable of meeting their teachers' and parents' expectations, they develop feelings of inferiority about their capabilities.

Stage 5: Learning: **Identity and roles** (Adolescents, 12 to 19 years)

Main Question: Who am I and where am I going?

The adolescent is newly concerned with how they appear to others and about success.

The ability to settle on a school or occupational identity is important. In later stages of Adolescence, the child develops a sense of sexual identity. As they make the transition from childhood to adulthood, adolescents think about the roles they will play in the adult world. Initially, they may experience some role confusion – mixed ideas and feelings about the specific ways in which they will fit into society – and may experiment with a variety of behaviours and activities (e.g. tinkering with cars, baby-sitting for neighbours, affiliating with certain political or religious groups). Eventually, they need to achieve a sense of identity regarding who they are and where their lives are headed. The need for identity formation is considered very important at this age.

Youth has a certain unique quality in a person's life; it is a bridge between childhood and adulthood. Youth is a time of radical change—the great body changes accompanying puberty, the ability of the mind to search one's own intentions and the intentions of others, the sudden awareness of the roles society has offered for later life. Sometimes this can lead to 'identity confusion'. No matter how one has been raised, one's personal ideologies are now chosen for oneself. Often, this leads to conflict with adults over religious and political orientations. Another area where teenagers are deciding for themselves is their career choice, and often parents want to have a decisive say. If society is too insistent, the teenager will agree to parental wishes, which stops his or her self-discovery and potential.

> **Facilitator notes:** *There are many ways to understand child development; we have chosen* Erik Erikson's theory of psychosocial development *model because of its communicability. It is important to be mindful here that many women intuitively understand that children have stages of development but may find Western notions of child development as culturally alien. This may be especially the case in relation to the stage of adolescence. As you will recall, Islam does not recognise the stage of adolescence, seeing youth as either children or adults. This is also the case with some other cultures. It is important therefore to engage women's interest in their children, perhaps focus on if they have seen any of the developmental signs in their children or themselves as children. This exercise can work very well as an explorative, participant-driven exercise rather than a purely information-based exercise.*

Lunch

Healthy and unhealthy relationships

Objective: To develop an understanding of what constitutes healthy behaviours and what constitutes unhealthy behaviours in relationships.	**Time:** 20 minutes
	Material: Butchers paper and markers

1. Ask participants to tell you what a healthy relationship looks like. Write down the responses on butchers paper.

2. Ask participants what an unhealthy relationship looks like. Add elements of psychological control, verbal and non-verbal abuse. Discuss that as mothers it is important to know what constitutes violence and a violation of rights.

Understanding family violence

Objectives: To introduce the concept of women and children's safety in the home and to define family violence legally and socially.	**Time:** 1 hour
	Material: Case Study, butchers paper, markers

Case Study – Maya's story

Maya got married when she was 18 years old to Saad and 2 months later moved with him and his old and sick mother to Australia. Maya was a bit nervous about moving to a new country so far away from her family, but she was also excited about starting a new and peaceful life without any of the problems in her own country. Saad seemed like a nice man and she thought this would be her chance to study and do things she had dreamed of.

Soon after they moved, Saad made it clear to Maya that he wanted her to stay at home as much as possible. When she told him she wanted to study, maybe learn English and do a few courses, he completely refused and said this would tire her out, and that he wanted her to always look relaxed and pretty when he came home. Maya did not want to argue with her new husband, so she said nothing more, thinking he would change his mind with time. Instead she busied herself with setting up her new home and taking care of her husband and mother-in-law.

Within a few months, Maya was pregnant. It was a very a difficult pregnancy and Maya was told by the doctor to rest completely for 3 months. But when she told Saad about this, he laughed, saying these rules were for lazy Australian women, not for hard working Muslim women. "Look at my mother" he said. "She raised 9 children from the time she was 14 and has never even known the word rest!" He insisted Maya continue her work like before and take care of him and his old mother. So Maya no longer complained even though she felt sick and dizzy all the time. But every time Saad saw her looking tired and sick when he was at home, he would get upset with her and stop talking to her for hours. His mother tried to talk to her son a few times and explain that his wife needed some rest, but he laughed it off, saying she was making a big fuss. One evening Saad came home early and found Maya lying in her room, and his mother cooking dinner. This was the first time that Saad hit Maya, and the more she cried, the more he hit her. She said sorry

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over and over again, but he would not stop. After that he would often come home at different times to check on her.

Maya's health became worse and a month later, she had a miscarriage. For a few days Saad was very nice to her and took good care of her. But within a few weeks he wanted to try again. Both Maya and her mother pleaded with him to give Maya some time to recover. But he forced himself on her every night until she was pregnant again.

Finally Maya gave birth to a baby girl. Saad was disappointed it wasn't a son, but was relieved the baby had survived. For a while he was good to Maya again and loved his daughter. Maya began to think her life would get better and that she would be happy. But a month after the baby, Saad insisted on trying again for a son. But another girl was born and then, after another miscarriage, Maya gave birth to their third daughter. By this time, Saad was furious and had completely stopped talking to her and when he did he yelled at her and called her damaged. If she ever tried to talk when he was angry and explain that it wasn't her fault, he would hit her till she sat quietly in the corner and listened to him. Saad began talking about leaving her and sending her back to her village with no money. He said he was now looking for a new wife who was not damaged and could give him sons.

1. Ask participants what they understand by family violence, take a few responses, and present the general and legal definitions.

   Definition

   Family violence is any behaviour of one family member that causes physical, sexual or emotional damage to another, or causes her/him to live in fear. Family violence is the hurtful misuse of power and the desire or choice to control a partner, spouse, child or situation.

   Family violence happens in families all over the world regardless of financial circumstances or religious background. An act of violence towards a family member is family violence regardless of the cultural or religious background of the person.

   The Family Court of Australia, through the Family Law Act 1975, defines family violence as:

   'conduct, whether actual or threatened, by a person towards, or towards the property of, a member of the person's family that causes that or any other member of the person's family to fear for, or to be apprehensive about, his or her personal well-being or safety'.

2. Explain that the victims of family violence are usually women and children and the perpetrators are usually men.

   In the majority of situations, family violence is aimed at women by men to physically or psychologically abuse, harm or control them. This includes spouses and ex-spouses. It can also occur in wider family relationships and includes the abuse or neglect of children by adults, the violent behaviour of a child against a parent, and abuse by a child towards his/her sibling/s.

   Many terms are used to refer to family violence when it occurs between partners, such as domestic violence, partner violence, intimate violence, spouse abuse and wife beating. It is these forms of violence that are the focus of this booklet.

3. Leading from the participants' responses and the definitions, ask participants what kinds of behaviour would be considered 'family violence' and note these on butchers paper.

Note down all responses, and present the **different forms**:

Physical violence is just one way women or other members of the family experience family violence.

Examples of physical abuse: pushing; shoving; slapping; hitting; punching; beating; choking; shaking; pinching; biting; restraining; confining; locking up; chaining; breaking bones; assaulting with a weapon such as a shoe, knife or gun; burning; mutilating; and murder or attempted murder.

Sexual violence is the use of physical or emotional force to compel a person to engage in a sexual act against her will or to engage in abusive sexual contact and applies to any type of relationship including marriage.

Examples of sexual abuse: forcing a woman to participate in unwanted, unsafe, painful or degrading sexual activity; ridiculing a woman to try to limit her sexuality; controlling her reproductive choices; forcing her to look at pornography, withholding sexual activity in an attempt to punish or hurt her; and pathologising or treating women as immoral or sinful for expressing sexual needs or desires.

Emotional or psychological abuse can involve verbal aggression and behaviours that dominate, demean, torment, isolate or threaten women. This form of abuse is intended to cause emotional pain or distress.

Examples of emotional or psychological abuse: frequently criticising or putting someone down; threatening to hurt the direct victim or one of their loved ones; throwing or breaking objects to frighten the victim; destroying or threatening to destroy personal property and possessions; yelling or screaming; name-calling; embarrassing or making fun of someone within the household or in public; undermining a person's abilities and decision making; excessive possessiveness; saying hurtful things while under the influence of drugs or alcohol; blaming a partner for how the abuser acts or feels; threatening suicide; making a partner remain in the house after a fight, or leaving them somewhere else after a fight to 'teach them a lesson'; making a woman feel that there is no way out of the relationship; taunting her about past relationships; being suspicious and accusing, swearing and verbally abusing; and using children to control her.

Financial or economic abuse is unreasonable control over women's or the families' money and other economic resources.

Examples of financial or economic abuse: forcibly controlling all finances; not giving a woman access to money; withholding economic resources such as cash or credit cards; exploiting a partner's resources for personal gain; selling family assets such as the home without a women's permission or awareness; withholding physical resources such as food, clothes, necessary medications or shelter; preventing a woman from working or choosing an occupation; and keeping a woman's income because the man calls himself the 'head' of the household.

Social abuse involves controlling women's social activity or their behaviour in the public space.

Examples of social abuse constantly restricting a partner's mobility; placing restrictions on her movements or forbidding her from meeting friends, family and children; frequently checking up on her whereabouts (stalking); making her feel guilty about socialising or going to work.

Spiritual and religious abuse is behaviour which Muslim women and other women of faith have identified and spoken about for centuries. This form of abuse uses religion to justify, legitimise and normalise abuse and violence.

Examples of spiritual and religious abuse include:

- using religion to dominate and claim superiority in the relationship
- using her religious or spiritual beliefs to manipulate her
- preventing her from practising her religious or spiritual beliefs
- preventing her from reading religious books
- ridiculing her religious or spiritual beliefs
- labelling her as ungodly or irreligious if she does not do everything he demands
- forcing any form of religious practice
- forcing her children to be reared in a faith that she has not agreed to

In fact, spiritual and religious abuse is leading some women to believe that any of the above listed forms of family violence are acceptable in their religion.

Facilitator notes: *Women may find some forms of abuse listed above difficult or may perceive them to be not culturally relevant; social and economic abuse are commonly experienced as culturally alien. If you experience resistance, provide the information on these two forms of abuse as information which might be of interest to women but not necessarily directly relevant to them. If an opportunity exists in the future, revisit this area of learning with women.*

Additionally, spiritual and religious abuse may be challenging for some women, especially those from a more orthodox religious background. It is important to let women know that the definition of spiritual abuse has been developed by women who believe in God and who value their religion. Focus on the principle here, which is that religion does not condone men's abusive control of women through religion. It is important that you do not linger on this exercise if women become resistant. It may be that women do not accept the specific definition, or all the behaviours listed as spiritual abuse, but may ideally, following the session, accept that such abuse exists. This is an important learning and should not be underestimated. We would strongly advise that a professional from the group's religious or ethnic community facilitate the discussion on spiritual and religious abuse.

Impact of family violence on women and children

Objective: To identify the potential impact of family violence on women, children, the family and the community	**Time:** 40 minutes
	Material: Butchers paper, markers

Method:

1. Ask participants to get into three groups. Ask one group to write down the impact of violence on women, the next group to write about the impact of violence on children and the family, and the third group to write about the impact of violence on the community.

   Make the following points:

   • Everyone is affected by family violence though everyone is affected differently. The extent and nature of the effect depends on a number of factors such as age, support, past experience, severity/frequency of violence, other factors in life, self-esteem, coping abilities, etc;

   • The effects of family violence do not simply disappear with time – they require the violence to stop and/or for women and their children to move out of the violent environment;

   • Sometimes, even after the violence has stopped or women are no longer in the violent environment some effects of violence can be long-term or severe, requiring professional support.

Women who experience violence may react to and be affected by it in a number of ways.

Some possible reactions women might have are:

• denial and pretending the violence isn't happening

• excusing or justifying the abuse

• blaming herself for the violence

• fear

Some of the reported effects of family violence on mental health:

• chronic depression

• helplessness

• anger

• anxiety and panic attacks

• chronic pain

• drug dependence *(Many women become dependent on prescribed medication, such as sleeping pills, without realising the impact of this dependence on their health, because it is prescribed by a doctor.)*

• eating disorders

• emotional 'over-reacting'

• sexual dysfunction

• sleep disorders

• loss of self-esteem and self-respect (often shown as constantly looking after and pleasing others but neglecting her own needs)

• self-harming and/or suicidal behaviour

Some of the reported effects of family violence on relationships:

- an inability to adequately respond to the needs of children
- lack of trust in others
- feelings of abandonment
- inability to work
- being cut off and isolated from family or friends
- poor relationships with children and other loved ones

In addition to the physical injuries which may be sustained from family violence, women are also at a higher risk of reproductive problems (miscarriages, still births, infant deaths, health problems in new born babies).

Children, even when not direct victims, are affected by witnessing family violence. This has been shown to apply even when children are not in the same room where violence occurs. Depending on their age, they are likely to react in different ways.

They may try to intervene to stop the violence, or they may withdraw and feel overwhelmed and helpless.

As a result of what they witness within the family, children can develop a range of emotional, behavioural, developmental, or academic problems, some of which may continue into adulthood.

The range of effects can be categorised according to children's age groups:

Infants

- sleep and feeding disturbances
- continual fussing and crying
- an inability to be comforted
- being easily irritated or easily startled

Toddlers/Pre-schoolers

- frequent physical complaints
- difficulty going to sleep or frequent nightmares
- frequent tantrums
- clingy behaviour
- not knowing how or when to play
- general sadness
- acting cruelly towards other children and adults.

School-aged children

(in addition to symptoms experienced by toddlers/pre-schoolers)

- difficulty concentrating or following instructions
- consistent inability to complete homework tasks, a drop in school performance, extreme shyness or fear of adults
- regressive behaviours such as thumb sucking, crawling, inability
- to control urination
- bullying, general 'acting out' behaviour, aggression, violence
- trying to please others and trying avoid any conflict in the house
- depression and/or withdrawal

Adolescents

- frustration, rage, anger
- self-destructive or suicidal behaviour
- frequent physical complaints
- drug and/or alcohol abuse
- delinquent behaviour, such as destroying property, stealing, etc.
- cruelty to animals, small children, peers of the opposite gender
- running away
- aggressive/abusive/violent behaviour, use of weapons

- depression, anxiety
- sleep disorders
- eating disorders
- withdrawal from social involvement with peers or family
- low self-esteem
- lack of respect for one (either the victim or perpetrator) or both parents
- accepting of violence in a relationship

Responding to family violence

Objective: To develop an understanding of support systems available to women experiencing family violence.	**Time required:** 10 minutes

Method:

1. Ask participants what options are available to women who are victims of family violence.

2. Discuss what barriers women, especially immigrant women, may face.

3. Make the point that whatever a woman's individual responses may be, she would need support systems around her to help her through.

4. Ask participants what these support systems might be, bringing out family, the legal system, community, religion and international conventions.

Child aware module

Day 2

Re-cap

Objective: To reflect on the previous day's session, learnings and feelings.	**Time:** 10 minutes
	Material: None

Method:

1. Ask participants to share the highlights of what was covered in the last session.

2. Ask them to share any comments or questions they may have.

Facilitator notes: *There is an optional opening imagery exercise at the beginning of the session on child sexual abuse. This exercise allows participants to imagine and feel the vulnerability and immediate impact of abuse on a child, as well as connect with their own feelings about child abuse. This exercise, when done successfully can be a very powerful exercise that de-intellectualizes and makes the issue very real and close for participants. However, this exercise can also be unsettling and have a negative impact for some women because of their own personal experiences (possible of their own or another family member's abuse) or because they presently don't have the capacity to stay in that space. This can lead to participants becoming quite distressed and unable to participate. As a facilitator, it is important to be aware of the possible impact of this exercise. If you feel that as a facilitator you are sufficiently skilled to facilitate the experience and the ensuing group dynamics, then we suggest starting with the CSA Imagery Exercise. Otherwise, we suggest going straight to* Definitions and Types of Sexual Abuse *exercise which provides as much information about child sexual abuse, but is less confronting for participants.*

Child sexual abuse – imagery exercise (optional)

Objective: To sensitise participants to children's experience of abuse.	**Time:** 15 minutes
	Material: CSA imagery

1. Read the following exercise to participants:

CSA imagery exercise

We are going to use our imagination to think about a scenario which will help us in the next few hours. Some people will find this difficult, but please try, as much as you can to follow. Take a deep breath and close your eyes. Take another deep breath and notice your body becoming lighter and that you are relaxing. Using your imagination, imagine that you are floating out of this room. You are in an open space, and you can hear children playing and laughing. They are all 8–9 years old and are busy in their play and are happy. You see one girl, bright eyed with curly hair lift a ball and throw it. She lets out a little squeal in excitement. She is happy and healthy. Feel the joy and happiness of the children. Suddenly you hear the sound of a child crying. You look around the playground to see a small boy, about 6–7 years old standing in a corner. You walk up to him, and he suddenly moves a step back. You ask him if he is ok. He does not answer, but you can see fear in his eyes, as if he thinks, can I trust this person? He has marks on his body and you can tell that he has been abused. You can feel the fear and the worry of the child. Take a deep breath once again and open your eyes.

1. Ask participants how they are feeling, or what feelings are coming up for them.

2. Share with them that this is a reality that children have to face and it can be very difficult for adults to see children going through this.

Definition and types of child sexual abuse

Objective: To discuss and deepen the understanding of child sexual abuse and its impact on children and the family**.**	**Time:** 15 minutes
	Material: Butchers paper

Method:

1. Share with participants that a child is any young person up to the age of 18.

2. Ask participants what they think sexual abuse entails. List these on a flipchart.

3. Give a definition of child sexual abuse and its various forms and add any forms of sexual abuse that were not mentioned. Explain the difference between incest and sexual abuse by non-family members in terms of the emotional impact.

4. Ask participants if they have heard of children being sexually abused. Ask participants what forms of sexual abuse and exploitation they have heard of. Bring out abuse in shops, child prostitution, abuse by those in authority, etc.

5. Explain that child sexual abuse is common everywhere in the world, but is rarely talked about because sex-related topics are taboo.

CSA sharing exercise

| **Objective:** To initiate a discussion on child sexual abuse in a non-threatening way. | **Time:** 10 minutes |
| | **Material:** None |

Method:

1. Ask participants to think about when they first heard that child sexual abuse existed in their community or society. Encourage them to think as far back as possible. It could be a story they heard, something they saw in the news, or a situation that involved someone close to them.

2. Ask them to get into pairs and share this first realization with their partner. Allow each person to share for three minutes.

3. Once they have finished sharing, ask participants how many had something to share. They will raise their hands. This allows the group to see that almost everyone has heard of CSA, however no one discusses it. Also comment on how all of the participants are of different ages, or from different cities, or countries, yet everyone has heard of it or been exposed to it. This allows everyone to feel more comfortable and on an even platform with each other and the facilitator. This is especially important so that women do not feel shame or embarrassed or defensive about what has happened in their particular community or society.

4. Ask participants how they feel about what they just discussed. Some may share their shock at stories, or share that it felt good to discuss it with someone. If some women want to share when they first heard CSA existed, allow them to do so, but limit the sharing to two or three incidents.

Facilitator notes: *The facilitator should be conscious of the fact that for some women, their first realization of child sexual abuse was as a victim, therefore if some women find it hard to share or do not share or remember, do not push them.*

Myths about child sexual abuse

Objective: To share, discuss and clarify common myths and misconceptions associated with child sexual abuse.	**Time:** 30 minutes
	Material: List of myths

Method:

1. Share with participants that there are many myths and misconceptions surrounding child sexual abuse and that it is important to talk about these myths because they can be harmful for children and families if they aren't clarified.

2. Share each myth one-by-one and ask if the group agrees or disagrees with each myth before providing the correct answer. Allow some participants from each group to share why they agree or disagree so that participants can hear different points of view before they are challenged.

- **Myth:** Child sexual abuse occurs mostly in the uneducated class and poor areas.
- **Truth:** Child sexual abuse can happen to any child, irrespective of how literate, educated, rich or poor they are. In lower socio-economic areas, an incidence may have occurred due to the community set-up, however that does not mean there is a higher occurrence. Children are children and are vulnerable anywhere.

- **Myth:** The abuser is usually a stranger.
- **Truth:** Studies indicate that in Australia 95% of the time, the abuser is known to the victim, which include neighbours, teachers, community members and family members.

- **Myth:** Boys are rarely sexually abused.
- **Truth:** Boys are as vulnerable to sexual abuse as girls. 1 in 4 girls and 1 in 7 boys are sexually abused in Australia, but these are only the reported cases, the actual occurrence may be higher. Boys are given much more freedom of mobility and therefore become more vulnerable to being sexually abused by persons outside the home. There is also greater stigma for boys to disclose sexual abuse because of perceptions and ideas of masculinity and there is greater shame associated with being sexually abused by another male.

- **Myth:** A person sexually abuses children because he/she cannot control his/her sexual urges.
- **Truth:** An abuser does not sexually abuse children out of sexual frustration. Sexual abuse is about power and control, not sex. Sex is the tool that is used to attain feelings of power. People that are married can sexually abuse children, as can people who have open access to sexual relations with other adults. Sexual abuse of children is also a planned, thought-out process which involves grooming the child slowly with gifts and sweets to build trust and does not happen out of the blue to relive sexual frustration.

- **Myth:** Children often make up stories about being sexually abused.
- **Truth:** Children rarely lie about sexual abuse. Children do not imagine or make up traumatic occurrences or sexual events unless it has happened or they have witnessed it. Remember, children may lie to get out of trouble, but they rarely lie to get into trouble.

- **Myth:** Children who seem fine after sexual abuse do not need counselling.
- **Truth:** All sexually abused children need to be assessed and treated by professionals. It they are not attended to, there may be major problems later on in the child's life.

- **Myth:** Sometimes it can also be the child's fault if he/she is sexually abused and exploited.
- **Truth:** Sexual abuse is NEVER the child's fault. Children are often scared, threatened, coerced, blackmailed, enticed and groomed into sexual abuse. It is always the responsibility of the adult to have the best interest of the child in mind and to never exploit children. Our bodies respond to touch and children are not sexually and emotionally mature enough to understand what that touch, attention or affection might mean. Sexual abuse is an exploitation of their innocence and needs.

3. Use the following analogy to support the last myth:

   Imagine a 14 year old child who wants to drive. He is not legally allowed to, but his parent gives him permission and hands him the keys to the car. The child drives the car and gets into an accident. Who would be responsible for the accident? The child, because he is curious and has a desire to drive? Or the adult, who should know that the child is not ready, mature or experienced enough to drive and take responsibility for it? The answer is clearly the latter. This allows participants to see that while a child may be sexually curious, adults can exploit that curiosity and are ultimately responsible.

Facilitator notes: *It is ideal to discuss the list of myths with the co-facilitor before commencing the session to see whether more culturally specific myths might exist for the group. Some of the myths might become more culturally relevant with only slight alterations. Equally, you might want to provide the above myths and leave it open to the group to suggest myths that might be relevant to their community or culture. Additionally, you might want to use their country specific rates of abuse in addition to the Australian statistics cited above. One of the outcomes of clarifying myths about child sexual abuse is that when participants go back into their families and communities, they may face the same resistance and hear the same myths from those who have not attended the training and who don't have proper information. The participants should be able to challenge these myths on their own based on what they have learned in the session. Therefore it is important to make sure that everyone understands what the reality is to thee myths. The last myth is especially important for participants to understand. Repeating that 'it is never the fault of the child' a few times should drive this point home.*

Short and long term effects of abuse

Objective: To share the short term and long term effects of child sexual abuse on children and their families	**Time:** 25 minutes
	Material: Butchers paper, markers

Method:

1. Ask participants to get into 2 groups. Ask one group to discuss how abuse impacts children – and the other group to write down the effects on the family.

2. Ask each group to present their responses. Share these answers to make sure all effects are covered. These are some of the effects on children:

Short-term Effects	Long-term Effects
• Feelings of powerlessness	• Psychological problems (depression and anxiety)
• Shame	• Psychosomatic problems (continuous unexplained illnesses)
• Anger	• Difficulties with trust and intimacy in relationships
• Fear	
• Increased anxiety	• Re-victimization (e.g. becoming a victim of domestic violence or further sexual abuse as a child or adult)
• Phobias (fears of specific objects, places, or people)	
• Nightmares	• Suicide or suicide attempts
• Difficulty concentrating	• Substance abuse (alcohol/ drugs)
• Flashbacks of the event	• Delinquency (stealing, breaking the law, etc)
• Frequent vigilance of one's environment for fear of confronting the perpetrator.	• Sexually transmitted infections and HIV/AIDS

Effects on the family:

- A sense of doubt that the abuse happened
- Shame
- Blaming themselves or others
- Become more strict/ becoming too lenient
- Regret

- Anger
- Sadness
- Confusion
- Embarrassment
- Fear
- Conflict within family

Recognizing signs and indicators of child sexual abuse

Objective: To share the physical and behavioural indicators of child sexual abuse so that participants are more able to identify the possibility of abuse occurring.	**Time:** 15 minutes
	Material: List of Indicators

Method:

1. Reinforce that not all abuse is violent and can vary in severity, and therefore signs and symptoms vary in visibility. Parents and carers should be aware of other indicators that abuse has occurred.

2. Share the behavioural indicators of sexual abuse with the participants.

   - Children who have been or are being sexually abused may show identifiable physical or behavioural signs. When assessing indicators of sexual abuse, it is important to consider the age and ability of a child. What may be appropriate behaviour for an older child might indicate a problem for a younger child and vice versa. However, it is important to note that not all sexually abused children will show these signs. The following are some indicators that may help recognize child sexual abuse:

Behavioural indicators	Physical Indicators
• Excessive crying • An increase in irritability or temper tantrums • Fears of a particular person or object • Disrespectful behaviours • Aggression towards others • Poor school performance • Bedwetting or soiling of pants • Age-inappropriate sexual knowledge • Sexualized play (e.g. trying to have sex with other children) • Unexpected change in a child's behaviour (e.g. a lively, outgoing child suddenly becoming withdrawn or quiet)	• Unexplained pain, swelling, bleeding or irritation of the mouth, genital or anal area • Sexually transmitted infections (sores, discharge, frequent itching of the genitals) • Pregnancy • Unexplained difficulty walking • Increase in headaches or stomach aches

Responding to and dealing with child sexual abuse

Objectives: To understand why children do not disclose abuse and to learn practical steps about how to respond to a child that has disclosed abuse.	**Time:** 20 minutes
	Material: None

Method:

1. Ask participants why a child may not want to disclose sexual abuse.

2. Cover the following reasons:

   There are a number of reasons that may prevent children from disclosing sexual abuse. These may include:

   - Feeling that they will not be believed
   - Thinking that the abuse was their fault
   - Fear of punishment
   - Fear of hurting the parents or breaking up the family
   - Not wanting the police involved
   - Worries about what people will say
   - Being too young to know about sexual matters. Thinking that it would not make any difference if they did tell
   - Being threatened, bribed, or coerced by the offender.

3. Ask participants how they think children can be supported when abuse is disclosed.

4. Share/ Add on these practical steps on dealing with disclosure:

   Practical steps for dealing with disclosure

DO	DON'T
• Listen and show empathy • Acknowledge the child's statement • Speak to the child quietly and privately • Stay calm, reassuring and non-judgmental • Give the child your full attention • Believe what the child tells you • Let the child do the talking • Take down the facts • Give direct answers to the child's questions • Tell the child that he or she is not responsible for the abuse, whatever the circumstances • Discuss a course of action with the child – be realistic, but try not to frighten the child • Tell the child who else you will need to tell	• Overreact or look shocked • Push for details • Put words in the child's mouth • Question why it took so long for the child to disclose the abuse (if this is the case) • Make promises you can't keep ("this can be our secret if you tell me") • Ask many "why" questions, as they can often sound accusatory

There are five important messages to give to a child who has disclosed abuse:

- I believe you
- I am glad you told me
- I am sorry this happened to you
- It is NOT your fault
- I need to speak to other adults in order to help you and to try and make sure this does not happen to you again.

5. Share available resources and services for children in the area.

How to talk to children about child sexual abuse

Objective: To enable participants to talk to children about body protection.	**Time:** 20 minutes
	Material: Points for talking to children

Method:

1. Share and explain the following points one-by-one with participants:

Start Talking to them when they are Very Young

You can start talking to your children about body protection when they are babies. It is important to use correct names for parts of their body rather than any nicknames or slang terms. If possible, try to become comfortable with using correct anatomical words like penis and vagina. One possible way is that when you are teaching your child about their ears, eyes, and nose, etc, don't skip over the private parts.

When your child sees how comfortable you are talking about these body parts you are also showing them that you are a safe and trustworthy person to talk to. If this trust is continued, then they can talk to you about a situation that they were uncomfortable with, or if they were sexually abused.

Tell Your Children the Correct Terms

If your child has been sexually abused and they are able to tell you (or another adult), you need to be able to understand what the child is trying to tell you. If the child is using unusual or slang names for their private parts, then the adult might misunderstand them, or the message the child is giving them may be unclear. This is why children need to be able to use the correct names for the body parts.

Teach Your Children about Personal Safety

Toddlers and young children can be easily educated about sexual abuse by talking them about their private parts. Show them a picture or drawing of children wearing bathing suits and tell them that the parts of their body that are covered by their bathing suit are their private parts; they are private and only for them to see, and no one should touch them there. Tell them sometimes some adults touch children's private parts even when they shouldn't touch them, and if they do then they should tell you.

Don't put the emphasis on sexual abuse, but on personal safety. You are telling them how to stay safe and protect their body. You don't need to go into any more detail than that.

Talking to Your Children about Sexual Abuse:

• Teach your child about their body and about their private parts (body parts that are covered up with a bathing suit).

• Use the correct terminology as best you can in your language so that they learn to use these words without being uncomfortable (such as penis, scrotum, testicles, vagina, breasts etc).

• Talk about the difference between a "good touch" (i.e. a kiss from Grandma, or a hug from Dad), "bad touch" (i.e. hair pulling, getting hit with a ball, getting kicked by their little brother) and "secret touch" (where an older child or grown up touches the child in the private parts and asks them to keep it a secret). This allows children to recognize being touched inappropriately by an adult that may not seem "painful" or hurtful" but is still not OK and is asked to be kept a secret. Tell them children should not have to keep secrets for adults.

• Teach your children and practice how to say "NO!" loudly to anyone who tries to touch their body in a way that makes the child feel confused or uncomfortable, or if the child is asked to touch an adult in an inappropriate manner.

• Teach your children to tell you or another adult they trust (teacher, friend's mother, aunt) if they are touched in any way that makes them uncomfortable.

Also ...

If your child does not want to hug or kiss a particular person or family member, don't force them to if they don't want to. It sends the wrong message to children and teaches kids to ignore their feelings and give more importance to the feelings of the adult, which sends mixed messages when they need to protect themselves against sexual abuse.

Facilitator notes: *Take time with this exercise. It can be difficult for women to teach children to name and speak about their genital parts. Some women may be concerned that it heightens their children's awareness and may lead to them becoming sexually aware too early.*

References

Australian Bureau of Statistics (2011), *Census of Population and Housing Basic Community Profile*, cat. no. 2001.0, ABS, Canberra.

Australian Bureau of Statistics (2012), *Personal Safety Survey*, viewed 1 April 2014 www.abs. gov.au/ausstats/abs@.nsf/mf/4906.0

Australian Bureau of Statistics (2005), *Personal Safety Survey*, cat. no. 4906.0, ABS, Canberra.

Australian Institute of Health and Welfare, (2012). *Child Protection Australia: 2010–11*. Canberra.

Baumrind, D. (1991). Effective parenting during the early adolescent transition. In P.A. Cowan & E. M. Hetherington (Eds.), *Advances in family research* (Vol. 2). Hillsdale, NJ: Erlbaum.

Bunston W., (2008). Baby lead the way: Mental health group work for infants, children and mothers affected by family violence. *Journal of Family Studies*. 14, pp. 334–341

Garcia-Moreno, C., Jansen, H., Ellsberg, M., Heise, L. & Watts, C., (2005). *WHO Multi-Country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses*. Geneva, World Health Organization.

Kopko, K., (n.d.). *Parenting Styles and Adolescents*. http://che-725726433.us-east-1.elb.amazonaws.com/pam/outreach/parenting/research/upload/Parenting-20Styles-20and-20Adolescents.pdf

Kaur, J., (2012). *Cultural Diversity and Child Protection: Australian research review on the needs of culturally and linguistically diverse (CALD) and refugee children and families*. Queensland, Australia.

Kassamali, T., (1998). *Muslim Family Lessons: Raising Children*. Tayyiba Publishers & Distributors.

Morgan, A. & Chadwick, H., (2009). Key issues in domestic violence. *Research in practice no. 7*. Canberra: Australian Institute of Criminology. www.aic.gov.au/publications/current%20 series/rip/1-10/07.aspx

Mouzos, J. & Makkai, T., (2004). Women's experiences of male violence: Findings from the Australian component of the International Violence Against Women Survey (IVAWS). *Research and public policy series no. 56*: Canberra: Australian Institute of Criminology. www.aic.gov.au/publications/current%20 series/rpp/41–60/rpp56.aspx

Pinheiro P 2006. *World report on violence against children*. New York: UNICEF. www.crin.org/docs/UNVAC_World_Report_on_Violence_against_Children.pdf

Rosenberg, M. S., & Rossman, B. B. R. (1990). The child witness to family violence. In R. T. Ammerman & Hersen, M. (eds.), *Treatment of Family Violence* (pp.183–210). New York: Wiley.

St. Joseph's Women's Health Centre (n.d.), *Impact of Migration and Resettlement on Attachment Beliefs, Values and Practices*. www.attachmentacrosscultures.org/impact/index.html

United Nations (2006). *United Nations Secretary-General's Study on Violence against Children*. Geneva, Switzerland.

United Nations Secretary-General (2006). *Report of the Independent Expert for the United Nations Study on Violence against Children. Promotion and protection of the rights of children*. United Nations General Assembly, Sixty-first session. A/61/299.

Watts, C. and Zimmerman, C (2002), Violence against women: global scope and magnitude, *The Lancet*, 359, pp. 1232–1237.

Notes

Notes

Working with Muslim women on the effects of family violence and child sexual abuse on children

Australian Muslim Women's Centre for Human Rights
Equality without Exception