



# Multicultural and Settlement services Supporting women experiencing violence: The MuSeS project

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### **Acknowledgement of Country**

ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present, and future, and we value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the Warawarni-gu Guma Statement.

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ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800 RESPECT—1800 737 732 and Lifeline—13 11 14.

# Contents

List of figures	3
List of acronyms used	4
<b>Executive summary</b> .....	<b>5</b>
Methodology	5
Key findings	5
Building on opportunities—Recommendations	7
<b>Key terms</b> .....	<b>9</b>
Violence-related terms	9
Migration-related terms	9
Participants involved in the research	9
<b>Introduction</b> .....	<b>11</b>
<b>State of knowledge</b> .....	<b>13</b>
Methodology	13
The multicultural and settlement services system in Australia	14
The current and potential roles of multicultural and settlement services in responding to violence against women	15
Summary of the current state of knowledge	21
<b>Methodology</b> .....	<b>23</b>
Research aim, rationale and questions	23
Theoretical concepts underpinning the research	23
Research design	24
Research ethics	27
Limitations	28

<b>Key findings</b>	<b>30</b>
How do settlement and multicultural services currently support women experiencing violence?	31
What factors strengthen or undermine the capacity of settlement and multicultural services to provide support to migrant and refugee women experiencing violence?	44
What opportunities are there for the delivery of effective interventions to support women experiencing violence through settlement and multicultural services?	62
Summary of key findings	64
<b>Recommendations</b>	<b>67</b>
<b>Conclusion</b>	<b>69</b>
<b>References</b>	<b>71</b>
APPENDIX A	
<b>Acknowledgements</b>	<b>78</b>
APPENDIX B	
<b>Qualitative coding frameworks</b>	<b>79</b>
APPENDIX C	
<b>Online survey (questions and response options)</b>	<b>89</b>
APPENDIX D	
<b>Indicative question guide for interviews with service providers</b>	<b>103</b>

# List of figures

Figure 1: Survey participant responses to the question, “How do you respond to a disclosure of family violence?” .....	36
Figure 2: Services that survey participants refer clients to in relation to family violence.....	38
Figure 3: Distribution of responses to the survey question, “How confident are you that the mainstream family violence response system would meet your clients’ needs?” .....	41
Figure 4: Survey respondents’ description of barriers they have faced in responding to family violence as part of their work.....	45
Figure 5: Survey respondents’ description of things that make it easier to respond to family violence as part of their work.....	45
Figure 6: Length of time survey respondents had been in their current role.....	52

# List of acronyms used

ANROWS	Australia's National Research Organisation for Women's Safety
ASPIRE	Analysing Safety and Place in Immigrant and Refugee Experience (the ASPIRE project)
AVO	Apprehended violence order
CALD	Culturally and linguistically diverse
CRAF	Common Risk Assessment Framework
DSS	Department of Social Services
DV	Domestic violence
HSP	Humanitarian Settlement Program
IOM	International Organization for Migration
MuSeS	Multicultural and Settlement services Supporting women experiencing violence (the MuSeS project)
WHO	World Health Organization

# Executive summary

Migrant and refugee women access a range of settlement and multicultural service providers in their communities, including specialist refugee mental health services. Settlement and multicultural services are one of the primary points of contact refugee and migrant communities have with services after arrival. As such, they may be well positioned to support migrant and refugee women to navigate family violence response systems, as well as other interconnected services. There is increasing recognition of the potential of these services to expand reach to and further support migrant and refugee women and children experiencing violence. However, only limited research to date has documented current practices of workers and volunteers from settlement and multicultural services in working with migrant and refugee women experiencing violence, with little analysis of barriers and opportunities for strengthening support for women experiencing violence through the sector.

The rationale for the "Multicultural and Settlement services Supporting women experiencing violence project" (known as the MuSeS project) was to address these research gaps and build evidence about the current and potential roles of settlement and multicultural services in supporting migrant and refugee women who have experienced violence. The project aimed to produce findings that can inform strategies for better supporting women experiencing violence through settlement and multicultural services (including specialist refugee mental health services).

Our specific research questions were:

1. How do settlement and multicultural services currently support women experiencing violence?
2. What factors strengthen or undermine the capacity of settlement and multicultural services to:
  - provide support to migrant and refugee women experiencing violence?
  - implement early intervention initiatives to support migrant and refugee women (including those in an ongoing relationship with the perpetrator)?
  - understand and respond to the interaction between the mental health of refugee women and men, and vulnerability to or perpetration of family violence?
3. What opportunities are there for the delivery of effective interventions to support women experiencing violence through settlement and multicultural services?

## Methodology

Data were collected from early 2018 to mid-2019, primarily in Victoria, South Australia and Tasmania. Qualitative and quantitative data were collected in a mixed methods approach, with data collection activities including:

- three pre-data collection consultative workshops (one in each state), to identify and map responses to violence through the settlement and multicultural sector
- a national anonymous online survey of 378 multicultural and settlement service providers to assess their knowledge and experiences in responding to violence
- in-depth interviews with 47 settlement and multicultural service providers in Victoria, South Australia and Tasmania, including specialist refugee mental health services
- focus group discussions (four) and interviews (two) with volunteers and frontline workers from multicultural and settlement services
- in-depth interviews with 11 refugee women
- four participatory workshops with a total of 47 refugee and migrant women
- three consultative workshops with stakeholders to discuss our early analysis of data and to identify opportunities for strengthening support for women experiencing violence.

Quantitative data were analysed to produce descriptive statistics. Qualitative data were interpreted using thematic analysis to identify patterns and recurrent issues in the data.

## Key findings

Across all types of services, service providers, frontline workers and volunteers recognised that family and domestic violence was occurring for their clients, and it was something they regularly encountered in the course of their work. Settlement and multicultural services currently provide support to migrant and refugee women experiencing violence in a range of ways, summarised below.

## Providing education and information about family and domestic violence

Settlement and multicultural services are one of the first points of contact for people upon arriving in Australia, and service providers saw part of their role as providing information about family violence laws, gender norms and rights in Australia, and about family violence response services. Settlement and multicultural services also support migrant and refugee women navigating their way through the complex systems they encounter when seeking services and support for experiences of violence.

## Identifying family and domestic violence

Settlement and multicultural service providers—particularly those who have had specific family violence training—who work directly with clients often identified a range of indicators that suggested violence may be occurring. Service providers' confidence to act on the basis of these signs depended on the training they had received and the organisational support they had to do so. Settlement and multicultural workers across different levels emphasised the central importance of building trust and establishing the long-term conditions in which a client might feel safe to disclose violence and take action themselves. From a client perspective, refugee women confirmed the importance of these factors.

## Receiving disclosures

Settlement and multicultural service providers receive direct disclosures of family and domestic violence from clients. Service providers' confidence in responding to disclosures was strongly related to training: very few (salaried) service providers felt that they did not know what they would do upon receiving a disclosure; in contrast, volunteers and orientation guides, who play a significant supporting role in the settlement of many newly arrived migrants, felt they were not trained or equipped to respond appropriately.

## Referral to and liaison with specialist violence response services

Upon receiving a disclosure of violence, settlement and multicultural service providers most often refer their clients to a specialist violence response service. Many service providers also then advocate for women who are in need of financial, legal or housing support, particularly for clients ineligible for survival services such as those provided through Medicare or Centrelink. Settlement and multicultural services may have expertise and advocacy skills regarding immigration issues that specialist violence response services do not. Where ongoing liaison and communication between workers from settlement and multicultural services and specialist violence response services about the needs of women experiencing violence exists, there is an opportunity to combine the different expertise found in the two sectors to holistically support clients.

## Working with perpetrators

In the course of their work with migrant and refugee communities, many settlement and multicultural service providers also encounter men who use violence. Specialist mental health service providers, in particular, grapple with balancing their response to the mental ill health experienced by some refugee men (and their recognition of the impact of torture and trauma on these men) with the need to hold men to account for their violent behaviour. The high level of engagement that settlement and multicultural services have with refugee and migrant men is an important prevention and response opportunity, given the difficulties mainstream violence response services have in connecting with this cohort and the known major service gaps for refugee and migrant men who use violence.

## Specialist refugee mental health services

Specialist refugee mental health service providers highlighted the bi-directional relationship between mental ill health and women's experience of violence, with family and domestic violence causing mental ill health, and mental ill health often being a significant barrier to women recognising or seeking support for violence. These service providers play

an important role in supporting refugee women and men who are experiencing mental ill health and experiencing (or using) violence. While South Australia, Tasmania and Victoria have specialist refugee mental health services (members of the Forum of Australian Services for Survivors of Torture and Trauma) in place, fewer mental health services are available that have the capacity to respond to the complex needs of people who have come to Australia as temporary or permanent migrants, and who may also be experiencing family violence.

### **Service providers go beyond the scope of their role to support women**

Many service providers gave compelling examples of going “above and beyond” the scope of their roles to support migrant and refugee women experiencing violence. This included committing their own time, personal resources and emotional labour to support women to navigate complex pathways to help. This provision of support often comes at substantial cost to multicultural and settlement service providers and can place service providers in difficult and unsustainable positions.

### **Factors shaping the capacity of settlement and multicultural services to support women**

Both the service providers and women interviewed described factors affecting the capacity of settlement and multicultural services to support women experiencing violence occurring on both the “demand” and “supply” sides of relationships between migrant and refugee women and services. Demand-side factors primarily related to clients’ knowledge of family violence, their knowledge of the possibility of a service response, pre-arrival experiences and stigma. The most common supply-related challenges included limited funding and service scope, eligibility restrictions imposed on family violence services, communication barriers with clients, high turnover of settlement and multicultural services staff, lack of training and referral pathways, and lack of referral options (in particular a lack of available services for men). The capacity of settlement and multicultural services to support women experiencing violence was also undermined by, at times, fragmented relationships with family violence

services. Service providers highlighted the need to strengthen networking and collaborative working across the sectors to enable the design of initiatives and approaches that were holistic, integrated and built on the expertise of the diverse professionals working with migrant and refugee women.

Factors that significantly strengthened service providers’ capacity to support women experiencing violence included extensive experience in the settlement and multicultural sector; organisational support and debriefing; funded and supported access to training; and building trusted relationships and connectedness to both community and local family violence services. These strengthening factors were fostered through pathways such as continuity of service, the employment of a bilingual and bicultural workforce, and cross-sectoral networking opportunities.

## **Building on opportunities—Recommendations**

Analysis of data generated through the MuSeS project, and in particular from post-data collection consultative workshops with stakeholders, suggests a number of opportunities for strengthening settlement and multicultural services’ ability to support women experiencing violence. Recommendations that build on these opportunities are clustered into recommendations for government, for settlement and multicultural services, for family and domestic violence services, and for promotion of mental health.

### **Government**

1. Recognise settlement and multicultural services as an integral part of the family violence system, particularly as providers of early intervention.
2. Allocate additional funding to enable expansion of the scope of services provided by settlement and multicultural services to include an early intervention and referral-focused response to family violence.
3. Support collaborative design of family violence prevention and response initiatives by family violence services working together with settlement and multicultural services to

foster an integrated response. This may require support of platforms for networking across the sectors, and increased funding to enable expanded services or revised eligibility criteria for services.

4. Recognise the value of bilingual and bicultural workers to the family violence system.
5. Ensure migrant and refugee women are represented and visible in all government communications materials.
6. Support equitable recruitment and workplace practices within the family violence system, to increase the number of migrant and refugee women in the family violence workforce.
7. Support adequate training of and ongoing support for interpreters.
8. Allocate additional funding for tailored, trauma-informed, bilingual services for migrant and refugee men, including for family violence prevention activities; education and early intervention in relation to family violence, mental health, substance abuse, and perpetrator programs; and programs for migrant and refugee young people with a focus on healthy relationships and mental health.
9. Allocate funding to programs that strengthen migrant and refugee communities' social connections and networks; foster women's leadership; and build their capacity to navigate the family violence, health, legal and welfare service systems.

### **Settlement/multicultural services**

1. Embed robust identification, risk assessment and management, and referral frameworks and protocols into settlement and multicultural services to ensure an appropriate, effective and culturally safe response to migrant and refugee women experiencing violence.
2. Provide all settlement and multicultural services staff, including volunteers, orientation guides and front-of-house staff, with mandated, ongoing and comprehensive training programs to equip them to identify family violence risks and to provide an appropriate, effective and culturally safe response to migrant and refugee women experiencing family violence.
3. Strengthen management and peer support structures within settlement and multicultural services to reduce

stress and staff turnover and increase staff retention and wellbeing.

4. Establish pathways for collaboration between the settlement/multicultural sector and the family violence sector, including the introduction of shared risk assessment frameworks and referral protocols that are tailored to respond appropriately and effectively to migrant and refugee women experiencing family violence.

### **Family violence services**

1. Change the eligibility requirements for access to family violence services to take account of migrant and refugee women's specific needs.
2. Build the capacity of family violence services to provide an appropriate, effective and culturally safe response to migrant and refugee women by supporting two-way training between family violence and multicultural and settlement services.
3. Build the bicultural and bilingual workforce within family violence services.
4. Build on the strong engagement that multicultural and settlement services have with migrant and refugee men through intersectoral collaboration (between family violence and multicultural and settlement services) in the design and implementation of violence-related programs targeting men, including prevention, early intervention and perpetrator programs.

### **Promoting mental health**

1. Incorporate programs that address the specific mental health issues relating to pre-migration trauma and settlement stress into family violence prevention and response interventions with migrant and refugee communities.
2. Provide tailored therapeutic recovery programs for migrant and refugee women who have experienced family violence.

# Key terms

## Violence-related terms

The violence-related terms that we have used in this report are:

- **Intimate partner violence:** Physical, sexual, psychological-emotional and/or financial violence, perpetrated by a current or former intimate partner. Often referred to as “domestic violence” in the literature.
- **Family violence:** Physical, sexual, psychological-emotional and/or financial violence, perpetrated by a member of a person’s family (including current and former partners, parents, children, siblings, in-laws). Here we are informed by the *Family Violence Protection Act 2008* (Vic).
- **Violence against women:** In this report we are informed by the UN Declaration on the Elimination of Violence Against Women (United Nations, 1993) and the Beijing Declaration and Platform for Action (1995), and understand violence against women to be  
any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life. (Article 1, UN Declaration on the Elimination of Violence Against Women, 1993)

## Migration-related terms

In our definitions of migrants, refugees and asylum seekers for this report, we are guided by international law and peak bodies (International Organization for Migration [IOM], 2004):

- **Refugee:**  
Any person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable, or owing to such fear, is unwilling to avail himself/herself of the protection of that country. (UN Convention Relating to the Status of Refugees, 1951)
- **Asylum seeker:** “A person seeking to be admitted into a country as a refugee and awaiting decision on their application for refugee status under relevant international

and national instruments” (IOM 2004, p. 8). For the purposes of the MuSeS project and this report, when we refer to “refugees” we are inclusive of people with refugee-like backgrounds, such as people seeking asylum. Therefore, we are inclusive of literature and interventions that have specifically focused on people seeking asylum.

- **Migrant:** IOM notes that,  
at the international level, no universally accepted definition of migrant exists. The term migrant is usually understood to cover all cases where the decision to migrate is taken freely by the individual concerned for reasons of “personal convenience” and without intervention of an external compelling factor. This term therefore applies to persons, and family members, moving to another country or region to better their material or social conditions and improve the prospect for themselves or their family. (IOM, 2004, p.40)

## Participants involved in the research

- **Service provider:** Individuals working in the settlement and multicultural sector in a variety of roles, ranging from senior executive and management roles to middle management and roles involving direct service delivery and face-to-face contact with clients. Participants self-identified as working primarily in the settlement sector, or the multicultural sector, with some self-identifying as working equally in both. Specialist mental health service providers were those working in mental health roles in specialist services (e.g. members of the Forum of Australian Services for Survivors of Torture and Trauma and organisations providing mental health services to asylum seekers).
- **Frontline worker:** While many service providers would identify as working on the “frontline” of their organisation, for the purposes of this report, we have defined frontline workers as those occupying paid positions that involve primarily direct client contact and support (i.e. without management responsibilities), and that do not require formal qualifications. An example of a frontline worker

role would be that of orientation guide. Training for these roles typically happens on the job and in-house.

- **Volunteer:** Many settlement and multicultural service-providing organisations (hereafter “services”) engage unpaid volunteers to support the delivery of their activities. In this report, “volunteer” refers to workers in the service delivery system who are unpaid for this work. Volunteers play diverse roles in settlement and multicultural services, including acting as mentors; supporting community activities; driving clients to appointments and services; helping newly arrived families with shopping, paying bills, and navigating government agencies; tutoring children (and sometimes adults); working with young people; and supporting welcome and other events. Many volunteers work with particular individuals, families or groups for extended periods.

# Introduction

In Australia, one in six women have experienced physical or sexual violence by a current or previous intimate partner since the age of 15, with emotional violence being even more common. One in four women have experienced at least one incident of emotional intimate partner violence since the age of 15 (Australian Bureau of Statistics [ABS], 2017). It is known that migrant and refugee women who permanently or temporarily resettle in this country are also affected by violence. Data on the prevalence of violence against specific sub-populations, including migrant and refugee women, are incomplete but suggest that migrant and refugee women experience violence at rates at least as high as the wider population (Australian Institute of Health and Welfare [AIHW], 2018; Mitra-Kahn, Newbigin, & Hardefeldt, 2016).

While the prevalence of violence against migrant and refugee women specifically is unclear, research has demonstrated that migrant and refugee women face particular and additional barriers to accessing family violence services and responses (inTouch, 2010; Kulwicki, Aswad, Carmona, & Ballout, 2010; Segrave, 2017; Vaughan et al., 2016; Zannettino et al., 2013). This has led to increasing interest in the development of strategies and pathways to support migrant and refugee women through non-violence-specific services. Migrant and refugee women access a range of settlement and multicultural service providers in their communities, and there is increasing recognition of these services' potential to reach and support migrant and refugee women experiencing violence (Segrave, 2017; Vaughan et al., 2016). The Department of Social Services funds training for frontline workers supporting multicultural communities, in the form of a two-day training program offered by DV-alert.<sup>1</sup> Many individual organisations working with migrant and refugee communities have also developed training materials and pilot initiatives in response to violence against women and family violence. However, there has been limited research documenting current practices by workers and volunteers from settlement and multicultural services, or analysing barriers and opportunities for strengthened support for women experiencing violence across the sector. The "Multicultural and Settlement services Supporting women experiencing violence" research project (the MuSeS project) seeks to address this gap and build a better understanding of the settlement and multicultural sector's current and

potential roles in supporting women experiencing violence, as well as what facilitates or hinders such work. This research is needed to inform future programming, practice and planning in the settlement and multicultural sectors with respect to violence response and prevention, and to facilitate better links with the violence sector to keep migrant and refugee communities safe. Within this context, this study seeks to inform strategies for better supporting refugee and migrant women experiencing violence through settlement and multicultural services.

## A role for settlement and multicultural services in supporting migrant and refugee women experiencing violence

Pre-migration trauma and migration to a new country can contribute to an increased risk of family violence (Guruge, Roche, & Catallo, 2012; Keller, Joscelyne, Granski, & Rosenfeld, 2017). Settlement stressors, including social isolation, lack of employment, experiences of racism, and changes in family dynamics and traditional gender roles, are recognised as triggering family conflict and may exacerbate family violence (Freedman, 2016; Rees, Pease, & Immigrant Women's Domestic Violence Service, 2006; Vaughan et al., 2016). Migrant and refugee women who experience violence then encounter a range of barriers in seeking help from violence-specific services. These barriers include a lack of knowledge about services, language barriers, financial barriers, extreme social isolation in some instances, community pressure to address family violence within the community, and potential ostracism from their cultural community (inTouch, 2010; Kulwicki et al., 2010; Vaughan et al., 2016; Zannettino et al., 2013). Fear of deportation, the involvement of child protection services and arrest (particularly for women from countries where arbitrary arrest is common) are further reasons migrant and refugee women may not report family violence and can be reluctant to engage with authorities (inTouch, 2010).

Moreover, women on temporary visas often do not have access to social welfare or public health services, and may not have the right work in Australia, so can be entirely financially dependent on their partners (Segrave, 2017). Women on temporary visas whose residency in Australia has been sponsored by, or is dependent upon, their partner

<sup>1</sup> See <http://www.dvalert.org.au/education-and-training/2-day-workshops/multicultural-workshops>

may fear jeopardising their residency rights if they leave the relationship (Segrave, 2017; Vaughan et al., 2016). Specific groups of temporary visa holders, such as those seeking asylum and international students, face particular restrictions on their access to services and subsequently experience elevated health risks and risk of homelessness (Hadjkiss & Renzaho, 2014; Liddy, Saders, & Coleman, 2010; Multicultural Centre for Women's Health, 2013; Poljski, 2011), exacerbating the harms caused by family violence.

In a highly overstretched family violence service system, women who are about to leave (or have left) their partner (a known risk factor for escalation of violence) may be prioritised over women who wish to remain living with the perpetrator. Many migrant and refugee women seek to resolve family violence without breaking up their families, which can present a further barrier to services (Holtmann & Rickards, 2018; Ogunsiji, Wilkes, Jackson, & Peters, 2012; Tayton, Kaspiew, Moore, & Campo, 2014; Vaughan et al., 2016).

Some migrant and refugee women would prefer to seek support from an ethno-specific family violence service (Abu-Ras, 2007; Gill & Banga, 2008), while others have had negative experiences with service providers from their own community disregarding women's safety (Immigrant Women's Domestic Violence Service, 2006). Researchers have highlighted the importance of accessibility and a range of modes of service delivery to increase uptake of violence-specific services by migrant and refugee women (Burman & Chantler, 2005). However, in many Australian settings, including rural and regional centres, there may be limited choices of services available.

The few choices and many barriers to violence-specific services are reflected in the often late presentation of migrant and refugee women to the violence service system (Vaughan et al., 2016). In contrast, migrant and refugee women may engage with settlement and multicultural services soon after their arrival in Australia, and these services may receive disclosures of violence or become otherwise aware of violence against migrant and refugee women within a family (Pittaway, Muli, & Shteir, 2009; Rees et al., 2006; Vaughan et al., 2016; Zannettino et al., 2013). Settlement and multicultural service providers often play an ongoing role in migrant and refugee

families' lives, suggesting they have an important potential role in recognising violence being perpetrated against migrant and refugee women, responding with appropriate care, and referring women to specialist violence-specific services. This highlights the need for more collaboration between settlement and multicultural service providers and violence-specific organisations (Holtmann & Rickards, 2018).

Within this context, this study seeks to inform strategies for better supporting refugee and migrant women experiencing violence through settlement and multicultural services. This report presents the findings of the study, and is structured as follows: an outline of the current state of knowledge, established through an extensive scoping review of the literature, is followed by a description of the project's methodology. The next section presents the major findings from our analysis of data generated and also identifies opportunities for strengthening current and future work. Recommendations for policy and practice as well as conclusions drawn from the study are presented thereafter.

# State of knowledge

To review literature relevant to the role of settlement and multicultural services in responding to violence against women, we adopted a hermeneutic approach. This approach “emphasises continuous engagement with and gradual development of a body of literature during which increased understanding and insights are developed” (Boell & Cecez-Kecmanovic, 2014, p. 257). A hermeneutic approach is therefore iterative in nature (Boell & Cecez-Kecmanovic, 2014). It is a suitable approach when working with a diverse body of literature that would not be appropriate for inclusion in other types of literature review (such a systematic review). In the case of this project, this enabled us to engage in an iterative and progressive way with grey literature including government reports, synthesis reports, scoping reviews, guidelines and relevant program evaluation reports, as well as with peer-reviewed publications.

- mental health services, mental health service providers
- Australia, New Zealand, Canada, European Union, United Kingdom, United States of America, high-income countries, developed countries.

Inclusion criteria for peer-reviewed literature were that the article:

- was published between January 2008 and September 2019 (the ten-year period prior to writing the report which enabled us to prioritise review of literature relevant to current policy and practice in the sector)
- was published in English
- focused on services, and migrant and refugee women’s utilisation of services, in a country of temporary or permanent resettlement (i.e. excluding transit countries).

## Methodology

In this report we focus on literature relevant to the role of settlement and multicultural services in supporting migrant and refugee women who have experienced violence. This includes forms of violence such as forced and early marriage, or violence refugee women may have experienced in conflict situations (such as systematic rape or sexual slavery). However, the majority of the relevant peer-reviewed and grey literature is focused on family violence (inclusive of intimate partner and domestic violence); women most commonly experience violence by a current or former partner, and this is reflected in this report.

### Peer-reviewed literature

To identify peer-reviewed literature aligned with the aims of the review, we searched CINAHL, MEDLINE, SocINDEX and PsychINFO databases. We used a combination of key words with Boolean operators:

- immigrant, refugee, migrant, culturally and linguistically diverse, diaspora, overseas born
- family violence, abuse, domestic violence, partner homicide, intimate partner violence, bash, batter
- settlement services, multicultural services, settlement providers

### Grey literature

In collating relevant grey literature, we focused on the three states in which the MuSeS project was conducted: Victoria, Tasmania and South Australia. We sought to identify any documentation of projects or initiatives in relation to violence against women or family violence that had been implemented by settlement or multicultural services in the five years prior to the conduct of the literature review (that is, since January 2013), and any other key documents or materials relevant to the potential role of settlement and multicultural services in supporting migrant and refugee women experiencing violence. Relevant grey literature was retrieved from the websites of settlement and multicultural organisations, the Department of Health and Human Services, relevant state government departments, and local governments. For inclusion in this review, grey literature about specific projects or interventions needed to clearly articulate the project’s goals, intervention and outcomes, and to have been evaluated (whether internally or by an external agency). We included in the review documentation of projects which are still underway, but which have shown promising results in early evaluation. We included projects that related to screening, early intervention and responses to family violence.

## The multicultural and settlement services system in Australia

Australia is a country founded and dependent upon migration, with a long and complex history of provision of support to new settlers. Over 28 percent of Australians were born overseas, and almost half have at least one parent who was, with over 20 percent of Australians born in countries where English is not the first language of the majority of the population (ABS, 2017). There are two pathways by which people are able to permanently resettle in Australia: the Migration Program (which includes the provision of visas to skilled migrants and provision of visas to family members, with the largest proportion of these being partner visas) and the Humanitarian Program (which includes the provision of visas to refugees, those seeking asylum and other humanitarian entrants). The majority of permanent new arrivals to Australia in any one year come through the Migration Program.

In addition to these pathways to permanent resettlement in Australia, the temporary residence program enables people to live in Australia for specified periods. Temporary residence may be offered to international students, skilled workers, people undertaking specific short-stay activities (e.g. participating in sport, the entertainment industry, research, professional exchange), young people eligible for working holiday visas, others undertaking temporary work, people who are the partners of other temporary residents, and people requiring temporary protection or on bridging visas. Citizens of New Zealand wanting to relocate to Australia are also offered a special category of temporary visa.

The number of temporary new arrivals to Australia in any one year is considerably larger than that of permanent settlers. For example, in 2016–2017, 343,035 visas were granted to international students alone—with this group representing just one stream of the temporary program—considerably more than the 183,608 permanent visas granted through the Migration Program or the 21,968 permanent visas granted to humanitarian entrants (13,760 through the Humanitarian Program and 8208 through the Syrian and Iraqi Humanitarian Crisis Measure) (Department of Immigration and Border Protection, 2017). These numbers are reflective of changes to Australian immigration policy over the last 25 years,

with a shift in emphasis from the permanent resettlement of people and their families, to policy prioritising the temporary migration of a productive labour force (predominantly made up of young individuals and couples) and students (with international education one of Australia's largest export sectors, generating income over \$35 billion in 2018–9) (Department of Education, 2019).

The Australian Government provides a range of services to new arrivals through the Humanitarian Program for up to 5 years, including housing, health, education, employment and family services, though most humanitarian arrivals are expected to exit the Humanitarian Settlement Program within 6–18 months. Permanent settlers through the Migration Program are able to access public services including health, education and welfare benefits. However, while temporary residents pay taxes on any income earned in Australia, most temporary residents are not eligible for public health services (i.e. those provided through Medicare) or social welfare benefits (i.e. those provided through Centrelink), and their children may not be able to access public education services. Some temporary residents may not have the right to study or work in Australia. The very large number of temporary residents in Australia at any one time are not able to access settlement services but may seek out support and connection through community organisations, ethno-specific agencies and other groups supporting migrants in the community. Recognising the diverse circumstances of migrants and refugees (including people seeking asylum and others with refugee-like backgrounds), the MuSeS project aimed to engage with both agencies formally providing settlement services and a broader range of multicultural services to increase understanding of their potential role in supporting women experiencing violence.

There are provisions under Australian immigration law (commonly known as the “family violence provisions”) to support migrants holding a temporary or provisional partner visa or a prospective marriage visa to progress or maintain their immigration pathway to permanent residence, even if their relationship has ended because of family violence. Migrants holding other types of temporary visas are not eligible for these provisions, however they may be eligible for a protection visa if they are assessed under the “complementary

protection” criteria as being unable to return to their home country because they will suffer types of harm that engage Australia’s protection obligations.

## Settlement services

For the purposes of the MuSeS project, and in this report, we consider settlement services to include:

- the five service providers contracted by the Australian Government to deliver the Humanitarian Settlement Program (HSP, inclusive of those programs formerly known as the Humanitarian Settlement Services and Complex Case Support programs); in all three states where MuSeS is focused (Victoria, Tasmania and South Australia), AMES Australia is the contracted HSP provider
- agencies and service providers delivering Settlement Grants (prior to 1 January 2019) administered by the Department of Social Services, and grants through the Settlement Engagement and Transition Support Program (from 1 January 2019) now administered by the Department of Home Affairs
- agencies and service providers delivering the Adult Migrant English Program administered by the Department of Education and Training
- agencies and service providers delivering the Program of Assistance for Survivors of Torture and Trauma administered by the Department of Health.

These diverse settlement services work together to support individuals and families to successfully settle in Australia, maximising their potential and participation in the wider community. Eligibility to receive settlement services is dependent on visa status, with those holding refugee or global special humanitarian visas eligible for all services, and individuals holding protection, temporary protection, temporary humanitarian stay, temporary humanitarian concern and safe haven enterprise visas possibly eligible for some settlement services, at the discretion of the Department of Home Affairs.

Services provided include on-arrival reception; supporting new arrivals to obtain short- and long-term accommodation; language courses; introduction to the legal, education, health

care and banking systems of Australia; and orientation to ethno-specific and community organisations. In addition, refugees are required to undergo a comprehensive health assessment upon arrival in Australia.

## Multicultural services

For the purposes of the MuSeS project, we took an inclusive view of what might be defined as a “multicultural service”. These may include migrant resource centres; services, agencies and organisations with a multicultural focus or working primarily with multicultural communities; and ethno-specific community organisations, associations, councils and groups. We include services and organisations working with permanent migrants, as well as those working with temporary migrants (such as international students’ associations). Multicultural services provide a range of supports to migrants, including information about pathways to citizenship; education and employment; mobility (including driving lessons); social participation and inclusion; support for families, parents and young people; and information about the wider Australian service system, including justice, legal, health, education and social services. Many multicultural services host women’s support groups and men’s support groups. Multicultural and ethno-specific organisations facilitate cultural celebrations, provide access to information and entertainment in a variety of languages across diverse outlets, and support interfaith community dialogue. Organisations that self-identify as multicultural services may also be funded to deliver grants through the Settlement Engagement and Transition Support Program.

## The current and potential roles of multicultural and settlement services in responding to violence against women

Policymakers, practitioners and researchers have noted that settlement and multicultural service providers may be well placed to identify signs of family violence (Department of Social Services, 2015; inTouch, 2010; Rees et al., 2006; State of Victoria, 2016; Vaughan et al., 2016). Service providers, including language teachers, case managers, liaison workers

and volunteers (who, for example, provide companionship and in-home tutoring to adults and children, and accompany new arrivals to appointments), often develop long-term relationships of trust with migrant and refugee families and individuals, and may observe signs of violence or receive disclosures (Holtmann & Rickards, 2018; inTouch, 2010; Orr, 2018; Rees et al., 2006; Vaughan et al., 2016; Zannettino et al., 2013). Such service providers, including paid staff and volunteers, need training and support to respond with appropriate care and refer women experiencing violence to relevant services.

In the following sections, we explore the literature documenting the current and potential roles of settlement and multicultural services in three areas: prevention, early intervention and response to violence against women. Most of the literature refers to family violence rather than violence against women more broadly, and much of the material available that is relevant to Australia is in the grey literature rather than in peer-reviewed studies.

## Primary prevention

Prevention of violence against women involves changing the behaviours, practices, norms and structures that put women at risk and underpin violence against them. Primary prevention involves changing those factors identified as driving violence against women (Our Watch, Australia's National Research Organisation for Women's Safety, & VicHealth, 2015), including:

- individual beliefs and social norms that condone or excuse violence
- men's control of decision-making and limits to women's independence
- adherence to rigid stereotypical gender roles, relations and identities
- male peer relations that emphasise aggression and disrespect for women.

Initiatives aimed at the prevention of violence against women often focus on entire populations (e.g. all Tasmanians) and/or groups (e.g. particular geographic communities, or particular ethnic or cultural communities), and may

be implemented through specific settings (e.g. workplaces, sporting clubs, faith communities). Prevention initiatives may include (but are not limited to) projects to raise awareness of relevant legislation and policy; promote respectful and equal relationships between girls and boys, women and men; support women's organisations and women's leadership in response to violence; and support men to speak out when other men exhibit behaviours that are disrespectful of women; as well as efforts to address factors that reinforce violence (including harmful use of alcohol and other drugs and mental ill health).

A number of promising prevention strategies have been explored in the multicultural and settlement sector in Australia, but for the most part rigorous evaluation of initiatives has been lacking (Carmody, Salter, & Presterudstuen, 2014; Poljski, 2011; Tayton et al., 2014). Analysis of the impact of mainstream prevention initiatives targeting the wider population has shown that such "general" programs often do not resonate with members of diverse migrant and refugee communities (Murdolo & Quiazon, 2015). Targeted primary prevention programs have been developed, but are often conducted as small-scale "pilot" projects, reaching small numbers of people and generally restricted to a limited number of ethno-specific communities in a defined geographical area (Council of Australian Governments, 2011; Murdolo & Quiazon, 2015); these projects are rarely adequately documented or sustained (Bartels, 2011). Initiatives have included those delivered by settlement and multicultural services themselves, as well as those designed and delivered by specialist agencies working in partnership with settlement and multicultural services. A key example of the former is the Safer and Stronger Communities Pilot Project funded by the Victorian Department of Premier and Cabinet, and implemented by the Multicultural Centre for Women's Health in partnership with Our Watch, inTouch and the University of Melbourne. This place-based project aims to increase evidence about what primary prevention strategies work for migrant and refugee communities and why. A key example of the latter is the Settled and Safe program, designed by Victoria Legal Aid to increase service providers' and newly arrived communities' awareness of family violence and child protection law. The project has included development of a training package for service providers, and has been implemented at sites across Victoria (Victoria Legal Aid, 2014).

A 2011 review of primary prevention programs focusing on migrant and refugee communities found that programs which were led by women from these communities, and their representative organisations, and which engaged diverse members of the communities in their activities (women, men, young people, older leaders), were more likely to achieve active community involvement (Poljski, 2011). In a recent practice guide developed by the Multicultural Centre for Women's Health, collaborative, equitable and meaningful relationships with migrant and refugee communities and their representative organisations are highlighted as being central to effective prevention programs (Chen, 2017). In-depth relationship building underpins the family violence prevention work of the current Building Stronger Safer Communities project being implemented by the Australian Refugee Association in South Australia and the Bicultural Community Health Program of the Australian Red Cross in Tasmania. The need to build strong relationships with communities aligns with findings from the evaluation of a prevention program with African–Australian community leaders, which emphasised the need to devote considerable time and resources to building relationships between services and the community, and the importance of a co-designed approach to the development of prevention initiatives and to including male and female trainers and trainees from the cultural communities targeted in the prevention intervention (Gregory, Bamberg, Dowd, & Marlow, 2013). Co-design was also cited as a key feature underpinning the Living in Harmony prevention intervention that worked with community-based peer facilitators to increase community awareness of family violence and gender inequality among culturally and linguistically diverse families and communities living in a large Melbourne public housing estate (cohealth, 2014). Review of the latter project noted the negative impact of repeatedly having to identify and apply for small amounts of funding in order to keep the initiative going beyond a 12-month period.

Indeed, the short-term funding that has often been attached to the funding of family violence prevention initiatives working with culturally and linguistically diverse groups has been repeatedly identified as a key barrier to engaging communities in the long-term work of shifting gender norms established over centuries (cohealth, 2015; Holtmann & Rickards, 2018; Orr, 2018; State of Victoria, 2016). In outlining

lessons from a range of prevention programs working with different migrant and refugee communities in Melbourne, a large community health organisation noted the value of a peer-facilitated approach, while acknowledging that such an approach required robust relationships of trust, training, ongoing support and, most of all, time (cohealth, 2015). This is undermined by funding agencies' focus on "deliverables" in very short periods of time, and the difficulties in retaining skilled staff when funding is insufficient to provide full-time work and appropriate wages to multi-skilled staff doing difficult work (Tayton et al., 2014). Other agencies working to prevent violence in migrant and refugee communities note the complete absence of specific and consistent funding streams, despite the need for tailored prevention efforts that can meet the needs of specific groups (Australian Muslim Women's Centre for Human Rights [AMWCHR], 2015).

A number of prevention programs working with migrant and refugee communities have focused on the engagement of men and boys in the prevention of men's violence against women. While Murdolo and Quiazon (2016) note that research with migrant and refugee men in Australia that increases understanding of how men negotiate gendered identities is limited, all evidence available suggests a broad range of experiences, with some men seeing migration as bringing new privileges to women and others identifying changes in gender relations as having begun in their countries of origin (Pease, 2009; Wa Mungai & Pease, 2009). It is imperative that prevention programs working with migrant and refugee men are mindful of this diversity. Murdolo and Quiazon (2016) suggest key strategies in engaging migrant and refugee men and boys in the prevention of violence against women, including engaging men through the leadership of migrant and refugee women; recognising diverse community and faith-based leadership; ensuring prevention is framed in ways that are meaningful to migrant men, using concrete examples of the benefits to family; recognising intersectional disadvantage experienced by migrant and refugee men; and focusing on strengthening communities. Promising examples of strategies to engage migrant and refugee men include initiatives that:

- are built on the development of long-term relationships with male community leaders (Gregory et al., 2013)
- have used innovative ways of communicating and engaging

with young men, such as the You The Man theatre project conducted by the 360 Turn Around Project with East African men in inner Melbourne (cohealth, 2015)

- have built the capacity of faith leaders in family violence prevention, such as the Northern Interfaith Respectful Relationships Project (Holmes, 2012)
- have been led by migrant and refugee women to challenge cultural justifications of violence (see for example Simbandumwe et al., 2008).

Important lessons from these projects have involved the challenges associated with working across diverse cultural and faith groups, with important distinctions between groups lost in the terms “multicultural” and “interfaith”. Holmes (2012), for example, notes that resources and human capacity in the interfaith sector are limited and that there are substantive differences between faith communities in relation to religious patriarchy. He further notes that an intra-faith approach to family violence prevention in faith communities (that is, working within rather than between faith communities) may be more sustainable.

While it is possible to draw together a number of family violence prevention initiatives conducted with migrant and refugee communities in diverse Australian settings, the limited resources available to implementing agencies to undertake in-depth documentation and rigorous evaluation limits our ability to synthesise key lessons about “what works”. However, researchers and practitioners note that it is unlikely that any one approach can be “scaled up” to prevent violence against women in diverse communities and settings, with vastly different experiences, beliefs and levels of privilege or disadvantage to contend with.

## Early intervention

“Early intervention” in relation to family violence refers to recognition of and response to early warning signs, and prevention of the escalation of family violence. Early intervention requires being able to identify women who may be at risk of experiencing violence (and men who may be at risk of using violence) and connecting them with appropriate supports and services. In the settlement and multicultural

sectors, this will require that service providers (including staff and volunteers) have the capacity to recognise family violence, to respond with care and to refer to appropriate specialist services.

A range of training programs are available in Australia that aim to build the capacity of service providers working in non-family violence settings to recognise family violence, and to respond and refer appropriately. These include training programs that specifically target workers in the settlement and multicultural sectors, such as:

- the accredited two-day multicultural training workshops provided by DV-Alert<sup>2</sup>
- training on a range of relevant topics, including cultural awareness in relation to sexual violence, recognising family violence, and risk assessment, offered by specialist family violence services such as inTouch Multicultural Centre Against Family Violence in Victoria, and Rape and Domestic Violence Services Australia in New South Wales
- training tailored to meet the needs of service providers working with particular cultural groups (such as training for working with the Indian community offered by the Domestic Violence Resource Centre Victoria, and training for ethno-specific organisations offered by inTouch)
- training on specific issues such as the family violence provision of the *Migration Act*, offered by inTouch in Victoria and the Immigrant Women’s Speakout Association in New South Wales.

While a range of training is available for settlement and multicultural workers, the outcomes and impact of such training is unclear and evaluation documentation is rarely publicly available.

In addition to settlement and multicultural workers representing an important conduit to early intervention, Gregory et al. (2013) note that community leaders frequently play a voluntary mediation role in migrant and refugee families and communities, using culturally specific practices to resolve disputes and conflict. While this suggests an important opportunity for early intervention in relation

<sup>2</sup> See <http://www.dvalert.org.au/education-and-training/2-day-workshops/multicultural-workshops>

to family violence, community leaders are rarely provided with the training, resources or support required to carry this out safely and effectively in the Australian context, and are “frequently overworked and under resourced” (Gregory et al., 2013, p. 235). Settlement services have also identified opportunities for early intervention when engaging with newly arrived communities in relation to the Australian legal system, and through health settings and sporting clubs (Whittlesea Community Connections, 2017).

Researchers, practitioners and policymakers have suggested that health settings, in particular, can provide an important opportunity for early intervention in family violence against migrant and refugee women, but note that current evidence about how this can be done safely and in tandem with meeting the specific needs of culturally diverse women is scarce. The World Health Organization (WHO) has identified antenatal care clinics as a setting where screening for family violence may be appropriate, and recommends inquiry about the possibility of intimate partner violence in antenatal care where there is the capacity to provide a supportive response (WHO, 2018). A recent Australian population-based study showed that IPV screening during antenatal care had uneven results across different groups of women. Women born in New Zealand and Sudan were most likely to report IPV at antenatal visits, whereas women born in China and India were the least likely to report (Dahlen, Munoz, Schmied, & Thornton, 2018). Current ANROWS-funded research is examining this in the Australian context through the SUSTAIN study,<sup>3</sup> and may identify specific considerations for early intervention with migrant and refugee women. Researchers are also currently investigating the safety and efficacy of screening and early intervention for family violence in other specific health care settings, including maternal and child health and general practice clinics. Current examples include the Harmony Project, led by La Trobe University and focused on Vietnamese and Indian migrant communities.

## Response

A comprehensive response to violence against women involves ensuring that those who have experienced violence are safe and supported, have access to justice, and are connected with

the services that can assist with long-term recovery, including mental health services. A range of sectors are involved in the response to violence against women, including specialist family violence services and sexual assault services; police, legal and justice services; mental health services; and housing services. In each state, specialist family violence services respond to the immediate needs of migrant and refugee women experiencing violence. A number of multicultural specialist family violence services—such as inTouch Multicultural Centre Against Family Violence (Victoria), the Migrant Women’s Support Program (South Australia), Immigrant Women’s Support Service (Queensland), Multicultural Women’s Advocacy Service (Western Australia) and the Immigrant Women’s Speakout Association (New South Wales)—provide case management, counselling, court advocacy, support and other services to migrant and refugee women experiencing violence. They often also provide training to other specialist family violence services, and to the settlement and multicultural sector. While the majority of multicultural and settlement services are not in a position to provide a comprehensive response to family and other forms of violence against women, they are an important site of referral to specialist services.

An example of efforts to strengthen referral pathways for migrant and refugee communities is the United in Diversity: Facilitating Safer Pathways Project that was implemented by inTouch Multicultural Centre Against Family Violence.<sup>4</sup> This project aimed to strengthen referral and coordination between a range of services working with the Afghan, Indian and South Sudanese communities in Melbourne’s south-east, including settlement and multicultural services and specialist family violence services. inTouch also coordinates a Family Violence CALD Support Network<sup>5</sup> that meets regularly and aims to strengthen referral pathways, develop interagency collaboration, and build the capacity of those working with migrant and refugee women and families to respond to the needs of CALD women experiencing family violence.

In addition to responding to women’s immediate needs in a time of crisis, specialist family violence services provide ongoing support to women to assist them in recovery from

<sup>3</sup> See <https://www.anrows.org.au/node/1427>

<sup>4</sup> See <https://www.anrows.org.au/action-research-support-vic-project-summaries>

<sup>5</sup> See <https://inTouch.org.au/our-work/sector-development-and-capacity-building/family-violence-networking-meeting/>

their traumatic experiences. Support groups for women who have experienced violence have been found to increase women's self-esteem, sense of belonging and sense of control (Allen & Wozniak, 2010), with structured programs associated with improvements in women's mental health outcomes (Tutty, Babins-Wagner, & Rothery, 2016). However, mainstream women's support groups are not always inclusive of migrant and refugee women, and experiences specifically associated with migration are rarely addressed. A limited number of settlement and multicultural services facilitate women's support groups for migrant and refugee women who have experienced family violence, and include Kildonan Uniting Care and Djerriwarrh Health Services in Melbourne. Research or evaluation evidence as to the impact of these specific multicultural support groups is unavailable.

A range of other non-violence-specific services are involved in the response to family violence, including through the provision of specific workers (such as the culturally and linguistically diverse crisis housing worker at Women's Health West in Melbourne) and the development of relevant resources such as *Muslim women, Islam and family violence: A guide for changing the way we work with Muslim women experiencing family violence*, produced by the Australian Muslim Women's Centre for Human Rights (AMWCHR, 2011).

Agencies providing settlement and multicultural services have, in very limited instances, also responded to men's violence against women through the establishment of language- or culturally specific men's behavior change programs. For example, Kildonan Uniting Care offers a 22-week (mandated) men's behaviour change program for South Asian men, and a 15-week men's behaviour change program for Arabic-speaking men, in Melbourne's northern suburbs; Relationships Australia offers a Vietnamese men's behaviour change program, also in Melbourne (Kildonan Uniting Care, 2015; Relationships Australia, n.d.). All three initiatives report men having increased awareness of family violence upon completion of the program, and their partners having high levels of satisfaction with program outcomes; however, robust research evidence of outcomes is limited. Demand for men's behaviour change programs in Victoria (and elsewhere) is high, and these groups working specifically with migrant and refugee men are no exception.

## Supporting migrant and refugee women experiencing violence through mental health services

Within the MuSeS project, there is specific consideration given to the role of specialist refugee mental health services (a highly specialised type of service within the broader settlement and multicultural services system). Therefore, the project's scoping review included consideration of the state of knowledge in relation to supporting migrant and refugee women through mental health services. Systematic reviews consistently report an association between domestic violence and mental ill health (Jordan, Campbell, & Follingstad, 2010; Oram, Trevillion, Feder, & Howard, 2013), with studies demonstrating that a high proportion of mental health service users have experienced domestic violence (Trevillion, Corker, Capron, & Oram, 2016, p. 423). While most of this evidence is drawn from cross-sectional studies, emerging evidence from longitudinal studies confirms this relationship and suggests that the relationship is in fact bidirectional (Devries et al., 2013; Howard, Oram, Galley, Trevillion, & Feder, 2013; Trevillion, Oram, Feder, & Howard, 2012). That is, mental distress increases vulnerability to domestic violence (Trevillion et al., 2012), while domestic violence damages mental health (Dekel & Solomon, 2006; Devries et al., 2013; Howard et al., 2013). The peer-reviewed literature primarily focuses on domestic (intimate partner) violence, but is indicative of a potential relationship between mental health and family violence more broadly.

Among the mentally distressed, women have been shown to be at greater risk of violent victimisation compared to men (Khalifeh & Dean, 2010). Further, rates of mental ill health are higher among women who have experienced domestic violence compared to women who have not experienced abuse (Laing, Irwin, & Toivonen, 2012). We have limited knowledge of how migrant and refugee women with mental distress experience family violence, however, and whether they have a higher risk of experiencing family violence compared to migrant and refugee women with no mental distress. What we do know is that the migration experience in and of itself places tremendous strain on migrant and refugee women's mental health, making them more susceptible to mental distress (Jarallah & Baxter, 2019; Keller et al., 2017; Schubert

& Punamaki, 2011; Schweitzer et al., 2018). This is especially so when pre-migration trauma experiences are combined with the post-migration stressors associated with settling in a new country (Jarallah & Baxter, 2019; Porter & Haslam, 2005; Schweitzer, Brough, Vromans, & Asic-Kobe, 2011; Silove, Steel, Bauman, Chey, & McFarlane, 2007; Timshel, Montgomery, & Dalgaard, 2017). Pre-existing mental health conditions and pre-migration trauma are risk factors to acculturation stress and may contribute to perpetration or experiences of family violence (Timshel et al., 2017). Hence, for migrant and refugee women seeking mental health services, there is scope among mental health professionals to identify and address family violence through their mental health programs and services.

While there is increasing recognition of the important role of mental health professionals and service providers in addressing and responding to family violence (Chapman & Monk, 2015), actual response remains limited (Trevillion et al., 2016). Countries such as the United Kingdom (Department of Health, 2008), New Zealand (Agar & Read, 2002) and the United States (Eilenberg, Thompson Fullilove, Goldman, & Mellman, 1996) have institutionalised policies requiring routine inquiries about family violence in mental health settings, however detection remains low (Chapman & Monk, 2015; Howard, Trevillion, & Agnew-Davies, 2010) and users report low satisfaction levels with mental health services' response to family violence (Trevillion, Hughes, et al., 2014).

Studies with mental health professionals have identified several barriers in identifying and responding to a disclosure of family violence (Trevillion et al., 2016). Among the barriers identified, lack of competence and training in appropriate identification and response (Klap, Tang, Wells, Starks, & Rodriguez, 2007; Rose et al., 2011;) and lack of clear care referral pathways (Rose et al., 2011; Trevillion et al., 2016) were among the most cited. In instances where family violence is identified, research suggests that documentation is inadequate (Cobo et al., 2010), with family violence not explicitly addressed within treatment plans (Agar & Read, 2002; Trevillion et al., 2012). Evidence suggests that consistent and sustained improvement in identification and response to family violence in mental health settings requires

interventions that combine both family violence training *and* development and implementation of a referral pathway for service users (Nyame, Howard, Feder, & Trevillion, 2013; Trevillion, Byford, et al., 2014). While studies examining the potential role of mental health service providers in responding to violence against migrant and refugee women are scant, there are opportunities for early intervention and response to refugee women (in particular) through the specialist services available to humanitarian arrivals who have experienced torture or trauma. Resources developed by the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) (New South Wales) and Foundation House (Victoria) note the interaction between torture and trauma, refugees' poor mental health, and family violence, as well as the need for service providers to be particularly mindful of the interaction between post-trauma reactions and the experience (or perpetration) of family violence (see for example NSW STARTTS, 2014).

## Summary of the current state of knowledge

In scoping the evidence available about the current and potential roles of settlement and multicultural services and mental health services in responding to migrant and refugee women experiencing violence, it became very clear that there is a pressing need for rigorous research examining the processes and outcomes associated with current interventions. The bulk of information available is in the grey literature, sourced through organisations' websites and with the input of members of the MuSeS advisory groups in Victoria, Tasmania and South Australia. While evidence from practice is important, and the experience of practitioners invaluable, limited financial and human resources mean that violence-related interventions (whether they be prevention, early intervention or response-oriented activities) are rarely comprehensively and transparently documented, or subject to rigorous research or external evaluation. This makes it very difficult to assess "what works" in this sector, as the quality of the evidence is inconsistent.

The potential contribution of multicultural and settlement services has been widely acknowledged, and observation of the lack of formal or rigorous evidence of impact is not to say that current initiatives are not making a difference to the safety and wellbeing of migrant and refugee women. It is highly likely that many of them are. However, for the potential contribution of multicultural and settlement services and mental health services supporting migrant and refugee women experiencing violence to be fully realised, a major investment in documentation, evaluation and research is required in all Australian jurisdictions.

# Methodology

## Research aim, rationale and questions

The project's rationale arose from a need to better understand the current and potential roles of settlement and multicultural services in supporting refugee and migrant women who have experienced violence. As such, the project's overall aim was to inform strategies for better supporting women experiencing violence through settlement and multicultural services. Our specific research questions were:

1. How do settlement and multicultural services currently support women experiencing violence?
2. What factors strengthen or undermine the capacity of settlement and multicultural services to:
  - i. provide support to migrant and refugee women experiencing violence?
  - ii. implement early intervention initiatives to support migrant and refugee women (including those in an ongoing relationship with the perpetrator)?
  - iii. understand and respond to the interaction between the mental health of refugee women and men, and vulnerability to or perpetration of family violence?
3. What opportunities are there for the delivery of effective interventions to support women experiencing violence through settlement and multicultural services?

## Theoretical concepts underpinning the research

The research project is informed by intersectional feminist thinking. An intersectional approach acknowledges the multiple and interlocking forms of oppression and privilege that shape people's lives (Crenshaw, 1989). While recognising the focus given to gender within the research questions, an intersectional approach posits that gender is not the only axis along which oppression and privilege operate. Rather, experiences are shaped by intersections and interactions between constructions of factors such as race, gender, sexuality, ethnicity, migration status and class. No one particular social construction is viewed as determinative, but instead different positions operate through one another in complex ways (Hankivsky, 2014).

An intersectional perspective also recognises that these social locations or demarcations are not fixed or inherent, but are instead both contextual and contingent on broader social and political forces which are also interacting with one another, including immigration policies and pathways, racism, colonialism, discrimination, and other political and legal contexts (Sokoloff & Dupont, 2005). Social systems of oppression and privilege shape and mobilise individual social identities in ways that can marginalise, discriminate against or make groups vulnerable, and recognising this is particularly important for a research project examining how service systems respond to the needs of migrant and refugee women.

In this way, intersectionality provides a frame of reference for understanding both users' and providers' experiences of settlement and multicultural services and mental health services as "the product of a dynamic interaction between individuals and institutions" (Hancock, 2007, p. 253). An intersectional approach requires us to recognise that migrant and refugee women's experiences of violence, help-seeking and support are shaped by their specific situation within multiple intersections of power. Equally, the ways in which service providers themselves are socially positioned, both in relation to their institutions and places of work and to migrant and refugee women, must be considered in the analysis of their perspectives and their experiences of providing support to migrant and refugee women experiencing family violence and mental health issues.

These theoretical considerations shaped the design of the research and continued to guide researchers through data collection and analysis. Data collection tools (surveys, interview guides, and focus group theme lists) were designed to generate information about service providers' and migrant and refugee women's perceptions about the interaction between migration and resettlement (including policy and legal frameworks) and experiences of seeking help from settlement and multicultural services. We analysed data through an intersectional lens that was mindful of participants' complex social positionings and interlocking experiences. This allowed us to gain an insight into service providers' and migrant and refugee women's understandings and perceptions of the intersecting factors that influence women's experiences of violence, as well

as those that affect their ability to access appropriate and effective support.

To date, much of the research into family violence in migrant and refugee communities in Australia has focused on specific cultural communities and/or language groups in localised areas (Vaughan et al., 2016). Drawing upon the insights that arose out of the ASPIRE project (Vaughan et al., 2016), this project focused on a range of geographical locations and involved diverse cultural and language groups. The diverse sites chosen for this project allowed us to explore how location and associated socioeconomic contexts comprise additional factors that shape refugee women's experiences and influence settlement and multicultural services' ability to support women experiencing violence.

## Research design

Data for the MuSeS research project were collected nationally (through an online survey), with in-depth qualitative data collected in Adelaide, Hobart and Melbourne. In these cities, data collection was primarily from local government areas with large and/or growing migrant and refugee populations, and a high density of settlement and multicultural services (the Cities of Port Adelaide Enfield and Salisbury in South Australia; the Cities of Hobart, Glenorchy and Launceston in Tasmania; and the Cities of Brimbank and Hume in Victoria). This focus was not exclusive, as we recognise that services support communities across local government boundaries—and that women may access services in neighbourhoods other than where they live (Murray et al., 2019). Participants in the research were members of, and/or provided services to, both newly arrived and established migrant and refugee communities.

Three advisory groups (one per state) were formed with representatives from migrant and refugee communities, settlement and multicultural services, and violence response services. The advisory groups met regularly across the life of the project and provided input into research design and implementation, and in particular the discussion of implications of research findings for policy and practice.

## Data collection methods

Data were collected from early 2018 to mid-2019, primarily in Victoria, South Australia and Tasmania. Qualitative and quantitative data were collected in a mixed methods approach, with data collection activities including:

- three pre-data collection consultative workshops (one in each state), to identify and map responses to violence through the settlement and multicultural sector
- a national anonymous online survey of 378 multicultural and settlement service providers to assess their knowledge and experiences in responding to violence against refugee and migrant women
- in-depth interviews with 47 settlement and multicultural service providers, including specialist refugee mental health services
- focus group discussions (four) and interviews (two) with frontline workers and volunteers from multicultural and settlement services
- in-depth interviews with 11 refugee women
- four participatory workshops with a total of 47 refugee and migrant women
- three consultative workshops with stakeholders (one per state) to discuss and interrogate our early analysis of data.

A mixed methods approach enabled us to triangulate data generated from different groups of participants, and using different methods (noting that the data generated through an anonymous online survey are different to those generated through in-depth interviews, and different again to the data generated through the discussion and debate that may occur in focus group discussions or workshops). More detail about each of these data collection methods is provided below.

### Consultative workshops (pre- and post-data collection)

Consultative workshops were conducted with stakeholders from settlement, multicultural, ethno-specific and violence-specific services in Melbourne, Hobart and Adelaide. These were conducted at two points: June–August 2018 (pre-data collection), and June–September 2019 (post-data collection).

Workshops typically ran for a half-day, usually over lunch, with each workshop involving between 15 and 38 participants.

The aims of the pre-data collection consultative workshops were 1) to introduce the participants to the MuSeS project and seek feedback on our proposed research design and tools, and 2) to map current and previous initiatives undertaken by the multicultural and settlement sector in relation to violence against women and family violence. These workshops enabled us to identify the range of violence-related activities and supports provided to women by multicultural and settlement services, as well as other relevant activities undertaken by the sector (including staff training and violence prevention activities). Responses and activities were mapped to describe coverage, history or length of activity, training and sustainability of the workforce (including engagement of volunteers), and whether there had been evaluation of the quality and outcomes.

The post-data collection consultative workshops were designed to present an overview of data collected during the MuSeS project, to seek feedback on our early interpretation of data, and to identify opportunities for translation of this research evidence into practice and policy.

### Survey of settlement and multicultural service providers

An online survey was developed to collect data about settlement and multicultural service providers' knowledge and attitudes about family violence and violence against women, their practices in relation to women experiencing violence, and their professional development needs and experience (see Appendix C). Participants were recruited through emails to organisations working in the settlement and multicultural sector in each state, identified through networks of the co-investigators, research partners and advisory groups. Emails were sent to organisations' directors and/or their research and policy managers, requesting them to disseminate information about the project to their workforce and volunteers and inviting them to participate in the online survey. Three reminders were sent to each organisation.

The survey was open for a 4-month period (December 2018–March 2019). A total of 378 service providers responded to the survey. Service providers from all Australian states and territories participated, with the majority of respondents being based in Victoria and New South Wales; survey respondents were from both settlement services (~48%) and multicultural services (~46%). Respondents were largely female (87%); highly educated (83% of respondents had a bachelor's degree or higher); worked in a mix of management and frontline service delivery roles (with 45% describing their role as being frontline service delivery, and only 8% working in executive or senior management roles); and had often been in their current role for a relatively short period (65% of respondents had worked in their current role for 4 years or less, with about 19% having been in their current role less than a year). The majority of respondents spoke English at home (66%). A substantial majority of respondents (84%) reported that their organisation engaged volunteers to support their work with migrant and refugee communities.

### In-depth interviews with settlement and multicultural service providers

In-depth interviews were conducted with service providers working in settlement and multicultural services to explore their perceptions of the role that services could play in supporting women experiencing violence; their exposure to women experiencing family violence and violence against women in the course of their work; any barriers they perceived to providing violence-related support; and the opportunities that may exist for providing support through the settlement and multicultural sector. Participants were from diverse services including organisations delivering the Humanitarian Settlement Program, and those providing case management, English language training, social services, ethno-specific supports and/or immigration advice; refugee health services; specialist refugee mental health services (including members of the Forum of Australian Services for Survivors of Torture and Trauma); and services specifically supporting people seeking asylum. Participants were recruited through the networks of the research team and the state-based advisory groups. Recruitment of service providers in areas that were the geographical foci for the study were prioritised, though some service providers worked in organisations that deliver services on a regional or statewide basis. In total, 47 service

providers participated in in-depth interviews (22 in Victoria, 11 in Tasmania, 14 in South Australia). Interviews were conducted in person and were between 30 and 70 minutes.

### Data collection with volunteers and frontline workers with settlement and multicultural services

Settlement and multicultural services engage a large voluntary workforce. Volunteers may be from a migrant or refugee background themselves and provide a range of support to migrant and refugee families (Vaughan et al. 2019). In this report, the term “frontline workers” refers to people employed by settlement and multicultural services to work directly and daily with migrant and refugee clients in support, orientation and mentoring roles. The rapport developed between frontline workers or volunteers and clients accessing settlement and multicultural services is such that they may receive disclosures of violence from members of migrant and refugee communities, or otherwise learn about the occurrence of violence (Vaughan et al., 2019). With this in mind, we had intended to conduct a large number of focus group discussions with volunteers and frontline workers across the three states, recruiting participants through the research team and advisory groups’ networks. These focus group discussions were intended to explore participants’ views of whether and how women experiencing violence could be supported through settlement and multicultural services; participants’ experience of working with clients who were experiencing violence, including barriers and opportunities to supporting clients; and what would help them to support clients experiencing violence. However, recruitment of volunteers proved particularly difficult in Tasmania and South Australia, in part because of changes in organisations delivering grants through the HSP and changes associated with the new Settlement Engagement and Transition Support Program. As a result, only four focus group discussions were held, all in Victoria (with a total of 17 volunteers), facilitated by members of the research team. Two interviews were conducted with volunteers in Tasmania and South Australia.

### In-depth interviews with refugee women

One of the aims of the MuSeS project was to examine service providers’ responses to family violence and violence against women at the nexus of this violence and mental ill health.

This aim emerged from findings of the ASPIRE project and, in particular, conversations with specialist refugee mental health service providers who sought to better understand how their clients experienced this intersection and how service providers responded. As shown in the State of knowledge chapter, there are well known mental health impacts stemming from refugee experience but very little is known about how refugee women perceive mental ill health to influence their experiences of violence, and vice versa, or about what refugee women would want from a service response. Therefore, we undertook 11 in-depth interviews with refugee women (seven in Victoria, three in South Australia, one in Tasmania) who had experienced mental ill health and family violence and/or violence against women to explore these issues. Participants were recruited through specialist refugee mental health service providers and ethno-specific services, and were primarily from Middle Eastern countries (n=7) and Central and South Asia (n=3), with one participant from sub-Saharan Africa. Women were eligible to participate if they self-defined as an asylum seeker or refugee; however, only women who reported having settled refugee status participated in the project. Interviews were conducted in person, in English or in Arabic by an Arabic-speaking member of the research team (Arabic being spoken by some of the largest newly arrived refugee communities in Australia). Interviews were between 40 and 75 minutes.

### Participatory workshops with refugee and migrant women

In addition to conducting in-depth interviews with refugee women with lived experience of mental ill-health and violence, in the second half of 2019 we conducted four half-day participatory workshops (in Victoria) to explore community perspectives about the interactions between mental health and family violence. Discussion was facilitated by the inclusion of small group activities and participatory tools, such as mapping, causal diagrams, and problem trees.<sup>6</sup> A total of 47 women participated. Two workshops were facilitated by members of the research team in Arabic, one workshop in Punjabi and one workshop in Hindi. These languages were chosen as they are spoken by the largest migrant (Punjabi- and Hindi-speaking) and refugee (Arabic-speaking) communities

<sup>6</sup> For further information on these, and other participatory tools, see <https://www.iied.org/participatory-learning-action-pla>

in the Victorian local government areas the project focused on, and because we had this language capacity within our research team. Participants had been in Australia for between 6 months and 12 years, with the average length of time in Australia shorter for the Arabic-speaking participants. Participants were predominantly married women, aged 21 to 56 years. The average age was lower for the Punjabi-speaking group, and included some current students. Participants—women who were interested in discussing their perspectives on migration experiences and how these influence mental health and wellbeing for families, as well as their access to services—were recruited through settlement and multicultural organisations. Women were not recruited on the basis of having experienced violence. Fieldnotes taken during these workshops were in a mix of English and the language of the participants, with all notes translated to English by bilingual members of the research team afterwards.

## Data analysis

Quantitative data from the survey were analysed using descriptive statistics, with proportions for confidence intervals calculated for categorical variables and means, medians, interquartile ranges and ranges for continuous variables. Our survey sample of over 300 allowed us to detect a proportion of 50 percent, with a 95 percent confidence interval [44%, 56%]. Qualitative responses to free text questions in the survey were analysed thematically as described below for interview transcripts.

All interviews and group discussions were recorded with participant permission, and these audio recordings were transcribed. Detailed fieldnotes were taken during participatory workshops, with workshop artefacts (problem trees, maps etc.) photographed and summarised for analysis.

Following detailed review of transcripts, fieldnotes and artefacts, the research team developed a preliminary list of codes. These were then clustered into themes, with some themes identified prior to data collection from the literature and some identified in the data. This early list of codes and themes was tested against the data, on a state by state basis, and discussed and debated by team members from all states during teleconference meetings. Following revisions to the codebook and theme list, all data were coded into identified

themes using NVivo (Version 12) software, and analysed for variations and patterns present in relation to the research questions.

Our early analysis was presented during the post-data collection consultative workshops as outlined above, which resulted in us reframing presentation of the quantitative data based on stakeholder feedback and finalising the qualitative coding framework (as shown in Appendix B).

## Research ethics

The MuSeS project received ethics approval prior to data collection from the University of Melbourne Human Research Ethics Committee (ethics ID 1852384), the Tasmanian Social Sciences Human Research Ethics Committee (ethics ID H0017650), and the Flinders University Social and Behavioural Research Ethics Committee (ethics ID OH-00188).

All participants were informed about the study using a plain language statement which was available in English. The plain language statement provided to refugee women who would take part in interviews was translated into Arabic, as a considerable number of recent refugee arrivals who were not able to read English could read Arabic. Any interview, focus group or workshop participants who were unable to read the plain language statement had this read to them in their preferred language by a bilingual member of the research team or an interpreter. Participants were assured of the confidentiality of the data they provided, within the limits of the data collection method, and that they would be anonymous in any project publications. To this end, we have not identified the data collection method when presenting quotations in this report, in order to protect participant anonymity. Given the small number of participants in some data collection groups, identifying the method may have rendered participants identifiable.

All participants were over 18 years of age and were able to provide independent, written voluntary consent. Potential participants in focus groups, interviews and workshops who were known to be experiencing a current violence-related crisis or an exacerbation of mental ill health were not invited to participate to avoid potential risks to their wellbeing or safety.

Refugee women, in particular, can experience possible harm to their wellbeing through their participation in research which may be associated with past trauma or previous experiences of violence (Kyriakakis, Waller, Kagotho, & Edmond, 2014). Service providers and volunteers supporting migrants and refugees may be exposed to high levels of distress, in addition to the organisational stressors associated with working in an under-resourced and politically sensitive sector (Vaughan et al., 2019). Vicarious trauma may also be experienced by researchers when conducting research about violence (Ellsberg & Heise, 2002). The MuSeS project team developed a comprehensive, trauma-informed safety protocol to support research team members in managing risks to participants and themselves, related to their involvement in this study (Vaughan et al., 2019). Some key aspects of the trauma-informed approach included:

- openly and clearly expressing respect for the autonomy and decision-making of participants
- ensuring participants were aware that they had choices and control in regard to their involvement in the research process
- forewarning participants about the sensitivity of any specific questions, reinforcing that participants could elect not to respond to particular questions and could end their participation at any time, without prejudice
- avoiding excessive questions or seeking information that would evidently cause distress or force a participant to reveal traumatic details that were not necessary for the purpose of the study
- avoiding intimidating actions, victim blaming or disbelieving attitudes about experiences of violence
- responding immediately and adequately if a participant said they (or another person) were in imminent danger.

If risk factors or signs of emotional impact were detected during the interviews, focus group discussions or workshops, the researchers paused or ceased data collection and provided participants with time to consider whether they wanted to continue their participation. Participants were invited to consider discussing concerns with a trusted friend or support worker, given referral information to contact specialist services, and asked if they would like support to make contact with services (see Langford, 2000). Written information was also

provided to all participants about how to access the range of state-wide support services, including 24-hour crisis lines, should participants have required assistance after hours.

## Limitations

As with any study, there are a number of limitations to the MuSeS project which should be considered when interpreting our key findings. This study was primarily conducted in three Australian states—namely Victoria, South Australia and Tasmania—which means that the qualitative data collected represented three different geographical, legal and migration contexts, as well as the different service systems of each of these three states. Some of the data collection activities only took place in Victoria (the participatory workshops). While there are considerable commonalities across Australian states and territories in terms of these contexts, there are also different histories of migration, service systems and family violence laws which may mean that some project findings may not apply to every geographical location.

A second limitation relates to the structural change that took place within the settlement services sector during the course of the project. At a critical early point in the research (mid-2017), delivery of the Humanitarian Settlement Program across Australia was put out to tender. In addition, some changes were made to the organisations that were contracted to provide English-language education and other settlement services in Victoria and South Australia. On 1 January 2019, a Machinery of Government change saw a shift in responsibility for settlement grants from the Department of Social Services to the Department of Home Affairs. These changes created a great deal of disruption within the settlement sector. New service providers took some time to establish themselves and existing providers were establishing a range of new relationships, which made recruitment difficult or delayed some research interviews and focus groups. While this meant we have conducted fewer interviews and focus group discussions than originally planned, these data collection methods have been complemented by a greater number of workshops.

The inclusion of a specific focus on the potential role of specialist mental health service providers, within the broader settlement sector, arose in response to our experience during the earlier ASPIRE project. During this research project (Vaughan et al., 2016), stakeholders repeatedly raised concerns about the connection between mental ill health and violence in refugee families. However, during implementation of the MuSeS project, service providers and our advisory groups also highlighted the need to examine the relationship between mental ill health and violence against migrant women. While exploring this in depth was beyond the scope of the resources available to MuSeS, we added workshops with migrant women in Victoria exploring this issue. However, the small amount of data collected with migrant women (including women on temporary visas) about their perceptions of the relationship between mental health and violence is a limitation of this particular project.

# Key findings

In this section we contextualise our findings by outlining the breadth of services provided by the settlement and multicultural sectors. We then present key findings from our analysis of the diverse data collected for this project in relation to our three research questions:

1. How do settlement and multicultural services currently support women experiencing violence?
2. What factors strengthen or undermine a response to violence through settlement and multicultural services?
3. What opportunities are there for strengthening the response to violence against women and family violence through settlement and multicultural services?

In presenting our findings in answer to these questions, we have synthesised our analysis of the qualitative data (interviews/focus group discussions/workshops) with our analysis of the quantitative data (the survey).

## Services provided by settlement and multicultural sectors

Service providers who participated in the research were employed in diverse roles and at all levels of decision-making across a broad range of both settlement and multicultural services, including specialised and allied services such as refugee health, mental health, youth, legal and asylum seeker services. It is clear from both the survey findings and the in-depth interviews with service providers that while both settlement and multicultural services have a distinct and sometimes strictly prescribed funding scope, they currently provide a very wide range of services to resource and support newly arrived migrants and refugees to settle confidently and successfully in Australia. Services provided include case management; health assessment; provision of information about pathways to citizenship, education and employment; legal advice and advocacy; orientation to public transport and driving lessons; activities for social participation and inclusion; support for families, parents and young people; and information about the wider Australian service system, such as justice, legal, health, education and social services, including family violence services. Settlement services specifically provide on-arrival reception; support new arrivals to obtain accommodation; introduce the legal, education, health and banking systems; link to (or provide) language

training and on-arrival comprehensive health assessment; and orient new arrivals to ethno-specific and community organisations.

Participants working in settlement programs tended to have clearly delineated parameters and uniform processes for their relationships with clients who usually entered their service on arrival in Australia and exited their service after 18 months or 5 years (depending on the service). Participants in multicultural and allied services were less restricted in scope and able to support clients beyond their first 5 years of settlement in Australia, as well as second-generation migrants. They were more likely to have either incidental or ongoing relationships with clients who accessed their service for a specific purpose or program, or across many years. In addition to supporting people ineligible for settlement services because of how long they had been in Australia, multicultural services also provide support to people ineligible for settlement services because of their immigration status. Nevertheless, the division between settlement and multicultural services was often blurred. Many settlement services ran broader programs that supported the direct casework they undertook with humanitarian entrants, including homework clubs, social gatherings, driver mentoring, education, playgroups and other community development activities.

Participants' organisations were highly diverse and of varying size, and ranged from organisations only working with migrants and/or refugees from specific ethnic or cultural backgrounds to organisations working with anyone of migrant or refugee background, or focusing on specific groups within that population, such as youth. These broader services often delivered both specific settlement and general multicultural services, and saw their organisations as part of a wider continuum of support for migrants and refugees in their settlement process, as a service provider from an ethno-specific service describes:

We have various departments that deal with various issues. For example, we have a department where there's a settlement officer and the clients will initially sometimes go to her. They also have case work, where people are needing forms filled or they're a little bit lost and then eventually I'll get a referral to counselling, when there's been some family dynamics, any mental health issues,

relationship issues. Anything to do with family therapy. There's also aged care support here at [organisation], where they are connected to the aged care services and where community workers go in to homes of old people to assist them with domestic duties and other duties as well. So, it's quite multi-faceted in terms of what we do. (Ethno-specific settlement service provider, Victoria)<sup>7</sup>

## How do settlement and multicultural services currently support women experiencing violence?

The majority of survey respondents (86%) noted that they had encountered victims of family violence through their work, with 45 percent of survey respondents reporting that they encountered victims of family violence through their work at least every month. More than half (62%) of survey respondents had also been exposed to perpetrators of family violence through their work, with almost 40 percent of survey respondents exposed to perpetrators at least every month.

Across all types of services, participants identified experiences of family and domestic violence as commonly occurring for their clients, but as being something that co-occurs with other challenges faced by clients:

It comes up all over the place but the direct walk-in, "I need help with family violence", would be less common. Maybe one or two a month would be that direct but with all those other things it's always there in the background. (Settlement service provider, Tasmania)

Yes and no. I think, it is disclosed quite frequently, but I think, it's also frequently not disclosed. I think, what's disclosed initially is not necessarily all of what's happening. (Multicultural service provider, Victoria)

Generally, what we find is that clients often present with one need and a little exploration around what's happening in the family often highlights a whole range of other needs. Often with family violence it comes up. Work initially

can start around a completely different issue and then as we continue to work with that family, that's where things start being flagged around family violence. (Settlement service provider, South Australia)

Overall, respondents to the survey—settlement and multicultural service providers—had accurate knowledge about violence against women, as assessed using questions derived from the 2017 National Community Attitudes towards violence against women & gender equality Survey (NCAS), with the majority of respondents also understanding that men are more likely than women to perpetrate family violence. While respondents to the MuSeS online survey are not a representative sample of workers in the settlement and multicultural sector, this finding of a strong knowledge base is nonetheless encouraging given the many ways in which settlement and multicultural services are already involved in preventing and responding to family and domestic violence.

## Providing education and information about family and domestic violence

In many cases, participants were the first point of contact for clients after arriving in Australia, and one part of their role was to provide clients with information about family violence laws, gender norms and women's and children's rights in Australia. Service providers and focus group participants (volunteers and frontline workers) agreed that clients generally had very limited knowledge of the family violence services available to them in Australia.

I don't think they know much at all. I think a lot of women say that they do know that there's a different view on family violence in Australia ... So, they know they have more rights but, yeah, they definitely don't know anything about the services. They're always [aware of] triple zero and the local GP phone number, but I don't think—women shelters and things, they're not aware of. (Settlement service provider, Victoria)

They don't know that domestic violence is what it is, as a construct, as we perceive it. Then they don't know that there's help and support available for them. To know that we do it a lot, that's our bread and butter, that can

<sup>7</sup> In an effort to protect anonymity given the relatively small sample sizes in some locations, we have not identified the data collection method when presenting quotations in the findings.

be really useful and liberating and empowering for them. (Settlement service provider, South Australia)

Several participants noted that the orientation curriculum, developed by the Department of Social Services for delivery to new arrivals through the HSP, covered topics in which issues relating to family violence were raised (in particular, sessions introducing Australian law and focusing on family functioning). However, participants also noted the need for information about family violence to be introduced carefully, with service providers' priority being that the client does not disengage with the system:

Sensitive issues and DV issues are discussed. So, this team is very professional, they are trained how to deliver information and they try to deliver it in a really sensitive way and to ensure that even when we deliver to mixed groups we pass [on] the information really gently, and make sure that the clients don't disengage. (Orientation guide, Victoria)

Some participants observed that the initial orientation and services for newly arrived refugees, though comprehensive, only supported refugees for the first year or so, and that additional support, information and opportunities to learn about services and support was often needed.

Once they finish that [the orientation program] it doesn't mean their settlement journey has stopped and they don't have any more needs. Obviously things change. Families could break down, kids could go off the rails or anything could happen. (Settlement service provider, Tasmania)

I mean, how would they—like I said, there could be an overload of information right at the beginning when they first arrive, so that information is not retained. (Ethno-specific settlement service provider, Victoria)

In addition to providing education and information about what is considered family and domestic violence under Australian law, participants also highlighted the role they played in increasing migrant and refugees' awareness of violence response services, clarifying clients' concerns about eligibility, and advocating for clients to receive services.

A lot of them don't know. Or, have heard stuff but not sure what it is. A lot of them might think, "I don't have my visa yet" or "I don't have this [entitlement] yet", and aren't aware that there are still options even if you're not a permanent resident yet. Like, you still have options. A lot of them, when they hear that, then they're like, "Okay", and then you can see the relief. So, I think there's a knowledge of services that exist, but they might not know if they are eligible or what that means for their visas. (Multicultural service provider, Victoria)

They think that, "I'm not eligible for support because I haven't been physically harmed." (Women's health service provider, Victoria)

One of the common things that perpetrators will do is say "I'm going to withhold your visa because you're not doing this for me", or "You're misbehaving, so I'm going to take your visa away and leave you on your own. You can go back to the country that you came from." That's a barrier for women to disclose. Also, what people are eligible for once they do leave the visa-holder, the sponsor that's brought them over. They think "I'm not going to have access to Centrelink now. There's going to be all these kinds of problems. Either my life here is not going to be any good, I'm not going to have any income and I'm not going to survive, or I'm going to have to return home and face a dangerous situation or poverty, or go back with shame to my family for leaving the relationship." (Settlement service provider, South Australia)

[I tell them,] "For you as a new arrival it means husbands can't send wives home. They have no power at all. That's to do with immigration." ... Husbands can't—and I generalise it—husbands do not have the right to take the children. I say we have a different process here. Then you explain a little about that process. Not just husbands, it's extended family because DV for our women would be the in-laws. A lot of people forget that. It is the in-laws as well. Could be father-in-law, brother-in-law, mother-in-law that's perpetrating the violence at home. (Specialist mental health service provider, South Australia)

Service providers who worked with young people were divided about whether young people had knowledge of services.

The young people don't know about the services. When I stepped into this role and I was just explaining the different other services that's available [from] us, yeah, they just didn't know about it and stuff. So, it'll take a lot of leg work to get them involved and engaged but they're not really—yeah, they don't know. (Multicultural service provider, Victoria)

Some know a lot ... Bearing in mind too, particularly that is the future, but social media young savvy people are good at looking things up. We've had young people and they're smart. They're connected. They know the language. They can even pick up where the services are falling short on the language. It really is mixed. (Multicultural service provider, Victoria)

A number of service providers interviewed suggested that detailed knowledge of services was perhaps less important than knowing or being connected to a single key service or supportive social network, and that this was an important role played by settlement and multicultural services.

This is basically something that you tolerate for a really long time and then it goes to shit. Then you're like, "Now it's desperate." No one's sitting down researching on the internet, "Which service will I present to? How much does that cost?" They don't even have the skills to do that. We're the one safe service they know from when they first came so they'll just stumble on in. (Specialist mental health service provider, Tasmania)

In fact, we've had young people here who have gone to English class, heard a story from their friends and brought their friend in. Because, "You can do X, Y, Z. The same thing happened to me. You can come in. Come speak to this person." So, the person that brought them in knows a lot and it's a confidence thing. (Multicultural service provider, Victoria)

Service providers felt that beyond providing information and education, settlement and multicultural services could support women navigating their way through a difficult system if and when the need arose.

Look, I think up until a woman finds herself in that situation, it's not normal knowledge, because it's not needed. But of course, they are in a situation, the information they're receiving about referral pathways is all new to them ... So, a lot of the clients are surprised that there's so many possible services to support them, when they are in that difficult situation. (Ethno-specific settlement service provider, Victoria)

Women seem to know that they have more rights and that there's more available to them, but I don't think they know what that looks like. I don't think they would know how to access [it] or what it would be called, what they would do about the language barrier, so I think that they vaguely know that there's more support out there. I think, also, it depends on their perception of the police as well. (Settlement service provider, Victoria)

## Identifying family and domestic violence situations

Many participants working more directly with clients were able to identify a range of indicators that family violence may be occurring, on the basis of which they would take additional action. Cues, or red flags, that participants identified included signs of fear, controlling behaviours and limited decision-making; strained interactions or partner dynamics; lack of access to financial or key documents; body language and physical signs; and particular lines of questioning or interest in the issue from the client.

It would be all of those things, that the client is nervous, their story is not quite matching, the husband comes along as well and is dominating the conversation, there's a sense that things aren't quite right, she's obviously trying to hide bruising or something. There's many different signs and I suppose you sort of put them together to form a picture. It would be those kinds of things that staff are alert to and are picking up. (Multicultural and settlement service provider, Victoria)

Well, I had a client, she was asking when I was delivering the section [of the orientation curriculum] about family violence, she was asking me—she was telling me stories,

but she was saying it's her friend's story. It—sounds ... like she was ... yeah, talking about—herself. And, she keeps telling me where does she need to go if she had a problem with her husband, and service and support, so I felt like all the time she was telling me about herself, but she didn't tell me about it directly, she said, my friend, my friend, my friend. Yeah. She was telling me lots of stories about her friend. (Orientation guide, Victoria)

While some participants spoke about receiving spontaneous disclosures when clients presented seeking help for violence, others noted that it was more common for workers to suspect violence prior to a disclosure:

You see [through] the kids that something's not okay. There is fear in that relationship. There is controlling ... Then sometimes you see some marks. So, then it's after that that you make a separate appointment for that client and have the in-depth conversation with her in a safe space where she feels comfortable and can disclose any issue. It's after you build a good rapport with that client. Usually, it's up to the case manager to pick up on those cues rather than the client coming forward and expressing them. That's my experience. (Settlement service provider, Victoria)

I had had some concerns prior to her disclosure based on her behaviour and her husband's behaviour and some comments made by the children to other colleagues of mine. The disclosure actually occurred with our receptionist who speaks the same language and she made a comment to her. (Settlement service provider, South Australia)

Service providers working with young migrants and refugees identified a similar set of warning signs of family and domestic violence:

If a young person doesn't have access to documentation, visas, birth certificates if they're available ... if there's issues around young people having access to their own money, it's often a warning sign. If young people are presenting raising concerns of not feeling safe or not wanting to remain at home and asking for support around accommodation, that's a significant thing. (Multicultural service provider, Victoria)

Participants who suspected that family violence was occurring responded with a variety of direct and indirect strategies, all of which prioritised the client's safety and emphasised respect for the rights of their clients to choose to disclose or not. Many participants emphasised the central importance of building trust and setting the long-term conditions in which a client might feel safe to disclose and take action.

And I think part of our role and responsibility is that we communicate that there are options and that there are certain things that we as an organisation can offer them to support them ... equipping the person with that information is the ultimate thing we can do. (Volunteer, focus group discussion, Victoria)

I often times feel it's just a matter of sitting with them and being present ... to acknowledge that we see them and we're aware that you're going through a difficult situation and that we're there to support you. So there is some practical stuff we can do as counselling, as referring them on, but there's also very—on an emotional level—I guess just siding with them. (Volunteer, Victoria)

I think we can try and gently encourage disclosure and we can also indirectly talk about the basics. I'm not saying we would do a full-blown safety plan, but we would say, "If you have any difficulties you should call 000, don't hesitate to contact the police and there are also these other great services around that really support women." (Multicultural and settlement service provider, Victoria)

It's my job to be there, to be a trusting and safe person who they can disclose to, when and if they're ready. I don't ever perceive that as a waste of time, for them to be coming along, because they're getting what they need from the counselling, in some shape or form. Perhaps it's just an understanding of an alternative way of being that isn't like every other person in the community who gossips and who puts them down and all of this kind of thing. It's about increasing that trust. (Settlement service provider, South Australia)

Some participants noted that the past experiences of refugee and migrant clients could make it particularly difficult to foster an environment conducive to disclosure.

It's a little tricky, sometimes, just how far you push for that disclosure because we're also dealing with clients where a lot of those signs of possible family violence are also signs of other issues like torture and trauma, for instance. We need to go carefully and it's often about building up that sense of trust, and when that sense of trust is there they will disclose naturally, whereas if you try and push it you can actually push them away. It's a fine line that you have to tread. (Multicultural and settlement service provider, Victoria)

Participants working with asylum seekers, in particular, noted that their clients experience multiple and intersecting issues, including extreme social isolation, extreme poverty, mental health problems and poor physical health due to the stress and uncertainty around their future. In this context, a client's experience of family violence was situated within a constellation of other risks and priorities for their health, wellbeing, safety and survival:

It's kind of like there's danger everywhere. There's "I need protection from my family." "I need protection from this country." "I need protection from the country I came from." ... It's—and, "I need to protect my children 'cause there's such risk. Such danger." (Volunteer, Victoria)

Some of the participants who shared their experiences of working directly with clients had significant family violence training and experience, and felt confident to make a clear assessment. However, most explained that their first course of action when they suspected family violence was to discuss their concerns with a manager, senior case worker or other worker with specialist knowledge to work out how to approach the issue.

I would talk to my manager and say that I feel uncomfortable with this. Maybe there is something more to it. Then the manager and I would discuss how we should approach it and maybe ask the woman to come in by herself one day and just sit and chat: "Is everything okay? Is there anything? Your husband, are you okay, do you feel safe with him or not?" Have that dialogue. Then take it further if she reveals anything or not, and then give her the options that if at all you feel unsafe please contact. Give

her the contact numbers, details for the emergency or anything. (Settlement service provider, Victoria)

## Receiving disclosures

A number of service providers did talk about receiving direct disclosures of family and domestic violence from clients. One of the most common points of disclosure to a settlement or multicultural service provider was during counselling, ostensibly for another issue:

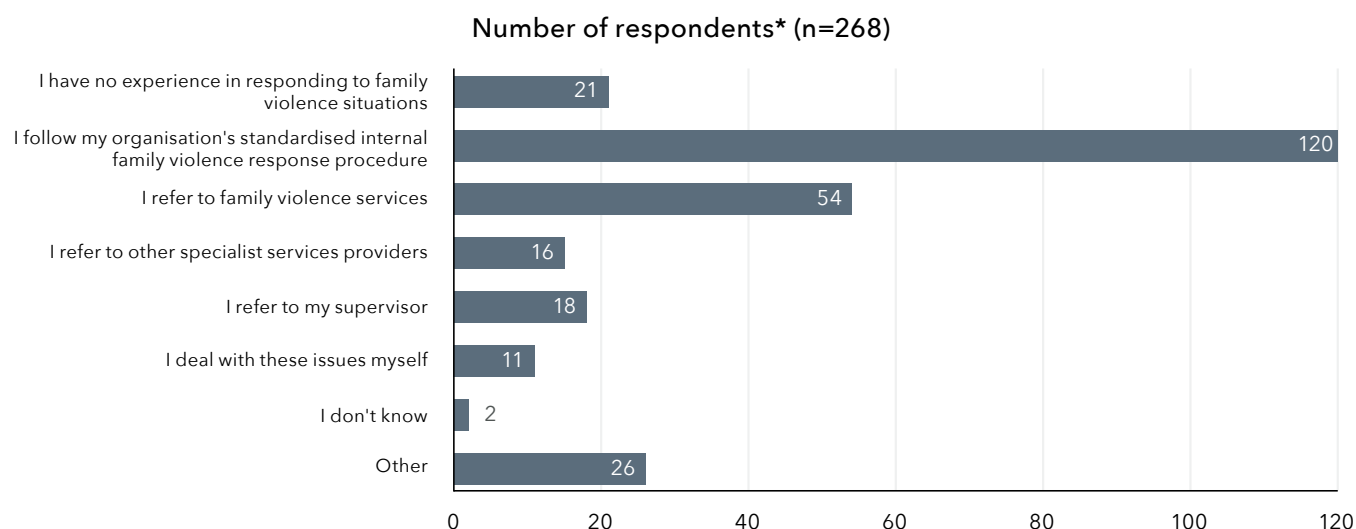
As you start working with them on other things the clients might tell you, for instance, that they don't get to make the decisions about anything really, or that they don't have access to money. In some cases that they have been shouted at and beaten by a partner. I have had a client, for example, who separated from her husband for that reason and then was shunned by her community. That is one of the things that she wanted to talk about in counselling. (Specialist mental health service provider, Tasmania)

Because, with the counsellor you can say that you are coming because you are worried about your child, for instance. You don't have to straight away tell them that that's the reason you're there. Whereas with the family violence service that's a clear indicator why you're there. (Specialist mental health service provider, Tasmania)

In addition to counselling sessions, disclosures of violence may be made during visits to a service provider to access material support or for immigration advice:

They might be coming in for visa issues, and then that conversation opens up to other issues, and then we might be talking about family violence. Most recently, one of our elders in the community came in disclosing family violence from her son. So, she wanted housing support. She didn't want family violence support, but that was why she wanted housing. So, they come with different problems, but the cause of that problem is probably family violence, I guess. (Multicultural service provider, Victoria)

Somebody might come in wanting help with an electricity bill and then as the conversation deepens we find out

**Figure 1:** Survey participant responses to the question, “How do you respond to a disclosure of family violence?”

\* Survey respondents could select more than one response or no response

the partner has a gambling addiction, there's no money and that's just one form of the many forms of abuse that are perpetrated against the woman. Yeah, it's not always, “Hi, I need help with DV”, but after some exploration we're able to find that that's what's going on. (Multicultural service provider, South Australia)

Service providers had varied experience in how quickly disclosures might come in their interactions with a client experiencing violence:

Again, each situation is unique and sometimes once women have built up that trust and rapport with the worker, they will at that point make a disclosure. (Multicultural and settlement service provider, Victoria)

They're coming specifically for that. I mean, sometimes they might come for something else, but very quickly the family violence story emerges but it doesn't take long. Often, they come directly and they say, this is what's going on at home. Or sometimes it just comes a little bit later. But most of the time it's quite immediate. (Ethno-specific settlement service provider, Victoria)

It depends why they're engaged with you and usually it's questions they ask before they disclose what's happening. “If I tell you, who are you going to tell?” Or, “I don't want the police involved.” They're really sussing out, “How much can I tell you? How much are you going to do? How much control do I still have over this story?” It really depends on, again, that parameter of safety that they feel will depend on how much they disclose. But I find the consistency is, if she thinks her children or she is genuinely at risk of death or a critical incident, at that point they're willing to disclose. But, really, not before that point. (Settlement service provider, South Australia)

Counsellors and case managers we interviewed talked about receiving disclosures of family violence. Some, but not all, who had received specific family violence training reported that this training supported them to feel confident in what to do in such a situation. This aligns with findings from the online survey. When asked what they would do if they received a disclosure of family and domestic violence, the most common response provided by survey respondents was to follow their organisations' standard procedures or refer the client to specialist violence response organisations. Only a small number of respondents said that they would “deal with the issues myself” or that they “don't know” what they would do.

While the majority of (employed) survey respondents were clear as to what they would do upon receiving a disclosure, the volunteers and orientation guides we spoke to, who play a significant supporting role in the settlement of many newly arrived migrants, were less clear. Volunteers and orientation guides felt they were not trained nor equipped to respond in case of any disclosures, though some volunteers had clear instructions to immediately report a disclosure to the case manager or another senior member of staff:

Just listen [to] the client. Listen, yeah. Exactly. And, then, brief the case manager. No, I mean just stop, and then to go to the case manager. Yeah. So, listen, and go to the case manager. The case manager to come to the client, not ... the volunteer. That's right. So, we listen, and then give it to the case manager. (Volunteer, Victoria)

Well in the first instance I would discuss it with the duty worker ... everyone's situation is different and me making a decision and guiding the person towards one direction or another might backfire. So personally I'd feel in my

case I would discuss that, have a conversation with the duty worker. (Volunteer, Victoria)

Well I think the first thing is clearly observing fairly closely what the dynamics are and making note of them so it's clear in your head what are the facts you're dealing with and what are the suspicions and gut reactions. Obviously given that you're a volunteer you talk pretty quickly to whoever you're relating to ... for me [it was] the first case manager I worked with, very much so. (Volunteer, South Australia)

Some of the volunteers said that if their clients disclosed to them, they would first seek their permission to share this information with their case managers. They would sympathise with the woman and listen to her.

I think we had [a] pamphlet in our organisation. And, even when the woman discloses, I have to ask her permission if she want[s] me to discuss this case with the case manager. And, then, to go ahead, to help her, to support her, we have to ask her first. (Volunteer, Victoria)

Other frontline workers noted that they would take steps to try to help the woman, and that in some instances there were trained staff available within their organisations with specific responsibilities in relation to women who were experiencing violence:

Normally we don't go deeper with the client's family violence situations because the first time that we meet the client through the—through the first days—first weeks of their arrival, we just deliver them the information, like how they can escape, how they can make themselves safe and this and that, and we also show them there is always services available. So ... we have got ... staff who's going to help in case the client has suffered ... family violence. (Orientation guide, Victoria)

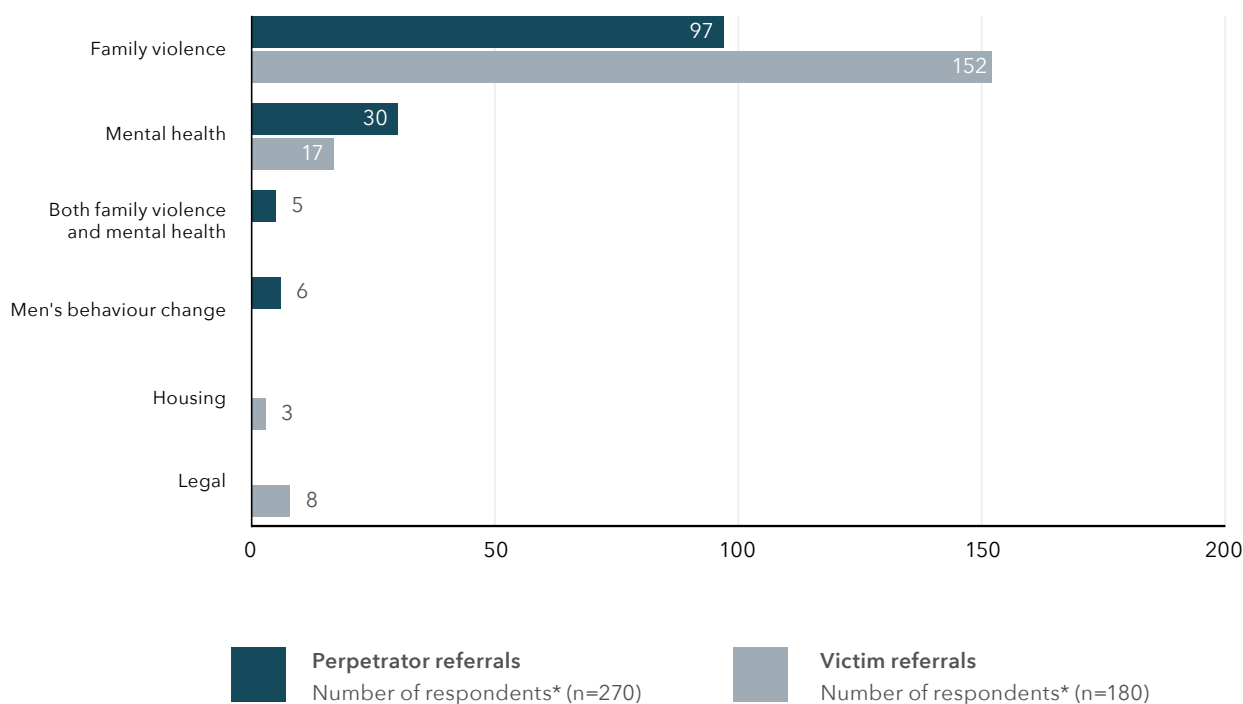
While few had received specific training, many of the volunteers and orientation guides were deeply concerned about family violence and said that they would take additional measures beyond their regular role to find out about support and services for a client experiencing violence:

Well, I'd be an advocate, so if I know that it's happening, I'm not going to just ignore it, I'll find something for them. Try to see if I can ask my coordinator or get them the help that they need that's appropriate because it's out of my scope because I don't have that training. (Volunteer, Victoria)

They need to get this awareness and understanding that it's not acceptable and they need to get that help and I don't know how to but I will find the services or someone that they can be referred on to manage it. That's what I would do. (Volunteer, Victoria)

Once service providers had received a disclosure, the majority of workers we interviewed noted that they would respond by clearly communicating to the client that this is violence that is being used against them and that this is not acceptable behaviour. Some settlement and multicultural service providers would then undertake risk assessment and safety planning, though it was not always clear, across the three jurisdictions involved, what risk assessment frameworks they were using or what training they had had in using them. It should also be noted that previous research has demonstrated that “standard” risk assessment frameworks do not always consider some of the factors that may substantially increase risk for migrant and refugee women, for example immigration status (Vaughan et al., 2016).

Well, we talk about safety first. And, I need to know if the children have been impacted by this or not, because that changes how—with children being impacted physically or in other ways, then you'd have to—it's a bit out of the woman's control. You have to do more. But, if it's—the woman is telling you, “No. It's just for me. It happens to me.” Then, it's just supporting her deciding what she wants to do. So, sometimes people will disclose it, and then not want anything else to happen. The big step has been that that they've just disclosed it. So, you might put a safety plan in place. “If it gets really bad, what can you do? Have you got any supports that know about what's going on? Do you have always access to a phone? Are there any rooms in the house you can lock to keep yourself safe if it escalates suddenly? When are the patterns? When it increases, is it after drinking?” Talking about rights.

**Figure 2:** Services that survey participants refer clients to in relation to family violence

\* Survey respondents could select more than one response or no response

So, you—in Australia there are rights for women, and there's lots of supports out there to seek help. And, I can give you some numbers and I can show you how to do it anonymously. And, how to—or, when you come to see me we can ring one of the services together. Yeah. Lots of reassurance that I'm listening, that I believe them, that they've got options, and what those options are. And, how to try and keep them safe. (Specialist mental health service provider, Tasmania)

So, the safety plan is discussed—the emergency numbers are discussed. We talk about the options that are available. Whether they want to go now, or they want to think about it. Because, you can't—it is their decision. (Settlement service provider, Victoria)

### Referral to specialist violence response services

Survey respondents who said that, if they received a disclosure of family violence, they would refer their client to another service were asked what type of service they would usually refer their client to. The majority responded that they would refer clients to a family violence service.

As with respondents to the online survey, many of the settlement and multicultural service providers interviewed noted that upon receiving a disclosure of violence, they would refer their client to a specialist violence response service.

I talked to her about her options, I referred her to [service]. In my presence, we talked to [service] and they opened the case for her, they provided her with all necessary numbers, the closest police station she can go. (Specialist mental health service provider, Victoria)

They also connected clients with other support services for financial help, housing, legal advice and other related services.

If the mother needs financial support then we'll link her in with that as sometimes [specialist service] can help. We have some brokerage that we can help with. Another area that our counsellors work with closely is the local women's refuge. We have a relationship with them so that the residents can come and seek short-term counselling whilst they're in that refuge before they go on to more permanent accommodation. We work with the other family violence services in the area ... We're well aware of the range of services available so if someone does let us know that something is happening and they need support around that, then we're well equipped to provide that

information, support, referral or whatever it is. (Refugee health service provider, Victoria)

Many of the settlement and multicultural service providers also described how they would advocate for women who were in need of financial, legal or housing support. This was particularly needed for clients who may not be eligible for all social and survival services such as those provided by Medicare and Centrelink. Settlement and multicultural services often had expertise and advocacy skills in relation to immigration issues that specialist violence response services did not.

In this one case particularly that I'm thinking of, then we were able to write a letter and get some real results regarding visas for her and the children, and the safety precautions put in place surrounding that, because the perpetrator had sabotaged her visa application as part of the violence, and she didn't know, and then to do with where the children were all born and where she was born, was a real challenge. She didn't know these things were happening above her, so being able to facilitate that ... "You're not being deported. You're being granted safety", was really powerful. (Women's health service provider, Victoria)

If the client needs to go to the court, then we will support them. I will pick up the client. Go with her to the court. Fill the application if I can do that. If it's not something that I'm capable of, then I will refer to a legal aid that can assist the client. What else we do? ... A lot of referrals for a financial counsellor where the client's not able to manage financially. So, that's been done as well. If there is crisis accommodation needed. I do remember one case where the client arrived on a marriage visa, and there was family violence against her from the husband and all the family in-laws. So, there was an intervention order placed against the in-laws, and we did place this client in crisis accommodation. So, we support with the accommodation. (Settlement service provider, Victoria)

If they [the client] are looking for accommodation then obviously [we refer to] homelessness services and DV services. If there are child protection issues, then definitely

Department of Child Protection. (Settlement service provider, South Australia)

Some service providers said that referrals to specialist violence response services were not always taken up by clients, particularly in instances where women wanted to stay with a violent partner.

Although we tried to make [further] contact with the victim she had ceased all contact with her family and wanted to be with the perpetrator. And then it was talking to the caseworker about the fact that at the end of the day, people will make their own choice. (Multicultural and settlement service provider, Victoria)

While client reluctance to access specialist violence response services was sometimes related to wanting to stay with their partner, in other instances service providers observed that clients' reluctance to disclose violence or follow up on referrals stemmed from both the real and imagined impact on their visa claims or eligibility.

It's definitely something that is, I guess, a barrier to women leaving their partners or accessing those services, because if a woman comes to Australia seeking asylum and is attached to her husband's protection claim, if they pursue the legal process or if she begins to identify and acknowledge that the family violence is a problem, it may result in them splitting their claims, and if the wife's claim is dependent on the husband's claim, well, then once it's split, she doesn't have a claim. (Settlement service provider, Victoria)

A service provider working specifically with people seeking asylum provided concrete examples of negative consequences for their clients when they had sought help for family violence. These included homelessness, loss of visa, disqualification or complication of application, loss of social networks, and removal of children.

There's a few women who have left a violent relationship while they've been in Melbourne and they've ended up

either without a visa or homeless. (Settlement service provider, Victoria)

Sometimes after referral to specialist violence response services, clients would become aware of legal options, such as that of obtaining a protection visa having been assessed under the complementary protection criteria (introduced in 2011 and available to people who did not meet the definition of refugee as outlined in the Refugee Convention, but who would face serious harm if returned to their country of origin). Multicultural and settlement service providers often had considerable experience and expertise in supporting applications for assessment under the complementary protection criteria. They described the great difficulty temporary visa holders and asylum-seeking clients, in particular, had in pursuing residency rights through assessment for complementary protection. With their knowledge of how rarely visas were granted under these criteria, participants felt they had to manage clients' expectations and raise their awareness of the difficulties they were likely to face:

So, I suppose the challenge is that women perceiving a situation as abusive and there is a level of abuse, for sure, but it's not enough for the immigration department for them to say, "Yes, we're giving you a family violence visa." But they want to just keep going through the process because if they got sent back, they'll always think, "But what if?" So, the challenge is helping them understand the ugly truth, while they're going through the survival thing, grief, trying to work it all out but the chances that they'll get through [to a protection visa through the complementary protection criteria] is minimal. So, it's that fine line and supporting them. Helping them understand the system but not creating false hope and actually going through a process which is unlikely to succeed. Even situations where there is true family violence and it's pretty severe, immigration department seems to want your blood to give you a visa. (Ethno-specific settlement service provider, Victoria)

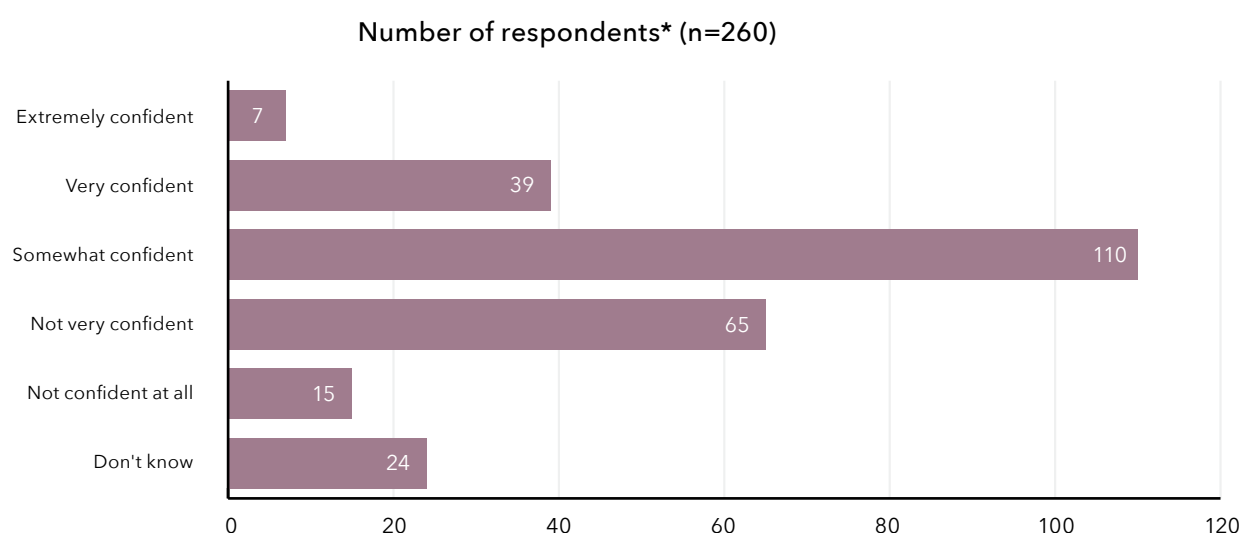
While settlement and multicultural services felt that their clients were often well supported by specialist violence support services, some of our participants noted that they felt they needed to spend time with clients after they had seen

specialist violence services to ensure clients were aware of the potential consequences of disclosure in relation to, for example, criminal prosecution.

The most important thing we can do is to make sure they don't regret telling us and that they feel safe and they feel in control because it's also a higher risk time when you're seeking help. They don't understand how the system works. They could come to [organisation] saying, "He's a really bad man. He's done this and this and this and this and I'm disclosing it." They are playing it forward in their mind thinking, "So what you're going to do is you're going to get the police to come to the door and say, 'You're really bad. You're not allowed to do it', and tell him off or whatever and he'll just stop and then it will be okay." They might think that's how it's going to play out but then it's a pro-prosecution state so if there's actual evidence of a crime being committed then the police will charge the person, there'll be an order, blah, blah, blah. It can quickly escalate out of their control in ways they can't foresee. Part of our role is helping them understand the system so that they can make informed choices about how they actually engage with it 'cause we know it's pretty high risk that they'll be making judgements that might not really be what they actually wanted because they don't really understand their potential consequences. (Settlement service provider, Tasmania)

While the majority of interviewees stated that, upon receiving a disclosure of family violence from a client, they would refer the person to a specialist violence response service, it is important to note that settlement and multicultural service providers were not always confident in the response that their client would receive. This aligns with responses to the survey, where 32 percent of respondents were not very confident that the mainstream violence response system would meet their clients' needs. Previous research has found that mistrust between family violence services and settlement and multicultural services acted as a barrier to referral (Vaughan et al., 2016).

**Figure 3:** Distribution of responses to the survey question, “How confident are you that the mainstream violence response system would meet your clients’ needs?”



\* Survey respondents could select more than one response or no response

## Working with perpetrators

Almost all the family or domestic violence described by participants in this study was perpetrated against women, most often by men. A number of service providers talked about men’s experiences as perpetrators of violence, particularly in the context of clients’ attitudes and changing dynamics relating to gender roles and gender equality. Several service providers noted differences between the ways in which men and women adjusted to and negotiated changing gender roles in a new and Australian context. These differences were often compounded by frustrations experienced through the settlement process more generally, such as unemployment, financial insecurity and housing insecurity. In this sense, many service providers perceived the settlement process and settlement policy as contributing to clients’ feelings of disempowerment and frustration which put families at greater risk both of poor mental health and potential violence.

The stress of migration. The stress of settlement. Often, people will settle here, and they’re really happy for the first 6, 12 months, and then reality sets in and they don’t have language, they’re unemployable, their kids are learning English a lot faster than them. The women are being given their own money for the first time and being offered choices. (Specialist mental health service provider, Tasmania)

Stress relating to changed gender roles was particularly observed in relation to men, compounded by structural barriers to employment and financial decision-making, and often linked to expressions or feelings of anger.

They [men] are angry and they do not know why they are angry. And, given their role in the family, the country of origin and how everything is taken from them as the main breadwinner of the home and now they feel like nobody, their dignity, their identity, everything is taken from them. So, it comes a lot like anger. (Specialist mental health service provider, Victoria)

Many of the service providers interviewed, and over 60 percent of survey respondents, encountered men who use violence in the course of their work. Service providers interviewed often raised men’s anger as contributing to family and domestic violence, but also noted that though their clients were often able to identify their anger and seek help, they were unlikely or ill equipped to see manifestations of their anger as abusive. They described their male clients as highly motivated to protect and care for their families, but noted that they often attempted to do so in ways that were in keeping with the rigid gender norms and expectations of their country of origin.

A number of the specialist refugee mental health service providers we interviewed observed that the significant frustrations of settlement are compounded and interlaced with many refugee men’s experiences of torture and trauma, and with poor and declining mental health.

I just think that experiences of torture and trauma just destroy the very fabric of family cohesion. I think, in a way, it’s almost accentuated, ironically, when they arrive in a place, it could be Australia or it could be anywhere, because the man can’t speak the language, he can’t work for a long time, and I think those feelings of anger

will often grow. The control of other family members increases as well. Men who are having nightmares, who are hypervigilant, who have flashes of anger, of course that has a huge effect on children, because their brains are still developing. Yeah. Hugely destructive. (Specialist mental health service provider, Tasmania)

The total trauma impacts—sleeping, their memory and their functioning, their basic functioning. When the memory is impacted, it means they cannot learn English as second language. When they cannot speak properly, then it means they lose their confidence. They are not the person they used to be in their country of origin. And, a lot of people that we are working with are men who were very, extremely functional, capable, a good network, a good sense of agency to do things, everything, on their own. And, now they became nobody. Then they see themselves as someone with no identity. (Specialist mental health service provider, Victoria)

The frustration, the sorrow, the despair is almost overwhelming them, which then spills into behaviours that they would not normally do regardless of the belief of women's status. But that respect for themselves and therefore for everybody else gets lost, which is counter to their cultural foundations I believe. (Volunteer, Victoria)

Specialist mental health service providers and others grappled with balancing their response to the mental ill health experienced by some refugee men, and recognising the impact of torture and trauma that men may have experienced, with the need to hold men to account for their violent behaviour.

He gets very angry. I wouldn't say that there is family violence in the sense that there is no [physical] violence against the wife or the children, but when he gets angry it does scare the house. Over time he has become more and more ill, both physically and mentally. He is not able to keep that all to himself even though he wants to. He has to leave the house so they wouldn't have to see him. Now, he is unable to leave the house and so, everyone else is suffering and experiencing their father or their husband as very unwell. He is not even able to protect them in that way anymore. (Specialist mental health service provider, Victoria)

In talking to the male who was my primary client, he spoke about his anger and his disappointment in himself for how he expressed that anger. So he didn't describe it in terms of family violence, but I worked with him on how he might better use—deal with—his anger, and I also included his wife in some of the discussions so that it was opened up a bit without actually naming it as violence, but making it clear that it was inappropriate behaviour. Because I think the problem is, is the shame of it. I mean he expressed the shame of it for himself, and she I don't think would have been capable of naming it, so you needed a third person to come in and open it up. (Volunteer, Victoria)

Many service providers identified the negative impacts of the settlement process on men, and in particular on men's mental health, describing significant gaps in the provision of services and supports for men. This included major gaps in the availability of services and supports for refugee and migrant men who use violence. However, as one mental health service provider observed, refugee and migrant women also experience enormous strain with migration—and refugee women also experience torture and trauma.

Certainly sexual violence is really common. Many of the women we've worked with have been detained. And, whenever someone's been imprisoned, always we will assume there's a high chance they've been sexually abused. So, that's very common. (Specialist mental health service provider, Victoria)

This mental health service provider noted that expressions of anger were gendered and normalised for men, and this often made women's experiences of frustration invisible and consequently undermined their opportunities to seek help.

If women are suffering from the same symptoms and if they are not able to cope, it feels like [there] is more responsibility on women than men [to sort themselves out]. If a man gets angry, it is very normal, so I'm angry. I am angry, I don't have a job, I can't do anything, I cannot bring money, I'm angry, and it is so normal. But a woman is suffering from the same symptoms and being angry, it

looks a bit odd or, why are you angry? (Specialist mental health service provider, Victoria)

Refugee women also noted the gendered nature of the expression of anger, and the way that the responsibility for managing the consequences of anger fell to the women of the household:

A lot of challenges faced by men and women are the same but present differently. For example, if a man isn't working, he ends up sitting at home and fighting with his wife and children, and then women are put under pressure to decompress the pressure in the house. (Refugee woman, Victoria)

The high level of engagement that settlement and multicultural services (including specialist refugee mental health services) have with refugee and migrant men is an important finding from this research. Our previous research has documented the dearth of services available for refugee and migrant men who use violence (Vaughan et al. 2016), and the difficulties mainstream violence response services have in connecting with this cohort. The fact that over 60 percent of multicultural and settlement service providers responding to our online survey answered that they encountered men who use violence in the course of their work suggests an important opportunity for connecting these men with specialist perpetrator programs. However, it will be important that these perpetrator programs are able to build strong relationships with settlement and multicultural services, including, in particular, specialist refugee mental health services, to ensure that the particular experiences of migrant and refugee men are sensitively addressed in the design and delivery of perpetrator interventions such as men's behaviour change programs.

## Specialist refugee mental health services

As outlined above, specialist refugee mental health service providers described the support they provided to men whose mental ill health may be a contributory factor in their use of violence. They also spoke about the support they provided to refugee women experiencing violence, noting that it was not common for women to raise domestic and family violence

as their primary reason for seeking specialist mental health services, but that violence was often present.

They [clients] think, "I can't sleep, I can't concentrate", and they relate the issue to anything but domestic violence. They don't see it as the main issue. (Specialist mental health service provider, Victoria)

These service providers noted the bi-directional relationship between mental ill health and violence, with family and domestic violence often causing mental ill health, and mental ill health potentially being a significant barrier to recognising or seeking support for violence.

Maybe you've been through such horrors that the violence is still better than other things. It's not the worst thing you've experienced, so you put up with it. (Specialist mental health service provider, Victoria)

It is clear that specialist mental health services play an important role in supporting refugee women who are experiencing both mental ill health and violence, and in supporting refugee men who are experiencing mental ill health and using violence. However, agencies such as the members of the Forum of Australian Services for Survivors of Torture and Trauma and specialist agencies working with asylum seekers primarily provide services to people who have come to Australia as humanitarian entrants or are seeking asylum. Fewer mental health services are available that have the capacity to respond to the complex needs of people who have come to Australia as temporary or permanent migrants, and who may also be experiencing family violence.

## Settlement and multicultural service providers "going above and beyond"

As will be discussed further in the following section, settlement and multicultural service providers often face constraints in supporting women experiencing family and domestic violence because of the scope of their role. However, many service providers gave examples of surpassing the scope of their role to help clients in need. Some participants described

the responsibility they felt to assist vulnerable families who have few, if any, other options for support:

So, someone might say, “Look. You’re pretty much case-managing this family. We need to look for another service because that’s not really our role, to case manage them.” Then, there’s other times where these families are so vulnerable, they’ve got such a horrendous trauma history, they’re not linked to anyone else, and they can’t be, because they’re so distrustful. It’s really appropriate that we are the service that really advocates [for] and links them. (Specialist mental health service provider, Victoria)

It has been mainly women getting out of family violence, [where] they haven’t been eligible for [material support], so we’ve had to do that through our own internal emergency relief or put in a callout for fridges and TVs and things to get people accommodated. (Settlement service provider, Tasmania)

So we have the situations where there was a mother and two or three children, where the mother was threatening to commit suicide ... we had to immediately respond to that by of course making connections with the proper services. But at the same time actually looking after that—those individuals in that particular moment in time. So one person would be looking after the children, another person would be actually going and organising some vouchers to actually go, for example, across the road to buy nappies for a child, or to buy food for a child. To actually find out where we can buy secondhand clothing that we can provide to them, while we are on the phone with the Department of Child Protection. Or on the phone with homelessness services to connect them so that they actually are able to sleep and have a roof above their heads that particular night. (Settlement service provider, South Australia)

Some participants described particular strategies they used to provide family violence assistance in settings that were not designed to cater to this need. For example, one participant reported expedient measures taken to ensure both a husband using violence, and his wife who was experiencing this violence, could access their service:

Not many organisations work with both people in a

relationship like that, except now the program that I’m in, so we had to figure things out like make days of the week that he could come and let her know, and there were days of the week when she could come and tell him he wasn’t allowed on those days. That was one of the only ways we could try to support them. (Settlement service provider, Victoria)

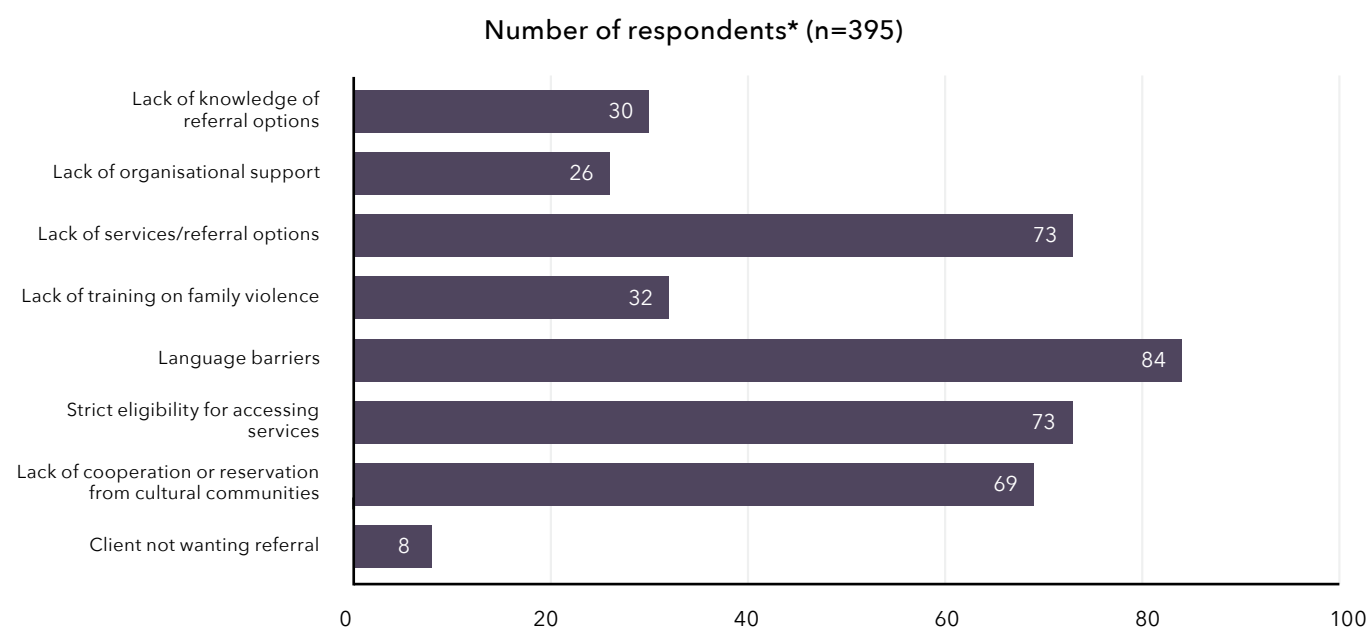
Although this could lead to better outcomes for clients, the need for service providers to work beyond their role can place them in difficult positions and may put them and their clients at risk, particularly in the absence of standardised risk assessment frameworks and safety plans. One participant described having no choice but to use her own resources to assist a woman and her children:

At the end of the day pressure-wise, I mean, it was all on me. So, I was the one worried about, “What are they eating today? What are they wearing today? Where are they staying today?” And, I utilised my own resources. (Multicultural service provider, Victoria)

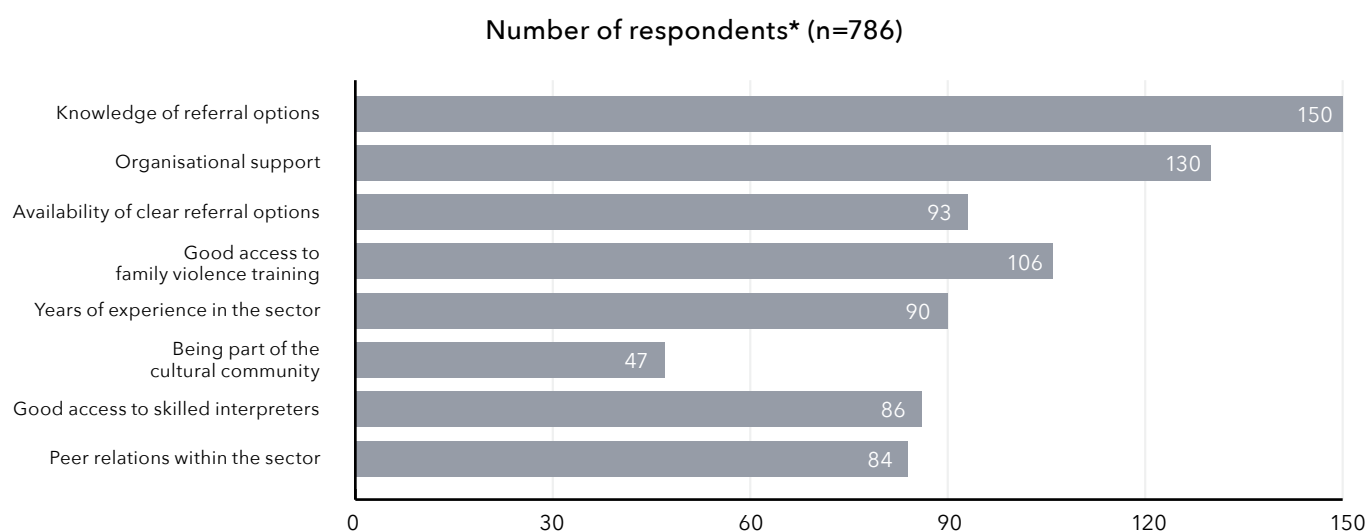
This service provider reported that she was required to call on community members to house clients until housing could be secured. It is evidently unsafe and unsustainable that settlement and multicultural service providers continue to assume this responsibility: the toll this may take is immense.

## **What factors strengthen or undermine the capacity of settlement and multicultural services to provide support to migrant and refugee women experiencing violence?**

Respondents to the online survey (see Figures 4 and 5), as well as service providers and women interviewed, described factors affecting the capacity of settlement and multicultural services to support women experiencing violence as occurring on both the “demand” side of relationships between migrant and refugee women and services, and the “supply” side. Demand-side factors primarily related to clients’ knowledge of family violence, their knowledge of the possibility of a

**Figure 4:** Survey respondents' description of barriers they have faced in responding to family violence as part of their work

\* Survey respondents could select more than one response or no response

**Figure 5:** Survey respondents' description of things that make it easier to respond to family violence as part of their work

\* Survey respondents could select more than one response or no response

service response, pre-arrival experiences and stigma. The most common supply-related challenges included limited funding and service scope; eligibility restrictions imposed on family violence services; communication barriers with clients; high turnover of settlement and multicultural services staff; lack of training and referral pathways; and lack of services for men. Significant factors that strengthened capacity included sector experience; organisational support and debriefing; funding for and supported access to training; building trusted relationships; and connectedness to community, through

pathways such as continuity of service and employing a bilingual and bicultural workforce.

### **Clients' knowledge of family violence and violence response services**

In service providers' interviews and focus groups, participants shared various observations of their clients' knowledge of family violence and family violence services. However, there was broad consensus that generally clients had little

knowledge of family violence and the related services available to them, particularly in the first year of their arrival. Almost all service providers interviewed noted a marked difference between the way family violence is both understood and legally defined in Australia and in clients' countries of origin, which they worked to address in a range of ways that required building trust and rapport, and mainly centred around non-judgemental discussion.

And, I think the definitions of violence make a big difference as well. 'Cause when we talk about family violence, it's not just physical. It's controlling behaviour, it's verbal, and many cultures wouldn't see it that way. So if I suspect there's something there, then these are things I might talk about, that in Australia violence is defined as this ... and that might break down some barriers around that. "Well actually, I'm never allowed to have any money ... Actually, that does happen for me. I am yelled at all the time." Or, "I did in the past get yelled at heaps, and I just never thought that was counted. I didn't realise that meant violence against women." (Specialist mental health service provider, Victoria)

While several service providers emphasised non-physical forms of violence as the main point of distinction between clients' understanding of family violence and the way family violence is defined in Australia, others described their clients as coming from backgrounds that broadly normalised family violence, to a greater or lesser extent, which impacted on clients' ability to identify abuse, seek services or respond to referral or information.

A lot of them don't even have the information that this is domestic violence or family violence. A lot of the behaviours are so amalgamated in the culture and a lot of them think, this is it, this is how it was, how it was for my mum, how it was for my aunties or my grandma, and this is how it is for me. (Specialist mental health service provider, Victoria)

Both perpetrators and victims sometimes struggle with knowing where that boundary is and what's what. "Hang on? Why can't I do this? I've always done this", and that sort of thing. (Refugee health service provider, Victoria)

Many service providers noted that their clients had limited knowledge of the specialist violence response services that may be available to them in their local communities. Service providers also noted that many migrants and refugees were unfamiliar with the fact that they could seek support for violence at all.

We would be probably the first—the first organisation that will tell them about their—the services that exist for them, particularly if they're newly arrived. (Settlement service provider, Victoria)

For some refugee and migrant women that I've worked with, this is actually a completely new service system to them, and where they've grown up or moved from doesn't have these kinds of supports. They don't even know that something like these services could exist. It can be really different. (Women's health service provider, Victoria)

[They] just don't really know what services are around because they might come from cultures where there aren't support services really and you just do life and you get by and make do with what you have. (Settlement service provider, South Australia)

Even when women did have some knowledge of services—this tended to improve with length of time in Australia—service providers and women themselves reported that women's knowledge levels were insufficient for them to self-refer.

I don't know which organisations do what, but I know that there are support services that exist. (Refugee woman, Victoria)

It really depends on the stage that they're at in the settlement. By the time they've been here 5 years I hope that their awareness is a little bit better than when they first arrived. There are always some people that are very isolated and even at that 5-year point when they're meant to transition out of our service, they may not have a good understanding. (Women's health service provider, Victoria)

## Impact of pre-arrival experiences

Some service providers recognised that the normalisation or minimisation of family violence sometimes sat within a wider context of clients' pre-migration experiences of violence and trauma.

They're less inclined to admit to any problems or mental health struggles ... I have had one or two women say to me, "What I've been through is what everyone's been through, from my country. So, it doesn't matter". (Settlement service provider, Victoria)

They can differentiate between the horrors that may have happened to them in prison, when they were told they were worthless or nothing, and were deprived of basic things, versus living in a home where maybe they've got regular income, [their partner is] a good father, and everything's good quality. (Specialist mental health service provider, Victoria)

In addition to pre-migration exposure to violence, some service providers identified the unique impacts of their clients' experience of migration, fleeing home as a refugee or seeking asylum on their motivation to remain intact as a family unit, and to protect their eligibility to remain in Australia. When families had limited access to support services, the family might be one of the only places they could find support and consistency.

'Cause there's positives as well. "There's a family unit, we've been through so much together. The children need their father. I need the support. If I leave him, I'll be ostracised, I'll be judged. There are so many things entwined, that this violence is worth putting up with compared to what life would be like without it, and compared to what I've been through." (Specialist mental health service provider, Victoria)

Having lost so much, coming here, they are very, very reluctant to break up the family further, and to lose what supports they feel they have and lose what familiarity and comfort they have despite ongoing family violence. (Specialist mental health service provider, Victoria)

In contrast, one service provider felt that once clients began to feel safe and supported living in Australia, they were able to consider their personal safety as there was less need to maintain the family unit to maximise the chances of survival.

So, where you find a family unit which presents as being quite cohesive and quite tight and working in the same direction, actually it's come from survival and [the] need to get here, so the family unit's become more consolidated because of the requirement to flee, the requirement to protect, the requirement to travel safely together. And then [it is] once they have come and been on Australian shores, that the disruption to the family unit is going to happen ... Women in particular, are finding that they no longer have to tolerate this, that they're safe, that they're okay, that they actually do have strength elsewhere, it's not a requirement anymore to keep the family unit together ... I suppose maybe the tolerance or something as well is there, and maybe once they realise that it doesn't need to be anymore, that's maybe when they start to get support [for family violence]. (Multicultural and settlement service provider, Tasmania)

In addition, service providers acknowledged that the experience of seeking asylum had often impacted on their clients' trust of Australian services.

They have no reason to trust anything that would be considered the Australian system ... 'cause that's done nothing—it's not doing anything for them. (Volunteer, Victoria)

## Impact of stigma and shame

In keeping with the literature, several service providers raised shame and the pressures to protect their standing within a community as impacting on clients' willingness to report family violence.

Because of the stigma. Because the family is scared. When they come, they don't really want the community to hear what's happening, and the woman feels that she will be blamed for what happened, and it's a shame on her, and the situation is made that she's responsible for

it. Somehow, the women will have that thought in their mind. (Settlement service provider, Victoria)

I think one of the things that makes it challenging is the stigma. It's there for any client, I think, but more so sometimes for refugee women and a very strong belief that they have to stay together as a family and so mustn't do anything that will upset that equation. It makes it hard to provide enough support. (Specialist mental health service provider, Victoria)

I have witnessed a few other women that got hit by the husband and sometimes they would blame, as in like they actually, "It was an accident that a door hit me" or things like that, because they don't want to expose their husband, the violence of that family because if they expose then they might get, like the community will gossip. (Settlement service provider, South Australia)

Stigma related to both the experience of family violence and the limited options for women to leave a violent partner when there were high levels of prejudice in the community about separated women or sanctions on divorce.

My family pressure[d] me to stay in the marriage up until they saw me in the hospital, and I was close to death from the beating. When my dad realised how bad it was, he tried to help me get a divorce but the priest refused it. (Refugee woman, Victoria)

He use to hit me a lot in Lebanon but my parents wouldn't let me leave him because there is stigma around divorced women in Lebanon. (Refugee woman, Victoria)

Some service providers pointed more generally to the stigma around family violence as a historically taboo topic in many communities. Others emphasised the specific and significant pressures on migrant clients to protect their connection to and position within their diasporic community in Australia, in order to avoid further physical and emotional disconnection from their social networks and country of origin. A number of service providers highlighted the complex choices and often negative social consequences of disclosing family violence for clients with extremely limited and close-knit social and

cultural networks.

They have multiple needs, and solving one need by going to a family violence service denies the other needs, so it might mean, "Yes, I've managed to leave my abusive marriage, but—I have also left my community and I really need my community for my language, for my cultural continuity for my children, and I don't feel that I can go and restart somewhere else because there's only so many of—people from my background in this city." (Specialist mental health service provider, Victoria)

Stigma was attached not only to family violence (and therefore to seeking the support of family violence response services), but to mental ill health. This had an impact on refugee women's ability to seek specialist mental health services, including mental health services for the sequelae of violence.

It's never encouraged to talk about mental health. I feel like people would be labelled as "crazy" and treated differently in the community. People would treat them differently and maybe exclude them. (Refugee woman, Tasmania)

## Impact of particularly complex circumstances

Both service providers and refugee women interviewed highlighted that the complicated circumstances and complex needs of many migrant and refugee women could, in themselves, act as a barrier to demand for support from women experiencing violence. Service providers highlighted that when clients have multiple pressing needs—for a visa, for legal assistance, for housing, for healthcare, for employment, for support for their children, for language skills, to work out the banking system, to learn to drive and so on—they may be reluctant to seek help for family violence, in part because the systems they engage with are so ill equipped to address complex issues that cut across a number of sectors.

I mean, many women who have come to see me for a variety of reasons, and then a lot of them, most of them, you talk to them and then it's, "Yeah. I was married at 15 and now I'm brutally beaten." But, they don't even [make the link between past violence and current support needs]: "That

was in the past. That's not why I'm here. That's not what the issue is." But of course it is. 'Cause it's all entwined and linked. But they don't necessarily identify it as being the main reason for needing support. (Specialist mental health service provider, Victoria)

In these situations, typically it's the woman who has to remain strong and keep looking after the children. She can't afford to be unwell because she has to keep going for everyone else. (Specialist mental health service provider, Victoria)

The circumstances of refugee and migrant women's lives mean that perpetrators of family violence can use quite severe forms of controlling behaviour against them. When women do not speak English, are unable to drive, are unsure of their rights in relation to their immigration status (and that of their children), and are far from family and friends, perpetrators of violence can ensure that women are, or remain, extremely isolated and unable to access services of any kind.

I wanted my baby, but I was praying to run away to the embassy and tell them to take me and my baby back to Congo. I couldn't go to the embassy ... I was at home 24/7. If I left the house, I didn't know where to go. He bought everything. I just stayed in the house the whole time. (Refugee woman, South Australia)

He never used to let me leave the house. I don't know anyone or have anywhere to go. It was only when this woman saw me at my sister-in-law's house that she helped me. (Refugee woman, Victoria)

Perpetrators of violence against migrant and refugee women can also use misinformation about the Australian law and immigration system to prevent women accessing services.

He told me that the Australian government would take my children away if I misbehaved. (Refugee woman, Victoria)

The perspective of the woman quoted above is consistent with past research that has found that post-migration contexts give rise to more "tools" with which men and other family

members can perpetrate violence against migrant and refugee women (Fisher, 2009; Murray et al., 2019; Segrave, 2017; Vaughan et al., 2016).

## Funding

Settlement and multicultural service providers consistently identified the ongoing impact of inadequate funding as one of the biggest factors limiting their capacity to respond to family violence. Many service providers also described the significant pressures of working in an environment with limited funding and resources, high demand and significant risks for clients.

So, how do we, as settlement services and ethno-specific services, just support those women? How do we? We don't ... To work with just one woman with her family around that, particularly if they don't want to leave the relationship, it's beyond the current means of funding, because we are—because we've got—we have hundreds of clients that we need to support. You cannot case-manage a family like this without having the resources and the funding and the expertise and the skills and all of that. (Ethno-specific settlement service provider, Victoria)

Settlement and multicultural service providers emphasised the difficulties of the funding climate in the sector, with the future of many projects uncertain. Many projects and programs had experienced funding cuts or restrictions that impacted their ability to work with particular clients.

There are lots of services that once upon a time might have been available, or more accessible, services like ours, for example. There are many program changes that now don't allow us to work with different types of visas. (Settlement service provider, Tasmania)

Reductions in funding in some instances meant that staff worked at settlement and multicultural services on a part-time basis, when they had previously worked full time. Service providers described their reduced availability for clients as impacting on their ability and confidence to support women's safety.

But it just significantly impacts on your capacity to do the work effectively. Probably increases stress levels for you, as well. Because if you've got a particularly high-risk client, getting things in place for the days that you're not here and then the weekends and then coming in and if there's no one else to manage that in that time ... (Settlement service provider, South Australia)

Service providers expressed frustration when funding was withdrawn, even when programs were demonstrated to be effective and were delivering strong results:

It's beyond what I can do and beyond what settlement services can do, and it's all about government funding, and they fund this program for this year, and it's wonderful and rosy, and you get a beautiful finding and whatever, and then they don't fund you the next year. (Ethno-specific settlement service provider, Victoria)

The organisation I worked for had a fantastic [violence-related] program previously. It no longer runs. (Settlement service provider, Victoria)

As has been noted, despite services' limited funding, organisations and individuals regularly went above and beyond the scope of their service to provide women experiencing violence with assistance. However, during this research project it became clear that service providers were nervous about their organisation being asked to do any more than they already were. As one service provider noted, using the cost of interpreters as a case in point, it was unreasonable to expect settlement and multicultural service providers to take on further responsibility to provide family violence support without providing additional resources.

While you are making it my responsibility to address this issue, you're not giving me the right equipment to address the issue. (Settlement service provider, Victoria)

In an environment of significant funding constraints, it was difficult for settlement and multicultural service providers to focus on supporting women who were experiencing violence, when they were not funded to do so. This was particularly true

given that addressing violence isn't the primary purpose of settlement and multicultural service providing organisations.

I suppose what's challenging [is], it's not the primary focus of the organisation. We're not a family violence specialist service, though it is a big part of our client base and I suppose everyone's in their own jobs, so I suppose we don't have an organisational, broad response to it because someone's in aged care, someone's in settlement services. So, maybe it's a bit fragmented. (Ethno-specific settlement service provider, Victoria)

And, for us to be involved just for family violence, it has to be related to their refugee experience ... So, because of—it's just not what our service does. (Specialist mental health service provider, Victoria)

## Family violence services' eligibility constraints

Settlement and multicultural service providers reported that family violence services' strict eligibility requirements acted as a barrier to them helping women experiencing violence, sometimes restricting those who are most vulnerable from accessing support. Individuals with temporary immigration status, such as asylum seekers, faced the most significant eligibility barriers; in addition to eligibility barriers related to immigration status, place of residency and/or homelessness were barriers service providers felt disproportionately affected women seeking asylum.

I feel as though there is—resources are limited in general, but for people seeking asylum, and then add on the complexity of domestic and family violence, there's a big gap in terms of where these women and children can go to, and men as well. Yeah. (Settlement service provider, Victoria)

They [violence response service] said, "That area does not come under us, I'm further referring them to this service." They referred them but then that was a temporary accommodation ... I find [it] very difficult, when they do not have a fixed address. It's very difficult for them to access any service. (Settlement service provider, Victoria)

Another eligibility barrier experienced by settlement and multicultural services when making referrals to family violence support organisations related to the severity of violence. Participants lamented that the violence needed to be at “crisis point”, or dangerously physical, in order for referrals to be accepted:

Because it’s so common for women to experience violence, but it’s not necessarily the thing that’s urgent in their life, because it happened for so long so many years ago, or whatever. It’s hard to find a service that will pick them up. Because, it’s not—well, they’re not urgent. They’re not urgently at risk. They have this horrendous family violence history, and some of the needs they have in terms of trust and being able to independently manage money or their parenting or whatever [are] related to these experiences of violence. But, because it’s not crisis, the violence isn’t happening like this, they’re not at risk tonight of being beaten, services are just like, “Well ...” (Specialist mental health service provider, Victoria)

This approach undermines settlement and multicultural service providers’ efforts to take primary and secondary prevention measures, and leaves women vulnerable to further violence after failed help-seeking. This failure may hamper women’s trust in services in the future, when their need may be greater.

It was also challenging for settlement and multicultural services to find organisations that were able or willing to assist both the perpetrator and the victim. Often, migrant or refugee women wanted help, but did not want to leave their partners:

She tells you, “But I didn’t want this, I didn’t want this, the police told me to do it, but I didn’t want this, I want my husband to be home, but I want him to stop the violence.” So—and, there are people that will not leave. But, yeah, what support there is for the family, if the woman doesn’t want it? There isn’t. There’s not much. How do we support those women to stay in their home and change the family dynamic? (Ethno-specific settlement service provider, Victoria)

I think it’s expected that if a woman is in an abusive relationship that she should leave. There are a lot of services

available for people who leave, but for people who don’t want to leave, it’s harder to find them places who can help them and [involves us] explaining to those organisations that it’s probably never going to happen because this person will then be ostracised by their entire community and it’s not going to be worth it for them. (Specialist mental health service provider, Tasmania)

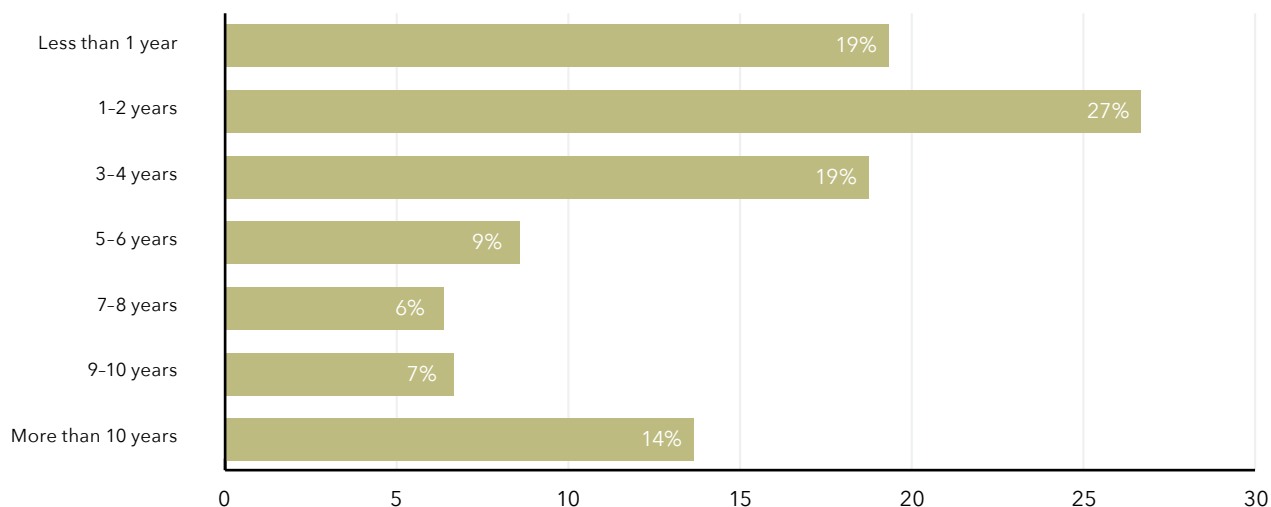
Migrant and refugee women are not alone in this regard; non-migrant women also regularly seek to avoid separation (Vaughan et al., 2016). However, literature suggests that migrant and refugee women might be less likely than non-migrant women to separate from their partners due to factors such as their immigration status, religious and social norms, and community pressure (Menjívar & Salcido, 2002; Voolma, 2018). The family violence service system is not well situated to help women who are unwilling to leave their partners. As a result, settlement and multicultural workers have limited referral options available to them to assist this population.

## High staff turnover and staff stress

Service providers interviewed identified the high turnover of staff and volunteers in settlement and multicultural services as undermining their capacity to support women experiencing family violence. The significantly high turnover of staff was confirmed by the survey, which showed that 65 percent of respondents had been in their roles for four years or less, across all organisational levels (19% of respondents had been in their current role for less than one year, as illustrated in Figure 6).

Several service providers connected the high turnover of staff to the funding environment in general, and recent contract changes across the sector specifically.

A big one at a systems level is a funding thing, where things are funded short-term, so then there’s people doing great work, but we can’t keep them. I think systems reform can be really hard then. Everything around us is changing and we don’t know. We used to refer to this program and now it’s gone. (Women’s health service provider, Victoria)

**Figure 6:** Length of time survey respondents had been in their current role

You can't do much if you don't have people to do the job. So that's one thing. (Settlement service provider, South Australia)

They changed the way they deliver stuff due to funding changes. People leaving. New people. (Specialist mental health service provider, Tasmania)

Service providers interviewed were often concerned about the impact of reduced funding, and that this was leading to heavy workloads for many staff—including senior supervisory staff. This was felt to contribute to staff turnover, and potentially to services being less able to effectively support or refer women experiencing violence.

We've had a lot of restructuring going on within our organisation recently so some of our senior staff like myself are less accessible than we used to be. So that is probably an area of concern, just that they can see that we're busy and running around and not necessarily on site so they don't call us when they probably should. I am concerned that maybe staff aren't getting the level of supervision that they should be getting, that they would have received in previous years. (Multicultural and settlement service provider, Victoria)

Service providers and volunteers also identified workplace stress as being a key driver of high staff turnover. Several participants described their stress levels as having increased in recent years, and to be associated with simultaneously working to meet the demands of caseloads, demonstrating outcomes and meeting reporting requirements:

Everyone seems to just have to work that bit harder these

days so there isn't that time to reflect. You sort of run from one case to the next and I think that is problematic. (Multicultural and settlement service provider, Victoria)

Other participants, particularly those working with people seeking asylum, highlighted the stress that was associated with working in a system that is failing their clients:

I think this environment is so unique in terms of, there is just an ongoing sense of helplessness and our clients experience, or are quite often stuck in, a state of helplessness where ... it is hard, it's really hard, and to sit with that day in, day out is challenging. (Settlement service provider, Victoria)

Service providers discussed the stress of working in a policy environment that is hostile to meeting the basic needs of many migrants and refugees. Exasperation related to systemic issues, such as visa status restrictions and lack of employment and housing, was a recurrent theme. Service providers also experienced frustration that funding for essential or promising programs was precarious and/or withdrawn even when programs were able to demonstrate impact.

In addition to policy-related stress, participants at times experienced stress as a result of actions taken by their organisations. For example, one settlement caseworker identified uneasiness with organisational requirements to report all incidents of family violence to the Department of Home Affairs, as this did not necessarily create a safe environment for women and men to disclose violence. The work of settlement and multicultural services was described as stressful in itself, but family violence support introduces another set of stresses and risks:

I felt a lot of pressure on me because I was the only one that was going to be stuck there after five o'clock if I didn't find the space for her. And, I knew that. (Multicultural service provider, Victoria)

... for the individual practitioner, really high demand and pressure in a lot of circumstances. We need to assess safety, and sometimes it's five o'clock and someone needs to go to emergency accommodation and you need to be there to support her, but you're meant to be heading home. (Women's health service provider, Victoria)

With family violence it takes a lot of work. It takes a lot of follow-ups, advocacy, attending appointments. Making sure this client is okay. Making sure they follow the safety plan if anything happens and they are capable of, at least, looking after themselves until they seek that help. If you have a lot of case load then you might not have the capacity to do the follow-up required on time. You might fall back. Yeah, absolutely. (Settlement service provider, Victoria)

Similarly, volunteers reported the stress they experienced working in under-resourced settings:

We have more and more people coming through the door and less and less volunteers who actually do that work. We have only a certain amount of time to sit with everyone and it's going more and more towards us managing people instead of having very in-depth conversations and having—and being able to be present with that person without thinking about I need to go, I need to tick off the next person and it's very stressful and it's very—also there's also a feeling of guilt that you might miss out on certain cases [of violence]. People experience so much more misery in their everyday life and you could help them but ... you can't. You don't have the time to get it out of them. (Volunteer, Victoria)

Stress and the related high turnover of staff have ramifications for the settlement and multicultural workforce's capacity, skill levels and sector knowledge. Participants recognised the value of experience, with “years of experience in the sector” being reported by survey participants as an important factor

that made it easier for them to respond to family violence as part of their work (see Figure 5).

Turnover of staff and volunteers also compromises the consistency of relationships with clients, which has implications for building trust. Indeed, service providers reported that continuity of relationships through different systems played an important role in facilitating trust with clients and better outcomes.

The level of trust that could be built up with the service, so they knew they could come in and they would get a service ... She had the same counsellor for a number of years who knew the case as well. I think that continuity really, really matters and that continuity through the court processes [matters] as well. (Multicultural service provider, Victoria)

In consultative workshops, stakeholders highlighted that the development of trust between migrant and refugee women and settlement and multicultural service providers was absolutely essential for providing core settlement services and related supports. Trust was also particularly important for enabling settlement and multicultural service providers to effectively support women experiencing violence. Anything that undermined trust—such as high staff turnover—was seen as a major barrier to services playing a greater role in the response to family violence and violence against women more broadly.

### **Bicultural/bilingual and ethno-specific service providers**

Service providers in both multicultural and settlement organisations affirmed the value of bicultural/bilingual workers in delivering services generally, and particularly in providing family violence support. Bicultural/bilingual workers were considered to play an important role in assisting migrant and refugee women to address language and other systemic barriers to navigating mainstream service systems:

And, because in our case a lot of our Greek-speaking clients do not speak very good English, they need an interpreter

if there's not a Greek person in the organisation. So, they rely on you to make sense of the referral pathways and often we're then communicating with the case workers of the other organisations to make sure everyone's doing their thing. (Ethno-specific settlement service provider, Victoria)

You know, communities go to their own workers. Yeah? So, like, my colleague, for example, he's Sudanese. Any African community member that comes through, regardless of which part of Africa or country they're from, they'll come and see [him]. That's just the way. (Multicultural service provider, Victoria)

A number of settlement and multicultural service providers gave examples of when a referral that they had made to a violence response service had had particularly positive outcomes, underpinned by the availability of bicultural-bilingual violence response staff:

The client was supported, and we linked her with a family violence service that spoke her first language. So, no need for interpreters and we got the flexible support package for her as well. Moved her to a new property. Got her licence through that program. Kids changed the school for same reasons. Got AVO. And, it was a really positive outcome and the client could move on with her life and re-establish herself. So, from that case I strongly believe that with the right support in place, even though these clients have got a lot of fear and cultural pressure and all this I can understand. But with the right support in place, there is real hope that they will seek support and with the right support they will be safe again and move on with their life. (Settlement service provider, Victoria)

Bicultural/bilingual workers were seen to support not only their clients but also the non-migrant workforce to understand and meet the needs of their client base:

I think having team members here who identify as refugee or migrant women who can understand those experiences and work alongside those women is really powerful ... That provides a lens for people who don't have that background. They are very strong advocates in that space and can really help the other workers to understand

what those experiences might be. That's a huge, maybe unnoticed, labour that they do at times, helping that. It's really valuable for people like myself who aren't from a refugee or migrant background to be able to have that in the team. I think as well having that understanding of how that refugee or migrant experience might impact violence that someone is experiencing, or how a perpetrator might use that experience to further commit violence or exploit someone's sense of safety or their identity ... (Women's health service provider, Victoria)

We have bicultural/bilingual workers that are pivotal to the work that we do. They are our bridge, both cultural bridge and language bridge. [They enable] our clients to connect with us maybe a bit more quickly than if they went somewhere else, and it is an issue of trust. Unless you have safety and trust, you can't work with people, especially people who have been traumatised before coming here. Safety and trust go hand in hand. You can provide a safe environment but if they don't trust you, you can't work with people at all. (Settlement service provider, South Australia)

Eighty-four percent of service providers who responded to the online survey noted that their organisations engaged volunteers to support their work in the settlement and multicultural sector. This aligns with the qualitative data, where many of the service providers who were interviewed noted that their service was highly reliant on volunteers, who were often members of migrant and refugee communities themselves. Service providers often acknowledged, however, that there were fewer people of migrant and refugee background in salaried, professional roles within their organisations. Ethno-specific services, in particular, emphasised the importance and benefits of upskilling, resourcing and respecting bicultural/bilingual workers as a professional workforce.

So all of our staff are ... from ethnically diverse backgrounds ... We're all professional, so we're not just considered bicultural workers, or bilingual workers, but obviously have worked within professional boundaries and so that puts us on a very, I suppose, different scale to different other organisations who maybe as the face of settlement services have—maybe they have one or two workers,

bilingual workers. (Ethno-specific settlement service provider, Victoria)

Many service providers observed that clients were far more likely to trust and disclose violence to those from the same cultural or ethnic background. However, others noted that women's concerns around confidentiality, particularly in very small communities or regional areas, and stigma relating to family violence and mental health sometimes meant they felt safer disclosing to someone outside the community.

Again, we have cases where people prefer to speak to somebody from their own community because they can speak the language but then there are cases where they completely refuse to engage with their community because they feel that it's a small community. They might know each other or they might know someone else who knows them and then they don't want to disclose anything. They, in fact, say, "No, I don't want to talk to you because you are from my community and I want someone else." (Settlement service provider, Victoria)

This ambivalence is also present in the literature regarding the benefits of matching service providers with clients according to the client's background (Horst et al., 2012; Koziol-McLain, Giddings, Rameka, & Fyfe, 2010; Murray et al., 2019; Sweifach & Heft-LaPorte, 2007). Ultimately, this demonstrates the importance of ensuring that men and women from migrant and refugee backgrounds have choices between accessing mainstream and community-based or ethno-specific services based on their needs.

A lack of diversity in the workforce may be alienating for women seeking help from both settlement services and family violence services, irrespective of whether women elect to work with someone from their community. Migrant and refugee staff and volunteers may not share an ethnic or cultural background with clients but share lived experience of migration and settlement experiences as well as other systemic challenges, which Australians who have not migrated lack. They may also have personal insight into the systemic and direct racism that affects migrants and refugees in Australia, intersecting with their experience of family violence.

## Training in family violence

Service providers agreed that training greatly strengthened their capacity to support migrant and refugee women experiencing violence; conversely, lack of training resulted in limited knowledge to address family violence and undermined service providers' confidence, as well as risking women's safety. A majority of the survey respondents (74%) had taken part in specific training to address family violence, and over 90 percent of those respondents reported that they had found the training useful. However, interviews and focus group discussions revealed significant variation in the level of training both completed and available to staff across organisations and roles.

A number of larger organisations represented in the data provided structured family violence training to all their staff members, and, in line with the survey findings, many service providers interviewed had undertaken some level of training, such as DV-alert, a two-day, free training available nationally. Service providers described training as important, not only in building their individual capacity to support women but to ensure consistency in approach and response across the organisation.

It's necessary because it's a very specific skill base to be able to assess, especially the more subtle signs of family violence. But also, to be able to have that conversation in a way, where the woman is able to come back. (Ethno-specific settlement service provider, Victoria)

I think it's important to have the training because it provides that shared understanding and consistency. If you don't have a consistent approach it depends on who you are and who you see. You can get a completely different service and that's not what we want from our service. We want to be consistent and we want to make sure that we link appropriately with the other services so that we don't miss the mark. (Women's health service provider, Victoria)

Nevertheless, in general, service providers identified a need for increased training among settlement workers, and noted that there were many in their organisations who had not

necessarily received regular or updated training. Outside of a few larger organisations, staff members who were not seen to be directly working with clients, such as administration or supporting staff, were rarely identified as needing to receive family violence training. Volunteers generally received limited or no family violence training at all.

I do believe that there could be a lot more training, even if it's just a basic understanding of family violence of, as you say, when the client comes into that service and they build that rapport with that staff member, that's often when they'll disclose. So, even things like how to respond to a disclosure in a safe and respectful way ... I think family violence is quite daunting for a settlement worker and it's quite unknown. (Settlement service provider, Victoria)

They've talked about how challenging that is for them, where they're not the right people to speak to, but they're on the front desk. (Women's health service provider, Victoria)

So, sometimes I feel comfortable to help someone, but, when the other case, like this one need help, need to go further, where do I get to report that to? ... We need to tell someone, but I don't know who. (Volunteer, Victoria)

For me, I hadn't had the proper training in how to provide the correct steps to manage someone who's experiencing violence, but I know it's not condoned here in Australia. (Volunteer, Victoria)

I feel I didn't have much training sessions. As I mentioned, they just told me if you have minors, have suspicious situations, you have to report it authorities, that's all. (Volunteer, Victoria)

As a result, some frontline workers and volunteers had inconsistent knowledge and capacity surrounding family violence. However, they recognised the important role that they could play in supporting women and were eager to develop their skills and be able to make an effective contribution.

We're at the forefront and engaging directly with the [community] members. We're the first responders to

information such as violence exposure. The training for the volunteers ... is really important I think, having training sessions available for volunteers. (Volunteer, Victoria)

A number of service providers relied on training or experience they had taken or gained prior to, or outside of, their current role. Funding also impacted on the training that service providers were able to access, with many workers undertaking training out of personal interest, rather than because of organisational mandate or support. High staff turnover also led to gaps in knowledge and need for updated training.

Again, funding comes into that as well, in terms of if it's free training, certainly we're supported to attend. But I think, as well, we're all quite proactive in terms of seeing what's out there and self-advocating in terms of, this training looks great and I think someone should go. But, again, it comes down to cost. (Settlement service provider, South Australia)

In addition to service contexts, service providers emphasised the importance of adapting family violence training to the circumstances and needs of migrant and refugee women. Training in trauma-informed practice was key; participants reported that trauma-informed practice helped them to address their clients' mental health needs and consider how these might interact with experiences of family violence. Some participants also had training in mental health and suicide prevention, which was beneficial when working in family violence.

Migrant and refugee women face particular systemic challenges in resettlement that are often not accounted for in family violence training. Some service providers reported that the training they had received was limited in its relevance to refugee and migrant women:

I think that that's been quite limited, many people in the service have done CRAF [Common Risk Assessment Framework] level one training, recognising family violence, but I think that we're working with it at a much more nuanced level, and for a variety of reasons—such as the risk of return to held detention, the risk of children being removed—because there are so many other co-existing

vulnerabilities that we need to find better ways to work with family violence in its lower level, in its non-physical forms better, in order to prevent other things from happening because they're harder to respond to and because our clients are then less likely to engage in interventions that respond to higher level family violence because of other risks. (Specialist mental health service provider, Victoria)

What I've experienced in all kinds of family violence training is that it's not catered specifically for migrant backgrounds ... It doesn't have the context in which we work, so we have to pick out bits and try and apply it to the setting in which we work. (Settlement service provider, Victoria)

Well the last DV training that I went to, which was DV-alert—which, again, it was great. But what I found myself doing was when we were having discussions, was being the voice of, okay, so for women from a CALD background—“That's great, but there's this, this and this that needs to be considered.” That's valuable conversation to have in that room but for people who aren't working in that space, it doesn't even occur to them that that's a barrier that exists. (Settlement service provider, South Australia)

In this way, participants emphasised that training needs to account for the structural circumstances of migrant and refugee women's lives in order to be useful. In addition to systemic challenges, some service providers emphasised the importance of ensuring that training addressed the cultural dimensions of migrant and refugee women's experiences. One service provider noted the importance of ongoing cross-cultural training that is responsive to migration trends:

I think, with the trainings though in terms of how they help us assist, what's super important is that things that I knew about communities seven years ago aren't necessarily relevant now. Principles are still the same around identification of issues. Signs of family violence, it's not to say there aren't new and convoluted signs that we need to be mindful of, but there are commonalities between them. What does change is particularly, in the newly arrived space, is the nature of the communities that

are coming through. I think, in trainings too and having connections with those ... I think, that's really where the importance is. Before getting into the disclosure, before getting to the intervention, you have to practice cross-culturally. I think, that's got to be the first point with any training in terms of getting an intervention. (Settlement service provider, Victoria)

Given the high degree of staff turnover in the settlement and multicultural sector, participants generally considered that regular, structured training in family violence strengthens the capacity of the sector to respond to violence—particularly training that is adapted to service contexts and is mindful of clients' experiences of trauma, cultural and social norms, and systemic challenges. However, participants in a post-data collection consultative workshop emphasised that training must be specifically built into funding allocations for settlement and multicultural services. Funding should also account for the time that training takes away from delivery of the service. As services are already stretched, service providers tend to prioritise their case load and clients over attending training or networking events.

## Management and peer support structures

A variety of formal and informal support structures were found to protect settlement and multicultural service providers' wellbeing and resilience when working in challenging conditions, including but not limited to supporting women experiencing family violence. Many participants cited the importance of formal structures such as debriefing and supervision.

Different workplaces I've worked in obviously the level of supervision and the level of training has been different. I think definitely having a good supervisor, having that training ... having that space to have that peer supervision, being able to talk, bounce ideas with your colleagues [is helpful]. (Mental health service provider, South Australia)

Where organisations did not provide structured or formal support systems, service providers relied on informal support from managers and colleagues and peers.

So, I will go back again. I will always speak to the team leader, and we will reflect back on it. If we need to have a break, go for a walk, have a cup of tea, chat to the other team. I've got another two senior case managers. We will sit and chat about it. We can talk. (Settlement service provider, Victoria)

Many organisations provided employees with multiple sources of support that were considered valuable, such as access to external counselling (through an employee assistance program) alongside peer debriefing and supervision. Some service providers saw informal debriefing as an important opportunity to problem-solve, seek advice and share knowledge.

The good thing as well is that because we're all working with such different situations, if something comes up, we debrief and have care plan meetings and see, "I'm working with someone experiencing this, does anyone else have any advice, or, where can we send them for housing, what can we do there, what resources are out in the community?" So, I guess there is peer support in that we all try and pull parts that we've been successful with together to assist our clients. (Settlement service provider, Victoria)

Volunteers stood out as a group in need of debriefing processes and support, particularly in view of the little training they are provided with to equip themselves to support women experiencing violence.

At the moment it quite isolated, like, you on your own, you on your own, you on your own. There's no link for us. Even sometimes if you're struggling you can ask, "What did you think about this?" Even amongst us, as a volunteer. (Volunteer, Victoria)

There's no infrastructure within [organisation] bringing the volunteers that are working with the clients [together] so I think there's a flawed model personally. (Volunteer, South Australia)

## Language barriers and interpreters

It has been well established that language is a critical systemic barrier that prevents migrant and refugee women from

accessing services, including family violence assistance (Erez & Ammar, 2003; Lee, 2013; Raj & Silverman, 2002; Vaughan et al., 2016). Therefore, multicultural and settlement service providers viewed having bilingual employees and access to interpreters as vital to performing their role. Most services relied on interpreters (both in-house and external contractors) to varying degrees. Unlike employees, volunteers tended to lack access to interpreters:

It's sometimes very difficult to understand them, or they can't understand us. (Volunteer, Victoria)

Initially, I had a lot of trouble. But, I use, now, charades, I use pen and paper, I use humour. Humour all the time. This is true. (Volunteer, Victoria)

Service providers viewed interpreters as both potential facilitators for and barriers to providing women with family violence support. Many service providers expressed deep concern regarding the quality of interpreter services they could access. Participants reported experiences where interpreters had breached confidentiality or gone outside the scope of their role, placing clients at risk.

... or interpreter telling the woman that "you are bringing shame to our community. You shouldn't say that, you shouldn't go to police. Are you aware what would be the impact of this on your wife or your husband or children or your visa." Things as such. (Mental health service provider, Victoria)

You're expressing some really challenging things and it might be about your uncle who is a pastor, and the interpreter might go to that church. That is really tough. I know there are answers for that in terms of requesting interpreters from Sydney or whatever. There are some really small communities. Really small. I think, that one is a big challenge around interpreter use, perceived confidentiality kept by the interpreters is also something. (Settlement service provider, Victoria)

I had a young man who has learnt English incredibly quickly, so now we don't need the interpreter, and he always says, "The interpreters were so bad. They never properly interpreted what I was saying or what you were saying." I had another case where one of the interpreters

actually ridiculed a client. I'd say that that's the greatest barrier. (Mental health service provider, Tasmania)

In response, some service providers discussed strategies they employed to manage risks:

And, the—I could see that the client of mine was distressed, I obviously couldn't understand that, but you listen for small things, like if the interpreter's voice is raising or sounding cranky or if the client is looking overwhelmed, it's something that I always put on mute and ask if they're okay. (Settlement service provider, Victoria)

And, that is difficult if you're disclosing something very confidential and private. In that case we get around it by perhaps using the phone interpreter that might be interstate. (Mental health service provider, Victoria)

Some service providers considered that interpreters should be required to undertake training in family violence to understand the key issues and increase women's safety:

I would definitely believe training interpreters would help a lot. A lot of the time, interpreters might misinterpret, or they might think, "This is not important or this brings shame to [the] community", I've seen it many times ... (Mental health service provider, Victoria)

Other service providers noted that the logistical difficulties sometimes involved in working with interpreters had the potential to disrupt communication and frustrate relationship building.

It's all good and well to call an interpreter, but in reality you can be waiting for half an hour to get an interpreter and then you get an interpreter and they say, "Oh, I've only got 10 minutes and I can't stay for the whole duration." Or you're halfway through an assessment and they go, "I've got to go now, I've got another booking." Especially if you have quite an intense conversation and you have more questions you need to ask, it's just too damaging to that process to go, "All right, I'll just get another interpreter", because it ruins the conversation and the flow of what happened. (Settlement service provider, South Australia)

These findings echo our previous findings from research exploring migrant and refugee women's experiences of family violence and help-seeking in Victoria and Tasmania (Vaughan et al., 2016), which raised significant concerns about interpreters in the family violence sector, particularly with respect to interpreter availability and professionalism. Our previous research found that interpreters working in settings where they were exposed to family violence issues lacked both family violence training and support. This situation appears unchanged three years later, and affects services beyond specialist violence response services. Refugee women who participated in the MuSeS project highlighted what they saw as a potential solution to the difficulties services have in communicating with their clients:

The interpreters are useful but they often get it wrong. They make things up. It would be much better if there were case workers who spoke our language. (Refugee woman, Victoria)

Some services have Arabic-speaking caseworkers but still assign us caseworkers who don't speak Arabic, which means we need an interpreter. They put Westerners in a lot of these case management roles when they should be putting Arabic speakers in these roles. (Refugee woman, Victoria)

## Lack of confidence and trust between sectors

Beyond their own organisation, some service providers lamented having to refer their clients to family violence services that were not culturally safe, or were not mindful of the settlement stress that their clients are under. Service providers generally considered that many family violence services still cater mostly to the mainstream client base:

The services are designed for mainstream. That's it. That's it. We've just built this whole new courthouse here. It's massive. It's got all of these extra services, blah, blah, blah. Brilliant. A whole specialist team in here now for family violence. Not one multicultural worker in there. (Multicultural service provider, Victoria)

It's a white refuge for white women ... as soon as they hear the word "refuge", they don't want to go. Because

they have been insulted, and criticised, and called names in refuges. (Settlement service provider, Victoria)

The challenge of finding culturally responsive family violence service providers is perhaps intensified in regional/rural settings. One regional participant described her frustration with the local family violence service's limited engagement with the specific issues facing migrant and refugee women:

Every client is unique. Everyone has their own complexities. But it seems like all the extra specialist work that we're doing in this particular region is designed for more mainstream services because the workers are familiar and easy with that. (Multicultural service provider, Victoria)

An additional challenge to successful referral between sectors is the limited availability of services, particularly in regional areas. This could create tension between services and undermine relationships of trust.

In fact, I'll tell you, like, a conversation I had with one of the workers from Melbourne was, "Isn't there a Vietnamese association there?" And, I'm just like, "No, there isn't. Look, I get you have never been to [regional centre], and you don't know what it looks like. But, it's a rural, regional town. Yeah?" She actually said, "Isn't there even a restaurant?" Like, a Vietnamese restaurant. And then, I said to her, I said [sarcastically], "No. But, there's a Chinese restaurant. Do you reckon it will do?" ... There's a woman facing family violence—experiencing family violence—with two kids, escaping. A 17-year-old girl that's been a victim this whole time. A three-year-old that's been exposed to this. A woman that's mentally unstable, about to commit suicide. So, how dare you ask me if there's a Vietnamese restaurant? (Multicultural service provider, Victoria)

Mainstream services' failure to address complexity and diversity evinces a need for greater emphasis on intersectional approaches within family violence services. Several participants highlighted the importance of bringing an intersectional lens to their work, both generally and in connection with family violence support, noting the difficulty of integrating such approaches into traditionally mainstream feminist family violence response services:

It can be really hard [for migrant and refugee women] to be thrown into this strong, feminist culture that's still evolving in many ways, trying to respond in a way that is intersectional and inclusive and meaningful ... (Women's health service provider, Victoria)

Our model is based on a Western [model]—a lot of it's from American theory and practice and Australian industry and the Australian sector, so it's left up to the individual how well they do culturally responsive practice or not, if you know what I mean. Like, we don't have structures in place to address maybe different ways of working that are required with an Anglo-Saxon family or a South Asian family. We essentially provide them the same service, which has some benefits, but maybe that means we're missing some things. (Settlement service provider, Victoria)

It is really, really difficult because so many of the models are very Western models and don't necessarily match with that cultural suitability for what they're trying to achieve. (Mental health service provider, Tasmania)

Due to the complex challenges faced by migrant and refugee clients, there can be a lack of certainty, and therefore a lack of accountability, about which services do what. This sometimes results in the responsibility for client care being constantly transferred from one service provider to another, with none perceiving the client's care as their responsibility. This is compounded by the strict eligibility requirements for some services:

Family Violence was telling us, all the response workers are saying, "She's homeless, so Housing needs to support her." Housing is saying, "Unless it's a Family Violence referral, we can't support her because she doesn't have Centrelink." And then, the Family Violence wouldn't give a referral because he wasn't actively pursuing her, trying to kill her. (Multicultural and settlement service provider, Victoria)

The lack of trust (and/or barriers to communication) between the family violence response sector and settlement and multicultural services can be compounded by their basis in different, and at times contradictory, service models:

Organisationally, trauma recovery services work very, very differently to family violence services. So, family violence services work with an empowerment model where the expectation is that the woman calls in, and trauma recovery services work with an assertive outreach model. It's completely different and there's a gigantic gap between the two and it—as a worker, it's really hard to bridge, it's really hard to support the family violence services to be a bit more flexible about how they reach out to women, and they have to reach out in these situations, that women in these situations who are also experiencing trauma need continuity of care, they need the same worker with a relationship focus reaching out to them, which is not how family violence services have traditionally worked. (Mental health service provider, Victoria)

The same specialist mental health service provider went on to suggest the supports available to migrant and refugee women could be improved by

better collaboration and communication around training. So, family violence people should come to us, but we should also go out to family violence services as well, and talk about if you're assessing someone from a refugee background who might have torture trauma, or this might help. Because, there's a lot of knowledge from both sides that could work better together. So collaboration between services could be better.

### **Lack of referral options and in particular a lack of services for men**

Service providers and refugee women who participated in the project both highlighted the limited services and supports available for refugee and migrant men. For settlement and multicultural service providers, who often had high levels of engagement with men, their inability to refer men who use violence to an appropriate program was a clear source of frustration. They spoke of the need for three different types of services: programs for perpetrators, services that would provide support more generally to men who were facing settlement or mental health challenges, and education or prevention programs.

Service providers who were working with couples or families found that they were able to make referrals for the female victim/survivor, but were not able to offer anything to the male perpetrator.

Let's say that we have a contact with both of them as a family. Domestic violence happens. The woman actually, let's say, comes to us ... He will also actually come to [organisation] because his only connection might be with the one organisation. While we need to be really careful and do assessment and identify who do we actually—who can we work with. We often can't support both of them. But then most of the time we actually struggle to refer him to ... to refer actually the perpetrator to appropriate services. Because they don't speak [the] language, because they don't understand, because they are ashamed of what happened. (Settlement service provider, South Australia)

Service providers noted that migrant and refugee men were in need of support, particularly during the early years of the settlement period. They felt that the lack of support services means that men do not have the opportunity to develop appropriate avenues for learning how to deal with anger, confusion or frustration with the settlement challenges and changes they are facing. In addition, the lack of support, in the context of the social isolation, unemployment and poverty they may have been experiencing, sometimes left men vulnerable to escalating mental health problems.

It's all based on needs, but we tend to work with men and women and families if there is—obviously there's a huge need with newly arrived communities to work with just men, not just women, but men as well, because sometimes—men do tell us that there's so many support services for women—when you think about men, men are left on the back burners, and they seem to say, “Well, everywhere you look, there's—all—for women, women, women”, and there's not enough work for men. So, we do have some men's—group[s], we run some men's—group[s]—around family—relationship, respectful—relationship, all of that. (Ethno-specific settlement service provider, Victoria)

Refugee women who participated in workshops and interviews often identified men's addictions—alcohol, drug and gambling—as exacerbating all the forms of violence that they experienced. They also noted that their communities did not know whether or where men could get help for addictions.

I worked during university breaks, during the summer breaks and stuff, and used all the money to pay off his debt. Most of the time, he would just go and gamble with that money. It would leave me speechless. (Refugee woman, South Australia)

He never saw anyone for help. He never went to rehab for his [alcohol] addiction, even though he should. (Refugee woman, Victoria)

## Community-led primary prevention

Interviewees also identified a need to provide more primary prevention programs targeting migrant and refugee men and aiming toward generational change in the community and attitudinal change among men. This would involve communities being involved in the design and delivery of interventions, but also focusing on community leaders as recipients of training.

I think strategies of response to family violence in migrant communities need to come from the community themselves. Not just the women but the men as well. (Multicultural service provider, Victoria)

We need a lot of educational programs and training for cultural and community leaders, religious leaders, and people who play an important role in the community. (Settlement service provider, Tasmania)

Some of the refugee and migrant women who participated in interviews and workshops expressed a strong desire to help others who were in the position that they had been in. This suggests that there is potential for settlement and multicultural services to support women to take part in training or capacity building to assist other women experiencing violence from their community, or to lead primary prevention initiatives.

Long-term, I would like to study law because of my experience. My ambition for a woman who's gone through my experiences is that I would like to help, and I want to study law and human rights because of that. (Refugee woman, South Australia)

I'd like to be a social worker. Because of my own experience, I think I can help others. (Refugee woman, Victoria)

## What opportunities are there for the delivery of effective interventions to support women experiencing violence through settlement and multicultural services?

Analysis of data collected with service providers and refugee women, and, in particular, during post-data collection consultative workshops, suggests there are a number of opportunities for building upon settlement and multicultural services' existing efforts to support women experiencing violence. In addition to building on existing efforts, stakeholders also identified a number of factors that would need to be addressed to strengthen the role of settlement and multicultural services in preventing and responding to violence against migrant and refugee women. In this section we present data relevant to opportunities that were identified, recognising that any efforts to build on these opportunities would also require consideration of the recommendations outlined in the following section—as building on opportunities will require specific change to create the conditions in which these opportunities can be realised.

## Opportunities to build on settlement and multicultural services' strengths and capabilities

Settlement and multicultural services have demonstrated an interest in, and see the necessity of, engaging with communities on the issue of family violence. There is therefore an opportunity to harness settlement and multicultural services' current engagement with the issues, and to build on their strengths and capabilities, to better support migrant and refugee women experiencing family violence.

Perhaps the most notable strength of settlement and multicultural services, relevant to supporting women experiencing violence, is the connection they have with migrant and refugee communities. Whereas many mainstream services fail to reach migrant and refugee women at an early point in family violence, settlement and multicultural services are connected and actively engaged with migrant communities. As a result, they generate familiarity, build a trusting relationship, and see women who are experiencing family violence (and men who may be using violence) but who would not otherwise access a specialist service. Workers in settlement and multicultural services currently receive disclosures of family and domestic violence from women, and are often the first person these women have told. Building and strengthening this connection and trust, particularly between services and migrant and refugee women, would significantly enhance the role that settlement and multicultural services could play in supporting women experiencing violence. Services that employ migrant and refugee women in frontline and leadership roles, or that are led by migrant or refugee women, are particularly well placed to build on the rapport they have with women in their communities to strengthen their family violence engagement work.

Similarly, settlement and multicultural services could build on their engagement with the community to provide family violence education and referral to young people and to specifically engage with migrant and refugee men on the issue of family violence. Workshops with stakeholders highlighted that there were opportunities, through settlement and multicultural services, to deliver education to young people about family and domestic violence, respectful relationships and gender equality. These services are aware of the specific migration-related and cross-cultural challenges young people from migrant and refugee backgrounds face, and are well placed to incorporate consideration of this in delivery of family violence-related education. Settlement and multicultural services have strong connections with migrant and refugee men, with service providers also encountering in the course of their work men who use violence. There is an opportunity to build on these connections to engage with migrant and refugee men to deliver prevention and intervention programs to men that are tailored to account for diverse cultural contexts and migration-related challenges, and that build on services' expertise in providing trauma-

informed services which recognise the impact of migration on families.

Many settlement and multicultural services have a robust bilingual and bicultural workforce which facilitates their connection with the communities they work with. In this regard, there is an opportunity to further strengthen the bilingual and bicultural workforce within settlement and multicultural services in order to better connect with women experiencing violence and to provide a more comprehensive, focused service to them. At the same time, the opportunity to employ more bilingual and bicultural workers within the family violence sector should not go unnoted.

The research found that some settlement and multicultural services are already realising the opportunities discussed above. However, the approach is piecemeal and inconsistent. Significant resourcing and systemisation are required to ensure that organisations embed systems, policies and practices, as well as comprehensive training and debriefing, that support staff to provide an appropriate and effective service to women experiencing violence.

### **Opportunities to strengthen inter-sectoral communication and collaboration**

There is significant opportunity to strengthen inter-sectoral communication and collaboration, particularly between settlement and multicultural services and the family violence sector. Our research indicates that currently, some settlement and multicultural services staff have productive working relationships with family violence services, which facilitate the referral process and which have resulted, in some cases, in ongoing collaboration and co-working arrangements. There is an opportunity to encourage more of this type of collaboration by creating platforms for networking and for sharing resources and knowledge. Communities of practice, for example, which are focused on building skills to work appropriately and effectively with migrant and refugee women from early intervention to response, would serve this purpose. Training programs that take a dialogical approach and which enable two-way learning, so that staff from the settlement and multicultural services can learn from the family violence sector and vice versa, would also contribute to this aim.

The introduction of shared risk assessment frameworks and referral protocols that are tailored to respond appropriately and effectively to migrant and refugee women experiencing family violence, which are adopted by both the family violence sector and settlement and multicultural services, would also significantly boost the capacity of both sectors to provide an effective response.

There are often strong relationships and referral pathways existing between multicultural and settlement services and specialist mental health services. Connections between specialist mental health services and family violence services could be strengthened in some instances, building on the models of warm referral often seen between settlement services and specialist mental health services.

Stakeholders in the post-data collection consultation workshops emphasised the importance of building relationships of trust with migrant and refugee communities, and with individual migrant and refugee women and men, for effective communication and engagement on sensitive and complex issues such as family and domestic violence. Many multicultural and settlement service providers have longstanding relationships with migrant and refugee communities, facilitating these community-level trust relationships. Because of the extended periods of time over which some multicultural and settlement service providers engage with clients, many also had strong relationships with individual women, as evidenced by the fact that women do disclose their experiences of violence. These relationships of trust represent an opportunity for design and delivery of effective violence prevention and response initiatives, but could also be potentially derailed in instances when women referred to other services had a poor experience (including with interpreters) or did not receive the support they needed. This emphasises the need to also build relationships of two-way communication and trust between multicultural and settlement services, and family violence response services.

## Summary of key findings

Service providers and volunteers working across multicultural and settlement services regularly encountered issues relating to family violence and provided support in a range of ways, including:

- *Providing education and information about family and domestic violence:* As one of the first contacts for migrants and refugees who settle in Australia, service providers in both settlement and multicultural services provided important information regarding family violence, such as information about Australian family violence laws, norms and rights, and family violence response services. Service providers also played a valuable role in supporting migrant and refugee women to understand and engage with complex service systems, including violence response services.
- *Identifying family and domestic violence:* Client-facing service providers in settlement and multicultural services regularly recognised a range of family violence risk factors and signs of family violence. Service providers' ability to respond to risk factors and signs was shaped by the level of training they had undertaken, as well as the support that they received from their organisation. The central importance of building trust between service providers and migrant and refugee women was emphasised by participants, with such trust dependent on fostering long-term, reliable conditions in which women can safely disclose and act.
- *Receiving disclosures:* Service providers and volunteers working in the settlement and multicultural sector receive disclosures of family violence from men and women, perpetrators and victims. Again, the level of training a service provider had received was key in determining their confidence and ability to respond appropriately. The majority of service providers reported that they knew how to respond when they receive a disclosure; however, most volunteers and orientation guides felt that they were not confident to respond appropriately.
- *Referral to and liaison with specialist violence response services:* Settlement and multicultural service providers most often refer women who disclose experiences of violence to specialist violence response services. Ongoing relationships between settlement and multicultural service

providers, clients and violence response organisations themselves were useful to support women engaging with complex systems, such as Medicare and Centrelink.

- *Working with perpetrators:* Settlement and multicultural services develop close relationships with refugee and migrant men, which presents an important prevention and response opportunity. Settlement and multicultural service providers often work with men who report the use of family violence, or whom they suspect may use violence. Service providers, including specialist mental health service providers, found their responsibility to respond to the mental health and other needs of some refugee men difficult to balance against the need to hold men accountable for the use of violence. Given settlement and multicultural services' high levels of engagement with refugee and migrant men, more can be done to link this cohort with services for men who use violence.
- *Specialist refugee mental health services:* Specialist refugee mental health service providers provide important support to refugee women and men who experience mental ill health and experience or use violence. These service providers emphasised a reciprocal dynamic between mental ill health and family violence in refugee communities, with mental ill health a particular barrier to help-seeking for both men and women. While specialist refugee services provide invaluable support, fewer specialist mental health services can respond to temporary or permanent migrants who may also be experiencing family violence.
- *Service providers going beyond the scope of their role to support women:* Service providers provided many examples of going above and beyond the scope of their roles in order to provide vital support to migrant and refugee women experiencing violence. The support described included providing time, personal resources and emotional support to help women to navigate complex service systems and referral pathways. The provision of support outside of the scope of the service providers' role comes at a significant cost (both personal and organisational) and may be unsustainable.

The project findings highlight a number of factors that shape the capacity of settlement and multicultural services to support women, on both the demand as well as the supply side of relationships between clients and services. On the demand

side, the most common factors concerned clients' knowledge of family violence, their knowledge of the availability of violence response services, pre-arrival factors, and stigma. Supply-related challenges generally related to limited funding and service scope, eligibility restrictions imposed on family violence services, communication barriers with clients, high turnover of settlement and multicultural services staff, lack of training and referral pathways, and lack of referral options (in particular, a lack of available services for men). Service providers also cited poor relationships with violence response services as a factor that hindered their capacity to support women experiencing violence. Thus, service providers emphasised the need to develop networking and collaboration between the settlement and multicultural sector and the violence response sector to promote integrated initiatives that are based on the experience of migrant and refugee communities as well as professionals' expertise. Factors that were found to develop settlement and multicultural service providers' capacity to support women experiencing violence included length of experience in the sector, organisational support and debriefing, access to training that is funded and supported, and the development of trusted relationships with community and family violence services. Service providers' capacity to support women experiencing violence was enhanced by continuity and consistency of services, the inclusion of a bilingual and bicultural workforce, and inter-sector networking opportunities.

The findings suggest that several opportunities exist to build on settlement and multicultural services' strengths and capabilities. Perhaps most significantly, where many mainstream violence response services struggle to engage migrant and refugee communities, settlement and multicultural services have made early and, in some cases, strong connections with communities resettling in Australia. As such, settlement and multicultural services are well placed to develop the trusting relationships that are needed to support women experiencing violence. Strengthening relationships of trust between services and migrant and refugee women can be enhanced by measures such as ensuring long-term consistency in services and employing a greater number of migrant and refugee women in client-facing roles, bilingual-bicultural roles and leadership roles. Building on the potential for close relationships with refugee and migrant communities, the findings also suggest that settlement and multicultural

services could play a greater role in delivering prevention and response initiatives to men as well as young people from refugee and migrant backgrounds.

Greater networking and collaboration between the settlement and multicultural sector and the violence response sector presents a significant opportunity to strengthen the capacity of both sectors to support migrant and refugee women experiencing violence. Indeed, trust needs to be developed between sectors as well as between services and migrant and refugee women. The development of cross-sector communities of practice, for example, has been suggested as an approach that can strengthen members' skills as well as provide opportunities to build relationships that can facilitate collaboration and networking.

# Recommendations

As outlined in the preceding section, there are a number of opportunities for strengthening support for migrant and refugee women experiencing violence through settlement and multicultural services. However, a number of changes would need to be made to create an environment conducive to building on these opportunities. Recommendations—made by participating service providers, refugee women and the research team—are clustered below as recommendations for government, for settlement and multicultural services, for family and domestic violence services, and for promotion of mental health, including through specialist mental health services.

## GOVERNMENT

1. Recognise settlement and multicultural services as an integral part of the family violence system, particularly as providers of early intervention.
2. Allocate additional funding to enable expansion of the scope of services provided by settlement and multicultural services to include an early intervention and referral-focused response to family violence.
3. Support collaborative design of family violence prevention and response initiatives by family violence services working together with settlement and multicultural services to foster an integrated response. This may require support of platforms for networking across the sectors, and increased funding to enable expanded services or revised eligibility criteria for services.
4. Recognise the value of bilingual and bicultural workers to the family violence system.
5. Ensure migrant and refugee women are represented and visible in all government communications materials.
6. Support equitable recruitment and workplace practices within the family violence system, to increase the number of migrant and refugee women in the family violence workforce.
7. Support adequate training of and ongoing support for interpreters.
8. Allocate additional funding for tailored, trauma-informed, bilingual services for migrant and refugee men, including for family violence prevention activities, education and early intervention in relation to family violence, mental health, substance abuse, and perpetrator programs; and for migrant and refugee young people, with a focus on healthy relationships and mental health.
9. Allocate funding to programs that strengthen migrant and refugee communities' social connections and networks, foster women's leadership, and build their capacity to navigate the family violence, health, legal and welfare service systems.

## SETTLEMENT/MULTICULTURAL SERVICES

10. Embed robust identification, risk assessment and management and referral frameworks and protocols into settlement and multicultural services to ensure an appropriate, effective and culturally safe response to migrant and refugee women experiencing violence.
11. Provide all settlement and multicultural services staff, including volunteers, orientation guides and front-of-house staff, with mandated, ongoing, comprehensive training programs to equip them to identify family violence risks and to provide an appropriate, effective and culturally safe response to migrant and refugee women experiencing family violence.
12. Strengthen management and peer support structures within settlement and multicultural services to reduce stress and staff turnover and increase staff retention and wellbeing.
13. Establish pathways for collaboration between the settlement/multicultural sector and the family violence sector, including the introduction of shared risk assessment frameworks and referral protocols that are tailored to respond appropriately and effectively to migrant and refugee women experiencing family violence.

## FAMILY VIOLENCE SERVICES

14. Change the eligibility requirements for access to family violence services to take account of migrant and refugee women's specific needs.
15. Build the capacity of family violence services to provide an appropriate, effective and culturally safe response to migrant and refugee women by supporting two-way

training between family violence and multicultural and settlement services.

16. Build the bicultural and bilingual workforce within family violence services.
17. Build on the strong engagement that multicultural and settlement services have with migrant and refugee men, through intersectoral collaboration (between family violence and multicultural and settlement services) in the design and implementation of violence-related programs targeting men, including prevention, early intervention and perpetrator programs.

## PROMOTING MENTAL HEALTH

18. Incorporate programs that address the specific mental health issues relating to pre-migration trauma and settlement stress into family violence prevention and response interventions with migrant and refugee communities.
19. Provide tailored therapeutic recovery programs for migrant and refugee women who have experienced family violence.

# Conclusion

Settlement and multicultural services play a significant role in migrant and refugee communities, including by providing opportunities for early intervention and referral to appropriate services for clients experiencing family violence. A majority of settlement and multicultural service providers have good knowledge about violence against women and encounter women who have experienced family violence, and a large proportion of services encounter perpetrators of family violence in the course of their work. People from migrant and refugee communities access settlement and multicultural services at an early point in their settlement process, and services have the capability and workforce to build rapport and trust with clients, often through the employment of a bilingual and bicultural workforce. This means that settlement and multicultural services are extremely well placed to provide education, information and referral to both women and men in migrant and refugee communities.

Many settlement and multicultural staff and volunteers do provide an early intervention response to women experiencing family violence. Staff and volunteers commonly provide education and information about family violence and referrals to family violence services. They also take disclosures from victims/survivors and in some cases identify family violence situations even in the absence of disclosures.

Despite this central and important role, settlement and multicultural services are not structurally equipped to provide a consistent early intervention response. Few, if any, organisations are funded to establish the systems, policies and processes, including risk assessment and management frameworks, required to provide standardised, effective and safe services to women and men and to ensure staff wellbeing. Some staff are provided with family violence training, which seems to significantly improve confidence and quality of service, but training is not mandated or supported across the service system, nor routinely offered to volunteers or orientation guides. There is high staff turnover in settlement and multicultural services, suggesting that training needs to be offered on a recurrent basis and that actions are required to reduce staff turnover.

Despite the structural and systemic limitations that are placed on settlement and multicultural services, many staff go above and beyond in the support that they do provide to migrant and refugee women experiencing family violence. Staff are often faced with inadequate referral choices, particularly in rural and remote areas, or where clients are ineligible for some services due to visa category restrictions. The quality and availability of language services is inconsistent. Settlement and multicultural services staff provide for families' immediate material needs when there is nobody else to do so, or they reach out to community members who may be able to assist by providing temporary accommodation or other resources. Services for migrant and refugee men who need support, information or perpetrator behaviour change programs are particularly lacking, and this limitation on referral options for men generates significant anxiety for service providers due to the perception that women and children may be unsafe but there is little that can be done to help.

Where a service provider is able to make a referral to a mainstream family violence service, they are sometimes unsure whether a client will receive a culturally appropriate or safe service, due to a demonstrated lack of understanding of the client's cultural or material needs, her life experience, or the barriers she may face as a migrant or refugee woman. In these cases, settlement and multicultural services staff are sometimes asked to "co-work", to continue to case-manage the client, or to provide secondary consultation to the service provider, even if such activities fall outside of the scope of their own positions or the role of their organisations.

Mental ill health is an important issue for migrant and refugee women experiencing family violence and contributes significantly to the difficulties they have accessing the services they need in a timely manner. There are few services that are specifically tailored to address migrant women's mental health needs, or that take account of the mental health burden of settlement stress, social isolation, intersecting discrimination, the impact of pre-migration trauma and family violence. In addition, there are very few services that are available to support migrant or refugee men who face specific mental health challenges relating to migration or pre-migration trauma and whose distress may be expressed as anger and aggression toward their family members.

There are many opportunities to recognise and support the role of settlement and multicultural services in providing an early intervention response to women experiencing family violence. Funding models could be reviewed to take the role of settlement and multicultural services into account, which would help systemise an appropriate, consistent and effective early intervention response across the sector. Allocated funding would also facilitate equal collaboration and more effective cross-utilisation of specialist skills between the family violence sector and the settlement and multicultural services sector. Such collaboration would enable shared risk assessment and management frameworks, and a more consistent and responsive service that meets migrant and refugee women's needs.

There is much potential to improve on the current service response, within settlement and multicultural services as well as within family violence services. Migrant and refugee women experiencing family violence currently tend to fall through the gaps of both service responses. A more cohesive response that takes account of their needs both as women and as migrants would go a long way toward ensuring that migrant and refugee women have available to them the equitable family violence response they need in order to live their lives with safety and dignity.

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## APPENDIX A

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## APPENDIX B

# Qualitative coding frameworks

## Codebook: Interviews and focus groups with service providers

Organising theme	Basic theme	Sub theme/s	
Service/ organisational context, capacity of services	Service and client base	Service provided & role of participant	Role of volunteers
			Role of bicultural workers
		General support needs of migrants and refugees	
		Average duration of client engagement	
		Waitlists, triage systems, technology	
		Access to interpreters	
	Family violence support	Point of disclosure of FV	
		Client knowledge of FV and FV services	
		Frequency of FV disclosures	
		Referral pathways to FV services (or not)	
		Service provides FV support	Type of support (e.g. safety planning)
		Primary prevention initiatives	
		Response to FV disclosure	
		Response to suspected FV	
		Women's responses to FV assistance/referrals	
		Men's responses to FV assistance/referrals	
	Mental health support	Referral pathways to MH providers (or not)	
		Service provides MH support	Type of mental health support provided
		Interactions between FV and mental health support	
		Women's responses to MH assistance/referrals	
		Men's responses to MH assistance/referrals	

Organising theme	Basic theme	Sub theme/s
<b>Strengths &amp; facilitators for supporting women experiencing FV needs</b>	Creative strategies used to support women (inc. going above & beyond role & scope of service)	
	Client-centred approaches	
	Training provided by services to communities	
	Peer supervision, reflective practice & management structures	
	Positive role models educating communities about FV	
	Prevention initiatives	
	Culturally appropriate services	
	Promising models (e.g. one-stop shop, multilevel approach, multidisciplinary)	
	Skilled staff	Bicultural workers
		Volunteers
		Support and training
	Collaboration between services/networks of services	
	Other	

Organising theme	Basic theme	Sub theme/s
<b>Barriers/ limitations to supporting women experiencing FV</b>	Service required to go outside of scope	
	Language & interpreters	
	Staff limitations	Few CALD women employed
		Not enough staff
		Not enough specialist FV staff
		Turnover
		Lack of training/knowledge
		Stress levels
		Attitude problems
	Difficulty obtaining mental health support/diagnosis	
	Lack of culturally appropriate resources	
	Lack of culturally relevant trauma service model	
	Lack of services that address multi-perpetrator violence	
	Lack of services for men	
	Organisational problems (e.g. data management, processes and procedures)	
	Systemic barriers	Lack of housing
		Justice/police responses
		Immigration status
		Government policy
		Funding and cuts
	Client-related barriers	Impact of torture or trauma
		Mental health
	Other	

Organising theme	Basic theme	Sub theme/s
Opportunities/ suggestions for effective interventions	Trauma-informed training for mainstream services	
	Specialised FV interventions for CALD men/perpetrators	
	Promising models (e.g. culturally relevant trauma service model)	
	Increase opportunities for communities to meet up and get info	
	More translated resources for women & access to resources	
	Improve police/justice system response	
	Other	

## Codebook: Interviews and focus groups with women

Organising theme	Basic theme	Sub-theme/s	
Life in Australia	Good things about life in Australia	Safe place	
		Support and services	
		Rights-respecting environment	
		Study	
		People	
	Challenges of life in Australia	Racism	
		Trouble securing employment	Due to family commitments
			Inability to convert qualifications
			Low proficiency in English
		Lack of community support	Distance from family
			Lack of existing community
			Existing community unsupportive
		Navigating new systems or services	
		Reliance on English language	

Organising theme	Basic theme	Sub-theme/s	
Family, community and marriage norms	Marriage	Getting married	Family pressure to get married
			Reprimanded for refusing family marriage advice
		Problems with the marriage	Abuse from extended family (especially female members)
			Husbands unfaithful
		Pressure to stay in marriage	Family pressure
			Cultural pressure due to stigma
			Religious pressure
			Other barriers to leaving the relationship
	Determinants of a happy family	Strength of marriage	
		Respect	
		Stability	Housing stability
		Family reunification	
	Cultural norms	Gender norms	
		Age norms	
		Importance of educating and raising awareness in shifting community norms	
Impact of immigration	Impact on relationship	Boredom and lack of work results in tension	
		Unfaithfulness	
		Changes in violence	
	Decreased independence	Reliance on others (e.g. for language or driving)	
		Inability to work	
	Precarious visa status		
	Changes in roles or responsibilities		
	Negative impact on mental health		
	Desire to help others		
Impact on children			

Organising theme	Basic theme	Sub-theme/s	
Mental health and wellbeing	Personal mental health	Mental health problems/ experiences (e.g. depression)	
		Impact of relationship and violence on mental health	
		Other factors that influence mental health	Settlement stressors
		Coping strategies	Developed personally/on their own
			Developed with a psychologist
			Children as a source of strength and resilience
		Lack of access to mental health services	Lack of awareness of services
			Stigma around mental ill health
			Not seeing the value of mental health services
			Negative experiences in the past
	Husband's mental health	Mental health problems/ experiences	
		Factors that influence mental health	Settlement stressors
		Substance abuse/addictions	Physical abuse when drunk
			Financial abuse to fund addiction
	Access to services		
	Interaction between mental health and family violence		
	Influence of mental health on help-seeking		
	Children's mental health	Impact of violence on children's mental health	

Organising theme	Basic theme	Sub-theme/s	
Family violence	Experiences/nature of violence	Control	Control of communication
			Control of movement
		Financial abuse	
		Physical abuse	
		Psychological/emotional abuse	
		Sexual abuse	
		Abuse of children	
		Occurrence	
	Leaving the relationship		
	Impacts of FV	Impact on children	Children witnessing violence
			Children playing an active role in trying to stop the violence (e.g. calling the police)

Organising theme	Basic theme	Sub-theme/s	
Support and services	Community support	Positive experiences	Awareness of services from community members
			Assistance from members of the community
			Preference for community support
		Negative experiences	Stigma within community
			Community members' own individual struggles
			Community interference in lives
			Isolation from community when leave partner
	Government and non-profit services	Social services	Accessibility
			Importance of language and cultural competence
		Employment assistance services	Too much pressure to find work
			Forced to work for free
			Forced to work in areas that aren't of interest/expertise
		Language services	English lessons
			Interpreter services
		Housing services	High cost of rent
			Moving house regularly
			Government housing not prioritised correctly
		Financial support services	
		Law enforcement services	Police filing intervention orders
			Discrimination
			Justice system difficult to navigate
			Language barriers

Organising theme	Basic theme	Sub-theme/s
<b>Strengths and resilience</b>	Coping strategies	Examples of a single social worker, interpreter, etc. going above and beyond
		Children
		Improved English skills
		Meditation/mindfulness
		Self-belief/self-respect
		Support person or group
		Perspective
		Religion
		Community support
	What could make it easier to cope	Education for men
		Education for women on how to protect themselves
		Family reunification

## APPENDIX C

# Online survey (questions and response options)

## Section A. Characteristics of the service provider

### A1. In which state or territory does your organisation operate?

Victoria

Northern Territory

South Australia

Western Australia

Tasmania

Australian Capital Territory

New South Wales

Queensland

### A2. What is the nature of the service you provide?

Settlement services (services funded by government to provide for newly arrived refugees in the first 5 years of settlement in Australia)

Multicultural services (organisations and associations that focus on culturally and linguistically diverse communities)

### A3. Would you describe your service as ethno-specific (for example, Australian Greek Welfare Services, Chinese Community Social Services Centre Inc, etc.)?

Yes

No

### A4. Approximately how many people (including yourself) are paid employees at the organisation where you work? (Include all employees, including part-time workers and casuals)

One person (self)

200 to 499

2 to 4

500 or more

5 to 9

Don't know but fewer than 20

10 to 19

Don't know but 20 or more

20 to 49

Don't know

50 to 99

Not applicable, I am not a paid employee

100 to 199

### A5. Does your organisation engage volunteers to support their work?

Yes

No

Don't know

Not applicable

**A6. Approximately how many volunteers are active at the organisation where you work?**

None	200 to 499
1 to 4	500 or more
5 to 9	Don't know but fewer than 20
10 to 19	Don't know but 20 or more
20 to 49	Don't know
50 to 99	
100 to 199	

**A7. In which industry do you currently work?**

Health	Justice
Human/community services, including interpreters	Other
Employment, education and training	
Emergency services	

**A8. What type of service(s) do you work in?**

Alcohol or other drug services	LGBTIQ services
Allied health	Maternal and child health
Community health	Oral health
Community mental health	Paramedical and patient transport services
Counselling	Policy
Disability services	Program of Assistance for Survivors of Torture and Trauma
Emergency services—hospital-based	State government
Primary care—general practice	Women's health
Health promotion	Other
Hospital	
Humanitarian Settlement Program	

**A9. What type of service(s) do you work in?**

Aged care	Men's behavior change
Alcohol or other drug services	Migrant services
Allied health	Out-of-home care
Child and family services	Parenting services
Child protection	Policy
Community health	Program of Assistance for Survivors of Torture and Trauma
Community mental health	Public housing
Counselling	Sexual assault services
Disability services	Settlement grants program
Early childhood education and care	State government
Finance and gambling services	Tenancy services
Free translating and interpreting services	Victim assistance
Health promotion	Women's health
Homelessness	Youth justice
Humanitarian Settlement Program	Youth work
Jobactive and other employment services	Other
Legal services	
LGBTIQ services	

**A10. What type of service(s) do you work in?**

Adult migrant English program	School and area-based health and wellbeing staff, including chaplains
Allied health	School education
Early childhood education and care	School-focused youth services
Humanitarian Settlement Program	State government
Jobactive and other employment services	Student services
Policy	Tertiary education—university
Post-tertiary formal professional education	Tertiary education—vocational and training
Principle/school leadership	Other
Regional education department	

**A11. What type of service(s) do you work in?**

Paramedical and patient transport services	Policy
Police and law enforcement	Other

**A12. What type of service(s) do you work in?**

Corrections and community corrections	Police and law enforcement
Courts and court services	Policy
Financial and gambling services	Sheriffs/infringement management and enforcement services
Free translating and interpreting services	Victim assistance
Humanitarian Settlement Program	Youth justice
Legal services	Other
Offending behaviour treatment	

**Section B. Characteristics of employment/role****B1. Where is your primary place of work?**

Greater Melbourne	Greater Brisbane
Rest of Victoria	Rest of Queensland
Greater Adelaide	Greater Darwin
Rest of South Australia	Rest of Northern Territory
Greater Hobart	Greater Perth
Rest of Tasmania	Rest of Western Australia
Greater Sydney	Australian Capital Territory
Rest of New South Wales	

**B2. What is the nature of your current primary role?****(If you have more than one role, consider the one where you spend most of your time in)**

Executive manager	Team leader
Senior manager	Frontline worker
Middle manager	Volunteer
Line manager	Other
Supervisor	

**B3. How long have you been working in your current role?**

Less than 1 year	7-8 years
1-2 years	9-10 years
3-4 years	More than 10 years
5-6 years	

**Section C. Demographics****C1. Are you?**

Male	Prefer not to say
Female	Other
Transgender or gender diverse	
Intersex	

**C2. Which age group do you belong to?**

18-24 years	50-54 years
25-29 years	55-59 years
30-34 years	60-64 years
35-39 years	65-69 years
40-44 years	70 years and older
45-49 years	

**C3. What language(s) do you speak at home?**

English	Nepali
Arabic	Punjabi
Cantonese	Spanish
Greek	Tagalog (Filipino)
Hindi	Vietnamese
Italian	Other
Korean	
Mandarin	

**C4. In carrying out your role, what language(s) do you use?**

English	Mandarin
Arabic	Nepali
Cantonese	Punjabi
Greek	Spanish
Hindi	Tagalog (Filipino)
Italian	Vietnamese
Korean	Other

**C5. What is the highest level of education you achieved?**

Postgraduate degree (master or doctorate)	Certificate I/II
Graduate diploma/graduate certificate	Year 12
Bachelor degree (with or without honours)	Year 11 or below
Advanced diploma/diploma	Other
Certificate III/IV (including trade certificate)	

**Section D. Knowledge about family violence**

**D1. In your own words, how would you define physical violence?**

**D2. In your own words, how would you define emotional/psychological abuse?**

**D3. In your own words, how would you define economic abuse?**

**D4. In your own words, how would you define sexual violence?**

**D5. Do you think that it is mostly men, mostly women or both men and women that commit acts of family violence?**

Mostly men	Mostly women
Both—but men more often	Don't know
Both—equally	Prefer not to say
Both—but women more often	

**D6. If one partner in an intimate relationship slaps or pushes the other partner to cause harm or fear, would you regard this sort of behaviour as a form of family violence?**

Yes, always	No
Yes, usually	Don't know
Yes, sometimes	Prefer not to say

**D7. If one partner in an intimate relationship forces the other partner to have sex, would you regard this sort of behaviour as a form of family violence?**

Yes, always	No
Yes, usually	Don't know
Yes, sometimes	Prefer not to say

**D8. If one partner in an intimate relationship tries to scare or control the other partner by threatening to hurt other family members, would you regard this sort of behaviour as a form of family violence?**

Yes, always	No
Yes, usually	Don't know
Yes, sometimes	Prefer not to say

**D9. If one partner in an intimate relationship repeatedly criticises the other one to make them feel bad or useless, would you regard this sort of behaviour as a form of family violence?**

Yes, always	Don't know
Yes, usually	Prefer not to say
Yes, sometimes	
No	

**D10. If one partner in an intimate relationship controls the social life of the other partner by preventing them from seeing family and friends, would you regard this sort of behaviour as a form of family violence?**

Yes, always	No
Yes, usually	Don't know
Yes, sometimes	Prefer not to say

**D11. If one partner in an intimate relationship tries to control the other partner by denying them money, would you regard this sort of behaviour as a form of family violence?**

Yes, always	No
Yes, usually	Don't know
Yes, sometimes	Prefer not to say

## Section E. Exposure to and disclosure of family violence

**E1. As part of your work, do you encounter cases of individuals (including children and young people) that may be experiencing family violence?**

Yes, always	No
Yes, usually	Don't know
Yes, sometimes	Not applicable

**E2. How frequently do you encounter such cases?**

Daily	Monthly
Weekly	A few times a year
Fortnightly	

**E3. As part of your work, do you encounter cases of individuals (including children and young people) that may be perpetrating family violence?**

Yes, always	No
Yes, usually	Don't know
Yes, sometimes	Not applicable

**E4. How frequently do you encounter such cases?**

Daily	Monthly
Weekly	A few times a year
Fortnightly	

**E5. As part of your work, do you refer clients experiencing family violence to other service providers?**

Yes, always	Don't know
Yes, usually	Not applicable
Yes, sometimes	
No	

**E6. Which service providers do you usually refer to?**

Family violence service providers	Other
Mental health service providers	

**E7. If you do not refer clients experiencing family violence to other service providers, please state briefly why you don't below.****E8. As part of your work, do you refer clients perpetrating family violence to other service providers?**

Yes, always	No
Yes, usually	Don't know
Yes, sometimes	Not applicable

**E9. Which service providers do you usually refer to?**

Family violence service providers	Other
Mental health service providers	

**E10. If you do not refer clients perpetrating family violence to other service providers, please state briefly why you don't below.****E11. As part of your work, how do you respond to a family violence disclosure?**

I have no experience in responding to family violence situations	I refer to my supervisor
I follow my organisation's standardised internal family violence response procedures	I deal with these issues myself
I refer to family violence services	I don't know
I refer to other specialist service providers	Other

**E12. How personally confident are you that you could respond appropriately to an individual's disclosure of experiencing or being at risk of family violence?**

Extremely confident	Not very confident
Very confident	Not confident at all
Somewhat confident	Don't know

**E13. How personally confident are you that you could respond appropriately to an individual's disclosure of perpetrating family violence?**

Extremely confident	Not very confident
Very confident	Not confident at all
Somewhat confident	Don't know

**E14. How personally confident are you that you could respond appropriately to a young person's disclosure of experiencing or being at risk of family violence?**

Extremely confident	Not very confident
Very confident	Not confident at all
Somewhat confident	Don't know

**E15. How personally confident are you that you could respond appropriately to a young person's disclosure of perpetrating family violence?**

Extremely confident	Not very confident
Very confident	Not confident at all
Somewhat confident	Don't know

**E16. If there were children at risk of or experiencing family violence, how personally confident are you in managing their needs?**

Extremely confident	Not confident at all
Very confident	Don't know
Somewhat confident	
Not very confident	

**E17. As part of your work, have you experienced any barriers in responding to family violence?**

Yes, always	No
Yes, usually	Not applicable
Yes, sometimes	

**E18. What were these barriers?**

Lack of knowledge of referral options	Strict eligibility requirements for accessing services
Lack of organisational support	Lack of cooperation or reservation from the cultural communities I work with
Lack of referral options	Other
Lack of training on family violence	
Language barriers	

**E19. As part of your work, have you experienced things that make it easier for you to respond to family violence?**

Yes, always	No
Yes, usually	Not applicable
Yes, sometimes	

**E20. What were these things?**

Knowledge of referral options	Being part of the cultural community
Organisational support	Good access to skilled interpreters
Availability of clear referral options	Peer relations within the sector (strong networks)
Good access to family violence training	Other
Years of experience in the sector	

**E21. How confident are you that the mainstream violence response system would meet your clients' needs?**

Extremely confident	Not confident at all
Very confident	Don't know
Somewhat confident	
Not very confident	

**E22. Are there systems in place in your organisation for you to monitor and follow up cases where there has been a disclosure of family violence?**

No systems in place	Yes, we have a standardised system for providing follow-up care and referral
Yes, the person who initially received disclosure should follow up	I don't know
Yes, a case manager or senior staff member is required to follow up	Not applicable
	Other

**E23. Does your organisation have processes in place or policies and procedures to recognise and manage vicarious trauma (this is the experience of trauma that stems from indirectly living the experiences, thoughts and emotions of those experiencing or recounting traumatic events)?**

Yes	Don't know
No	Not applicable

**E24. How effective are these processes, policies and/or procedures?**

Extremely effective	Not very effective
Very effective	Not effective at all
Somewhat effective	Don't know

## Section F. Training and professional development

**F1. Have you had any informal or formal training on family violence?**

Yes	No
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**F2. For the questions below, please select all the training you have completed and indicate how helpful this training has been in your work?**

(Options for the following: Extremely helpful, Very helpful, Somewhat helpful, Not very helpful, Not helpful at all)

Management	Domestic violence (DV) alert
Mandatory reporting	Evaluation
Case management and coordination	Family violence risk assessment and risk management
Case notes	Family violence safety planning
Clinical supervision	Family violence screening

Health promotion	Trauma-informed practice
Identifying family violence	Working with children exposed to family violence
Establishing women's peer support groups	Working with perpetrators of family violence
Primary prevention	Working with LGBTIQ communities
Gender equality	Legal issues
Public health	Elder abuse
Trauma counselling	

**F3. Did this training address specific issues related to family violence in culturally and linguistically diverse communities?**

Yes No

**F4. Do you think that having violence-related professional development and support is beneficial?**

Yes Don't know  
No

**F5. What other kind of support would be beneficial?**

Shadowing experienced practitioners	Organisation policies, procedures and practice guidance
Increased supervision	Information sharing and collaboration with other service providers
Mentoring/peer support	

## Section G. Other

**G1. Are there any other comments you would like to make about your experiences in relation to family violence and violence against women, or about the survey?**

**G2. Would you like to be interviewed by one of our research team members to share your insights and experiences supporting women experiencing violence?**

Yes No

**G3. Enter your e-mail address below and a member of our research team will be in touch to make arrangements for you to be interviewed at a time and place that suits.**

**Thank you for taking the time to complete this survey.**

**We appreciate the important work you do in supporting migrant and refugee communities.**

## APPENDIX D

# Indicative question guide for interviews with service providers

Theme	Prompts/example questions
<b>Services offered</b>	<p>Can you tell me a little bit about yourself and your role here at [organisation X]?</p> <p>Explore how long has been at the organisation and in this/similar roles</p> <p>Explore how much "frontline" contact participant has with members of migrant and refugee communities</p> <p>What type of supports does your service offer to migrant and/or refugee communities?</p> <p>Are there specific supports that your service offers to migrant and/or refugee women?</p> <p>What do migrant and/or refugee women using your service come for help with?</p> <p>If family violence or other forms of violence against women don't come up, ask whether this is something that women do seek help for/present with at this organisation</p> <p>If family violence or other forms of violence against women are raised, explore what the participant is specifically referring to</p>
<b>Experience in relation to violence against women</b>	<p>Is violence against women—whether that be family violence, or other forms of violence against women—something that your clients disclose very often?</p> <p>If so, who is most likely to receive these disclosures (teachers/tutors, volunteers, orientation guides, case managers etc.)?</p> <p>Is violence against women—whether that be family violence, or other forms of violence against women—something that you or your colleagues <i>suspect</i> very often (even if you do not receive direct disclosures)?</p> <p>Explore what would make them suspect this</p> <p>In the past, when a client has disclosed that she was experiencing violence what did you do?</p> <p>Is this something that you still do now or would you do something differently? Why?</p> <p>In the past, if you suspected that a client was experiencing violence, but this had not been disclosed to you, what did you do?</p> <p>Is this something that you still do now or would you do something differently? Why?</p> <p>Do you yourself have much contact with migrant or refugee women experiencing violence?</p> <p>Or are other colleagues within the organisation more likely to have direct contact with women experiencing violence?</p> <p>Explore participants' perceptions of why this might be—participant role, gender, age, ethnicity, experience etc.</p>

Theme	Prompts/example questions
<b>Pathways to support</b>	<p>How much do you think your clients (specifically migrant and refugee women) know about support services for violence?</p> <p>Are they aware of specific family violence services, where they are located, how they can access them, costs etc.?</p> <p>How do they learn about these services?</p> <p>Do you think your clients access violence-specific services very often or use other sources of support?</p> <p>Explore where clients most often seek support and why</p> <p>Have you had any experience in referring clients to violence-specific support services?</p> <p>Can you tell me a bit more about that experience—what went well, didn't go so well, how you found out about the service etc.</p>
<b>Barriers and facilitators to providing support and to preventing violence against women</b>	<p>What do you think the role of [organisation X] is in relation to women experiencing violence? Why do you say that?</p> <p>Probe around prevention as well as response</p> <p>What do you think makes it easier for you or your organisation to provide support to migrant and refugee women experiencing violence, or to contribute to prevention of violence against women?</p> <p>Probe knowledge of violence/family violence and influence of knowledge of DV law in the state</p> <p>Knowledge of violence-specific services</p> <p>Training on recognising and responding to family violence</p> <p>Training in trauma-informed practice approaches</p> <p>Past experiences with violence-specific services</p> <p>What do you think makes it more challenging for you or your organisation to provide support to migrant and refugee women experiencing violence, or to contribute to prevention of violence against women?</p> <p>Probe knowledge/training, referral pathways, whether or not established relationships with violence-specific services, past experience with violence-specific services</p> <p>Probe impact of women's visa status, service workload, organisational support, communication barriers associated with availability of interpreters, culturally based misunderstandings and assumptions, community support/resistance</p> <p>Are there differences in providing support to refugee women compared to migrant women?</p> <p>If so, explore what these are</p>
<b>Professional development and support</b>	<p>Have you received any training in relation to family violence or violence against women?</p> <p>If yes, when, who provided, focus of the content and what they remember from it, how they have used in their work, would they recommend to others in the settlement and multicultural sector</p> <p>If not, would they like training, in what and why</p> <p>Is there organisational support for you if you are trying to assist women experiencing violence?</p> <p>What does this look like?</p> <p>Dealing with vicarious trauma, staff safety, workload management, debriefing, capacity to provide a trauma-informed service</p>
<b>Suggestions</b>	<p>Is there anything you would like to add to help us better understand your views on the role of settlement and multicultural services in supporting women experiencing violence and/or preventing violence against migrant and refugee women?</p>

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AUSTRALIA'S NATIONAL RESEARCH  
ORGANISATION FOR WOMEN'S SAFETY

*to Reduce Violence against Women & their Children*

