

## FORUM SUMMARY

### What does the Royal Commission into Family Violence mean for Multicultural Communities?

10 May 2016



## ABOUT MCWH

Multicultural Centre for Women's Health (MCWH) is a national organisation dedicated to improving the health and wellbeing of immigrant and refugee women. MCWH is a national voice for all women from immigrant and refugee backgrounds, including temporary migrants, asylum seekers and women from emerging and established communities.

As part of its mission to promote the wellbeing of immigrant and refugee women, MCWH is working to prevent violence against women across Australia through research, advocacy, multilingual education, sharing expertise and providing input into policy.

## BACKGROUND

In response to the findings of the Royal Commission into Family Violence (RCFV), which were released on 29 March 2016, MCWH held a forum titled: 'What does the Royal Commission into Family Violence mean for Multicultural Communities?' The forum aimed to facilitate discussion about the RCFV's findings and recommendations specifically as they relate to CALD women.<sup>1</sup>

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<sup>1</sup> In line with the RCFV Report, the term 'culturally and linguistically diverse' or 'CALD' is used to refer to all women from immigrant and refugee backgrounds.

## EVENT OVERVIEW

Forty-seven people attended the forum from a range of sectors including settlement services, multicultural services, women's services and health services. The forum was facilitated by Dr Regina Quiazon, Senior Research and Policy Advocate at MCWH, and comprised a panel of expert speakers:

- Ms Joumanah El Matrah, Chief Executive Officer of the Australian Muslim Women's Centre for Human Rights (AMWCHR)
- Ms Neselie Gavanzo, Senior Domestic Violence Advocate and Services Connect Key Worker at the Eastern Domestic Violence Service (EDVOS), and Education and Research Officer at Gabriela-Australia.
- Ms Fiona McCormack, Chief Executive Officer of Domestic Violence Victoria (DV Vic), the peak body for family violence services for women and children in Victoria.
- Dr Adele Murdolo, Executive Director of the Multicultural Centre for Women's Health (MCWH).
- Dr Cathy Vaughan, Lecturer in Gender and Women's Health in the Centre for Health Equity, Melbourne School of Population and Global Health and lead researcher for the ASPIRE project, funded by Australia's National Research Organisation on Women's Safety (ANROWS), to strengthen community-led responses to violence against immigrant and refugee women in Victoria and Tasmania.

The questions used to guide the panel discussion are included as an attachment to this report.



## PANEL DISCUSSION SUMMARY

### Key Points

1. The RCFV findings present an important opportunity to embed cultural diversity and equity into the implementation of all the recommended reforms. Doing so is critical if system reform is to lead to meaningful improvements for CALD women.
2. Consideration of the systemic and structural factors that make CALD women vulnerable to violence (rather than simply and only considering factors relating to 'culture') is essential.
3. Co-design must include and involve the expertise of CALD women's organisations and should be informed by available evidence about CALD women's experiences of violence.
4. The proposed Support and Safety Hubs (Recommendation 37) must be culturally inclusive in a way that is consistent, responsive to local demographics and respects and builds on the existing community relationships and expertise of settlement, ethno-specific and CALD women's organisations. Hubs must integrate services that address the immigration, legal, settlement and communication needs that can be connected to CALD women's experiences of family violence.
5. In relation to the recommendations relating to the use of interpreters (Recommendations 157-160), language services in the family violence, health, justice and legal sectors must be adequately funded, and interpreters must be specifically trained and supported, in order to provide appropriate and safe services to CALD women experiencing family violence.
6. While the RCFV recommendations recognise the important role of the health system in responding to family violence, many other existing services and sectors play a key role in facilitating CALD women's pathways to family violence services, including women's health promotion, ethno-specific and settlement services. Alternative pathways for CALD women to family violence services must be supported and resourced.
7. Beyond the importance of providing meaningful and accessible multilingual information and family violence services, the implementation of the RCFV recommendations should incorporate CALD women-centred approaches, including employing bilingual workers, adopting outreach models, utilising established relationships, building trust and rapport, prioritising face-to-face settings, and providing culturally appropriate service delivery.
8. The proposed prevention strategy (Recommendation 187) should involve CALD women's organisations to provide expertise on community-led primary prevention and best practice in engaging CALD communities about family violence.

## PANEL DISCUSSION SPECIFIC ISSUES

### CALD and faith communities

The panel discussed the implications and recommendations of the two chapters (28 and 29) in Volume V 'Family and Diversity', which specifically address the issues facing CALD communities and faith communities with respect to family violence.

Panellists and forum participants put forward the following points:

- Recommendations 140 and 141 aim to facilitate, through the development of new standards and guidelines, non-discriminatory service delivery within the family violence system. While non-discriminatory service delivery is important, it is a 'low bar', and will not necessarily lead to accessible and inclusive services that meet the specific needs of CALD women.
- Chapters 28 and 29 in the RCFV Findings provide a comprehensive examination of the issues facing CALD women who experience family violence in Victoria. However, the recommendations in these chapters fail to fully address the issues raised. Nevertheless, it was agreed that there are many opportunities to embed cultural diversity and equity throughout the implementation of all the recommendations.
- The coverage of various 'minority' groups within one volume in diversity is inadequate and fails to grasp the density and complexity of the issues involved. It was suggested that a separate volume on CALD women would have been beneficial, especially given that 46.8% of the Victorian population has one or both parents born overseas.
- The information on forced marriage and female genital mutilation (FGM) is not of an appropriate standard. More evidence-based accounts of these specific forms of violence would have been useful given their complexity and the specialist knowledge that exists in relation to these issues in Victoria. For example, Recommendation 161 is not evidence-based and does not acknowledge the Family and Reproductive Rights Education Program (FARREP) Program, which has been funded by the Victorian government since 1998 to work with communities and service providers to address FGM.
- The work of women of faith hasn't been acknowledged in the 'Faith Communities' chapter and in this regard, Recommendation 165 on engaging faith leaders is problematic. The knowledge and expertise of women's organisations that work with faith communities on the issue of family violence should be harnessed before engaging faith leaders directly.
- Ensuring equal access to mainstream services does not necessarily result in equal outcomes for CALD women or women from minority religions. Strategies must be developed that both increase equitable access to all services and provide choices for women in the services available to them. This must be in addition to providing effective, appropriate and inclusive service delivery.
- One of the challenges of embedding cultural diversity and equity into the family violence system will be balancing mainstream services that are culturally appropriate with specialist services that use bilingual workers. This is a challenge that needs to be fully considered throughout the co-design process, involving organisations with appropriate expertise.

## Research

The panel discussed the latest research on family violence in CALD communities, including what the findings show about how CALD women access and navigate the current system and the services they receive.

Panellists and forum participants put forward the following points:

- International and national research on violence against women shows that CALD women experience similar forms of violence (including reproductive coercion) as women from other backgrounds.
- There is a lack of reliable prevalence data that specifically measures violence against CALD women. Tools for measurement often exclude women who don't speak English.
- Much greater consideration needs to be given to the systemic and structural factors that make CALD women vulnerable to violence rather than simply and only 'culture'.
- Immigration policies and systems impact on CALD women's ability to access services. International students, for example, are more likely to fall through the gaps of service provision and entitlements.
- Language barriers and the lack of multilingual services leads to extreme social isolation which enables violence against CALD women.
- CALD women often take longer to access services because of systemic barriers. As a result, violence has already escalated when help is sought.
- Research shows that CALD women experience similar forms of family violence to Australian-born women. Additional forms of family violence reported by CALD women include: perpetrators using visa status as a form of coercion and control; multi-perpetrator violence including family members other than or as well as an intimate partner; family violence perpetrated by family members other than an intimate partner, such as brothers policing the behaviour of sisters, and adult male children being violent towards mothers.
- The negotiation and navigation of the family violence service system is difficult for CALD women: it is often invisible to them. If and when women do access services, the assistance they receive is inconsistent. There is a need to ensure the needs of CALD women are considered in law, justice and child protection provisions and responses.
- When women have had contact with family violence services, their vocabulary around family violence expands and they have a greater capacity to discuss the issues.
- There is currently limited communication and cross-referral between settlement, multicultural and family violence services, and family violence services are being overwhelmed by other complex needs women experience during the settlement period.
- There is a need to look more critically at the evidence-base relating to mainstreaming: how is it applicable to different organisations and different service users? What types of efficiencies does it bring about? What are the down-sides?

- Governments need to acknowledge the different but complementary roles both large and small (mainstream and specialist) organisations can play in the sector.

## Family violence system

The panel shared their thoughts about a number of significant recommended changes, including a new intake system that will be made up of 17 Support and Safety Hubs and a new emergency infrastructure for emergency accommodation.

Panellists and forum participants put forward the following points:

### *Governance and Organisational Issues*

- A cross-sector alliance of 11 organisations, peak bodies and services (including DV Vic, MCWH and Women's Health Association of Victoria) are advocating to government about the need to proceed carefully with implementation of reform. We need to ensure that appropriate governance structures are in place and meaningful consultations are carried out with the relevant stakeholders.
- Clarity is needed around 'co-design': what does it entail, especially when a whole of government approach has not yet been achieved in the sector?
- There is a need for both specialist response and mainstream specialist family violence services to do better in meeting the needs of CALD women.
- We need to tap into the expertise of CALD community organisations, especially feminist and women's organisations, because women are more likely to access their services before there is an extreme family violence situation.
- There is already evidence about what immigrant and refugee need: this is the baseline knowledge that should be fundamental to implementation. The forthcoming ASPIRE Research Report should provide baseline recommendations.

### *Support and Safety Hubs*

- Establishment of the Support and Safety Hubs should consider the specialisation required for the diversity of women who need to access them.
- The Support and Safety Hubs need to be culturally inclusive and responsive to the local demographics.
- The mainstreaming of Support and Safety Hubs could marginalise the specialist expertise, knowledge and relationships with the community that is held by settlement, ethno-specific and CALD women's organisations.
- Development of the Safety Hubs needs to integrate immigration, legal and settlement needs. In this regard, access to bilingual workers, immigration lawyers and settlement workers needs to be provided. Consideration should also be given to the needs of asylum seekers and temporary migrants on precarious visas.

- The help-seeking practices of CALD women must be taken into account in the development of Safety Hubs. Consideration should be given to the services that are co-located within the Hubs, and to whether some services such as police or child protection would deter CALD women.
- CALD women will access the Safety Hubs if it is culturally safe, there is cultural diversity among the staff, bilingual workers are available, and if they have a good knowledge in advance of the purpose and potential outcomes from utilising the hubs.

### *Workforce operations and systems*

- Information sharing provisions (Recommendations 5 -9) could be revolutionary depending on how well they are implemented.
- Racial discrimination needs to be considered in the revision and amendment of Victoria Police's Violence against Women and Children Safety Strategy (Recommendation 46).
- The RCFV report addresses the problem of police wrongly identifying the primary aggressor when called out to an incident. This results in an excess of cross applications for intervention orders, which have significant implications for women including rendering family violence invisible for women. In this regard, Recommendation 41 is appropriate.
- Aboriginal and Torres Strait Islander women and newly arrived women are more likely than other women to be assessed as the primary aggressor, usually in cases where an interpreter hasn't been made available.
- Recommendation 159 makes suggestions for improving police use of interpreters by amending the Victoria Police Code of Practice. In addition, more resources are required for interpreters so that the changes to the Code of Practice can be feasibly implemented on the ground.
- A team of interpreters specifically trained in family violence can create a more accessible and effective interpreting service system.
- Bilingual workers, paid at a rate commensurate with emergency service workers, should be made available to complement the work of interpreters.
- A focus on workforce development can facilitate expertise and build trust and relationships between multicultural, women's, generalist and specialist services.
- Co-locating workers could facilitate cross-referrals and information sharing.

### *Crisis and emergency accommodation*

- The phasing out of the communal refuge model (Recommendation 15) opens up a range of questions around access for CALD women, including questions about eligibility and entitlements, particularly for women on temporary visas and who have no income.
- There is a general misperception among some service providers that CALD women are rorting the system to gain residency through their utilisation of the family violence provisions of the migration

regulations. There have been cases where women have been refused a protection visa despite the level of violence being experienced.

- CALD women on temporary visas with no income, including those who aren't entitled to Centrelink payments, are often the first to be refused crisis accommodation.
- Recommendation 162 suggests that the Victorian government advocate to the Federal government that crisis payments to people escaping violence are available regardless of visa status. However, the recommendation stops short of suggesting that the advocacy include that all women, regardless of visa status, should have access to the family violence provisions.
- The work conducted by the Department of Foreign Affairs and Trade on trafficked women for the purposes of sexual exploitation is a good example of the changes being made around visa provisions and support for CALD women.

## Early intervention and the health system

Panellists were asked to consider the role of the health system in improving access and recovery in the context of recommendations that the health system provide an early intervention role, as well as play a role in facilitating recovery.

Panellists and forum participants put forward the following points:

- Research indicates a number of missed opportunities in the health system. Health workers, including nurses and doctors, need to be trained to recognise family violence in cross-cultural contexts. Formal processes and documentation (e.g. screening for family violence during ante-natal care) should also be embedded in the health system, along with specific strategies for conducting culturally appropriate screening.
- The definition of 'health system' needs to be broadened to include the ways CALD women access the health system. According to research, CALD women generally access the health system only when there is a health issue or at crisis point. Instead, CALD women are more likely to access health information via health promotion programs and community development programs if these specifically target CALD women and if delivered in a bilingual format.
- Not all CALD women have access to technology. Community-based health education programs are sometimes the first time they've accessed the health system.
- Trust is a critical element in working with CALD women and culturally relevant approaches and specific strategies are required in order to engage and build trust. The MCWH Bilingual Health Education Program a good example of an outreach 'safety hub' that draws on principles of trust and respect.
- Proposed routine screening in public antenatal settings (Recommendation 96) should be conducted in culturally appropriate ways, using specifically trained interpreters and bilingual workers to support CALD women to disclose safely in an environment of established trust and rapport.

- Group-based and individual counselling (Recommendation 104) should be multilingual and should be implemented via the general health system.
- Refugee health nurses are an excellent conduit but need increased resources to meet the growing demand.

## Prevention

Panellists were asked to consider how the RCFV report addresses the issue of primary prevention in immigrant and refugee communities.

Panellists and forum participants put forward the following points:

- It is important to recognise that prevention work with communities can often provide the entry point for early intervention with individual women.
- Bring CALD women to the fore in primary prevention, and build CALD women's leadership as a gender equality strategy. Acknowledge, harness and tap into the leadership and expertise of CALD women and their representative organisations.
- Development of a discrete primary prevention framework for Victoria would be beneficial, following co-design principles that include CALD women's organisations with expertise in best practice in primary prevention within CALD communities.
- Primary prevention efforts need to recognise the ways in which discrimination and disadvantage can affect outcomes.
- Mainstream media campaigns can be inclusive by being culturally relevant and engaging CALD communities in ways that don't rely on stereotypes.
- Adopting an intersectional approach and taking steps to achieve gender equality are mutually inclusive processes.
- Language and terminology around primary prevention of family violence needs to be understood in the broader context of violence against women, which necessarily entails a gender-based analysis.

## Appendix I

### MCWH Forum: What does the Royal Commission Mean for Multicultural Communities?

Questions and Recommendations referred to:

Questions	Rec	Recommendation	Also relevant to
CALD and Faith communities		Diversity	
<p>The RCFV report has two chapters that specifically address the issues facing CALD communities and faith communities with respect to family violence.</p> <p>What is your reading of the implications of chapters 28 and 29 and their recommendations?</p>	139	The Victorian govt fund Seniors Rights Victoria, InTouch and WDV to provide training and advice to, and build partnerships with, specialist FV service providers and providers of universal services to enable them to provide appropriate services to people from these diverse communities.	FV System
	140	DHHS review and update standards for FV service providers to specify providers' obligations to develop suitable services for diverse communities, consistent with their obligation to provide non-discriminatory services under the Charter for Human Rights & EO Act.	FV System
	141	The VEOHRC issue a guideline under section 148 of the EO Act to guide service providers in meeting their obligation to act inclusively and avoid discrimination when delivering services.	FV System
	142	The Victorian government ensure that FV community awareness and prevention programs and activities use language, imagery and messaging that reflect the diversity of the Victorian community. Prevention work should be developed in consultation with relevant communities and be evaluated in order to refine future practice.	Prevention
	143	The Victorian govt ensure that the proposed Victorian FV Index measures, as far as possible, the extent of and response to FV in different communities.	Research
		CALD Communities	
	156	The Victorian Government amend section 6 of the FV Protection Act 2008 (Vic) to expand the statutory examples of FV to include forced marriage and dowry-related abuse (within 12 months).	Research
	157	The Victorian Government update its guidelines on policy and procedures in using interpretative services to specifically deal with FV – in particular, the risks of using perpetrators, children and other family members as interpreters, as well as using the same interpreter for both perpetrator and victim (within 12 months).	Research FV System
158	The Magistrates Court of Victoria allocate specific funding for FV interpreters and develop court guidelines for booking interpreters in FV matter (Within 12 months).	FV System	

Questions	Rec	Recommendation	Also relevant to
	159	Victoria Police (within 12 months) amend the Code of Practice for the Investigation of FV to emphasise the risks of using children as interpreters, as well as using the same interpreter for both perpetrator and victim, and provide practical guidance to officers on the use of interpreters, as well as provide training on the Code of Practice.	Research FV System
	160	The Victorian Government, as a member of the NAATI, work with other members of the authority to ensure that accreditation and testing require an understanding of FV.	Research FV System
	161	The DHHS, in collaboration with the VMC, community organisations and other relevant bodies, develop a strategy for informing service providers, specialist FV services and other community organisations about the health impact of FGM, emphasising that it can be a form of FV and a criminal offence (within 12 months).	Health System
	162	The Victorian Government, through COAG, encourage the CW govt to broaden the definition of FV in the Migration Regulations 1994 (Cth) so that it is consistent with the FV Protection Act 2008 (Vic) and to ensure that people seeking to escape violence are entitled to crisis payments (regardless of their visa status) (within 12 months). Faith communities	Research FV System
	163	The OMAC Multifaith Advisory group and the VMC, in partnership with expert FV practitioners, develop training packages in FV and sexual assault for faith leaders and communities. These packages should build on existing work, reflect leading practice in responding to FV, and include information about referral pathways for victims and perpetrators.	FV System
	164	The DHHS consult with the OMAC Multifaith Advisory group. The VMC and women from faith communities as part of its review of standards for specialist FV providers, to ensure that these standards and the associated services take account of the needs of people in faith communities who experience FV.	FV System
	165	Faith leaders and communities establish processes for examining the ways in which they currently respond to FV in their communities and whether any of their practices operate as deterrents to the prevention or reporting of, or recovery from, FV or are used by perpetrators to excuse or condone abusive behaviour.	Prevention

Questions	Rec	Recommendation	Also relevant to
<p>Research</p> <p>What does the research tell us about family violence in immigrant and refugee communities?</p> <p>How do women and their children experience family violence, how do they access and navigate the current system, and what kind of a service do they receive?</p> <p>Does the research provide us with insights about how the system needs to change for the benefit of immigrant and refugee women?</p>	<p>1</p> <p>10</p> <p>15</p>	<p>The Victorian government review and begin implementing the revised FV Risk Assessment and Risk Management Framework (the CRAF) to deliver a comprehensive framework that sets minimum standards and roles and responsibilities for screening, risk assessment, information sharing and referral throughout Victorian agencies.</p> <p>The framework should also reflect the needs of the diverse range of family violence victims and perpetrators, among them ... CALD communities.</p> <p>The Victorian government expand an existing website or create a new website to provide information for victims of FV – including those who face particular barriers to obtaining help – about where they can seek help, as well as families, friends and community networks to help them recognise FV. The information should relate to help during the crisis and recovery period.</p> <p>The Victorian government support service providers in phasing out the communal refuge model and replacing it with accommodation that promotes safety, is accessible to people with disabilities, provides units and enables connections with the community, work and school.</p>	<p>Early intervention</p> <p>Early intervention</p> <p>Early intervention</p>
<p>Family Violence System</p> <p>A number of significant changes have been recommended in the RCFV report. These include a new intake system, which will be made up of 17 safety and support hubs located around Victoria, as well as a new emergency infrastructure for emergency accommodation which veers away from the communal refuge model to a more accessible unit configuration.</p> <p>What are your thoughts about these specific, and other proposed changes, and how we might ensure that they are accessible and culturally appropriate for immigrant and refugee women who need to use them?</p>	<p>16</p> <p>37</p> <p>46</p> <p>207</p>	<p>The DHHS review the contractual arrangements for crisis accommodation to remove barriers for particular groups, such as women with no income and women and children with disabilities.</p> <p>The Victorian government introduce Support and Safety Hubs in each of the state's 17 DHHS regions. These hubs should be accessible and safe locations that provide:</p> <ul style="list-style-type: none"> <li>• single area-based entry point into local specialist FV services, perp programs, integrated family services, and other support services</li> <li>• safety planning, risk assessment and management</li> <li>• direct assistance and support for victims</li> <li>• access to emergency housing</li> <li>• secondary consultation to non FV services</li> <li>• co-location of other services likely to be required</li> </ul> <p>Victoria Police revise its Violence Against Women Strategy and amend it to cover all forms of FV, a diverse range of victims and all areas of operations and governance.</p> <p>The Victorian government develop or commission the development of a 10-year industry plan for FV prevention and response. The plan should cover the workforce requirements of all government and non-government agencies and services that will have responsibility for preventing or responding to FV, as well as remuneration, capability and qualification, workforce diversity, PD needs, career development and workforce health.</p>	

Questions	Rec	Recommendation	Also relevant to
<p>Early intervention &amp; the health system</p> <p>The RCFV report recommends that the health system provide an early intervention role, linking women from the health system into the family violence system, and it identifies the importance of FV training for health professionals.</p> <p>The report also notes the roles of the health system in facilitating recovery from FV.</p> <p>What will these proposal mean for immigrant and refugee women?</p> <p>What role should the health system play in improving access and recovery?</p>	<p>96</p> <p>102</p> <p>103</p> <p>104</p>	<p>The DHHS require routine screening for FV in all public antenatal settings. The screening guidelines should be aligned with the revised FV CRAF.</p> <p>The Chief Psychiatrist – in consultation with the RACGPs, the RANZCP and psychiatrist peak bodies – coordinate the development of a FV learning agenda that includes undergraduate and graduate FV training, continuing professional development, and guidance on appropriate responses to people with mental illness who have experienced FV.</p> <p>The Victorian government encourage the Australian Health Workforce Ministerial Council to approve standards that facilitate a mandatory requirement that GPs complete FV training as part of their continuing professional development.</p> <p>The Victorian government increase investment in programs to ensure that people who have been affected by FV have timely access to group based or individual counselling for as long as they need.</p>	<p>Research</p> <p>Research</p> <p>Research</p> <p>Research</p>
<p>Prevention</p> <p>Prevention is a distinct area of work that focuses on stopping violence before it occurs.</p> <p>How does the RCFV report address the issue of primary prevention in immigrant and refugee communities?</p>	<p>187</p>	<p>The Victorian govt ensure that the RCFV's recommended Statewide Family Violence Action Plan includes a primary prevention strategy that should be guided and be guided by the Gender Equality Strategy, and supported by dedicated funding for FV primary prevention.</p>	<p>Research</p>

## Appendix II

# MCWH Forum Evaluation: What does the Royal Commission Mean for Multicultural Communities?

## RESPONSES TO THE FORUM

Did the forum raise any issues or perspectives that were new or unexpected for you?

- Impact of visa status
- Bilingual Family Violence workers
- Faith leaders as point of reference
- Leadership development
- Safety hubs
- Partnerships
- Police code of conduct
- Range of new details: great discussion
- Migrant women's access to health services at the crisis point is similar to FV.
- Learning that women are sometimes named as perpetrators in L-17 forms with Anglo-Australian men dominating the narratives.
- Hearing about the nuances of what some of the recommendations could mean which is extremely helpful.
- Good to discuss FGM/C as discussed in RC recommendations and the need to approach this through a health and sexual and reproductive health framework not a criminal framework.
- Hearing details and examples about the way women's access to services is determined by their different status in systems, eg. visa status
- Suggestion about the potential need to reframe the narrative from FV to anti-exploitation when it comes to advocacy around women experiencing FV who are also progressing through the Australian migration system.

## FORUM TAKE AWAY MESSAGES

- The issue of the police code of conduct not being observed.
- The opportunity we have in LGAs to provide true primary prevention work for young people through community development programs.
- The need for collaboration and co-design in implementation of RCFV recommendations.
- Slow down and get it right.
- Equity in access will not on its own result in equity of outcomes.
- To keep the co-operation and communication going.
- RCFV was a good start but more work/emphasis needed on addressing the particular needs of CALD women.
- The importance of how recommendations are implemented and how this will impact on equity (or not).
- Slow, trusting connections are crucial in relation to effective services which will be slow to improve.
- Passion and the commitment of the workers in the sector.
- Complexity and need for specialist services.
- Clarity on the recommendations of the Royal Commission.



## WHAT WOULD YOU HAVE LIKED TO HEAR MORE ABOUT?

- How will the funding be rolled out?
- Access to resources to assist the FV sector.
- Who have been strong advocates within the psychology sector for CALD women?
- All of it.
- Negative impact of gender mainstreaming.
- Have APS or Psych Board of Australia helped to inform best practice and advocate the government about medicine access and more funding for interpreters?
- More on primary prevention.
- More on a gender mainstreaming approach that recognises intersectionality.
- More updates on safety hubs and implementation of recommendations
- More on asylum seeker women and refugees
- I am interested in how we can highlight gender bias raise consciousness of our community to support women where women are valued and honoured. That on this basis we develop leadership – women’s leadership as FV peer support workers, connectors, quietly working to support women in their neighbourhood.
- I have a question about gender mainstreaming and would like to hear more.
- I am interested in workforce development and primary prevention in migrant and refugee services
- I would be interested in a forum combining settlement services and FV services and a separate one on settlement services and PVAW.
- Related to Ruth Desousa’s (Centre for Ethnicity and Health) suggestion that MCWH (and this forum) advocate for Health Promotion education at an undergraduate level that incorporates FV: The suggestion that such a communique also advocates for adequate support for HPs when there is disclosure of FV. Sometimes FV disclosure to a health professional can also be traumatic for that health professional and there ought to be counselling/debriefing opportunities for that HP. If they are unsupported, there may be potential that the HP will no longer ask about FV of a client/health consumer as it may be “too hard”. Likewise this approach should be employed to any specialised FV team of interpreters.

## COMMENTS ON THE QUALITY OF THE DISCUSSION

- Thanks again. Great overview on an area that I don’t always have time to focus or read up on.
- Great range of views, speakers and questions.
- Great comments, lots of notes.
- Excellent expertise on the panel.
- Great format for the forum. The discussion was clear and focused.
- Great range of speakers: very knowledgeable and great discussion of the issues.
- I really came to listen and learn. Thank you.
- Extremely expert panel members.
- Reference to specific recommendations was helpful.
- Interesting and passionate discussion. Thank you! Good tie back to Royal Commission and analysis of issues.
- The panel was well represented by a cross section of the FV sector