

Sharing WISDOM

Sharing perspectives on **What Is Success?** Determining **Outcomes** important for integration of **Multicultural** community services in a coordinated response to family violence

A research report prepared for Family Safety Victoria by the Gender and Women's Health Unit (The University of Melbourne), the Multicultural Centre for Women's Health and Whittlesea Community Connections

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Acknowledgement of Country

The University of Melbourne, Multicultural Centre for Women's Health, and Whittlesea Community Connections acknowledge the Traditional Owners of the unceded land on which we work, learn and live: the Wurundjeri Woi-wurrung and Bunurong peoples, the Yorta Yorta Nation, and the Dja Dja Wurrung people, and pay our respects to Elders past and present.

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Table of Contents

Acknowledgements	3
List of tables and figures	5
Acronyms and abbreviations	5
Terminology used in this report	6
Executive Summary	8
<i>Roadmap for Action</i>	13
Introduction	15
<i>Migrant and refugee women’s experiences of family violence</i>	16
<i>The family violence service delivery context in Victoria</i>	17
Aim of this research	21
Methodology	22
<i>Frameworks underpinning the study</i>	22
<i>Research design</i>	22
<i>Strengths and limitations of the research</i>	26
<i>Research ethics</i>	27
Key findings	28
<i>Perspectives on success</i>	28
<i>Enablers of safety and, therefore, success</i>	30
<i>Barriers to success and safety</i>	40
Discussion	69
Recommendations	75
<i>Invest in communities</i>	77
<i>Strengthen workforce capacity</i>	79
<i>Address structural inequalities</i>	81
Conclusion	83
References	84

List of Tables and Figures

Table 1: Key characteristics of migrant and refugee women interviewed about their lived experience of family violence	24
Table 2: Characteristics of service providers participating in key informant interviews or focus group discussions	25
Case study: Whittlesea Community Connections System Connector Project	36
Case study: Jane’s experience of gaps in service coordination	43

Acronyms and abbreviations

AMWCHR	Australian Muslim Women’s Centre for Human Rights
CALD	Culturally and linguistically diverse
CISS	Child Information Sharing Scheme
FGD	Focus group discussion
FV	Family violence
FVISS	Family Violence Information Sharing Scheme
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual
MARAMIS	Multi-Agency Risk Assessment and Management framework and Information Sharing
MBCP	Men’s Behaviour Change Program
MCWH	Multicultural Centre for Women’s Health

Terminology used in this report

Bilingual and bicultural (workforce): individuals who identify with two or more cultural, linguistic, faith-based, or ethnic identities. This term applies to those who either emigrated from another country or are first, or multi-generation migrants. Bilingual specifically refers to individuals who speak one or more languages in addition to English.

Coercive control: the pattern and underlying feature or dynamic created by a person's tactics and use of family violence and its felt impact or outcome on victim survivors. This includes any combination of family violence behaviours used by a perpetrator to create a pattern or 'system of behaviours' intended to harm, punish, frighten, dominate, isolate, degrade, monitor or stalk, regulate and subordinate the victim survivor (State Government of Victoria, 2021).

Coordinated response: The family violence response system is premised on the concept that family violence brings people into contact with different services and sectors that have responsibilities to prevent, recognise and respond to victim survivor safety risks and promote perpetrator accountability within the scope and limitations of their role. Coordination and collaboration are organising principles of the family violence response system to enable effective multi-agency responses (Domestic Violence Victoria, 2020).

Culturally and linguistically diverse (CALD) is commonly used in Australia to refer to first or second-generation migrants whose cultural practices, religious beliefs and languages differ from those considered dominant or 'mainstream' in the country to which they have migrated. However, it is a broad and generalised term that may not adequately capture the nuanced identities within multicultural communities. Consequently, we have opted not to use this term except in direct quotes to retain the quote's accuracy and context.

Family violence can include physical, sexual, emotional/psychological, and/or economic abuse. Under the Family Violence Protection Act 2008 (Vic), this also includes threatening and/or coercive behaviour that controls or dominates family members, causing them to fear for their or other family members' safety and wellbeing.

Lived experience of family violence: people who have direct, personal knowledge and experience of family violence, who have experience seeking support from the family violence response system, and/or the families and carers of people who have had these direct experiences (Family Safety Victoria, 2022).

Migrant and refugee background: individuals living in Australia who have chosen to or were forced to resettle in Australia for a variety of reasons including political, social, environmental and economic. Many migrant and refugee women experience cultural and/or racial marginalisation based on migration status, ethnicity, religion or other factors (Diversity Council Australia, 2023). Second-generation migrants may also experience these forms of marginalisation and discrimination.

Multicultural community services encompass a diverse range of organisations delivering programs and initiatives to support both newly arrived and established migrants, asylum seekers and humanitarian entrants. These services promote the health, well-being and social inclusion of multicultural communities by facilitating access to essential resources, fostering social connections and addressing unique needs of culturally diverse populations.

People or person of colour is a term commonly used by individuals who do not identify as white. This identity can encompass a diverse range of people, including indigenous peoples and those who have migrated to countries with predominantly white populations, though it is not limited to such contexts. The term is often used to recognise the shared experiences of racial or ethnic marginalisation, though there is no unified experience among all people of colour, as their identities and experiences are shaped by a variety of factors including historical, geographical, cultural and personal background.

Person using violence and perpetrator describes an individual using family violence. In this report these terms are both used, depending on the context and on the terminology used by participants.

Specialist family violence services describe mainstream specialist family violence crisis and case management services in Victoria (including The Orange Door network, Safe Steps, specialist family violence case management services). These services offer intake, risk assessment and safety planning, crisis accommodation and financial support for women experiencing family violence, including migrant women. These services also provide counselling and therapeutic services, and coordinate referrals and other supports to enable women to heal and recover. Specialist family violence services may include a response to people using violence through the provision of men's behaviour change programs.

Targeted specialist family violence services are specifically funded to provide a specialist response to family violence occurring in migrant communities (for example, inTouch, Wellsprings for Women and the Australian Muslim Women's Centre for Human Rights), and in other groups in the community (such as LGBTIQ+ communities). They may provide targeted additional services such as specialist migration, visa and legal support.

Victim survivor: an individual who has experienced family violence.

Executive Summary

Conducted by the Gender and Women's Health Unit at the University of Melbourne, with the Multicultural Centre for Women's Health and Whittlesea Community Connections, this research aimed to understand what "success" looks like for a coordinated response to family violence that is both inclusive of multicultural community services and responds to the needs and priorities of migrant and refugee communities.

Background

Multicultural community services provide support to migrant and refugee women and their families upon arrival in Australia and often continue to assist families and communities throughout their lives. Research has demonstrated that multicultural service providers in Victoria, Australia, regularly encounter and provide support to clients experiencing (and using) family violence (Vaughan et al., 2020; Vaughan et al., 2016; Block et al., 2021).

Seeking and receiving help for family violence can be difficult for any woman - however women and children from migrant and refugee backgrounds face substantial additional barriers to accessing family violence response services that effectively address their needs (Afrouz 2021; Moges Lemma et al., 2023; Zark et al., 2023).

In October 2022, the Victorian government, funded through its agreement with the Commonwealth Government under the National Partnership on Domestic and Family Violence Responses, invested \$2.4 million dollars in 'Working Together' grants to strengthen family violence support for multicultural communities (Victorian Government, 2022¹). This funding supported multicultural community services, mainstream and targeted specialist family violence services to continue their existing work as well as deliver projects in collaboration with each other in acknowledgment of the need for a coordinated response to family violence in multicultural communities.

The broader landscape of services for migrant and refugee women includes faith-based and ethno-specific organisations, advocacy groups, health centres, and agencies offering education, youth and family services. These services are neither funded nor trained to deliver specialist family violence responses. However, many are funded to deliver family violence related programs (such as prevention education or programs that support women's long-term recovery) and will complete intermediate risk assessment or identification and screening training appropriate to their role.

¹A second phase of the 'Working Together' grant program will fund initiatives from 2025-2027

These services play a crucial role in supporting disclosures and referring women to specialist family violence services. Despite their critical role, it remains unclear how the work of multicultural community services is conceptualised within the family violence response sector, or how it can be more effectively integrated into Victoria's broader family violence response. This research project examined how different stakeholders (specialist family violence services, multicultural community services, and particularly migrant and refugee women with lived experience of violence) understood 'success' in relation to integration of multicultural services into family violence response systems, and what this means for addressing the needs and preferences of migrant and refugee victim survivors and their families.

Methodology

Qualitative data were collected through 14 in-depth interviews with migrant and refugee women with lived experience of family violence; 13 focus group discussions with a total of 74 service providers from multicultural community services and from specialist family violence services (including specialist family violence services providing targeted support to migrant and refugee women); and 14 key informant interviews with service providers. Data were subject to thematic analysis, with the research team's early interpretations and findings interrogated by migrant women with lived experience of family violence and by service providers at a participatory data validation workshop.

Key findings

Participants reported that **migrant and refugee women's and children's safety was the central indicator of a successful, integrated family violence response system**. Safety was conceptualised as freedom from violence; stability and social connection; as well as cultural safety in service systems. Factors that could contribute to stability and social connection included some women's decisions to remain in relationships while having access to culturally safe services that helped increase their independence and enabled their choices.

Enablers of safety and success

Migrant and refugee women and children's safety, and therefore, a successful, integrated response to family violence is enabled by strengthened information sharing mechanisms; an intersectional approach to service delivery; cross-sector capacity building and collaboration; community-based interventions and partnerships; advocacy by migrant and refugee women with lived experience; and the social and economic empowerment of migrant women.

Barriers to safety and success

Participants had observed improvements in the service response to migrant and refugee women experiencing family violence associated with the many reforms in the sector in recent years. However, they consistently expressed that there remained much to be done to achieve equity in the family violence ecosystem; to ensure migrant and refugee women's safety; and to deliver a successful, integrated response.

Despite improvements in collaboration, **gaps in coordination** between specialist family violence and multicultural services hindered effective support for migrant and refugee women. Limited cross-sector understanding, inconsistent referral processes, and fragmented service structures led to delays, confusion, and missed opportunities for safety and recovery. Strengthening interagency collaboration and integrating prevention, early intervention, and response efforts were essential to improving outcomes for victim survivors.

Eligibility restrictions on migrant and refugee women, particularly those on temporary and partner visas, posed barriers to housing, healthcare, income assistance, and family violence financial aid. These limitations, combined with restricted work rights, undermined their ability to leave violent relationships and find long-term safety. Case management was often confined to those in immediate crisis or at high risk, leaving many women trapped in abusive situations due to rigid eligibility criteria.

Service responsiveness was another challenge, with women often waiting weeks or months to access case management or being offered inadequate services. Some women slept in cars or relied on community and faith organisations for shelter, further exposing them to risk. Crisis accommodation was often short-term, and case management didn't address long-term needs like financial independence, mental health care, or legal support. For migrant women unfamiliar with local systems, limited support outside business hours and a lack of outreach made navigating the service landscape harder.

Risk assessment tools reflected Western understandings of safety and family violence, which didn't always resonate with migrant and refugee women. Language such as "Are you safe at home?" were not meaningful for women without an understanding of the family violence context in Australia. This limited opportunities to apply an intersectional approach, and overlooked complexities such as non-physical abuse, leaving gaps in risk identification and culturally responsive practice.

Cultural and linguistic representation in the family violence workforce was essential for building trust with migrant and refugee women. However, the lack of visible representation, particularly in leadership roles, created barriers to trust. Structural issues, such as visa restrictions and limited employment pathways, excluded migrant women, including those with lived experience of family violence, from entering or advancing in the sector.

Multicultural community services played a vital role in providing culturally responsive, in-language support where specialist services fell short. However, their work was **undervalued**, with limited recognition in funding, planning, or sector development. Bicultural practitioners, who shouldered much of the labour, faced challenges without adequate support or compensation. This exclusion undermined equity and the effectiveness of the family violence response.

Limited and restrictive funding for multicultural community services hindered their capacity to deliver holistic support. These funding models didn't recognise the time-intensive nature of trust-building or the complexity of community-led responses, further marginalising grassroots expertise and weakening migrant women's leadership within the sector.

Migrant and refugee women experienced **harmful social and gender norms, biases and discrimination** as a barrier to success. Expectations around gender roles often led to victim-blaming, ostracism, and social isolation, deterring women from seeking help. These pressures were compounded by systemic racism within both mainstream and specialist services, resulting in discriminatory treatment and underestimation of women's needs. Bicultural and People of Colour (POC) practitioners also faced microaggressions and career limitations, affecting their retention in the workforce.

Many migrant women did not recognise non-physical abuse as family violence, and **gaps in knowledge** about Australian legal and support systems left them unaware of their rights, such as family violence visa provisions. Inadequate, in-language resources further disempowered them. Multicultural service practitioners often lacked knowledge of coercive control dynamics, leading to misalignments between sectors and missed opportunities for support. Ongoing training for service providers was essential to address these gaps.

Interpreter services, crucial for migrant and refugee women, faced significant challenges. Many interpreters lacked family violence training, leading to misinterpretations and misinformation. Some worked in unsuitable conditions, such as driving or in public spaces, undermining support. The lack of accountability raised fears of privacy breaches, further isolating victims and discouraging them from seeking help.

Finally, **culturally appropriate accountability measures** for men using violence were needed. Most behaviour change programs were delivered in English and weren't culturally adapted, limiting engagement from migrant and refugee men. Issues like dowry abuse or visa-related coercion were often overlooked. Programs tailored to cultural and religious contexts were strongly needed. Faith leaders, trusted by many, could play a critical role in holding perpetrators accountable, but often lacked the training to respond to family violence. Victims may have feared disbelief or retribution, highlighting the need for targeted interventions to bridge the gap between faith-based and family violence systems.

Recommendations

The graphic on the following pages shows a summary of key recommendations with implications for policy and practice in the family violence response sector. A detailed discussion of these recommendations can be found in the Recommendations section on page 77 of this report.

These recommendations aim to build on existing momentum by **leveraging existing and emerging resources**, while recognising that sustainable change requires new investment in initiatives that foster **collaboration**, innovation and integration. The upcoming round of *Working Together* grant **funding** presents a key opportunity to support projects and programs shaped by multicultural services and communities, and to **build capacity** where it's needed most. Working with women with lived experience of family violence from migrant and refugee backgrounds is also essential to improving service integration and equitable access. Finally, we recommend the **review** of key current approaches to working together with the aim of supporting continuous improvement.

ROAD MAP FOR ACTION

1



INVEST IN COMMUNITIES

Increase availability of resources

Strengthen the leadership role of migrant & refugee women

Recognise the role of community & faith leaders

Fund:

- Fund projects for targeted family violence services, MCS (multicultural community services), and migrant and refugee women with LE (lived experience) of family violence to co-design in-language, culturally relevant resources that raise awareness of coercive control, and to facilitate help-seeking among victim survivors.

Build capacity:

- Build leadership skills & capacity for migrant & refugee women to engage with government & service systems in an advisory capacity, and create advisory mechanisms for migrant & refugee women to guide policy on embedding cultural safety & equity into the FV service system.
- Develop & deliver tailored resources & training for community & faith leaders to respond to family violence.

Leverage existing/emerging resources:

- Build on and expand existing models like the Whittlesea Community Connections (WCC) Bilingual Family Violence Service Connector Project.
- Recognise & value the contributions of migrant & refugee women, as exemplified by models like InTouch's NOOR Family Violence Survivor-Advocates.
- Engage & leverage existing resources like the Multifaith Advisory Group & emerging projects such as the Our Watch Faith project to engage & build the capacity of faith leaders.

Collaborate:

- Ensure services partner & collaborate, particularly SFV (specialist family violence) & MCS (multicultural community services), to plan & implement family violence awareness programs & formalise referral pathways.
- Support forums for community & faith leaders to collaborate with family violence services to share experiences & strategies for responding to family violence.



2

STRENGTHEN WORKFORCE CAPACITY

Support for collaboration & engagement

Address systemic discrimination in the FV sector

Regulate & resource interpreting services

Fund:

- Invest in outpost arrangements and formal partnerships between multicultural & SFV services.
- Incentivise the recruitment & retention of staff from migrant backgrounds in SFV services, including leadership positions.

Build capacity:

- Increase opportunities for reciprocal learning across service sectors.
- Identify opportunities to support migrant & refugee women with lived experience to enter the SFV workforce & advance their career in the family violence sector.

Leverage existing/emerging resources:

- Highlight & profile the role and innovative initiatives of MCS in existing specialist family violence network meetings and events.
- Build on existing training courses, such as the Monash University Family Violence Training Course, to upskill interpreters and consider accreditation & preferential use by services supporting migrant and refugee women experiencing violence..

Review:

- Conduct a review to identify systemic barriers in the family violence sector, including Rec 209, & implement recommendations to improve employment pathways for migrant & refugee women.
- Establish feedback mechanisms to ensure quality control and continuous improvement in interpreter services.



3 ADDRESS STRUCTURAL INEQUALITIES

Tailor risk assessments & MARAM

Resource services to expand eligibility criteria

Develop mechanisms to report & redress racism

Increase access to housing for migrant & refugee women

Fund further research on children's perspectives

Fund:

- Fund training to increase awareness of coercive control to be delivered to police, child protection & other services by leveraging existing expertise in the MCS sector.
- Fund services to support women regardless of their visa status - ensure equitable allocation of brokerage funding to victim survivors regardless of visa status.
- Recognise & resource the longer duration of housing support that migrant & refugee women may need as they build local support systems.
- Fund further research to better understand migrant & refugee children's perspectives on successful responses to family violence, including their ability to maintain connections to culture, language, & community.
- Co-design safe reporting mechanisms for racism in collaboration with migrant & refugee women & those working in specialist family violence (& other) services.

Build capacity:

- Develop (co-design) & implement anti-racism policies & provide anti-racism training for all services responding to family violence.

Review:

- Support SFV services to review & align case management practices with the Case Management Program Requirements, ensuring that women still in relationships with perpetrators can access services.
- Review the language used in risk assessments & develop tools to challenge assumptions about safety, perpetrators, & the context of violence against migrant & refugee women.
- Review policies & systems in the family violence sector to identify & address discriminatory practices.
- Review eligibility criteria to ensure women on temporary or bridging visas can access housing support, along with their children & family members.

Introduction

Multicultural community services provide support to migrant and refugee women and their families upon arrival in Australia and often continue to assist families and communities throughout their lives. Research has demonstrated that multicultural service providers in Victoria, Australia, regularly encounter and provide support to clients experiencing (and using) family violence (Vaughan et al., 2020; Vaughan et al., 2016; Block et al., 2021). As prescribed organisations under the Family Violence Multi-Agency Risk Assessment and Management framework (MARAM), Child Information Sharing Scheme (CISS) and the Family Violence Information Sharing Scheme (FVISS), multicultural community services are increasingly being recognised as an integral part of the family violence response system.

Successful multicultural community service delivery is traditionally measured using indicators of access and equity, as well as services' ability to support community connection, inclusion and belonging (see, for example, Department of Home Affairs (2018) and Commonwealth of Australia (2024)). A successful response to family violence, on the other hand, is often conceptualised in terms of victim survivors' safety and recovery, person-centred empowerment, and perpetrator accountability (see, for example, Domestic Violence Victoria (2020) and Family Safety Victoria (2021a)).

While multicultural community services are funded to contribute to the family violence response system in Victoria, there is a gap in our understanding of what multicultural community services and individual service providers, specialist family violence response services and individual service providers, and victim survivors from migrant and refugee communities view as 'success' in relation to this contribution. Therefore, this study set out to develop a collective understanding of what success means for the integration of multicultural community services into a coordinated family violence response. The purpose of the study is to generate evidence that can contribute to policies and practices that improve responses to family violence experienced by migrant and refugee women and their children.



Migrant and refugee women's experiences of family violence

Seeking and receiving help for family violence can be difficult for any woman – however women and children from migrant and refugee backgrounds face substantial additional barriers to accessing family violence response services that effectively address their needs (Afrouz 2021; Moges Lemma et al., 2023; Zark et al., 2023). This means that victim survivors from migrant and refugee backgrounds often present to services late and in crisis, or do not access specialist family violence services at all.

Systemic failures and structural barriers create significant obstacles to support for migrant and refugee women experiencing family violence. A lack of accessible in-language information, and language barriers with service providers, reduces victim survivors' ability to disclose their situation, communicate their needs, understand their rights, and access services effectively (Zark et al., 2023). Without timely access to relevant information, women coming to Australia from different socio-cultural and legal contexts do not always recognise their experiences as family violence. Coercive control, in particular, may be an unfamiliar concept (Tambasco et al., 2024). Not recognising that harms you may be facing are considered 'family violence' in Australia is a clear barrier to seeking help from the specialist family violence response system.

Limited availability and training of interpreters also present a significant barrier to family violence services for migrant and refugee victim survivors (Vaughan et al., 2020; Sullivan et al., 2023; Tambasco et al., 2024). Women's fears that interpreters are not accurately conveying information, are judging their choices or behaviour, or may breach their confidentiality, are often well founded in contexts where interpreters are poorly trained and supported. Communication barriers particularly undermine interactions with emergency services such as police, and the coordination of referrals to other support services.

Cultural barriers, such as stigma and shame associated with seeking help or disclosing family violence, alongside cultural, religious and/or social norms emphasising family unity and the preservation of marriage, also influence how migrant and refugee women seek support and communicate disclosures (Afrouz et al., 2021). Some women's isolation from extended family abroad, dependent visa status, lack of local social networks, and limited information about the services available additionally hinder access to specialist family violence support (Vasil, 2023; AMWCHR, 2022; inTouch, 2022).

If migrant and refugee women do not have information about their legal rights in Australia, face financial constraints, have insecure migration status, or are primary carers for children, fear of potential legal, migration or economic consequences can prevent them seeking help for family violence (Vasil, 2023). For women from refugee backgrounds, experiences of forced migration and of sexual and other forms of violence, including abuse by authority figures, foster distrust of legal and statutory authorities, compounding trauma-related harms (Phillimore et al., 2023).

Research has also identified that some multicultural community service providers do not trust in the specialist family violence system's ability to respond to family violence against migrant and refugee women in culturally safe ways (Vaughan et al., 2020). This lack of trust and confidence is exacerbated by limited funding for collaborative initiatives and gaps in training for multicultural community services' staff, particularly in navigating referral processes. As a result, workers often find themselves managing both their own projects and providing family violence support beyond their formal roles and without training/support. This can contribute to higher turnover among, particularly bicultural, workers in multicultural community services and challenges in enabling the support that multicultural communities need (Koleth et al. 2020; Vaughan et al. 2020). In addition, the lack of visibility of bicultural workers within the specialist family violence sector has prompted calls for greater investment in building a more bicultural and bilingual workforce within mainstream services (Koleth et al. 2020; Vaughan 2020).

The family violence service delivery context in Victoria

Mainstream specialist family violence services (SFV)

The specialist family violence service system in Victoria is funded to provide crisis and case management support to all victim survivors, including those from migrant and refugee communities (Victorian State Government, 2024). However, the mainstream system faces high demand resulting in longer waiting periods and difficulty accessing essential services statewide (Office of the Family Violence Reform Implementation Monitor, 2022). This issue is particularly acute for women from migrant and refugee backgrounds. Services such as Orange Door and Safe Steps, as well as other locally based services, are either stand alone or co-located with other frontline services, and accessible via direct contact through referral or telephone contact and, supported by the No Wrong Door² policy. This policy aims to ensure that if victim survivors contact any service within the family violence ecosystem, they are granted access to support based on need. Many specialist family

² Please see: <https://providers.dffh.vic.gov.au/crisis-response-model-and-no-wrong-door-presentation-july-2023>

violence services offer written information in different languages and use interpreter services to support their work with migrant and refugee communities.

Targeted specialist family violence services

In recognition of the role multicultural community services play in supporting clients who are victim survivors of family violence, the Victorian government has apportioned resources to a select number of multicultural community services to provide a targeted specialist family violence response. These services are uniquely placed to understand the needs of women and children from migrant and refugee communities who are experiencing family violence.

They are typically staffed by a diverse bicultural and bilingual workforce, with deep connections to and cultural understanding of the communities they serve (Fitz-Gibbon et al., 2023; Huggins, 2022). These targeted specialist services may also provide legal, immigration and visa assistance, and support to women who want to stay with the person(s) using violence. As the lead agency delivering a specialist family violence response for migrant and refugee women, inTouch also provide a range of trainings and resources to other agencies.

Funding to support service system collaboration

In October 2022, the Victorian government, through their agreement with the Commonwealth Government under the National Partnership on Domestic and Family Violence Responses, invested \$2.4 million dollars in 'Working Together' grants to strengthen family violence support for multicultural communities (Victorian Government, 2022³). This funding supported multicultural community services, mainstream and targeted specialist family violence services to continue their existing work as well as deliver projects in collaboration with each other in acknowledgment of the need for a coordinated response to family violence in multicultural communities.

The state-wide roll out of the Multi-Agency Risk Assessment and Management Framework and Information Sharing (MARAMIS) reforms, has also enabled greater collaboration between multicultural community services and specialist family violence services. These provide a framework for a shared understanding of family violence and aim to enhance the safety of people experiencing violence via screening, risk assessment, risk management and information sharing. An independent review of the MARAM Framework recommended design of culturally appropriate tools, and adaptation of existing terms and concepts in the

³ A second phase of the 'Working Together' grant program will fund initiatives from 2025-2027

risk assessment tools to ensure their easy translation for use with people from migrant and refugee backgrounds (Allen + Clarke Consulting, 2023). The review also suggested assessment tools could be enhanced by increasing consideration of intersecting aspects of a person's identity, providing guidance to increase practitioner understanding of how experiences of structural oppression increase family violence risk, and expanding guidance on what 'risk' looks like in different contexts (Allen + Clarke Consulting, 2023).

Multicultural services supporting migrant and refugee communities

The broader landscape of services for migrant and refugee women includes faith-based and ethno-specific organisations, advocacy groups, health centres, and agencies offering education, youth and family services. Specialist trauma-focused care is accessible for refugee communities, for example through Foundation House, particularly in relation to pre-migration trauma. Settlement services are also part of the multicultural community services landscape, offering transitional support such as language classes, visa and migration status assistance, and, for humanitarian entrants, more intensive services such as emergency relief, housing support and financial assistance to aid initial resettlement.

These services are neither funded nor trained to provide specialist family violence responses, however, they are funded to deliver family violence related programs (such as prevention education or programs that support women's long-term recovery), and many do complete intermediate risk assessment or family violence identification and screening training. Although most multicultural community services are not equipped to offer a comprehensive response to family violence, they play a crucial role in supporting disclosures and referring women to specialist family violence services. They offer information, training and support for navigating complex systems, usually delivered in-language by a strong bicultural and bilingual workforce and are an essential component of initiatives that prevent and respond to family violence (Indian Care, 2024; Huggins, 2022; Vaughan et al., 2020; MCWH, 2023). Multicultural community services' programs focused on empowering migrant women also contribute to supporting victim survivors' long-term recovery. These may include parenting support, playgroups, driving lessons, leadership training, employment programs and opportunities for women to participate in social, cultural and advocacy activities in their communities (MiCare, n.d.; Whittlesea Community Connections, n.d.). Despite their critical role, it remains unclear how the work of multicultural community services is conceptualised within the family violence response sector, or how it can be more effectively integrated into Victoria's broader family violence response.

This research project addresses this gap by exploring how these systems and organisations might be better integrated to successfully prioritise the needs and preferences of migrant and refugee victim survivors and their families.



Aims of the Research

Completed with funding from Family Safety Victoria, this research was undertaken by the Gender and Women's Health Unit at the Melbourne School of Population and Global Health (The University of Melbourne), in partnership with the Multicultural Centre for Women's Health and Whittlesea Community Connections. The overall aims of the project were to:

- Understand what success looks like for a coordinated response to family violence that incorporates multicultural community services and responds to the needs and priorities of migrant and refugee women and communities.
- Generate evidence that can support the integration of multicultural community services in the family violence response system, and better support women and children from migrant and refugee backgrounds experiencing family violence.

We responded to these research aims by collecting data in relation to the following questions:

- How do multicultural community services envisage their contribution to a coordinated response to family violence?
- What do representatives from multicultural community services think success looks like for the victim survivors, families and communities they work with?
- What are the priorities of victim survivors from migrant and refugee backgrounds for a coordinated response?
- What do representatives from family violence specialist services think success is in relation to a coordinated response?



Methodology

Frameworks underpinning the study

This research project is underpinned by intersectional feminist theory (Crenshaw, 1991; Sokoloff and Dupont, 2005) and draws on the Family Violence Experts by Experience Framework (Lamb et al., 2020) and the Family Violence Lived Experience Strategy (Family Safety Victoria, 2022a) in its approach. Intersectional feminism recognises that while gender inequality is a central driver of violence against women, a one-dimensional gender analysis is an insufficient lens through which to understand migrant and refugee communities' experiences of violence across different ethno-cultural, socioeconomic, geographic, trans-national and political contexts. This research draws attention to the ways in which migrant and refugee women's experiences of violence are shaped by intersecting forms of violence and discrimination in society (including, but not limited to, sexism, racism, ableism, homophobia, ageism, and classism), as well as the individual, institutional, social and migration contexts in which they occur.

Developed in response to recommendation 201 of the Victorian Royal Commission into Family Violence the Family Violence Experts by Experience Framework aims to enhance the ability of specialist family violence services to provide opportunities for survivor advocates to influence policy development, service planning and practice. We have drawn on this framework, and Family Safety Victoria's Family Violence Lived Experience Strategy to embed the perspectives of women with lived experience into the design of this research project (through initial consultations, inclusion in the research team, ensuring support for and remuneration of participants with lived experience throughout data collection, participatory data validation, and support for participation in dissemination of findings).

Research design

This study used a qualitative methodology to enable in-depth exploration of participants' perceptions, experiences and the meanings they attached to success in relation to a family violence response system that meets the needs of migrant and refugee women and children.

Methods

To gather data in response to the research questions, we undertook in-depth interviews with migrant and refugee women who had lived experience of family violence, and key informant interviews and focus group discussions (FGDs) with specialist family violence service providers and with service providers and senior representatives from multicultural community organisations. The question guides used in the interviews and FGDs were designed to ensure a consistent approach to exploring the research questions, while supporting flexible discussion by participants.

Participant recruitment

Potential participants were identified via the research team's professional networks and internet-based searches (purposive sampling); potential participants were also identified through recommendations from other participants (snowball sampling). Potential participants were contacted by email and then by phone, to give the opportunity to ask questions about the project and research team. Potential participants were then provided with a consent form and plain language statement explaining the aims, risks and benefits of the project. Participants completed their consent form prior to taking part, and also provided verbal consent at the time of their participation in FGDs or interviews. Researchers collected basic demographic data about participants, including their gender, ethnic background, organisation type and country of birth at the start of FGDs and interviews. Women with lived experience of family violence participating in in-depth interviews were offered the choice of which language they would like to be interviewed in, with interviews available in English, or in their preferred language through an interpreter or with a bilingual researcher. All FGDs, on the other hand, were conducted in English to enable women from different backgrounds to participate in the same group.

Data collection

Interviews and FGDs were conducted between June and November 2024. Fourteen in-depth interviews were conducted in English or through an interpreter, with migrant and refugee women who had come to Australia from nine different countries via a range of visa pathways (see Table 1).

Thirteen FGDs and 14 key informant interviews were conducted with a total of 74 service providers from 33 different organisations (see Table 2). Each FGD had between three and nine participants and lasted around 90 minutes. Individual interviews lasted between 35 and 90 minutes. Interviews and FGDs were audio recorded with participant permission. No FGDs were conducted with victim survivor participants.

Eighty-one of the participants in this project identified as women, six as men and one did not state their gender identity.

Table 1. Key Characteristics of migrant and refugee women interviewed about their lived experience of family violence (n=14)

Characteristic		No. of participants
Region of birth	South Asia	5
	Southeast Asia	2
	Europe	2
	Middle East	4
	Sub-Saharan Africa	1
Visa Pathway to Australia	Partner	5
	Tourist	3
	Humanitarian	2
	Student	1
	Australian citizen	1
	Not stated	2
Number of Children in participants care	0	6
	1 - 3	6
	4 or more	2

Table 2. Characteristics of service providers participating in key informant interviews or focus group discussions (n=74)

Characteristic		No. of participants
Nature of participation	Key informant interview	14
	Focus group discussion (service providers only)	60
Gender	Women	67
	Men	6
	Not stated	1
Participant type	Multicultural community service provider	24
	Specialist FV response provider	27
	Targeted specialist FV response provider	23

Data Analysis

All audio recordings were transcribed verbatim. To support data organisation, management and efficient coding, FGD and interview transcripts were de-identified and exported to NVivo software. Any personally identifiable information, including consent forms, was stored separately to the de-identified data files and re-identification keys. The research team developed a coding framework and used reflexive thematic analysis to analyse data (Braun and Clarke, 2019). To test reliability of the coding framework, two separate researchers coded two of the same transcripts. The remaining transcripts were then divided between three researchers for coding. These researchers met at least weekly to discuss transcripts, emerging themes and any identified issues, strengthening inter-coder reliability. To maintain confidentiality, in this report participants are referred to using a pseudonym, as having lived experience of family violence or by their organisation type (multicultural community, specialist family violence or targeted specialist family violence

service - the latter primarily referring to services targeting multicultural communities). Given the relatively small number of multicultural community services and specialist family violence services in Victoria, the research team chose not to further specify the type of organisation or participants' roles in this report to protect the anonymity of participants.

Strengths and limitations of the research

Key strengths of this study are the inclusion of a diverse range of participants with different expertise, including both professional and lived experience. While participants brought unique perspectives and experiences, many shared insights about the challenges and enablers of a coordinated response to family violence which informed our analysis of key themes presented in this report. An additional strength was the depth of data generated through the structured interviews and FGDs, with these methods enabling the research team to pursue unexpected issues and to probe to clarify and explore participants' perspectives. The comprehensive safety protocols and approach to embedding lived experience ensured participants were supported throughout and after their participation in research activities.

There were also limitations to this study. Victim survivors were recruited as participants through services, which, while supporting safe participation, may have limited the diversity of participants (for example only one victim survivor was from Sub-Saharan Africa), and of the service experiences captured, and may have excluded women facing additional barriers to support. While acknowledging this limitation, it should be noted that this research was not attempting to be representative of all migrant and refugee groups and experiences. An additional limitation of this study was the absence of the voices of children from migrant and refugee backgrounds, limiting understanding of their experiences. This is a particular priority to address in future research, given gaps in knowledge about migrant and refugee children's experience and the barriers to support they face (Stratford et al., 2022; Tarpey-Brown et al., 2024b). As there is no disability-specific specialist family violence service in Victoria, it was difficult to recruit participants from migrant backgrounds with this unique perspective. Lastly, while there may be demographic similarities across states and territories, there are key differences in policy, practice and legislative landscapes, limiting direct application of the findings nationally.

Research Ethics

Collecting data related to family violence poses the real risk of participants experiencing distress as they remember and relay painful past experiences. To mitigate potential risk of harm to participants, researchers developed a comprehensive family violence and trauma informed safety protocol. This included clear processes for identifying and responding to risk and/or signs of distress. All participants were provided with information about where they could seek follow up support, including from the research team, should psychological distress arise after the interview or discussion. In addition, participants were reminded that their participation was completely voluntary, and that they could withdraw at any time. Participants were informed in the plain language statement and again at the start of the interviews that the focus would be on their help-seeking experiences, not their experiences of violence. They were invited to share only what they felt comfortable discussing. All participants provided written and/or verbal consent prior to commencement of data collection. This project received human research ethics approval from The University of Melbourne (ID# 29144).

During data collection one victim survivor participant requested to be interviewed via Zoom from home due to a disability that made travel difficult. The research team considered the risks of not knowing if the participant was alone or safe during the Zoom meeting, as well as potential difficulties supporting them online should they experience any distress. We also acknowledged that not accommodating participants with disabilities could be inequitable. Ultimately, the participant agreed to travel to our offices with support, and we recognized the need to seek expert advice and better strategies for involving people with disabilities in future research. To minimise potential power imbalances between participants, FGDs were conducted with practitioners from similar types of organisations (for example, workers from specialist family violence services were grouped together and practitioners from multicultural services were grouped together); and leadership were grouped separately to other staff from the same organisation or invited to take part in an interview. To address potential power asymmetry between researchers and participants, researchers took an approach based on cultural humility (Lekas et al., 2020) and had regular reflexive discussions throughout the project. Participants interviewed as victim survivors or practitioners taking part outside of their regular paid role received a \$60 voucher to thank them for their time.

Key Findings



Key findings from focus group discussions and interviews are organised in relation to:

- **Perspectives on Success**
- **Enablers of Safety and Success**
- **Barriers to Safety and Success**

Participants brought unique perspectives and experiences to the research. Victim survivors could offer a unique perspective on their lived experiences, particularly regarding safety. While their views on safety sometimes differed from those of service providers in the SFV sector, who were more focused on safety from family violence, many SFV practitioners identified similar barriers to accessing support. All participants shared insights into the challenges and enablers of a coordinated response to family violence which informed our analysis of key themes presented in this report.

Workers from MCS and People of Colour provided perspectives about experiences of racism and structural inequality - however many of the SFV workers also highlighted or witnessed this too - but were perhaps less detailed and again, nuanced.

Perspectives on success

Participants were each asked to define what success would look like when thinking about a coordinated system response to family violence affecting people from migrant and refugee backgrounds. Overwhelmingly, participants reported that **women's and children's safety was central**, and that without it a family violence response system could not be considered successful. This included women and children being physically safe from violence through separation and/or distance from people using violence; or safety achieved through successful accountability measures (such as intervention orders, practitioners mapping and sharing information about perpetrators' patterns of abuse, family or community taking a visible stand against violence and supporting women to manage risk and safety, or via men's behaviour change programs).

Accountability. It's, I would say it's the big one ... whether it's by the systems, the courts or whoever, that says, Yeah, you're a good guy now, or a good person now ... So, I think having accountability probably, and that person, you know, person using violence, actually changing their behaviour, or recognising when they're putting other people at risk and making changes, or, you know, just removing themselves from those situations is a good one [measure of success] for me. (SU, specialist family violence service)

In addition to safety from family violence, participants' conceptualisation of safety was often deeply connected to women's **sense of stability and connection to broader structures**. Participants noted that stability and connection inevitably also defined and shaped women's ability to achieve long-term physical safety from family violence, and that this was particularly the case for women with children.

Participants identified a lack of **culturally safe connections** to the service system and Australian society at large (due to experiences of discrimination, the limited visibility of people of colour within services, and/or lack of culturally responsive and safe practice) as an ongoing form of structural violence. This caused significant harm and was often more difficult to navigate than the violence experienced at home.

In my personal experiences, a very unsafe, violent home is much safer than a very white world outside the home. Because in a very unsafe, violent environment, you at least pick up the patterns. You know ... what to expect. You know what to predict. You know the person, it's just one person that you have to deal with. So, you develop this resilience to manoeuvre around. How safe you can feel but out in the world, you know, in Australia. (Ash, victim survivor)

Participants also articulated a strong **relational understanding of safety** that was deeply linked to women and children's identity and sense of **connection to family and community, language, culture, and/or religion**. Women were often reluctant to seek support or engage with services if this meant disconnecting from these sources of safety (for example if eligibility for entering refuge or accessing case management services required this). If engagement with services was perceived to increase the risk of child removal or rejection/ostracism from family and/or community (which was a common experience) this was also a barrier to help-seeking. Consequently, practitioners described victim survivors as more often looking for a way to stop the abuse than leave their relationship, and as apprehensive about pursuing separation from the person using violence.

So, dealing with that, with that, you know, isolation from the whole community is the problem itself. On top of that, you are still dealing with your own problem with your partner or with your husband. So it's like two problems like coming to you at the same time, which makes it more harder even for you to concentrate or maybe even to think or to know like which one I should deal with first. (Leanne, victim survivor)

Participants highlighted that to successfully respond to women and children experiencing family violence, systems needed to both recognise and maximise opportunities for achieving safety as conceptualised by women and children from migrant and refugee backgrounds. The data also highlighted that a successful, integrated response to family violence required services to support migrant and refugee women facing migration related stressors such as learning about Australian systems; rules and regulations; obtaining suitable housing; settling children into school, or completing education themselves; finding employment; securing permanent visas; accessing support for trauma experiences; building support systems; and connecting to new service systems.

Enablers of safety and, therefore, success

Most practitioner participants articulated a complex and nuanced understanding of victim survivor safety, and attempted to work in a holistic way to maximise women and children's sense of safety, while also addressing family violence risk. The following quote is reflective of the insights and perspectives of many participants:

[Success means] a fully holistic, integrated system that speaks to one another, that understands what the issues are for migrant and refugee women on a broader level, as well as issues concerning family violence. So, when a woman presents at a service, it's not just violence that may be the priority, it may be other issues as well. So, what's happening for her more broadly? What are the systems and structures that are either supporting or not supporting her ability to access those services? And so, it's really about linking in and ensuring that services are supported to be able to link her into the various services that are required to meet her needs. (Lucy, multicultural community service)

Participants identified a range of key system reforms, targeted funding and/or innovative practices that have enabled such a holistic approach towards enhancing victim survivors' sense of safety. Practitioners highlighted that **boosts in funding for workforce and community capacity building and awareness-raising efforts**, and a heightened **focus on intersectionality in MARAMIS implementation**, were enabling of a holistic approach

towards enhancing migrant and refugee victim survivors' safety. Progress was associated with the increased visibility of family violence because of the Royal Commission into Family Violence, with many practitioners drawing direct parallels between practice norms and response efforts prior to and after the Royal Commission to highlight its positive impact on the sector - including in relation to services' support to migrant and refugee women.

Access to information

Strengthened information sharing mechanisms were described as a key enabling factor for collaborative case management to support all victim survivors of family violence, including migrant and refugee women, reducing the risk of victim survivors being bounced around multiple service agencies.

I find that these days, is quite easy for us to get information from police, from court or from, say, [health service]. If and when we do child wellbeing check with children's school or kindergarten, they are more open to have a conversation with [the specialist family violence service]. Whereas, in comparison, before the time that we have FVISS (Family Violence Information Sharing Scheme) and CISS (Child Information Sharing Scheme) in place, we were working in silos so we're holding information, and we are a bit afraid to share information or to seek information, whereas now, under the legislation, we can do that.
(Deena, specialist family violence service)

Participants also highlighted how **initiatives to enable non specialist organisations to become 'family violence informed'** increased women's access to information and subsequently to specialist family violence services. Examples include one migrant woman finding family violence information on an Ask Izzy poster, another receiving information about specialist family violence services through their utilities provider, and another having their experience of family violence recognised, acknowledged, and supported with an informal referral by the receptionist at a healthcare facility.

I feel scared with my mother-in-law, but I was thinking, as an Indonesian, we've been taught to respect with our older people. So, I thought, whenever my mother-in-law angry with me, or she's very rude on me, I thought it was my fault, my mistake. But then when this receptionist gave me the number [to a specialist family violence service] I feel, wow, this person thinking what I feel. (Kai, victim survivor)

An intersectional approach

Specialist family violence practitioners frequently highlighted that a **strength of MARAM was intersectionality being a core principle**. This was seen as a critical starting point for practitioners to deepen their understanding of the systemic and structural barriers faced by migrant women accessing support for family violence. They were then able to use this knowledge to strengthen trauma-informed responses to victim survivors from migrant and refugee backgrounds.

MARAM talks about intersectional feminism, that's definitely something that underpins my practice, especially with migrant and refugees and multi faith communities. And then I've just gone down a path of learning about social entrapment framework. And that's really strengthened, it's like, you know, learning about intersectional feminism more, and also I do Safe and Together training. So that's part of my practice and how they've strengthened my application of MARAM. (Louisa, specialist family violence service)

Some practitioners from multicultural community services also noted policy reforms following the Royal Commission reflected a more inclusive and culturally sensitive understanding of family violence, including through the recognition of additional forms of family violence that particularly impact migrant and refugee women.

Applying an intersectional lens to developing and implementing men's behaviour change programs was also highlighted by both specialist family violence and multicultural community service providers a way to enhance the safety of migrant and refugee women who did not want to, or were unable to, pursue separation. For example, **men's behaviour change programs led by bicultural and bilingual practitioners** and incorporating specific cultural or religious content, were described as an opportunity to meaningfully engage men about family violence in a culturally sensitive manner and ultimately to keep women safe. In addition, one multicultural community services practitioner identified that ensuring tailored, culturally safe options for migrant and refugee men to access support for their own trauma was also a potential strategy for addressing their use of violence. Participants recognised that there had been progress over the last decade with increased recognition of the need to embed intersectionality into the response to family violence. However, as will be elaborated in the section of this report on barriers to safety and success, participants also emphasised that there was much still to be done in shifting from recognition to concrete and practical change in attitudes, practices, policies and structures.

Cross-sector capacity building and collaboration

Practitioners highlighted the ways recent reforms and initiatives had increased capacity for collaboration across the specialist family violence and multicultural community services sectors. Specific examples participants described as enablers included targeted funding for multicultural services to provide specialist family violence services, cross-agency capacity building initiatives and partnerships, and community service interventions led by local organisations – including prevention initiatives, women’s empowerment programs, and driving lessons for women.

Multicultural community services who received **targeted funding to deliver family violence services**, described also working to build the capacity of the specialist family violence sector and of other multicultural community services to support migrant and refugee women experiencing family violence.

So, we [targeted specialist family violence service] work within that in-language, in-culture lens and it is a culturally responsive way of working with women, from migrant and refugee backgrounds. But obviously the goal is that the [whole] sector is equipped to support, you know, migrant and refugee women within a culturally safe and intersectional lens. So, the reason we do the work that we do, building the capacity of the sector, sharing of resources, co-delivery, co-design of sessions, is to equip the workforce. To be able to share that load as well and essentially that anyone, you know, any service provider, any to practitioner would be able to support any client that walks through the door within an intersectional lens, and that ... women from migrant and refugee backgrounds feel safe approach any service and trust that they would get culturally safe support from them.
(Krystal, targeted specialist family violence service).

Service providers from both sectors highlighted the value of cross-sectoral training, highlighting training on temporary visas led by inTouch, on coercive control and social entrapment training by ShantiWorks, and organisationally tailored training packages provided by Kulturbrille as examples of initiatives that had increased awareness of the structural barriers to support that are faced by migrant and refugee women experiencing family violence. Several practitioners from specialist family violence organisations also referred to the expertise of bilingual and bicultural workers within their own organisations as strengthening the response to women from migrant backgrounds, and as increasing cultural sensitivity and cultural humility within the sector.

I do kind of remember when I started work in the [specialist family violence service], there were some trainings about working with clients from multicultural background. And also I do remember [multicultural specialist family violence service] giving us some training around like using interpreters, [they] are actually a very good resource. And also, I think it's, like we pick it up from work when we work with like clients from CALD background and also other coworkers from, they have, they bring their own culture to work as well, and we just learn from each other. (Eva, specialist family violence service)

Inter-agency initiatives bolstered the intersectional approach of the overarching family violence response, clarified and cemented the role of multicultural services in the broader family violence response from the perspectives of both practitioners and communities, and increased the sense of collective responsibility to respond to family violence:

I think it's good in one way, sort of building responsibility and awareness that actually everyone needs, has a responsibility to do something about it, right, it's a community organising issue, we all have to do something. (Evelyn, multicultural community service)

Community-based interventions and partnerships

The majority of multicultural community services staff participating in this study had completed MARAM training and many were engaged in a range of violence-related activities in their organisational contexts, including prevention initiatives, systems advocacy, projects to create safer pathways to specialist services, women's leadership programs, and men's behaviour change programs.

Some community-based programs were developed specifically to enhance migrant and refugee women's access to relevant, in-language information about, and about services for, family violence; while others evolved from disclosures of family violence during community activities conducted by local organisations. Practitioners emphasised that **multicultural community organisations** – based in and staffed by local community members and/or other migrants – were **uniquely positioned to connect with migrant and refugee women** within their community contexts, identify their specific challenges accessing information and supports for family violence, and to develop interventions able to meet women where they were at.

So, we've got a lot of new communities moving into those suburbs with not a lot of infrastructure. Yeah and no transport, not a lot of opportunities for social connection. So, the women, our [program staff] have been in those settings where there's often a childcare, early childhood education setting, kindergarten, or primary school. And engaging women really, you know, sitting on the floor of a playgroup, and really getting to know the women that are coming through those centres, talking to the professionals that are working in those spaces about what their role is in how they can support women. And yeah, so we have had women who have directly disclosed to those women ... And I think that the main thing is, you know, those women have said, you know, I feel like I can tell you because you look like me, and I know you're gonna understand, yeah, well, you know, there's certain things I don't need to say, you're going to understand what I'm going through. (Evelyn, multicultural community service)

Participants highlighted that key elements of a coordinated response to family violence for migrant and refugee women were community capacity building and primary prevention of family violence, and that multicultural community services were central to design and delivery of these. Practitioners highlighted that **work in primary prevention, early intervention and response was mutually reinforcing**, with early intervention serving as a critical extension of prevention efforts (for example). Multicultural community services' programs were described as building resilience within communities, fostering early awareness and empowering individuals to address emerging risks before they spiralled into crisis, and as enabling informed inclusive, sustainable and culturally safe responses to family violence perpetrated against migrant and refugee women.

I see [multicultural community service] kind of sitting alongside [targeted specialist family violence service] ... we do a lot of referring to [targeted specialist family violence service], and we work with them in prevention projects as well. ... We talk about prevention and response and early intervention kind of as separate things, but they really need more coordination between them. (Claire, multicultural community service)

One example of the numerous community-based initiatives and partnerships described by participants was the *Whittlesea Community Connections Bicultural Family Violence System Connectors Project*.

CASE STUDY

WHITTLESEA COMMUNITY CONNECTIONS BICULTURAL FAMILY VIOLENCE SYSTEM CONNECTOR PROJECT

AIMS

a) support multicultural communities at risk of or experiencing family violence and/or sexual assault by reducing the barriers experienced by victim survivors in accessing the service system

b) build the capacity of specialist family violence and sexual assault practitioners to respond in a culturally safe way to the complex needs of multicultural communities

KEY ELEMENTS

Recruitment & training of bilingual Family Violence System Connectors (Connectors)



- South Asian migrant background to support the programs target cohort
- Engaged multicultural community of Whittlesea
- Community based support, in-language

Community of Practice & Project Steering Group



- Space for cross-agency collaboration, knowledge sharing & reflective practice

- Connectors took a strengths-based, person-centred approach, speaking in-language, and using clear and simple terms to walk victim survivors through their options for support in a safe, non-intimidating way.
- Connectors engaged with victim survivors over several weeks or months, filling gaps in case management for women requiring more time to access support and enabling holistic assessment of women's circumstances and needs.
- Connectors' lived experience of migration and shared cultural background and language(s) underpinned their understanding of specific manifestations of violence in the community, and of the particular barriers faced by newly arrived migrant women.
- This expertise helped build women's and communities' trust.

The collaborative nature of the Project – with the broader community of Whittlesea, local multicultural women's groups and specialist services – supported coordinated efforts to build the community's capacity to recognise and respond to family violence, and community awareness of services available.

The Community of Practice increased practitioners' understandings of the systemic barriers faced by multicultural clients, increased capacity for multi-service collaboration for culturally responsive practice and ensured consistency of collaborative efforts and referral pathways amid organisational changes (such as staff turnover).

Participants emphasised that migrant and refugee women often approached trusted figures within the community and/or multicultural community services for information and support before formally engaging with specialist family violence services. Therefore, partnerships between specialist services and community-based organisations were seen as a key enabler of victim survivors' sense of safety and autonomy. Co-located initiatives opened pathways for victim survivors to obtain critical information about their options for legal, housing, and other support as well as direct referrals to community organisations:

I'll point to an example of having like [community legal service] co-located with us for one day a week. ... You know we can refer directly in, and then the clients can come into my care, which is a space they know. They can talk to the lawyer. The lawyer can come and talk to us there about what's going on in their cases. We run like information sessions together. For example, we'll run a driving program and it's great because the lawyer on duty can come and talk about, OK, you know what happens when you have a car?
(Sam, multicultural community service)

Collaboration between practitioners with different types of expertise was highlighted as particularly important in facilitating safety for women experiencing migration related abuse and visa or other eligibility related barriers to essential services; for migrant and refugee women with complex health issues, including poor mental health; or for women experiencing technology-facilitated abuse - these were identified as areas where it was rare for any one organisation to have all the necessary expertise for an effective, holistic response.

Advocacy by migrant and refugee women with lived experience

Already, many victim survivors acted as advocates within their own communities, building their own platforms to raise awareness about family violence across migrant communities, and building community capacity to respond.

From different communities, but especially from my community, there are a lot of people are following me [on social media] so they know what I talk about. So when I ask them about like, they really think it's good for us to have this group. So it could be like a way for us to speak to higher authority people or just to go out and talk to people outside of our communities, yes. And they're like, yeah, it's a good idea, let's do it. And we did, I got probably around 12 or 13 ladies. We did the group and we did everything.
(Leanne, victim survivor)

Systems advocacy networks initiated by multicultural services and led by victim survivors themselves – such as the NOOR survivor advocates, coordinated by inTouch – play a critical role in connecting victim survivors with each other for collective action. Such platforms act as a secure institutional home base that enables and empowers victim survivors to draw on their lived experiences to influence policies around family violence and increase public awareness of the structural and systemic barriers migrant women face in accessing support.

Additionally, victim survivors emphasised that the connections made through their lived experience advocacy (as well as other programs, largely coordinated by multicultural community services) led to a sense of camaraderie and solidarity with other women with similar experiences of family violence. Participants were able to seek practical and emotional support from each other, while also holding up other women in similar circumstances, creating opportunities for mutual empowerment.

Victim survivor participants frequently expressed the desire to become a part of the formal family violence workforce, recognising the value of their own experiences in supporting other migrant or refugee victim survivors in finding their way across the service system.

Social and economic empowerment

Equipping migrant women with tools and skills for greater social and economic mobility was identified as an important avenue to increase their sense of safety, even while remaining in a relationship with a person(s) using violence. Leadership-building activities, parenting groups, and children's playgroups were among some key examples discussed by practitioners.

And a lot of women actually did not want to connect to specialist [family violence] services. Many of the people ... were quite sure that they did not want to leave for a number of reasons, you know, culturally and otherwise. But they did want help. And so, we were able to help to at least build capacity, build independence too, 'cause these were often migrant women and you know, at least build knowledge of services and so to at least reduce risk to some degree, to help with independence and things...
(Layla, targeted specialist family violence practitioner reflecting on her previous role within a multicultural community service)

Victim survivors who had participated in such initiatives consistently underscored the impact of these groups on their sense of belonging, safety, and independence, as well as their access to family violence information and other emotional and practical supports. Flexible support packages offered by some multicultural organisations enabled migrant women to formulate ideas for (and broker support for) their own safe spaces and lead these initiatives, which contributed to their social empowerment and sense of self-confidence.

We've got a multicultural family violence women's group grants that we do every year. And we basically give brokerage funds to women to do anything they want to do could be karate or the arts, swimming, it really doesn't matter. The idea is that women come together. Yep, it provides another support network for women, which is really vital, particularly for multicultural women who are new to the country. And then part of the program is that we deliver family violence information. We do that with our gender equity team and family violence, our lawyers, go out and do that. And then we bring in [targeted specialist family violence service] or some other [specialist family violence] services, sometimes we have Victorian Police. So, they get a sense of how the system works. They meet people, they understand what the referral pathways are, they understand what family violence is, it's not just physical. (Evelyn, multicultural community service)

Of all the victim survivors who took part in this study, those who connected to case management services reported experiencing the most comprehensive support for family violence. Long-term case management enabled service providers to gain a nuanced understanding of women's and children's needs and goals, and through brokerage funding and advocacy, could increase the likelihood that victim survivors were able to access supports as and when needed.

To have a specialist organization that can access brokerage, because that wasn't something we could do with our last role [as a multicultural community services practitioner], and brokerage is vital to actually make a difference. So to actually do the comprehensive assessment to really be able to safety plan to have, you know, case managers who can access all of those different parts of the system for help, (Layla, targeted specialist family violence service)

Flexible support packages were emphasised by specialist family violence practitioners as a significant contributor to victim survivor safety. Even where services were constrained in the timeframe over which they were able to engage with women, these resources facilitated meeting women's and children's immediate practical needs in the post-crisis period. Resources were used to increase women's access to mental health supports, enable activities that could increase women's social and financial independence (such as paying for sessions with a life coach, or for training courses), provide temporary rental assistance, ensure migration assistance to women on temporary visas, and take immediate action to enhance safety and wellbeing – such as enabling women to change their locks or buy food and petrol.

Barriers to success and safety

Despite significant sector reforms, findings show that there continue to be several key factors limiting successful outcomes for women and children from migrant backgrounds experiencing family violence. The quote below is a summary of one woman's experiences of seeking help for family violence across both mainstream and multicultural specialist family violence services. It echoes the experiences of many other victim survivors and the insights provided by practitioner participants who took part in this study.

It's been a hellish nightmare for me having to advocate for myself. The process of engaging with service providers has been dehumanizing and re-traumatizing. It has left a deep scar and lack of trust in the service providers, because the intake workers I engaged with lacked patience and empathy. Those intake and crisis support workers were not culturally safe and not trauma informed. (Drishti, victim survivor)

Gaps in service coordination

While many participants reported that, over their working life, there have been improvements in opportunities for collaboration with other services, most participants also identified significant gaps in service coordination. Poor coordination undermined effective and comprehensive support to women and children from migrant and refugee backgrounds experiencing family violence.

Some participants from multicultural community services, **described a limited understanding of the roles, functions, and referral pathways to specialist family violence services** (including those delivered by multicultural community services). Others

indicated that convoluted referral processes and lack of communication about referrals between practitioners, and with migrant and refugee women, created barriers to essential support.

But the police came out and then the police failed to tell us that a referral has already been made to the [specialist family violence service]. You know, so when we referred her to the [specialist family violence service], we got "send us an e-mail" so the worker did. And then when the worker called to follow up again "Oh, no, you shouldn't have sent us an e-mail, you should have referred her through the referral form". So OK, we did that... and then... when we rang up again... we got zero response.
(Sam, multicultural community service)

Some practitioners from multicultural community services also stated that their lack of familiarity with specialist services' processes and approaches to working with women from migrant backgrounds; past negative experiences; and/or the complexity of these organisations contributed to feelings of distrust, and fear of damaging the relationship they had built with victim survivors.

So, fear of calling [specialist family violence service] or something, it's like you don't quite know what you're gonna get. And also you don't wanna scare the client
(Claire, multicultural community service)

Similarly, some **specialist family violence practitioners also demonstrated a limited awareness about the role and support available through multicultural community services** including targeted specialist family violence services, and few reported co-case management with or referrals made to multicultural community services outside of higher profile organisations such as inTouch.

Many victim survivors reported that practitioners had limited awareness of the eligibility criteria of other organisations relevant to their circumstances (e.g. limitations due to visa status and geographical location). Often when victim survivors sought help for family violence they were deemed not eligible for an organisation's services. They were then referred to other organisations (for example, housing, legal support, Centrelink services), where they were also ineligible for assistance and were frequently re-directed back to services they had already contacted. Victim survivors described how this left them trying to navigate the extremely complex response system alone.

It takes understanding of the system to know what will happen. For me, it was, I will call legal help. They say they don't know because I don't have permanent residency, they would not talk to me, that I need to contact [health service]. And I would call them and they say, well, you don't live in the correct part of Melbourne, so we cannot ... So I'm going to my [work] supervisor, supervisor goes to police, police is say go to [specialist family violence service] ... OK. They tell me call legal help, call legal help, you're not permanent resident so we're not talking to you. (Jane, victim survivor)

In cases where multicultural community service practitioners were confident to refer women to specialist family violence services or conversely, when these services reached out to collaborate or co-case manage clients with multicultural community services, there was **often ambiguity regarding the specific role each organisation would assume in providing support**. This impacted the timeliness of responses essential to enhancing safety, for example, setting up bank accounts, assisting with safe childcare or applying for family violence intervention orders. Practitioners from multicultural community services described communication from specialist family violence services as infrequent or absent, creating uncertainty regarding their role in supporting the client particularly where deadlines for applications were looming, or concerns of duplication arose.

So, we need to keep asking them, have you done that? Have you done this, if you complete everything and send the case like with everything, nothing missing, it will be easier for us to know what's happened for the client and what she has done for her, the other case worker, and what she needed from us. (Sara, multicultural community service)

Practitioners also reported that while information sharing schemes had at times positively supported communication, there were still many inconsistencies in implementation that inadvertently created challenges when working with women and children from migrant backgrounds. Practitioners from both specialist family violence services and multicultural community services reported that formal partnerships, and opportunities for relationship building and reciprocal learning between the sectors, would be key to increasing cross-sectoral understanding, improving communication and reducing ambiguity and inconsistency. This siloing perpetuated inefficiencies in responding to migrant women experiencing violence, and in holding men who use violence to account. It limited practitioners' ability to leverage the full potential of a coordinated, holistic approach to addressing family violence in multicultural communities:

The idea of prevention and response and early intervention, all kind of being connected, I think we so often see them all so separate. But the truth is that like prevention are getting disclosures of family violence all the time and response can be doing a lot more in terms of early intervention and, you know, prevention with other community as well. And just seeing like services more integrated, and also acknowledging that there's a lot of community organisations that actually do all of those things together ... [this is] something that we've been struggling with in this project with the government kind of trying to separate projects.
(Claire, multicultural community service)

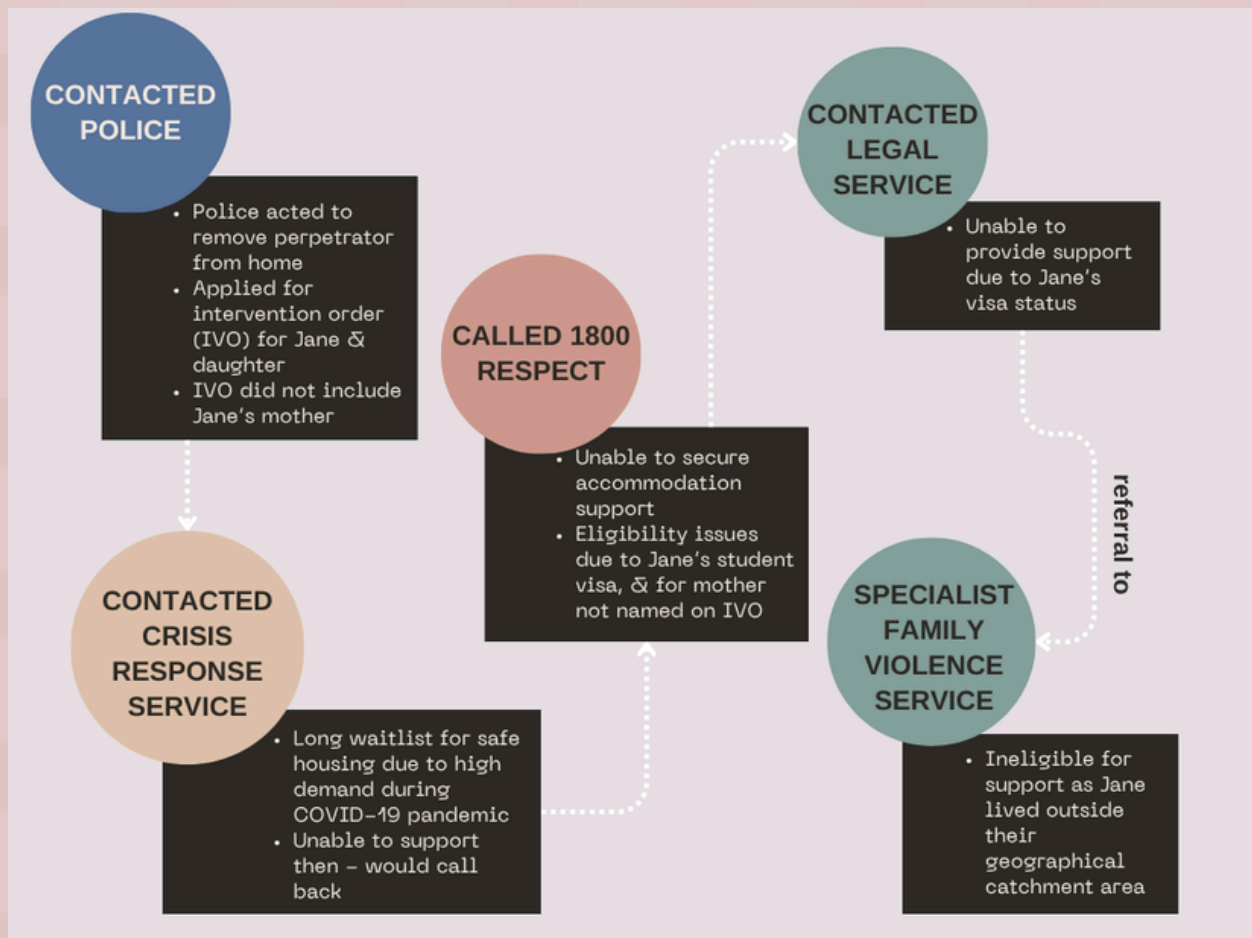


CASE STUDY

Jane's experience of gaps in service coordination

The following case study maps the experience of one victim survivor participant, Jane, when seeking support for family violence, but reflects the experience of many other women who took part in this study.

Jane was on a student visa, awaiting permanent residency, and living with her partner (who used violence against her), their child and her mother who was visiting Australia on a tourist visa. Jane was working part time while studying. She felt compelled to disclose her experiences of family violence to her supervisor, as her supervisor had noticed Jane was distressed. Her supervisor then took Jane to the police station to discuss her options, with neither of them realising that police would take immediate action. The figure on the following page shows Jane's experience in seeking support, beginning with her initial contact with police.



During this time, Jane's supervisor contacted the HR department who provided a referral for Jane to a women's support group. Jane's privacy was breached in the workplace. Some colleagues approached her - one with a similar experience in the past offering Jane accommodation for herself, her toddler and her mother.



“and so that [breach of confidentiality] was bad. But it was good. That means one person approached me she said ‘Listen, I’ve been in the same situation, but I didn’t go to any legal services because I was on student visa, & I knew that nobody would help me. This is the same thing. But now I’m fine, you can stay with me’. So a person I didn’t know at all, she took me in” Jane (Victim Survivor)

Access to specialist services was very difficult. Jane eventually received support from a colleague, and was able to secure a mental health plan through a GP. After repeated contacts with mental health service providers she saw a private specialist who supported Jane and her child with eight sessions subsidised by a targeted specialist family violence service. Jane faced further difficulties in trying to access childcare subsidies through Centrelink as a result of police action, and in seeking longer term support.

Jane had to navigate these complex systems without adequate support. The multiple rejections she encountered, without being provided information about her potential eligibility for services, exacerbated her anxiety for the safety of herself, her child and her mother. While the initial support Jane received to contact police was well-meaning, this set off a chain of events that Jane had not anticipated, diminishing her sense of agency and leaving her to grapple with the immediate threat of homelessness, no access to childcare services, and few other options for support. Jane's journey also points to the complications faced by migrant victim survivors in securing the appropriate support, even when in contact with all the 'right' places. This is particularly the case for migrant women on temporary visas.

Eligibility for services

Victim survivors often highlighted that **without permanent residency or citizenship status, they were not eligible for a range of critical supports**, such as social housing provided through the Victorian Housing register, Medicare-subsidised healthcare coverage, and income and other payments through Centrelink. Financial support provided to victim survivors was inaccessible for some women, with the Escaping Violence Payment unavailable to non-residents and citizens⁴, and money from the Red Cross Family and Domestic Violence (FDV) Financial Assistance program insufficient to meet their needs. Lack of work rights in Australia was also highlighted as a major barrier to economic stability and safety.

If you're on a student visa, you're only allowed to work, what, 20 hours or something like that per week, so it is extremely [hard] if you've got children. How are you supposed to live with that sort of income? (Deena, specialist family violence service)

Practitioners frequently emphasised that **the inaccessibility of crucial services and supports for victim survivors in the post-separation period added to the uncertainty associated with leaving and compelled some to remain in, or return to, violent relationships**. This situation was especially precarious for victim survivors with young children, who faced significant challenges in supporting themselves financially and were unable to afford the housing and childcare that would allow them to pursue paid employment to facilitate their long-term safety and wellbeing.

I hope the public housing also can see single parents with Australian children to access the service here, because we don't entitle for childcare. So, when the kids still young, like my son, I cannot do any job because I have to be with him. ... Why they [multicultural community services] have to classify for, only for temporary visa, or only Safe Haven visa who can access their food bank. Even with us with Bridging visa A, we cannot access food bank, because they said, oh, you have rights for working, but if we have a little children, how can we work? (Kai, victim survivor)

In addition to barriers to crisis or survival services, migrant and refugee women faced systemic barriers to long term support. Despite the potential for case management services to offer life changing support, participants described migrant and refugee women's access to this as very limited, with eligibility for most services contingent upon

⁴The Escaping Violence Payment will be succeeded by the Temporary Visa Holders Experiencing Violence Pilot, as part of the Leaving Violence Program. The Program is targeted to begin in mid-2025 (Department of Social Services, 2024).

two key factors. The first was the **requirement for women to separate** (or have intentions to separate) from the person(s) using violence.

*So often people are told where if you leave you can get this and this and this support, but nobody is supporting you during the process of trying to build that independence to leave.
(Rachel, multicultural community service)*

Practitioners highlighted that this was partially due to considerations around women's and practitioners' safety but was also due to a lack of accountability mechanisms for people using violence, and/or practice frameworks that could enable working effectively with women unable to leave (often because of ineligibility for crisis support as outlined above).

And the system not knowing how to respond to families when the separations are not possible or isn't felt safe enough... I don't think we've done a lot of work in that space as a sector... I don't think we have enough frameworks around or we've thought about [that] as much. (Mary, specialist family violence service)

Secondly, participants highlighted that due to resourcing issues, **only women assessed** by specialist family violence practitioners **to be at the highest risk**, and/or were experiencing crisis were typically **accepted for case management**.

Sometimes when a referral is rejected for instance because she doesn't want to leave or whatever it may be, it's just like the MARAM is looking at lethality - and I completely understand with the number of referrals that specialist organisations are getting, they have to prioritise women who are in serious danger - but there is a whole layer of women who may not be at risk of being killed, but they are experiencing abuse and you know, like nobody should have to live like that basically, (Layla, specialist family violence service)

Service responsiveness

Many victim survivors reported **prolonged delays of weeks or months in accessing case management** support for themselves and their families, if referrals were made at all. This occurred when women sought access to both mainstream and multicultural specialist family violence services.

I went to [crisis response service] and [homelessness service] then [targeted specialist family violence service] on the phone where I have social worker just on the phone. I tell her please can you help me. Can you please, I stay in my car at library carpark for three months in [suburb], before I was living with him in [suburb]. I say please can you help me I need something. She said, okay, I give you these [phone] numbers, you call this number. I say okay, if I can do this, then why I call you? I can't do by myself. (Aya, victim survivor)

Participants provided examples of women navigating delays by sleeping in their cars, facing hunger due to economic hardship, lacking access to mental health and legal services, and relying on community members or faith organisations for shelter and food, which at times exposed them to additional risks of harm. Participants often highlighted that after the intake assessment, insufficient time was allocated by specialist family violence services for providing support to migrant and refugee women and children. For example, some participants were offered only a few days of crisis accommodation despite having limited options for alternative housing due to not having income, a rental history, or eligibility due to visa status. Some practitioners also highlighted that refugees may not accept women on temporary visas due to a lack of housing exit options.

Others cited an average of around 12 weeks to complete complex case plan goals. While practitioners recognised this was generally sufficient to address immediate safety concerns and short-term case plan goals, most reported that this was woefully inadequate for addressing many of the case-plan goals that enabled long-term safety (for example support to establish financial and social independence such as completing study, finalising family court, gaining employment, building new support structures, and support to address pre and post migration experiences/trauma).

So, we are assuming that women and children who come into services with, you know, 237 hours of case management will somehow be able to manage their lives after that. But without recognition that these women don't have the built and learned life skills of people who've been here for a lot longer. So, if you took a woman who's from rural India, and you took her back to rural India and you gave her the same level of support that you're giving her here, she'd be flying. Because she knows the system, she knows where she can get help from. But you put her here, from negotiating a rental agreement to trying to navigate children to school, to understand the health system, to understand what insurance is, she's not going to be able to do it. So, that lack of social capital is not factored into our service system response. (Anu, targeted specialist family violence service)

Some participants also stated that re-engagement of support (after closure of the case) due to changes in risk or circumstances, could be particularly challenging for victim survivors of migrant backgrounds who often took longer to establish trust and rapport with new, unknown workers.

Participants reported that a **lack of flexibility in service delivery** posed particular barriers for migrant and refugee women. For example, some services offered support exclusively via telephone or were only available during business hours, which posed significant challenges for women with children in their care.

*So different here than in our country, that just thinking about calling someone on the phone, we're not used to that. We don't have support services like that. I have noticed, even if you tell people, you know, 'call these organisations, I have heard they're very good', that step is hard because we're not used to them.
(Sophie, multicultural community service)*

Participants highlighted an **absence of outreach support**, which often meant that victim survivors were expected to find their way to support services in unfamiliar locations, with little knowledge of the public transport system and few resources to facilitate their journey.

Like I can't, I don't, I don't know how to organise these documents. I need help. I've never had to do life admin before my entire life so, please. And she just kept saying the same thing like, this is against our policies and procedures, we're not supposed to be attending someone's home. Like, I don't think we can do that. If you need our services and you want to still stay connected please come here. And I was like, this is just not helpful, like it was really, really bad. (Ash, victim survivor)

Assumptions in language and assessment tools about safety and risk

Participants highlighted how the **language** often used when conducting MARAM risk assessments, **presupposes a baseline understanding of Western conceptualisations** of gender, family violence and risk. When this language of “safety” was used without providing culturally relevant examples, it was often meaningless for women who were unfamiliar with the language of family violence in an Australian context or who conceptualised family violence as relating only to physical abuse. Statements such as “are you safe at home” or “are you feeling safe” failed to recognise other dimensions of safety and stability that are

intimately tied to women's connection to family and community, and to gender and social norms relevant to their cultural and migration context. One participant reflected on her response to a practitioner when asked if she was "safe at home":

Am I safe now - yes I am safe because my husband has a job, my children and I aren't homeless ... This is what I've been told [by my family and community] safety is and therefore I am safe even if I do not feel a sense of control or psychological safety. (Ash, victim survivor)

Participants highlighted that mainstream specialist family violence services needed to be able to deeply connect with migrant and refugee women to explore and understand what safety meant for them.

While the MARAM structured professional judgement model embeds intersectionality as a core element, many participants critiqued the extent to which this (and risk assessment tools) were sufficient for understanding the complexities of risk for women and children from migrant and refugee backgrounds.

[There's a] lack of enough support for clients as well, because everyone's an afterthought kind of thing, like, even the MARAM, you know, like, anything around CALD client, anything around non-white people, it's all stuffed at the end of the MARAM. There's not enough, it just kind of shows how the sector thinks about all the differences, intersectionalities. And how much risk or information is needed about it. (SU, specialist family violence service)

Additionally, despite Victorian legislation and policy/practice frameworks applying a broad definition of family violence and perpetration, several participants highlighted that in practice, practitioners' made **assumptions about family violence relating exclusively to intimate partner contexts, or a single source of risk**. This was seen as a significant limitation to the cultural responsiveness of services, and a key barrier to victim survivor safety and perpetrator accountability.

I think the language around family violence and intimate partner violence for migrant and refugee women failed to acknowledge, like, family of origin violence... I think the sector can look towards like the perfect victim survivor, who is like a white woman, who can articulate what she's been through and do like a comprehensive risk assessment in English. And I think there's a lack of maybe broadly understanding the many ways that family violence can kind of present for people in family and community, and a lack of understanding that community violence, for many people, is family violence and poses the same risk as an intimate partner. (Katherine, specialist family violence service).

Some participants, from both specialist family violence services and multicultural community services, highlighted that MARAM training in its current form, did not give enough support to practitioners to be able to practically apply an intersectional lens in the assessment of risk.

Insufficient representation in the workforce

Participants highlighted that for many migrant and refugee women, **a sense of safety when engaging with any organisation was inherently tied to cultural or religious representation.** For many, visible representation fostered a sense of trust and connection but also alleviated fears of discriminatory or culturally incongruent responses to their service needs. A victim survivor participant explained how interaction with a healthcare provider from a similar cultural background helped break down social taboos regarding mental health:

And I was hesitated [to access mental health support] at the beginning when my doctor suggested that ... Especially they call it mental health plan. When I read the word mental health, it's straight away, it's in my mind, like crazy. Because mental health and I'm like "No." So I hesitated at the beginning, I said no, I don't want to do it. After I went to visit again, she suggested, because I looked terrible and I sound terrible, I think. So she suggested again. And the doctor is, she is from my country by the way ... she's [from Sub-Saharan Africa] So, I think that makes it more, I think easier. Because I was speaking in Arabic to her. So, I think when she was explaining things to me and talking to me about it, that's when I'm like, you know what, I'm gonna give it a go. But it was scary to me. The words, even mental health plan was scary to me. That's why I hesitated at the beginning. (Leanne, victim survivor)

However, participants consistently highlighted the **limited number and visibility of women from migrant and refugee backgrounds within mainstream services**, particularly in positions of leadership in specialist family violence services. This compounded feelings of alienation and disempowerment, reinforcing the notion that specialist family violence services were not fully equipped to understand or address the unique needs of multicultural communities.

So, we do have practice lead for LGBTIQ community, practice lead for disability, practice lead from the Aboriginal community, practice lead from family violence practitioner, and practice lead from the person using violence. So, there are five practice lead at the [specialist family violence service] ... but we don't have practice lead from CALD community. (Deena, specialist family violence service)

Many participants pointed out the lack of opportunities for paid and/or permanent employment, coupled with the absence of targeted recruitment strategies. Similarly, the **absence of representation** in leadership was identified as a core **barrier to establishing a culturally safe and respectful work environment**, without which bilingual and bicultural workers sometimes left the mainstream specialist family violence sector.

I had a supervision client who is a refugee and a family violence specialist, and they recently got a job in a mainstream family violence service. And they were told, they're Muslim, and they were told that they would have access to cultural leave. And when they got the job, the cultural leave policy hadn't yet been written. And then they said, yeah, you can have access to cultural leave, but it's unpaid... They ended up leaving within a month and they were the only person of colour working there. Yeah. In a very multicultural community. (Darla, specialist family violence service)

Additionally, participants highlighted the **lack of visibility of migrant and refugee men** in the delivery of family violence prevention and response programs, including men's behaviour change programs. They identified significant impediments for migrant and refugee men engaging in this work, including the potential for shame and ostracism by community members. The lack of funding to develop training and support mechanisms for migrant and refugee men interested in working in family violence was also highlighted.

Migrant and refugee women with lived experience of family violence, who offered formidable advocacy skills and knowledge, articulated **significant barriers in acquiring formal qualifications and work experience in family violence programs**. The barriers were often shaped by their experiences of family violence as well as migration related challenges such as language barriers, visa restrictions on employment, non-recognition of overseas qualifications and limited understanding of Australian systems and career pathways.

I don't know the opportunities. I don't know where to look for them. I don't know how, who to ask even. I was even, you know, study[ing], but I don't know what I'm even gonna do with this now. Like how I'm gonna get help ... I completed a Diploma of Counselling, which is... I don't know where to go with it. I have no idea how to use it. (Leanne, victim survivor)

Recommendation 209 of the Royal Commission into Family Violence mandating minimum qualifications for specialist family violence practitioners, while was praised for ensuring expertise in specialist services, inadvertently **functioned to exclude or impede bicultural workers and migrant and refugee women with lived experience of family violence from securing work in mainstream specialist family violence services**. For women facing migration related inequalities and sole parenting responsibilities these requirements were often very difficult to overcome, resulting in a significant loss of talent and expertise that could otherwise greatly enrich the sector.

Invest in upskilling people who have experience, like victim survivors themselves. I was speaking to somebody who was working in response ... and she really wanted to get into case management [and] she had to do a Masters of social work or a graduate diploma or something and she was "I can't afford to do one, I can't take study leave, I don't have time to study part time, I have two kids and I'm trying to pay a mortgage, I just can't do it (Claire, multicultural community service)

Undervaluing of multicultural expertise

In light of the barriers migrant and refugee women face in accessing specialist family violence services, and the need for culturally responsive and in-language support, **multicultural community services** and community leaders were **both filling critical gaps in the family violence response ecosystem and holding the risk when specialist family violence services was not accessible**. However, this was often **devalued** by the

mainstream specialist family violence sector with minimal recognition or inclusion in formal funding structures or network opportunities.

I think that happens a lot with the multicultural communities and the mainstream family violence ... we [multicultural community services] are doing the job that you're supposed to be doing, that you get paid for, and we're doing it. But we don't get the funding for it.
(Sandra, multicultural community service)

Participants noted the impact of the **imbalance in power and resources between the two sectors**. Targeted specialist family violence practitioners described experiences with co-case management where specialist family violence services assigned them all administrative and non-technical tasks - such as interpreting, transportation and accompanying victim survivors to appointments - without meaningful consultation regarding the specific roles each service would assume in supporting victim survivors.

Because we are from multicultural organization, they don't see... we have, you know, a similar response to them. Even though we are specialising, we do take the training, we go through accreditation ourselves. ... But sometimes they see us that we are, it's more we providing the emotional, cultural aspect of it. Yeah. They don't expect that we're gonna be doing the, managing risk, and providing similar service. (Jihan, targeted specialist family violence service)

Bilingual and bicultural family violence practitioners within specialised family violence services reported that their white colleagues frequently sought their expertise to build their own capacity, with the aim of enhancing their ability to work effectively with migrant and refugee women. However, this often occurred with **insufficient acknowledgment of the emotional labour and additional workload involved for bicultural workers**.

Bicultural workers were also frequently approached after hours by their community to manage disclosures and for information and advice. Prevention practitioners working in multicultural community services reported providing secondary consultation their colleagues regarding disclosures of family violence and risk management. One multicultural community service reported adapting their services to offer short-term case management support and outreach to migrant and refugee women unable to separate from perpetrators. Others spoke of accompanying women to essential services, and to court to apply for intervention orders. This **work was unfunded, not valued and thought to**

be invisible to government and the broader sector as it was difficult to capture in reporting processes. Migrant and refugee women with lived experience of family violence often independently volunteered to support other victim survivors, run community events, prepare in-language documents and resources, and undertake advocacy, for example. However, a lack of funding made it difficult for them to further contribute towards their often innovative ideas based on their lived experience.

Limited and restrictive funding

Participants perceived that the **limited funding** made available to support the family violence related work of multicultural community services, leaders, practitioners, and migrant and refugee women with lived experience **was an indicator it was not valued**. Additional funding for selected organisations working with multicultural communities was announced by the Victorian government in 2022⁵ as part of a statewide effort to coordinate a family violence response to migrant communities. Participants, however, noted persistent structural inequities in the distribution of resources both between specialist family violence agencies and multicultural community organisations, as well as between larger and smaller multicultural community services.

The tendency of funding models towards singular areas of focus (for example, prevention or response, settlement support or supporting refugee women experiencing family violence) made it challenging for multicultural community services to secure funding that accounted for all facets of their work. Furthermore, as many migrant and refugee victim survivors were initially fearful of mainstream specialist family violence services, multicultural community services often held cases open while women built confidence to approach specialist services – which meant they were working with women for much longer than they were funded for. For some, this then resulted in a high volume of cases for sustained periods of time, with limited resources to scale their workforce to appropriately meet this demand.

Multicultural community services practitioners also identified funding mechanisms as being restrictive, forcing services to conform to rigid measures of success such as broad reach, rather than depth of engagement. As such, **contractual requirements often failed to adequately account for the time needed to build the community relationships and trust essential for interventions to address family violence**. Where multicultural community services were able to establish connections with specialist family violence

⁵Please see <https://www.premier.vic.gov.au/supporting-diverse-communities-facing-family-violence>

services, police, and other stakeholders over the duration of a project, these relationships often languished once projects ended, with little opportunity for further development or formalisation due to the paucity of long-term funding.

I've been with [targeted specialist family violence service] for five years and it's only now that I have that really close relationship with communities where I can actually send them a message on like WhatsApp and be like 'hey I've got an event on' or 'I'm doing this there, can you come?' and they'll respond ... the funding doesn't allow us to really develop those relationships. It's just expected that we've got those relationships, and we can just go out and knock on someone's door and be like, hey, what do you think about family violence.

(Sam, targeted specialist family violence service)

Practitioners also highlighted how the constrained capacity of smaller multicultural community services made it challenging for them to attend network meetings to become aware of opportunities, or to continuously apply for, and secure, sustainable funding. A lack of formal recognition and funding also limited the extent to which those working in small organisations could access workplace structures to support practitioner and client safety and wellbeing. Several practitioners highlighted the risk of losing migrant women's voices from the family violence workforce as a result.

Grassroots community orgs have so much expertise and passion and power, but they just don't get enough funding to sustain their work. Sustain their workers, sustain their projects, sustain their output, their outcomes and their impacts ... when you're looking at solutions, they should be community led solutions that are using the words that community use. Yeah, we just see so often it's like they just use words that like the community are scared of, or they don't relate to. (Claire, multicultural community service)

Experiences of harmful social and gender norms and discrimination

Many participants reported that social and gender norms, biases and discrimination (including on the basis of gender, race, disability, sexuality and class) were a major barrier to 'success' in an integrated response to family violence against migrant and refugee women.

Some victim survivors described how **social and gender norms had led to families and communities blaming, excluding or ostracising them**. Women reported that the gender and

asocial norms held by their family and/or community, particularly about parenting and marriage, were significant barriers to disclosure of family violence and help-seeking from within their informal networks. Many victim survivor participants who eventually separated from their partners chose to disconnect from family and community due to pressure from them to reconcile. Others experienced outright rejection and enforced, ongoing isolation.

They're gender roles ... as women basically, you meet someone in the community, get married, you have kids, you're the wife. Your role is to cook, clean and to raise the kids ... And what happens in your house is private. Doesn't go out into the community ... Can't talk about it in the community and can't get community support because of the perception of, it's my fault. You know, I'm the woman I should have listened. My family initially were like ... you can't be a single mother. What are people going to say and what are people going to think? So we've got that pressure. My siblings don't talk to me, because [they perceive] it's my fault that I'm a single parent. (Sally, victim survivor)

Other participants highlighted how community expectations about women's role as the preserver of family unity affected women's ability to hold men accountable for their violence; led women to minimise and hide men's violence; and created barriers to seeking support for family violence.

I was scared... I didn't leave straight away, I left after 15 years [of self-blame and hiding partner's violence]. Whatever the image of my family, out there to people, was totally different than the reality I was living in. So that itself actually made it like a barrier for me, how I'm going to go and talk to those people ... I was scared because they will push me somehow just to go back... and all the support will go to him because he's the man ... That's why I didn't [seek support from within my community]. (Leanne, victim survivor)

For some women, fears about, or actual experience of victim blaming and ostracism by members of their community also prevented them from accessing support from multicultural community services.



I wouldn't use it [multicultural community service] for my circumstances, because the lateral violence and the gossiping in the community is horrendous, and you just don't do that, yeah, because you don't want to be seen like that in the community, because that has repercussions for you. So for an example, later on, your child, other kids won't be allowed to play with your children, because you're perceived as the bad person in the community. (Sally, victim survivor)

Additionally, **victim survivors described experiencing racism and intersecting forms of discrimination by both mainstream and targeted specialist family violence services.** In some cases, women felt that they had no choice but to engage with a racist or discriminatory provider due to the scarcity of other supports available, and the potential to obtain tangible support.

When a [specialist family violence] worker was filling out, I think it was a risk assessment, and it was a demographic information. And they, when they went to nationality or ethnicity or something [on the form] and then they were like, without even looking up at me: "You're of course Indian or Sri Lankan." And that just hurt. I still remember she was like, "Of course you are" type of thing. And the next thing I knew is I didn't want to go through any of that with this person. But I was like, if I do this, they might just give me a food voucher ... And I need to eat, I haven't eaten in days. (Ash, victim survivor)

Some victim survivors described being perceived as less deserving of targeted specialist family violence support because of assumptions made about them on the basis of their employment status, level of English, or perceived resourcefulness. Women reported that this sometimes led to a denial of services due to workers' assumptions about women's capacity to navigate the service system and manage risk alone. For example, one victim survivor detailed a deeply traumatising experience of seeking help from a multicultural specialist family violence service, who judged her for not identifying the family violence earlier, and expressed that she was more well-suited to seek support from mainstream family violence services, despite her views (and experiences) to the contrary.

Then for the next one month, I tried to access [targeted specialist family violence service] to no avail, until one afternoon, a [worker from the same cultural background as me] picked up her phone, but she wasn't helpful at all. Some of the things she said: "How come you've been with your husband for 15 years and still don't know he is perpetrating domestic violence? Okay, so now you already have an intervention order, that means you are safe. You are better off trying another service provider. We have a long waiting list. Just ring the police or [specialist family violence service] for help. If you feel unsafe, you can speak English well, you should be fine." After the phone call, I was having severe bodily trauma responses, and I totally gave up seeking any help. (Drishti, victim survivor)

Participants reported that where practitioners made assumptions based on women's ethnicity, or did not listen to their perspective on what safety looked like, their **efforts to protect their children were seen as invalid or were invisible**. This could result in coercion by practitioners that paralleled their experiences of family violence, with interactions with Child Protection seen as particularly undermining of safety.

The system actually gives them an ultimatum. Either you actually follow the intervention that we designed for you or... you're not acting protectively ... We are the system we're going to ensure those children are safe and they are protected. You take the children and I'm sorry, if the system [is] taking those children and will make [them] safer, I will say great, make them safer. [But] you take the children, you remove them from their own culture identity, you actually disconnected those children ... because you lost your faith, you lost your cultural identity, you lost all of that. So those people are not safer because of that intervention. (Nadus, multicultural community service)

Other participants discussed how practitioner bias and broader systemic racism contributed to victim blaming and misidentification of women as perpetrators of family violence, most commonly by child protection and/or police. Participants highlighted the significant and long-term impacts of such misidentification for their family's safety and access to support.

I've experienced it in the workplace I think, you know, people just making assumptions, you know, about my faith or, yeah, just the little things that are said here and there ... it was around, you know, people saying, you know, "Islamic communities" and sort of lumping them into .. like people of Muslim background come from hundreds of different countries and hundreds different cultures. You can't just say this is how the Islamic community responds to this or the Muslim community. It really can be very aggravating to hear that from people and, yes, they've got a stereotype in their head and then they're going off that so. And they don't even realise ... But yeah, these biases are sitting there and they, you know, they don't even realise. (Layla, targeted specialist family violence service)

Other participants described how racial and gender discrimination contributed to an undervaluation of their work, and loss of opportunity for career progression.

I was in a setting, and I was in the team that had ... people from a migrant background [who] repeatedly went for promotions and tried to progress in the leadership and faced some pretty significant organisational barriers to promotions and also to job titles to reflect their expertise as well ... and that's pretty recent too ... I [also] heard from a manager once that she didn't want to employ a woman whose English wasn't top notch because she thought that her emails would be unprofessional. So, the racism is just like, like "unprofessional", is a, it's a euphemism, isn't it? (Jenny, specialist family violence service)

These experiences undermined participants' sense of safety and wellbeing in the workplace and felt they could dissuade people from migrant and refugee backgrounds entering or staying in the family violence response workforce.

They don't feel valued, there's a lot of racial discrimination, there's a lot of lack of understanding of different cultures. Therefore, we can't support communities as well ... that's been the bane of my existence, lack of cultural safety in organisations. Even for myself ... As in, when you go there, people make assumptions about you, right? They want to put you in a box, and when they put you in a box, they want to treat you in a certain way. And therefore, when you don't feel safe in a space you want to leave (Rahda, specialist family violence service)

Communities' and services' knowledge gaps

Participants reported that a significant barrier to women and children's safety, was a lack of understanding about the dynamics, risks and impacts of coercive control, as well as limited knowledge about women and children's rights and options for support. This was evident for victim survivors, multicultural communities, and for practitioners working across services responding to family violence.

At the time they experienced family violence, most victim survivors reported they had **limited understanding about what constituted family violence in Australia**, with many having conceptualised this exclusively in terms of physical abuse. Interactions with family, community and different types of services reinforced this misconception, with their experiences of non-physical forms of abuse often minimised, dismissed or not recognised. This knowledge gap was compounded by a scarcity of culturally relevant and accessible information about family violence and support options. While some women reported that brief information about family violence and support services had been provided upon entry to Australia, participants found this insufficient for increasing their understanding of the **risks and dynamics of coercive control**, in particular, and meant they did not fully understand their rights in Australia.

*And the majority of clients don't know what they're going through is classified as family violence ... their understanding of family violence is when somebody actually hits you and physical violence is the only thing they understand as family violence. Whereas like emotional, financial, and all the other types of abuse, they're not aware of
(Layla, targeted specialist family violence service)*

Most written resources provided to victim survivors about family violence, their rights, and options to access services, were exclusively in English. For women who spoke limited or no English this rendered these resources ineffective and decreased the likelihood of women's engagement with services.

Victim survivors also identified a **lack of accessible in-language resources that could help them to understand their rights** as they pertained to their visa status. Women often had limited knowledge of the family violence visa provisions that enable some women to apply for permanent residency . A number of participants reported that women experiencing family violence were more likely to stay in violent relationships because they

were unaware of their right to leave, or had been coerced into believing their violent partner could cancel their visa. Women stayed in the relationship for fear of being sent back to their country of origin where they could face devastating consequences including stigma or alienation from their own families/communities or risk being separated from their Australian born children.

And they live for years, not knowing that their visa won't be revoked and that the children won't be taken away from them. And, you know, often when they see one of our lawyers, and you know, they've said that that's actually not the case. It's life changing information, actually (Evelyn, multicultural community service)

Other **notable gaps in information for migrant women were about how to effectively navigate the complex network of family violence and other support services**; about what services had particular eligibility requirements; and on how to initiate contact with services and the processes involved after initiating contact with a service. Many women reported that without that information, they often felt that decisions were taken out of their control, and/or they felt coerced into taking particular actions (which at times made them less safe). This was particularly evident when engaging with police.

I didn't know that once you reported to police, I need to action today. So, I didn't have safety plan. I didn't have anything packed or prepared ... And all this time you're depressed, and you're scared for your life. And you don't know what will happen because he obviously threatened to kill me and my daughter... And I have nowhere to go, nowhere to sleep. And the police is saying, well, we arrested him, we're going to hold him for four hours and explain him those things, you figure out. So, for in four hours, you need to figure out where you're going to live, what you're gonna do. (Jane, victim survivor)

Participants highlighted that in-language information about how to contact police; what actions the police might or could then take; and options for alternative support, was essential for empowering victim survivors to make informed choices.

Many participants also highlighted significant **gaps across the sector in practitioners'** knowledge about the dynamics, risks and impacts of perpetrators' use of **coercive control** toward victim survivors from migrant backgrounds. In addition, participants reported that practitioners often had limited understanding about **visas**; women's subsequent **eligibility** for services and support; and how these were often **weaponised by perpetrators** of family

violence. While some limitations in practitioner knowledge were highlighted across all parts of the service system responding to family violence, participants reported these were particularly evident across three key areas: child protection services; legal services; and interpreting services.

There was broad agreement amongst specialist family violence and multicultural community services practitioners that although their work supporting victim survivors from migrant and refugee backgrounds frequently involved child protection, there was a fundamental misalignment between the sectors' practice frameworks. This was reported to have negative implications for women and children's safety and for the capacity of child protection practitioners to hold men accountable for their violence. Participants also highlighted a lack of referrals into specialist family violence case management from child protection considering the frequency of cases.

*And then that's surprising, because we should be getting so many referrals from child protection, but I just again, I think they go back to the children, and they're really seeing the mother as like being responsible for the situation, rather than needing support
(Belinda, specialist family violence service)*

Child protection was frequently feared and mistrusted by multicultural communities, shaped by their past experiences of pre-migration trauma, perceptions of a lack of cultural understanding within child protection services, and experiences of discrimination.

*You know, there's a high level of service distrust with this cohort [migrant and refugee women]. There's a lot of discrimination as well from services ... I've also found services like, you know, child protection and police be pretty dismissive as well, of client experiences.
Either not believing the victim survivor or believing the perpetrator
(SU, specialist family violence service)*

Fears about child protection were also often exacerbated by migrant and refugee women's lack of access to clear information about child protection processes, and misinformation from perpetrators. Some victim survivors reported they had eventually received a very supportive response from child protection, but that a lack of information about their services had prevented or delayed them from accessing critical support from child protection and other parts of the service system, including police, specialist family violence services or schools.

Like child protection ... We were scared like we didn't tell the truth at that time [to the child's school], and we said that nothing happened. He [ex-partner] told me that they will take the children. That's the main point, yeah, because I'm living for the purpose of the children. So, if they take the children away, then that's no life for me.
(Sahra, victim survivor)

In addition to the knowledge gaps participants reported in relation to child protection, participants reported that **legal services' responses to disclosures of family violence demonstrated a lack of understanding** about the dynamics, risks, and impacts of coercive control on migrant women and children.

And the hoops that you have to jump through to actually prove family violence, that's non-physical, is very hard ... I list out a whole bunch of situations that have happened, and my lawyer has basically said, in reality, they're quite light on ... so, my child is going to grow up thinking, this is the way we speak to mum, this is the way that I speak to women. This is the way, this is normal (Sally, victim survivor)

Victim survivors encountered difficulties establishing the validity of their experiences of abuse across the continuum of justice agencies, from police to the court system. Where police were not family violence informed, **victim survivors described difficulties communicating the extent of the perpetrator's violence, particularly when there was a language barrier**, or when they themselves had limited understanding about what constituted family violence in Australia. This led to missed opportunities for police to provide critical protections to women and children from migrant and refugee backgrounds.

Yeah, especially from migrant background, with English being the second language. Even the police, when the police come in, they want to see, they will only intervene when action is happening, when there is physical commotion. But when they come, when everything is calm, they will say there is nothing happening. (Tanui, multicultural community service)

Victim survivors' interactions with the police in these contexts were likely to carry tangible implications further along the justice system into the Family Court system. Without evidence of physical abuse, victim survivors were limited in terms of their options to seek safety and separation through the Family Court, one of the only means of preventing perpetrators from maintaining unsafe contact with children. Although children were often direct witnesses to, and victim survivors of multiple forms of family violence themselves,

participants felt the psychological, developmental, social and economic **impact of these experiences was largely under-recognised by the Family Court system.**

While participants recognised increases in family violence training and improvements in responses to family violence across Victorian child protection, legal and court services, participants reported that a comprehensive understanding of family violence, particularly as experienced by migrant and refugee women, may not be sufficiently integrated or consistently reinforced in these settings. Participants called for sustained commitment to addressing knowledge gaps in these sectors, in order to address the legitimate fear, mistrust and resistance within multicultural communities to engaging with police, children protection and the courts and reduce further traumatisation for victim survivors.

Pervasive challenges in the interpreter services system

Interpreter services were recognised as essential for victim survivors in navigating a wide range of supports, but participants highlighted **pervasive challenges with the interpreter services system.** Participants highlighted the lack of family violence training provided to interpreters; gaps in employment screening checks to identify family violence perpetrators; a lack of quality, compliance and accountability mechanisms; and inappropriate workplace practices for sensitive discussions.

Participants frequently highlighted instances where interpreters inaccurately interpreted, misunderstood or miscommunicated information, or even advised victims survivors to minimise their disclosures of family violence.

We've even had a few situations where male interpreters from that community have intentionally interpreted incorrectly. And we've found out that they've said to women, well the government's telling you that if you don't go back to your husband and stop lying, then you'll be in trouble. And on the other end, we have become aware in child protection when a few cases have come through when the perpetrator, we find out they work for an interpreting service. So, we know that there are perpetrators in interpreter services.
(Marie, specialist family violence service)

Victim survivors' sometimes distressing experiences with interpreters were particularly detrimental to the establishment of trust with practitioners, undermining the critical foundation for effective support and intervention.

And I had a really, awful incident of supporting a refugee victim survivor. We tried to get her into refuge, and I had an interpreter as well. And then we realised the victim survivor was really distressed when I start talking about refuge ... And then at the end of all the conversation, we realised the interpreter had interpreted refuge as refugee camp. The victim survivor had been in a refugee camp previously and was just so incredibly traumatised by that. And I was like, yeah, so that took a lot to try and bring that back to absolutely not, we are not sending you to refugee camp. And it's really hard to do over the phone as well (Josephine, specialist family violence service)

Interpreter services were also described as often being interrupted, with interpreters being required to hand over a case to a colleague due to time limited shifts. Although there was understanding amongst practitioners that this may have been appropriate for interpreters, it was considered destabilising for victim survivors. Participants also report interpreters working while driving in their cars or taking calls while in shopping centres or where children could be heard in the background. The lack of any family violence and trauma-informed training was described as putting migrant and refugee victim survivors, and inadequately trained interpreters, at risk.

Migrant and refugee victim survivors, and practitioners, were anxious that a lack of accountability within interpreter services could lead to private information being disclosed and subsequent shame, alienation or isolation of victim survivors from their communities.

You might have someone that's translating who they might know in the community and that kind of deters [migrant and refugee victim survivors] from seeking more services because they're like, 'OK, this person will know, it'll pass on, it will go on because it's that thing of like, people talk' (Ruth, multicultural community service)

A lack of culturally appropriate accountability mechanisms

Participants in this study consistently highlighted the **scarcity of effective and culturally resonant accountability mechanisms for men and other family members using violence**. A recurrent theme was the limited number of men's behaviour change programs being delivered in ways that were linguistically and culturally accessible.

Yeah, certainly in the [region], we've got a Vietnamese speaking family practitioner who works with and runs a Vietnamese speaking men's behaviour change group, but it is extremely hard. She hasn't been able to run it this year, basically because it's been extremely hard to recruit a co-facilitator for that program, but we've got a long wait list for it. We're well aware of the need for offering men's behaviour change programs in language
(Samantha, specialist family violence service)

The majority of men's behaviour change programs in Victoria were delivered in English, facilitated by practitioners who did not share the cultural background of participants, and were often grounded in cisgendered, heterosexual and Western frameworks. Participants felt these programs did not recognise cultural nuances in men's experiences and use of violence (for example punishing women for birthing daughters or using dowry or visa related abuse). This potentially obscured accurate identification of risk, decreased practitioners' rapport with migrant and refugee men, and limited meaningful attendance and sustained engagement. One participant highlighted how a targeted approach could support men's meaningful engagement and address current gaps in response efforts.

I think like with men's behaviour change groups, you know that I haven't seen one where there's the focus on, you know, for example I'm Muslim. So having a session on Islam and how that talks about women. And the true Islam, not the one that you might hear amongst other men who are weaponising certain, you know, verses or, sayings of Islamic texts to reinforce their behaviour. But the true sort of Islam. So, having that sort of focus or religious or cultural focus where you know from your background that you can target that, you know, that aspect of the men's behaviour change programme
(Imran, multicultural community service)

There was a sense from practitioners that there was sometimes limited follow-up or sustained accountability on the part of men's behaviour change programs to ensure that men had changed their pattern of abusive behaviour. Additionally, participants highlighted that carceral approaches to managing risk and holding perpetrators accountable for family violence was not always culturally appropriate, effective, or safe, especially for migrant and refugee women who were not able to or did not wish to leave relationships. As such, there was a compelling call for accountability measures that extended beyond the current legal and carceral responses, advocating for a more expansive and holistic approach to perpetrator accountability. This included **prioritisation of support for community and faith leaders to better respond to victim survivors and hold perpetrators accountable.**

Participants stated that community and faith leaders were frequently consulted by members of their communities on relationship matters and family violence, however they were not always equipped with the knowledge, skills and confidence to effectively respond to disclosures of family violence. Participants highlighted how faith leaders in particular, served as a key source of moral and practical advice and influence, offering potential avenues for supporting victim survivors and encouraging perpetrator accountability. However, faith leaders were also sometimes sources of fear and harm for victim survivors, when leaders' responses emboldened rather than effectively addressed perpetrators' use of violence.

I was even scared to go and talk to the board of Imams. Because, not my experience, the experience of other ladies I've heard from them, wasn't really a good experience at all. So, I was scared that to go and actually talk to them about it, I was afraid they will go like, 'oh, there we go again, another one coming for divorce', and they may not believe me
(Leanne, victim survivor)

Some service providers were aware of **community-based responses to men who use violence**, where community leaders worked to hold men accountable and thought that with increased support for community leaders, these could be alternatives to carceral or legal approaches.

OK, you need to abide by this condition and she's protected by the community and the leaders in the community. So most of the time, even though it will happen in closed doors, but ... it is also a solution because most people do trust these elders... he doesn't want to perpetrate again because he knows what's going to be the consequence. He will be isolated from the community because it has been discussed in the public
(Jihan, targeted specialist family violence service)

Participants also reported gaps in accountability mechanisms when services and systems were used to perpetrate harm and exert control over victim survivors. Examples of this included weaponisation of the migration system; using legal and statutory systems to perpetrate harm and avoid accountability (including making false reports sometimes leading to misidentification of women as perpetrators of family violence, and perpetrators obtaining practitioners' collusion to threaten or limit women's contact with children); the use of family court as a mechanism of post-separation coercive control; and exploitation of loopholes and weak regulatory mechanisms to avoid child support obligations.

Participants noted that the potential for using systems to abuse was greater when women had limited access to in-language information about, and understanding of, the different components of the family violence services system. Participants reported the significant limitations in practitioners' ability to recognise and respond effectively to systems abuse were a major barrier to successfully holding people using violence to account, and to achieving safety for women and children from migrant and refugee backgrounds.



Discussion

Findings reveal that a successful, coordinated response to victim survivors from migrant and refugee backgrounds, requires an intersectional understanding of and approach to safety. Conceptualisations of safety, as defined by women and recognised by many practitioner participants in this study, extend beyond family violence risk, to encompass women's deeper connections to family and community, their broader sense of stability in Australia, and cultural safety within organisations and institutions. Despite many positive reforms in the family violence response in Victoria, this study found substantial ongoing systemic barriers to safety and support for women and children from migrant and refugee backgrounds.

Misalignment between services' and communities' conceptualisations of family violence, and the barriers to specialist services this creates, have been highlighted in previous studies (Critelli and Cennet Yalim, 2019; Moges Lemma, 2023; de Anstiss, 2023). Vasil (2023) found that many women from migrant backgrounds also receive conflicting and incorrect information from services about their eligibility for Centrelink and other forms of support. However there continues to be **insufficient plain language and in-language resources about family violence and coercive control, and about family violence services**, that are accessible for migrant and refugee communities. The lack of clear information about women's rights, options and eligibility for support, and the processes and consequences of engagement with different services undermines migrant and refugee women's confidence in 'the system' and the likelihood of seeking specialist help. New resources developed by inTouch Women's Legal Centre aimed at addressing coercive control within migrant and refugee communities offer promising support for migrant and refugee both communities and practitioners. Koleth et al. (2020) also highlight the importance of community discussions for meaningful engagement with and understanding of written information. The success of outreach models facilitated by bilingual and bicultural practitioners in generating such culturally safe community discussions have also been highlighted across the literature (Block et al., 2021; Koleth et al., 2020; MCWH, n.d.).

Our research findings are consistent with previous work (Vaughan et al., 2016; Segrave & Burnett-Wake, 2017; Maher & Segrave, 2018; inTouch, 2020; Vasil, 2023) highlighting that **visa class** often dictates women's eligibility for essential services including Centrelink, Medicare and public housing. This limits women's social and economic independence;



reduces their ability to separate from a person(s) using violence; reduces the ability of practitioners to effectively meet the needs of women experiencing family violence; and undermines women's stability and safety.

Women's limited access to specialist family violence case management support was also found to be a significant barrier to a successful coordinated response to family violence, and was a crucial limiting factor for achieving women's safety. One of the central barriers to access was specialist family violence case management services' **eligibility requirement that women separate** from the person(s) using violence. Many participants reported that separation could lead to social dislocation from their family, community and culture, and were therefore reluctant to engage with services where separation was required. Our earlier studies have similarly shown that women from migrant backgrounds may be reluctant or unable to separate from partners due to conditions of immigration and fears about separation from family and community (Vaughan et al., 2020), and many migrant women have expressed a preference for resolving family violence without ending relationships (Vaughan et al., 2016). Other research highlights how settlement processes themselves can result in a loss of economic status, culture and identity, compounding family violence related trauma (Schweitzer et al., 2006; Carswell et al., 2011; Pearce & Sokoloff, 2013). Moges Lemma et al. (2023) found that for many migrant women, family is a key source of identity, belonging and security during this settlement process, and that this should be a central consideration in responses to family violence.

The *Case Management Program Requirements* (Family Safety Victoria, 2022b) establish the first set of consistent statewide expectations for specialist family violence services in their delivery of case management for victim survivors of family violence. These state that women in relationships with person(s) using violence are eligible for a brief non-crisis or intermediate case management response and are eligible for support regardless of the level of risk. The disconnect between these case management program requirements and practice was noted by the Office of the Family Violence Reform Implementation Monitor in 2022, who highlighted that many specialist family violence services at that time believed they could not provide case management support to women still in relationships with the person(s) using violence (Office of the Family Violence Reform Implementation Monitor, 2022). Despite expectations of sector alignment to the case management program requirements by 2023, our findings indicate that practitioners may still be unclear about these requirements and/or have limited frameworks to support provision of support to women unable or unwilling to separate. It is also likely that case management services' prioritisation of women who are ready to separate from people(s) using violence and those at serious risk, is a response to resource pressures and high demand for specialist family violence services. However this undermines a successful response to family violence for migrant and refugee women, and fails to acknowledge and address underlying structural inequalities that prevent migrant and refugee women leaving violent partners/family (Vaughan et al., 2016; Vaughan et al., 2020).

Many victim survivor participants in this study discussed navigating migration related stressors in addition to experiencing family violence, and reported a disconnect between their support needs and what services could provide. For these women, **support to address settlement concerns** was essential for their long-term stability and safety from family violence, and was often their priority before they could even consider separation. For some women, such support was inhibited by visa related eligibility criteria and lack of knowledge of the service system. Moges Lemma et al. (2023) found that some migrant women have different goals and priorities to those within the service system, limiting the effectiveness of the support they receive. Furthermore, Koleth et al. (2020) highlight the importance of addressing settlement priorities (such as employment and legal advice) and concerns about structural discrimination (such as racial discrimination in the workplace) when doing work to engage communities about family violence and connect them to support services. These findings show that a successful coordinated response to family violence for migrant and refugee women needs to **consider the role of structural and systemic violence and work towards addressing it.**

Our findings suggest that the language used by service providers to assess risk and safety, and limitations in existing tools and frameworks such as MARAM, may mean **key aspects of migrant and refugee women's experiences are not recognised** (such as violence outside of intimate partner violence contexts, or that involving multiple perpetrators). Lack of flexibility in the provision of services also undermines a successful response to family violence against migrant and refugee women. For example, despite there being no timeframes attached to the response types outlined in case management program requirements (Safe and Equal, 2022), services were reported to typically allocate around three months for case management support. This was often inadequate for addressing all the structural barriers to migrant and refugee women's safety and support needs, leaving many women alone to navigate complex systems with little to no support.

Consistent with past research (Sullivan et al., 2005; AMWCHR, 2011; Vaughan et al., 2020; Afrouz et al., 2021; Block et al., 2021), participants in this study emphasised the **urgent need to increase the visibility and representation of women from migrant and refugee backgrounds, including women with lived experience, in specialist family violence services**. This is consistent with the 2019-20 Family Violence Workforce Census which found that 80% of the specialist family violence workforce was born in Australia and 99% used only English in the course of their job (Family Safety Victoria, 2021). Participants described the ways in which service providers from migrant and refugee backgrounds (including in leadership) had greater ability to recognise and respond to the nuances and contexts of perpetration of family violence against migrant and refugee women and children. Shared language and/or history of migration increased trust in and rapport with practitioners. Participants' descriptions of the limited number of culturally specific men's behaviour change programs and/or that were delivered in language are almost identical to those reported previously (for example, Vaughan et al. 2020), suggesting minimal advancement in this area.

Recommendation 209 (Victoria State Government, 2022), which dictates the need for a minimum mandatory qualification for specialist family violence response practitioners, was consistently highlighted as a **major barrier to entry into sector for many women from migrant backgrounds**, particularly if they also had lived experience of family violence. In addition, the finding of **insufficient workplace policies and practices supporting bicultural and bilingual practitioners** in mainstream specialist family violence services aligns with past research (Koleth et al., 2020; Block et al., 2021), and undermines the responsiveness of services and the ability to realise success. Without targeted workforce strategies to attract and retain women from migrant backgrounds into the specialist family violence sector, and initiatives to address gender and racial discrimination in the

workplace, the capacity of “mainstream” services to successfully respond to migrant and refugee women and children experiencing violence will be limited.

Intersecting forms of discrimination (particularly, though not only, racism) were experienced in the sector by both victim survivors and by practitioners from migrant and refugee backgrounds, replicating findings from previous research (Rees & Pease, 2006; Ramsay, 2016; Vaughan et al., 2016). Participants highlighted how experiences of racism and lack of culturally safe and responsive practice within mainstream specialist family violence services **led many migrant and refugee women to prefer support through ethno-specific or multicultural community services**. Yet many women also reported fear about, or actual experiences of, social and gender norms and biases undermining multicultural community services being able to support safety. This reinforces previous calls to strengthen the knowledge and capacity of multicultural community services in relation to family violence (Chung et al. 2009; Erez & Ammar, 2003; Immigrant Women’s Domestic Violence Service, 2006; Afrouz et al., 2021; Block et al., 2021). Targeted initiatives to address harmful norms and biases, and experiences of discrimination, must be prioritised across all elements of an integrated response.

A major finding of this study was the **lack of coordination across the specialist family violence and multicultural community services sectors**. Findings show that some multicultural community service practitioners had limited understanding about the roles, referral pathways, eligibility criteria and practice frameworks of specialist family violence services. There was a lack of formal opportunities for collaboration, partnerships and reciprocal learning between multicultural community services and specialist family violence services (for example through outpost arrangements, worker exchanges or communities of practice) and between primary prevention, early intervention and response initiatives. This siloed approach contributes to a lack of trust and undermined effective information sharing, linkages to effective support, and ultimately, women and children’s safety (Koleth et al., 2020; Afrouz et al., 2021). For example, Koleth et al. (2020) highlight the knowledge that multicultural community services bring to the family violence sector in relation to supporting women early on in their experiences of violence, and when they remain in relationships with person(s) using violence. There are, at present, lost opportunities to increase provision of essential support and safety planning to prevent the escalation of risk through multicultural community services. Findings from this study also echo previous research highlighting the potential role of community and faith leaders in responding to and holding perpetrators of family violence to account (Moges Lemma et al., 2023; Tarpey-Brown et al., 2024a).

A positive development in this area is the Supporting Multicultural and Faith Communities to Prevent Family Violence Grants Program, which supports 33 multicultural organisations across Victoria. This initiative enables these organisations, some of which are active in response, to take a more integrated approach to addressing family violence.

Disappointingly, this study found that **systemic challenges across interpreter systems, repeatedly identified in past research, persist** (see, for example, Vaughan et al., 2016; Sullivan et al., 2023). There is an urgent need for investment in training (in relation to family violence, gender, cross-cultural awareness and trauma), support and adequate remuneration for interpreters working in the family violence sector, and for quality control mechanisms to be implemented. This study also highlighted the **need to strengthen the capacity of child protection, police, and legal and family court workforces** to recognise and respond to the specific context of family violence against migrant and refugee women and children. The Safe and Together Institute has developed a model of practice in recognition of the misalignment of child welfare frameworks with responses that are family violence informed (<https://academy.safeandtogetherinstitute.com>). Australian evaluations of the Safe and Together model provide evidence the approach can support organisations to pivot to the perpetrator(s) and reduce victim blaming (Healey et al., 2018; Humphreys et al., 2020; Kertesz et al., 2022), suggesting the potential for the model to be tailored to efforts to increase migrant and refugee women and children's safety.



Recommendations

Findings from the Sharing WISDOM project have a number of implications for changes to policy and practice in order to enable the **successful integration of multicultural community services in a coordinated response to family violence** – and ultimately the **safety of women and children from migrant and refugee backgrounds**.

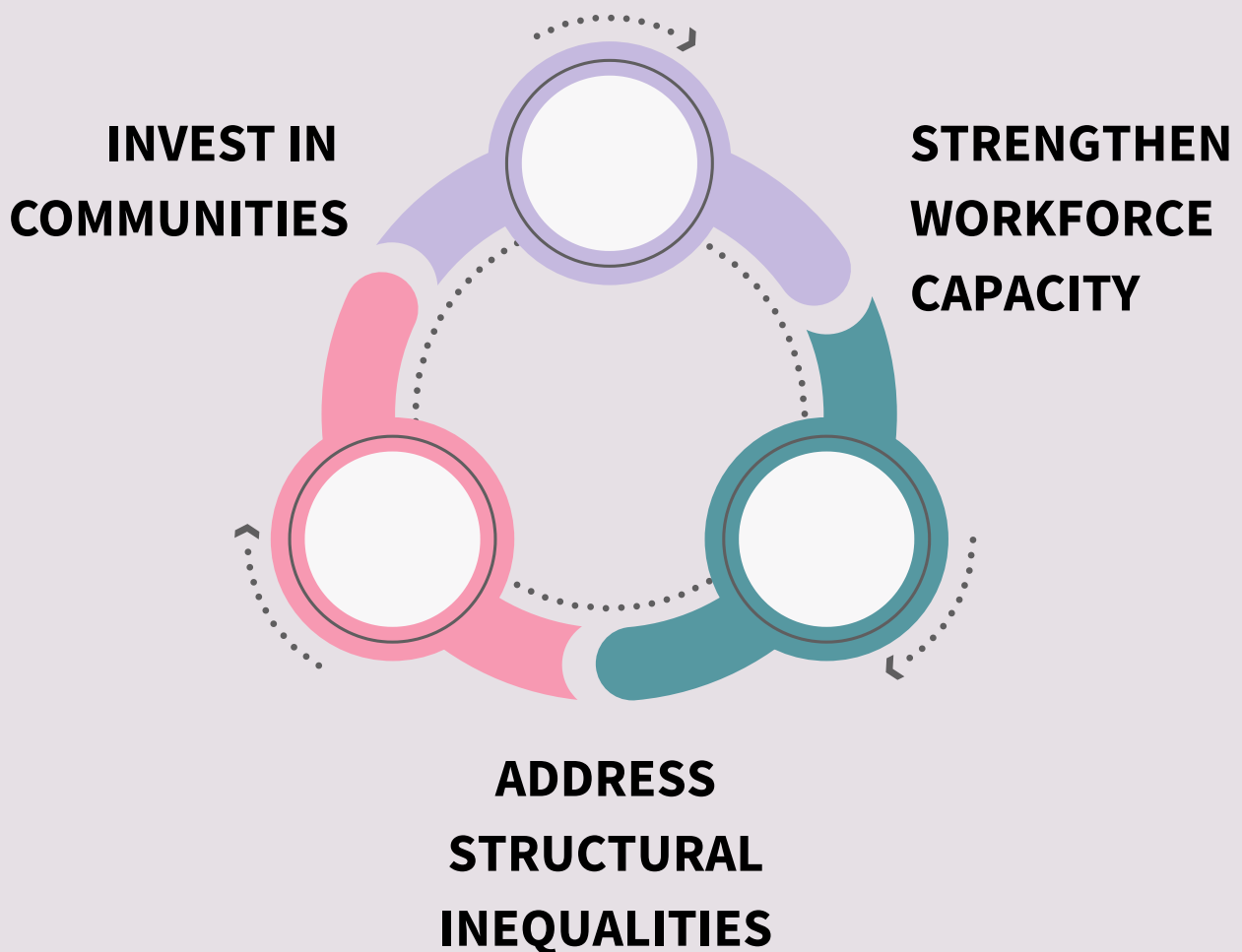
Synthesis of participants' perspectives highlights that a successfully integrated, coordinated response for migrant and refugee women and children would be:

- Culturally relevant, accessible and timely
- Respectful of, and integrating, lived experience
- Intersectional, trauma-informed, holistic and recovery focused
- Responsive to women's needs
- One that prioritises developing and sustaining trust
- One where practitioners are reflexive, practice cultural humility, and offer women choices
- Collaborative, where sectors and organisations learn from each other and from migrant and refugee communities and women with lived experience

Action is required at **community, workforce and systems, and structural levels** to build on these principles to address the key barriers to success identified in this study, and to strengthen factors that support safety and accountability as defined by women and children from migrant and refugee backgrounds. As this research was oriented towards response services, recommendations have not been mapped to the four domains of prevention, victim survivors, perpetrators and systems as outlined in the Family Violence Outcomes Framework (FVOV). However, most of the recommendations outline whether funding or harnessing of resources aims to support victim survivors, practitioners in service systems and/or perpetrators.

Recommendations

Our recommendations aim to build on existing momentum by **leveraging existing and emerging resources**, while recognising that sustainable change requires new investment in initiatives that foster **collaboration** and innovation. The upcoming round of *Working Together* grant **funding** presents a key opportunity to support projects and programs shaped by multicultural services and communities, and to **build capacity** where it's needed most. Working with women with lived experience of family violence from migrant and refugee backgrounds is essential to improving service integration and equitable access. Finally, we recommend **reviewing** current approaches to working together to support improvement. Where relevant, we've identified government departments, organisations and communities that could play a leading role in advancing this work.



INVEST IN COMMUNITIES

1. Increase availability of targeted, culturally relevant and accessible resources to raise migrant and refugee communities' awareness about family violence and coercive control, women and children's rights, and support options and processes.

- Allocate grant funding to support targeted family violence services and multicultural community services in collaboration with expert partners (universities/research institutes) to conduct co-design projects with migrant and refugee women with lived experience of family violence, as well as multicultural community members. These projects should focus on developing culturally relevant and accessible resources (aimed at raising awareness of family violence and coercive control; facilitating help-seeking behaviour among victim survivors; and other strategies to address barriers in families and communities for women wanting to access support for family violence). Accessible resources may include posters, videos or other formats in-language and using plain language.
- Fund outreach (in-language) models of support, to ensure services are accessible in the locations where people live, work and play. The evaluation of the Whittlesea Community Connections (WCC) Bilingual Family Violence Service Connector Project demonstrated that the presence of bicultural workers in community settings facilitated the establishment of trust, improved women's safety, and led to disclosures and referrals for case management support. The program also fostered strong connections between WCC and Berry Street, ensuring WCC workers were aware of a reliable contact within Berry Street and confident in directly referring women. Additionally, Berry Street workers gained a deeper understanding of the barriers and challenges faced by multicultural communities in accessing services. This program acted as a proof of concept and could be tested in other locations, with further evaluation supporting development of an evidence base for statewide scaling.
- Provide opportunities for communities to come together (and with family violence specialists) to engage in discussions related to family violence, led by migrant and refugee women, including about gender and social norms and biases. MCS leaders and practitioners have a deep understanding of their communities. Providing them with the opportunity to access grants for small-scale community family violence education and discussion programs tailored to their specific contexts would allow opportunities for migrant and refugee women to take leadership roles. These grants could also support social programs for men, engaging them in activities that resonate with them, while concurrently raising awareness about family violence. Like the 'Working Together' grants, it is essential that all funding initiatives require collaboration between SFV and MCS enabling both parties to jointly plan and implement family violence education campaigns and events. This approach would foster ongoing relationships between services, better facilitate referrals to SFV partner organisations (such as Orange Door, Safe Steps, Berry Street, Juno and others) following disclosures to MCS practitioners, and would offer SFV practitioners valuable insights into the communities they serve.

INVEST IN COMMUNITIES

2. Recognise, value, resource and strengthen the leadership role of migrant and refugee women in preventing and responding to family violence in multicultural communities.

- Recognise that migrant and refugee women play a vital role preventing and responding to family violence in their own communities, and in multicultural communities across Victoria.
- Provide additional funding to migrant and refugee women's groups and organisations to support them to continue playing a leadership role in their communities to prevent and respond to family violence.
- Establish an advisory mechanism for migrant and refugee women to provide advice and expertise to government about strategies to embed equity and cultural safety into the family violence service system, including mainstream family violence services, police, child protection and legal services. Organisations such as inTouch's NOOR Family Violence Survivor-Advocates provides a model for how migrant and refugee women can be supported to engage with a broad range of stakeholders to provide consultation and advice.

3. Increase recognition of the role of community and faith leaders in preventing and responding to family violence in multicultural communities, and invest in building their capacity through training, mentorship, resources and funding.

- Develop tailored resources relevant to community and faith leaders and their current and potential roles in preventing and responding to family violence. Existing resources such as the Multifaith Advisory Group of the Victorian Multicultural Commission could be engaged to provide in-principal support for capacity building of community faith leaders in responding to family violence. Emerging resources include the Our Watch 'Faith as a strength and part of the solution to preventing gender-based violence project' being undertaken in collaboration with the University of Melbourne and multicultural and faith organisation representatives. This project aims to co-design resources with faith leaders that promote the prevention of gender-based violence, drawing on and leveraging faith as a source of strength.
- Provide grant funding for targeted specialist family violence and multicultural community services to work together to provide forums where community and faith leaders can share with specialist family violence services their experiences of what has and could work in responding to family violence in their communities (including in holding perpetrators to account)

STRENGTHEN WORKFORCE CAPACITY

1. Increase support for sustainable collaboration, engagement and reciprocal learning across specialist family violence services, multicultural community services, and related response services.

- Increase recognition of the role multicultural community services already play by profiling innovative initiatives and platforming speakers from multicultural community services at specialist family violence forums such as SFV network meetings and organised events.
- Fund outpost arrangements and formal partnerships between multicultural services, targeted specialist family violence services and specialist family violence services. Leverage co-located or geographically proximate services to pilot regular capacity building meetings, where services can share knowledge, enhance mutual understanding of current offerings, establish referral pathways and foster reciprocal learning about the communities they serve.
- Resource multicultural community services, particularly smaller services, to strengthen alignment with MARAM
- Resource and expand access to models that bridge the gap between provision of information, and case management support for women in relationship with a person using violence (for example, connector models)
- Enable increased flexibility of service delivery, including in relation to duration of support provided, outreach services, and flexible re-engagement. The No Wrong Door policy is valuable in providing flexibility, however it may not be widely known or understood by multicultural service providers or communities. A model sometimes utilised in multicultural community services is to undertake a 'soft closure' with clients- where relationships are maintained, and families are supported to easily re-engage when new issues arise - could be explored.
- Increase and expand engagement with, and training for, child protection, police, family court and other agencies about family violence in migrant and refugee communities. This should focus particularly on increasing understanding of manifestations of coercive control, violence perpetrated by multiple family members, risks of misidentification of victims as perpetrators (often due to false accusations from perpetrators), and the importance of holding persons using violence to account.

2. Develop targeted strategies to address systemic discrimination in the family violence sector, to improve pathways to, and remove barriers from, migrant and refugee women's employment in specialist family violence services, including in leadership roles

- Incentivise specialist family violence services to recruit and retain staff from migrant backgrounds, including in leadership positions
- Conduct a dedicated review to identify systemic barriers to equitable employment and advancement within the family violence sector, and implement recommendations of the review
- Review recommendation 209 of the Royal Commission into Family Violence. This may require provision of dedicated resources to enable migrant and refugee women, and women with lived experience, to access training in order to enter the workforce.

STRENGTHEN WORKFORCE CAPACITY

3. Regulate and resource interpreting services to support a trauma-informed and family violence-informed response

- Make specialised training on family violence and trauma-informed responses available to interpreters and recognise trained interpreters with a dedicated credential and remuneration. The Monash University Family Violence Training Course for interpreters has been available for some time; however, ongoing challenges persist. These challenges may stem from a lack of visibility regarding which interpreters have completed training, whether interpreter services prioritise trained interpreters for family violence cases, the adequacy of interpreter numbers and whether the family violence sector – including FV services, police, child protection and legal services – can access trained interpreters exclusively. Additionally, it is unclear whether interpreters are supported by their organisations to undertake this training or if it must be pursued independently. There is a need to upskill this essential service to become trauma-informed, critically examine their own cultural and gendered biases, ensure the language used does not cause harm and is meaningful to the context, and provide mechanisms for ongoing professional development. Consideration should be given to offering accreditation for trauma- and family violence-informed interpreters with a preference for their use within family violence and multicultural services. Furthermore, a mechanism for feedback from service providers utilising interpreter services should be established to promote continuous improvement.
- Review interpreter contracting arrangements so that trusted interpreters can ‘accompany’ women through a range of service and response systems.
- Ensure oversight and quality control of interpreter services, including in relation to where and when phone interpreters take calls relating to family violence. Interpreter services must also ensure that robust processes are in place for criminal background checks to prevent the hiring of perpetrators

ADDRESS STRUCTURAL INEQUALITIES

1. Tailor risk assessments and MARAM to meet the needs of migrant and refugee communities

- The Department to fund training to increase awareness of manifestations of coercive control experienced by migrant and refugee women. Organisations such as Intouch and Shanti Works currently offer family violence and coercive control training, and their expertise could be leveraged to expand this training across relevant service sectors.
- The Department to review language used in risk assessment and provide tools to question assumptions about safety, perpetrators or the contexts in which violence is used against migrant and refugee women.

2. Resource services to expand eligibility criteria to ensure migrant and refugee women can access services regardless of visa or relationship status

- The Department to support SFV services to review case management practices and alignment with the Case Management Program Requirements, particularly in relation to eligibility of women still in relationship with a person using violence. This may require support for the sector to develop new models of practice and targeted funding that can enable alignment.
- Fund services to support women regardless of visa status. While acknowledging that brokerage funding is set to shift this year to support women on temporary visas, the allocation of brokerage funding should be made equitable between citizens and non-citizens. Women who are unable to leave abusive relationships due to a lack of financial support often cannot access crisis services (as per point above), creating a cycle that traps many women in violent relationships. Addressing this funding disparity is essential. More broadly, a review of eligibility for Centrelink, Medicare and childcare subsidies for those on temporary or partner visas experiencing family violence is required to ensure that women who seek to leave violent relationships can access financial, health and childcare support.

3. Develop mechanisms to report and redress racism and other forms of discrimination experienced in services

- The Department to work in collaboration with services to work with migrant and refugee women with lived experience, or who are employed in specialist family violence (and other) services to co-design strategies for safe reporting of racism.
- Conduct a review within the specialist family violence and other related sectors to identify policies and systems that have a discriminatory impact and implement the recommendations of the review.
- Develop (co-design) and implement anti-racism policies within the family violence and other related sectors. The development of these policies could be the result of work undertaken as part

ADDRESS STRUCTURAL INEQUALITIES

of formal partnerships between SFV and MCS or as part of formalised discussions with MCS leadership and practitioners at SFV network and other organised events.

- Provide anti-racism training to all services working in response to family violence.

4. Increase access to housing for migrant and refugee women

- Review eligibility criteria and advocate to ensure that women on temporary or bridging visas can access housing support, along with their children and other family members.
- Recognise and resource the longer duration of support, including housing support, that migrant and refugee women may require as they build local support systems.

5. Fund further research to better understand migrant and refugee children's perspectives on what a successful response to family violence looks like for them

- Recognise migrant and refugee children as victim survivors in their own right, and resource co-designed action research to identify children's perspectives on success, including in relation to their ability to maintain connection to culture, language and community. Review the findings of the Fair - Family violence affecting children from immigrant and refugee backgrounds - project when completed by the University of Melbourne.

Conclusion

Multicultural community services play a key role supporting migrant and refugee women affected by family violence, and hold critical knowledge, experience and expertise relevant to working in culturally responsive ways with communities.

Findings highlight system wide undervaluation of multicultural services, practitioners and leaders, and under-resourcing for targeted initiatives to address family violence perpetrated against women and children from migrant and refugee backgrounds. This limits opportunities for collaboration and reciprocal learning across multicultural community services and specialist family violence services, inhibiting development of the knowledge and skills required for effective, coordinated, and culturally safe and responsive support for migrant and refugee people affected by family violence.

This study highlights key structural barriers to success and safety, including:

- the underrepresentation of people from migrant and refugee backgrounds within the specialist family violence sector,
- institutional racism, and
- the limited effectiveness and availability of culturally resonant perpetrator accountability mechanisms.

Findings highlight improvements in practitioners' awareness of the concept of intersectionality, and examples of promising practice as a result of MARAMIS reforms. These provide a solid foundation for the crucial work and increased resourcing needed to translate improved awareness into the system wide changes required to ensure 'success' for migrant and refugee women and children experiencing family violence.

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