



Muslim Women Australia

Serving with a Purpose

Domestic and Family Violence, CALD
Communities and COVID19

PRELIMINARY REPORT





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Minister for the Prevention of Domestic Violence

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Research Report Launch - COVID19, DFV and CALD Communities

For close to 40 years, Muslim Women Australia has provided advocacy and support services for women of Muslim and other culturally and linguistically diverse backgrounds.

With the challenges presented by COVID19, the work of community based organisations has never been more important. Your ability to quickly adapt service delivery, while retaining a close connection to community, assists in ensuring that those most at risk of experiencing domestic violence continue to receive the support and assistance they require. As the Minister for the Prevention of Domestic Violence, I acknowledge that sound policy and economic decisions often rely on evidence based research. It also provides an important opportunity for the sector to assist in informing decisions about where best to direct resources to address those most in need.

I thank the Muslim Women Australia for the important role you play in communicating and engaging with our culturally diverse communities as we address the impact of COVID19 on vulnerable women and families experiencing violence.

Yours sincerely

Mark Speakman

Serving With Purpose: COVID19, Domestic and Family Violence and CALD Communities is taking place on Tuesday December 8th from 12.30 to 2pm.

Trish Doyle's Introduction for the report:

Since the outbreak of COVID-19, emerging data and reports from those on the frontline, have shown that all types of violence against women and girls, particularly domestic and family violence (DFV), has intensified. The complexity and intensity of the work has also increased.

This has presented specialist domestic violence support services, sexual assault services and women's health centres with significant challenges. We know that the sector prior to COVID-19 was overloaded and struggling to keep up with demand. However, the challenges facing an already overburdened service system have only been amplified by the impact of COVID-19.

We also know that the barriers to access and support experienced by women of culturally and linguistically diverse (CALD), refugee and asylum-seeking backgrounds place CALD and refugee women at increased risk.

Often coming from a background of trauma, these women face additional risks of DFV and its very real and serious impacts. Language, discrimination, the impacts of settlement and immigration, fear of authorities and a lack of family and community support all play a role in isolating and reducing access for victim-survivors from CALD, refugee and asylum-seeking backgrounds.

We must take real action now. Let's put the safety of women and children at the heart of everything we do.

I am pleased to have this opportunity to participate in the launch of the Domestic and Family Violence, CALD Communities and COVID-19 Preliminary Report.

This is largely a listening exercise for people such as myself. At the launch I look forward to hearing about the issues impacting CALD and refugee communities and the gaps and challenges that women face when reaching out for support.

I congratulate Muslim Women Australia and, in particular the Chief Executive Officer, Maha Abdo OAM, on this important work. I want to hear what I can do to further the objectives of the report, not just today but over the coming months and years.

Trish Doyle MP
Member for Blue Mountains
Shadow Minister for the Prevention of Domestic Violence
Shadow Minister for Women
Shadow Minister for Emergency Services

Background and Overview, CEO

Serving with purpose was the anchor that provided certainty in the uncertain for all of us at Muslim Women Australia (MWA). It renewed our resolve to meet the challenges posed by COVID19 with determination and sincerity; to document and mitigate the perverse and multifaceted impact the pandemic has had on the culturally and linguistically diverse (CALD) women, children, families and communities we support and work with.

This report came about purely as a response to the need to streamline the support MWA caseworkers were providing to ensure quality service provision, in a changed service delivery landscape and the need to capture these experiences.

A therapeutic and healing model was central to this process, in response to the increased levels of anxiety experienced by communities and the increased support women experiencing domestic and family violence required.

This preliminary report demonstrates and discusses the impacts of COVID19 on CALD communities in NSW. Further, this report establishes the importance of assessing CALD women's experiences of DFV during COVID19 within an intersectional framework. This lens is provided not just to understand the needs, but to understand the impact of the findings as intersecting and compounding challenges as opposed to isolated factors.

MWA utilised a mixed method approach across a triangulation of data sources to allow for qualitative and quantitative analysis. A key feature of this report is the grassroots accounts of lived experience provided, in the form of direct quotes and case studies which came from 254 community members and 196 victim-survivors.

The findings centred on the mental health, economic and social impacts communities experienced, which we describe as 'Intersectional COVID19 Impacts'; and the much larger impact this had on CALD women and their children seeking support from DFV and their identified needs. In addition, recommendations for enhancing engagement with and service provision to CALD communities in Australia specific to the sexual domestic and family violence sector and broader recommendations with consideration to the need for reform across various social services are provided.

It's important to reflect that every quote, case, data shared in this report is in fact only a very small piece of an individuals' story and journey. Their humanity is our humanity, serving with a purpose for together, we are better.

With Peace,



Maha Abdo

Maha Krayem Abdo OAM
CEO, Muslim Women Australia

President's Message

For the women, children and families Muslim Women Australia (MWA) supports, the year 2020 has brought additional pressures and challenges due to the economic and health crises faced as a result of the COVID19 pandemic.

This pressure was also felt on organisations and operational teams.

Effectively balancing the case management of clients presenting with intensified needs; improving access to service provision, information and referral, in a changed landscape; providing culturally and linguistically appropriate communications and messaging; while managing teams and services remotely; along with caring for staff wellbeing in a sector where for many, it can be a matter of life or death, is not to be underestimated.

While there were many challenges, we saw many opportunities. We as a team at every level, have leaned into those opportunities and have nurtured growth. I am proud of the work that has been done, only a fraction of which is exemplified in this report.

I extend my thanks to all members of staff for their sincere commitment to quality service provision. Serving with a purpose is about ensuring dignity and agency are central to improving outcomes for women and children experiencing domestic and family violence.

In particular, I would like to thank our CEO, Maha Abdo OAM for her unwavering leadership.

To my fellow board members, many thanks for your dedication to Muslim Women Australia's vision. Finally, to our colleagues across the sexual, domestic and family violence, multicultural and settlement sectors, across government and in academia, your advocacy to improve policy and practice for victim-survivors and support of MWA is greatly appreciated.

Yours Sincerely,



Shaza Rifi

Ms Shaza Rifi

President, Muslim Women Australia

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I. INTRODUCTION

Muslim Women Australia (MWA) is a representative body for Muslim women working to enrich humanity and advocate for women's rights through leadership based on Islamic principles. Established 37 years ago by Australian Muslim women to facilitate the full participation of Muslim women in Australian society, MWA now provides a comprehensive array of services, including settlement support, community education and capacity building initiatives for women and children. Nationally, MWA plays an active representative advocacy role for Muslim women and culturally and linguistically diverse (CALD) communities working towards inclusive policies, best practice and social cohesion.

MWA is a specialist provider of domestic and family violence (DFV) support for multicultural and CALD communities in New South Wales (NSW). In addition, MWA implements and advocates for culturally, linguistically and religiously appropriate best practice models of DFV service provision. This service, known as Linking Hearts, delivers holistic support options focused on prevention and early intervention, crisis and transitional accommodation, rapid rehousing, and intensive support for clients with complex needs. MWA is a leader in the field in terms of combatting DFV across CALD and religiously diverse communities, utilising client centred practices which support women's agency and a 'whole of community' approach where everybody has a role to play to keep women and children safe.

With the onset of the COVID19 pandemic in Australia, MWA identified early on that the twin health and economic crises were going to have a perverse and multifaceted impact on CALD communities. The clientele that MWA supports through our services and programs, in particular persons experiencing DFV, homelessness, women and the elderly, were likely to be acutely impacted. As soon as the COVID19 outbreak occurred in NSW, MWA designed and launched a data collection project to capture the impacts of COVID19 on CALD communities in NSW. The project included the implementation of a coordinated case management response to ensure ongoing and effective data collection and quality service provision to CALD women and their children experiencing DFV.

This report shares the data captured by this project and discusses the impacts of COVID19 on CALD communities in NSW. Further, this report:

- Establishes the importance of assessing CALD women's experiences of DFV during COVID19 within an intersectional framework. An intersectional framework considers CALD women's experiences of DFV and COVID19 as intersecting and compounding challenges as opposed to occurring in isolation;
- Details the methodology applied in our data collection project;
- Presents the findings of the project both in relation to CALD communities in general and with respect to the impacts on women and their children experiencing DFV specifically; and
- Provides recommendations for enhancing engagement with and service provision to CALD communities in Australia.

II. INTERSECTIONAL FRAMEWORK

In working with CALD women, it is critical to have an authentic understanding of the nuanced, intersecting identities and experiences which exist under the label of 'Multicultural' or 'CALD'.

Intersectionality can be defined as 'a prism for seeing the way in which various forms of inequality often operate together and exacerbate each other'¹. In their Intersectionality Framework, the Harmony Alliance draw out identity markers which impact the way migrant women experience the world, including 'first language spoken, visible minority status, migration status, religious affiliation, region of residence, sexual orientation, family type, marital status, occupation, sector of employment, or labour force status.'² Further, while CALD women have shared experiences and a common identity, their experiences differ vastly and exist on a spectrum. For example, an individuals' experience depends on:

whether [some]one is first or second-generation migrant, the stage of life when migration took place, whether [some]one is a recent migrant/refugee, or the various visa pathways an individual or their families took to be here. The experiences of those who arrived recently on partner or family visas, for example, are significantly different to those who came here on business visas or were born to parents who were well settled in Australia.³

1 Kimberlé Crenshaw, 'Mapping the Margins of Intersectionality, Identity Politics, and Violence Against Women' (1991) 43(6) Stanford Law Review 1241-1299

2 Harmony Alliance, Framework on Intersectionality in Policy and Practice for Migrant and Refugee Women (Report, 2020)

3 Ibid, 3-4.

In addition, CALD communities are inclusive of faith-based communities. CALD women who are part of faith-based communities often need to navigate concurrent (formal and informal) systems, when dealing with relationship, family and care issues, particularly when experiencing family conflict. An intersectional framework acknowledges this reality for CALD and faith-based communities, which is often overlooked in the discourse relating to centring the needs of CALD communities.

Further, an intersectional framework for service provision underpins best practice and acknowledges systemic inequalities and power constructs relevant to DFV. Without an intersectional approach to the provision of services to victims of DFV, victim-survivors are prevented 'from being able to seek or continue [accessing] support' because 'historic and ongoing experiences of discrimination will impact on a victim-survivors' sense of trust' when interacting with service providers.⁴

Thus, service provision and advocacy in multicultural communities must strike a balance between cultural responsiveness and cultural stereotypes, ensuring that services are religiously, culturally and linguistically appropriate. As well as providing women with agency and 'the necessary resources to build a life that is 'independent of others' facilitation'.⁵

In supporting CALD women and their children in DFV circumstances, it is not uncommon to have multiple members in one family who require support across a spectrum of needs. Taking an intersectional approach to an individuals' needs, whether related to their migration status or their specific faith for example, is essential to ensure that service provision and case management are appropriate and adapted. As well as ensuring that trust, connection and safety is fostered for victims of DFV when engaging with our organisation.

The intersectional framework outlined in this section informs the issues and experiences presented in the findings below.

III. EVIDENCE-BASED APPROACH

Empirical research methods were utilised to compile data which forms the basis of this report. A mixed method approach was undertaken in order to allow for qualitative and quantitative analysis. The method utilised, had a dual focus:

An outward facing focus, to broadly assess the impact of COVID19 on CALD communities; as well as specifically on CALD women and their children experiencing DFV; and

An inward facing focus that involved capacity building within our service

4 Domestic and Family Violence NSW, Good Practice Guidelines for the Domestic and Family Violence Sector in NSW (Report, n.d) 16.

5 Ghena Krayem and Mehal Krayem, 'Muslim Women's Agency in Australian Domestic Violence Services' in Ghena Krayem and Susan Cartland (eds), Muslim Women's Agency in the Australian Context (Brill Publications, forthcoming), paper available from authors upon request.

provision team in order to improve case management outcomes in response to COVID19, including twice daily check-ins, virtual visits and weekly home visits from caseworkers.

DATA COLLECTION METHODS INCLUDED:

1. Survey

A survey was developed using Google Forms and was circulated for three weeks to MWA clients and across all MWA networks (including digital and social media platforms), at the onset of social gathering restrictions in light of COVID19. The survey received 254 responses. It contained 32 questions and is comprised of three sections:

- **Section 1** – general respondent identifiers for the purposes of data analysis;
- **Section 2** – information relating to the physical, social, emotional, financial, familial and spiritual impacts of COVID19 on individuals and families, how these impacts intersect and the strategies and responses of communities; and
- **Section 3** – completed by Linking Hearts clients and other clients of MWA services and programs, for the purpose of evaluating MWA's response to COVID19.

The format of the survey included quantitative questions followed by qualitative questions on each area of impact, utilising multiple choice, multi-grid, linear scale and short answer responses. Question 20 of the survey was open-ended and designed to capture narratives, experiences and intersectional impacts.

2. Client Daily Health and Wellbeing Questionnaire

A Client Daily Health and Wellbeing questionnaire was created and caseworkers implemented this throughout March 2020, making contact with clients daily via phone and video calls to support case management processes as well as data collection. 196 clients were contacted during March 2020, with 340 questionnaires completed.

The questionnaires contained four questions, the first two questions focused on client wellbeing, the third question focused on evaluating client perspectives of MWA's COVID19 service response and safety plan and the fourth question focused on any additional support required by the client.

3. MWA Service Trends

The MWA client information management system was utilised to identify trends and assess service impacts. Assessment of monthly referrals, intake data and monitoring of changes to case management needs, as well as levels of support were used to determine the impact of COVID19 on CALD women and their children experiencing DFV.

4. Interviews with MWA frontline staff

Interviews with MWA frontline staff took place monthly throughout March to August 2020 in order to capture the narratives of client experiences and service changes impacted by COVID19. These are presented as case studies throughout this report.

IV. DATA ANALYSIS

Of the 254 completed surveys, 82.5% of survey respondents were female. 51.5% of participants were aged between 26 to 44 years of age; and 28% of participants were aged between 45 to 64 years of age (see Table 1).

Table 1. Survey Participants by Age

Age	No. of Responses	Percentage
13 - 25	34	13.5%
26 - 44	130	51.5%
45 - 64	71	28%
65 +	18	7%
113	455	147

Languages spoken at home by participants were identified as including:

- Afghan
- African/Swahili
- Arabic
- Bengali
- Creole
- English
- French
- Hindi
- Indonesian
- Iranian
- Khmer
- Mandarin
- Maori
- Nepali
- Persian
- Spanish
- Tagalog
- Tamil
- Tongan
- Turkish
- Urdu
- Vietnamese

V. FINDINGS

Participants highlighted three key recurring themes in the data, which we describe as 'Intersectional COVID19 Impacts'. These are:

- a. Mental health and wellbeing;
- b. Economic impacts; and
- c. Social impacts due to restrictions on gathering.

Mental health, economic and social impacts stemming from, or exacerbated, due to COVID19 were present across all CALD community sub-groups in our research. In this section, we provide a breakdown of these 'Intersectional COVID19 Impacts' with a particular focus on CALD women experiencing DFV, which includes gendered impacts experienced by mothers and children.

I. THE COVID19 INTERSECTIONAL IMPACTS

Concerns for Mental Health and Wellbeing

The data illustrates that when restrictions on gatherings and mobility were implemented by the federal and NSW governments, the mental health and wellbeing of CALD communities was adversely affected (see Figure 1). 45% of respondents indicated that they felt anxious, overwhelmed and/or terrified; with 29% of survey respondents indicating they are thinking about COVID19 over 10-20 times per day. Isolation, social distancing and nature of the virus increased levels of stress, anxiety and, in some cases, depression.

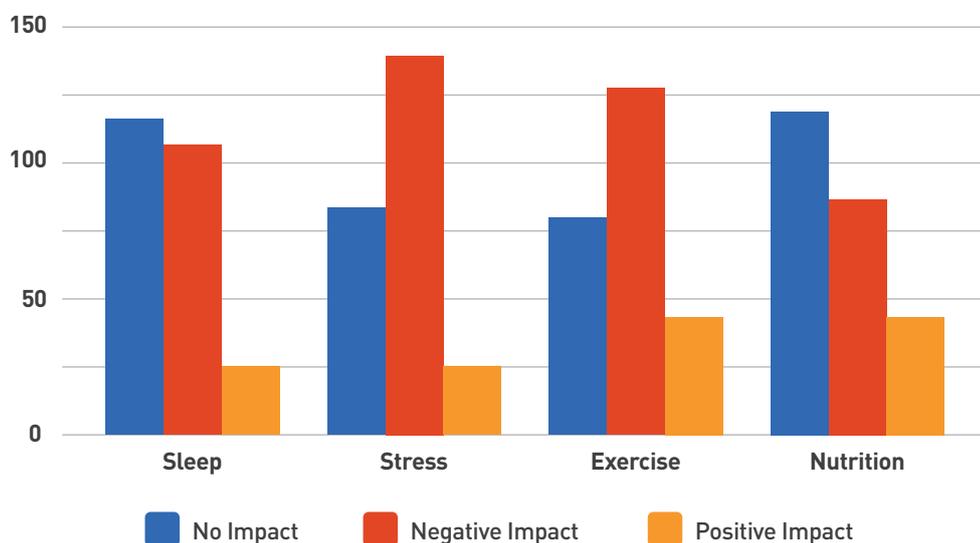


Figure 1. What is the level of impact that social distancing measures in response to COVID19 have had on factors related to your physical health?

Adverse impacts on mental health also physically manifested. CALD communities reported experiencing higher levels of stress (56%) and negative impacts on exercise (51%) and sleep (43%). For example, participants stated that they felt:

- 'Extremely anxious, overwhelmed and depressed and sick';⁶
- 'Anxious and depressed because of the lack of social interaction and change to their routines';⁷
- 'Stressed and thinking a lot ... not knowing what to do';⁸

6 MWA 2020, Survey response 133.

7 MWA 2020, Survey response 236.

8 MWA 2020, Survey response 23.

- 'Anxious and stressed to the max';⁹
- 'Stressed and worried'.¹⁰

Other respondents identified specific triggers of stress such as 'not being able to see friends and family',¹¹ 'balancing work and an education routine[s]',¹² 'home learning together with working from home',¹³ and 'caring for children amidst social distancing measures'.¹⁴

44% of MWA clients experiencing DFV indicated via the questionnaire that they were worried for themselves and family overseas, scared for their children, and that they felt sick, stressed, depressed and are not wanting to leave home.

Economic Impacts

The data clearly demonstrated the economic impacts of COVID19. Survey respondents described factors such as job loss, redundancy, closure of businesses, reduced working hours and concerns for older people re-entering the workforce as all having a detrimental economic impacts and affecting individual and communal health and wellbeing (see Figure 2).

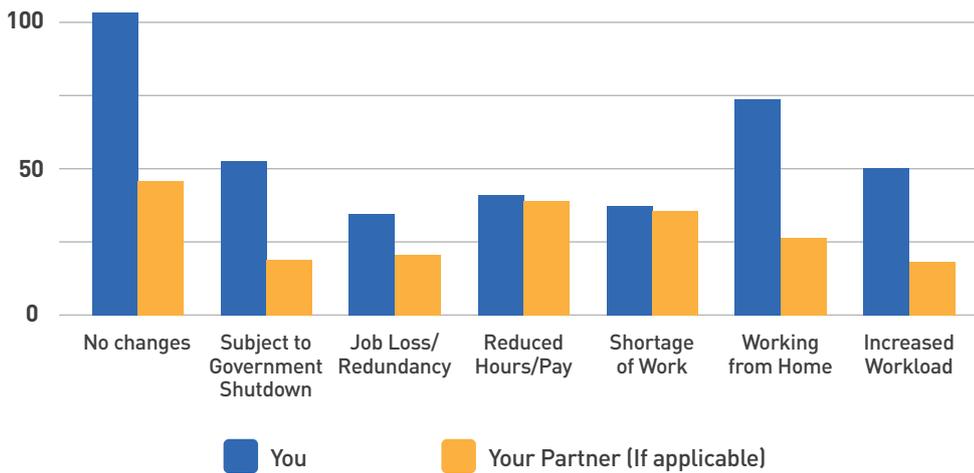


Figure 2. Have you experienced any changes to your work as a result of COVID19?

Significantly, 60% of survey respondents experienced moderate to significant impacts financially. Some respondents reported that job loss was felt across their social network, one respondent stating 'me and 10 friends have all lost jobs'.¹⁵ Loss of employment was also reported across family groups, one respondent saying '4 of my 6 children have lost jobs, [my] husband [has]

9 MWA 2020, Survey response 77.
 10 MWA 2020, Survey response 79.
 11 MWA 2020, Survey response 142.
 12 MWA 2020, Survey response 113.
 13 MWA 2020, Survey response 103.
 14 MWA 2020, Survey response 86.
 15 MWA 2020, Survey response 205.

reduced hours'¹⁶ and another stating 'my brothers and I all lost our jobs'.¹⁷ Further, it was obvious that the economic impact of loss of employment has caused stress and anxiety, with one respondent explaining that they worried about their 'family members [who] were forced to close their business, and have [had] a hard time trying to get assistance from Centrelink'.¹⁸

Social Impacts

The data indicates that CALD communities in NSW effectively implemented social restriction measures in their communities from March to June 2020. 93% of respondents stated that they made changes to mitigate the impacts of COVID19. As can be seen in Figure 3, the top four measures CALD communities took to mitigate the impacts of COVID19 were social distancing (84.4%), limiting visits (70%), using online mediums to connect (64.4%), and self-isolation/quarantine (56.4%).

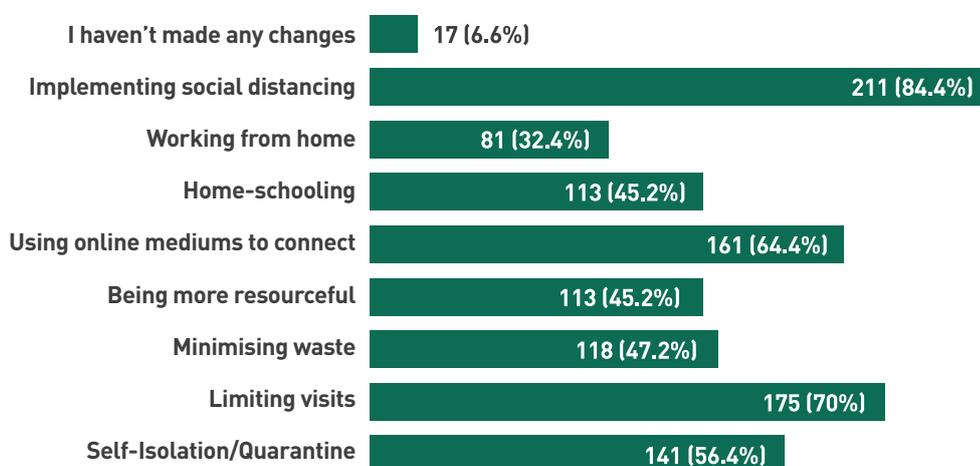


Figure 3. What measures have you taken to mitigate the impact of COVID19?

Social isolation and social distancing, which were key measures to limit community transmission in response to COVID19, were closely interrelated to mental health and wellbeing and economic impacts across CALD communities. For example, one respondent identified not being able to attend family funerals or see their grandparents as a source of stress. Others stated:

- 'Not being able to see friends and family is very stressful';²⁰
- 'Not being able to visit immediate family members is causing grief and anxiety';²¹ and
- 'My parent lives on her own/is a widow and lives 90 mins away so it's a

16 MWA 2020, Survey response 220.

17 MWA 2020, Survey response 229.

18 MWA 2020, Survey response 224.

19 MWA 2020, Survey response 196.

20 MWA 2020, Survey response 142.

21 MWA 2020, Survey response 135.

big responsibility to support her with food and social support and I have been travelling to her once a week'.²²

Further, caseworkers supporting refugees and newly arrived migrants expressed that social distancing measures triggered trauma and increased levels of stress and anxiety. For example, some clients who experienced trauma in their countries of origins and have experienced physical isolation as a result of war, food shortages and dispossession, experienced recurring trauma while implementing social distancing measures, due to panic buying and the social isolation impacts of COVID19.

Balancing the need for physical distancing and social connectedness and the changing nature of what that looks like has been challenging. This largely impacted CALD communities due to extended family and caring structures, as articulated by one respondent who explained that:

'staying in touch through video calls and messaging ... even that is taking its toll. It's just not the same as being close to your siblings/nieces'.²³

The competing needs of public health and individual and familial mental health placed additional pressure on CALD communities. As seen by this survey response:

I feel just in general people who rely on social interactions with their children and grandchildren and do not work are suffering. This is hard to watch and also hard to manage. I can't keep visiting my parents because I don't want to potentially spread the virus but they also need that interaction for their mental health. So, I limit my interactions to once a week and only sit outside with them being cautious not to touch them and keeping conversations engaged and light. I try to give them the boring details of my life so they feel included.²⁴

II. DOMESTIC AND FAMILY VIOLENCE (DFV), CALD COMMUNITIES AND COVID19

Mental health, economic and social factors intersected with other COVID19 impacts, such as travel restrictions and increased caring responsibilities. The gendered reality of caring responsibilities, particularly in the context of social isolation and home-schooling, placed even more pressure on women and mothers. The COVID19 Intersectional Impacts had a much larger impact on CALD women and their children seeking support from DFV, in that the mental health, economic, social and travel implications were exacerbated

22 MWA 2020, Survey response 222.

23 MWA 2020, Survey response 5.

24 MWA 2020, Survey response 76.

as well as parental stress.

Based on our data, throughout the COVID19 pandemic, CALD women and their children experiencing DFV required intensive case management to meet the following identified needs:

Safety Concerns, Accommodation and Affordable Housing

Safety, accommodation and housing needs intensified amidst the COVID19 environment which intersected with health concerns, isolation and increased fear and anxiety. COVID19 increased the vulnerability of women and children experiencing DFV. Physical and social isolation from support networks, family, friends, school and work posed greater barriers in accessing essential support and advice.

The need for safety is closely linked to the need for accommodation and affordable housing for women and their children experiencing DFV. 25% of MWA clients identified (via the questionnaire) that housing was their primary area of concern, which was the single largest identified category. Responses to the questionnaire and survey identified housing as central to the needs of women accessing crisis and transitional support alongside parental and financial stress. Clients stated that they needed MWA's assistance:

- 'Looking for private rental with the COVID19';²⁵
- 'With my housing application and [to] keep me in this accommodation until I find a stable home for me and my daughter';²⁶ and
- 'With accommodation, income ... to be able to see my children and be with them'.²⁷

Experiencing DFV while self-isolating presents compounding challenges for safety and access for many CALD women who face increased risk in the current environment. COVID19 has been a catalyst for economic crisis which amplifies individual's vulnerabilities, as more people are at risk of homelessness and DFV due to job loss, financial distress and family stress. MWA caseworkers expressed concern for women experiencing DFV in light of social restrictions, given the underreporting of DFV and the fact that more women would be at risk, with minimal opportunities to seek support and increased time in the company of perpetrators.

While it is too early to comprehensively comment on this, MWA has seen cases in which COVID19 increased abuse that led to victims of DFV seeking crisis support **(see case study below)**.²⁸

25 Client questionnaire AL, 24.03.20.

26 MWA 2020, Survey response 36.

27 MWA 2020, Survey response 177.

28 Case study of client experience based on Interviews between the client and MWA Caseworker

CASE STUDY #1

DFV does not discriminate. A researcher in one of Australia's prominent institutions, K* experienced physical, sexual and emotional abuse by her husband. COVID19 changed her working conditions and she was advised to work remotely. The abuse escalated whilst she was working from home. COVID19 pushed her towards fleeing for safety. As a result of his abuse K was hospitalised and the State intervened in order to determine the nature of the issues and risk to their child (as her husband accused K of trying to commit suicide). An AVO was sought and K and her son entered crisis accommodation, deeply depressed and emotional.

K's husband is known to sue all services that he comes into contact with, making attempts to gain access to her health and housing records. She continues to face challenges, trying to end the lease that is under her name, re-register her car, and sort out her finances, as well deal with the various services with which her husband has placed complaints about her. MWA provided K and her son with extensive, coordinated housing, legal, financial, health and parenting support which saw them transition to temporary accommodation to continue rebuilding and focussing on becoming self-sufficient and safe.

Analysis of MWA service trends illustrate that the need for DFV support for CALD women has increased during COVID19. Annual Year to Date client data indicates that intake mirrored the changes to social restrictions in NSW. Although client intake was steady amidst social restrictions, once restrictions eased, intake steadily increased.

Annual Year to Date data illustrates a %50 increase in service provision in response to DFV (see Table 2).

MWA supported 1,511 clients related to DFV in 2019-2020, by comparison in 2018-2019, MWA supported 1,012 clients.

Table 2. MWA Caseload, March to July 2019 and 2020

	2019		2020	
	Total Clients	Families	Total Clients	Families
March	238	75	404	121
April	209	71	403	133
May	262	87	441	143
June	329	106	467	144
July	325	113	455	147

Mental Health and Wellbeing

According to the client questionnaires, 44% of DFV victims indicated they are experiencing more stress during COVID19. Clients expressed that they were 'depressed',²⁹ 'worried and trying to be in control and calm',³⁰ 'very stressed',³¹ 'worried about [the] virus and restrictions',³² and 'scared ... [as we] don't know how long this will last'.³³

Requests for counselling support for the mental health and wellbeing of women experiencing DFV and their children markedly increased. This concern was clearly expressed to caseworkers via the daily questionnaire, with one client highlighting she is 'trying hard to stay at home but ... my daughters' counsellor says she needs to see a psychologist. My son can't focus, wants to defer uni and agreed to seeing a doctor'.³⁴

Women who have parental or caring responsibilities for children reported the most significant effects in terms of their mental health and wellbeing. The gendered reality of caring responsibilities, particularly in the context of social isolation, employment and home-schooling, placed even more pressure on women and mothers. One mother expressed being overwhelmed in response to the survey, stating:

'There's no break. No time off, day off, lunch break for the mother, nothing! It's constantly someone or something needing your attention'.³⁵

An MWA client who had recently found employment in her journey towards freedom from DFV and independent living expressed

'I'm worried about school holidays [and] who can look after children while I'm at work'.³⁶

Further, concerns about the psycho-social impacts experienced by children due to COVID19 arose due to strong government directives for children not to be sent to schools and restrictions on gatherings. This had a significant impact on children's mental and social wellbeing due to being indoors with limited peer interaction. An MWA client expressed to her caseworker that she needed assistance to 'support her son's needs - psychologically'.³⁷ In addition to the mental health component, many mothers struggled to keep their children organised for school and balance work and other commitments while simultaneously working towards independence from DFV.

29 Client questionnaire, AE, 31.03.2020.

30 Client questionnaire, TA, 26.03.2020.

31 Client questionnaire, MZ 30.03.2020.

32 Client questionnaire, HS 27.03.2020.

33 Client questionnaire, KH, 26.03.2020.

34 Client questionnaire HN 27.03.20.

35 MWA 2020, Survey response 115.

36 Client questionnaire FH 31.03.20.

37 MWA 2020, Survey response 55.

There was a clear increase in anxiety, in particular from clients who were on their way to independence from DFV and clients who were independent and seeking some support from MWA, who sought reassurance that MWA would be able to continue to support them should they need it. As a result of fear, anxiety and uncertainty due to COVID19, the progress of many CALD DFV survivors was impacted, including women and their children who had recently sought support due to DFV, as well as in those who were transitioning into post-support (see case study below).³⁸

CASE STUDY 2

F* and her 7-year-old son had suffered severe physical abuse for over five years before being left without money or a roof over their heads. F suffered from severe depression, moving from place to place with no fixed home for several years. Her son had never been to school and was identified as possibly having ADHD. F has been supported by MWA for a year (since June 2018) and has received extensive wrap around support, including crisis and transitional accommodation, medical and psychological support, health and wellbeing, work skills, education, empowerment and confidence building and basic necessities.

Having received extensive crisis and long term case support, F and her son were able to make remarkable progress. Having secured long term accommodation, all of F's belongings were packed into her van and were awaiting

relocation. This was in the 3rd week of March 2020 when COVID19 lockdown and isolation requirements were implemented.

The caseworker called F to check in and noted that F and son were very distressed and very fearful of even stepping out of the house in case one of them caught COVID19. They had not left the home, even for basic supplies, in two weeks. F refused to move for safety reasons and also noted that her son was becoming increasingly anxious and starting to wet his pants.

MWA advocated on her behalf with housing management to end the lease that had been signed, return the property keys and leave her application open for after the COVID19 lockdown. Counselling was offered and daily check ins and food packages were organised for F and son with ongoing support to date.

Negative impacts on DFV survivor progress has also been identified via the ongoing assessment of MWA service data trends and review of case management plans. As a result of COVID19, MWA caseworkers saw a significant increase in client intake and increased levels of effort by frontline staff to provide quality support in order to meet more intense client needs.

Due to the increased levels of anxiety and increased support required by women and their children, increased effort was required by caseworkers to provide therapeutic and healing support to clients and their children, placing significant pressures on service resources.

Between February and July 2020, MWA supported monthly caseloads of 400 cases. Table 3 below showcases monthly caseload data from the MWA

38 Case study of client experience based on Interviews between the client and MWA Caseworker.

client management system and illustrates the steady increase in caseload complexity amidst the onset of COVID19. The 'low', 'medium' and 'high' categories are determined based on the safety, risk and case management planning index. The categorisation of cases is used to identify the level of support required to achieve effective outcomes in each case.

Table 3. MWA Linking Hearts Data - Case Level Effort

Case Level Effort	Low	Medium	High
February 2020	18	61	324
March 2020	22	32	349
April 2020	13	14	375
May 2020	1	9	430
June 2020	1	5	461
July 2020	32	29	394

Specific areas of concerns were identified relating to mothers of newborn babies, toddlers and adolescents who experienced particular challenges due to COVID19 according to the respective life stages of their children. Mothers of newborn babies, who had to limit their access in going to hospital check-ups, had strong concerns for their newborn's development and fear of contracting the virus. Parents suggested that toddlers and adolescents were exceptionally difficult to care for during this time. For example, respondents indicated that toddlers were regressing in terms of their development and parents struggled to support their toddlers while they had other children at home who were being home-schooled. Additionally, parents suggested that it was difficult to ensure that their adolescents adhered to social restrictions and worried for their safety. For example, one respondent stated that they had tried 'keeping my teenage/young adult boys' home ... [however] they are still meeting friends'.³⁹

Survey responses highlighted that added family stress was often shouldered by women as they tried to support their families, in addition to seeking safety in DFV contexts.

Educational Support for Children and Need for Digital Resources

Digital literacy as a barrier for access for CALD women experiencing DFV was exacerbated by COVID19. Caseworkers indicated that individuals who recently arrived in Australia and experienced social isolation, especially

³⁹ MWA 2020, Survey response 31.

those who were accessing MWA early entry pathways towards education and employment, were acutely impacted. The continued under-resourcing of TAFE and Outreach services meant that many of these services stopped and were not able to adapt to the COVID19 environment, which significantly impacted CALD women and young persons. The lack of availability of these services also significantly impacted the wrap around support women who experience DFV require to live safely and independently, in particular in achieving their educational and employment goals (see case study below).

Furthermore, access to the NBN and digital devices, along with digital literacy was an added stress, particularly for women who had multiple school aged children. Women required extra support for time management, as well as experiencing difficulties in supporting their children online and with increased engagement with schools.

An MWA client in her response to the survey stated she needed more 'support for her children with the right resources for their school and [for] their needs to be identified',⁴⁰ while another highlighted the need for 'school resources'.⁴¹

CASE STUDY #3

Impacts of COVID19 on Digital Literacy and Access

'Currently we are delivering courses online using Microsoft Teams. However, this requires participants to have access to a laptop or desktop computer at home (with Office 365 downloaded and installed on it), plus a tablet (to view actual Teams meeting), plus [an] affordable and reliable internet connection (i.e. broadband as opposed to mobile data). In addition, they need to have sufficient digital literacy skills to feel comfortable managing and participating in this kind of virtual interaction.

Unfortunately, many people who are taking a basic computer course do not have access to both a computer and tablet at home, a reliable internet connection, or feel comfortable/confident/prepared to participate in the online education world (which is the very reason they are taking the course).

So, for the time being, the computer course is on hold; until such time as the COVID19 restrictions are relaxed so that community centres such as the MWA can re-open. When this happens, I will be able to continue delivering the course.' - Computer Course Coordinator regarding MWA's Outreach services.

Trauma, Travel and Additional Post-Support Needs

Safety, accommodation, mental health, financial and travel implications due to COVID19 intersect with extended family and caring structures for CALD women causing increased stress and trauma in some instances. Impacts of travel restriction and border closures compounded concerns for family

40 MWA 2020, Survey response 26.

41 MWA 2020, Survey response 50.

members who are stuck overseas, as well as concerns for the health and wellbeing of family and friends in their countries of origin who had limited access to essential services. For example, respondents stated:

- 'I'm very stressed, thinking of family overseas, why I left them';⁴²
- 'My mum and brother are in Lebanon. They might not be able to come back on time';⁴³ and
- 'It's difficult on the children as their father can't travel back from Algeria.'⁴⁴

As highlighted above, the progress of CALD women survivors' transitioning into post-support has been impacted as a result of the fear, anxiety and uncertainty due to COVID19. Additionally, the assessment of MWA service trends in light of COVID19 emphasise the central role that community welfare organisations and services play as a means of ongoing support for women and families, well beyond initial service provision.

Compounding safety, familial, financial and housing impacts on CALD communities and women experiencing DFV due to COVID19, alongside the advocacy and support role MWA provides, saw a need for international case support in some circumstances (see case study below).⁴⁵

CASE STUDY #4

H* was supported by MWA in leaving an abusive marriage, rebuilt her life and was doing well. She left with her youngest son to Jordan on 9th March 2020 as her Mum was having an operation and was due to return on the 6th April 2020. The Jordan border closed before she could return. Her other children here are staying with her ex-husband. She checked the tickets and flights back to Australia and the first flight available was on 12th May 2020 (if the airport re-opened).

Her issue is that her son's (Centrelink) payments have been stopped and she is in financial distress. She contacted the Australian embassy in Amman, Jordan and registered her interest in a flight home to Australia but

was advised that Australians in Jordan should spend the coming weeks in-country until the curfew restrictions are lifted and commercial passenger flights are resumed.

She is fearful about being away for so long from her other children and about how to survive with limited funds, noting that ticket costs are much higher now for return flights.

MWA continued to advocate for her until her income was fully reinstated. We also checked in with her and reassured her that MWA will continue to support her during this challenging time. She is still in Jordan, unable to return and we continue to advocate on her behalf as needed.

42 Client questionnaire DS 24.03.20.

43 MWA 2020, Survey response 94.

44 MWA 2020, Survey response 23.

45 Case study of client experience based on Interviews between the client and MWA Caseworker.

Income Support, Financial Distress and Employment

MWA saw an increased need for financial assistance from women experiencing DFV, as well as support for temporary visa holders. As a result of the increased needs experienced by CALD communities, and women and children experiencing DFV, between March to July 2020, MWA provided:

- 161 food packs and 48 noodle boxes and weekly bread to recurring clients;
- Over 850 cooked meals to regular clients;
- 134 winter packages to clients most in need;
- 60 x \$50 pharmacy vouchers; and
- Supported 120 clients to receive Energy Account Payment Assistance (EAPA) from the NSW government.

Financial distress resulted in both requests for material support and requests for advocacy support. Panic buying when the government first introduced limits on social gatherings, resulted in increased anxiety and additional challenges to accessing basic necessities. The compounding nature of COVID19 impacts saw changes in day to day living. For example, respondents stated that they felt:

- 'Nervous, stressed about everything, the whole situation, [I] can't go out to get shopping and [I'm] stressed I might get [the] virus ... I need [help] with food, bills, nappies, milk, wipes, tissues, soap';⁴⁶ and
- 'Worried, [as] nothing [is] left in the shops'.⁴⁷

VI. INFORMATION AND MESSAGING

An important finding from our research is that while 70% of respondents indicated that they held a positive view towards the Australian government's response to COVID19, the primary source of information in relation to COVID19 utilised by CALD communities was social media (38%), followed by mainstream media at (29%) and government websites (21%). Other's indicated that they received information from community organisations, friends and family. This data is useful in improving engagement and communications efforts between the government and CALD communities.

46 Client questionnaire TA 24.03.2020.

47 Client questionnaire RF 24.03.2020.

VII. EVALUATION OF MWA SERVICE DELIVERY RESPONSE TO COVID19

An evaluation of the MWA service delivery response to COVID19 was included in both the survey and questionnaires developed with a focus on MWA communications and case management strategies. While the full MWA service delivery response is not detailed in this report, the data indicated that the therapeutic methods utilised to improve a sense of connection and inform case management and data collection were effective. The use of twice daily check-in with clients, virtual visits and weekly home visits proved therapeutic in nature for clients. It enhanced service provision by creating a stronger sense of trust and connection in the practitioner-client relationship, alleviating fear, anxiety and uncertainty at the height of social gathering restrictions, and allowing for support to be offered rather than sought. Data indicated an overwhelmingly positive response with 96% of clients feeling more connected to their caseworkers. For example, responses stated:

- 'MWA call us every day, checking up makes us feel that someone cares and asking about how we are feeling every day ... the clients, waiting for the call every day';⁴⁸
- 'It's very good Linking Hearts staff make me [feel] relieved';⁴⁹ and
- 'I like the calls, [they] give me connection and hope'.⁵⁰

VIII. CONCLUSION AND RECOMMENDATIONS

The impacts of COVID19, particularly on CALD women and their children experiencing DFV, are going to outlast the period of federal and NSW state responses to the pandemic. We anticipate that this will act as a catalyst for a second wave of vulnerability amongst CALD women and their children. While restrictions on social gatherings are now easing in some parts of the country, people are still hesitant to connect or leave their homes as a level of uncertainty remains as the response to the pandemic continues.

The mental health and wellbeing, economic and social impacts of COVID19 have compounded the challenges that CALD women already face when escaping DFV. These impacts intersect with a range of other factors in CALD communities, which is a context characterised by extended family and caring structures and international relationships with a history of dispossession. Further, the nature of the gendered impact of COVID19 must be acknowledged with women shouldering the bulk of added responsibilities and stress posed by such challenges. It is therefore vital to recognise the extremely difficult position faced by many women, particularly those from CALD backgrounds,

48 MWA 2020, Survey response 167.

49 MWA 2020, Survey response 208.

50 MWA 2020, Survey response 118.

in juggling unpaid care work with remote employment, or lost employment compounding poverty issues, family stress and trauma.

In addition, social restrictions due to COVID19 have exacerbated barriers to access to services for women, particularly in light of the fact that digital literacy and technological resources are now the primary medium to seek support, education and employment.

Moreover, there has been an increase in referrals for DFV support along with the need for more intensive case management to support the mental health, economic and social needs for women and their children, along with ensuring effective, integrated access to wrap around and post-support services, which is crucial to ensuring women's safety and independence.

Additionally, the role of community organisations must be recognised in direct service provision which actively works to reduce social harm. Community organisations have also played an essential role in effective communication, messaging and engagement with CALD communities during COVID19.

Based on the data presented in this report, Muslim Women Australia strongly recommends that the government commit to protecting lives and livelihoods in CALD communities by:

- a. Providing additional funding to specialist services to meet **increased client intake** and the **rise in case complexity** (i.e. the increase in intensity of client needs and extended timeframe over which clients require support) due to COVID19;
- b. Providing additional funding to specialist services to respond to the **mental health crisis** triggered by COVID19, in particular support for women's and children's mental health via access to adequate counselling services;
- c. Providing additional funding to specialist services to deliver post-support services to ensure **women and children who have experienced DFV** are able to continue living safely and independently beyond the impacts of the COVID19 pandemic;
- d. Providing additional **social housing stock**, or funding for **specialist homelessness support services** to secure private tenancies to meet the increase in demand from CALD communities who already face difficulties in accessing affordable housing and are now more severely impacted by the financial crisis associated with the pandemic;
- e. Providing additional funding to enable on-the-ground support services to offset the additional costs of **investing in technology** and other new online platforms that are critical to ensure that basic services are maintained to those most in need; and

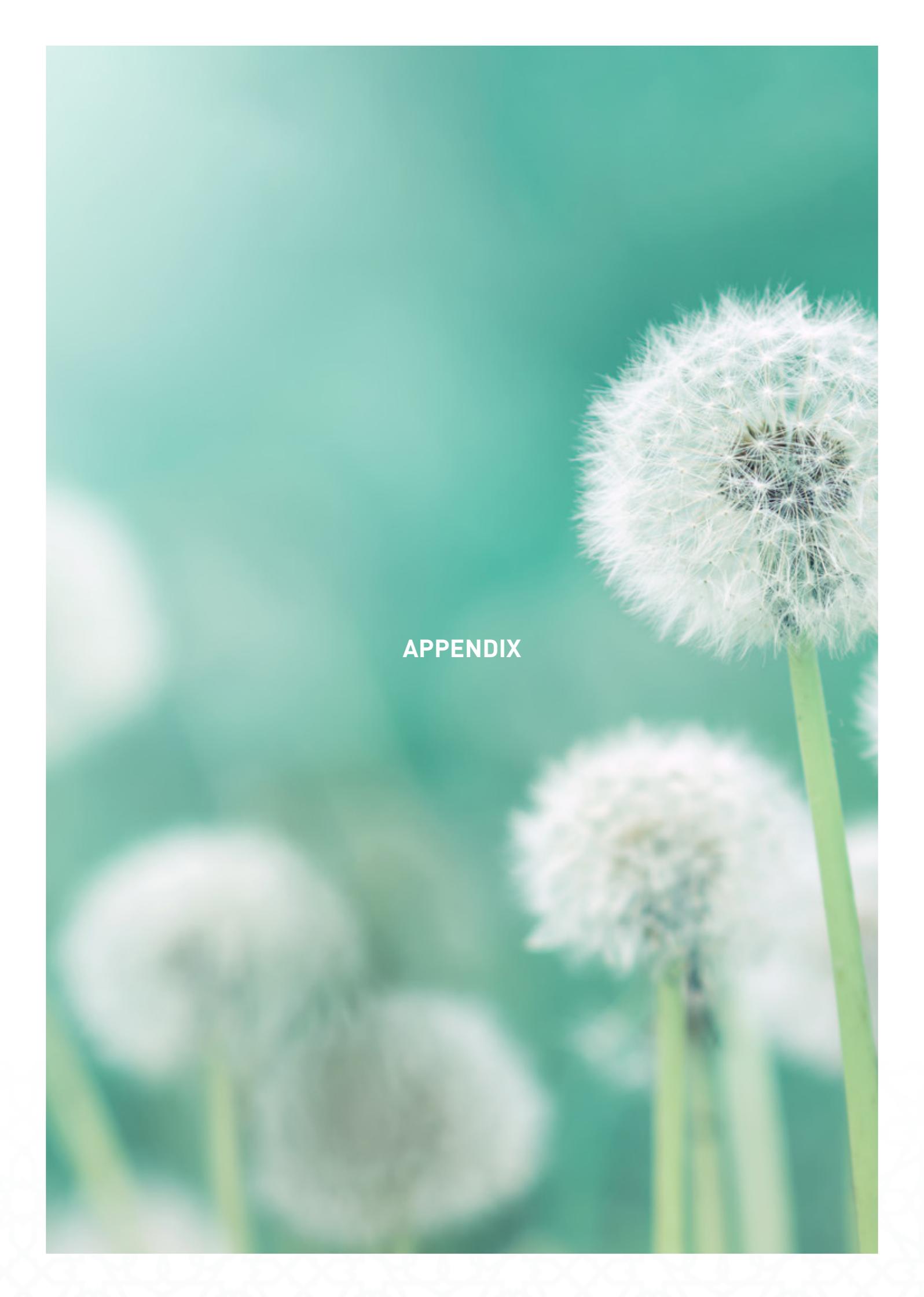
- f. Reviewing government **information, messaging** and **communications strategies** so that behaviour change directives are communicated in clear, simple language (including information accurately translated into a number of languages) and ensure clear, consistent messaging across federal and state governments to avoid confusion.

In terms of broader recommendations, Muslim Women Australia urges the government to:

- a. Include domestic and family violence support as a central pillar in coordinating crisis response planning;
- b. Acknowledge the gendered impacts of crises such as COVID19 and proactively implement social policies to mitigate adverse, long-term impacts on women and their children (for example, accessibility of affordable childcare for CALD communities post-COVID19); and
- c. Review eligibility criteria for women experiencing DFV to access government financial support (including accessing information about such support via digital resources), particularly for women on temporary visas.

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APPENDIX

Our History

MWA was established 37 years ago in 1983 to allow for the full participation of Muslim women in Australian society. 1983 was a time when public awareness and understanding of Islam and of Australia's Muslims was minimal.

The MWA was initially aimed at facilitating the integration and participation of newly arrived immigrants, to enable Muslim communities to prosper religiously and economically, as they settled in their new home. Our settlement support services continue to this day.

MWA has at its core, the philosophies of '*empowerment through faith*' and '*together we are better*', putting into practice the prophetic teaching "those who are most loved by God, are those that are most beneficial to people".

Early on in the work of MWA, it was identified that while support and counselling could be provided to women and their children dealing with DFV, the issue of accommodation needed a more permanent solution. Thus in 1988 the first ever Muslim women refuge was established, the Muslim Womens Support Centre (MWSC) which operated for over 25 years.

The MWSC emphasised the right of women to have access to information and their right to make their choices based on that information; and to be aware of their rights under both Islamic and Australian Law. It gave women the autonomy to choose how to deal with their issues, by facilitating safe and neutral spaces for mediation and family restoration, where there was no continued risk of physical harm; as well as to provide a service that was culturally and religiously inclusive. This included a comprehensive understanding of cultural and religious issues affecting Muslim women as well as specific considerations such as provision of halal meat, staying away from alcohol, or even access to ablution and prayer facilities, as well as having appropriate access to their preferred religious leader, which was central to navigating Islamic marriage and divorce.

After 25 years of operation, the changes from the NSW Government Going Home Staying Home Reform saw an end to the Muslim Women Support Centre as a specialist homelessness service. However, the best practice model used throughout its operation, its foundational principles and the sincerity and integrity of the experienced caseworkers for over two decades made an impact across the sector. We are humbly proud to say that the MWA Linking Hearts Multicultural Family Violence and Homelessness Support Service is an actualisation and continuation of this history. We chose the name Linking Hearts, because as humans we have the same fundamental needs; when we connect heart to heart, and deal with causes, not just symptoms, real healing, connection and understanding can happen.

Muslim Women Support Centre

The Muslim Women Support Centre (MWSC) was established in 1988 through funding by the Department of Community Services under the Supported Accommodation Assistance Program (SAAP) operating on a model with Australian and Islamic requirements. This unique service was the first of its kind to be set up in Australia that catered specifically to the cultural and religious needs of Australian Muslim Women.

The Muslim Women Support Centre operated 3 crisis supported accommodations, operating 24 hours seven days a week with a team of dedicated bilingual staff. The Centre provided clients with crisis accommodation, support to women and children escaping domestic violence, experiencing homelessness, marital disharmony, financial and other hardships. In addition, referrals, counselling, community education, advocacy and Islamic teachings which aim to empower and restore their confidence and self-esteem.

MWSC staff were specialists in providing support to women without residency status, advocating for clients with the Department of Immigration to gain permanent residency under the Domestic Violence Provision with 100% success rate, ensuring women experiencing DFV, financial and emotional abuse shortly after their arrival to Australia on temporary visas were supported. This model integrated service provision to meet the whole needs of the individual and family, inclusive of children.

MWA made a conscious decision to deal with DV effectively by involving the whole community. DFV is not simply the woman's problem, the community must be involved and aware that no violence in any form or shape can be tolerated. The responsibility of dealing with DFV lies with every member of the community, including men. A collaborative, coordinated community approach to dealing with DFV was developed.

The main focus of the Muslim Women Support Centre was with providing women with choices and in empowering them with information and skills to enable them to make decisions. Muslim women had no access to appropriately tailored services which take into account their religious and cultural needs. They were now being provided with choices and options from which to make a decision which responded to needs appropriately, not what someone else perceived their needs to be.

MWSC emphasises the right of women to have access to information and to be aware of their rights under both Islamic and Australian Law. And due to the success of MWSC allowing women to feel empowered through their faith, MWSC has been used as a model in other overseas countries and the work carried out by MWSC has received a lot of acknowledgements and support from all levels of government and non-government services and the community.

There are needs that are specific to Muslim women, who come from over 183 ethnic backgrounds, who are experiencing domestic and family violence. Not all women who require support from MWSC want to end their marriage - many of the women who are undergoing marital conflict are desirous of resolving their marital problems and want to maintain their family unit. For this reason, a mediation process has been specifically developed and implemented by MWA in order to provide women with a safe and neutral place to negotiate

their needs. Family restoration is an option provided and support is given to those that choose it, where there is no risk of continued physical harm.

An integrated, holistic co-case management model was developed throughout the 25 years of operation. MWSC established collaborative partnerships with the police, the local courts, government departments, local hospitals, schools and other DV service providers as part of ongoing improvement processes to streamline referral processes and to facilitate better access.

Ongoing liaison with Imams (religious leaders) has been essential, especially in dealing with counselling men either in reconciling differences due to marital problems; or in educating them about their duties towards their families. The Imams also contribute to the process of educating the community about DFV and issues associated with parent children relationships, marital disharmony etc. This consideration for faith based communities is not prevalent in discourse relating to CALD communities, however it is crucial to best practice approaches that take into account primary prevention and early intervention initiatives.

MWA Linking Hearts Multicultural Domestic Violence and Homelessness Support Service

MWA Linking Hearts Multicultural Family Service is funded under the ‘Going Home Staying Home’ reforms, Specialist Homelessness Service, by the NSW Department of Communities and Justice to provide families from culturally and linguistically diverse (CALD) backgrounds with culturally and religiously safe and supported crisis and transitional accommodation.

MWA Linking Hearts established a holistic and coordinated model bringing expert service providers to deliver integrated support options focusing on prevention and early intervention, safe and supported crisis and transitional accommodation, rapid rehousing and intensive support for clients with complex needs.

Over the last five years MWA has supported over 5,000 clients from 90 different ethnic groups. Our professionally trained and experienced staff have supported women and children escaping DFV, men seeking intervention, families at risk of and experiencing homelessness in accessing safe, quality supported crisis and transitional accommodation and wrap-around services.

MWA staff were recognised at the SHS Good Practice Award 2020 with winners in the Lifetime Achievement and Leading Practitioner categories, recognising over 20 years of serving society’s most vulnerable through sincerity and dedication.

MWA provides a one-stop service which maintains client dignity and works toward equitable access and culturally and religiously inclusive service provision, for women, children and men.

MWA manages 2 crisis Guest Homes and 31 Transitional homes; 9 of which are managed by MWA solely and the others in partnership with community housing partners: Evolve Housing, Mission Australia Housing, Amelie Housing and Metro Housing.

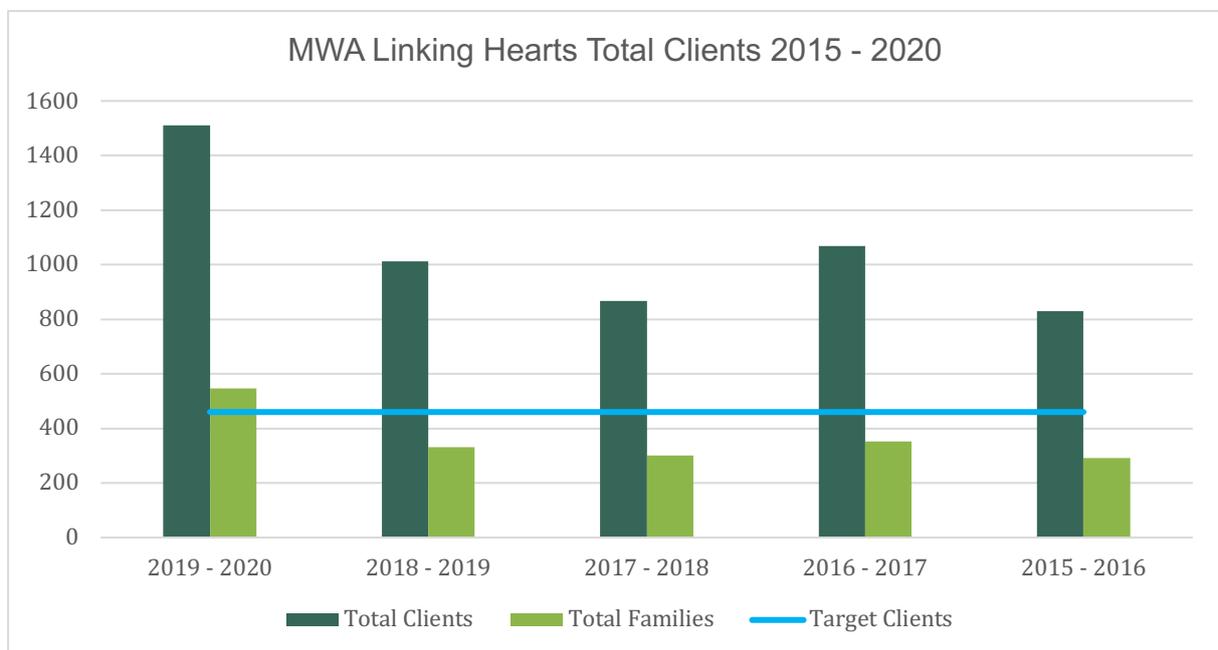
The Linking Hearts Multicultural Service is committed to an authentic inclusive and integrated support and intervention practices. Intensive case management is provided inclusive of:

- accommodation, tenancy and housing
- safety planning
- medical, health and well-being services
- financial support and counselling
- Immigration support
- legal services
- individualised intensive case management for children
- parenting support
- support to manage interpersonal relationships
- immigration support and status resolution
- legal support stable
- future security planning i.e. education and employment
- At-Home Support: connects women and their children with access to all services to mitigate relocation impacts on the family, giving women choice and making perpetrators accountable for violence. Access to crisis and temporary accommodation is accessible should there be an immediate need.

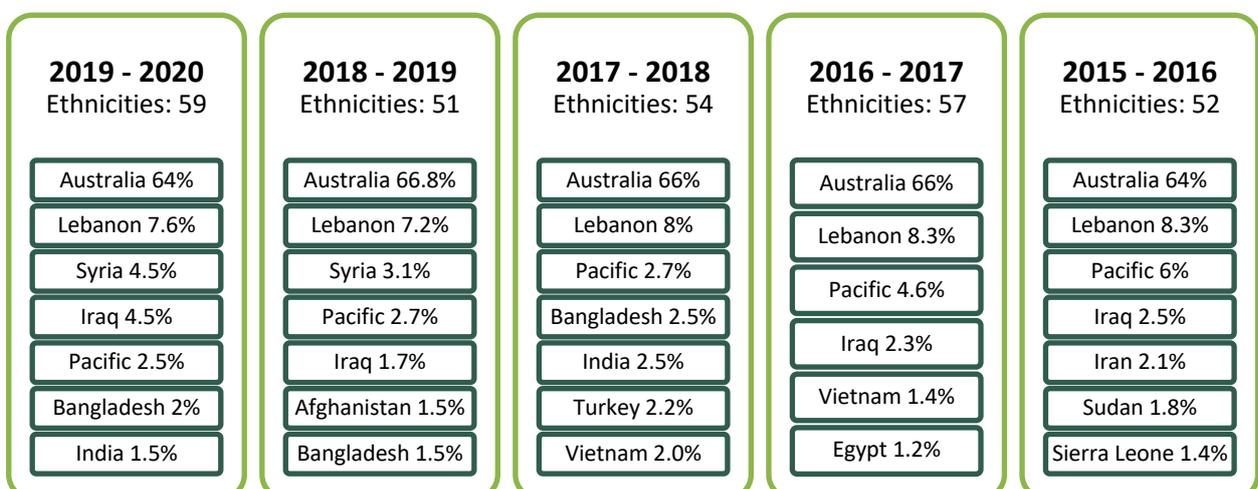
- Post support: which involves six months ongoing and continuous support for a client once all goals have been achieved and has long term accommodation

The Linking Hearts Multicultural Service is committed to an authentic ‘nurture and grow’ space, where women and children are supported with respect and dignity through a holistic service model; as well as through ‘whole of community’ primary prevention initiatives which work toward gender equality and respectful relationships.

The MWA service model is underpinned by best practice approaches to ensure equitable access so that all women can rebuild and live healthy lives, free from violence. A fundamental principle of Linking Hearts is the inclusivity of faith and cultural competency to ensure the multifaceted needs of women are met in accordance with their intersecting identities. MWA’s best practice community led, holistic, integrated prevention and intervention service and initiatives have proven effective in establishing therapeutic and healing worker-practitioner relationships and environments and should inform a national response.



MWA Linking Hearts Client Ethnicities Recorded from Data 2015 – 2020





Muslim Women Australia

Muslim Women Australia is a representative body for Muslim women working to enrich humanity, advocating for equality and the rights of all women, through authentic leadership based on our Islamic principles



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