As a Korean-Australian woman, active in both women’s and ethno-cultural community organising and spaces, the issue of domestic violence is close to my heart. It is no secret that due to language barriers, lack of social capital/networks, and cultural connotations on domestic violence, communities of colour, especially women of colour, suffer domestic violence in silence. It is also the fact that gendered violence against women of colour warrants far less support and outrage from activists and the public alike, which makes this situation more heartbreaking and difficult as a woman of colour.

I was confronted by this dire reality when a woman in my community was found dead in broad daylight in a busy suburb due to domestic violence. The news reported the incident on the day, and it was soon forgotten within a week. I remember feeling powerless and angry - this was a time when I was involved as an executive with Reclaim the Night, a rally to end gendered violence, and here I was not being able to do anything for women in my community going through the exact thing. The feeling of powerlessness was exacerbated as I saw the different reactions to a white woman’s death by gendered violence by fellow feminist activists, the media, and the public. The amount of media outrage, vigils, and campaigning from activists for white women contrasted the treatment of cases that involved women of colour, where cases did not attract any media attention or campaigning.

I knew I couldn’t instantly change the fact that white, middle-class voices dominated feminist spaces in Australia, or remove the structural racism present in our society. I tried to find ways in which I could help communities of colour who experience gendered violence and found that there was a large absence of linguistically diverse resources and services for linguistically diverse people that may be seeking help. The creation of this guide, and the thought that this guide might help someone in a difficult situation gives me hope that we can slowly work towards eradicating negative connotations of speaking out and seeking help for domestic violence within communities of colour.

I want to thank the Eastern Domestic Violence Network and Officer James from the Randwick Police station for assisting me. You have been a tremendous help to the creation of this guide.

Christina Kim
WHAT IS DOMESTIC VIOLENCE?

Domestic violence refers to an incident or pattern of incidents of controlling, threatening, degrading or violent behaviour, including sexual violence between people who are currently or have previously been in an intimate relationship. Most of the time, it is perpetrated by a partner or ex-partner, but can also come from a family member or carer with the intention to control and dominate the other person.

Domestic violence can include but is not limited to the following:
- Physical assault
- Sexual assault
- Verbal abuse
- Emotional abuse
- Reproductive coercion
- Financial abuse – taking control over bank accounts and financial transactions
- Technology-facilitated abuse – cyberbullying someone, mocking someone online
- Social abuse – isolating someone from their friends and family
- Spiritual abuse – stopping someone from practicing their religion.

GASLIGHTING

Emotional Abuse (Gaslighting)

Emotional abuse, or gaslighting, is a tactic used by perpetrators to make the victim question their perception of reality, feelings, instincts, and sanity. When the perpetrator breaks down the victim’s ability to trust their own perception and feelings, victims are more likely to stay in abusive relationships.

Gaslighting techniques
- Withholding: the abusive partner pretends not to understand or refuses to listen. E.g. “I don’t want to hear this again,” or “You’re trying to confuse me.”
- Countering: the abusive partner questions the victim’s memory of events, even when the victim remembers them accurately. E.g. “You’re wrong, you never remember things correctly.”
- Blocking/Diverting: the abusive partner changes the subject and/or questions the victim’s thoughts. E.g. “Is that another crazy idea you got from [friend/family member]?” or “You’re imagining things.”
- Trivializing: the abusive partner makes the victim’s needs or feelings seem unimportant. E.g. “You’re going to get angry over a little thing like that?” or “You’re too sensitive.”
- Forgetting/Denial: the abusive partner pretends to have forgotten what actually occurred or denies things like promises made to the victim. E.g. “I don’t know what you’re talking about,” or “You’re just making stuff up.”

Signs of being a victim of gaslighting
- You constantly second-guess yourself
- You ask yourself, “Am I too sensitive?” multiple times a day
- You often feel confused and even crazy
- You’re always apologizing to your partner
- You can’t understand why, with so many apparently good things in your life, you aren’t happier
- You frequently make excuses for your partner’s behaviour to friends and family
- You find yourself withholding information from friends and family so that you don’t have to explain or make excuses
- You know something is terribly wrong, but you can never quite express what it is, even to yourself
- You start lying to avoid the put downs and reality twists
- You have trouble making simple decisions
- You have the sense that you used to be a very different person – more confident, more fun-loving, more relaxed
- You feel hopeless and joyless
- You feel as though you can’t do anything right
- You wonder if you are a “good enough” partner
Emotional abuse that isn’t gaslighting may include but is not limited to:

- Blaming a partner for all the problems in a relationship
- Constantly comparing them with others to undermine their self-esteem and self-worth
- Intentionally embarrassing or intimidating them in public (online or offline)
- Yelling, insulting or swearing at them (also known as verbal abuse)
- Controlling someone’s finances (also known as financial abuse)
- Telling them what to wear
- Preventing them from seeing their friends and family (also known as social abuse)
- Stalking
- Threatening suicide
- Making them feel guilty when they refuse sex
- Threatening to report their immigration status

Financial abuse occurs when another person manipulates your decisions or controls your access to money without your consent. Financial abuse can happen to anyone, no matter how old you are or how much money you have. Financial abuse is often accompanied by anger, verbal abuse, or the threat of violence.

Signs of financial abuse

- Someone taking complete control of finances and money
- Restricting access to bank accounts
- Providing an inadequate allowance and monitoring what their partner spends money on
- Forbidding a partner to work
- Taking a partner’s pay and not allowing them to access it
- Using their credit card without their permission
- You have to get permission from another person to spend your own money
- You are being made to feel like you are incompetent with money
- Forcing you to pay for things you don’t want or need
- Taking or selling your property without your permission
Reproductive coercion refers to a range of controlling behaviours regarding a woman’s reproductive autonomy. Reproductive coercion is an easy and effective and cowardly way of manipulating and controlling a woman by limiting her autonomy over her fertility and reproductive health and choices.

Children By Choice’s data collection on reproductive coercion shows us that around a third of all women reporting domestic violence also reported reproductive coercion. Women experiencing domestic violence and an unplanned pregnancy are more likely to present at a higher gestation than other women seeking assistance with reproductive choice. Young women under 20 are under-represented in reproductive coercion data. Some studies suggest they are more likely to go ahead with pregnancy in this context than to seek support around reproductive choices, highlighting an increased vulnerability to coercion in this group.

**Signs of Reproductive Coercion**
- Birth control sabotage (when contraception is deliberately thrown away or tampered with), e.g. Stealthing (non-consensual condom removal)
- Verbal threats/physical violence when a woman insists on condoms or any contraceptive method
- Coercing a woman to keep an unwanted pregnancy or to have an abortion

If someone has disclosed that they are in a domestic violence situation, avoid normalising the violence or blaming the victim. Take steps assist the person by:

- **Listening** to what they have to say
- **Believing** their situation
- **Respecting** their feelings and decisions
- **Referring** them to professional services and resources (refer to external resources section at the end of the booklet)

**Access to reproductive & sexual health care**
As mentioned previously, one of the ways in which perpetrators control women is through reproductive coercion. If you believe you or your friend’s reproductive autonomy is being controlled or denied by your partner, contact the relevant resources listed in this section to access services that may be appropriate for your needs. Sexually Transmitted Disease/Infection Testing.

You will be able to get STI/STD tests by visiting a GP or a sexual health clinic. You can do this by making an appointment with the UNSW Health clinic by phone or walk-in. (For more information: healthservices.unsw.edu.au/content/international-students)

**Sydney Sexual Health Centre**
A great sexual health clinic to visit for any sort of sexual health concerns - you don’t need a Medicare card to visit the clinic. The Clinic is LGBTQI+ and sex worker friendly, offering free and confidential STI and STD testing for both groups.

If you need an interpreter upon the visit/making an appointment, please call:
Sydney Health Care Interpreter Services: 9515 0030
Translating and Interpreting Services: 131 450

The website is also translated into Chinese & Thai:
Chinese: sshc.org.au/chinese
Thai: sshc.org.au/thai
CONTRACEPTION

There are various contraception methods to ensure you have autonomy over your reproductive choices. A few common methods of contraception include:

**Combined hormonal oral contraceptive pill**

The combined hormonal oral contraceptive pill is made up of two hormones, an estrogen, and a progestogen. The two hormones work together to stop ovaries from releasing an egg every month, as well as making the mucus in the cervix thicker so the sperm can’t get into the uterus.

The pill is usually started in the first 5 days of a natural period when it is immediately effective. You will have to take the pill every day (except for the non-hormonal pill, which you may skip). The pill is available at the pharmacy with a prescription with a doctor. The cost varies depending on your health fund, and the brand you are purchasing.

**Implant**

The contraceptive implant is a small, flexible rod about the size of a matchstick. The implant is put under the skin of the upper arm. It can stay there for up to 3 years. The implant slowly releases a progestogen hormone called etonogestrel into the bloodstream. This can prevent pregnancy for up to 3 years.

The implant is prescribed by a doctor. The implant can be put in:

- At Family Planning NSW clinics.
- By GPs, nurses and gynaecologists who have been specially trained.

The doctor or nurse will inject local anaesthetic under the skin on the inside of your upper arm, this will make the procedure more comfortable. The procedure takes 5 - 10 minutes.

If the implant is put in during the first 5 days of your period it will start to work straight away. If it is put in at other times it will take 7 days to work - you will need to use another method of contraception or not have sex for 7 days.

**IUD**

An IUD is a device that is placed inside your uterus to prevent pregnancy. There are two types: the copper IUD (non-hormonal) and a hormonal IUD. Discuss which option may suit you best by consulting with the doctor.

The IUD is placed inside your uterus by a doctor or a nurse. You may need two visits to put in an IUD: the first visit to screen your health, possibly a vaginal examination, cervical screening and/or test for infections, and the second visit where the IUD would be put into your uterus. The process will take 10 minutes, but you will need to stay at the clinic for an hour.

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**Morning After Pill (Plan B)**

If you have had unprotected sex, you can use the morning after pill (plan B) within three days. Make sure to take it as soon as possible, as it is most effective when taken within 24 hours.

The pill is available over the counter at any pharmacy, with no prescription needed. The plan B pill may cause your regular period cycle to change, headache, and dizziness. If you vomit within 2 hours of taking the medication, you will need to retake the pill.

You can visit your GP or sexual health clinic to further discuss and choose your method of contraception. A great sexual health clinic to visit is Family Planning (Ashfield). You can advise the receptionist if you need an interpreter at the time of your consultation.

**Clinic information is also available in a few languages, including Chinese, Vietnamese and Arabic:**


You can make an appointment by calling on (02) 8752 4300 or putting an online request (fpnsw.wufoo.com/forms/pyx9uj40rzwaxq). The time and date of the appointment will be confirmed by a phone call.
PREGNANCY & NEXT STEPS

Pregnancy Symptoms
- Late period
- Nausea
- Sore breasts
- Feeling dizzy and/or tired
- Confirming with your GP

Confirming with your GP
To confirm, get a test from your local GP and/or sexual health clinic.

UNSW Health Clinic:
- Appointment can be made by phone or walk-in
- Overseas Student Health Cover (OSHC) or Medibank OSHC Insurance do not have outcosts for general consultations. (All student visa holders are required to have an OSHC for the duration of their studies)

Additionally, you can purchase an at-home pregnancy test at your local supermarket and chemist/pharmacy for around $10 each.

Counselling
If you need counselling through the decision-making process, please visit sarasplace.org.au who are able to provide you with all the information you need. They are able to give you sound advice as to whether to continue with the pregnancy, adopt, or to access abortion. You need to contact them via email or phone (1300 851 592) beforehand to organise an interpreter service.

TERMINATION OPTIONS

If you do decide to have an abortion, there are two methods: medical and surgical abortion. You will be able to get both at specialist private clinics.

You can access abortion services at the following places near UNSW:

The Private Clinic
120 Devonshire St, Surry Hills

Medical: $900 (without Medicare)
- Rebate from insurance is only around $50
- There will also be one or more blood tests required and these will be billed directly by the pathology lab. Usually around $100
- The follow-up visit, and any surgical procedures (if required) are included in the initial fee
- With Medicare: $480, with $50 rebate

Surgical: $680 (without Medicare)
- Most private health funds for international services will reimburse the equivalent Medicare schedule fee, which should be around $450 or more, but this will depend on conditions such as waiting periods or exclusions on each person’s cover.
- With Medicare: $450, with a Medicare rebate of $155. The rebate can be claimed for the patient on the day of the procedure
- Private insurance doesn’t offer any additional rebate
- All pathology tests are bulk billed
- An IUD can be inserted at the time of the termination and the extra cost is $120 for a Mirena, or $210 for a copper IUD

Marie Stopes
Suite 3, Level 8/187 Macquarie St

Medical: from $290
Surgical: from $440
- You can also request to add contraception after the termination.
- More information at mariestopes.org.au/bookings/prices
- The website can be translated into Arabic, Chinese, Korean, Hindi, Vietnamese, but please note it does contain errors, so for accurate information contacting them via phone or email will be best.
When you’ve decided to have an abortion, there are two available options: medical and surgical. The best option will depend on each person, so if you’re feeling unsure, speak to your doctor about which one is right for you.

**Medical**
- You can have a medical abortion when you are less than 9 weeks (63 days) pregnant (from the first day of your last period).
- In a medical abortion procedure, you take two pills - one at the clinic and another when you get home.
- The first pill blocks the hormone necessary for the pregnancy to continue, followed by the second tablet 24-48 hours later, which causes the content of the uterus to be expelled.
- Significant cramping generally occurs the first 24 hours, and pain relief medications such as ibuprofen can be taken during this time.
- Bleeding and cramping should diminish after the pregnancy is terminated, and mild bleeding can continue for up to 2 weeks.
- If no bleeding has occurred within 24 hours after the second tablet, you will need to visit the clinic for a second dose.
- You will have a check-up appointment 2 weeks after to ensure the termination was successful.
- Medical abortions will cost upwards of $250 upfront, however with Medicare rebates, will ultimately only cost you approximately $40.

**Surgical**
- You can have a surgical abortion when you are 7-12 weeks pregnant.
- There are two methods of surgical abortion. The first is undertaken using a gentle suction tool that removes the contents of the uterus. The second involves dilating the cervix and the contents of the uterus are removed by instruments rather than sucking.
- Surgical abortions only take around 15 minutes but will require a 4-hour stay in hospital for observation purposes.
- Depending on the type of surgical abortion, personal preference, and advice from a medical professional, you have the option to receive local, twilight, or general anaesthetic for the duration of the procedure.
- Surgical abortions cost upwards of $1,500 upfront, however with Medicare rebates, will cost around $500.
- Please note that international students are also eligible for a rebate on abortion services under OSHC.

Getting to the clinic may seem daunting, but it should be relatively simple. Keep this info in mind to help make your appointment as comfortable as possible.

**The Appointment**
- You do not need a referral from a doctor. If you suspect you are pregnant and require a termination go to a clinic.
- Make sure to bring your Medicare or overseas medical care card (OSHC).
- Consider bringing someone along for support.

**Surgical**
- Do not eat or drink 4-6 hours before the procedure.
- Bring along spare pads and a nightshirt.
- Have someone drive you home.
SUPPORT AVAILABLE FOR A DOMESTIC VIOLENCE SITUATION

The police
You don’t need to report your perpetrator or the domestic violence incident if you don’t want to; you can seek alternative support if that is what you’re comfortable with. In the case that you do want to report, here are the answers to some basic questions on what the police can do for you.

How do I report a domestic violence incident? What if I need an interpreter?
In an urgent DV situation, you can make a report by calling 000 or Crime Stoppers: 1800 3633 000. It is important to note that when you report using these numbers, police are required to show up at the scene even if you call to cancel the report.

Stages of Police investigation:
First Response at the scene or on receiving the report at the station:
First response officers are responsible for the collection or evidence and obtaining statements from victims and witnesses.

Investigating:
The victim, offender, and witnesses (if applicable) are to be interviewed, have statements taken, physical evidence is to be gathered, and a determination made as to whether sufficient evidence exists to commence criminal proceedings. If sufficient evidence is present, the offender is charged with appropriate criminal offences and/or police apply for a provisional/urgent ADVO.

Authorisation of the brief of evidence:
Provide all available evidence to the court to obtain a criminal conviction beyond a reasonable doubt or in the case of an ADVO only, to ensure that a final ADVO is issued on a balance of probabilities.
• You can also visit the local police station to report a domestic violence incident or perpetrator.
• When first notified of a domestic and family violence incident, police will obtain and provide as much information as possible, including the whereabouts of all involved parties victim, witnesses and offender
• Information about the domestic and/or family violence
• Whether firearms were used or are present at the scene
• Whether alcohol or drugs are involved
• Any injuries
• Previous history of domestic and family violence
• The risks and threats to themselves and to the victim and other parties present
• Render and/or seek any immediate medical assistance as required, e.g. Ambulance
• Enquire about children and physically check on their welfare
• Complete the DVSAT questions with the victim
• Assess grounds for an ADVO
• Advise the person reporting of the need to preserve any physical evidence
• Provide accredited interpreters for people from CALD (Culturally and linguistically diverse communities) that may feel restricted explaining their situation in English
• Arrange an interpreter for the first day in court for the victim.

The perpetrator isn’t an Australian citizen. What measures can be made against them?
An AVO or any criminal charge can be made against non-Australian citizens or non-residents.

Are there any specialized officers that can be contacted immediately?
Domestic Violence Liaison officers (DVLO) and Multicultural Community Liaison officers (MCLO) work to support victims of Domestic Abuse from CALD backgrounds through the process of reporting a DV incident.

The closest police station from the university will at DVLO & CALD officer is Randwick Police Station, 196 Alison Rd.
GATHERING EVIDENCE FOR LEGAL ACTION

The decision to prosecute is primarily evidence based as the case needs to be proven beyond reasonable doubt.

Evidence of Medical Treatment:
Consult a doctor for treatment and documenting injuries, which will be obtained by police (with victim’s consent provided).
Victims may be asked to sign a medical release, to be included in the brief of evidence.

If a sexual offence is alleged, all action is made with the victim’s consent and any action must comply with the NSWPF Investigation and Management of Adult Sexual Assault Policy, Standard Operating Procedures, and NSW Police, Health and Office of the Director of Public Prosecutions Guidelines for Responding to Adult Victims of Sexual Assault.

Victims Statement:
May be provided in either video recording, audio recording, or a typed statement.
Police are required to use a professional interpreter if needed.

What can actually be done by the police to ensure the safety of survivors?
Police officers whose rank is sergeant or above can issue provisional ADVOs (Apprehended Domestic Violence Order) and direct or detain a defendant for applying for and serving an ADVO.
A provisional ADVO is treated as an application on behalf of the protected person by the police officer. The police officer will prepare and submit the report before the court.
An ADVO breach is treated as a criminal offence, with the police having power to arrest the offender at the scene of the breach. The consent of the victim to breach the ADVO cannot be used as a defence, as it is the defendant’s responsibility to comply with the order.
ADVO orders include imposing prohibitions on perpetrators to ensure the safety of the protected persons, such as:
• Orders about behaviour
• Orders about contact
• Orders about where the perpetrator cannot go
• Other orders dependent on the case

UNSW

UNSW provides various resources that may be helpful in a domestic violence situation. Here are the main resources available for students.

Crisis Accommodation
Arc provides crisis accommodation (maximum 10 days) for current UNSW students who have a need to stay in a safe place until they arrange permanent placements. To access short-term accommodation, you will need to fill in an application form (arcunsw.wufoo.com/forms/crisis-accommodation-application-form) along with supporting documents such as:
• UNSW student identification card
• Recent bank statement
• Referral from a professional authority (arcunsw.wufoo.com/forms/z1pypep3q10i1pmu/)

For more information, please contact Arc legal & advocacy at advice@arc.unsw.edu.au

Arc Legal & Advocacy
Arc provides legal advice about issues that include but are not limited to:
• Apprehended violence orders & police matters
• Student visas

For issues that Arc Legal may not be able to provide advice on, the Legal & Advocacy team will provide a referral to alternative services. To arrange a meeting with the team, contact advice@arc.unsw.edu.au

Emergency Student Loans
Arc can provide legal advice and support when applying for a small interest-free emergency loans from UNSW. The loans are provided to current UNSW students who can demonstrate immediate financial hardship. Usually, loans are available up to $1500, and in extraneous cases, up to $4000. Once the loan is approved, students are usually required to enter a repayment plan that’s tailored to meet the student’s capacity to repay.

To apply for a loan you need to:
Compete & Submit the Loan Application form: student.unsw.edu.au/application-form-esa-unsw

Contact a student support advisor and arrange a meeting with them:
• Email: advisors@unsw.edu.au
• Phone: 02 9385 4734

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Contact a student support advisor and arrange a meeting with them:
• Email: advisors@unsw.edu.au
• Phone: 02 9385 4734
Supporting documentation you need provide includes:
• A copy of your most recent bank statement
• Proof of income (e.g. Centrelink statement, payslips for the month preceding the application)
• A quote for the purpose of the loan

Care Packs
Students can request one of the following care packs at Arc Reception:
• Food packs: basic food items, e.g. soup, lentils, beans, canned veggies, tuna, breakfast bars.
• Hygiene packs: shampoo, soap, toothbrush, toothpaste, toilet paper.
• Baby packs: baby food, nappy, baby wipes, and soap.

CAPS (Counselling and Psychological Services)
UNSW provides student counselling services. You would need to attend an “on the day consultation” or have a brief phone consultation to register your information and to complete a brief questionnaire.

Contact details for Kensington Campus:
Address: Level 2, East Wing, Quadrangle Building.
Email: counselling@unsw.edu.au
Phone: + 61 2 9385 5418

In relation to accommodation services, it is best not to name and list them to preserve the security of the services. All refuges and emergency accommodation services are accessed through the DV Line 1800 65 64 63 and Link2Home 1800 152 152, and will accommodate over-the-phone interpreter services if needed.

Other Resources
1800 Respect: Free, confidential family violence and sexual assault counselling service
Provides interpreter services
1800respect.org.au/languages (Website provides translations)
Domestic Violence Line 1800 656 463
Link2Home 1800 152 152
Immigration Advice and Rights Centre (IARC) iarc.asn.au (Translations available on website)

Culturally & Linguistically diverse services
Muslim Women’s Association: 9750 6916
Immigrant Women’s Speakout: 9635 8022
Immigration Rights & Advice Service: 9262 3833
Jewishcare: 1300 133 660
Sydney Multicultural Community Services: 9663 3922

Sources
• childrenbychoice.org.au/factsandfigures/reproductivecoercion - Reproductive Coercion
• ESDVN Bystander Brochure - How to help someone in a Domestic Violence situation
• fthehotline.org/what-is-gaslighting/ - Emotional Abuse
• student.unsw.edu.au/advisors/loan - Student emergency loans
• arc.unsw.edu.au/help - Arc Legal, crisis accommodation & care packs
• student.unsw.edu.au/counselling - CAPS
• fpnsw.org.au/health-information/individuals/contraception - Contraception methods
• A Riot Girl’s Guide to Abortion (UNSW Women’s Collective) - Access to Reproductive care
• thedeli.org.au/information - Culturally & linguistically diverse services
You may shoot me with your words,
You may cut me with your eyes,
You may kill me with your hatefulness,
But still, like air, I’ll rise.

- Maya Angelou