

Consultation on the Second Action Plan
The Second Action Plan Team
Department of Social Services

Dear Second Action Plan Team

STARTTS submission to the consultation on the Second Action Plan for the *National Plan to End Violence against Women and Children 2022-2032*

The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) welcomes the opportunity to contribute to the consultation on the Second Action Plan under the *National Plan to End Violence against Women and Children 2022-2032*, conducted by the Department of Social Services with Australia's National Research Organisation for Women's Safety (ANROWS).

STARTTS is a specialist, non-profit organisation established in 1988 to assist survivors of torture and trauma, who are from refugee-like backgrounds. STARTTS provides culturally relevant psychological treatment and support, and community interventions, to help people and communities heal the scars of torture and refugee trauma and rebuild their lives in Australia. We also foster a positive recovery environment through advocacy, policy work, and the provision of training to services.

We commend the consultation paper's acknowledgement that migrant and refugee communities' experiences of violence remain poorly captured by national data collections such as the Personal Safety Survey; its recognition that people from migrant or refugee backgrounds may have insecure visa status that perpetrators can exploit, making them hesitant to report violence; and its identification, under Priority Area 5, of migrant and refugee communities as a group for whom workforce capability to deliver culturally safe, trauma and violence-informed services needs to be built.¹

We seek to build on the observations made in the consultation paper through this submission, which is informed by STARTTS' clinical and community expertise working with people and communities from refugee and asylum-seeking backgrounds, including those who have experienced domestic, family and sexual violence both before and after arriving



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in Australia. The submission principally addresses matters in the following priority areas outlined in the consultation paper: Priority Area 1, victim-survivors; and Priority Area 4, people who use violence, addressing what helps and hinders help-seeking, what gaps remain for diverse communities, how coercive control should be understood, and what would improve responses to people who use violence.¹ These are the areas where STARTTS' direct service experience is most relevant, and we identify what we consider to be gaps in the current evidence base and service system that the Second Action Plan should address.

Domestic, family and sexual violence occurs within refugee and asylum-seeking communities, as it does in other communities across Australia. What we want to highlight is that people from refugee and asylum-seeking backgrounds often experience this violence within a distinct set of circumstances and face specific barriers to safety and support that the current system is not always well placed to address. Many, for instance, will need to form an understanding of Australian systems, including how domestic and family violence is conceptualised here: what conduct counts as violence, that responding to it is a role of the State, and that laws and services exist for that purpose. Expectations about gender, family and authority shape this further, including where responsibility for responding to violence is understood to lie.

The distinct circumstances for people from refugee and asylum-seeking backgrounds also include prior trauma from persecution, conflict and displacement; distrust of authority formed in countries of origin; visa insecurity that a person using violence can exploit; limited or no proficiency in English; and, in smaller language communities, well-founded concern that a disclosure made through an interpreter will reach the person's own community.

Our domestic, family and sexual violence prevention and early intervention programs, *Purple Hearts* and *Hayat Amina (Safe Life)*, were co-designed with people and communities from refugee and asylum-seeking backgrounds. The completed evaluations provide practice-based evidence of the value of co-designed, in-language and community-led approaches. Both program evaluations found strong positive outcomes in participant knowledge, confidence, wellbeing and service connection. Unfortunately, funding for *Hayat Amina* concluded and we have been unable to secure another source of funding for its continuation. *Purple Hearts* continues to receive funding, but not at a level sufficient to scale it beyond the communities it currently reaches. We believe this reflects the absence of a dedicated funding priority for domestic, family and sexual violence work with this cohort.

The attachment sets out these programs and their outcomes, our thirteen recommendations, and our detailed comments against the consultation questions for both priority areas. For any questions arising from our submission, please contact [REDACTED] Policy Officer, at [REDACTED]

Yours sincerely

[REDACTED]

Attachment: Detailed comments

This attachment contains STARTTS' detailed comments for the consultation on the Second Action Plan under the *National Plan to End Violence against Women and Children 2022-2032*. Our comments are organised against the consultation questions published in the *Evidence to action: informing direction for the Second Action Plan*, Consultation Paper ('the consultation paper') for Priority Area 1 and Priority Area 4.

Our comments are drawn from our direct experience delivering services to people from refugee and asylum-seeking backgrounds, including through two programs designed specifically to address domestic, family and sexual violence in these communities. Where we describe what our clients experience, that evidence has originated from our specialist practice experience (including practitioner expertise, client interactions and program evaluation). We have not undertaken direct consultation with victim-survivors for the purpose of this submission.

The **Recommendations** section collects the thirteen recommendations arising from this submission. Each recommendation also appears in the section it arises from.

Our evidence describes two STARTTS domestic, family and sexual violence prevention and early intervention programs, *Hayat Amina (Safe Life)* and *Purple Hearts*, and their evaluated outcomes in brief. The programs illustrate the approaches underpinning Recommendations 1, 2 and 3. The program evaluations in full are available on our website at: www.startts.org.au/services/evaluation/

Part 1 describes the circumstances in which domestic, family and sexual violence occurs for people from refugee and asylum-seeking backgrounds. It provides the context that informs our responses in Parts 2 and 3.

Part 2 responds to the consultation questions for Priority Area 1, victim-survivors, and the barriers to safety and help-seeking.

Part 3 responds to the consultation questions for Priority Area 4, people who use violence.

Sources lists the material referred to throughout, numbered in the order it first appears.

Recommendations

The thirteen recommendations arising from this submission are collected below. Each also appears in the section it arises from.

Priority Area 1: Victim-survivors

Recommendation 1.

Fund co-designed, refugee- and community-led models for domestic, family and sexual violence, such as STARTTS' *Hayat Amina* and *Purple Hearts* projects, and their expansion into other in-language and community contexts. This should include approaches that strengthen the capacity of refugee and asylum-seeking communities themselves to identify and respond to domestic, family and sexual violence.

Recommendation 2.

Ensure domestic and family violence services for migrant and refugee communities provided through the Settlement Engagement and Transition Support (SETS) program are funded on a multi-year basis, at a level commensurate with demand, covering the full span of prevention, early intervention, response and recovery services.

Recommendation 3.

Invest in bicultural and in-language capacity across specialist and general services responding to domestic, family and sexual violence, including pathways to recruit, train and sustain bicultural workers drawn from the communities served.

Recommendation 4.

Develop and fund specialist training for interpreters working on domestic, family and sexual violence matters. This should address domestic, family and sexual violence terminology, concepts underpinning newer offences such as coercive control, and confidentiality practice, including where an interpreter and client are from the same community.

Recommendation 5.

Fund and build the capacity of refugee-led organisations to deliver domestic, family and sexual violence services and awareness-raising activities, in partnership with mainstream specialist services, to increase the reach and efficacy of initiatives within communities.

Recommendation 6.

Build the capability of general and settlement services to recognise indicators of domestic, family and sexual violence, ask about it appropriately, and respond. This requires both training for staff in identifying and responding to this violence, and organisational systems that support them to act on a disclosure.

Recommendation 7.

Ensure nationally consistent access to crisis and temporary accommodation for people on temporary visas, including people seeking asylum, who are escaping domestic,

family and sexual violence. This should include addressing the lack of income support and exit pathways, and ensuring frontline homelessness staff have consistent, accurate knowledge of the eligibility of temporary visa holders, so that inconsistent awareness does not function as a barrier to access.

Recommendation 8.

Review the National Principles to Address Coercive Control in Family and Domestic Violence to consider broadening the definition of controlling behaviour to include extended family, caregiving and parent-child relationships, not only intimate partner relationships. This is intended to prompt discussion toward the shared national understanding the Principles are meant to establish and should not be used as an immediate prompt for the extension of current criminal offence definitions.

Recommendation 9.

Improve national data collection on coercive control, including through the Australian Institute of Health and Welfare's family, domestic and sexual violence reporting, to address the information gap for refugee, migrant and culturally and linguistically diverse communities that the Institute has itself identified.

Recommendation 10.

Ensure data collection, research and service design for LGBTQIA+ victim-survivors reflect intersecting identities, including those of people from refugee and asylum-seeking backgrounds.

Recommendation 11.

Ensure that violence and coercive control experienced by people with disability from a family member or carer is captured by relevant screening and risk assessment tools, whether categorised as family violence or as a related but distinct form of harm, recognising that current terminology does not clearly distinguish between the two.

Priority Area 4: People who use violence

Recommendation 12.

Commission dedicated research into the effectiveness of existing behaviour change programs for people from refugee and asylum-seeking backgrounds who use violence, given the current absence of an evidence base for this cohort.

Recommendation 13.

Fund and evaluate in-language, culturally appropriate behaviour change programs for men who use violence from refugee and asylum-seeking backgrounds.

Our evidence: Hayat Amina and Purple Hearts

STARTTS developed and delivered two domestic, family and sexual violence prevention and early intervention programs that have each been evaluated. They illustrate the approaches underpinning Recommendations 1, 2 and 3. STARTTS presents these programs as examples of the type of service model that should be sustainably supported and adapted across communities. We note that our recommendations are not limited to funding STARTTS-delivered programs.

Hayat Amina (Safe Life)

Hayat Amina (Safe Life) was a pilot project funded under the NSW Department of Communities and Justice Sexual Violence Project Fund, delivered between July 2023 and August 2025 to address sexual violence in Arabic-speaking refugee communities in New South Wales. It was established in response to the limited availability of trauma-informed, culturally safe sexual violence programs for refugee communities, and combined STARTTS' expertise in refugee torture and trauma with the lived expertise of community members. Its central component was *Hayati*, a six-week early intervention group program co-designed and co-facilitated with trained Community Ambassadors.⁵ We consider it a strong example of what a culturally tailored, community-led early intervention model for sexual violence can achieve.

The project was delivered in three phases. The first built the project's evidence base through a literature review and sector consultation. The second recruited and intensively trained five community ambassadors, people with lived experience of the Arabic-speaking refugee community, across nine capacity-building sessions covering sexual and reproductive health, trauma-informed practice, and responding to disclosures. Ambassadors then co-designed a six-week, 18-hour early intervention group program with the STARTTS Project Lead, including translating and testing resources for cultural relevance. The third phase co-delivered the program to community groups, with continuous adjustment based on reflection and feedback.

The evaluation was led by STARTTS' Community Development Evaluation team with support from external evaluators, Inca Consulting and Rooftop Social, who contributed to the project logic, evaluation questions and data collection tools. Analysis was conducted independently of the program teams. The *Hayati* curriculum was separately assessed through an independent expert review by Dr Tinashe Dune, Professor and Head of the Department of Psychology at Charles Darwin University, against markers of cultural resonance, trauma-informed practice, evidence base and adult learning practice.⁵

Ninety-five per cent of ambassadors rated their training as good or very good, and retrospective surveys showed increases in both knowledge and confidence across every training topic. Ambassadors described feeling more confident to raise a subject that had previously felt taboo within their community.⁵

The program reached 126 participants across eight groups in south-western and western Sydney. Almost all participants rated the quality of the program as excellent or good, and all reported that it helped them better understand safe and healthy relationships. On the World Health Organization's WHO-5 Wellbeing Index,⁶ participants recorded an average wellbeing improvement of 22 per cent, indicating improvements in mood, stress and sleep. Eighty-six per cent said they would recommend the program to someone they know. Participants also reported greater awareness of help-seeking pathways and greater confidence accessing counselling, legal and specialist services, with Community Ambassadors acting as culturally safe connectors to those services.⁵

The evaluation identified the enablers behind these outcomes: a strong evidence base underpinning the program design, genuine co-design with community ambassadors, and a project lead with both clinical expertise and community relationships. It also identified challenges, including recruitment delays at the outset, the emotional intensity of the subject matter for ambassadors, and the time that authentic co-design requires. These were managed through ongoing clinical supervision, somatic self-care built into ambassador training, and a willingness to keep revising the program as it was delivered.⁵

The consultation paper notes that sexual violence prevention, early intervention, response and recovery remains siloed from the broader domestic and family violence system.¹ *Hayat Amina*, while only one project working with one language community, shows what a sexual violence-specific early intervention model can look like for culturally and linguistically diverse communities when properly resourced and genuinely co-designed with the community it serves. We believe that it offers a starting point for considering how this approach could be scaled to other language and community contexts under the Second Action Plan.

Purple Hearts

Purple Hearts is delivered through the Commonwealth Department of Home Affairs' Settlement Engagement and Transition Support (SETS) Domestic and Family Violence Project, supplemented by STARTTS' own funds.⁷ It is a working example of a culturally tailored early intervention model for domestic and family violence, delivered across five different language communities.

Purple Hearts is a six-week, three-hour group program for women from migrant and refugee backgrounds, delivered by trained bicultural facilitators who speak the language of the participants. Its objectives are to increase awareness of domestic and family violence among women in migrant and refugee communities; reduce social isolation for women who may have limited networks and little family support in Australia; increase women's confidence to understand their rights and where to access support; increase confidence in managing their own money and seeking financial support; increase knowledge of how to support family and friends subjected to domestic and family violence; and promote the growth, safety and wellbeing of migrant and refugee women.⁷

Facilitators completed three days of domestic and family violence training, half a day of accidental counselling training, a day of *Purple Hearts* specific training, and a session with NSW Police Force. The program was delivered in partnership with NSW Police Force Multicultural Community Liaison Officers and the Education Centre Against Violence, and drew on STARTTS' Communities in Cultural Transition team to provide complementary social and economic inclusion activities.⁷

In 2022, 50 women from five language groups, including Uyghur, Tibetan, Urdu, Dari and Arabic-speaking Mandaean communities, participated across five Sydney local government areas. Most participants were older women, with 98 per cent aged over 31 and an average age of 52. On the WHO-5 Wellbeing Index, average scores rose from 65 to 80 between the start and end of the program, a clinically meaningful improvement, and the proportion of participants scoring in the low wellbeing range fell from 25 per cent to 7 per cent.^{6,7}

In interviews and focus groups, participants described a markedly improved understanding of domestic and family violence, including forms beyond physical abuse; greater confidence recognising unhealthy relationships and managing their own finances; and increased willingness to seek support, including from police. Participants valued the program being delivered in their own language, and the provision of food and childcare that enabled them to attend. They suggested the program could be lengthened to allow topics to be explored in more depth, and requested additional content on supporting teenagers, protective strategies, and finding employment, alongside the option of one-to-one follow-up support.⁷

Both the *Hayat Amina* and *Purple Hearts* programs are delivered by facilitators and ambassadors drawn from the communities they serve, and both required specialist bicultural capacity to design and deliver, evidencing Recommendation 3. *Purple Hearts* continues to be delivered through the SETS program, but not on a secure or multi-year basis, and not at a level sufficient to extend it beyond the communities it currently reaches. This is the basis for Recommendation 2.

The *Hayat Amina* evaluation records what building community capacity through such programs can achieve. A community leader who had completed the program provided a range of supports to a woman on a spousal visa who was experiencing family and sexual violence. They helped the woman to obtain police and legal protection and Centrelink support, to have the person using violence leave the home so that she and her young daughter could remain, and to connect with counselling and specialist services.⁵ *Hayat Amina's* funding has concluded, and we have so far been unable to secure another source of funding to continue running the program. Together these are the basis for Recommendation 1.

Recommendation 1.

Fund co-designed, refugee- and community-led models for domestic, family and sexual violence, such as STARTTS' *Hayat Amina* and *Purple Hearts* projects, and their expansion into other in-language and community contexts. This should include approaches that

strengthen the capacity of refugee and asylum-seeking communities themselves to identify and respond to domestic, family and sexual violence.

Recommendation 2.

Ensure domestic and family violence services for migrant and refugee communities provided through the Settlement Engagement and Transition Support (SETS) program are funded on a multi-year basis, at a level commensurate with demand, covering the full span of prevention, early intervention, response and recovery services.

Part 1: Domestic, family and sexual violence in refugee and asylum-seeking communities

1.1 How prior trauma and cultural transition shape the context of violence

People from refugee and asylum-seeking backgrounds arrive in Australia having fled situations of persecution, conflict, torture, or organised violence, and many have spent extended periods in situations where their safety, and that of their family, could not be guaranteed. This experience of having safety denied, often over years and across more than one country, can shape how people understand and respond to danger long after they arrive in Australia.

When domestic, family or sexual violence occurs within this cohort, it does not happen in isolation from those earlier experiences but compounds them. A person who has already survived war, displacement or persecution, and who then experiences violence within their own family, can face a layered impact on their sense of safety, their mental health, and their trust in the systems meant to protect them. STARTTS staff have observed that this combination of prior trauma and family violence often calls for a more intensive, specialist response than either issue would require on its own, and this is not always available where mainstream family violence services and settlement services operate separately from each other.

Cultural transition adds a further layer of complexity. Acculturation stress can place strain on family relationships when family members adapt to life in Australia at different rates, with some slower than others to learn English or to adapt to changing gender roles, culture and status, while other family members may more readily embrace the new roles, rights, and financial independence that resettlement can bring. In addition to exacerbating pre-arrival trauma, acculturation stress, and a loss or gain in one partner's relative economic or social standing, can increase the risk of violence.² These factors do not cause or excuse the use of violence. They do, however, shape the circumstances in which it occurs and the barriers a person faces afterwards. Prevention and early intervention approaches for this cohort will be less effective if they do not account for cultural transition and acculturation stress.

1.2 How violence and the response system are understood

People from refugee and asylum-seeking backgrounds arrive in Australia without a shared frame for how domestic, family and sexual violence is understood here. This is not only a question of not having been told which services exist. What is unfamiliar is the underlying conceptualisation, for example: that there are behaviours apart from physical assault that also constitute violence; that violence within a household is a matter for the state rather than just the family's to resolve; and that a body of legislation, policy and specialist service infrastructure has been built on those premises. STARTTS' experience delivering *Purple Hearts* bears this out. Participants consistently described the gap as one requiring an understanding of the underlying concepts and not just a matter of knowing about the services that are there to help. One told evaluators that her prior understanding of family violence had been only of physical abuse, and that the program had opened up financial, religious and emotional forms as part of a wider concept.⁷

Where participants had a working knowledge of violence, what they often lacked was an understanding of how Australian systems respond to it. Several described learning, for the first time, what an Apprehended Domestic Violence Order is and what it does. Others framed their learning as a comparison between jurisdictions, noting the differences between the law in their country of origin and the law here, and how each treats the woman involved.⁷ The same pattern appears in *Hayat Amina*, where male participants told evaluators that the way these topics are dealt with in Australia is very different from their own culture, and that the program had made this clearer. A Community Ambassador described their task as informing people about the rules in Australia, because they differ from those in the country of origin: what to do, and where to go.⁵

A further layer operates at the level of institutions themselves: many STARTTS clients have experienced prior harm at the hands of state authorities, and concepts such as confidentiality, transparency and accountability may be met with suspicion or carry no established meaning. Some clients come from countries that do not operate under any rule of law and are unfamiliar with the concept itself. The consequence is that a service response built on the assumption that these expectations are shared and understood will be less effective for these clients. *Purple Hearts* participants who had encountered police overseas described that history directly. After sessions delivered with NSW Police Force Multicultural Community Liaison Officers, some reconceptualised police as a service that could assist rather than an authority to be avoided. Others remained fearful. As one participant put it, when asked whether she would now approach the police: "*Ah, no. Because I am scared of them.*"⁷

1.3 Where responsibility for responding is understood to lie

Alongside questions of system literacy sit expectations about gender, family authority and where the responsibility for responding to domestic, family or sexual violence is understood to belong. In some communities STARTTS works with, domestic and family violence is regarded as a private matter, and those outside the family are not expected to intervene. Cultural norms can be mistaken as a preference for silence. What this shapes is

not whether harm is recognised, but who is understood to have standing to act on it. In collectivist family structures, for example, where elders hold significant authority within joint family systems, reporting violence to a third party may be seen as an act against the family unit as a whole. *Hayat Amina* was co-designed with the community it worked with, and intentionally prioritised intergenerational, family-facing engagement as part of that process. The evaluation of program identified the effectiveness of these intergenerational strategies as a key insight that arose from the program.⁵

The prominence of the family and community was also evident among the participants we consulted for the evaluation of *Purple Hearts*. One participant who had gained confidence in help-seeking through the program nonetheless asked for future sessions on how to handle a family violence situation at home before seeking help outside it. Another described her own learning as a sequence: try first to resolve matters within the family, and if that does not work, then approach someone outside.⁷ This points to a need for further thinking about how domestic, family and sexual violence responses are positioned, to include not only the type and timing of service interventions, but how services can also support and empower families to respond safely to a situation at home, where that is the person's own preference.

Gendered expectations within communities can shape women's rights and responsibilities within the family and community, and what can be openly discussed about violence and relationships. A *Purple Hearts* participant drew the contrast in her own words: *'The culture I grew up with is that men have more rights. Women do the household work and do not really participate in the running of the society or the country. But here it is different. Even if we are at home, doing household work, it is recognised by society, because you are raising children, someone for the future and educating them.'*⁷ *Hayat Amina* addressed these matters directly, and treated it as material to be worked with rather than as an obstacle to be managed around. The curriculum for *Hayati*, its six-week group program, addressed cultural considerations across generations, including the distinction between honour and shame cultures and innocence and guilt cultures. An independent expert review of the *Hayati* curriculum identified explicit discussion of honour, shame and community gossip as one of the features establishing cultural safety for participants.⁵ The program also adapted a narrative technique developed by Kylie Dowse, the 'Shame Chair', to externalise shame so that it did not govern what could be said in the room.^{5,9}

What followed from that design decision is a finding that we consider to be most consequential. Participants across the groups were not merely willing to discuss sexual violence. As the Project Lead put it: *'not only are they capable to talk about sexual violence, but what we discovered was that community members are very keen to talk about sexual violence... contrary to these ideas that are often presented... that it's a huge barrier.'*⁶ This runs against a common assumption in Australian policy and service settings that stigma and shame in refugee communities are so entrenched as to foreclose the conversation. Our evaluation states the position directly: *'Engagement with mainstream services is restricted by systemic gaps, including a scarcity of early intervention programs, under-resourced culturally attuned services, and limited multilingual resources. Misattributing low participation to stigma or shame*

*obscures these structural issues and highlights the need for further investment.*⁶ This points to the need for both purposeful, community-led design and sustained investment to fund it. Co-design without ongoing funding produces programs that end, and funding without genuine community-led co-design produces programs communities do not engage with. Recommendation 1 seeks to address this matter.

Part 2: Priority Area 1, victim-survivors

Consultation question: What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?

Part 1 describes the circumstances in which domestic, family and sexual violence occurs for people from refugee and asylum-seeking backgrounds. Barriers arising from those circumstances can prevent people from seeking help, or undermine their safety once they do. These include, but are not limited to, the barriers set out below. Under each heading we set out the relevant barriers, followed by what we consider would help.

Bicultural and in-language capacity, including appropriately trained interpreters

A need for culturally responsive and culturally safe services

Increasing the cultural responsiveness and cultural safety of domestic, family and sexual violence services will help to improve the accessibility and effectiveness of these services for people from refugee and asylum-seeking backgrounds. Culturally responsive practice involves providing culturally safe services, delivered by staff with the awareness, understanding and capability to work with and be informed by the culture, customs, religious beliefs and traditions of the community. Cultural safety is not incidental to service design; it determines whether a service functions at all for the people it is meant to reach. An independent review of *Hayat Amina's* early intervention program found it to be culturally resonant because it treated concepts specific to the community it served.

Limited or no proficiency in English

Limited or no English proficiency can restrict a person's ability to navigate services, understand their rights, or communicate the nature and severity of what they are experiencing.

The barrier is not only that a person cannot make themselves understood. Where a service is time-poor, a person's English may be assessed as good enough to proceed without an interpreter. In STARTTS' experience clients will usually agree with that assessment, because they are intimidated when dealing with people in positions of authority, do not want to cause trouble, or fear that not speaking fluent English could affect their visa or citizenship prospects.¹⁶ A person may then leave the interaction without having understood what was decided or what happens next. Participants in *Purple Hearts* were direct about what is needed instead. As one put it: *'For us who do not speak the language, it is important to talk to someone who speaks our language.'*⁷ Where that is not available, people improvise. A *Hayat Amina* participant described the group's workaround: *'not all of us speak English, so we ask someone who speaks English to help us.'*⁵

Concerns about, or issues with, using interpreters

This includes where an interpreter is not appropriately trained in domestic, family and sexual violence terminology, as well as confidentiality concerns that can make people reluctant to disclose through an interpreter at all. In STARTTS' experience, a client may recognise the interpreter, or be recognised by them, as a member of their own community. This risk is highest in smaller refugee communities and emerging language groups, where the pool of available interpreters is small and the same few people are booked repeatedly across services. A client in this position may have good reason to fear that details of their disclosure could reach their family or community, which can lead them to minimise what they share, or to avoid disclosing at all.

Practical failures compound this. STARTTS has recorded clients allocated an interpreter who did not speak their dialect, clients who did not know an interpreter was available to them until they arrived at court, and hearings adjourned because no interpreter had been arranged at all.¹⁶

What helps

An appropriately trained interpreter can be the difference between a disclosure being made safely and not being made at all. Interpreters working in this area need specialist training in domestic, family and sexual violence terminology, including the concepts underpinning newer offences such as coercive control, for which some languages have no direct or commonly used equivalent.

Participants describe the effect of that access directly. One *Purple Hearts* participant told evaluators: *'I know now that I can talk in my own language. That makes me feel more confident.'*⁷

The *Hayat Amina* project shows what specialist interpreting capacity contributes when it is built into a service rather than booked for an appointment. One of its Community Ambassadors was also a professional interpreter and attended every group, advising the team on word choice, pacing and learning tools, and helping to unpack concepts such as self-care, personal values and grooming that have no ready equivalent. The evaluation attributes to this arrangement a greater sense of safety and trust among participants who came forward to disclose, and the quality of the translated materials the project produced.⁵

A proactive culturally responsive service approach can include increasing the utilisation of bicultural and bilingual staff. This can be an effective strategy to develop the cultural safety of services and improve their capacity for culturally responsive practice. Employing bicultural and bilingual staff and embedding cultural practices can foster trust and engagement. In addition, the employment of people from the communities being served, including as peer workers, can help to reduce stigma and misconceptions about domestic, family and sexual violence in the community and improve access for community members.

Both programs described in this submission are delivered by bicultural workers drawn from the communities they serve: *Purple Hearts* by trained bicultural facilitators who speak participants' language,⁷ and *Hayat Amina* by Community Ambassadors recruited from the

Arabic-speaking community, who brought their own lived experience of refugee status, gender-based discrimination and violence to the role.⁵ Bicultural workers do more than provide language access. Ambassadors described their shared background as the basis of the trust that allowed participants to disclose experiences they would not have raised with an unfamiliar service: *'They trust us... so we were like sisters, friends, many things. So for me, I'm proud to be with them. We gave them a safe space to share their experience.'*¹⁵

Recommendation 3.

Invest in bicultural and in-language capacity across specialist and general services responding to domestic, family and sexual violence, including pathways to recruit, train and sustain bicultural workers drawn from the communities served.

Recommendation 4.

Develop and fund specialist training for interpreters working on domestic, family and sexual violence matters. This should address domestic, family and sexual violence terminology, concepts underpinning newer offences such as coercive control, and confidentiality practice, including where an interpreter and client are from the same community.

Sustained funding for refugee- and community-led models of engagement

Community consequences of disclosure

For some women considering leaving a violent partner, stigma or ostracisation is a real and foreseeable consequence, not only a perceived one. What is at stake is often the person's only support network. Women in refugee and migrant communities frequently have limited networks and little extended family in Australia, so the community that may withdraw from them is also the community they rely on day to day.⁷ This shapes what can safely be disclosed, and to whom, and calls for services designed to carry that risk alongside the person. As we noted at 1.3, this informed our program approach for *Hayat Amina*, which prioritised intergenerational, family-facing engagement, and the evaluation identified the effectiveness of this as a key insight.⁵

A participant in *Hayat Amina* named the consequence directly: *'I think we need a way that we can cut down on feeling shame in our community, as Arab community because the abused person becomes unaccepted in the community, so we need a way to work on that.'*

Distrust of government systems and authority figures

Distrust of government systems and authority figures is often shaped by experiences of persecution or corruption in a person's country of origin, frequently at the hands of the government or those in authority. This can make it harder for people to engage with police, courts or child protection services even where there is a genuine safety concern.

Organised violence and state terrorism act deliberately to break bonds of trust between individuals, families and communities, and that distrust can long outlast the circumstances in which it was cultivated.¹⁴ *Purple Hearts* participants described what this looks like in

practice. One contrasted policing in her country of origin with policing here: *'Back in Tibet it is a very different situation, the Police won't let you speak.'*

The distrust is compounded by a specific and commonly held expectation that reporting violence will result in children being removed, or will affect a person's ability to obtain or retain a visa.^{15,16} Asked about the consequences of domestic and family violence, one participant listed among them that *'[t]he children may go and live with another family, through DOCS.'*⁷

What helps

Trust in a service is often what determines whether someone from a refugee or asylum-seeking background will engage with it at all, and that trust is frequently built by refugee-led organisations long before it can be established by government or mainstream services. These organisations are often the first point of contact for people who would not otherwise approach a formal service. They often operate in-language, are embedded in the day-to-day life of the community, and carry a credibility that comes from shared experience and understanding. This means they are often better placed to reach people who are fearful of government systems or unwilling to disclose their experiences of violence to an unfamiliar service.

This reinforces that there is a need for co-designed, refugee- and community-led models to address domestic, family and sexual violence in these communities. It also highlights the role that refugee-led organisations could play in supporting their communities with domestic, family and sexual violence matters. Refugee-led organisations are well-placed to deliver domestic and family violence awareness-raising and services, in partnership with mainstream specialist domestic and family violence services, that reach and engage their communities if provided with the funding and opportunity to develop the organisation's capacity.

Hayat Amina Community Ambassadors described their role in these terms, as *'the bridge between our community and STARTTS and the project'* and as *'filling the gaps between the receivers, the community, the participants or community individuals, and the services.'* What that reach produced is the more important finding. Over the life of the project 32 referrals were made, representing 25 per cent of participants. Most concerned sexual abuse across the life span that participants said had never been disclosed before, and for which they had received no treatment or helpful response prior to their contact with the project.⁵ Need on that scale was not visible to the service system until a trusted, in-language, community-led vehicle existed to meet it.

Recommendation 5.

Fund and build the capacity of refugee-led organisations to deliver domestic, family and sexual violence services and awareness-raising activities, in partnership with mainstream specialist services, to increase the reach and efficacy of initiatives within communities.

Training and organisational support for staff in general (non-specialist) services

Limited capability in the services people are most likely to approach

Settlement services are often the service a person from a refugee or asylum-seeking background is most likely to trust and use, which makes them an important point at which violence may become apparent. As noted, by the consultation paper, most help-seeking begins informally, as a conversation with a trusted person, and that these conversations are often a way of testing whether it is safe to confide further.¹

For this cohort, their engagement with settlement services means that it is a likelihood that the trusted person is going to be a bicultural or settlement worker, who sits at the point where informal help-seeking turns into formal help-seeking, however the worker may not have the training of the specialist workforce or clear organisational systems in place to support them. A disclosure made to a worker who has not been trained to receive it, and whose organisation has no system for responding, is going to be unable to adequately help the person who made the disclosure. Staff who know they are not equipped are also less likely to initiate or engage in conversations about domestic, family and sexual violence.

What helps

Training and organisational support should be provided for staff in general services (non-specialist services, and including settlement services), so they feel confident to ask about and respond to domestic, family and sexual violence matters. Staff will be more willing to explore a possible disclosure when they have had appropriate training and know their organisation has systems in place to support them, rather than feeling they are opening an issue they are not equipped to manage.

We acknowledge that this can be very challenging practice for staff and organisations that have no previous experience, training or systems in place. Even within a specialist project with clinical supervision and dedicated referral support, the *Hayat Amina* evaluation records that providing continuity of care, given the scale of need and the limited supports available, placed a substantial burden on the project team, and that demand from the communities exceeded both the team's capacity and the service landscape available to refer into.⁵

While a training program that, for example, includes accidental counselling training alongside domestic and family violence training, may be beneficial for staff, training alone is insufficient. Organisations must also have systems, policies and procedures in place to support staff who are required to respond to these matters. Settlement services more broadly also need this same capability, to ensure that they and their staff are able to recognise indicators as they arise in the course of their work, ask appropriately, and respond.

Recommendation 6.

Build the capability of general and settlement services to recognise indicators of domestic, family and sexual violence, ask about it appropriately, and respond. This requires both training for staff in identifying and responding to this violence, and organisational systems that support them to act on a disclosure.

Accessible crisis and temporary accommodation

Visa insecurity for people who are not Australian citizens

Visa insecurity can be used by a person using violence to control or threaten a partner, and can make a victim-survivor reluctant to engage with services for fear of jeopardising their own or their children's migration status. People who use violence may use threats of deportation, harm to family living overseas, loss of access to children, and loss of basic resources such as housing and income, to maintain power over victim-survivors who lack a secure visa.³ The fear operates even where a person understands that what is happening to them is violence. People seeking asylum on bridging visas may be aware of domestic and family violence and of their rights, and still feel unable to discuss it, because of the possibility that their visa could be cancelled and they could be detained.¹⁵

The Australian Government has in place a range of measures directed at this cohort for this reason. A dedicated Domestic and Family Violence Service was set up within the Department of Home Affairs, to give temporary visa holders somewhere to get visa-specific advice in this situation.¹⁸ The Leaving Violence Program was established to provide people leaving violence with support of up to \$5,000 together with safety planning and referrals, and is available regardless of visa status.¹⁷

Temporary visa holders remain a high-risk cohort despite these initiatives. People who hold a bridging visa are generally ineligible for Centrelink payments, and only a small number of people qualify for the Status Resolution Support Services payment (a short-term payment to help with basic living costs provided by the Department of Home Affairs based on assessed needs established through an application process). And people on temporary visas frequently encounter barriers when trying to access crisis or temporary accommodation because they are deemed to be ineligible for the services or for the exit pathways out of them.

What helps

We understand that in NSW an exemption exists that allows victim-survivors of domestic and family violence on temporary visas to be considered for a short period of temporary accommodation in exceptional circumstances,⁴ but we are concerned by reports that this exemption is infrequently applied, or not widely known among all Link2Home staff. This can leave people choosing between remaining in an unsafe home and the prospect of sleeping rough. (NB. Link2Home is the NSW statewide homelessness information and referral telephone service.)

What we experience in NSW illustrates why implementation and frontline awareness matter as much as the existence of an exemption. We do not know what the conditions for eligibility are for these services in other jurisdictions, but we believe that this draws attention to the need for a nationally consistent approach. Access to essential needs, such as shelter, should not depend on the jurisdiction a person happens to be in.

Recommendation 7.

Ensure nationally consistent access to crisis and temporary accommodation for people on temporary visas, including people seeking asylum, who are escaping domestic, family and sexual violence. This should include addressing the lack of income support and exit pathways, and ensuring frontline homelessness staff have consistent, accurate knowledge of the eligibility of temporary visa holders, so that inconsistent awareness does not function as a barrier to access.

Consultation question: What current or emerging issues should the Second Action Plan address, including in relation to coercive control and technology-facilitated abuse?

In NSW, the offence of coercive control that commenced on 1 July 2024 applies only to abusive behaviour directed at a current or former intimate partner.⁸ STARTTS staff have raised that, in the communities they work with, coercive and controlling behaviour is not always confined to an intimate partner relationship. Staff gave examples of siblings, such as older brothers who exercise control over a sister's choices, including around marriage, and stated that coercive control also operated through extended family structures rather than solely through intimate partner relationships.

An offence framed only around intimate partners may not capture the full pattern of control experienced by some people from refugee and asylum-seeking backgrounds, and by extension may not appear in the data used to monitor and respond to coercive control nationally. We recognise that the criminal offence itself is a matter for the NSW and other state and territory governments. The Second Action Plan can nonetheless address how coercive control is understood and measured nationally. The National Principles to Address Coercive Control in Family and Domestic Violence, agreed by the Commonwealth and all states and territories, establish a shared national understanding of coercive control independent of any single jurisdiction's criminal offence. This is the appropriate place to consider whether that understanding should be broadened to include control exercised through extended family, caregiving and parent-child relationships, distinct from any question of criminal liability.¹⁰ The Australian Institute of Health and Welfare's own national reporting states that experiences of coercive control differ across population groups, including refugee and migrant women, and that additional research and improved data are required to address this gap.¹¹

As we noted earlier, interpreters play a vital role. And they can have an effect on how coercive control (and other forms of domestic and family violence and abuse more broadly) are recognised and reported by the communities they work with. Some languages do not have a direct or commonly used equivalent for concepts like 'coercive control', making interpreter training about these concepts that underpin newer offences such as coercive control, an area that requires further investment. We have included this point in Recommendation 4.

Recommendation 8.

Review the National Principles to Address Coercive Control in Family and Domestic Violence to consider broadening the definition of controlling behaviour to include extended family, caregiving and parent-child relationships, not only intimate partner relationships. This is intended to prompt discussion toward the shared national understanding the Principles are meant to establish and should not be used as an immediate prompt for the extension of current criminal offence definitions.

Recommendation 9.

Improve national data collection on coercive control, including through the Australian Institute of Health and Welfare's family, domestic and sexual violence reporting, to address the information gap for refugee, migrant and culturally and linguistically diverse communities that the Institute has itself identified.

Consultation question: What gaps remain in addressing the needs of diverse communities, including Aboriginal and Torres Strait Islander people?

People from refugee and asylum-seeking backgrounds are not a single, homogenous group. Experiences of domestic, family and sexual violence within these communities are further shaped by disability, age, sexuality and gender identity, ethnicity, and socioeconomic status, among other factors, and these intersecting experiences remain poorly captured by both mainstream and refugee-specific data and services. We highlight the following potential gaps.

LGBTQIA+ people with intersecting identities. Much of the existing evidence base, and many current service models, have been developed primarily with reference to heterosexual and cisgender relationships. As a result, the needs of LGBTQIA+ people, including those from refugee and asylum-seeking backgrounds, are often not well captured by existing data or service responses. The consultation paper itself names migrant and refugee communities and LGBTQIA+ people as two of the groups most likely to be under-represented in national data on this violence, though it does not address their intersection specifically.¹ In STARTTS' experience delivering our LGBTQIA+ Project, this cohort can face a lack of safe, accessible and inclusive settlement services, leading some clients to conceal their identity as a form of self-preservation.¹³

Violence in caregiving relationships. In STARTTS' experience, some people with disability from refugee backgrounds may have had little say over decisions affecting their own lives in their country of origin and were highly dependent on family for care and decision-making. Arriving in Australia, and gaining greater independence and decision-making power, can be a significant cultural shift for the person and their family. This shift can create new risks of violence or coercive control that current screening tools and service responses are not well placed to identify, because those tools are designed around intimate partner relationships rather than caregiving ones. This reflects the design of existing tools generally. Australia has no national standard screening tool, and the most widely used instruments, including the Domestic Violence Safety Assessment Tool used across several jurisdictions, are built specifically for intimate partner violence rather than caregiving

relationships.¹² The consultation paper itself acknowledges that current terminology does not clearly distinguish violence in the home and family from violence against women with disability by their carers, underlining the need for tools that capture this violence regardless of how it is categorised.¹

Recommendation 10.

Ensure data collection, research and service design for LGBTQIA+ victim-survivors reflect intersecting identities, including those of people from refugee and asylum-seeking backgrounds.

Recommendation 11.

Ensure that violence and coercive control experienced by people with disability from a family member or carer is captured by relevant screening and risk assessment tools, whether categorised as family violence or as a related but distinct form of harm, recognising that current terminology does not clearly distinguish between the two.

Part 3: Priority Area 4, people who use violence

Consultation questions:

What approaches are most effective in supporting people who use violence to take accountability, change behaviours, and reduce the use of violence, while focusing on victim-survivor safety?

How can governments and services, among others, strengthen culturally safe, accessible and evidence-informed responses for a range of communities and cohorts?

We have responded to these two questions together, because for the communities we work with the answer to both are linked and interrelated.

STARTTS staff have described working with men who were themselves displaced by conflict, who grew up witnessing violence in their own family home, and who later used violence in their own adult relationships. This does not suggest that exposure to violence leads inevitably to later use of violence; rather, it illustrates the complexity that can arise when a person using violence is also a survivor of childhood, conflict-related or refugee trauma.

A trauma-informed approach to accountability, one that takes a person's own trauma history into account without using it to excuse their behaviour, is essential to working safely and effectively with this group. This approach requires specialised skill and expertise, and is not widely available across the current service system. It also needs to be delivered in-language and in a culturally appropriate way, and the programs that do exist are not always designed with that in mind.

We are not aware of an evidence base establishing what works for this cohort specifically. STARTTS does not seek to prescribe a behaviour-change model in the absence of that evidence. The absence is itself the obstacle: without dedicated investment and research,

culturally safe responses for these communities cannot be described as evidence-informed, will continue to be difficult to fund on that basis, and will remain a gap the Second Action Plan should address. This is not an assumption on our part. When designing *Hayat Amina*, we consulted a researcher working specifically on the evidence base for interventions with culturally and racially diverse men who use violence.⁵

What we can say from our own work is that men from these communities will engage with this subject matter when it is offered to them in the right way. One of the eight *Hayati* groups was delivered solely to men. Participants described a shift in what they felt equipped to do, one saying that after the workshops he had '*a wider understanding of how to deal with both the victims and the perpetrators*', and others describing a role for themselves in carrying the material into their own families and networks.⁵ This was early intervention rather than behaviour change, and we do not put it forward as a substitute for one. It does establish that engagement is achievable, which is the starting point for any program designed for this cohort.

The two recommendations below are sequential. Research into what is already working for this cohort should shape what is funded, and programs funded on that basis should themselves be evaluated, so that the evidence base continues to build rather than remaining static.

Recommendation 12.

Commission dedicated research into the effectiveness of existing behaviour change programs for people from refugee and asylum-seeking backgrounds who use violence, given the current absence of an evidence base for this cohort.

Recommendation 13.

Fund and evaluate in-language, culturally appropriate behaviour change programs for men who use violence from refugee and asylum-seeking backgrounds.

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