



Supporting U:

Community-led consultations
on preventing and responding to
Domestic, Family and Sexual Violence

Consultations Report
June 2025

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SSI acknowledges the Traditional Custodians of the lands where we live, learn and work. We remain committed to reconciliation and to working to realise *Makarrata*, a Yolngu word meaning the coming together after a struggle.

Executive Summary

Introduction

Supporting U is a flagship program of the Adira Centre (the NSW Multicultural Centre for Women’s and Family Safety), designed to empower migrant and refugee women to act as powerful agents for change within their own communities, particularly in relation to domestic, family, and sexual violence (DFSV). The cohort of Supporting U women, recruited in mid-2024, were supported to undertake grassroots consultations into issues of DFSV in their communities. This is an important step towards the Adira Centre’s longer-term goal of fostering community-led responses to DFSV in migrant and refugee communities. The consultations engaged a diverse group of community members, the majority of them migrant and refugee women residing in the Greater Sydney region of NSW. Consultation methodologies varied according in view of what members deemed most appropriate to their cultural and community context. Despite the diverse methods employed, as well as the sheer cultural diversity of the almost 200 individuals who took part, a strong set of themes emerged, as consolidated in this report.

Key issues and considerations

Consultations revealed a clear set of barriers to help and safety-seeking among migrant and refugee women experiencing abuse. Most salient among them were:

- **Fears and histories of trauma experienced by migrant and refugee women**
- **Cultural and religious pressures faced by women which serve to normalise, justify and excuse violence**
- **Service access issues, including a lack of culturally safe and in-language supports**
- **Low levels of consciousness and awareness around DFSV in migrant and refugee communities.**

As for the challenges faced by victim-survivors during and after a DFSV situation, the most prominent were found to be:

- **Social isolation**
- **Trauma and mental health issues**
- **Economic insecurity and hardship**
- **A lack of safe, inclusive and equitable services.**

The range of attitudes in migrant and refugee communities towards victim-survivors, particularly when seeking safety from DFSV situations, also demand consideration. The consultations revealed a widespread sentiment that prevailing patriarchal norms overwhelmingly hinder, rather than enable, women’s safety-seeking efforts. Such norms drive DFSV itself, while also functioning to create a culture of silence and secrecy and shaming and blaming women who dare to speak out against their abusive treatment.

Opportunities for enhanced prevention and response

In addition to the key issues and considerations raised above, the consultations also shed light on diverse opportunities for enhancing DFSV prevention and response efforts in migrant and refugee communities. These fell largely into three categories:

- Community engagement initiatives
- Empowerment and capacity-building initiatives for women
- Enhanced service responses.

Among the community engagement initiatives put forth by consultation participants were:

- Awareness-raising campaigns
- Public discussion forums
- Enlisting support from faith and community leaders
- Educational workshops on a wide range of DFSV-related topics.

Suggestions for empowerment and capacity-building initiatives for women encompassed three key areas:

- Economic capacity-building (e.g. financial literacy programs)
- Legal capacity-building (e.g. ‘Know Your Rights’ trainings)
- Social-psychological capacity-building (e.g. peer support groups for victim-survivors).

Lastly, with respect to service sector opportunities, the standout message that came through from consultation participants was that service providers need to better accommodate women and victim-survivors from migrant and refugee backgrounds, specifically by making their services safer, more culturally responsive, and more widely accessible in languages other than English.

Conclusion and recommendations

On the basis of the key learnings and insights that emerged from the Supporting U community consultations, detailed evidence-based recommendations have been developed for three specific stakeholder groups:

- **Policymakers:**
opportunities for investment
- **Building the capacity of**
DFSV service providers
- **Building the capacity of**
multicultural community and settlement organisations.

It is hoped that these recommendations offer a fruitful starting point for systemic change and service enhancement to meet the needs of migrant and refugee women seeking safety. These recommendations mark a significant contribution by the group of Supporting U women working together to grow a culture of positive social response and early intervention in DFSV for the safety of their friends, families and communities.

Supporting U:

Community-led consultations on preventing and responding to Domestic, Family and Sexual Violence

1. Introduction

1.1 Background and context

Domestic, family and sexual violence (DFSV) continues to be a major public health and social issue in Australia requiring urgent attention and resourcing. Although the issue affects a wide range of people, it is abundantly clear that women and children bear the greatest impacts. Increased policy and program commitments are improving responses to better meet demand, but women still face many challenges when seeking to access supports and safety for themselves and their children. This is especially true for migrant and refugee women.

In this context, the Adira Centre (the NSW Multicultural Centre for Women’s and Family Safety) was established in 2024 with funding from the NSW Government. As a specialist service within Settlement Services International (SSI), the Adira Centre focuses on promoting safety for migrant and refugee women, children and families through culturally appropriate, evidence-based and community-informed approaches to tackling DFSV.

Among the Adira Centre’s flagship initiatives is Supporting U – a leadership development and capacity building program designed to harness the strengths of migrant and refugee women and empower them to act as social responders and powerful agents for change within their own communities. The program engages and supports women from across NSW, identified and selected for their leadership

qualities and potential, as well as their community standing and connections, and willingness to drive positive change through early intervention responses to DFSV in their communities.

Supporting U helps foster a growing network of passionate grassroots leaders equipped with the knowledge, skills and resources to support women in their communities who are experiencing, or at risk of, abuse. In addition, a longer-term vision is to build sufficient capacity among migrant and refugee women and communities so that eventually they can develop and facilitate their own community-led responses to DFSV.

The Supporting U cohort, recruited in mid-2024, is comprised of 12 dynamic women from a range of African, Middle Eastern, South Asian, East Asian, and European backgrounds*. Already, the Supporting U women have undertaken training as social responders to DFSV and continue to develop their skills and knowledge through regular and ongoing learning circles. Furthermore, the participants were supported to undertake grassroots consultations into issues of DFSV in their communities. The outcomes of these consultations are consolidated in this report.

*This initiative builds on the Supporting U program delivered by SSI in 2022.

1.2 Overview of grassroots community consultations

The 12 women comprising the 2024-2025 Supporting U cohort carried out 11 community consultations from late 2024 and into early 2025. Working in close partnership with the Adira Centre, the purpose of their inquiries was to explore how DFSV is understood and experienced within various migrant and refugee communities. Particular attention was given to the challenges faced by migrant and refugee women when seeking safety from abuse, as well as possible strategies that might enable women to overcome these challenges and more equitably access the support they need.

- The consultations focused on the following:
- Key concerns related to DFSV in the community
 - Key barriers to seeking help
 - Challenges faced by victim-survivors during and after a DFSV situation
 - Current community attitudes towards seeking safety
 - Strategies or approaches to seek support in view of attitudes that prevent women seeking safety.

While the Adira Centre provided the Supporting U women with some general guidance and parameters for the consultations, the guidance was not given in a prescriptive way, but rather allowed each of them the room and flexibility to tailor their approaches in whatever way they felt would be most appropriate for their own communities. This was in keeping with the strengths-based philosophy of the

Supporting U program, recognising that grassroots migrant and refugee women are the experts of their own cultural and community contexts – particularly when it comes to broaching difficult and sensitive topics like DFSV.

What emerged, then, was a range of consultative methodologies, each tailored in a culturally appropriate and context-specific way. The consultations were carried out in a diversity of languages as well, commensurate with the vibrant cross-section of migrant and refugee community members that participated. See Table 1 for an outline of the key details on each consultation:

All face-to-face consultations (Groups 2, 5 and 7-11) were held in Greater Sydney NSW, mainly in the southern and western regions. The vast majority of online survey respondents (from Groups 1, 3, 4 and 6) were Sydney residents as well, except for 75% of the participants in Group 6, who filled in the survey from Pakistan.

Noting that the methodologies employed were varied, consisting of an assortment of both qualitative and quantitative data, there still emerged a coherent overall picture which offers valuable and valid insights.

To analyse the reports and draw out the most salient and consistent themes across all 11 cohorts, the quantitative data was creatively interpreted through a qualitative lens. In other words, the raw numbers were mined for the deeper stories and meanings that lay beneath them.

This report consolidates the most common themes to have arisen across all cohorts.

Table 1: Summary of Supporting U community consultations

Consultation group	Methodology employed	Number of participants	Cultural composition	Gender composition	Age range (if provided)
1	Online survey	8	Kenyan	Women	25-54
2	Informal group discussion	27	East African, West African	Women	18-70
3	Online survey	11	Pakistani	Women	25-65
4	Online survey	10	Pakistani	Women	25-54
5	Informal group discussion	8	Pakistani	Women	
6	Online survey	42	Pakistani	Mixed (20% men)	
7	Community reflection and observation	n/a	Indian, Sri Lankan	Women	
8	Semi-structured focus group	10	Iranian	Women	
9	2 x semi-structured focus groups	13	Chinese, Brazilian	Mixed (10% men)	20-40
10	Semi-structured focus group; One-on-one interviews	15	Ukrainian, Russian, Filipino, Argentinian, Korean, Czech, Chinese, Iraqi, Iranian	Women	38-80
11	Informal group discussion	30	African, Asian, Middle Eastern	Women	

1.3 Purpose and scope

On the basis of the key learnings and insights that emerged from the Supporting U community consultations, detailed evidence-based recommendations have been developed for three specific stakeholder groups:

- Policymakers: to identify priority focus areas for policy and program design and implementation
- DFSV service providers: to identify opportunities for enhanced response in the DFSV service sector
- Multicultural community and settlement organisations: to identify opportunities for enhanced prevention and response.

The Adira Centre will also be informed by these insights in ongoing work exploring migrant and refugee community-led DFSV prevention and response initiatives.

2. Key issues and considerations

Highlighted below are the most prominent issues and considerations that came to light in the community consultations in relation to:

- Key barriers to seeking help
- Challenges faced by victim-survivors during and after a DFSV situation
- Community attitudes towards seeking safety.

2.1 Key barriers to seeking help

2.1.1 Fear and histories of trauma

The thematic analysis of the consultation findings revealed that the pervasive fears and trauma histories of victim-survivors are the key barriers that prevent them from seeking help to find safety and protection from a DFSV situation.

Migrant and refugee women and victim-survivors are held back by a wide range of fears, most notably:

- **Fear of social stigma and community backlash:**
 - *‘Fear of backlash from the abuser or community for speaking out’*
 - *‘Stigma and shame associated with leaving a relationship or marriage - especially for Arabic and Asian cultures’*
 - *‘Fear of not being believed or supported is quite common’*
- **Fear of retaliation, further violence, and harassment:**
 - *‘Fear of violence, escalation, retaliation, stalking, intimidation, control and manipulation’*
 - *‘The victim has to bear harassment at the hands of abuser without any support’*
 - *‘In their home country... they would be punished by his/perpetrator’s family even after they escaped’*

- **Fear of financial insecurity:**
 - *‘Many women, particularly those on temporary visas or without financial independence, feel trapped in abusive relationships’;*
 - *‘They simply don’t know how they will provide for their kids’*
- **Fear for children’s welfare and losing custody of their children:**
 - *‘When kids are settled at school and everywhere, I feel fearful to destroy this new peace we just built, so I will let my husband do what he is doing’*
 - *‘Fear of losing children or facing custody battles’*
- **Fear of visa cancellation and deportation:**
 - *‘Concerns that they will lose their visas (if they come as a partner or dependants). Even Ukrainian displaced clients say they live in fear they might lose their Protection Visas... so they choose to be silent’*
 - *‘Women on dependent or temporary visas fear deportation if they report abuse’*

These fears do not exist in isolation, but rather combine and compound, leading to chronic distress for migrant and refugee women. It is recognised among community members that prior experiences of trauma among many migrant and refugee women – even if not officially diagnosed – significantly exacerbate their fears and create further obstacles to help-seeking. Chief among the impacts are hypervigilance and mistrust towards services and authorities, as the following quotes make clear:

- *‘Long term of abuse and trauma causes clients to feel high levels of agitation... Clients often get distressed... Simple tasks such as filling application forms, emailing supporting documents is overwhelming - minds are scattered, feeling confused and very quickly overwhelmed, giving up,*

following through in anger and frustration at their inability/helplessness of their situation’

- *‘Mistrust of authorities or services due to cultural differences or past experiences back home (Middle East, China and Post-Soviet countries)’*

2.1.2 Cultural and religious pressures

It is abundantly evident in the data that a major contributing factor to the fears outlined above are the cultural and religious pressures that many migrant and refugee women are subjected to in their communities. These largely relate to inherited patriarchal attitudes that function to normalise, justify and excuse DFSV, as well as to shame and vilify women who are brave enough to challenge it. Among the problematic attitudes at play are the stigmatisation and victim-blaming of victim-survivors; cultural and religious notions around shame and honour; and a culture of silence and secrecy around DFSV, whereby it is treated as a private family matter to be resolved behind closed doors, rather than a society-wide issue in need of urgent public attention and resourcing.

- *‘Particular patriarchy communities consider some behaviours as norm’*
- *‘People started to refer to their beliefs and understandings that “the man has a right to hit his wife”’*
- *‘Citing responses of older folks in their communities, in effect being normal and that “you keep it to yourself”’*

Especially normalised are forms of abuse and coercion that stop short of physical violence, but which we know can be just as harmful to women. Cultural and religious norms and pressures constitute yet another barrier to migrant and refugee women seeking help in DFSV situations.

2.1.3 Service access issues

Consultation participants identified a range of service access issues hindering women’s help-seeking efforts. Most prominent among them were:

- **Hypervigilance and mistrust towards services**
- **Limited availability of services:**

Due to funding challenges, there is already limited availability of DFSV services for women in general, but the services are even fewer in outer metropolitan areas where many migrant and refugee women live.
- **Lack of culturally responsive services:**

In addition to limited access to services, there is also limited capacity in the DFSV sector around providing culturally responsive services for migrant and refugee women.
- **Language barriers:**

Consultation participants identified language barriers as a key part of the limited cultural responsiveness of DFSV services, including lack of multilingual resources, bilingual workers, and other similar measures that would help ensure more equitable access for migrant and refugee women.
- **Lack of awareness about support services**

2.1.4 Understanding and awareness levels

Consultation data revealed that the often-low levels of DFSV understanding and awareness among migrant and refugee women can present further barriers to help-seeking. Five main, interrelated themes emerged:

- **Lack of awareness about support services and resources:**
 - *‘Many victims do not know where to go for help or are unaware of available services’*
 - *‘Less awareness about domestic violence and knowledge about the supports available’*
 - *‘Lack of knowledge and perceptions about the role of healthcare’*
 - *‘Almost half people I spoke to had no idea that there are so many resources available’*
- **Lack of knowledge about the law:**
 - *‘Limited understanding of legal rights and protections available’*
 - *‘Lack of knowledge about rights’*
- **Lack of awareness about coercive control:**
 - *‘Most people around me are able to recognise physical abuse in domestic violence, as its visible signs make it easier to identify. However, I found that there is often a lack of awareness about coercive control, where abusers manipulate and control their partners through non-physical ways, like isolating them from friends or controlling their finances. I think this could somehow reflect a limited understanding of abuse, where emotional harm is often minimised and victims may feel their experiences are invalid unless there are physical injuries...’*

- **Lack of shared understanding that DFSV is unacceptable:**

- *‘Women do not recognise that it’s DV and they should take an action about it. Usually it takes 14 to 16 years of marriage and then it’s hard to leave the spouse. Even in the group I lead, we had almost a fight started between a few representatives on how she (a victim) should or shouldn’t behave, people started to refer to their beliefs and understandings that “the man has a right to hit his wife”. It is a sensitive topic for many of them’*

- **Internalised patriarchy:**

- Section 2.1.2 discussed how women’s help-seeking can be inhibited by certain patriarchal norms embedded in culture or religion. This is especially so in cases where women come to internalise these same patriarchal norms; for instance, the notion that they’re somehow lesser to men or that it’s a woman’s duty to sacrifice her own wellbeing for the wellbeing of others.
- Consider here the insight that one Supporting U facilitator garnered from her consultations, writing that women who are culturally conditioned with a low sense of self-worth can *‘enter or stay in abusive relationships because they feel unworthy of better treatment’* and they *‘may internalise the belief that they deserve the abuse or that they cannot live without the abuser’s validation’*.

2.2 Challenges faced by victim-survivors during and after a DFSV situation

2.2.1 Social isolation

Social isolation came to the fore across all consultation cohorts as the most commonly cited challenge faced by victim-survivors both during and after a DFSV situation. Although ‘social isolation’ was not always the specific term that was used by participants, it was reasonably inferred that the same general phenomenon was being pointed to through closely related formulations like: *‘Fear of loneliness’*; being *‘ignored and neglected’*; being *‘cut off from their support networks’*; *‘lack of family support’*; *‘lack of support from the community’*; and so on.

As noted, the ‘fear of social stigma and community backlash’ and ‘cultural and religious pressures’ were identified as factors that can often hold a woman back from seeking support. However, when she actually does take steps towards securing help and safety for herself and her children, it is frequently the case that the stigma and backlash become real, and cultural and religious pressures boil over. Social fallout begets social isolation. This then diminishes the victim-survivor’s social capital, sense of self and belonging, while also compounding the trauma of the DFSV itself and negatively impacting her mental health and wellbeing.

2.2.2 Trauma and mental health issues

Refugee women (and many migrant women too) already carry trauma from human rights violations in their countries of origin. Compounding trauma of DFSV, further exacerbated by the traumas stemming from social fallout and isolation, result in significant impact on victim-survivors’ mental health.

Consider the following excerpts from consultations which shed light on the cruel reality that many migrant and refugee women face when it comes to trauma and mental health:

- *‘Their husbands... are highly stressed already after escaping the country and continuing to wreak this havoc and fear in their own families’*
- *‘Struggles with mental health due to trauma (escaping war or being in destroying relationship for years)’*
- *‘Many survivors suffer from PTSD, anxiety, and depression, with limited access to culturally appropriate counselling services’*
- *‘Mental health impacts are significant and long-lasting’*
- *‘Mental health is the main factor be it be for Anglo Saxon female or an Asian female’*

Consultation participants also drilled down into a number of flow-on effects and comorbidities, citing, for instance, maladaptive coping strategies like *‘drugs and alcohol’* and *‘trauma bonding’*, and post-traumatic stress disorder (PTSD) symptoms like *‘nightmares’*, *‘low self-esteem and suicidal thoughts’*, and challenges with *‘rebuilding trust in relationships’*.

2.2.3 Economic issues

'Fear of financial insecurity' is cited above as a barrier to help and safety-seeking on the part of women experiencing abuse, and does often materialise when a victim-survivor flees a DFSV situation. A whole array of interrelated economic challenges can arise, including:

- **General economic insecurity:** financial pressures and difficulty accessing financial support
- **Housing insecurity:**
 - *'Finding safe and affordable accommodation is a major challenge for those leaving abusive environments'*
 - *'Homelessness'*
- **Employment challenges:**
 - *'Lack of employment opportunities';*
 - *'Their self-esteem is shattered and it's difficult to find a job that suits their circumstances'*
 - *'The negative implications can affect... the workplace'*
- Economic and legal struggles when separating from an abusive partner, including dividing up assets and property, and custody battles over children
- Economic and psychological challenges when rebuilding one's life from scratch, often while raising children and struggling with unhealed traumas:
 - *'Without financial stability, many survivors struggle to rebuild their lives'*
 - *'Upbringing of children alone as a parent'*
 - *'Settling into normal safe life, even when support offered can often fall apart. Because services provided to client require clients to manage their own affairs and follow through all tasks needed to be able to have secure housing, maintain routine, be able to take life pressures, not get anxious being around people when at work. These are all things they struggle with highly.'*

2.2.4 Service access issues

All of the service access issues identified in Section 2.1 also apply here, as whatever might preclude help-seeking by victim-survivors will remain an issue when help is actually being sought during and after a DFSV situation.

The key issues cited were:

- Hypervigilance and mistrust towards services
- Limited availability of services
- Lack of culturally responsive services
- Language barriers
- Lack of awareness about support services.

An additional identified service access issue is unsafe emergency accommodation. As one survey respondent shared:

'Emergency accommodation is often at motels where they are other homeless ex-offender clients released from long term prison sentence. So these clients are often not used to living in the outside world, thus needing to also be placed in temp accommodation. Drug addiction clients who can't control their spending are also placed by service providers in these motels as well. As a result, the clients at the motel are highly violent under the influence of drugs, having drug induced psychosis episodes that can look very aggressive and scary. It is not safe for females to live in this situation'

2.3 Community attitudes towards seeking safety

The clear message that came through from consultation participants was that prevailing attitudes in the community are generally unfavourable towards victim-survivors when seeking help and safety from DFSV situations. Those Supporting U women who consulted their communities using online surveys all included the question: 'Do community attitudes support or hinder individuals from seeking safety?' In response, a strong majority across all cohorts answered *'hinder'*. This result was supported in the qualitative data as well, with comments such as: *'Majority do not accept to take action against it'; 'Less safety from Community attitudes'; '[Community is] reluctant to support'; and '[Community] in Australia still has a negative attitude towards seeking safety.'*

At play here are inherited patriarchal norms, embedded in particular cultural and religious formations, by which women are subordinated, and the abuse of women becomes normalised. Following on from the discussion of cultural and religious pressures in Section 2.1.2, these norms will be explored below by way of two broad categories: 'Shaming and blaming' and 'Silence and secrecy'.

2.3.1 Shaming and blaming

While there are prevailing patriarchal norms in mainstream Anglo-Australian culture that negatively impact on women generally, migrant and refugee women face added pressures within their particular community, cultural and religious contexts. These attitudinal norms which work to condone violence are the drivers not just of DFSV itself, but also of the community pressures that impede victim-survivors from accessing safety and support.

Among these attitudinal impediments:

- **Stigma and judgement:**
 - *'Lots of stigmatisation'*
 - *'Fear of judgment from the community discourages victims from coming forward'*
 - *'Judgment or criticism of women who leave abusive relationships'*
- **Cultural and religious notions around shame and honour:**
 - Patriarchal constructs mean that it is victim-survivors who are marked with the badge of shame and dishonour, while men who use violence are spared this same indignity. As a result, *'family and religious leaders may pressure victims to stay in abusive relationships for the sake of children or family honour'*. This was corroborated by other consultation participants who variously commented on the pressure to *'avoid "bringing shame" to the community'*, and the *'encouragement of reconciliation'* with abusive partners to preserve the husband's honour.
- **Victim-blaming:**
 - Closely related to the stigmatisation and shaming of victim-survivors is blaming women themselves for the abuse inflicted on them. As one consultation participant articulated at length: *'Some survivors experience victim-blaming, making them hesitant to seek help. Many people in the community may feel that seeking safety from DFSV is important, but some might not understand the issue or believe the victim. There can be a mix of support and judgment, making it hard for victims to ask for help.'*

2.3.2 Silence and secrecy

These attitudes and the all-pervasiveness of stigma contribute to a culture of silence and secrecy around DFSV in migrant and refugee communities. The pressure to preserve family ‘honour’ and the deeply ingrained cultural notion that it is a woman’s moral duty to endure hardship and to sacrifice her own wellbeing for that of others, are widespread.

In cases where the abuse of women is not entirely accepted within a community (particularly when it takes the form of physical violence), cultures of silence and secrecy often allow the abuse to continue unchallenged and unabated. Even in cases where men who use violence are challenged, further barriers arise from the fact that DFSV is often treated as an internal family matter to be resolved privately, rather than be made public.

- *‘Silence and Secrecy: Some communities discourage speaking about DFSV, reinforcing the idea that it should be resolved privately’*
- *‘Pressure to keep family issues private or avoid “bringing shame” to the community’*
- *“We need to keep it under the rug” and other similar attitudes’*
- *‘They don’t want to meddle in others family business/matters’*
- *‘People generally shy away from getting involved in personal domestic issues’*

2.3.3 Positive sentiments

Aside from the negative community attitudes towards safety-seeking explored thus far, there were a handful of positive sentiments that also emerged in consultations, which intimate some degree of progressive cultural change.

- **In-principle moral support for safety-seeking, albeit hampered by limited understanding and capacity:** Encouragingly, one consultation participant has observed cases where the community *‘is very supportive to victims and can empathise with their situation’*. However, the issue is that community members are often held back by limited knowledge, skills and confidence to *‘be able to change it [the situation]’* and provide appropriate and adequate support to victim-survivors. One Supporting U participant commented similarly on the lack of nuanced community understandings around the challenging and complex realities of safety-seeking: *‘Attitudes of “Why don’t you just leave?”: I’ve... found that there is a tendency that people stereotype victims and question why they don’t simply leave, without considering barriers such as fear, financial dependence, or lack of social support’*.
- **Changing attitudes among the younger generations:** One consultation report identified a critically important emerging trend; namely that *‘younger generations and community advocates are increasingly recognising the importance of addressing DFSV and supporting survivors’*.
- **Growing confidence among women due to progressive legal reforms:** A crucial point raised in another consultation report was that, since the 2022 introduction of legislation in NSW criminalising ‘coercive control’, there has been a growing awareness among migrant and refugee

women about non-physical forms of abuse, and a growing refusal of it in their communities: *‘New legislation on coercive control being in place now... it is highly important resource I can refer to now on. That even particular patriarchy communities consider some behaviours as norm, it is actually illegal now... to do this’*.

Although outweighed by challenges, each of these indications of progressive cultural change can be expanded and built upon in future DFSV prevention and response efforts with migrant and refugee communities.

Supporting U members during training, September 2024.



3. Opportunities for enhanced prevention and response

The Supporting U consultations further sought to identify potential opportunities for improving and enhancing DFSV prevention and response efforts in migrant and refugee communities. Consultations explored strategies or approaches to seeking support in view of attitudes that hinder women's safety-seeking. Strategies and approaches suggested by consultation participants fell into three main categories:

- Community engagement
- Capacity-building for women
- Enhanced service responses.

3.1 Community engagement

Community engagement (inclusive of education, awareness-raising and capacity-building efforts) was the most commonly suggested strategy among consultation participants for addressing DFSV issues in their communities. Typifying this were participant responses like: *'More outreach and education in the community to reduce stigma'* and *'First of all, education for the community'*. As summarised below, it was suggested that migrant and refugee communities be engaged on DFSV issues via a range of means (e.g. public awareness campaigns, community education workshops, etc.), and that engagement efforts cover a wide range of topics focussed both on prevention (e.g. *'addressing stigmas'* and *'promoting equality'*) and response (e.g. *'warning signs of abuse'* and *'available services'*):

- Public awareness campaigns and events:
 - *'To encourage supportive attitudes, communities can provide education and awareness campaigns that highlight the realities of DFSV and promote empathy for victims'*
 - *'Create more awareness about DFSV'*
 - *'Awareness and events to break the taboo'*
 - *'Emphasising the importance of shared responsibility, mutual respect, and equality in relationships can help shift the cultural narratives that support violence'*
 - *'Normalising and destigmatising help-seeking'*
- Community education workshops:
 - *'Conducting workshops and discussions in local languages to raise awareness about DFSV and available services'*
 - *'DV Education within multicultural communities'*
 - *'Workshops to create awareness about the importance of knowledge and how it is becoming more and more common in our community'*
 - *'Educating communities about the importance of self-esteem, healthy relationships, and warning signs of abuse can also prevent Family and Domestic Violence'*
 - *'Education on healthy relationships: Teaching both survivors and perpetrators how self-esteem influences relational dynamics and how to establish healthier patterns'*
- Public discussion forums:
 - *'Forums for community discussions'*
 - *'Casually discussing about DV'*
 - *'Normalise talking about DV abuse for awareness and education purpose so that victims know it is not their fault and they can seek help'*
- Education programmes in schools:
 - *'Educate school students, parents'*

- Engagement with faith and community leaders:

- *'Working with influential figures to change harmful narratives and encourage victim support'*
- *'Involving religious or cultural leaders in advocacy.'*

3.2 Empowerment and capacity-building for women

Initiatives to empower and build knowledge and capacity among migrant and refugee women (including but not limited to victim-survivors) was the second-most common set of DFSV prevention and response strategies suggested by consultation participants.

- Economic capacity-building:

- *'Financial literacy training'*
- *'Economic empowerment programmes'*
- *'Workshops where they encourage you learn a skill to be financially independent'*
- *'Job readiness programmes'*
- *'Resources to help them find work'*

- Legal capacity-building: i.e. various 'Know Your Rights' initiatives for women,
 - *'Legal support and education about rights for women, especially around custody and immigration'*
 - *'Create an info-pack from Centrelink or Council or other authorities to deliver information to every family on arrival to Australia'; etc.*

- Empowerment through peer support groups:

- *'Creating safe spaces where women can share their stories without fear of judgment'*
- *'Fostering environments where individuals can express their worth without fear'*

- *'Peer support groups... [for] more people to talk about their own experiences'*
- *'Creating safe spaces for open discussions can help reduce stigma and encourage individuals to seek help'*
- *'Create structures and strong social systems for support'*

- Empowerment for women experiencing abuse to be able to recognise DFSV and seek safety:

- *'People should know what it is and how to safeguard themselves'*
- *'Women [often] do not recognise that it's DV and [that] they should take an action about it'*
- *'Addressing the foundation feelings that trap victims... Merely telling them to leave abusive situation or providing whole list of support services they should take on board is not the answer... Accepting help is an advance step in the journey to recovery. Often victims have not yet achieved initial mental steps of attitudes/values they need to change within themselves. It is their beliefs/values/attitudes that are often maladaptive, negative, toxic as a result of what has been implanted by the abuser over long term'*

- Programmes designed to uplift the self-worth and self-esteem of women as key protective factors against abuse:

- *'Self-esteem plays a crucial role in shaping the dynamics of relationships'*
- *'People with high self-esteem are more likely to establish and maintain healthy boundaries'*
- *'Resilience-building programmes that focus on empowerment, leadership, and self-confidence can help individuals, particularly women and young people, develop the tools to recognise and prevent abuse. Self-esteem is a critical factor influencing relationships within CALD'*

families, especially in the context of [DFSV]. Cultural norms, migration stressors, and systemic barriers interplay to shape self-perceptions, often compounding vulnerabilities. Addressing self-esteem within CALD families requires culturally informed, trauma-sensitive approaches that empower individuals while respecting their unique backgrounds and challenges.'

3.3 Enhanced service responses

The final set of strategies suggested by consultation participants pertained to how service providers can better serve their communities when it comes to DFSV prevention and response. Among the wide range of themes that emerged in relation to this topic, one stood out above the rest; namely, the need for services that are safer, more culturally, and linguistically, responsive – precisely so as to better accommodate migrant and refugee women experiencing, or at risk of, abuse.

- **Enhancing safety:**

Consultation participants frequently highlighted the need for safer services, particularly in terms of guaranteeing confidentiality and providing anonymous support options for victim-survivors. Suggestions along these lines included:

- *'Confidential and accessible support services'*
- *'Anonymous helplines'*
- *'Victims of DFSV must have trust in the system, for that providing a service that is efficient and guarantee anonymity and safety'*
- *'Creating safe spaces where women can share their stories... and include anonymous option'*

- **Enhancing cultural responsiveness:**

Several consultation participants also called for DFSV and mental health support services to improve cultural responsiveness when supporting migrant and refugee clients:

- *'Access to culturally sensitive... services'*
- *'Professionals in the fields of health, law enforcement, and social services should receive cultural sensitivity training to understand the specific challenges faced by CALD individuals. This ensures that victims feel safe and understood when seeking help'*
- *'Culturally sensitive counselling: Empowering survivors and families to rebuild self-esteem through approaches that respect cultural norms while challenging harmful practices'*

- **Enhancing multilingualism:**

In line with calls for services to improve their cultural responsiveness, consultation participants commonly stressed that more in-language services are needed as well. Among the suggestions offered were:

- *'Access to... multilingual services'*
- *'Ensure that information about support services is easily accessible and available in multiple languages'*
- *'Support services for CALD communities: Tailoring resources (e.g., multilingual hotlines, legal aid) to help individuals access assistance and improve their sense of agency'*

Aside from the need for safe, culturally responsive and multilingual services, the community consultation process brought to light a number of other service sector opportunities, including:

- **Community engagement programs**

- **Empowerment and capacity-building programmes for women**

- **Improved emergency supports for victim-survivors:**

- *'Emergency funds to support independence'*
- *'Financial assistance'*
- *'Immediate counselling'*
- *'Need more social workers accessible at community neighbourhood centres where they can provide complete case management services. A service that clients can go in at times of emergency and don't need to have appointments prior to book in and arrange'*

- **Greater legal advocacy, especially for women on temporary visas:**

- *'Strengthening legal and immigration support'*
- *'Ensuring that women on temporary visas have access to legal aid and pathways to residency'*

- **Greater advocacy for policy and legal reform**

4. Recommendations

The Supporting U community-led consultations offered a wealth of valuable learnings and insights about DFSV in migrant and refugee communities, and how migrant and refugee women can be best supported in their help and safety-seeking efforts.

Three sets of recommendations for leveraging and acting upon these insights are made below, evidenced by consultation findings and inferred through analysis. It is hoped that these recommendations offer a fruitful starting point for systemic change and service enhancement to meet the needs of migrant and refugee women seeking safety. These recommendations mark a significant contribution by the group of Supporting U women working together to grow a culture of positive social response and early intervention in DFSV for the safety of their friends, families and communities.

“Resilience-building programmes that focus on empowerment, leadership, and self-confidence can help individuals, particularly women and young people, develop the tools to recognise and prevent abuse.... Addressing self-esteem within CALD families requires culturally informed, trauma-sensitive approaches that empower individuals while respecting their unique backgrounds and challenges.

4.1 Recommendations to policymakers

1. Develop mechanisms to facilitate **ongoing accountability to migrant and refugee women** with lived experience of DFSV, allowing their expertise to shape and enhance priority areas for funding and policy development.
2. Invest in **peer support programs** for migrant and refugee women.
3. Fund **trauma-healing and mental health support programs** for migrant and refugee women.
4. Invest in **economic support programs** for migrant and refugee women transitioning from abusive environments towards safety and financial independence.
5. Invest in **empowerment and capacity-building initiatives** for migrant and refugee women.
6. Prioritise funding for programs designed to support **vulnerable cohorts experiencing intersectional forms of discrimination**, especially victim-survivors on temporary visas.
7. Facilitate meaningful and strategic **partnerships between DFSV service providers and migrant and refugee community organisations** through intersectionality-informed program design.
8. Invest in **support for DFSV service providers** to enhance their capacity to work with migrant and refugee communities. Conversely, invest in support for multicultural community and settlement organisations to enhance their capacity to work on DFSV issues.
9. Resource the provision of **in-language DFSV service supports**.
10. Invest in **community engagement initiatives** to help educate and raise awareness about DFSV issues in diverse cultural and religious contexts.
11. Invest in co-designed trauma-informed and culturally responsive **behaviour change programs for migrant and refugee men who choose to use violence**.

4.2 Recommendations for building the capacity of DFSV service providers

1. Provide **cultural responsiveness training** to empower staff to work more inclusively and effectively with migrant and refugee clients.
2. Provide training in **trauma-informed practice** so that staff can better ensure safe and accessible services for clients recovering from trauma in the context of refugee and refugee-like journeys.
3. Improve **multilingual and cross-cultural organisational capabilities**, including through the hiring of bilingual/bicultural staff, engaging interpreters, and developing in-language resources.
4. Enhance **cultural responsiveness and safety** across all programs and services to foster greater inclusion and equity for migrant and refugee women.
5. Develop an **intersectional policy framework** to ensure that no clients from vulnerable intersectional cohorts are inadvertently overlooked or left behind in the design and delivery of services.
6. Develop **genuine partnerships with multicultural community and settlement organisations**, allowing their cultural expertise to shape and enhance the design and delivery of culturally responsive and inclusive services

4.3 Recommendations for building the capacity of multicultural community and settlement organisations

1. Provide **training on DFSV prevention and response** to empower staff to work inclusively and effectively with women experiencing, or at risk of, abuse.
2. Provide training in **trauma-informed practice** so that staff can better ensure safe and accessible services for clients and community members recovering from trauma.
3. Enhance **gender equity** across programs and services to foster greater inclusion of women and prevent gender-based violence.
4. Develop an **intersectional policy framework** to ensure that no community members from vulnerable intersectional cohorts are inadvertently overlooked or left behind in the design and development of programs.
5. Develop **genuine partnerships with DFSV service providers**, sharing in sector expertise and practice wisdom to inform organisational policies, procedures and programs around preventing and responding to DFSV.
6. Support diverse coalitions across the wider community and services sector to collectively and strategically advocate for **policy and legal reforms** that seek to foster long-term systemic changes that meaningfully enhance safety, genuine security, and other vital outcomes for migrant and refugee women.



For more information

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