Model of Culturally Responsive Domestic, Family and Sexual Violence Practice

June 2026

SSI

For equality of life.

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Acknowledgement of Country

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

Acknowledgement of Victim-Survivors

SSI Group acknowledges the strength and resilience of adults, children, and young people who have experienced domestic, family and sexual violence and recognise that it is essential that responses to violence are informed by their voices and advocacy.

We pay respects to those who did not survive and acknowledge friends and family members who have lost loved ones to this preventable issue.

Glossary of terms

Cultural humility

Cultural humility is an ongoing practice of self-reflection and lifelong learning. It involves recognising our own cultural lens, assumptions and power, listening with openness, and responding in ways that respect each person's cultural identity, context and choices.

Cultural humility means we don't assume expertise about someone's culture; we remain curious, accountable, and guided by the person's lived experience.

Cultural safety

Cultural safety refers to creating environments and practices where individuals and families feel respected, safe and supported in their cultural identity. It recognises that culture is central to wellbeing and safety and requires practitioners to actively reflect on their own values and biases, and to respond in ways that uphold dignity, identity and connection to culture.

Culture

Culture refers to the shared and evolving values, beliefs, customs and practices that shape how individuals and communities understand and experience the world, including influences of migration, identity, language and lived experience.

Domestic and Family Violence

Domestic and family violence is a pattern of ongoing, repetitive and purposeful behaviour that someone chooses to use towards another where they are in an intimate (partner or spouse) relationship or other family relationship dynamic. It also refers to violence within shared households and ex-partners or spouses. As a result of the violence, the person may be coerced or feel afraid, intimidated or terrified.

Equity

Equity refers to fairness and justice in access, opportunities and outcomes, recognising that people may require different types or levels of support to achieve comparable outcomes.

Feminist theory

Feminist theory examines gender inequality and power relations, and how these shape people's experiences of violence.

In practice, it supports responses that address the structural drivers of domestic, family and sexual violence and promote safety, dignity and substantive equality, while recognising that experiences differ across culture, race, migration, disability and socioeconomic status.

Substantive equality focuses on fair outcomes by recognising different barriers and providing tailored supports, rather than assuming the same response works for everyone.

Intersectionality

Intersectionality recognises society has multiple layers of power and privilege which also produces compounding discrimination, disadvantage and inequality. Intersectionality highlights the importance of addressing the disadvantage and discrimination within structures, systems and processes.

Multicultural communities

Multicultural communities refer to the diversity of people and communities from different cultural, linguistic and religious backgrounds, including migrant and refugee communities. The term encompasses individuals and families with varied migration and settlement experiences.

Person or people from migrant backgrounds or communities / Migrant

People from migrant backgrounds are those born overseas whose usual residence is Australia.

A person is considered a usual resident of Australia if they have been, or are expected to be, living in Australia for 12 months or more. This includes people regardless of nationality, citizenship or legal status, and may include individuals and families who have migrated temporarily or permanently across generations.

Some migrants leave their country because they want to work, study, or join family, however others may feel they must leave because of poverty, violence, natural disasters or other serious circumstances that exist within their country of origin.

Migrants often have additional time, resources and planning surrounding their choice to relocate.

Person or people from refugee backgrounds or communities / Refugee

People from refugee and refugee-like backgrounds are those who have been forced to leave their country due to conflict, violence or persecution. This includes individuals who arrive through humanitarian programs as well as those who come through other migration pathways but have had refugee-like experiences.

People from refugee and refugee-like backgrounds are people who have fled their own country because they are at risk of serious human rights violations and persecution in their country of origin. The risks to their safety and life were so significant that they felt they had no choice but to leave and seek safety outside their country because their own government would not protect them from those dangers.

Note: Throughout this document, the terms **migrant and refugee backgrounds or communities** and **multicultural communities** are used interchangeably.

Person seeking asylum

People who are seeking asylum have left their country and are seeking protection in another country from persecution and serious human rights violations.

Practice Framework

A practice framework provides a structured set of principles, values and guidance that support consistent, ethical and culturally responsive decision-making and service delivery.

Praxis

Praxis refers to the integration of theory and practice through ongoing reflection and action to improve practice and outcomes.

Reflexive

Reflexive practice is an ongoing process of noticing and critically examining how our own values, assumptions, identity, culture, power, privilege and

professional role shape what we notice, how we interpret situations, and how we respond.

Reflexive practice includes reflection during interactions (noticing in the moment and adjusting how we engage) as well as after interactions (learning and strengthening practice over time), helping practitioners reduce power imbalances, recognise bias, and respond in culturally safe and survivor-centred ways.

Sexual violence

Sexual violence or sexualised violence is a broad term to describe any unwanted sexual act or behaviour. Sexual violence occurs in any relationship type and includes physical and non-physical contact.

Sexual violence can include behaviours that are criminal offences such as sexual assault, and others that are not. Sexual violence can be a single incident or can be ongoing, repeated abuse over a long period of time.

Social norms

The informal, mostly unwritten and unspoken collective rules that define typical, acceptable, appropriate and obligatory actions in a social group, setting or society. They are produced and reproduced by customs, traditions and value systems that develop over time to uphold forms of social order.

Strengths-based approach

A strengths-based approach focuses on the capabilities, resilience, cultural strengths and resources of individuals, families and communities.

Survivor-centred practice

Survivor-centred practice places the safety, rights, dignity and choices of victim-survivors at the centre of all responses, ensuring their voices and experiences inform decisions that affect them.

Trauma informed care and practice

Trauma-informed care and practice recognises the prevalence of trauma and its impacts on the emotional, psychological and social well-being of people and communities.

Trauma-informed practice means integrating an understanding of past and current experiences of violence and trauma in all aspects of service delivery.

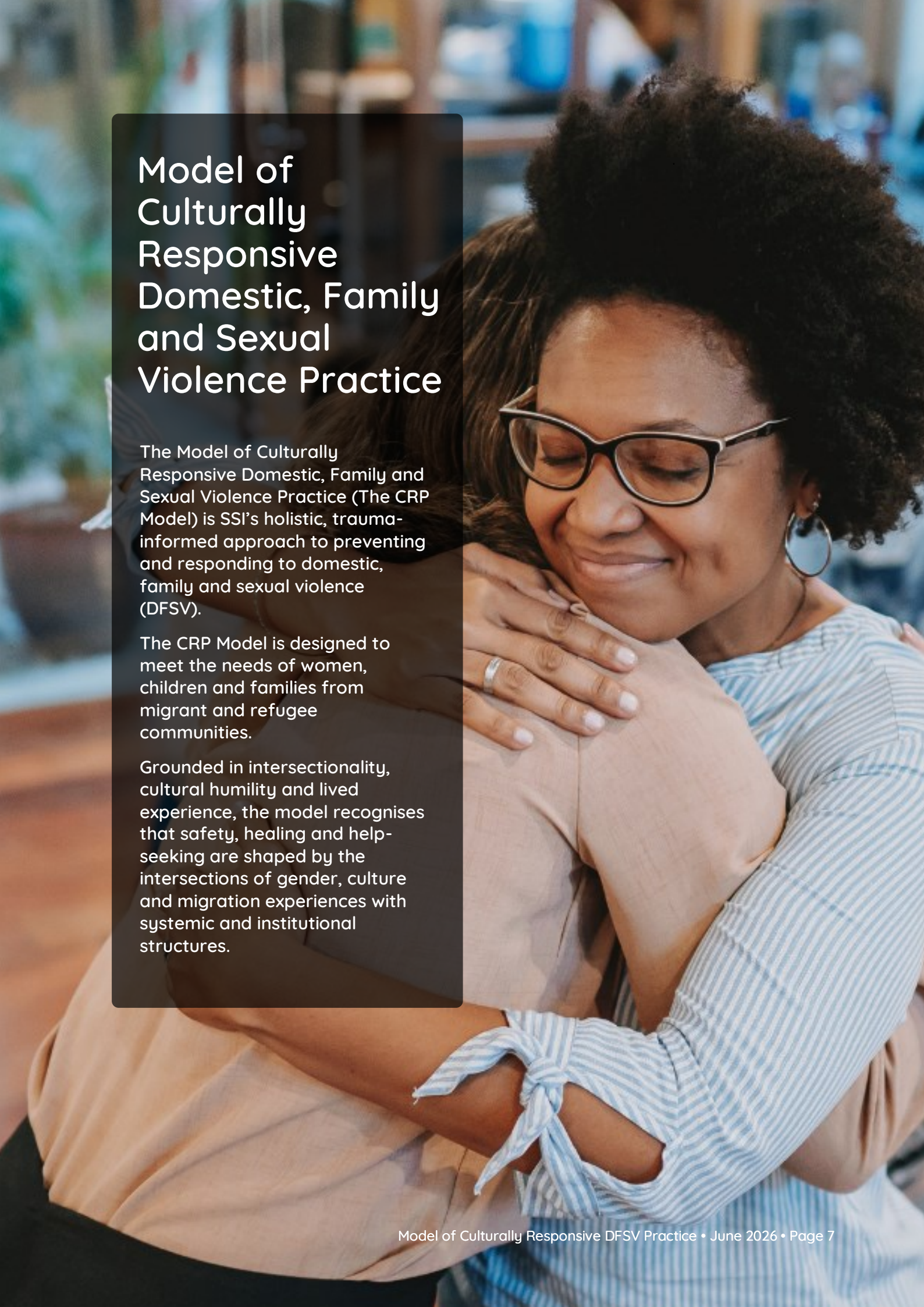
The goal of trauma-informed systems is to avoid re-traumatising individuals and support safety, choice and control to promote healing.

Victim-Survivor

This term is used to describe people with lived experience of domestic, family and sexual violence.

This term combines the words victim and survivor to recognise that a person has been harmed while also acknowledging their strength and survival.

Children and young people are victim-survivors of DFSV when their parents and family members choose to use violence.



Model of Culturally Responsive Domestic, Family and Sexual Violence Practice

The Model of Culturally Responsive Domestic, Family and Sexual Violence Practice (The CRP Model) is SSI's holistic, trauma-informed approach to preventing and responding to domestic, family and sexual violence (DFSV).

The CRP Model is designed to meet the needs of women, children and families from migrant and refugee communities.

Grounded in intersectionality, cultural humility and lived experience, the model recognises that safety, healing and help-seeking are shaped by the intersections of gender, culture and migration experiences with systemic and institutional structures.

Model of Culturally Responsive Domestic, Family and Sexual Violence Practice

Purpose

A central aim of the CRP Model is to support organisations and DFSV practitioners to reflect on their own practice framework. It encourages practitioners to consider the cultural values, identities, biases and assumptions they bring to their work, and how these may influence the way they respond to and support victim-survivors from migrant and refugee communities — and ultimately how this may shape victim-survivors' experiences of services.

Background

The CRP Model was developed by SSI's DFSV Prevention and Response Group through consultation with SSI's specialist DFSV practitioners, and DFSV community engagement and sector capacity building professionals.

The insights and feedback of SSI's Lived Experience Advisory Group of migrant and refugee victim-survivors were critical. The process ensured that the model reflects the priorities and realities of the communities it serves.

Drawing on intersectional feminist theory and trauma-informed practice, the model informs both service design and frontline delivery.

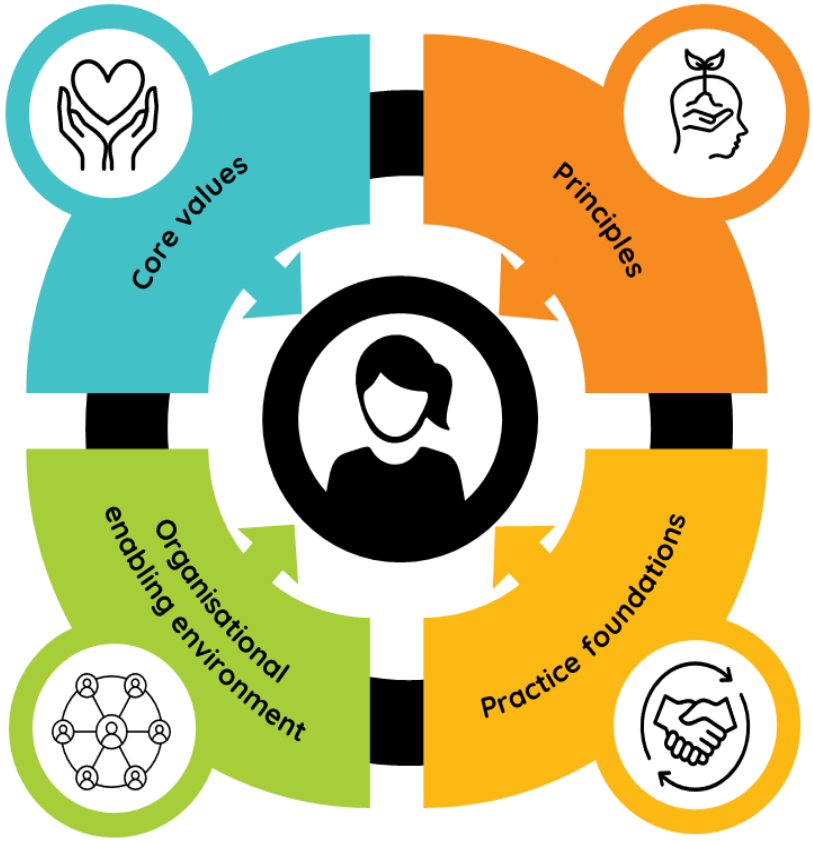
The model is foundational to SSI's holistic DFSV prevention and response efforts, which promote a community-led approach to improving outcomes for women and families affected by DFSV and focuses on four interconnected pillars:

Collectively, these pillars work to build trust with migrant and refugee communities, support culturally safe responses for victim-survivors, and uplift the capacity and capability of services and communities to strengthen prevention and response efforts.

The CRP Model underpins the approach and provides a clear structure to guide reflexive and culturally responsive practice. It supports practitioners to consider the complex factors shaping victim-survivors' lives and promotes approaches that foster trust, safety, equity and access to services.

Overall, the model seeks to improve the safety and wellbeing of women, children and families from migrant and refugee communities affected by DFSV.

Model of Culturally Responsive Domestic, Family and Sexual Violence Practice



Core values

- Dignity
- Respect & Cultural humility
- Compassion & Empathy
- Equity & social justice

Principles

- Trauma-informed & Survivor Centred practice
- Lived experience as knowledge and wisdom
- Intersectionality
- Children and Young people as victim-survivors
- Reflexive practice, self-awareness & accountability
- Use of Self

Organisational enabling environment

- Leadership commitment
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- Collaboration
- workforce development & Wellbeing

Practice foundations

- Engagement
- Practice Approaches
- Workforce care and service quality

Elements of the Model

The CRP Model is informed by four interconnected elements that support practitioners to work effectively with women and children from migrant and refugee backgrounds experiencing DFSV.

At the centre of the model is the practitioner, guided by:

- **core values**
- **principles**
- **practice foundations**, and
- **organisational enabling environment**.

These elements were identified through consultation with SSI's specialist DFSV practice team, which is predominantly comprised of bilingual practitioners with lived experience of migration to Australia.

The consultation process identified shared principles and approaches that inform both individual and team practice, contributing to positive outcomes for the women and children receiving support.

Core Values

What underpins our work

Core values guide how practitioners understand their role, manage power dynamics and engage with victim-survivors from migrant and refugee backgrounds. These values underpin all decisions, interactions and responses.

Dignity

Engagement is centred on the inherent worth and agency of the victim-survivor.

Practice should promote and enable choice, affirming cultural identity in all decisions. This involves consideration of the victim-survivor's migration and settlement journey, including past experiences of DFSV, armed conflict, loss and displacement, and how such experiences may be compounded by ongoing experiences of DFSV and systemic discrimination.

These experiences shape how victim-survivors understand their self-worth and dignity. Practitioners should validate victim-survivors' experiences, avoid judgement, and support them in dealing with discomfort while providing information and choices that are relevant to their cultural context.

Ongoing reflection helps to identify and challenge assumptions and biases about dignity, including how practitioners' own cultural frameworks may shape their understanding of what dignity means. For example, preserving family honour

can feel essential to protecting the dignity of the broader family unit. Therefore, a woman may choose to remain in an abusive marriage. To her, collective dignity could be more important than individual choice and agency. Staying might also provide a sense of relative safety, such as maintaining support from extended family or avoiding social stigma, even if the situation is not entirely safe. This could be her way of negotiating difficult circumstances, so it is important to challenge any assumptions that might perceive her as a passive victim.

Respect and Cultural Humility

Respect requires honouring pre-migration lived experiences, values, beliefs, traditions and culture — without positioning one culture as superior or more progressive than another.

People hold multiple identities and are shaped by their worldview and way of life.

Cultural humility involves recognising that each person's cultural background, values, and experiences shape their understanding of safety, dignity, and decision-making.

Practitioners should seek to understand individual experiences and context before acting, respond with trauma-informed care, and honour each person's understanding of safety and dignity.

Compassion and Empathy

Every person is recognised as inherently worthy. In engaging with compassion and empathy, practitioners affirm the whole person — not just their trauma.

Culture is dynamic and individual. Practitioners should remain reflexive about their own assumptions and the power dynamics that may exist between practitioner and victim-survivor. Regardless of a person's culture or experiences, practitioners should demonstrate care, respect and understanding of identity and choice.

Migration and settlement involve loss and grief while adjusting to a new way of life. Practitioners should support individuals and families to retain their identity and sense of self while developing a new identity in Australia, and to understand how this transition shapes decisions and behaviours.

Equity and Social Justice

Practitioners should reflect on the intersectional experiences of victim-survivors, recognising that systems shaped by dominant Western frameworks may create barriers to safety, access and equity for migrant and refugee communities.

It is important to avoid deficit framing - migrant and refugee communities are not vulnerable because of their identities or experiences; vulnerability arises when social, political and economic systems restrict equitable access and participation. Practitioners should challenge inequitable structures and advocate for equity in service responses and act to implement removal of barriers in their service delivery.

CORE VALUES

Example

The victim-survivor stopped attending her church because community gossip made her feel unsafe and ashamed. The practitioner validated her understanding of dignity and supported her decision to attend a different church, recognising this choice as a step toward recovery.

During the session, the practitioner said, “Can I hold hope for you while things feel uncertain?” This reminded the victim-survivor of her strengths, reflecting the steps she had already taken, and gently affirming that change was possible even when she could not see it herself. The session ended by acknowledging one small action the victim-survivor had chosen that day.

Practitioner reflections

“When they [the women we work with] resettle here, they think they lose who they are, but I tell them that they don’t lose who they are, they gain another identity.”

“Dignity is subjective, culturally specific and deeply tied to identity. What one woman sees as dignity may seem unimportant or unusual to another, but her [practitioner’s] role is to respect each definition.”

Suggested reflective questions for practitioners

1. **How might my own cultural values, beliefs and assumptions influence how I understand dignity, safety and choice for this victim-survivor?**
2. **In what ways could systemic or structural barriers be shaping this person’s experiences of violence, help-seeking and access to services?**
3. **How do I ensure that my response affirms cultural identity, strengthens agency and avoids deficit framing?**

Principles
What guides our work

Trauma-Informed and Survivor-Centred Practice

Practitioners should recognise the physical, emotional and spiritual impacts of violence, migration and resettlement.

Spiritual impacts may include, for example, disconnection from faith practices or community, shame affecting religious identity, or feeling that violence has compromised one's moral or cultural position. Practice should prioritise safety, choice and collaboration, recognising that these are not universal concepts.

Practitioners should explore how each victim-survivor defines safety within their cultural context. For some women, safety may involve maintaining connection to community or faith; for others, it could be the opposite.

Choice may not always be made by the individual. Decision-making may involve extended family, elders or community members. Collaboration may extend beyond the practitioner–victim-survivor relationship and individual agency to include culturally responsive supports.

Practitioners should avoid imposing dominant cultural assumptions about independence, separation or help-seeking.

Self-determination and empowerment are upheld by minimising power imbalances and recognising the victim-survivor as the expert in their own life.

This includes respecting her pace, priorities and understanding of what is possible within her cultural, social, migration and settlement context.

Responses should consider how trauma intersects with culture, migration history and systemic discrimination.

Practitioners build trust by withholding judgement and supporting the restoration of agency in ways that align with the victim-survivor's cultural identity and lived experience.

Lived Experience as Knowledge and Wisdom

Lived experience is recognised as an authentic and critical source of knowledge. Intervention, response, recovery and healing must be informed by the lived experiences of victim-survivors and, where appropriate, by the shared cultural, migration or collectivist experiences of practitioners.

Lived experience includes histories of migration, displacement, settlement challenges, racism, language barriers and community expectations. It also includes strengths — resilience, resistance, cultural knowledge, informal support systems and coping strategies developed over time.

Lived experience is not anecdotal insight, but expertise. For example, a woman's understanding of how divorce may affect her children's position within the community, or how visa dependency shapes her options, is essential knowledge for safe decision-making. Practitioners should centre this knowledge in assessment, planning and support, rather than relying solely on Western frameworks of risk and recovery.

Intersectionality

Practitioners should recognise that women's experiences of violence are influenced by how different aspects of their identity, such as gender, migration status, cultural background, language, and age, intersect with social and structural systems.

These intersections can affect how women experience, respond to, and seek support for violence, as well as the barriers they encounter and resources available to them.

Practitioners should move beyond cultural explanations alone. For example, a woman's reluctance to report violence may not be about 'culture', but about visa insecurity, financial dependence, racism within systems, or fear of child removal.

Practitioners should explore how systems, including immigration , social security, and legal frameworks, intersect with many aspects of identity to create risk or limit safety options.

This principle prevents cultural stereotyping and deficit framing. It ensures that responses address structural barriers rather than attributing risk solely to cultural background. It also enables the practitioner to address the unique circumstances/challenges faced by the individual.

Children and Young People as Victim-Survivors

The CRP Model recognises children and young people as victim-survivors of family violence in their own right. They are directly impacted by violence, including when they have witnessed it.

Exposure to violence may affect children's emotional wellbeing, behaviour, sense of safety, cultural identity and belonging. Migration and settlement stress can compound these impacts, particularly where children are navigating language barriers, school transitions or role reversals within the family.

Practitioners should also be aware that cultural or family expectations may lead children to take on adult roles, and that parents may not always recognise the associated risks. Supporting caregivers to understand these impacts is an important part of engaging children as victim-survivors.

Practitioners should consider children's voices, developmental needs and cultural context in all safety planning and intervention. Child safety must not be secondary to adult-focused responses.

Culturally responsive engagement with children should recognise that expressions of distress, obedience, silence or responsibility may have cultural meaning and risk mis-interpretation through adoption of a single cultural lens.

Reflexive practice, Self-Awareness and Accountability

Reflexive practice is critical. Practitioners should examine how their own cultural background, professional training, Western knowledge systems, beliefs and assumptions influence their interpretation of risk, safety and decision-making.

Critical reflection is a deliberate and structured process through which practitioners recognise the values and

beliefs shaped by family, community, education and professional experience. It requires exploration of how these factors shape understanding of a victim-survivor's context and influence decisions, behaviours and support approaches.

Self-awareness includes recognising positionality and power. For example, practitioners should consider how holding permanent residency, citizenship, language fluency or institutional authority may shape interactions with victim-survivors who do not hold the same privileges. This reflection should also extend to the broader historical and sociopolitical context, including the impacts of colonisation in a victim-survivor's country of origin, and how these experiences may influence their perceptions of, and interactions with, Western systems and practitioners. Such dynamics can reinforce power imbalances, making it essential for practitioners to engage with cultural humility and an awareness of how historical and structural inequalities shape present-day engagement in the Australian context.

Accountability extends to victim-survivors, communities and colleagues. Practitioners should be transparent about processes, open to feedback and willing to seek to repair relationships where harm or misunderstanding occurs.

This principle ensures that culturally responsive practice is not a fixed concept but a continuous process of critical reflection with an intention to improve self-awareness and practice.

Use of Self

The CRP Model recognises the intentional use of self as a practice tool. Practitioners may draw on aspects of their identity, such as shared language, migration experience or cultural understanding, to build trust with the victim-survivor.

For example, speaking in a victim-survivor's first language or acknowledging shared settlement experiences may create safety and connection. However, use of self must remain purposeful with professional boundaries.

Practitioners should reflect on when shared identity strengthens engagement and when it may create mis-interpretation, blurred boundaries or over-identification.

Practitioners should ensure that use of self enhances the victim-survivor's voice and agency, rather than shifting focus to the practitioner's experience.

Example

A victim-survivor shared that since resettling, she felt she had “lost who she is” and was unsure whether seeking help would mean losing her place within her family and community.

The practitioner validated the grief and sense of identity loss that can accompany migration and settlement, and focused on what safety meant to her, not what safety “should” look like, while holding space for her pace and priorities.

During the session, the practitioner said, “When people resettle here, they can feel like they lose who they are—but you don’t lose yourself; You gain another identity.”

That protective cultural practice included regular check-ins with a trusted friend back home and a quiet spiritual practice (such as prayer or reflection) that supported coping and hope.

The session ended with the woman choosing one small, realistic step: continuing those protective connections while beginning a simple safety check-in plan.

Practitioner reflections

“Culturally responsive practice requires us to be aware of the cultural values and privileges we bring into the room. That includes acknowledging white privilege and how it shapes power dynamics in service relationships.”

“My practice is grounded in anti-oppressive social work with a feminist lens, but feminism looks different depending on cultural context. A Western feminist lens is not the same as a feminist lens of a woman from a culturally and linguistically diverse background. I would not ascribe to a white Western lens of feminism — my understanding is shaped by lived experience, bias and intersectional disadvantage.”

“Earlier in my practice, I felt apprehensive about supporting women from different cultural backgrounds. I worried I might unintentionally offend or make assumptions. Over time, I realised culturally responsive practice is not about knowing everything about every culture — it’s about being open to discussion and responsive to each victim-survivor’s individual needs. Even within collectivist cultures, victim-survivors are individuals and should be supported as such.”

PRINCIPLES

Suggested reflective questions for practitioners

1. **How might a woman's understanding of safety and the options available to her be shared by culture, migration history, visa status, faith or community expectations?**

2. **In what ways could my own identity, power, language fluency or professional authority be influencing this interaction or the decisions being made?**

3. **Am I interpreting risk or behaviour through a single cultural lens, or have I examined structural factors such as visa dependency, racism, economic barriers or systemic discrimination?**

Practice Foundations
How we approach our work

In day-to-day practice, the values and principles of the CRP Model are embedded into culturally grounded engagement, assessment and response.

Engagement

Engagement is relational, culturally grounded and victim-survivor led.

- **Victim-survivor led:** Practitioners are guided by the victim-survivor's understanding of safety, priorities and progress, recognising that these may differ from dominant service expectations.
- **Trust and connection:** Trust is built through consistency, reliability and respectful boundaries, acknowledging that victim-survivors may carry experiences of institutional mistrust, racism or visa-related fear.
- **Active listening:** Practitioners listen to understand cultural meaning, migration history and family dynamics - not only the presenting issue.
- **Cultural safety:** Power imbalances are actively reduced through transparency, language access and openness to feedback. Safety and recovery planning incorporate faith, cultural identity, family networks and other protective factors identified by the victim-survivor.
- **Accessibility:** Interpreting, in-language support, disability access and flexible service delivery such as outreach support are core responsibilities.
- **Shared identity (where safe and appropriate):** Practitioners may draw on shared language or migration experience to strengthen engagement, while maintaining professional boundaries.

Practice Approaches

Response is intentional, culturally informed and considerate of complex situations.

- **Strengths-based and tailored:** Response builds on resilience, coping strategies and community supports rather than applying standardised models.
- **Culturally informed assessment and planning:** Risk assessment and goal setting are shaped by migration experiences, visa status, systemic barriers and cultural context.
- **Praxis:** Trauma-informed, intersectional, anti-colonial and anti-oppressive frameworks guide decision-making.
- **Informed decisions:** Clear, understandable and relevant information enables decisions that align with the victim-survivors' cultural and contextual realities.

Workforce Care and Service Quality

Culturally responsive practice is facilitated by a culturally responsive workplace. Organisations should acknowledge the additional emotional and relational complexity that can arise from in-language and culturally proximate work, particularly for bilingual practitioners and practitioners from migrant and refugee backgrounds, who may navigate shared migration histories, community context or cultural expectations alongside professional responsibilities.

Organisations should ensure that cultural responsiveness is embedded as an organisational and service-level priority, rather than solely an individual practice.

Reflexive practice: Deliberate reflection before, during and after engagement supports awareness of bias, emotional impact and cultural assumptions. Reflection also considers how individual upbringing and social norms may shape team dynamics and power relations within the organisation.

Practice supervision: Supervision provides structured space to explore cultural complexity, ethical tensions and power dynamics. It recognises that practitioners may carry their own migration or trauma histories and does not assume they wish to work with or represent their own communities.

Peer debriefing: Timely and culturally safe debriefing acknowledges the additional emotional load of bilingual and community-proximate work, strengthening collective wellbeing and service quality.

Example

The victim-survivor who did not speak English requested outreach support at home, and the practitioner arranged an interpreter by phone so she could communicate safely and privately. The practitioner also checked her preference for the interpreter, including whether she felt safer engaging an interpreter who spoke the same language but was not from her specific cultural community, to reduce concerns about privacy in a close-knit community.

The victim-survivor initially shared very little, partly due to fear of being judged and previous experiences of not feeling emotionally held in services. The practitioner focused on relational safety—warmth, patience, and consistent presence—so she felt seen beyond her trauma, even when communication was mediated through interpretation.

The practitioner used culturally respectful gestures to reduce distance and build trust, such as accepting a cup of tea or water when offered (where appropriate), removing her shoes before entering the home when that was the household norm, and allowing respectful pauses so she did not feel rushed.

During the interaction, the practitioner said, “You don’t have to explain everything perfectly—take your time. I’m here to support you and walk alongside you.” The session ended with her choosing a safe way to stay in contact between appointments and identifying one practical next step she felt ready for.

Practitioner Reflections

"If a victim-survivor is stuck in a muddy puddle, I step into it with her rather than just throwing a rope to pull her out. It means sitting with her in discomfort, without judgement, and understanding her situation from her perspective. She leads the process — she is the expert in her own life."

"I think of it like a walk in the forest. The victim-survivor leads the way and decides when to stop, sit, sleep or take a break. My role is to support and validate those decisions. Sometimes I gently challenge, but always with respect and understanding that she knows her life best."

"If we have a shared culture, that can come in handy. But I don't need to have the same culture to understand and empathise. Sometimes I think, 'Why don't you just tell your family?' and then I realise that's my perspective. I need to step back and listen so she can decide what feels safe for her."

Suggested reflective questions for practitioners

1. **Am I walking alongside the victim-survivor at her pace, or am I unintentionally directing the path based on my own assumptions?**
2. **Where might my cultural background or personal experiences be shaping the advice or options I am presenting?**
3. **How am I validating small strengths and decisions, even when a victim-survivor feels she hasn't progressed?**

Organisational enabling environment

What needs to be in place

Culturally responsive practice cannot be sustained without structural commitment. The organisation must actively create an environment that supports and protects this work.

Leadership Commitment

- Leadership models culturally responsive practice and invests in ongoing capability development.
- Cultural responsiveness is embedded across governance, policies, induction processes and accountability systems. It is positioned as a whole-of-organisation responsibility.
- Leadership acknowledges and addresses internal power dynamics shaped by culture, migration history, language and professional hierarchy.

Practitioner Lived Experience as Expertise

- The organisation prioritises recruitment, retention and career progression of bilingual practitioners and practitioners from migrant and refugee backgrounds.
- Bilingual and bicultural responsibilities are formally recognised in role design, workload allocation and supervision structures.
- Practitioner lived experience, including migration or DFSV experience, is recognised as professional expertise. At the same time, the organisation respects practitioner choice and boundaries, acknowledging that individuals may not wish to work with or represent their own communities.

Collaboration

- Partnerships with multicultural organisations, faith leaders and community groups are prioritised and resourced.
- Collaboration prioritises community-led approaches, where initiatives are shaped and led by community voices. Ownership of prevention and response efforts is community driven.
- Community involvement in program design, delivery and evaluation ensures that language, safety planning, help-seeking pathways and notions of wellbeing reflect cultural values, migration realities and lived experience.

Workforce Development and Wellbeing

- Ongoing training, mentorship and career progression pathways strengthen culturally responsive capability.
- Organisational policies support psychological safety, manageable workloads and responses to vicarious trauma, recognising the complexity of culturally proximate work.

ORGANISATIONAL ENABLING ENVIRONMENT

Example

A practitioner described that culturally responsive practice is strongest when an organisation equally values and invests in a multicultural workforce in ways that go beyond tokenism or 'ticking a box.'

In this example, the organisation not only prioritised hiring bilingual and bicultural staff, but recognised cultural and linguistic expertise, lived experience, and prior professional experience gained overseas as strengths that improve safety and service quality for victim-survivors from migrant and refugee backgrounds.

To avoid bilingual/bicultural workers being treated as 'only' language supports or cultural liaisons, the organisation built clear progression pathways into senior practitioner, specialist, supervisory and leadership roles, and formally recognised this expertise in role design, workload allocation, supervision and promotion processes.

The practitioner also noted that this approach works best when staff can be their cultural selves at work and stay connected to culture through everyday inclusion and practical enablers such as cultural leave, reliable interpreting and accessible in-language resources, which shows to clients that they will be safe and heard.

Practitioner Reflections

"Leadership plays a critical role in creating culturally responsive environments. Policies matter — like flexible leave for religious observances — but what makes the biggest difference is everyday cultural awareness. Managers need to build their own cultural competence and model empathy and inclusion."

"Some victim-survivors tell us they feel more comfortable working with multicultural workers. Shared language, cultural understanding and knowledge of migration and settlement experiences help build trust and make communication more direct."

"Having a diverse workforce is huge. It lets victim-survivors know they're going to be safe and heard with us."

ORGANISATIONAL ENABLING ENVIRONMENT

Suggested reflective questions for practitioners

1. **How does the organisation actively model cultural responsiveness beyond written policy?**

2. **Are workforce diversity and bilingual skills formally recognised and supported, or informally relied upon?**

3. **How does the organisation actively prevent and respond to racism?**

Practitioner checklist

Use this checklist during intake, risk assessment, safety planning, referral and review. It is not a script—adapt to the woman's needs, language and preferences.

Engagement & communication

- ❑ I explain confidentiality and its limits in a way the woman can understand.
- ❑ I check the woman's preferred language and arrange a credentialed interpreter (not family/community members) when needed.
- ❑ I ask what safety means to the woman and what she wants help with.
- ❑ I avoid assumptions about culture, religion, family roles and 'the right' solution.

Assessment & safety planning

- ❑ I ask about migration, settlement stress, visa status/conditions and how these affect safety and choices.
- ❑ I consider community-based risks (e.g., gossip, social exclusion, threats, family overseas, technology-facilitated abuse).
- ❑ I identify protective factors the woman trusts (people, faith, services, routines) and build them into the plan.
- ❑ I include children as victim-survivors in assessment and planning, in ways that are safe and appropriate.

Service access & referrals

- ❑ I give clear information about options (legal, housing, financial, health) and check what is realistic and safe.
- ❑ I explain processes and timeframes (e.g., police, courts, immigration, child protection) and check understanding.
- ❑ I coordinate with multicultural and specialist services (with consent) to reduce repeated storytelling and barriers.

Reflection & supervision

- ❑ I notice power dynamics (authority, language, visa status) and adjust to support choice and control.
- ❑ I name system barriers (including racism) rather than locating the problem in culture.
- ❑ I use supervision/debriefing to manage vicarious trauma, boundaries and safety for community-proximate work.

For more information
Please contact SSI DFSV Prevention and Response Group at DFSV@ssi.org.au

We're SSI.
We stand for a world in which everyone has access to equal opportunity. We are driven by equality, empathy, and celebration of every individual.
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