



Consultation Insights Report:

The role of faith and community
leadership in DFSV prevention and
early intervention in migrant and
refugee communities

February 2026

Executive Summary

Background

This report presents key findings of a comprehensive national consultation undertaken by Settlement Services International (SSI) in partnership with the Australian Multicultural Women's Alliance (AMWA) auspiced by the Federation of Ethnic Communities' Councils of Australia (FECCA) as part of the Train, Engage, Connect and Support (TECS) program, funded by the Australian Government under the *National Plan to End Violence Against Women and Children 2022-2032*. The consultation aimed to inform the development of learning resources to improve the capacity of faith and community leaders in preventing and responding to domestic, family and sexual violence (DFSV) in migrant and refugee communities across Australia.

Beyond identifying crucial considerations for the development of learning resources, the consultation insights shared here offer important evidence regarding the critical role of migrant and refugee communities (specifically, faith and community leadership) in DFSV prevention and early intervention, and in the pursuit of equitable safety outcomes for migrant and refugee victim-survivors.

Between October 2024 and April 2025, the consultation engaged three stakeholder groups: faith and community leaders, service providers and community-based organisations, and people from migrant and refugee backgrounds with lived experience of DFSV. Participants were drawn from all Australian states and territories, with engagement across a wide diversity of cultures, languages and faiths.

Policy Insights: Mobilising faith and community leaders for DFSV prevention and early intervention in migrant and refugee communities is also available and presents key policy opportunities, derived from this consultation, to enhance the mobilisation of migrant and refugee communities in preventing and responding to DFSV in their own community contexts.

Executive Summary

Key insights

This national consultation generated a wealth of valuable insights regarding social responses to DFSV in migrant and refugee communities, and how migrant and refugee women can be best supported by faith and community leaders. While there was general consensus regarding the important role of faith and community leaders in prevention (including primary prevention), consultation participants identified capacity building for early intervention as a priority training need. This formed the focus of the development of the project's learning resources:

[Taking action to keep multicultural communities safe: Faith and community leaders' training.](#)

Nonetheless, these consultation insights provide broader implications for policy and program development moving forward, particularly in relation to effective approaches for activating multicultural faith and community leaders and their networks as social responders to DFSV, with the support of the service sector. Summarised below, consideration of these factors is crucial to securing the optimal safety outcomes for migrant and refugee victim-survivors of DFSV.

There is broad consensus regarding the importance of community and faith leadership in DFSV prevention and early intervention. This can best be supported by the development of relevant knowledge and leadership approaches, involving the establishment and communication of a proactive position on DFSV; being informed about the nature and spectrum of DFSV; providing compassionate, confidential and non-judgemental responses to disclosure; and providing person-centred care with referral to professional services as relevant.

A range of barriers and challenges must be addressed to support leaders to safely and effectively address DFSV and support victim-survivors in their community. Tailored education for leaders on the dynamics of DFSV is required to address knowledge and information gaps, to challenge biases among leaders and community, to support boundary setting within the context of leaders' roles and resources as social responders, and to support the safety of leaders in responding to DFSV. Acknowledging and addressing systemic racism in a manner that creates space for action by leaders in supporting migrant and refugee victim-survivors is another vital step.

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Trust is critical to facilitating safety outcomes, between victim-survivors and leaders, and between leaders and service providers. Trust building requires concerted effort and investment of time, relationship building and facilitation of both formal and informal partnerships. For victim-survivors it relates to the early creation of safe spaces and connections, and acknowledging and accommodating gender, sexuality and other intersectional considerations.

Many practical supports and interventions can better enable faith and community leaders to prevent and intervene early in DFSV in migrant and refugee communities. Investment in partnerships and networks to leverage the cultural and spiritual expertise and community connections of leaders, together with the specialist knowledge and approaches of the service sector, is vital for improving the access and experience of migrant and refugee victim-survivors seeking safety. As is tailored training for social responders to support appropriate responses and service navigation, and a commitment among DFSV services to develop culturally responsive practice capabilities. Peer support among faith and community leaders preventing and responding to DFSV is also crucial.

Moving forward

Collectively, these insights present a wealth of opportunity for targeted action and policy and program development to support the safety of migrant and refugee communities. It is critical that the DFSV system and sector take steps to invest in and harness the potential of migrant and refugee communities, and their leaders, to enhance safety access, equity and outcomes for migrant and refugee victim-survivors.

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Introduction

This report presents key findings of a comprehensive national consultation undertaken by Settlement Services International (SSI) in partnership with the Australian Multicultural Women's Alliance (AMWA) auspiced by the Federation of Ethnic Communities' Councils of Australia (FECCA) as part of the Train, Engage, Connect and Support (TECS) program, funded by the Australian Government under the *National Plan to End Violence Against Women and Children 2022-2032*. The consultation aimed to inform the development of learning resources to improve the capacity of faith and community leaders in preventing and responding to domestic, family and sexual violence (DFSV) in migrant and refugee communities across Australia.

Beyond identifying crucial considerations for the development of learning resources, the consultation insights shared here offer important evidence regarding the critical role of migrant and refugee communities in DFSV prevention and early intervention, and in the pursuit of equitable safety outcomes for migrant and refugee victim-survivors.

Background to the TECS Project

While DFSV is not unique to multicultural communities, migrant and refugee victim-survivors experience unique cultural and structural barriers to accessing support that require tailored attention and resourcing. In recognition of the need for culturally responsive, community-based solutions, TECS is a national program that aims to mobilise communities to address DFSV by enhancing the capacities of community and faith leaders supporting migrant and refugee communities. These leaders are uniquely positioned to prevent and intervene early in DFSV – they may often be the first point of contact for women experiencing violence, providing guidance, support, and referrals to support services. Owing to their influence in migrant and refugee communities, faith and community leaders play an immensely valuable role as social responders but must be equipped with appropriate knowledge, skills, tools, and resources to be able to do so safely and effectively.

To this end, the TECS program has co-designed learning resources to increase multicultural community and faith leaders' confidence and skills to prevent, identify and intervene early in DFSV in their communities, in collaboration with specialist services.

Introduction

National consultation on the role of faith and community leaders in preventing and responding to DFSV

Between October 2024 and April 2025, the consultation engaged three stakeholder groups: faith and community leaders, service providers and community-based organisations, and people from migrant and refugee backgrounds with lived experience of DFSV. Participants were drawn from all Australian states and territories, with engagement across a wide diversity of cultures, languages and faiths. The consultation aimed to ensure the diversity of voices, including those of young people and LGBTQIA+ people from migrant and refugee backgrounds.

In total, 47 consultations took place, involving 295 participants nationally who self-identified as being from 60 distinct ethnic and cultural backgrounds and 18 different faith affiliations. Faith and community leaders self-identified as such, and varied in their leadership roles (both formal and informal).

National Consultation: Oct 2024 - April 2025

47

Consultations

295

Participants

210

Women

85

Men

31 group sessions and 14 Lived Experience individual sessions

189 Community leaders

48 Faith leaders

50 Service providers

23 Lived experience

Consultations explored the different stakeholder groups' perspectives on:

- The strengths, challenges and barriers for faith and community leaders preventing, identifying and responding to DFSV in their communities
- The nature and accessibility of supports available for migrant and refugee victim-survivors
- Supports that would enhance leaders' safe and appropriate responses to DFSV in their communities.

All qualitative consultation outputs underwent a process of rigorous thematic analysis to capture the insights presented here. Four major themes emerged from this process:

- Views on the role of faith and community leaders in relation to DFSV in multicultural communities
- Challenges and barriers to leaders effectively addressing DFSV
- Ways to enhance trust and collaboration between victim-survivors, leaders and services
- The additional supports required by both migrant and refugee victim-survivors and leaders.

The common thread throughout relates to the tremendous opportunity to improve multicultural communities' capacities for preventing and responding to DFSV, and the significant role to be played by faith and community leaders, with appropriate supports.

Introduction

Key insights and opportunities for future action

The national consultation generated a wealth of valuable learnings and insights regarding social responses to DFSV in migrant and refugee communities, and how migrant and refugee women can be best supported by faith and community leaders. While there was general consensus regarding the important role of faith and community leaders in prevention (including primary prevention), consultation participants identified capacity building for early intervention as a priority training need. Nonetheless, these consultation insights provide broader implications for policy and program development moving forward, particularly in relation to effective approaches for activating faith and community leaders and their networks as social responders to DFSV, with the support of the service sector. Summarised below, consideration of these factors is crucial to securing the optimal safety outcomes for migrant and refugee victim-survivors of DFSV.

There is broad consensus regarding the importance of community and faith leadership in DFSV prevention and early intervention. This can best be supported by leaders' development of relevant knowledge and leadership approaches, involving:

- The establishment and communication of a proactive position on DFSV, and demonstrating courage and commitment
- Being informed about the nature and spectrum of DFSV, and being committed to building skills to respond
- Providing compassionate, confidential and non-judgemental responses to disclosure
- Providing person-centred care that prioritises self-agency, with referral to professional services as relevant
- Offering ongoing emotional and spiritual care beyond the point of crisis
- Mediating communications across different stakeholder groups (e.g., with service providers); translating the spiritual and cultural messaging and thereby facilitating greater mutual understanding.

Introduction

A range of barriers and challenges must be addressed to support leaders to safely and effectively address DFSV and support individual victim-survivors in their community. Strategies should consider and address:

- The need for tailored education for leaders on the dynamics of DFSV to respond to knowledge and information gaps, to challenge biases among leaders and community, and to support intersectional responses that recognise individual circumstances and identities of victim-survivors
- The safety and wellbeing of leaders themselves, in the context of boundary setting for leaders performing social responder roles and the potential for community resistance or backlash
- Resources and information to support service navigation and facilitate appropriate referrals
- Resourcing the service sector to support leaders' confidence in service access and quality. This involves addressing chronic underfunding of DFSV services as well as acknowledging and addressing systemic racism and intersectional barriers to equitable support.

Trust is critical to facilitating safety outcomes, between victim-survivors and leaders, and between leaders and service providers. Trust building requires concerted effort and investment of time, relationship building and facilitation of both formal and informal partnerships.

For victim-survivors, it relates to leaders:

- Making visible their commitment to DFSV prevention and proactively creating safe spaces and connections so they remain accessible to people at risk
- Acknowledging and accommodating gender, sexuality and other intersectional considerations – including ensuring women play a role in the provision of support.
- Demonstrating courage, commitment and moral leadership regarding DFSV
- Demonstrating representative and accountable leadership that centres community voice, including the voices of victim-survivors
- Offering longer-term support for healing and rebuilding, including spiritual and emotional support beyond crisis
- Building connections and partnerships with local service providers.

Introduction

Many practical supports and interventions can better enable faith and community leaders to prevent and intervene early in DFSV in migrant and refugee communities.

These supports would be in aid of:

- Fostering partnerships and networks to leverage the cultural and spiritual expertise and community connections of leaders, together with the specialist knowledge and approaches of the service sector
- Facilitating access to tailored training and information resources for leaders as social responders to support trauma-informed DFSV prevention and response, as well as service navigation and systems literacy
- Demonstrated commitment among DFSV services to develop culturally responsive practice capabilities
- Facilitating access to peer support opportunities among faith and community leaders preventing and responding to DFSV.

Collectively, these insights present a wealth of opportunity for targeted action through training and capacity building for safe and effective prevention and response; development of personal commitment and leadership approaches; and enhanced systemic responses to better empower leaders to act and to provide leaders and victim-survivors with assurance of access to appropriate service responses.

It is critical that the DFSV system and sector take steps to invest in and harness the potential of migrant and refugee communities, and their leaders, to enhance safety access, equity and outcomes for migrant and refugee victim-survivors.

What we heard

The remainder of this paper provides a more detailed overview of the varied insights shared by consultation participants on the role of leaders in DFSV prevention and response, and capacity building priorities in this regard.

The role of faith and community leaders in preventing and responding to DFSV

Faith and community leaders, migrant and refugee women with lived experience of DFSV, and service providers all generally concurred that faith and community leaders can play an important role in addressing DFSV within their communities, from prevention through to early intervention and response, recovery and healing.

Nonetheless, some consultation participants raised challenges and tensions in this role, as explored in subsequent discussion of challenges and barriers to effective community and faith leader responses.

Victim-survivors see faith and community leaders as having an important role to play

Among all of the migrant and refugee women with lived experience of DFSV who participated in the consultations, none expressed dissent to the involvement of faith and community leaders in DFSV prevention and response efforts. Despite women's numerous adverse experiences with such leaders, all concurred that they do have an important role to play. Some felt it not just important, but also *essential* that faith and community leaders step up and take an active social responder and ally role in preventing and responding to gender-based violence within their communities.

Victim-survivors' affirming views related to:

- **Faith and community leaders' power and influence in community:** While this power can often function to perpetuate certain patriarchal norms stemming from culture and religion, victim-survivors consulted generally held out hope that this power can also be applied mindfully and consciously to reshape cultural norms – away from socially-sanctioned control and abuse of women and towards gender equality. As well as influencing their constituents, it was noted that leaders could use their platforms for advocacy with the service sector as well.
- **Leaders' proximity to community enabling early detection of DFSV:** Provided that faith and community leaders are sufficiently trained to identify early signs of abuse and to respond safely and appropriately, they stand to play a crucial role in addressing it sooner through vital early intervention.
- **Shared cultural background can facilitate culturally appropriate support:** While differences exist within cultural and faith-based communities (for instance, along fault-lines of gender or political persuasion), the cultural common ground between leadership figures and victim-survivors is often favourable to safer and more inclusive responses, particularly when compared to non-multicultural service providers.

What we heard

The role of faith and community leaders in preventing and responding to DFSV

Faith and community leaders can drive positive change through moral and spiritual leadership

Among those leaders who were supportive of taking action against DFSV, one of the main roles they saw for themselves in their communities was that of a moral and/or spiritual leader able to use their platform to challenge DFSV and promote gender equality and healthy relationships among their constituents. Leaders can and already do carry out primary prevention work through:

- **Social media:** *‘Information is power; short videos and social media can effectively spread awareness.’ (community leader)*
- **Counselling programs:** *‘In my counselling, I focus a lot on humanity... who is in control, how they compromise... I tell them to not be afraid to share their vulnerabilities.’ (faith leader)*
- **Healthy relationship retreats:** *‘We organise retreats and talk about these issues and plant a seed. On the language used in the workshops, men do not want to be seen as “perpetrators” and women as “victims”. So how do we use a different language in a way that people can open up with their experiences?’ (community leader)*
- **Marriage preparation courses:** *‘We have marriage courses with people... When we take classes for marriage, we talk about... how to understand each other rather than dominate. We make sure they respect each other and support, and say that God created male and female as equal. Everyone is God’s creation. And we teach people not to judge.’ (faith leader)*
- **Community education workshops:** Australia’s Sikh community, for example, runs community workshops to raise awareness about domestic violence and how to support victim-survivors.
- **Empowerment trainings for women and children:** with confidence, self-esteem, and peer support recognised as major protective factors against abuse.
- **Sermons:** *‘The Church is clear. Gender roles aside, we talk about the equality of dignity in our sermons... so domestic violence is frowned upon.’ (faith leader)*
- **Religious teachings,** including through study groups and scripture lessons. A number of leaders shared insights into how gender equality is supported in their own faith traditions, e.g., *‘It is emphasised in Islam that heaven lies in the feet of the mother. There is respect for female. The Prophet said the best among you are those who are best among their wives... It was said that a female daughter is a path to heaven, so any form of abuse is not tolerated.’ (faith leader)*

What we heard

The role of faith and community leaders in preventing and responding to DFSV

Service providers also spoke to the role of a *moral and spiritual leader*; a person of influence and standing in their community who can make conscious use of their platform to advocate, raise awareness, and promote values of gender equity in culturally grounded and faith-based ways. As one Pakistani service provider worker articulated:

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‘In our community, men listen to faith leaders. If faith leader is given a role in this field, that will have positive impact... Some religions have marriage preparation process, [where] faith leaders teach about the relationship to be based on mutual respect, trust... Faith leader role matters, so they should be conscious of what to do and what not to say. They need to constantly evaluate and study scriptures, as what they say can harm someone’s life.’

A similar role was identified by women with lived experience in highlighting the core attributes they would like to see among faith and community leaders stepping into DFSV social responder roles. Victim-survivors spoke to the need for leaders to demonstrate the courage, commitment and moral leadership to drive cultural change, for instance, through community education initiatives and facilitating ongoing community conversations to shift prevailing attitudes. This includes elevating cultural and religious narratives that promote gender equality and challenge patriarchal norms.

Through means like these, faith and community leaders can make significant contributions to primary prevention of DFSV. Courageous leadership is required to interrogate inherited norms that justify gender-based violence, and to cultivate new norms around healthy relationships and gender equality. Such efforts serve the wider community, while also helping free victim-survivors from stigma and shame.

What we heard

The role of faith and community leaders in preventing and responding to DFSV

Leaders can provide emotional and spiritual support, particularly through safe, compassionate responses to disclosure

A second role centred on leaders' ability to provide emotional and spiritual care, including when responding to disclosures of abuse.

Victim-survivors highlighted the need for faith and community leaders to demonstrate their humanity and open-heartedness and to genuinely hold space for victim-survivors. This begins with the leader *believing* the victim-survivor upon disclosure and taking seriously their responsibilities to provide safe and appropriate support. Paramount here are empathy, validation, active listening, and ensuring confidentiality.

Faith and community leaders designated a role for themselves in ensuring a safe environment in which victim-survivors can disclose abuse and seek their support. As one community leader described:

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‘We need to act wisely, listen to them, make sure they are safe, build trust, make sure they have the right information. We provide them with options and let them know the consequences and connect them to service providers. Sometimes they don’t directly complain, we pick from the dots.’

Trust and safety were two words that came up repeatedly. Another was confidentiality:

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‘There is stigma so it is important to be discreet, because people are afraid that things will spread to the community. We have to give assurances of confidentiality.’
(community leader)

Faith and community leaders also spoke at length about the importance of empathy, compassion, validation, and active listening – all of which are key to establishing trust and safety for victim-survivors as well.

Service providers similarly noted that leaders can play the role of *emotional and spiritual care providers*. From this perspective, it is their remit to extend care to the most vulnerable members of their communities, not least of all to victim-survivors:

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‘When some[one] is going through DV and feel afraid of being blamed, faith leaders or community leaders are there to provide emotional support and avoid breaking your relationship with community and provide safety as well. Faith leaders not only grounding people, connecting not to isolate, they also give you hope, if there is no hope mental health can come.’ **(service provider)**

What we heard

The role of faith and community leaders in preventing and responding to DFSV

Leaders believe they should provide safe and effective early intervention and support

Aside from ensuring a safe environment for disclosure, faith and community leaders, victim-survivors and service provider stakeholders all agreed that leaders should be able to provide safe and effective early intervention and crisis support to community members experiencing abuse. Early intervention in this context emerged as the priority in relation to training and support needs.

There was some acknowledgement of the prevalence of DFSV, including multiperpetrator abuse, outside intimate partner contexts – both within Australia and from families overseas.

Rather than waiting for disclosure from someone they suspect is experiencing DFSV, some leaders emphasised the need to be able to recognise the early warning signs themselves to then be able to provide early intervention. For example, one consultation participant stated that *‘recognition is the primary role’* that faith and community leaders should play in addressing DFSV.

The need to provide practical support to people seeking safety from abusive situations was also raised; for example, *‘cooked meals... grocery packs and clothing’* (community leader). Crucially, it also means connecting individuals with appropriate services, such as refuge, casework or advocacy support.

One leader shared that, in referring members of her community to *‘mainstream’* service providers, her organisation plays an important cross-cultural mediation role: *‘We promote information in our language and then connect the community person to a supporting organisation. Sometimes we are in the middle, and tell people... that they are not alone and then act as a “traffic police”.’* (community leader)

What we heard

The role of faith and community leaders in preventing and responding to DFSV

Leaders can be vital community connectors and mediators

Faith and community leaders and service providers both agreed that leaders can make an important contribution as community builders and connectors. By facilitating and cultivating spaces for community connection, leaders strengthen social capital – a valuable resource which can then be harnessed in support of DFSV prevention and response. Examples include:

- **Education via community gatherings:** *‘In our community, we have events and activities and we can talk in general, so people don’t feel targeted. In our mosque, we have open day and Eid festival, there are communities mixing with each other. Occasionally we bring religious scholars to talk about a specific topic or community concern.’* (faith leader)
- **Fostering peer support networks:** *‘At the moment, I am the community event coordinator. I get the younger people, the older people, to interact. And it works very, very well in the Kenyan community because then you find the 20 year olds talking to 50 year olds about relationships. It’s very intentional...that’s where people pass around the knowledge from one generation to another and they will also create a network of people... So in case there is trouble in the future, they know who they can bring [matters] up with. It’s not the first time they’re interacting with them.’* (woman Kenyan community leader)

- **Forums for generating community-led solutions:** *‘In our Church, we have small groups, prayer groups, women and children and we encourage them to mingle and identify the problems in their homes. These small groups are connected with leaders. And have problem solvers.’* (faith leader)
- **Activating informal social networks in response to crises:** For example, consultation participants from one regional community mentioned connecting with each other through cultural festivals, daycare centres, and friends of friends. These informal networks are then activated in support of victim-survivors whenever needed, e.g., with resources pooled, and their homes offered as crisis accommodation.

The need to build connections *between* and not just *within* communities was another pertinent theme that emerged across several consultations. Numerous faith and community leaders felt it was vital that their community-building efforts go beyond a traditionally mono-denominational or mono-ethnic focus to also embrace interfaith and intercultural initiatives. For example, one Baha’i leader spoke about interfaith vigils, such as the ones that took place in the aftermath of the Christchurch massacre. This was seen as a way for different faith groups to collaborate with each other and form meaningful connections. It was suggested that there was ample scope for greater interfaith collaboration on DFSV issues.

What we heard

The role of faith and community leaders in preventing and responding to DFSV

While leaders and service providers articulated a similar role for leaders in cultivating relationships among community members to build social capital, service providers also extended this to include the role of mediation. They noted that leaders could help to mediate communications across different cohorts and stakeholder groups, translating the moral and cultural messaging between them and thereby facilitating greater mutual understanding. This could occur in any number of ways; for instance:

- Male community leaders working to build support for gender equality among their male constituents.
- Faith and community leaders connecting victim-survivors with support services, and serving as trusted intermediaries.
- Establishing networks, coalitions, inter-agencies, or other such forums for the express purpose of enabling service providers to work in collaboration with community leaders, where the former can provide important representation and cultural nuance.

Leaders need specific skills and knowledge to effectively support young people and LGBTQIA+ people from refugee and migrant communities

Victim-survivors, young people and LGBTQIA+ people from migrant and refugee communities all emphasised the need for faith and community leaders to have the right knowledge, skills and tools to carry out their social responder roles as safely and effectively as possible.

Young people prioritised the most important skills and characteristics of a leader they would approach for support in the context of family violence:

- **Being trustworthy:** Trust underpinned all relationships, being a pre-requisite for young people to reach out for support. A number of young people said they would not reach out to anyone because they did not have anyone that they could trust.
- **Protecting confidentiality:** Young people needed to know what would happen with the information they shared, and that it would not be shared with anyone they did not want it to be shared with or shared without them knowing.
- **Respecting agency in decision-making:** Young people also wanted input into any decisions made around their care and support, during and after a crisis. Young people emphasised their voices, needs, and interests should be heard and taken seriously.

What we heard

The role of faith and community leaders in preventing and responding to DFSV

- **Being non-judgemental:** Young people said it was vital that faith and community leaders be understanding, open-minded, and non-judgemental.
- **Being a good listener:** Young people wanted emotional support from faith and community leaders. They want to be listened to, validated, and understood.
- **Knowing how to respond to family violence:** Young people said they would only approach adults who they think have the knowledge and capability to handle family violence situations.

Building on these qualities, LGBTQIA+ consultation participants also emphasised themes of trust and confidentiality, and their need for leaders not to engage police or anyone else in their cultural or faith-based communities, unless specifically requested. They prioritised:

- **Being inclusive:** LGBTQIA+ people perceived leaders should avoid assumptions, and be trained to respond in ways that are inclusive of all relationships, genders and sexualities. In addition, any resources that leaders share should be offered in multiple languages to improve accessibility.
- **Ability to navigate the service system:** LGBTQIA+ participants said community leaders should have capacity to help them navigate the service system. They would need knowledge about the family violence service system, and the capacity and knowledge to advocate and facilitate access to services for LGBTQIA+ people.



'It is important to use a non-judgemental attitude and seeing the person as a human with emotions, feelings, vulnerabilities and fear... [and be able to use] deep listening... Also, this leader needs to be aware of professional services that might be available out there, trustworthy services... [The services] could be LGBTQIA+ specific, or faith/culture specific, I don't think it is always necessary to assume they will be most comfortable in a LGBTQIA+ service, that might not be the case... Not assuming and that's why deep listening is so important.'
(LGBTQIA+ community member)

What we heard

Challenges and barriers to safe and effective support

While there was broad consensus around the role of faith and community leaders, consultations unearthed valuable insights on the challenges and barriers to faith and community leaders safely and effectively supporting DFSV prevention and response in their communities.

Leaders lack the knowledge, skills and confidence to safely and effectively respond to DFSV

Victim-survivors consulted felt that many (although certainly not all) faith and community leaders fall short in their basic level of knowledge and awareness regarding DFSV to be able to provide appropriate support, including:

- **Not understanding what DFSV is:** This includes mistakenly believing that non-physical forms of abuse (e.g., coercive control) do not constitute DFSV, and that only physical forms of abuse are worthy of being addressed and taken seriously. An associated problem is failing to recognise it in the first place. As one victim-survivor lamented: *'Some of them look at the physical. They don't look at the emotional and psychological, and this is killing every community in Australia, even with the white community.'* Another consequence is the denial by some leaders of the true extent of DFSV within their communities.

- **Insufficient understanding of the laws around DFSV:** Not all faith and community leaders are aware of the legal frameworks and legal consequences around phenomena such as family violence, forced marriage, or dowry abuse. Even those that are find themselves experiencing and having to navigate difficult tensions between Australian law and their own cultural and religious beliefs.
- **Lack of empathy and consideration for victim-survivors' experiences:** As one woman said of a particular leadership figure she reached out to: *'He was giving me advice based on lack of experience, a lack of understanding of what my life was like.'*

Sometimes it may be a leader's lack of education and experience with DFSV situations that can hinder their ability to provide effective support. In other circumstances, though, the issue may be related to certain cultural and religious blind-spots that they carry, as discussed later.

Victim-survivors noted that even among sympathetic leaders, many lack the necessary tools and training to act safely and effectively as social responders. Sometimes leaders hold back from intervening due to fear, resulting in the inadvertent perpetuation of abuse.

What we heard

Challenges and barriers to safe and effective support

Many of the faith and community leaders consulted were acutely aware that they lacked the resources required to be able to act safely and effectively as DFSV social responders in their communities – whether in the form of knowledge, skills, tools, confidence, or otherwise. As one community leader noted, for example:

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‘I don’t know how to help. If someone approaches me, I may give counselling, but I cannot be confident or know exactly what to do. We are not fully qualified to help. I would be confused as to what support I can give. Faith and community leaders need to have the confidence to respond.’

Most of the leaders who acknowledged this as a challenge were referring to their lack of DFSV-specific skills and knowledge. In one case worth noting, however, a faith leader from a different cultural background to his constituents spoke of an additional set of barriers around cross-cultural communication.

It is also worth noting that there was little to no specific reference to or acknowledgement of sexual violence in consultations, aside from noting the importance of leader education regarding the prevalence of sexual violence within marriage.

What we heard

Challenges and barriers to safe and effective support

Access to leaders

Victim-survivors noted that many migrant women, especially those newly arrived in Australia, may not have obvious pathways to access or engage with faith and community leaders in a safe and confidential manner. Men usually dominate these relationships and can try to distance women from direct engagement with leaders. Those leaders who wish to support people experiencing DFSV need to find a way to connect and build trusted relationships with women individually. Once DFSV has occurred (or is occurring), it becomes too late to build trust between a leader and a victim-survivor.



'[Leaders] can play the vital role to help us, but the thing is, how many women can reach to them. Actually, because the ex, the husbands who are doing all those things, they want to... make a distance of that people. Both, so we can't reach them or they give us the misinformation or we don't know about them actually. So in that case, I think it's really hard to reach them.'

Many victim-survivors distrust leaders on DFSV

The consultations yield abundant evidence that many migrant and refugee women distrust faith and community leaders on DFSV matters due to the patriarchal views they often espouse and seek to justify on cultural or religious grounds. As one victim-survivor shared, some leaders *'wrap it up in a cultural way by saying "this is our culture"'*. This presents a formidable barrier to help-seeking, with women experiencing or at risk of DFSV fearing that their concerns will not be handled with sufficient care, sensitivity, safety and confidentiality. In an inverse sense, this also presents a major barrier to faith and community leaders adequately supporting some of the most vulnerable members of their communities.



What we heard

Challenges and barriers to safe and effective support

Furthermore, consultations highlighted that the patriarchal attitudes that some leaders justify on cultural or religious grounds can lead to numerous adverse consequences for victim-survivors, including:

- **Not being believed or taken seriously**
- **Being refused support**
- **Being denied equitable access to services**
- **Being ostracised and socially isolated**
- **Being discouraged from seeking safety,** and encouraged instead to reconcile with their abusive partners owing to cultural and religious beliefs around family ‘harmony’ and the sanctity of marriage
- **Being expected to endure chronic abuse,** in effect sacrificing their own needs for the sake of the ‘greater good’ (as defined by culturally or religiously justified patriarchal norms). Just as women are discouraged from leaving abusive partners to preserve the ‘harmony’ of the family or marriage, so too do some faith leaders subjugate women’s needs for safety and dignity to the so-called ‘harmony’ of the congregation.
- **Impacts on physical, psychological and emotional health and wellbeing.**

Just as victim-survivors spoke of their mistrust in faith and community leaders, so too did those leaders themselves repeatedly cite, as one of their major challenges, the mistrust in them among women experiencing abuse. It must be clarified, though, that rather than seeing this as a shortcoming on the part of victim-survivors, the vast majority acknowledged that it was reflective of their own failings as leaders to build sufficient trust and safety among their most vulnerable constituents.

Certainly, there are many barriers to disclosure and help-seeking faced by victim-survivors that are unrelated to faith and community leaders (for instance, fears around financial security post-separation). Despite this, however, most of the leaders consulted are fully cognisant that they’re obliged to do their part to instil the confidence in victim-survivors to be able to reach out to them for support, if they choose.

The guarantee of confidentiality (or, rather, the lack thereof) emerged as a significant barrier to help-seeking. One leader revealed that when cases of abuse are divulged, the cultural protocol in his community is to consult with elders for advice, which transgresses the confidence of victim-survivors. Another said that community leaders have sometimes been known to ‘*take the matter back to the husband*’, with drastic implications for women’s safety.

What we heard

Challenges and barriers to safe and effective support

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‘A lot of people have issues with trust. They don’t want to come out and report due to trust factor. They don’t want the information to be leaked. They are scared that people will talk.’
(Sri Lankan community leader)

Another key reason for women’s mistrust in faith and community leaders, it should be noted, is the fact that so many of them are men. This is a barrier recognised by leaders themselves; for instance: *‘In the Muslim community, it is difficult because women will generally not share their problems with men. They may not speak to the Imam, except in extreme situations.’* (community leader)

This mistrust is also widely recognised by service providers. One major reason this is so readily understood is that victim-survivors often mistrust and fear reaching out to service providers as well, just as they do faith and community leaders. One consultation participant shared that, from her own experience as a service provider practitioner, *‘if a safe space is created and people feel comfortable and if trust is built, they tend to share their DFSV experiences’*. The issue for victim-survivors, though, is not knowing whether or who to trust in the first place. This could be due to trauma-induced hypervigilance, but also due to fears about the potential fallout and consequences if their trust and confidence are breached: further violence, stigmatisation, social isolation, financial insecurity, child custody implications, visa implications, and so forth.

What we heard

Challenges and barriers to safe and effective support

Faith and community leaders' cultural and religious biases are a significant barrier to providing appropriate support to people experiencing abuse

Victim-survivors, leaders and service providers each recognised the significant challenges and barriers related to cultural and religious biases. As discussed above, migrant and refugee women cite patriarchal attitudes, justified on cultural or religious grounds, as a major reason for their mistrust in faith and community leaders on DFSV issues.

Faith and community leaders themselves acknowledge that their own cultural and religious blind spots can pose problems. A small number of faith leaders spoke of their difficulties in trying to reconcile their obligations to women with their own religious teachings and patriarchal conditioning.

Most of the faith leaders consulted have grown assured that gender equality is wholly supported by their faith tradition. However, not all are convinced. A small minority of male faith leaders expressed views that were dismissive of or hostile to women's right to live free from violence. Some distilled or paraphrased examples of the views shared include:

- *Women bring violence on themselves when they don't support their husbands or families enough.*
- *Allegations of abuse are Australian cultural bias; it's not considered abuse in our culture.*

- *Men have risked everything for their families to come here. They face a lot of stresses. If they have to discipline their children or teach a woman to know and accept her position, that's not a reason to call police. It's out of love.*
- *The Bible says that women should submit to their husbands. But here in this new environment, women hear so much other information, and it's confusing them.*
- *It's only violence if it's physical or sexual abuse. Nothing needs to be done unless it's life-threatening.*

Issues related to leaders' biases also arose in the consultations with service provider representatives. These included:

- **Resistance from some leaders to the notion of gender equality.**
- **The misinterpretation of scripture through a patriarchal lens.**
- **The prioritisation of family 'harmony' over women's safety:** this often results in leaders treating divorce or separation as a 'last resort', rather than as necessary option for the safety, wellbeing and dignity of the person experiencing abuse.

What we heard

Challenges and barriers to safe and effective support

For these and similar reasons, a small minority of service provider workers were of the belief that faith and community leaders can play no useful part in DFSV prevention and response. As one expressed:

'I don't really believe they have much of a role. I think in all that we've learnt and all that we know, there is a lot of evidence that suggests that when they get involved, things get worse. And we are talking about ethnically diverse communities... you know, they are applying what they believe to be adhering to their facts, which is sometimes is going to be at odds with our feminist theories, or you know, empowering women... and the Western ideology about gender equality. Gender equality itself is a big, contentious issue.'

Leaders may face a lack of support and understanding within their communities

The kind of views expressed above by male faith leaders are also prevalent at the community member level in certain cultural and religious contexts. For faith and community leaders who do aspire to being safe and effective DFSV social responders, prevailing patriarchal norms limit how much support and buy-in they can generate among their community, particularly men.

The following are some of the cultural and religious norms at issue in the community that leaders cited as hindrances to their work as social responders to DFSV:

- **Socialisation of men:** This includes being socialised to suppress emotions and use violence. In some cultural contexts, men are stigmatised for being weak if their partner goes to a third person to request support.
- **Rigid gender roles:** *'Traditional gender roles are still carried on here, and the idea that man has ownership of the woman'* (community leader); *'In many communities, for instance Fiji community, women belong to kitchen and men are superiors and high level... Human rights is there but gets under the desk, it is the tradition and culture that we are brought up with.'* (community leader)
- **Cultural taboos:** Due to DFSV being regarded as a taboo topic in many communities, there is a lot of silence, secrecy and denial of its impacts. This hinders it from being addressed and can ultimately perpetuate abuse.

What we heard

Challenges and barriers to safe and effective support

- **Notions of shame and honour:** When a woman seeking safety from abuse is deemed to bring shame on herself, husband, family, or community, e.g.: *‘In Indian culture, we don’t want our family to be in shame. So people try to suppress, rather than come out in public. They try to accept that their fate and parents teach their children this way, that this is how we need to live.’* (woman Indian community leader)
- **Notions of public and private:** DFSV is often cast as a private ‘family matter’ or mere ‘marital dispute’ that should be resolved behind closed doors. According to one woman Indonesian community leader: *‘They want to keep what is happening in the house inside. It is an invasion of their privacy.’*
- **Divorce seen as wrong or sinful,** e.g., *‘In Catholicism, there is no divorce...They think it is a sin against God if they break the marriage’* (Filipina community leader); *‘In Hinduism... marriage is about vows, and those who are devout believe they need to stick with husband. Divorce is a taboo.’* (community leader)
- **Family ‘harmony’ prioritised over women’s safety**
- **Stigmatisation of counselling:** *‘South Asian communities have roadblocks when it comes to counselling. They perceive it as something that is for mad people.’* (community leader)

Cultural and religious norms aside, limited understanding of DFSV is an issue in migrant and refugee communities, as in the wider community. This is especially the case when it comes to non-physical forms of abuse.

Many of these themes were echoed by service providers. These stakeholders recognise that for a faith or community leader to take a public stand on DFSV issues can sometimes put them at odds with their own constituents. This might mean being targeted on politicised grounds, but more often it is to do with a simple lack of understanding and awareness about what DFSV is (particularly when it comes to coercive control) and why it is an issue in need of urgent public action.

What we heard

Challenges and barriers to safe and effective support

Intersectional barriers to accessing support

Consultations identified specific barriers to accessing support among migrant and refugee young people and LGBTQIA+ people, as well as temporary visa holders and victim-survivors from smaller cultural and faith-based communities, including those in regional areas.

Young people

Young people from migrant and refugee backgrounds face unique and intersecting challenges in Australia that require consideration by anyone involved in their care, including service providers and faith and community leaders. These include:

- Acculturation and resettlement issues
- Racism and discrimination
- Housing and financial insecurity
- Intergenerational family discord
- Limited awareness of Australian law
- Mistrust of services and authorities
- Lack of access to culturally appropriate services and resources.

On the theme of service access and racism, one community leader noted: *‘Victims of family abuse, and youth who become delinquent due to family violence, [are] falling through the gaps of social services and education programs due to experiences of racism and discrimination.’*

Community leaders commented with respect to intergenerational family discord and acculturation issues for young people:

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‘The issue of cultural conflict, when young people arriving in Australia, going to school system, mixing with different people and developing a different outlook of life, and that causes conflict with parents, it can be violent. This is one part of family violence.’ (community leader)

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‘The way that we want to control the kids, it’s totally different in Australian cultures... the lifestyle and the cultures, the freedoms in Australia. There is a huge difference for us... In our culture, children don’t go anywhere without asking their parents.’ (Hazara community leader)

What we heard

Challenges and barriers to safe and effective support

LGBTQIA+ people

The LGBTQIA+ people consulted also reported challenges including family discord, discrimination, mistrust of services and authorities, and a lack of access to safe, inclusive and appropriate services.

LGBTQIA+ people from migrant and refugee backgrounds face considerable barriers when seeking support (whether from faith and community leaders, settlement services, LGBTQIA+ services, mainstream family violence services, the police or otherwise). They experience overlapping layers of marginalisation (e.g., queerphobia from ethno-specific services, and racism from LGBTQIA+ services), leading to disengagement and risk of falling between the cracks of the service system. Some people might not disclose their sexuality or gender identity to avoid discrimination, so their needs remain unmet.

Consultation participants variously described their challenges as follows:

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‘There are not many services available for people from CALD and LGBTQIA+ communities. Services are typically centring males as perpetrators and there is heterosexism ... At the same time there are issues with understanding specific ways that different people from different backgrounds speak about family violence or understand family violence.’

(LGBTQIA+ community member)

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‘We are othered. Many from LGBTQI communities fear that their identity will be revealed or their previous experiences in their home countries will be used against them.’

(community leader)

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‘There are trans women who were harassed by the police in their previous countries and didn’t have their support, and so they feel threatened when they are asked to call the police here.’

(community leader)

What we heard

Challenges and barriers to safe and effective support

Migration status

Migration status emerged in consultations as the most prominent intersectional factor for migrant and refugee women experiencing abuse, and a challenge for faith and community leaders or service providers seeking to support these women. Women holding temporary visas face particular disadvantages compared to those with permanent residency or citizenship. ‘Temporary visa holder’ is used here as an umbrella term referring to people on a range of visa subclasses, including those seeking asylum and those on partner/spousal visas, student visas, or any form of bridging visa.

The first set of challenges for migrant and refugee women on temporary visas is their limited access to services:

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‘Centrelink is not accessible to temporary residents. They are not eligible for parenting payments... Temporary residents need to be aware they need back-up and Centrelink will not help them.’ (community leader)

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‘Not enough support for people who are non-citizens or on fiancé visa.’ (victim-survivor)

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‘Another common issue is the visa problem, because providers don’t always service temporary visa holders, including international students.’ (faith leader)

What we heard

Challenges and barriers to safe and effective support

Secondly, victim-survivors who hold temporary visas are very often saddled by fears about the possible consequences of reporting abuse, creating additional barriers to service access:

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‘As a doctor, I have seen many cases of victims of DV from Australian men, and the women are on temporary visa. They realise that their relationship is not working but they feel vulnerable and that they can be deported if they open up. And that has an impact on their mental health. Until they build the necessary support to speak up, until they feel stable in their job and education, until they fear they cannot be deported, they suffer in silence.’
(community leader)

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‘Migration, fear of visa, fear that government will take their children away... are other big challenge that people do not disclose.’
(community leader)

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‘Here in Australia, most of the sexual [violence] victims of Japanese community are on temporary visa. They are scared to share because of their visa status.’
(community leader)

All too often, victim-survivors feel they have little choice but to endure abuse, pending the granting of permanent residency or citizenship. This is exacerbated for women whose visa status is dependent on their partners, which can lead to cases of immigration facilitated abuse:

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‘It is very common for CALD women... When there is a disagreement, the Australian man will say: “if you leave, I will cancel your visa”. So it is common for the woman to be silent and afraid. The visa sponsor has power. They think they do.’
(community leader)

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‘From the migration perspective, most applicants are men. They have control of visa and information. Women and children are just following through. They are isolated, and do not know what is written in the visa. Men are providers, but also the main person holding onto information and visa. So when there is a breakdown in relationships, women don’t know where to start.’
(community leader)

What we heard

Challenges and barriers to safe and effective support

The experience of international students can be particularly stark:



'International students are among the most vulnerable communities here. They have no support from any government, no support network. Their parents say that this is normal... I have experience with international students and it became evident to me that people from Asian and Latin American backgrounds had no education of contraception. Some are getting pregnant and some are getting abused by their boyfriends. I have had to refer them to women's health centres but there has been a lack of response from their end. Many of the women do not know about safe sex or contraception, and have had to terminate their pregnancy or go back to their home country... From the government and service providers, there is lack of responsibility about their care. But these temporary migrants are still paying taxes and contributing to Australia.'

(Latin American community leader)

Smaller communities

Migrant and refugee victim-survivors from cultural or religious communities with smaller population sizes (including, but not limited to, those living in regional and remote areas) face unique disadvantages in accessing support.

The lack of access to culturally safe, inclusive and appropriate services is a significant barrier: *'There are identity problems when it comes to representing small communities... There are limited resources and interpreters.'* (community leader)

Additionally, fears and concerns regarding privacy and confidentiality are heightened in smaller, tight-knit communities where everyone tends to know each other:



'People are reluctant to talk because they feel that something will go around. Darwin is small. People gossip and they are concerned to come out with their problems.' (community leader)



What we heard

Challenges and barriers to safe and effective support

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‘There is a lot of shame in the community... particularly CALD communities. I’m from Canberra. There are small communities, they know each other so they don’t talk about it. And also people say it’s a private issue. So even if they are a bystander or as a community member, they don’t want to be visible as well.’

(ethno-specific service provider)

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‘There can be a violation of privacy, sometimes, when there are limited resources and interpreters, and community members know each other. Police also have a certain limited number of interpreters to call. Some community members may not wish to speak to an interpreter if they know each other from before.’

(Indian community leader)

Other intersectional considerations

Other intersectional considerations raised in consultations included:

- **Language barriers:** *‘I have filled out prospective marriage visa, and the information is not simple. If people are coming from a different country, they have a language barrier, but even if I, as an English language speaker, navigate the website, I would want to throw out my laptop. People need simplified information and the knowledge that their visa will not be affected by domestic violence.’* (community leader)
- **Socioeconomic status:** *‘You don’t get free public school. You’ve got to pay for medical stuff. If someone gets pregnant and needs a specialist in a hospital, they have to pay for it. They pay over and above everything, so being a migrant is more expensive than being a local a citizen who’s been there 20 years, and that always contributes to financial distress. And financial distress then starts to impact, you know, conflict in the home and that then leads to family violence.’* (ethno-specific service provider)
- **Casteism in South Asian communities:** *‘Caste culture is a problem. If there are inter-caste marriages, they are isolated and ostracised from their communities. Nobody reports and people are afraid of their community members.’* (community leader)
- **Older people:** *‘There is also Elder abuse, parents being abused by their children...’* (community leader). While the prevalence of elder abuse was raised, the intersectional challenges for older people seeking help were not discussed directly by participants.

What we heard

Challenges and barriers to safe and effective support

Leaders face challenges in maintaining personal safety and appropriate boundaries

Several interrelated challenges were identified by community and faith leaders regarding their own safety, wellbeing and standing in community. The first pertains to the potential consequences for faith and community leaders when they support a woman experiencing abuse or take a public stand against DFSV. Their actions can spark ire and backlash from segments of the community:

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‘As a community leader, we have an obligation but when we help, we are targeted as people who are dividing communities.’ (community leader)

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‘In Slavic culture, there are people who can turn and threaten you if they find out that you are helping a victim.’ (community leader)

The unfortunate reality, then, is that the efforts of leaders who are genuinely committed to women’s safety can put their own safety and relationships in jeopardy. Perhaps in some cases, what victim-survivors lamented as a lack of courage on the part of some leaders, may well relate to the fact that many leaders *are* held back by fears of backlash.

We do not draw a false equivalence with the safety issues experienced by victim-survivors themselves, or assume that fears of potential backlash are adequate justification for leaders to absolve themselves of their duty of care in all cases. Nonetheless, fear and safety remain real issues faced by faith and community leaders and deserve to be taken seriously.

Another interconnected set of challenges relate to boundaries and capacity. Numerous faith and community leaders emphasised the importance of having clear boundaries and clarity around their roles; for example:

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‘We need to have boundaries and look after the spiritual life of the person, but also know how to separate things.’ (faith leader)

What we heard

Challenges and barriers to safe and effective support

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‘As a faith leader you should know you are not a social worker, you are not a psychologist, and you cannot solve all the problems... When they come to us, in addition to assisting them we are concerned about our safety as well, our safety is also important.’

(community leader)

To start with, leaders noted that chronic underfunding results in a perpetual gap between the level of need in the community and the level of services that community organisations are actually able to deliver. Many community leaders are unpaid volunteers, while even leaders who receive salaries, wages or honoraria still find themselves stretched for time and resources. This is amply evidenced in the story shared by one community leader below:

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‘It is brave of you to actually listen and signpost to different networks. But we need to know the limits of our bravery. We don’t have to be burdened by it... We have a life as well... I need to make sure I am protecting myself. Some people don’t want your support, but just need the information.’

(community leader)

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‘We need support to provide counselling adequately. It is very stressful for us, and we are time poor, and we have competing priorities... Many community leaders invest time by sacrificing jobs, but the financial side of things is priority for people. So is the community supported to support others with funding?... I have been a community leader for 15 years, and my wife and family get upset with how much time I dedicate outside, so these are the challenges. If someone discloses family violence or shares the problem, it is not a 15-minute job to listen to them. It takes hours, and then taking them to the police station, and counselling. So are there any vouchers to help support? We would like to help but we need support. Once you put community in front of anything, it usually means this is to be done for free. But people in these positions need to be remunerated as their work is valuable and stressful.’

Sectoral and structural issues compound these barriers and challenges

The last set of challenges raised by faith and community leaders and service providers pertains to issues in the community services sector, as well as deeper structural problems.

What we heard

Challenges and barriers to safe and effective support

This underfunding and under-resourcing of cultural and faith-based community organisations is acknowledged and recognised by service providers. This is partly due to the fact that not-for-profit service providers often struggle with chronic funding insecurity themselves. The key concern around this from a service provider perspective is that faith and community leaders are not sufficiently resourced to do what is necessary and right by women experiencing abuse:

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‘Another issue is that this is a volunteer job community leaders do. Sometimes cases go for longer and community leaders are not able to be available for that longer.’ (service provider)

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‘It’s just expected that if people come speak to you, then you need to do the full-scale of risk assessment. You need to do the full-scale. That is a professional job that gets rewarded when we work in these roles. So why would a faith leader, who has other duties, be expected to do the full amount? They may give a listening ear, but it will stop at that, because as long as you don’t give someone the clear role, they are only going to do what they feel like.’ (service provider)

Secondly, many leaders spoke of the considerable difficulties they face when trying to navigate the complex community services sector in Australia; for instance, when seeking appropriate supports and recourse for victim-survivors and their children. Knowing the right avenues to take can be a confusing and frustrating undertaking within the ecosystem of departments, agencies, and programs at all three tiers of government, along with a vast array of nongovernment organisations, including peak bodies and coalitions, service providers, incorporated community groups, unincorporated associations, and so on. One leader described their challenges as follows:

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‘We are migrants from other countries, so there’s a lot of bureaucracy around all these systems. So our people, first of all, when we come here, we’re already lost trying to find out how to manoeuvre life in Australia. So by the time you’re going to talk to a system about something, you’re already feeling lost, alone, isolated... You find you get a lot of brochures and you are told to go to that office, go to that office, and then that office... So that’s a problem right there.’ (Kenyan community leader)

What we heard

Challenges and barriers to safe and effective support

Further, there are the tensions and trust issues that persist between multicultural organisations (e.g., faith-based groups, ethno-specific service providers, migrant and refugee settlement services, multicultural women's services) and non-multicultural service providers (whether in the areas of DFSV, mental health, legal advocacy, housing, or otherwise). Non-multicultural women's services can sometimes be wary of multicultural organisations on account of a perceived lack of commitment to gender equality. Conversely, many of the faith and community leaders consulted felt that generalist service providers could often be tacitly racist, or at least lacking in cultural responsiveness:

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‘We need to build relationships with other partners and services, but often service providers... are not culturally sensitised. They have racist behaviour towards multicultural people. They give generic information and do not follow up. Most multicultural officers are not community officers; they only need a job, unlike community leaders who are community-centric and feel they need to help, regardless of time and money.’

(community leader)

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‘There are people who fall through the cracks in the efforts to educate on family violence. This is also because there are teachers who discriminate against students. Those who teach are not from the CALD community and have biases. There is racism and this creates a barrier to accessing existing services... We need to look at people who are providing care and these services, and whether they are adequately trained.’

(community leader)

What we heard

Challenges and barriers to safe and effective support

Service providers similarly acknowledged the general shortage of culturally appropriate services available to migrant and refugee women experiencing DFSV. This is an issue nation-wide, but especially in rural and regional areas, and in smaller jurisdictions. Indeed, faith and community leaders can do their part to make referrals to whatever services are deemed most fitting for each victim-survivor, but this is a challenge if culturally responsive services are not available. As one service provider participant lamented:

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‘We keep talking about connecting to services, but there is a huge amount deficit in services that are culturally appropriate. Huge. So the few that are there, they put a CALD worker in one here, but that is just like doing lip service. It’s not sufficient. So when women are being told “help is out there”, when we say to community leaders how to connect to a service, that service has to be there and for many it isn’t. It just is not there. And even with funded services that are there, there’s a limitation of the area they can serve, the type of client they can have, how many weeks they can support them. And then the person goes back home, and the coercive control and the persuasion of the community... then works to that advantage. It’s actually counterproductive rather than being helpful and supportive’.

A related sectoral and structural issue identified by service provider participants was the *‘lack of coordination between service providers, faith leaders, and community leaders’* (service provider worker).

Finally, leaders identified that the cultural and racial exclusion experienced in the community services sector is compounded by the systemic racism in wider society. Indeed, the consultations with faith and community leaders yielded many complaints about structural and systemic racism in schools, in workplaces, and in their neighbourhoods – all of which added to a sense of insularity and otherness among the participants. Distrust in the police and in child protection services was also commonly expressed. Systemic racism in government remains relevant to the topic at hand, particularly given the complex relationships and funding arrangements that exist across the community services ecosystem and various tiers of government.

What we heard

Enhancing trust and collaboration

Strengthening trust and collaboration among leaders and community members (including victim-survivors), as well as leaders and service providers, was consistently identified as a priority in consultations. Trust is one of the most critical factors in enabling safe and appropriate social responses to DFSV by faith and community leaders.

Primary prevention efforts are critical to building trust between leaders and community members

To begin to address the challenges and barriers raised above, consultations highlighted that an essential first step for faith and community leaders is to prioritise building greater trust within their communities, including with migrant and refugee women, young people, LGBTQIA+ people and victim-survivors. While early intervention and timely responses to DFSV incidents remain vitally important, victim-survivors call on faith and community leaders to step up and play an active role in primary prevention efforts. This, they noted, is vital to earning their trust.

As discussed above, victim-survivors want faith and community leaders to leverage their positions of power to make a positive difference in gender equality in their communities, while also observing that leaders are often hesitant or lacking in confidence to do so. Given the mistrust this has sown among migrant and refugee women, particularly those with lived experience of DFSV, the antidote they identified is for leaders to show more courage, commitment and moral leadership on DFSV issues.

This can take various forms in practice. One key suggestion was for faith and community leaders to drive cultural change through community conversations and education; for instance, through:

- Regular teachings on how faith and cultural values can be mobilised in support of gender equality and against DFSV.
- Honest conversations that address cultural and religious biases that may prevent victim-survivors from seeking help.
- Community campaigns to challenge the normalisation of abuse, and instead normalise raising voices against it.

Interestingly, it was suggested that greater interfaith collaboration (e.g., through conferences and community events) could likewise help strengthen efforts to promote gender equality and break the taboo of talking about DFSV.

What we heard

Enhancing trust and collaboration

The victim-survivors consulted were also adamant in their suggestions that faith and community leaders commit to building their own knowledge and skills on DFSV matters. Doing so would increase their confidence and courage to step up as moral leaders, while simultaneously helping build trust and confidence among those in their communities at risk of, or experiencing, abuse. It was specifically suggested that faith and community leaders receive training on the following topics:

- **General DFSV awareness**, especially when it comes to coercive control and psychological impacts, and the dynamics of power and control.
- **Recognising the early warning signs of abuse**, in order to provide crucial early intervention.
- **How to act in the best interests of victim-survivors**, including by providing a safe, non-judgmental space for disclosures, and appropriate referrals and support systems.
- **Laws related to DFSV**
- **Gender equality**
- **Cultural sensitivity**: This suggestion came up in relation to a number of cases, including one faith leader whose cultural background was different from his constituents, and another who tacitly disapproved of intercultural marriages within his congregation. It was stressed that such leaders should be trained to respect people's cultural backgrounds, without using culture as an excuse to ignore abuse.

The need for accountable leadership that centres community and victim-survivor voices

Crucially, the victim-survivors consulted emphasised that they want leaders who are genuinely accountable to, and representative of, the communities they purport to serve. Doing so would support building and maintaining long-lasting relationships of trust between the two stakeholder groups. It was suggested that this could be achieved by:

- **Increasing women's representation or participation among faith and community leadership**, noting that gender dynamics play a significant role in how comfortable individuals feel disclosing sensitive issues like sexual violence, especially when interacting with male faith leaders. If not in formal positions of faith leadership, women supporting faith leaders and being available to other women has significant potential to improve access and trust.
- **Establishing mechanisms for faith and community leaders to learn from and be guided by victim-survivors**, e.g., lived experience advisory bodies, and 'reverse mentoring' initiatives.
- **Providing opportunities and pathways for victim-survivors to themselves become leaders**, drawing on their own lived experience to be able to help others.

What we heard

Enhancing trust and collaboration

Creating environments of trust and safety

Establishing an environment of trust and safety from the outset is also important for building trust between victim-survivors and faith and community leaders. Victim-survivors stressed that, rather than simply react to incidents of abuse as they occur, faith and community leaders should proactively connect and build trusted relationships with women that, in turn, create safe spaces for disclosures. Once DFSV has occurred (or is occurring), it is too late to build trust with a victim-survivor. The issue of women's access to leaders is significant here, as discussed earlier. Once again, this relates to primary prevention and early intervention efforts.

Consultation participants suggested several means through which faith and community leaders could cultivate such an environment of trust and safety; for example, through one-on-one relationship-building, printed resources, workshops, and peer support spaces. It was highlighted repeatedly that any such work should ensure the utmost privacy and confidentiality of those involved.

The young people and LGBTQIA+ people from migrant and refugee backgrounds consulted stressed that establishing trust and demonstrating particular leadership qualities are imperative, and a prerequisite for seeking help from community or faith leaders. In addition to assurances of privacy and confidentiality, adoption of strengths-based approaches were seen to be critical, building on people's existing resources and focusing on protective factors such as culture, faith, community and family. Understanding diversity within diversity; acknowledging whole individuals rather than reducing people to one aspect of their identity; and responding to intersectional dynamics between DFSV, culture and gender (and any other factors) are foundational to trust. Ultimately, these approaches empower individuals in decision-making in a way that sustains trust and facilitates safety.

What we heard

Enhancing trust and collaboration

Trust between community and faith leaders and service providers

Points of tension between faith and community leaders and service providers raised in consultations included the lack of capacity for culturally responsive practice among some service providers. This can result in further marginalisation and exclusion on cultural or racialised grounds (even if inadvertently). Some male leaders feel especially aggrieved about the way that DFSV issues can become racialised in a way that generalises men from particular faiths or cultures as being violent or backward. Broadly, leaders expressed that tackling DFSV should be approached in a culturally responsive way; never in a way that racially problematises whole cultures or religions.

Conversely, some service provider stakeholders shared that male leaders from multicultural backgrounds can often harbour views that are antagonistic or antithetical to gender equality and other feminist values.

While these were views of a minority of leaders and service provider participants consulted, it nonetheless highlights the pressing need to find ways of building greater understanding, trust and collaboration between the stakeholder groups in the pursuit of migrant and refugee women's safety and wellbeing.

Opportunities for enhancing trust and collaboration

There was evident willingness and good faith between leaders and service providers in consultations; strong foundations for building greater trust and collaboration between the two stakeholder groups. Consultation participants identified several means for achieving this.

Improving capability for culturally responsive service delivery

Many faith and community leaders indicated that DFSV services could enhance their cultural responsiveness and begin to address systemic racism (thereby strengthening leaders' trust and confidence) by:

- **Participating in cultural responsiveness training**
- **Improving the accessibility of resources to migrant and refugee communities**, especially through the provision of more in-language materials
- **Engaging paid cultural consultants**, to enhance culturally responsive service design and delivery
- **Hiring more culturally and linguistically diverse staff members.**

What we heard

Enhancing trust and collaboration

Working in partnership on prevention

Faith and community leaders and service providers agreed that complementary partnerships on DFSV prevention could enhance trust and collaboration. One leader from the Hazara community expressed that it's the role of faith and community leaders to 'build bridges' with mainstream services and wider society. This was echoed in another consultation, where participants spoke of the need for partnerships that help bridge cultural and language gaps.

Leaders were eager for community access to education sessions on general DFSV awareness, highlighting what constitutes violence, including less visible forms like financial or emotional abuse. The role of storytelling, where survivors share their experiences, was seen as a powerful way to reduce stigma and encourage others to seek help. Improving understanding of marriage under Australian law was also highlighted by community leaders as a priority.

It was also suggested that prevention initiatives could be embedded and integrated into International Women's Day activities, informal community events, English classes, and general community engagement. Partnerships with service providers would be beneficial in these scenarios too.

In turn, service providers proposed specific joint initiatives, including collaboration on community education; establishment of collaborative networks, coalitions or other such forums; and the co-design of resources. However, participants noted some of these have been attempted previously but had limited success due to under-resourcing and lack of formal structures.

Working in partnership to intervene early and facilitate access to appropriate services

Faith and community leaders and service providers also both recognised the need to collaborate to improve support for victim-survivors. Leaders felt that community organisations, religious institutions, and service providers should pool resources and expertise to create support systems that are safe, accessible, effective, and culturally appropriate.

Again, the point about complementarity was raised. For one community leader, it was not solely about the expertise that service providers can bring, but acknowledging the boundaries of leaders' roles and the greater financial, institutional and professional resources at services' disposal:

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'There are services who are funded to share the load... We are not the right place for counselling. It is more about listening, supporting emotionally, and signposting. You can't give yourself to every person, but you can send them to right services and right experts. We are only lay people in our community. We are not formally delivering services, so we cannot deliver but only signpost... Services have delays and processes and systems. But the main thing is that as a community leader, we share the load because there are services that are funded to this work. We need to rely on experts.'

What we heard

Enhancing trust and collaboration

This is a valuable insight that reflects how enhanced collaboration not only facilitates victim-survivors access to appropriate supports, but can assist to address the personal safety and boundary issues also raised by leaders.

Similarly, service providers have valuable experience in managing boundaries and risk of vicarious trauma. Partnerships could potentially contribute to codeveloping support systems for leaders in frontline care provider roles.

Developing strategic relationships among allies

Service providers additionally suggested that strategic relationship building could enable the nurturing of trust and collaboration. One consultation participant gave tentative insight into how such work might begin. Recognising the fact that progressive change is in train across multicultural Australia, she stated:

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‘We need the new community leaders from the new communities to rise up... Within our community, the Muslim community, there is a leader that actually is in place that will deal with all the divorces and everything like that, so women can actually go to him and discuss issues within their marriage. But they shouldn’t be going to just any faith leader because they may not be as receptive. So recognising the faith leaders that are able to work well in that situation. We cannot just say we’re working with faith leaders, but to identify those who are willing to speak up and empower and train those that are able to effectively work with the community... It’s really important that we, you know, pick those and identify those and put them in the right roles and making sure that there are women advocates there too, instead of bringing people into the forum who are fixed in that thought process and who can influence people in a negative way instead of in a positive way, so we have to be very careful.’
(woman Muslim service provider)

This vignette reflects the reality that not all faith and community leaders may be willing allies in responding to DFSV, but highlights the opportunity for service providers to identify and build intentional relationships with those who are. It also reinforces the importance and impact of creating space for women’s advocates to be present and active in supporting faith leaders to build trusted connections with victim-survivors.

What we heard

Enhancing supports for victim-survivors and leaders

This section explores the nature of support victim-survivors and others at risk of DFSV seek from faith and community leaders, and how community and faith leaders themselves would benefit from further support.

Noting that not all migrant and refugee victim-survivors want, need or trust the support of leadership figures from within their communities, the suggestions presented here are not about imposing supports but enabling options and choice for seeking help.

Support for victim-survivors

Access to safe, non-judgemental immediate responses

As well as faith and community leaders needing to establish a general atmosphere of trust from the outset, it is vitally important that disclosures of violence are met with safety, dignity, confidentiality and without judgement.

In one consultation, victim-survivors provided guidance regarding specific 'Dos and Don'ts' for any faith and community leader wishing to support them. Among them were:

DOs:

- Do ask: 'How can we be of help?'; 'Do you feel safe?'
- Do say: 'This is where you can go to seek help'; 'I will be there to help if you need me to'
- Do believe and validate the person disclosing abuse
- Do treat the person with compassion, dignity and respect
- Be supportive, non-judgmental, considerate, warm, understanding, and empathetic

DON'Ts:

- Don't ask: 'What did you do?'; 'Why did you do this?'; 'Why do you want to break the home?'; 'Why did you stay?'; 'Why did you let yourself suffer for so long?'
- Don't say: 'You should go back to your country, it's not easy to survive here as a single mother'; 'A woman is the one who makes the home, you must try to keep it together'; 'It is your duty to make it work'; 'Think about your children'; 'You should have left that person long ago'
- Avoid victim-blaming: don't treat the person as if they're responsible for their own abuse
- Avoid projecting your own values onto the person (e.g., telling them to avoid divorce and instead seek reconciliation with their partner)
- Don't judge, condemn, fear-monger, or project your own emotions

What we heard

Enhancing supports for victim-survivors and leaders

Connecting to safe, effective crisis support

Following disclosures, victim-survivors and other consultation participants stressed the importance of leaders being aware of appropriate local support services (e.g., legal, financial, housing, counselling) and being able to engage with services to determine referral pathways and to identify the most appropriate responses in each circumstance.

Service navigation support can be critical for victim-survivors who are not familiar with the Australian or local service system.

Provide longer term support for healing and rebuilding

The victim-survivors consulted made it clear that, beyond short-term crisis support, they also need longer-term support to help them heal from trauma and rebuild their lives.

They stressed that leaders should be aware that DFSV is not a one-off incident. It is a trauma with ongoing effects, and the isolation can be felt later. *“Sometimes the trauma starts later after everyone else has forgotten what happened, but for the one it happened to. In that time we are going through an emotional rollercoaster”* (victim-survivor). This victim-survivor recommended that leaders continue to check in with women regularly, even after the point of crisis and especially into the first few years.

One victim-survivor shared her positive experience of support from Imams in her community. Though it was difficult to identify those who could assist, ultimately she was supported by an Imam to secure *khula* (Islamic divorce) on the basis of domestic violence. The Imam sensitively helped her navigate the lengthy divorce process, and persistently stood by her despite continuous obstruction by her ex-partner. She found it a difficult but ultimately empowering process.

What we heard

Enhancing supports for victim-survivors and leaders

Support for faith and community leaders

As well as identifying barriers and challenges, faith and community leaders put forth a range of suggestions regarding how they might be better supported and equipped to prevent and respond to DFSV in their communities.

Consultations revealed an indispensable complementarity between the strengths and expertise of service providers and faith and community leadership – and partnership is vital to effectively resourcing leaders to take on social responder roles.

Training and capacity building on DFSV prevention and response

Leaders consulted expressed the need for greater opportunities for DFSV training more than any other form of support. Not only would this allow them to be more effective in their work as individual leaders and care providers, but also to build awareness and capacity in their communities by passing on what they learn to their constituents *‘in their own languages’* (community leader).

General expressions of support for DFSV training from faith and community leaders included:

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‘It starts with us – to have knowledge and training.’ (community leader)

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‘Efforts should focus on equipping willing ministers with specialised training and access to counselling resources. This ensures they are better prepared to address FDSV effectively, fulfilling their biblical mandate to care for the vulnerable.’

(Christian faith leader)

What we heard

Enhancing supports for victim-survivors and leaders

Faith and community leaders also mentioned that training would be beneficial on a range of specific topics:

- **Definitions of DFSV:** *'There should be training around small and less obvious signs of family and domestic violence... on coercive control, for instance, if someone has a controlling approach, and GPS tracks movements.'* (community leader)
- **Recognising abuse and providing early intervention:** *'Appropriate training for community leaders [on]... the warning signs. That there might be violence in a family that looks quite normal and is kept hidden. What are the things that you can do then?... What are forms and ways to identify? How to pick up on the right cues? What are the things that children say?... We can start gently from these signs.'* (Baha'i community leader)
- **How to respond safely and compassionately to disclosure:** *'How to lend a listening ear?... What are the questions that you can ask the woman?... How to listen without judging?'* (community leader)
- **Impacts on children**
- **Sexual consent in marriage**
- **Laws related to DFSV**
- **Systems literacy**

Likewise, numerous service provider participants emphasised the need for tailored DFSV training for any faith and community leaders wishing to assume the role of DFSV social responder. They want leaders to be able to recognise the full spectrum of abusive behaviours, including coercive control, reproductive coercion, and financial abuse. Given their trusted status within cultural groups, service providers feel that faith and community leaders can be crucial allies in addressing DFSV, as long as they're equipped with the right tools and training.

What we heard

Enhancing supports for victim-survivors and leaders

Enhancing systems literacy

Many leaders spoke about challenges with navigating the complex community services sector in Australia. Coupled with this were suggestions for building their *systems literacy* – this was one of the most frequently specified requests. It was noted that being better equipped to navigate the service ecosystem enables faith and community leaders to more effectively respond to complex situations and provide appropriate referrals for victim-survivors professional services. As one participant expressed: ‘As a leader, I need to know what the law in this country says about DFSV... and to get familiar with the systems, and to be well connected’ (community leader). Again, many service providers concurred with these sentiments.

Leaders identified the need for capacity building support in:

- **Referral pathways**
- **Service mapping**
- **Supporting people from different backgrounds**
- **Understanding relevant laws**
- **Understanding specific sectors**, including health, housing, and mental health
- **Sourcing relevant and reliable service information**

For faith and community leaders providing social responses to DFSV, reliable service information means being equipped with resources and knowledge to assist victim-survivors, and knowing where to refer them for case management, counselling, accommodation, and other essential services. As such, faith and community leaders across multiple consultations requested access to centralised resource repositories of varying kinds, including mobile phone applications, websites, and booklets. For example:



‘We need a one-stop point where we can go, and have all the information. Even for community leaders, it is very difficult to have all the knowledge and the policies keep changing. People forget after they attend a workshop... We can recommend if we have resources, booklets, and all information and contact details... This knowledge is important so that people can make informed decisions.’
(community leader)

What we heard

Enhancing supports for victim-survivors and leaders

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‘We need a website on who to reach out, how to recognise, what to do when something happens. We need a list of psychologists, referrals, vicarious trauma support, police information, social workers, nurses and interpreters. We need a template with all this information and who to contact when.’
(community leader)

Service providers equally acknowledged the need for service information to be easily accessible to faith and community leaders.

Leaders providing frontline care need more support

In the context of the safety and boundary issues they raised, leaders also highlighted the need for better support systems, allowing them to effectively support victim-survivors while also managing their own wellbeing. Elsewhere it was similarly asserted that *‘community leaders need structure and support’*, including, not least of all, *‘vicarious trauma support’* (community leader). As another leader noted:

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‘Giving people the knowledge of human behaviour and psychological training because community and faith leaders need to be observing behaviour, like a teacher with children. You will know when someone is coming in without shoes or acting strangely, and regardless of ethnicity and race... So we need classes to be given to community leaders.’

Leaders wished to be better equipped to identify signs of DFSV and support community members living with the impacts of trauma (related to DFSV and/or other life experiences), but also to be able to respond in a manner that helps them practice self-care and mitigate vicarious trauma.

Key insights and opportunities for future action

Consultation findings have been utilised as the foundation for a comprehensive co-design process, guiding the development of training resources to support faith and community leaders acting as social responders to DFSV across Australia. There remains opportunity for these insights to inform policy and programming moving forward, particularly as the DFSV sector becomes increasingly aware of the integral role of migrant and refugee communities, and their leaders, in holistic and equitable prevention and early intervention for the safety of migrant and refugee women and children.

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