

Making *the* Links

A GUIDE TO WORKING WITH MIGRANT
AND REFUGEE COMMUNITIES IN PRIMARY
PREVENTION AND EARLY INTERVENTION



Acknowledgement of Aboriginal sovereignty

Multicultural Centre for Women's Health (MCWH) acknowledges and pays respect to the Boon Wurrung and Wurundjeri Woi Wurrung people of the Kulin Nation, on whose land this guide was written. We pay our respects to Aboriginal and Torres Strait Islander peoples, their ancestors and Elders, both past and present and acknowledge that sovereignty was never ceded.

As migrants to this country, we benefit from the colonisation of the land now called Australia and have a shared responsibility to acknowledge the harm done to its First Peoples and work towards respect and recognition. We recognise that Aboriginal and Torres Strait Islander women are leaders in working to prevent the disproportionate levels of violence enacted against them, their children and their families.

We pay our respects to Aboriginal and Torres Strait Islander peoples, their ancestors and elders, both past and present and acknowledge their continuing connection to land, sea and community. We hope our work contributes to the wider project of respect and recognition for First Nations people in Australia.

MCWH Acknowledgements

MCWH acknowledges the financial support provided by the Commonwealth Government to produce this resource.

The project team would like to thank all the migrant and refugee women, service providers, and multicultural organisations who participated in this project, without whom this guide could not have been written.

This resource was prepared by Amy Tong, Dr Giang Tran, and Vahideh Eisai. A special thanks to Delaram Ansari, Dr Maria Hach, and Dr Adele Murdolo for their advice and editorial support.

About MCWH

Established in 1978, MCWH is a Victorian-based women's health service that works nationally and across the state to promote the health and well-being of migrant and refugee women through advocacy, social action, multilingual education, research, and capacity building.

About Making the Links – Building Safer Pathways for Culturally and Linguistically Diverse Women in Regional Victoria

Making the Links is funded by the Commonwealth Department of Social Services. The aim of Making the Links is to understand the intersectional discrimination migrant and refugee women in rural and regional areas face when seeking help for safety.

Over the last five years, MCWH has delivered training, education sessions, and consultations to support migrant and refugee women across regional Victoria (Ballarat, Bendigo, Geelong, Mildura, and Swan Hill) to access mainstream family and domestic violence and sexual assault services.

About this guide

The following guidelines are based on insights we have gathered from multicultural organisations and sexual assault services across Victoria in rural and regional areas who work with migrant and refugee communities.

This resource combines their perspectives with MCWH's 45 years of experience of working with migrant and refugee women in developing and delivering prevention and early intervention activities.

We present six principles with accompanying recommended practices that can be used to inform the design, development, and delivery of prevention and early intervention activities with multicultural communities to better support migrant and refugee women at risk of or experiencing sexual assault.

MCWH uses the term 'women' throughout this resource. We acknowledge that the social category of 'women' fails to accurately capture gender diversity and can be limiting. We recognise this approach is not inclusive of non-binary and gender diverse people, who may also experience significant barriers to accessing support for sexual violence. This is a limitation of our research and is indicative of the work that is required to ensure gender transformative approaches to violence prevention.

This guide is intended for practitioners who work with migrant and refugee women in sexual assault and sexual violence primary prevention and early intervention.

Key terms and definitions

Early intervention

Early intervention is sometimes also known as 'secondary prevention'. It aims to 'change the trajectory for individuals at higher-than-average risk of perpetrating or experiencing violence' (Our Watch 2021, p.58).

Migrant and refugee

This guide uses the term 'migrant and refugee' to describe people living in Australia who were born overseas or whose parent(s) or grandparent(s) were born overseas in a predominantly non-English speaking country. We use this term to highlight the impact of the migration and settlement process on communities.

Primary prevention

In Change the Story, primary prevention means stopping violence against women from occurring in the first place by addressing the underlying drivers that support, promote, and/or normalise violence (Our Watch, 2021).

Sexual assault

As defined by the Commonwealth government in the National Plan to End Violence Against Women and Children 2022-2032, sexual assault is 'an act of sexual nature carried out against a person's will through the use of physical force, intimidation or coercion, including any attempts to do this. It includes rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, penetration by objects, forced sexual activity that did not end in penetration and attempts to force a person into sexual activity.

Sexual assault occurs when a person is forced, coerced or tricked into sexual acts against their will or without their consent, including when they have withdrawn their consent' (2022, p.132).

Sexual violence

An umbrella term used to capture sexual activity where consent is not freely given or obtained, is withdrawn or the person is unable to consent due to their age or other factors. Such activity can be sexualised touching, sexual abuse, sexual assault, rape, sexual harassment and intimidation and forced or coerced watching or engaging in pornography. Sexual violence can be non-physical and include unwanted sexualised comments, intrusive sexualised questions or harassment of a sexual nature (Commonwealth of Australia, 2022).

Introduction

The prevalence of violence against women is unacceptably high in Australia. Since the age of 15, 1 in 3 women have experienced physical violence and 1 in 5 women have experienced sexual violence (ABS, 2023). Of women who have experienced sexual violence, two million reported having experienced sexual assault (ABS, 2023). It is important to note that the prevalence of sexual violence may be considerably greater as many incidents go unreported.

For migrant and refugee women, evidence indicates that prevalence rates are even higher, and that violence is more severe and prolonged (Lum On et al., 2016). Factors such as immigration policy, temporary and dependent visa status, along with social isolation and economic insecurity from the settlement process can increase migrant and refugee women's vulnerability to violence (MCWH, 2021). Further, migrant women may endure prolonged exposure to violence due to structural and interpersonal barriers to accessing support services (Vaughan et al., 2016).

While mainstream family and domestic violence and sexual assault services have made significant strides in supporting migrant and refugee women who are at risk of or are experiencing sexual violence, there remains a gap in what constitutes best practice in awareness and education on sexual assault when engaging migrant and refugee communities.

—

The aim of this resource is to provide sexual assault services and multicultural organisations a framework in which to develop prevention activities for multicultural communities, as well as early intervention actions on how best to support migrant and refugee women who are at risk of experiencing sexual assault.

—

Key barriers migrant and refugee women face when accessing support for sexual violence: An overview of literature

Change the Story, Australia's national framework for violence prevention attributes gender inequality as one of the key drivers of violence against women (Our Watch, 2021). Gender inequality intersects with other forms of oppression and discrimination to create a 'social context in which violence against women occurs' (Our Watch 2021, p.28). For migrant and refugee women, research has indicated that gender inequality intersects with other factors, such as racial discrimination, place, and immigration policy and legislation to perpetuate violence (Vaughan et al., 2016). These intersecting factors can undermine efforts to ensure safety and survival (Vasil, 2023).

In previous phases of the Making the Links project, we found that migrant and refugee women face key barriers to disclosing sexual violence, namely unfamiliarity with justice systems, fear of losing connection to families and communities, and the need to protect their community from negative stereotypes imposed by wider society (MCWH, 2022). For migrant women who come to Australia on a partner visa or on a temporary visa scheme, such as a working visa or a student visa, the threat of visa cancellation from their partners, sponsors, and employers is a settlement pressure that actively discourages them from reporting (Forbes-Mewett & McCulloch, 2016; Maher & Segrave, 2018; Segrave, 2017). Put simply, insecure migration status places many migrant and refugee women

at higher risk of violence (Vasil, 2023). Additionally, navigating legal systems and going through court processes in Australia is a significant challenge that prevents many from seeking support after experiencing sexual and domestic violence (Cavallaro, 2010). The challenges that come with help-seeking and disclosing are reinforced by a workforce that is not adequately resourced or set up to deliver gendered and culturally appropriate support (Tran et al., 2024). As identified by the Royal Commission into Family Violence, 'only a small amount of government funding goes to prevention... unless we pay serious and sustained attention to prevention initiatives, the service system will remain overwhelmed and under-resourced' (State of Victoria 2016, p.11). These systemic issues have flow-on effects to the quality and type of service provision offered to migrant and refugee women seeking support for sexual violence. The Commission specifically noted workforce gaps, which include 'shortcomings in bicultural and culturally appropriate practice that have been caused by demand pressures, skills gaps and in some cases discriminatory practice' (2016, p.114). Despite the findings from the Royal Commission and the ensuing reform process, prevention work continues to remain underfunded, and the workforce is still un-representative.

Furthermore, migrant and refugee women living in rural and regional Australia face additional barriers when accessing support services for sexual violence. For instance, Murray et al. (2019) cites having fewer support services available, capacity restraints due to service providers having to cover larger geographic areas, limited public transport, and less access to interpreters as some of the key challenges. Further, in smaller rural communities, victim-survivors may also experience social ostracism and increased surveillance from community members (Murray et al., 2019). For migrant and refugee women in rural and regional communities, gender inequalities are amplified where geographic isolation means women have 'less support and fewer options to escape violence and discrimination' (Jenkins 2017, p.7).



Findings from Making the Links

For the development of this resource, we engaged a total of 29 workers from multicultural organisations and sexual assault services across Victoria in surveys and interviews. We asked them about the key barriers and challenges that migrant and refugee women in regional areas face when seeking support if they are at risk of, or have experienced, sexual assault. Our findings affirm the literature above and are summarised as follows:

01

Equitable access to information on
sexual assault

For many migrant and refugee women the lack of accessible, tailored and meaningful information and resources in languages other than English is a significant barrier that hinders them from seeking support for sexual violence (Cavallaro, 2010; Satyen et al., 2018).

In our research, we found that some organisations had made efforts to run regular information sessions on sexual and reproductive health rights and sexual assault, but only one respondent said these were tailored to migrant and refugee communities. Most workers said their organisation had not run information sessions on sexual assault in any other languages than English.

Additionally, when it came to distributing information on sexual assault and violence prevention, flyers and brochures were cited as the most popular channels. This was followed by telephone or advice lines, then audio and video content. Despite the different support channels used by service providers to raise awareness on sexual assault in migrant and refugee communities, most of these resources were only offered in English, posing significant barriers for non-English speakers to access effective, timely and culturally and linguistically appropriate support for sexual assault.

It is important to note that the lack of accessible information is also tied to digital access and literacy. Sexual assault services have developed new ways of disseminating information through digital means, such as websites and chat services. However, these strategies exclude migrant and refugee women who 'may not read English or any language, who were not computer literate, and whose access to computers and other devices were often limited or controlled by perpetrators' (Vaughan et al. 2016, p. 65). Technology-based modes of information dissemination further exacerbate the digital divide, running the risk of excluding migrant and refugee women from accessing timely support if at risk of or experiencing sexual violence. Our findings in this area demonstrate that access and equity to information on sexual assault must consider both language and digital literacy in order to be inclusive of migrant and refugee populations.

02

Limited outreach with migrant and
refugee communities

When it comes to preventing sexual violence and supporting migrant and refugee women, 'a one-size-fits-all or mainstream approach' does not work (Koleth et al., 2020). Organisations and services need to recognise the diversity and complexity of migrant and refugee women's needs and create tailored prevention and early intervention strategies. As such, conducting tailored outreach and engagement activities, building relationships and centring migrant and refugee women's experiences are essential for services and organisations to understand the specific needs of the community they intend to work with.

However, in our survey and interviews, we found there were limited connections between sexual assault services and multicultural communities. The majority of respondents cited the lack of capacity as the main reason for their organisation not participating in formal and informal multicultural community gatherings. Notably, a few workers spoke about attending communities of practice where migrant and refugee women were invited as guest speakers to talk about violence prevention, but many were unsure whether their organisation had participated in these events.

Our findings in this area indicate that trust has not yet been established with migrant and refugee communities and mainstream services in Victoria. Building trust with multicultural communities is crucial for creating and maintaining a supportive foundation where migrant and refugee women feel safe to disclose information. Without these connections there is risk of perpetuating a cycle of underreporting and under-utilisation of mainstream services by migrant and refugee communities.

03

Workforce challenges

The lack of trust towards mainstream services in Victoria is bolstered by a homogenous workforce that does not reflect the diversity of migrant and refugee populations. Many respondents told us about the lack of diversity in the sector as a key barrier preventing migrant and refugee women from seeking support. All respondents and interviewees recognised the importance of bilingual workers and bilingual education in prevention and early intervention work. However, many spoke about the challenges in the recruitment of bilingual workers, especially those who are adequately trained to handle sexual assault cases.

To bridge this gap, interpreters have been used. However, several service providers spoke about the limited availability of interpreters for newly arrived migrants and for on-site interpreting in regional areas. Where interpreters were available for less common languages, several service providers spoke about the risk of the interpreter knowing both the victim and the perpetrator and the implications for service delivery and women's safety. Instances of unprofessional and dangerous interpreter behaviour have been documented in Australian literature, including inaccurate interpreting in court settings and interpreters sharing confidential information with women's families and communities (Vaughan et al., 2016).

However, interpreters also face specific challenges when interpreting in settings related to gender-based violence, namely vocabulary limitations, a sense of responsibility for clients' safety or liberty, and vicarious trauma, including the re-traumatisation of interpreters from refugee backgrounds (Vaughan et al., 2016). These challenges are tied to a lack of systemic support and recognition of interpreters as an integral part of the gender-based violence support system. For example, interpreters interviewed for the ASPIRE project said they received no debriefing sessions or counselling support (Vaughan et al., 2016). There is also a lack of opportunity for interpreters to undertake training and education on issues of violence against women (Norma & Garcia-Caro, 2016).

Furthermore, funding constraints across both multicultural organisations and sexual assault services have prevented the development of prevention and early intervention programs that would meet the needs of migrant and refugee communities. In our surveys and interviews, we heard how the sexual assault sector has historically been underfunded, especially in regional areas. The short-term nature of funding has been a highly problematic issue, particularly for primary prevention work, which by nature requires sustained effort over longer timeframes to deliver attitudinal and societal change. This has flow-on effects to the quality and type of service provision, where short-term funding cycles often pose as a challenge for retaining skilled staff and prevention specialists.

Lastly, we heard about the need to form partnerships across sectors. Some respondents said they had started to forge relationships with multicultural organisations, settlement services or community leaders on how to work with migrant and refugee communities on sexual assault. Secondary consults with multicultural organisations were mentioned as a means to ensure prevention and early intervention activities were culturally responsive and appropriate. The Orange Doors initiative in Victoria was cited as another way to foster collaboration between sexual assault services, practitioners, and multicultural organisations. However, many shared that this approach appeared to lack a well-defined process. Sexual assault services and multicultural organisations have seen the value of collaborating with one another to ensure activities are comprehensive and culturally appropriate. However, we heard that the structure of these partnerships have been unclear and/or occurring on an ad hoc basis. Establishing clear guidelines and structures for these partnerships will not only enhance the effectiveness of prevention and early intervention activities but ensure migrant and refugee women are supported in ways that are sustainable, impactful, and meaningful.

Our findings in this area point to a wider need to strengthen the capacity of settlement and multicultural sectors and the violence response sector to better support migrant and refugee women experiencing violence beyond primary prevention.

Settlement and multicultural services play a critical role in supporting migrant and refugee women when they first arrive in Australia and are likely to receive disclosures of violence (Zannettino, 2013; Vaughan et al., 2020). They are also likely to play an ongoing role in migrant and refugee families' lives, suggesting an important potential role in early intervention too, namely recognising violence, responding with appropriate care, and referring women onto violence-specific services (Vaughan et al., 2020). As such, there lies an opportunity for greater networking and collaboration between the two sectors through the sharing of knowledge and resources. This could be through the development of cross-sector communities of practice, training programs that enable two-way learning, and the introduction of shared risk assessment frameworks (Vaughan et al., 2020).

Best practice principles for primary prevention and early intervention

Based on the findings of our interviews and surveys with multicultural organisations and sexual assault services, as well as our work in preventing violence against migrant and refugee communities as part of Making the Links, this resource aims to address a gap in the resources available on best practice in sexual assault primary prevention and early intervention with migrant and refugee communities.

The best practice principles we have developed are informed by an intersectional, feminist approach to primary prevention and early intervention and seeks to address the structural barriers we identified via our engagement with key stakeholders.¹ An intersectional approach tells us that migrant and refugee women's experiences of gendered inequality and violence are inextricably tied to structural inequality, racism, and discrimination. As such, for activities to be effective, they must also challenge racism and other forms of discrimination migrant and refugee women face, in addition to sexism. Recognising these intersections is fundamental to developing tailored prevention and early intervention strategies that consider the lived experiences of migrant and refugee women, while acknowledging and challenging the structural inequalities that places them at a disproportionately higher risk of experiencing sexual violence.

Each principle is accompanied by a list of recommended practices, which are by no means exhaustive.

¹ This resource builds on MCWH's Intersectionality Matters guide. Please see the guide for more information on intersectionality and preventing violence against women in migrant and refugee communities.

The aim of these recommended practices is to provide actions that can be taken to guide the development of prevention and early intervention activities for multicultural communities, and how best to support migrant and refugee women who are at risk of experiencing sexual assault.

- 1** Fostering community engagement and dialogue
- 2** Community ownership of prevention and early intervention activities
- 3** Centring migrant and refugee women's leadership
- 4** Organisations prioritising diversity, inclusivity and equity at all levels
- 5** Holistic and integrated education
- 6** Equitable collaboration and knowledge sharing

Principle 1: Fostering community engagement and dialogue

As explored above, our findings suggest that there is much work that needs to be done to build connections between service providers and migrant and refugee communities. Community engagement and dialogue is a crucial part of building connections and refers to the practice of achieving trustworthy and meaningful communication and strong relationships between community members, multicultural organisations, and sexual assault support services. The aim of community engagement and dialogue is to enable the co-design and community ownership of violence prevention and early intervention activities.

Before engaging and consulting with migrant and refugee communities, it is important to be clear about who your organisation intends to work with and why. For example, is your aim to reach under-served women in the community to better understand their access needs, or is it to engage with representative organisations to co-design prevention programs? Do you wish to consult a group of younger people on a one-off basis to seek their views, or do you wish to start a longer-term engagement with an ethno-specific organisation so that they can provide you with specialist expertise?

Migrant and refugee communities are not a homogenous group. There are many factors which shape their understanding and knowledge of violence and prevention including the language(s) they speak, socio-political contexts, country of origin, years lived in Australia, pre-migration history, education, and socio-economic background. Engaging with migrant and refugee communities requires flexible

and tailored gendered approaches to deliver meaningful prevention and early intervention activities. Cultural and linguistic responsiveness is an essential part of community engagement. Community engagement and dialogue should be conducted in-language to be effective and to minimise the risk of misdirection, miscommunication, and misunderstanding.

Recommended practices:

- Take the time to understand the community context, including its history, demographic composition, dynamics, and values, including in relation to gender equality. Consider how these factors might intersect to determine migrant and refugee people's knowledge and understanding of violence and violence prevention.
 - If unsure, engage with migrant and refugee-led organisations or multicultural/ethno-specific organisations in your local area who are able to support your efforts to work in culturally appropriate ways.
- Find out what is happening in your local area when it comes to violence prevention and early intervention. There may be regional partnerships led by women's health services, migrant and refugee women's groups and local community members who are already leading the work in this space.
 - Recognise the work that is out there and build upon it.

- Always prioritise safety. Migrant and refugee women may experience types of violence that are less understood by mainstream services, such as migration-related violence and multi-perpetrator violence. Ensure a comprehensive safety plan is in place by consulting with a range of women leaders in the community and family violence services about safety considerations.
- Bring your organisation to the community and meet with groups and representatives on their terms and in familiar and culturally safe environments.
- Create safe and supportive environments to facilitate in-language community dialogue. Allow time and space to enable open discussion. Consider employing facilitators who share a common cultural background, language, age and/or gender.
- Seek and listen to a range of community perspectives, prioritising women's voices and treating the contributions made by individuals and organisations in an equitable manner. Formally acknowledge their contribution and role in your program or work.
- If you are not a member of the community, undertake regular self-reflection on your own unconscious biases and what assumptions, experiences and privilege you, and/or the organisation you represent, might be bringing to the work. Recognise the potential role that racism and other forms of discrimination may play in your interactions, and develop proactive strategies to minimise the impact.

Principle 2: Community ownership of prevention and early intervention activities

Another way to strengthen connections with migrant and refugee communities is to cede ownership of prevention and early intervention activities. Community-owned strategies are essential to shifting the cultures, social relations, and structural inequalities that support and promote domestic, family, and sexual violence (Our Watch, 2021).

You may encounter situations where community members might enable behaviours and attitudes that perpetuate gendered inequality, such as victim blaming or attributing violence to a cultural practice. Remember, respecting someone's cultural dignity is not the same as accepting their cultural practices and beliefs without question. Equally, questioning someone's cultural practices and beliefs can be done without being disrespectful to their cultural or personal identity.

It may be useful to approach the prevention of sexual violence as a human rights issue that requires everyone in the community you are working with – of all genders, ages, and life stages. The transformation of attitudes, values and behaviours need to come from within communities themselves and be owned by them. It is important to also acknowledge the intersecting forms of discrimination that the community faces, and to be guided their insights on how this context might impact a violence prevention or early intervention activity.

Always involve community members from the beginning and throughout all stages of design, planning, implementation, and evaluation of prevention activities. For community ownership to be effective, there need to be clear processes, flexibility and a long-term mindset that prioritises building strong and equitable relationships.

Recommended practices:

- Consult with a diverse range of community members, leaders and groups representing migrant women, people of diverse sexual and gender identities, people with disabilities, youth, the elderly and different religious groups in both formal and informal capacities. Seek their advice and feedback at all stages of the project, including planning and implementation.
 - For example, this could look like developing and applying a rigorous process to community consultation in partnership with migrant and refugee women's organisations. You could employ an EOI process and actively engage migrant and refugee feminist leaders who are able to steer and guide your work and whose perspectives align with a gender equity and human rights approach.
- Ensure work is done in partnership with relevant community-based organisations. If you are not engaging migrant and refugee communities, you are unlikely to understand the specific local dynamics, histories, and social connections between people.
- Recognise and respect each project partner for the different skills and knowledge they can contribute, rather than requiring everyone to contribute identically.



- Be transparent and clear about your aims and objectives with community members. Be prepared to work at the pace set by the group. Clearly articulate the expectations, roles, and responsibilities of those involved and adequately compensate women and/or community partners for their time - make sure to build this into project/program budgets.
 - Build community accountability into the planning, development, and decision-making of activities.
 - Dedicate roles in steering and reference groups for community members to oversee program direction.
- Foster positive conditions for community members to participate in and contribute to the delivery of activities. For example, offer provisions for travel support, childcare and accommodation.
- Actively engage bilingual workers or professional interpreters where required.

Principle 3: Centring migrant and refugee women's leadership

Our research findings indicate that migrant and refugee women are often leading their communities in violence prevention and early intervention work. When conducting engagement, outreach and education to multicultural communities, it is important to centre the leadership of migrant and refugee women, acknowledge and amplify the work they are already doing, and support these efforts through equitable funding and collaboration.

Taking a strengths-based approach to violence prevention and early intervention acknowledges migrant and refugee women's diverse experiences and recognises the skills, knowledge, and capacities that they already possess and is key to supporting the work that migrant and refugee women do.

We need to apply the same approach to empowering workers in the sector who are of migrant and refugee background.

We can further strengthen migrant and refugee women's capacity to engage in prevention and early intervention work through education on what family violence support services are available, gender equality, different forms of violence, and healthy relationships throughout the community and within the sector. These efforts can help to mitigate existing systemic barriers that migrant and refugee women face in service access. It also empowers women to advocate, educate and raise awareness about violence prevention and early intervention in a manner that enacts culturally appropriate change.

Recommended practices:

- Support migrant and refugee women to be champions and leaders in their own communities and to play a lead role in planning, implementing, and evaluating prevention and early intervention activities.
 - Adequately compensate migrant and refugee women for their time and expertise and build this into project/program budgets.
- Actively promote gender equality and migrant and refugee women's leadership and decision-making in prevention and early intervention initiatives.
 - Consult women leaders about the most effective strategies and settings to engage men. Men's engagement should support and bolster women's leadership and empowerment within the community.
 - Incorporate a strengths-based approach to acknowledge and celebrate any previous gender equity work that women have already done in the community, and the leadership qualities migrant and refugee women already possess.
- Develop and implement advocacy and leadership programs for migrant and refugee women.
 - Partner with relevant migrant and refugee women-led organisations.
- Recognise, support, and invest in migrant and refugee women's pre-existing knowledge, skills, and capacities in violence prevention and early intervention.
- Embed migrant and refugee women's voices and experiences into your activities and learning materials.

Principle 4: Organisations prioritising diversity, inclusivity, and equity at all levels

In our research we found that a lack of diversity in the workforce is a barrier that actively prevents migrant and refugee women from feeling safe to disclose violence. Therefore, it is crucial for services and organisations to prioritise workforce diversity, inclusivity, and equity as a way foster and practice cultural safety.

Implementing and working towards these principles may vary across organisations, but it necessitates a commitment and ongoing investment of time, energy, and resources. For example, a service or organisation can ensure there is adequate resourcing for staff to undertake training on intersectionality and its application, or professional development on how to meaningfully engage with migrant and refugee communities.

Regardless of the associated costs, fostering more inclusive and equitable organisational practices is essential for engaging migrant and refugee communities in violence prevention and early intervention and creating culturally safer spaces to support women at risk of violence.

Recommended practices:

- Regularly review practices and policies to ensure they are non-discriminatory and promote the equitable advancement of migrant and refugee women within the organisation.
- Collaborate with migrant and refugee women's organisations to develop best practice guidelines for culturally responsive service delivery. This includes the employment and engagement of bilingual and bicultural staff. Guidelines should remove barriers migrant and refugee people face in the workplace and creating structures that support equitable opportunities for all.
- Consider accessibility: Key forms, messages and documents should be written in plain English and are available in a variety of formats and languages.
- Foster an environment where diverse voices are heard and play a pivotal role in decision-making processes.
- Promote the leadership and representation of people of migrant and refugee background within your own organisation.
 - Establish a workforce, leadership and Board of Management that reflects the diversity of the communities being served.
- Challenge stereotyped, gendered, and racialised representations of migrant and refugee communities.
- Practice cultural humility and be willing to make necessary changes to foster inclusive and equitable practice.

Principle 5: Holistic and integrated education

Our research findings indicate that the provision of culturally appropriate, in-language information on sexual assault, including referral, has been limited.

When it comes to developing educational resources, prioritise equitable access to tailored and meaningful information. Information needs to be in-language and delivered through a variety of in-person and digital means to reach migrant and refugee communities. The language used in the mainstream sector around violence prevention and gender equality can be complex, particularly for people who speak a language other than English. It is important to avoid jargon, so seek the expertise of migrant and refugee women to ensure your messages are clear.

Additionally, information and education sessions should be conducted in language-specific groups and in women's preferred language(s) through a qualified bilingual educator to be meaningful. Topics, such as sexual assault and/or violence against women, can be sensitive and confronting for many people. Organisations are well-advised to co-plan and co-design sessions with migrant and refugee women to ensure education is culturally appropriate and responsive to the level of existing knowledge about the topic. Remember to trust and value

the expertise and abilities of migrant and refugee women, even if they do not yet have the specific content knowledge relating to prevention and early intervention.

In addition to engaging migrant and refugee women on the design and development of resources, it may be useful to consider holistic and integrated education as one way to think about how discussions around sexual violence can be made more meaningful and relevant. Holistic and integrated education means situating the topic of sexual assault within a wider context of women's health and wellbeing, gender equality, human rights, or health and safety. Many other intersecting issues may offer platforms for raising the topic of sexual assault, including racism, stigma, mental health, and sexual health.

The role of holistic and integrated education is to situate sexual violence as a shared social issue to tackle, rather than an isolated and individual experience. This approach can be particularly powerful for migrant and refugee women whose migration status can increase their social isolation and dependence on male partners or extended family members.

We present the following case study to illustrate how conversations around sexual violence can be made more meaningful for migrant and refugee communities. The case study illustrates the significance of taking a holistic approach to violence prevention and the importance of bilingual educators in violence prevention.

Case Study: Safety and Support in My Language Project

Between 2020-2022, MCWH ran the Safety and Support in My Language Project delivering bilingual health education sessions in Arabic, Mandarin, and Hindi to 35 women on the topics of gender equality, healthy relationships, and family violence. Following each session, we conducted interviews and focus groups with participants.

We found that the education sessions improved women's understandings and awareness of gender equality, healthy relationships, and family violence. While many participants had heard of terms 'gender equality' and 'healthy relationships' before, most reported not having known about how these concepts related to family violence. Some participants said they had received information before on family violence in English or through an interpreter, but these were not always easy to understand.

In our follow up interviews and focus groups, all participants had stated their preference for bilingual education as a model for learning about violence prevention. This model worked because bilingual educators shared similar experiences of culture, gender and migration with participants and were able to draw on culturally relevant examples, understand cultural contexts, and navigate nuanced group dynamics. This helped to create a safe, non-judgemental, and enabling environment that encouraged migrant and refugee women to share their thoughts and experiences. Additionally, bilingual educators who were trained and accredited had unique expertise in delivering information to participants in a sensitive and non-hierarchical way, while making concepts relatable and easy to incorporate in women's everyday lives.²

² Read our findings from the [Safety and Support in My Language project](#) to learn more about how bilingual education can be used as a model for violence prevention in migrant and refugee communities

Recommended practices:

- Actively seek opportunities to co-design with community members and/or organisations to ensure programs and educational materials are tailored to the specific needs of your target audience.
 - Ensure ease of access, availability, and distribution of educational resources online and in-person.
- Develop and translate resources in easy-to-understand languages and/or with visuals to support people with low levels of literacy in English and other languages.
- When it comes to messaging around violence prevention and early intervention, focusing on the positive benefits that flow from gender equality can encourage people to take on active roles as agents and leaders of change in their families, social networks, and the wider Australian community.
 - Provide concrete examples of ways people can support and promote gender equality to illustrate what violence prevention looks like in practice.
- Consider how the topic of sexual assault can be framed within a discussion of human rights, women's rights, and gender equality.
 - Cover a spectrum of topics ranging from gender equality, bystander intervention, healthy relationships, consent education and recognising violence to addressing sexual assault and family violence. Information should be exchanged in a non-hierarchical manner and participants should feel safe to contribute their knowledge and experiences.

- Take opportunities to raise awareness on sexual assault when discussing topics on women's health and wellbeing. If unsure, engage migrant and refugee-led organisations like MCWH for further guidance and advice.
- If delivering workshops and training in-language, employ bilingual educators from the community where possible. Ensure educators are highly skilled and trained to deliver education on such topics and are properly remunerated for their time and expertise.
- If a bilingual educator is unavailable, consider engaging an interpreter. Make sure to allocate additional time and resources for sessions where an interpreter will be engaged, including time to properly brief and debrief them.
 - Key messages should be translated in the group's preferred language or written in plain English to support participants who are less confident speaking English.

Principle 6: Equitable collaboration and knowledge sharing

From our research, it was clear service providers and organisations saw the value of collaborating with one another across sectors to support migrant and refugee women experiencing sexual assault. However, there appeared to lack a well-defined structure or clear guidelines on how to approach collaboration in an equitable way.

There are many organisations, such as specialist women's services and multicultural/ethno-specific services, who all play important roles in supporting migrant and refugee communities in Victoria. Linking with other services and organisations can be mutually beneficial and essential to building capacity and reach. It is important to keep in mind that specialist services often have limited funding, so expect to budget for services and formalise roles and expectations from the beginning.

Preventing violence against women and supporting those at risk of experiencing violence, requires an ongoing commitment to identifying the most effective and meaningful ways of engaging with people of migrant and refugee background. It is important to document and share key learnings (both success and failures) from past projects by conducting ongoing evaluations of activities, and support further research alongside violence prevention and early intervention efforts.

Recommended practices:

- Map relevant local ethno-specific and multicultural health and welfare agencies and begin to cultivate these relationships if you haven't done so already. Establish referral networks for migrant and refugee women requiring further support.
- Collaborate with community organisations and leaders to leverage their expertise and reach. Ensure this partnership is equitable, including equitable funding.
 - Develop formalised agreements that outline the terms for collaboration. Clearly articulate expectations, goals and objectives, and the resources that are available. Be mindful and respectful of people's time and centre lived experiences.
 - It may be helpful to establish a committee or advisory group comprising of members from local multicultural organisations and ethno-specific services and meet regularly.
 - Acknowledge that the needs of multicultural communities may evolve, and collaborations should be flexible and adaptable to match these changes.

- Involve migrant and refugee community members and organisations in the planning, development and evaluation of programs and projects.
 - Try to obtain feedback from diverse groups or representatives and groups.
 - Adapt strategies based on feedback and continuously find ways to enhance engagement with migrant and refugee communities.
- Advocate for community-led and participatory research that builds knowledge about best practice.
- Advocate for dedicated funding for prevention work alongside recovery and healing services.
 - Highlight the importance of prevention activities in reducing incidences of sexual violence.

References

- Australian Bureau of Statistics. (2023). Personal Safety, Australia. Accessed 15 January 2024. <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/2021-22#cite-window1>.
- Cavallaro, L. (2010). "I Lived in Fear Because I Knew Nothing": Barriers to the Justice System Faced by CALD Women Experiencing Family Violence. Melbourne: InTouch Multicultural Centre Against Family Violence, Victoria Law Foundation.
- Commonwealth of Australia. (2022). National Plan to End Violence Against Women and Children 2022-2032. Accessed 16 January 2024. https://www.dss.gov.au/sites/default/files/documents/10_2023/national-plan-end-violence-against-women-and-children-2022-2032.pdf.
- Forbes-Mewett, H., & McCullough, J. (2016). International students and gender-based violence. *Violence Against Women*, 22(3), 344-365, DOI: [10.1177/1077801215602344](https://doi.org/10.1177/1077801215602344).
- Huggins, B. (2022). Safety and Support in My Language: Final Report. Melbourne: MCWH.
- Jenkins, K. (2017). A Conversation in Gender Equality. Accessed 15 January 2024. <https://humanrights.gov.au/our-work/sex-discrimination/publications/conversation-gender-equality-2017>. Australia: Australian Human Rights Commission.
- Kolett, M., Serova, N., & Trojanowska, B. (2020). Prevention and safer pathways to services for migrant and refugee communities: Ten research insights from the culturally and linguistically diverse projects with action research (CALD PAR) initiative. (ANROWS Insights, 01/2020). Sydney: Australia's National Research Organisation for Women's Safety.
- Lum On, M., Ayre, J., Webster, K. & Moon, L. (2016). Examination of the health outcomes of intimate partner violence against women: State of Knowledge Paper. ANROWS Landscapes. Sydney: ANROWS.
- Maher, J., & Segrave, M. (2018). Family violence risk, migration status and 'vulnerability': Hearing the voices of immigrant women. *Journal of Gender-based Violence*, 2(3), 503-518, DOI: [10.1332/239868018X15375304047178](https://doi.org/10.1332/239868018X15375304047178).
- Multicultural Centre for Women's Health. (2021). Data Report: Sexual and Reproductive Health. Melbourne: MCWH.
- Multicultural Centre for Women's Health. (2022). Making the Links Project Learnings. Melbourne: MCWH.

Murray, L., Warr, D., Chen, J., Block, K., Murdolo, A., Quiazon, R., Davis, E. & Vaughan, C. (2019). Between 'here' and 'there': family violence against immigrant and refugee women in urban and rural South Australia. *Gender, Place & Culture*, 26:1, 01-110, DOI: [10.1080/0966369X.2018.1553862](https://doi.org/10.1080/0966369X.2018.1553862).

Norma, C. & Garcia-Caro, O. (2016). Gender problems in the practice of professional interpreters assisting migrant women in Australia: A theoretical case for feminist education. *Violence Against Women*, 22(11), DOI: [10.1177/1077801215623381](https://doi.org/10.1177/1077801215623381).

Our Watch. (2021). *Change the story: A shared framework for the primary prevention of violence against women in Australia* (2nd ed.). Melbourne: Our Watch.

Satyen, L., Piedra, S., Ranganathan, A., & Golluccio, N. (2018). Intimate partner violence and help-seeking behaviour among migrant women in Australia. *Journal of Family Violence*, 33(7), 447-456, <https://doi.org/10.1007/s10896-018-9980-5>.

Segrave, M.T. (2017). *Temporary migration and family violence: An analysis of victimisation, vulnerability and support*. Melbourne: School of Social Sciences, Monash University.

State of Victoria (2016). *Royal Commission into Family Violence: Report and recommendations*. (Parl Paper No. 132, 2014-16).

Tran, G., Forbes-Mewett, H., Tran, L. T., Hach, M., & Tarzia, L. (2024). *Help-Seeking After Intimate Partner or Sexual Violence: Exploring the Experiences of International Student Women in Australia*. *Violence Against Women*, 0(0), <https://doi.org/10.1177/10778012241247198>.

Vasil, S. (2023). Understanding the nature of family violence against women with insecure migration status in Australia. *Violence Against Women*, 29(15-16), 3158-3181, DOI: [10.1177/10778012231199107](https://doi.org/10.1177/10778012231199107).

Vaughan, C., Davis, E., Murdolo, A., Chen, K., Murray, L., Quiazon, R., Block, K., & Warr, D. (2016). Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia. *The ASPIRE Project: Research Report* (ANROWS Horizon 07/2016). Sydney: Australia's National Research Organisation for Women's Safety.

Vaughan, C., Jarallah, Y., Murdolo, A., Murray, L., Quiazon, R., Block, K. & Zannettino, L. (2019). *Multicultural and settlement services supporting women experience violence: The MuSeS Project Research Report*, 11/2020. Sydney: Australia's National Research Organisation for Women's Safety.

Zannettino, L., Pittaway, E., Eckert, R., Bartolomei, L., Ostapiej-Piatkowski, B., Allimant, A. & Parris, J. (2013). *Improving responses to refugees with backgrounds of multiple trauma: Pointers for practitioners in domestic and family violence, sexual assault and settlement services*. Sydney: Australian Domestic and Family Violence Clearinghouse.

Multicultural Centre for Women's Health

Suite 207, Level 2, Carringbush Building,
134 Cambridge Street, Collingwood, VIC 3066

P: +61 3 9418 0999

E: info@mcwh.com.au

W: www.mcwh.com.au



Facebook: [MulticulturalCentreforWomensHealth](https://www.facebook.com/MulticulturalCentreforWomensHealth)



Instagram: [@mcwh1978](https://www.instagram.com/mcwh1978)



YouTube: [@MCWH1978](https://www.youtube.com/@MCWH1978)



LinkedIn: [Multicultural Centre for Women's Health](https://www.linkedin.com/company/multicultural-centre-for-womens-health)



Twitter / X: [@mcwh1978](https://twitter.com/mcwh1978)

ABN: 48 188 616 970

ISBN: 978-0-646-83846-5