



Australian Muslim Women's
Centre for Human Rights
Equality without Exception

Safer Systems, Safer Families

**Addressing systemic disadvantage for Muslim
communities within Victoria's child protection system**

Research Report

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About Us

This report has been developed by the Australian Muslim Women's Centre for Human Rights (AMWCHR). AMWCHR is an organisation of Muslim women leading change to advance the rights and status of Muslim women in Australia.

We bring 35 years of experience in providing one-to-one support to Muslim women, young women, and children, developing and delivering community education and capacity-building programs to raise awareness and shift prevailing attitudes. We also work as advocates - researching, publishing, informing policy decisions and reform initiatives as well as offering training and consultation to increase sector capacity to recognise and respond to the needs of Muslim women, young women, and children.

As one of the leading voices for Muslim women's rights in Australia, we challenge the most immediate and pertinent issues Muslim women face every day. We promote Muslim women's right to self-determination - recognising the inherent agency that already exists and bringing issues of inequality and disadvantage to light.

AMWCHR works with individuals, the community, partner organisations and government to advocate for equality within the Australian context. This report is designed to highlight learnings and insights from our research with community to contribute to greater awareness and understanding of Muslim families' experiences within Victoria's child protection system.

Acknowledgements

It is impossible to discuss child protection (CP) systems in Australia without acknowledging the context of the Stolen Generations and the ongoing targeting and overrepresentation of First Nations children in care systems across the country. The Stolen Generations was one of many forms of state-sanctioned violence against First Nations people, the trauma of which continues to this day. Australia's colonial history forms part of the foundations of modern CP systems and interventions, and we recognise that Muslim communities' struggles in this and other issues of marginalisation are bound to the struggles of Aboriginal and Torres Strait Islander communities. Before we can successfully tackle issues within our communities, we must address the ongoing impacts of colonisation, systemic racism, and discrimination in all its forms in this country.

AMWCHR acknowledges the Aboriginal and Torres Strait Islander Peoples of this nation. We acknowledge the Traditional Custodians of the lands our organisation is located on and where we conduct our work. We pay our respects to ancestors and Elders, past and present. AMWCHR is committed to honouring Aboriginal and Torres Strait Islander Peoples' unique cultural and spiritual relationships to the land, waters, and seas and their rich contribution to society.



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Be patient, don't lose hope, God is with us. Try to stand on your feet, try to support your kids. I have been through this situation, you will get through this... That's my advice [to other women] today.

(Zahra, mother, 38 y.o)

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Glossary

Access to justice: An individual's ability to seek and achieve a solution/remedy for grievances through formal or informal institutions. This includes their ability to acquire adequate legal representation, right to fair court proceedings, and equitable engagement with justice processes.

Community legal centres (CLCs): Independent community organisations that provide free advice and casework to their communities. CLCs have different service areas and eligibility criteria.

Duty lawyers: Lawyers available at most Magistrates' Courts who can provide free legal advice and/or legal representation for a number of legal issues including child protection, family law, and family violence matters on the day of a hearing if individuals present to court without a lawyer.

Family violence (FV): Any violent, threatening, coercive or controlling behaviour that occurs in current or past family, domestic, or intimate relationships. While some states use 'domestic violence' or 'domestic and family violence', FV is the preferred term in Victoria as it reflects the reality that violence can occur in different relationship dynamics not limited to: intimate relationships, within caring arrangements, towards children, and within wider family networks. FV can include physical, psychological, emotional, financial, and sexual violence.

Family violence intervention order (FVIO): A court order to protect a person, their children and their property from a family member, partner or ex-partner who is engaging in FV.

Lived experience: Someone who has personal, first-hand experience of the matter at hand. In the context of this research, lived experience relates to participants who have experienced child protection interventions related to themselves (i.e., they were the child/young person the system had protective concerns for), or their child/ren (they were the parent of a child that the system had protective concerns for). Participants in this research also have lived experience of FV. Persons with lived experience of child protection or FV hold deep knowledge around how the system functions, especially as it pertains to their own experience, due to the violence or interventions they have been through or are still surviving.

Systems abuse: A form of FV where the justice system and/or social institutions are manipulated to harass, intimidate, and exert control over a current or former partner.

Victim-survivor: A person impacted by FV. This can be an adult who is the direct target of the violence, as well as children who are either directly or indirectly impacted by the violence. Children are considered victim-survivors in their own right, whether or not they are present when the FV occurs.

Acronyms used in this report

Acronym	
AFM	Affected Family Member (of FV)
AMWCHR	Australian Muslim Women's Centre for Human Rights
AOD	Alcohol and other drugs
CLC	Community Legal Centre
CP	Child Protection
CSV	Court Services Victoria
CYFA	Children, Youth and Families Act 2005 (Vic)
DFFH	Department of Families, Fairness and Housing
DJCS	Department of Justice and Community Safety
FGD	Focus group discussion
FV	Family violence
IAO	Interim Accommodation Order
OOHC	Out-of-home care
PUV	Person Using Violence
MCV	Magistrates' Court of Victoria
VLA	Victoria Legal Aid
VLSB+C	Victoria Legal Services Board and Commissioner

Executive Summary



This research report has been prepared by the Australian Muslim Women's Centre for Human Rights (AMWCHR) to outline findings from our Safer Systems, Safer Families research project, funded by the Victorian Legal Services Board and Commissioner (VLSB+C). The Safer Systems, Safer Families project investigates Victorian Muslim communities' experiences, outcomes, and systemic challenges related to child protection (CP) interventions, including forced child removal.

The impetus for this study was borne out of consistent and ongoing issues that AMWCHR family violence (FV) case managers were experiencing when supporting clients alongside CP interventions. Through this support, and over many years, case managers have witnessed the many systemic barriers that expose Muslim women and children to a greater level of risk of CP interventions, including child removal. Anecdotal reports highlighted many issues that were suggestive of an inequitable system that disadvantaged and, in some cases, targeted Muslim families. In finding that there was little-to-no research into Muslim communities' experiences of CP interventions, AMWCHR's Research Team consequently sought funding to explore and document these experiences. This research project is therefore the first of its kind in Australia; providing critical evidence on how Victoria's CP system engages with Muslim families.

Without such research, it is impossible to identify and address systemic issues to better support and maintain safety for Muslim families who are in contact with Victoria's CP system.

To address this evidence gap, this research sought to investigate the factors impacting Victorian Muslim communities' engagement with CP, how interventions are experienced by Muslim families, the supports required to respond to and manage interventions, and the short- and long-term safety and wellbeing impacts of CP interventions. Interviews and focus group discussions (FGDs) were undertaken with 16 lived experience participants and 25 practitioners who provide supports to Muslim families alongside CP interventions.

Our findings show that Muslim families were often facing several intersecting contextual factors upon engagement with the CP system. These issues included FV, disability and chronic health issues, misidentification, migration and settlement traumas, visa insecurity, alcohol and other drug (AOD) use, and financial insecurity. These were factors that not only led to families' engagement with the system but also shaped families' needs and capacity to respond to interventions once CP became involved.

Key Findings: Contextual factors experienced by participants

- Family violence
- Financial insecurity
- Disability and chronic health issues
- Migration trauma, settlement, and visa issues
- AOD use, dependence, and problem gambling

Once engaged in the system, participants' experiences highlight the considerable bias that Muslim families are often exposed to. This bias can occur in the form of explicit and implicit racism, and Islamophobia on both an interpersonal and systemic level, with families being judged against western-centric benchmarks for parenting. In this context, CP workers may misjudge parenting styles as harmful if they diverge from Anglo-Australian 'norms', while other, positive parenting practices that are common in families' cultural communities go unacknowledged. This bias can factor into important decision-making around interventions, custody of children, and reunification. Once decisions have been made by CP workers and courts – even when based on misinterpretation or bias – it can be difficult if not impossible to rectify or reverse such decisions.

Interviews with lived experience participants and practitioners also showed how the CP system invisibilises Muslim women's and children's voices, leaving them feeling as if they were not heard or listened to throughout engagement. Participants felt dismissed, misled, and not taken seriously when sharing information around safety risks, especially in cases where children had been removed and placed with the person using violence (PUV). CP workers' dismissiveness of women's and children's accounts tell us that victim-survivors are not being recognised as experts in their own stories in CP practice, causing participants and their children additional distress.

Key findings: Muslim families' experiences within the CP system:

- Participants reported instances of Islamophobia, racism, and bias, with families being held against Eurocentric benchmarks of parenting.
- Women's and children's voices could be absent throughout the process, devaluing their agency and their expertise as victim-survivors.
- Engagement was often unproductive, 'detached', and surface level.
- There was a consistent lack of supports provided by CP, preventing families from achieving goals.
- CP practitioners are not practising in a FV-aware manner; children were being placed with the PUV, and victim-survivor mothers were heavily scrutinised and responsibilised for the PUV's violence.

Families' engagement with the system was often felt as unproductive and at times inappropriate. CP workers' communication styles were often described as 'detached' and surface-level, and there were few supports offered to address the root causes of protective concerns. This led to the development of case plans that failed to acknowledge families' contexts and needs, and consequently reverted to interventions that were unrealistic, unsustainable, and in some cases introduced new safety risks. This was most often demonstrated in the context of FV, where the system's preferred response was the removal of the PUV. However, this was not supplemented with the necessary supports or pathways for victim-survivor mothers to sustain themselves or their families in the long-term. Instead, Muslim victim-survivor mothers were scrutinised by the system and responsibilised for the PUV's use of violence. This scrutiny and

responsibilisation followed Muslim women who are misidentified as PUVs, demonstrating the system's inclination to place the onus of protection on women.

The serious nature of the interventions that many families were experiencing often led to protracted engagement with the legal system. Unfortunately, families rarely had access to the intensive legal supports required to engage equitably in the legal process and ensure their positions were being advocated for effectively in court. Some of these issues were related to the quality of legal representation and the limited number of support hours provided by Victoria Legal Aid (VLA)-funded lawyers, while others were impacted by limited information-sharing by CP workers and the Department. These issues meant that families had few opportunities to rectify inaccurate information presented to court.

Key findings: Experiences of courts, legal, and other supports to navigate CP interventions

- The legal supports provided to participants and families were not sufficiently intensive to allow them to advocate for themselves.
- Assertions were being made without evidence, sometimes based on misunderstandings of benign cultural practices, which impacted important court outcomes.
- Courts and CP favouring the 'status quo' making it difficult to dispute custody arrangements, even if based on mis- or disinformation.
- Non-legal practitioners were often 'filling gaps' left by exclusionary legal systems and supports.

The way in which Victoria's CP system engages with Muslim families has considerable impacts on short- and long-term safety and wellbeing.

Participants shared that the trauma of interventions resulted in severe and often debilitating mental health issues. In some cases, the interventions and the mental health issues they caused could be so severe that they placed lives at risk. Findings also showed that interventions could have unintended consequences in terms of children and young people's safety and wellbeing, especially when they were removed from the family environment and placed with the PUV or in another unsafe care environment. Participants reported instances of Muslim children/young people becoming disengaged from school, friends, family, and communities; disconnection from culture, language, and faith; and engagement in risky or unsafe behaviours, including AOD use. Interventions also had unintended impacts on families' material safety. When separation was compelled without requisite supports offered to achieve stability, this subsequently left mothers – and by extension their children – on a trajectory of entrenched disadvantage that impacted overall wellbeing in the household.

Key findings: Impact of CP interventions

- Severe impacts on parent's, children's, and young people's mental health, especially in cases of child removal.
- Participants were left feeling dehumanised, demoralised, and questioning their identities as mothers.
- Interventions could cause breakdowns in the parent-child bond.
- Children experienced disconnection and disengagement from their culture, religion, schooling, friends, and family.
- Material impacts on housing, financial stability, and food security as a result of forced separations.

Many of the issues identified can be tied to a system that is significantly under-resourced and therefore unable to work with families intensively.

Overall, our research showed that interventions experienced by Muslim families within Victoria's CP system are not necessarily resulting in increased safety and wellbeing. Many of the issues identified can be tied to a system that is significantly under-resourced and therefore unable to work with families intensively. This impacts Muslim communities disproportionately due to the added complexities that often underpin their cases and shape their needs within the system. However, the findings also point to a CP system that views safety as one dimensional – confined to the short-term physical safety of children – and as individual rather than collective. This understanding of safety ultimately leaves out many critical aspects of Muslim children and young people's cultural and psychological safety, which are integral to supporting their long-term wellbeing, stability, and life trajectories.

Our findings reflect the need for significant changes at the practice, policy, and systems level in order to improve wellbeing outcomes for Muslim children and families engaged in Victoria's CP system. Consequently, we have developed the below recommendations to address key issues identified within the research.

Key findings: CP conceptualisation of safety

- CP concept of 'safety' was one-dimensional; limited to immediate and physical safety.
- The CP system viewed safety of children in isolation to their families, a concept misaligned with participants' cultures and realities.
- There was a persistent failure to account for cultural safety throughout engagement, including when children were in OOHC.

Recommendations to improve policy and practice

Stakeholder/s responsible for actioning recommendations:

	Department of Families, Fairness and Housing (DFFH)		Department of Justice and Community Safety (DJCS)		Community Legal Centres (CLCs)
	Court Services Victoria (CSV)		Magistrates' Court of Victoria (MCV)		Victoria Legal Aid (VLA)
	Victoria Law Foundation (VLF)		Victoria Legal Services Board and Commissioner (VLSB+C)		Family violence organisations

1 Address systemic bias against Muslim families engaged in the CP system through:

- Development of new assessment frameworks that better incorporate and recognise diverse parenting practices and skills.
- Recruitment and retention strategies to increase the number of bi-cultural workers in both the frontline as well as policy space.
- Intensive cultural capacity training on working with Muslim communities.
- Inclusion of secondary consultation with organisations that specialise in working with Muslim communities as a standard practice with CP cases involving Muslim families.
- Development of practice guidance for working with Muslim families and communities.

2 Address resourcing issues within DFFH which negatively impact CP workers' capacity to engage meaningfully with Muslim families through:

- Conducting a review into DFFH funding allocations to identify where funds are most economically placed, and reallocating funds accordingly to reduce burden in under-resourced areas of the portfolio.
- Introducing measures to attract new staff and improve staff wellbeing and retention, including through expanding upon recommendations and goals set within the independent assurance report to Parliament on Maintaining the Mental Health of Child Protection Practitioners (VAGO, 2022).
- Reducing caseloads of CP Practitioners and increasing the number of Practitioners to accommodate these lower caseloads.

3 Improve the provision of effective and inclusive legal supports for Muslim families experiencing CP interventions through:

- a) Increased resourcing to expand CLC services to encompass specialist supports for Muslim families experiencing CP matters.
- b) Resourcing to establish CLCs within existing family violence services, such as AMWCHR, that specialise in supporting Muslim women and families.
- c) Developing collaborative early intervention programs involving the Department, specialist CLCs, VLA, and targeted FV organisations to strengthen legal and early intervention supports for Muslim victim-survivors at risk of or who have CP involvement.



4 Reduce the protracted nature of CP court proceedings, improve FV-informed court practices, and decrease biased decision-making by:

- a) Improving court listing practices through better triaging to minimise the time before CP cases can be heard and evidence tested.
- b) Seeking FV risk assessments in the early stages of court proceedings, and evidence from Specialist Family Violence Case Managers at all stages of proceedings.
- c) Developing practice directions for magistrates to weigh evidence provided by the Department and evidence provided by parents and children in an equal manner.
- d) Re-introducing Conciliation Conferences in the Family Division to increase opportunities to scrutinise and challenge assertions and decisions made by CP before they are presented to the court.



5 Address policy and practice issues that prevent Muslim clients from actively engaging in legal proceedings by:

- a) Ensuring that all child protection practitioners are compliant with the Children, Youth and Families Act 2005 (CYFA) through sharing reports with parents, children, and legal representatives no less than three working days prior to the court hearing.
- b) Limiting the number of cases that private child protection lawyers hold to ensure that all clients are being provided with sufficient support hours to achieve the best outcomes in their cases.

- c) Making changes to VLA fee structures to increase funding for time allocated to preparation before contest, in line with DFFH fees.
- d) Introducing a mechanism for reporting cases where lawyers have been allocated but not engaged with clients to increase accountability and to allow clients to access alternate legal support where needs have not been met.



6 Ensure that CP practitioners are upholding their responsibility to practice in a FV-centred manner, and that such practice is culturally responsive to FV experienced by Muslim women through:

- a) Embedding cultural capacity training on working with Muslim families in the context of FV within existing training schedules. Track and report on the completion of this training.
- b) Increasing the number of specialist FV child protection practitioners within the Department
- c) Developing and delivering training on identifying perpetrator collusion in the context of child protection, misidentification, and engaging with parents who have used violence.



7 Ensure that CP practitioners are working collaboratively with Muslim families to identify, understand, and adequately respond to the root causes of protective concerns through:

- a) Working with families to identify the context surrounding their engagement, the root causes of any protective concerns, and the supports and resources needed to address these concerns. Where workers are unable to provide supports directly, they must facilitate this access through warm referrals. These referrals must be followed-up to ensure that families are supported to engage and access the services they require.
- b) Developing case plans **with** not **for** families, with cultural safety forming a key component of the plan. Implement goals and timelines that are realistic and supported by linkages to holistic services.
- c) Utilising the expertise of targeted services such as AMWCHR through secondary consultation, resources, and professional development opportunities to better support practice response when working with Muslim families.



8 Address policy and practice issues that negatively impact Muslim young people's access to supports that facilitate their safety and independence, including through:

- a) Ensuring that all children have access to supports and care they are entitled to as per the Department's policies and procedures, including leaving care packages.
- b) Addressing practice norms that overlook supports for and engagement of children aged 16-18 to realign CP practice with the Child Wellbeing and Safety Act (2005).

9 Increase provision of community-led prevention and early intervention programs for Muslim families to reduce engagement with Victoria's CP systems.

Programs should focus on building capacity and addressing underlying factors which place families at risk of intervention. This includes programs which integrate capacity building within existing services such as settlement services and FV prevention programs. Such programs should adopt a whole of family approach and be developed and delivered by organisations who are experienced in the subject matter, led by members of Victoria's Muslim communities, and are equipped to engage a wide range of cultural and linguistic groups.

10 Improve the collection and publication of further data and research on Muslim communities' experiences of CP interventions to identify and address issues of inequity.

Funding should be provided to conduct projects across the following priority areas:

- a) A larger research project focussing on Muslim parents', children's, and young people's experiences of CP interventions in Victoria. This project should have a large enough sample to capture the wide range of experiences and demographic groups whose contexts and characteristics may impact engagement within the system (e.g., migration/displacement experiences, children or parents with disability, various age cohorts, various ethnic backgrounds).
- b) A dedicated research project to investigate and document Muslim communities' experiences of Victoria's free legal services and supports, especially in the context of CP and/or FV matters.



Introduction



In Australia, the primary aim of CP services is to ensure the wellbeing and safety of children and young people who may be, or are perceived to be, at risk of intentional or unintentional harm by their primary carers. CP systems play an important and necessary role in Australia's social service systems, working alongside other government and non-government services to ensure that Australian children's rights and safety are maintained, and that they are afforded the best possibility at a safe and secure home life. Despite this important goal, CP systems face considerable challenges when it comes to realising children's safety and wellbeing on the ground, and in some cases, have been the cause of heightened, rather than lessened, safety risks.

It is impossible to discuss Australia's CP systems without first acknowledging the context of our colonial history and legacy. For over one hundred years, Australian authorities, along with other institutions such as churches and organisations, systematically removed First Nations children from their families and culture (AHRC, 1997). The Stolen Generations is one of many forms of state-sanctioned violence against First Nations people, committed with the intent to eradicate Aboriginal cultures, languages, and ethnicities. It was argued that this removal was in the best interests of the children (Barta, 2008). By many metrics the Stolen Generations constitute a genocide of Aboriginal Peoples and cultures (van Krieken,

2004; van Krieken, 1999; Mays, 2020; Barta, 2008). It is impossible to understate the traumas of the Stolen Generations, which continue to be experienced by First Nations communities today (AHRC, 1997).

While ostensibly the policies that encouraged or even mandated the removal of First Nations children ended in the 1970s, and while Australian services and governments do not explicitly target certain communities on the basis of race, culture, ethnicity, language, or background, Australia's colonial history forms part of the foundations of CP systems and interventions. The institutionalised racism that was once not only sanctioned but deliberately embedded within the system has therefore been inherited by modern child welfare services. While considerable reforms have been introduced to address issues of inequity and targeting within the system, these challenges prevail. This inequity, and its impacts on Victorian Muslim communities, is what this report focusses on.

Muslim communities and Victoria's CP system

In Victoria, the CP system operates within the state government's Department of Families, Fairness and Housing (DFFH; the Department). The role and mandate of CP operations are set out within the Children, Youth and Families Act

2005 (Vic) (CYFA). The CYFA emphasises that the CP system is intended to preserve the safety and wellbeing of children, protect children from physical, sexual, psychological, emotional harm and neglect, and hold the best interest of the child at the centre of its operations (CYFA, 2005). Importantly, the CYFA also states that strengthening and preserving a child's relationship with their parents, and providing said parents with assistance to parent, is fundamental to CP operations. Alongside the CYFA, CP practitioners are guided by various policy and practice documents, including the SAFER Children risk assessment framework (DFFH, 2021a), the Child Protection Manual (DFFH, 2021b), and the state's FV Multi-Agency Risk Assessment and Management (MARAM) Framework (Family Safety Victoria [FSV], 2018).

These documents are intended to set out best practice across the Department and ensure consistency across responses and engagement with families. In practice however, there may be some degree of discrepancy in how cases are managed. This discrepancy may be attributed to systemic issues such as resourcing within the Department, as well as the way in which practitioner discretion informs practice 'on the ground'. In some cases, this can be a positive thing for families who require a nuanced response to safety issues presenting in their homes. However, for Muslim communities, there is also the potential that issues of systemic and interpersonal bias, racism, and Islamophobia override any aspiration to equitable practice set out in DFFH policy. Further than this, it is also possible that the way in which engagement is undertaken and interventions enacted violate state and federal anti-discrimination legislation, such as the Racial Discrimination Act (Cth.) (1975), the Disability Discrimination Act (Cth.) (1992), and the Equal Opportunity Act (Vic) (2010), among others.

Victorian CP systems, legal services, and courts

CP matters in Victoria fall under the jurisdiction of the Children's Court, and like CP workers, the Court is required to make decisions based on the best interests of the child. Legal representatives for DFFH, the parents, and the child present information to the Court, which magistrates then use to make decisions surrounding care of the child. Legal proceedings for CP matters are often protracted, and it can take several months for final orders to be made. Because of this, in cases where CP workers view a child to be at significant and immediate risk, the Department may seek an Interim Accommodation order (IAO), which dictates where a child lives until a final determination is made (Children's Court of Victoria, 2021).

Due to the potential for cases to progress to court and protective orders, families who have engaged with CP often seek or require legal representation to advocate for themselves. Children aged 10 and above who are the subjects of CP proceedings are provided their own independent representatives in the Children's Court, and these representatives must act upon instructions given by the child (CYFA, 2005). Parents are required to seek their own legal representation, either through hiring a private lawyer, or seeking support from Victoria Legal Aid (VLA) to access free legal services (VLA, 2025).

When engaging in court processes for an issue as significant as the potential removal of a child, the necessity for high quality, responsive, and thorough legal supports is all the more crucial. However, accessing such supports may be challenging for Muslim families. Preliminary evidence has shown that migrant and refugee women's experiences of free legal supports is often impacted by lack of communication, inadequate provision of language supports, and culturally insensitive practice (Tambasco et al., 2024). While further research is needed,

these are issues that may impact the quality and effectiveness of legal supports for Muslim families who are engaged with the legal system in the context of CP proceedings.

The nexus between family violence and child protection

In Victoria, the FV and CP systems are strongly interlinked and in recent years, increasing attention has been given to the impacts of FV on children. In some Australian states, including Victoria, children and young people are acknowledged as victim-survivors in their own right (Family Violence Reform Implementation Monitor [FVRIM], 2020). This includes when they are direct targets of abuse, when they witness violence towards family members, and also when they experience the subsequent ramifications of the abuse, such as fear, disruption, and instability (FSV, 2018). Recognising children and young people as victim-survivors in their own right has been important in acknowledging the significant short- and long-term impacts of both experience of, as well as exposure to violence. FV is therefore often a pathway into the system, with FV interventions triggering CP responses, and vice versa (Tarpey-Brown et al., 2024).

Despite these two systems operating across overlapping areas, there have been criticisms of how they function together. Namely, that supports and interventions are often siloed, and therefore not always complementary (Humphreys & Healey, 2017; Jeffries et al., 2015; Douglas & Walsh, 2010). This is because statutory CP systems lean toward a child-focussed approach to address child protection concerns, whereas FV services work to achieve family safety, often realised through the safety of the adult victim-survivor (Kasherwa et al., 2024; Sawrikar, 2019).

There has therefore been difficulty in realising a holistic practice within an institution that has been established to address child harm, rather than harm to adults and their presenting needs

as parents. Instead, research has shown that CP can often maintain an individualist focus on the immediate physical safety of children – which they may attempt to achieve via separation from the family environment – rather than working with the family to build parenting capacity, facilitate interventions for behavioural change, and factor in non-physical aspects of child wellbeing (Hester, 2011; Humphreys & Healey, 2017; Smith & Humphreys, 2019). Addressing co-occurring issues from differing standpoints – stemming from legislative, ideological, and practice differences – rather than from a combined family service perspective, has therefore meant that both systems can fall short of effectively looking after the best interests of children (Zannettino & McLaren, 2014; Hester, 2011).

Systemic issues and limitations such as the above are often compounded for Muslim victim-survivors due to intersecting contextual factors which can increase FV risk, present barriers to support, and also shape experiences within support systems. These risk factors and barriers include experiences such as migration and displacement, trauma, insecure visa status, language barriers, and isolation, among others (Segrave et al., 2021; Vaughan et al., 2016; inTouch, 2010). Some of these issues can result in genuine protective concerns in families, where victim-survivors including children require supports from organisations and institutions such as CP to achieve safety in their home. Unfortunately, systems and services are not always equipped to provide the level of culturally-sensitive and intensive supports that Muslim families require, and in some cases, may leave Muslim families no safer as a result of interventions.

CP systems are an important and necessary piece of the network of supports to achieve family safety and wellbeing. However, these systems can also have considerable unintended consequences when they are blind to or reinforce bias. The extent to which Victoria's CP system achieves equitable practice when engaging with Muslim families

both within and outside of a FV context is not yet known due to the absence of research on this topic. This report therefore contributes the critical evidence needed to support Victoria's CP and associated systems to strengthen practice towards achieving holistic and long-term safety for Muslim children and families in Victoria.

What this research is about



This study sought to investigate Muslim communities' experiences, outcomes, and systemic challenges related to CP interventions in Victoria. Grounded in the anecdotal evidence from AMWCHR Case Managers captured before the research commenced, and in consideration of the issues raised in the background section of the report, this research addresses the following questions:

1. ***What factors are impacting Victorian Muslim communities' engagement with CP?***
2. ***How are CP interventions experienced by Victorian Muslim parents and children?***
3. ***What supports, if any, are Muslim women and children accessing to manage and respond to these interventions?***
4. ***What are the short- and long-term impacts of these interventions?***
5. ***Are Victoria's CP services effectively facilitating Muslim children's short- and long-term safety and wellbeing?***
6. ***What systemic, policy, and practice changes are required in Victoria to improve safety and wellbeing outcomes for Muslim children and their families?***

To respond to the research questions, semi-structured interviews were conducted with Muslim women (mothers) and young people who had direct experience of CP interventions. In addition, interviews and FGDs with practitioners (FV case managers, lawyers, OOHHC and youth support case managers, AOD case managers) provided the perspectives and experiences of the practitioners who support Muslim families and young people alongside their engagement with CP.

All participants were given the option to participate in an interview either in person, online, or over the phone.

In total, 16 lived experience participants and 25 practitioners representing 10 services were recruited for this research. Lived experience participants came from a range of cultural and linguistic backgrounds. While the majority required interpreters for their interviews, some were comfortable interviewing in English.

To protect participants' anonymity they were assigned a pseudonym and key identifiable characteristics in case studies have been altered. Additional demographic details of participants can be viewed in Table 1 below.

Interviews and FGDs with practitioners took place with a range of organisations servicing communities in Victoria, primarily inner and outer metropolitan Melbourne. This included FV services, CLCs and other legal services, multicultural or ethno-specific community organisations, and other social services. Practitioners held roles related to FV support and case management (including crisis response), youth case management, social work, and legal support. Practitioners had a high level of experience providing in-language support, either through an interpreter or using their own multi-lingual language skills.

Research data was manually coded and thematically analysed (Braun & Clarke, 2013) to identify and draw out common views and experiences among participants. Full ethics approval was granted by the Justice Human Research Ethics Committee (JHREC), through the Victorian Department of Justice and Community Safety (approval number CF/24/11258). The participants provided

informed consent to participate in this study.

Lastly, it should be noted that the findings from this study are drawn from lived experience participants whose experiences all shared similarities in terms of the how the CP system responded to their cases.

The experiences of the 25 practitioners in this research are also drawn from their collective work across hundreds of cases involving Muslim parents, children, and young people. However, this research does not claim to be representative of every Muslim family's experience in Victoria's CP system, and there are many cultural communities that are not captured in this research. A larger study may provide new or additional insights to inform policy and practice and is therefore recommended.

With that being said, every participant's experience is important in its own right, and every individual deserves to be treated equitably by the system. Each story in this report should therefore be seen as an opportunity to highlight systemic shortcomings and opportunities for more culturally safe practice.

Table 1: Demographic overview of lived experience participants

Pseudonym	Age	Country of birth	Year of arrival	Language/s spoken	Mother/Young person
Inaya	31	Pakistan	2019	Urdu, English	Mother
Zahra	38	Afghanistan	2009	Pashto	Mother
Sharifa	18	Afghanistan	2009	Pashto, English	Young person
Souad	28	South Sudan	2016	Dinka, English	Mother
Hana	40	Syrian	2018	Arabic	Mother
Zainab	44	Iraq	2007	Arabic, Farsi	Mother

Shabnam	37	Iran	2017	Arabic, Farsi	Mother
Hamida	22	Afghanistan	2019	Dari, English	Mother
Niloofer	43	Iran	2012	Kurdish, Persian, English	Mother
Mouna	33	Australia	NA	Arabic, English	Mother
Nasima	18	Afghanistan	2022	Dari, Pashto, English	Young person
Afifa	32	Pakistan	2018	Urdu, English	Mother
Nadia	31	Iraq	1996	Turkish, English	Mother
Hoorain	28	Pakistan	2001	Pashto, English	Mother
Rose	35	Somali	2005	Somali, English	Mother
Isra	41	Pakistan	2016	Urdu, English	Mother

Findings from the research

The context surrounding Muslim families' engagement with Victoria's child protection system

Muslim women's and families' engagement with the CP system occur in the context of multiple compounding risk factors as well as barriers to supports. For lived experience participants in this research, identified compounding factors include FV, disability and chronic health issues, misidentification, migration experience/trauma, visa insecurity, AOD use, and financial insecurity. Interviews with lived experience participants and practitioners supporting Muslim families through the system showed that their engagement with CP was rarely limited to one-dimensional child maltreatment concerns unaffected by the broader context of their situation. While some of the contextual factors discussed below were more prominent than others, they are all significant in terms of the impact they have had on women and their families.

In many cases, it was these contextual factors that triggered CP involvement in families, and participants were referred into the system via a number of sources. Mandatory reporters such as police and school staff were the most commonly cited referral source by participants, and in almost all cases, referrals were related to disclosures of FV. This is unsurprising given that

FV was the most significant and overarching contextual factor identified in this study. Referrals to the system were also made by other mandatory reporters such as healthcare professionals and family services – this was also in the context of FV where, for example, mothers had made disclosures to maternal health care nurses. Participants also mentioned reports were made directly to CP by community members, family, and the PUV.

Family violence

FV was the most common and significant risk factor surrounding lived experience participants' engagement with CP, with almost all – fifteen out of sixteen – participants discussing the presence and impact of FV in their lives. Majority of the lived experience participants in this study had been experiencing long-term and ongoing FV prior to CP intervention. In most cases the PUV was their (ex)husband/partner. For some women, FV was present throughout their relationship to the PUV. For others, the violence began or escalated during pregnancy and/or postpartum.



[H]e was very controlling. He was very over-controlling ever since, and he was doing family violence since we got married. But then it increased to a level that I was unable to bear after birth like especially. (Inaya, mother, 31 y.o.)

I have been having a lot of issues with him. The first time is beating me up until I pass out, when I have my second child. (Souad, mother, 28 y.o.)

While the FV described was primarily directed towards mothers, as victim-survivors in their own right, children were also experiencing the trauma of the violence in the home. Additionally, several participants reported instances where children had experienced direct maltreatment by the PUV. In some of these cases, children also took on the responsibility of alerting the police or mandatory reporters such as the wellbeing team at their school.

Basically, we just had issues with our dad. He was fighting with my mum, they were going through a lot of arguments and fights. And then it just escalated one night. [I] had to call the police on him. (Sharifa, young person, 18 y.o.)

[H]e [PUV] started kicking and yelling and slapping my daughter inside the shower. And then, few weeks later an argument happened. He kicked me and slapped my face also. Just because of these incidents, my daughter, she called the police. (Niloorfar, mother, 43 y.o.)

The issues that were happening at home.... I told the school. The school they understand but they called child protection, and they introduced me to child protection, and I was placed in foster care. (Nasima, young person, 18 y.o.)

Participants also shared experiences of being misidentified as the PUV in situations where they had been facing long term and ongoing FV by their (ex)husbands/partners. In these

cases there was often police involvement after women used force to defend themselves, which then triggered alerts to CP. While the police were the ones to misidentify the victim-survivor in the first instance, this misidentification continued within and was reinforced by the CP system.

They got involved when I was going through domestic violence with my partner. It was ongoing and because I retaliated and I got a knife out, it turned all against me... I was the one in a domestic violence relationship with him for 10 years or so give or take, but because I got the knife out, it all turned against me. (Mouna, mother, 33 y.o.)

She said [to the police] that she was chased around the house and bashed in the kitchen and choked - all the things that were happening to her - and then reached back and got a knife and cut him... and in that moment child protection are called and they instantly, in that moment, without any history check, nothing, they issue an intervention with police to mum. They have her removed from the property. She has a 12-month-old child. She's breastfeeding almost exclusively and a five-year-old son who she has been nothing but the best mum despite her disabilities and brain injury. (Practitioner 19, FV case manager).

I can't stay here around the abuse. It is not good for me or my kids because he was also making me feel like I was the abuser. So, I did at one point had enough because he was showing up to my house unannounced and was constantly got through my windows, my back doors, everything. Him and his new partner - so at one point I went out and I hit both him and his wife and then they called the police on me. (Hoorain, mother, 28 y.o.)

In addition to the FV by their (ex)husbands/partners, few participants also spoke about FV being perpetrated against them from other parties such as their ex-husband's current partner or adult children. Hence, at the point of CP engagement, mothers in this study had been experiencing ongoing FV from at least one person.

Affirming lived experience participants' accounts, most practitioner participants consistently highlighted the prevalence of FV in CP cases. This is perhaps unsurprising given that most practitioners' work either focussed primarily on providing FV support or intersected heavily with the FV system. Nonetheless, this does not diminish the significance of FV as a contextual factor – and as a trigger – for CP involvement in Muslim families' life. Similarly, FV legal practitioners also noted that CP were frequently involved in their FV cases as most families they support include children.

As evidenced by participants' accounts, FV can be considered a primary risk factor driving families' engagement with CP. Although FV presentation may differ between cases, almost all lived experience participants in this study identified a male PUV as the primary perpetrator. Additionally, participants reported experiencing other compounding risk factors, most of which can be attributed to FV.

Financial insecurity

Most lived experience participants directly and indirectly referred to the impact of financial insecurity on their lives. For a majority of participants, this emerged either as a form of coercive control where their (ex)husband/partner had obstructed employment, or as a product of their circumstances whereby women were unable to accommodate employment in addition to their role as the primary caregiver to their children. Several participants in these circumstances were caring for one or more children with high needs and were themselves dealing with disability and/or chronic health issues prior to and at the time of CP involvement. Consequently, women did not have incomes of their own and were almost wholly reliant on their (ex)husband/partner – the PUV – to provide for them financially. In many cases, participants were only provided with money for basic needs and had to justify their financial decisions.

[T]wo years back I realised that I cannot stay with this man anymore. So, I started saving a little bit of money because he used to give me only grocery money, money for grocery. I used to hide \$10 or \$15 every time I go for groceries... I used to work two years back, and an incident happened at my workplace where my back was injured ... I tried to work but I couldn't because of the back injury. (Afifa, mother, 32 y.o.)

And a lot of financial issues as well. Because he would fight over money, so he had many issues there. And that would lead my mum to a bad situation, financially. (Sharifa, young person, 18 y.o.)

So, I was a project manager at a construction company. I am saying 'was' because I was given notice two days ago. And this [being let go from work] was expected. My day is disturbed so many times during the day, with all this work [related to NDIS care]. The side work, the follow ups, the calls, the emails I have to do for the kids ... it's a miracle that I survived this long to be honest. (Isra, mother, 41 y.o.)

Although most lived experience participants described financial issues in direct relation to economic abuse and coercion by the PUV, it is important to reiterate that even in the absence of coercive control by the PUV, women were facing financial precarity due to other compounding risk factors that impacted their access to employment and economic security. These factors included visa restrictions, language barriers, absence of support networks, carer responsibilities, health issues, and access to supports. While financial insecurity is not a direct trigger for CP engagement, participants shared that the issues that did cause CP involvement often could, in some way or another, be tied to families' lack of access to necessary resources to achieve stability.

Disability and chronic health issues

Disability and chronic health issues were another prominent theme in this research, with thirteen out of the sixteen lived experience participants discussing some form of chronic health and/or disability impacting themselves and/or their children. For many of these participants, the health issues and disability they were experiencing were a direct impact of ongoing and long-term FV. For example, women spoke about their experiences of debilitating stress, depression, anxiety, suicidal ideations, and seeking mental health supports or having been hospitalised due to the severity of their illnesses. In some cases, participants were also simultaneously accommodating physical health conditions such as chronic back pain, migraines, and congenital disorders. While the latter issues may not have arisen from exposure to FV, they were exacerbated by the violence women were facing. Some participants also touched on experiencing postpartum depression and how their impacted mental health led to CP involvement in their families' lives.

It was a lot of issues [at home]. It was very hard and challenging. At the time, I took some medicine, a lot of medicine in my school bag and I said after school, when school finishes, I will take that medicine to stop my life. (Nasima, young person, 18 y.o.)

I know the person [PUV] ruined me. I know he ruined my mental [health]. Now I can feel it. I always need a validation, I always need somebody else to come and support me. (Afifa, mother, 32 y.o.)

I didn't tell anyone [about the FV], I was very quiet about it... because you know I already have a disability, ABI [acquired brain injury] ... I just wanted the kids to be happy. (Mouna, mother, 33 y.o.)

Some lived experience participants were also managing their children's health conditions and disabilities along with their own. Women

in these situations were often navigating care with minimal informal or formal supports. One participant highlighted that the complexity of her son's condition meant that there was a tendency for high turnover among their assigned disability support workers. Consequently, there were gaps in supports, increasing the participant's reliance and dependence on the PUV.

All three of my kids are on the spectrum and the eldest one is very violent and aggressive... he has an intellectual disability, my [eldest] son. (Isra, mother, 41 y.o.)

The youngest child in that family has disability – autism. So, a lot of high needs from mum and essentially the [older] girls just were missed. So, there were multiple reports, child protection getting involved. (Practitioner 20, Youth case manager)

The context of disability and chronic health issues was important, as these were issues that mothers were navigating amidst parenting in what was often a high-risk and low-support environment. These were also issues that prevented women from being able to leave unsafe homes with their children. Inevitably, this played heavily into families' engagement with CP and mothers' capacity to respond to interventions.

Migration trauma, settlement, and visa issues

Almost all lived experience participants in this research spoke about their experiences of migration, displacement, and settlement. Most lived experience participants had migrated to the country with their (ex)husband/partner and often their children too. Participants who discussed their migration journeys shared stories of significant precarity and trauma pre-migration, such as persecution, conflict, war, living in refugee camps, and being placed in detention including on Christmas Island and Nauru. Participants detailed the hardships that

they and their children endured along their migration journey.

...we were in danger, and we had to leave the country... We spent about 42 hours on the ocean. One hundred people including, about 20 kids on the small boat... Christmas Island was very bad, you know it was very poor conditions for kids.... [my daughter] she was very anxious... when we were off to Christmas Island she had started bed-wetting, and she was so anxious and stressed. (Nilloofar, mother, 43 y.o.)

What brought us to Australia is the war. When there's war, there's no school, no work, no money, no food... [my oldest son] witnessed war in Syria before we left Lebanon. Shelling by the aeroplanes hovering over our heads... That's what made us leave the country. (Hana, mother, 40 y.o.)

We were four years in Nauru, and we came here in 2017. Initially, I came out, but my husband, they kept him in the camp ... [my husband] stayed in the camp and then he just got frustrated and returned back to Iran. Since then, I have lived with the four children here in Australia. (Shabnam, mother, 37 y.o.)

The trauma of pre-migration experiences as well as dangerous and protracted migration journeys to Australia was often compounded upon settlement by the stress and isolation that participants felt. This isolation was especially pronounced for women who were managing FV in the absence of support networks.

I don't have any family here in Australia. It's very hard. (Afifa, mother, 32 y.o.)

I was a lonely woman in this world with no one... It was so hard. By then, I had no friends, no family, no one even in Australia. (Nilloofar, mother, 43 y.o.)

Another important contextual factor that was present was visa insecurity and restrictions.

While many of the lived experience participants had, at the time of interview, already secured permanent residency or citizenship, a small number were still navigating insecure visa statuses. Further, even those who had secured visa stability were not immune to ongoing or delayed impacts of past visa insecurity. In these cases, visa issues played into families' stability in Australia, access to resources, and also victim-survivors' independence and reliance on the PUV. One participant, Nilloofar, discussed the challenges of being on back-to-back bridging visas and the barriers imposed by these circumstances. In addition to the administrative burden of making visa applications and the accompanying stress, Nilloofar and her children are unable to access formal supports for health, housing, or education. Another participant, Afifa, reported that she was hesitant to disclose her husband's perpetration of FV and access supports partly due to their temporary visa status. While she realises that his behaviour and treatment towards her was abusive, she feared her disclosure might negatively impact her husband's ability to stay in the country as well as his employment prospects – ultimately impacting their son, his relationship with his father, and supports that he can offer. Practitioners also echoed this sentiment.

[T]hey did reject the case, so it has been more than 12 years that we have been on bridging visa. The last time we got rejected at the federal court, it was about 9-10 months ago. And since then, we don't have any case. They just renew the visa every three months and it's just very hard... My daughter, she's 20, she finished school 2 years ago. She can't go to uni... No Centrelink, when your visa is rejected, you don't have any Centrelink benefit. Nothing at all. Not government benefit, nothing. (Nilloofar, mother, 43 y.o.)

There's also visa issues sometimes. It relates back to family violence again, but if they're worried about their visa status because there's a partner visa or something that, that can play a big role. (Practitioner 10, Lawyer)

[H]is visa was not good...That was the reason not to call. Because he came here on student visa, so I asked them because it's very hard to get the job and all these things once you have charges under your name... So, if [he has] any charges on him, automatically [our son] is going to suffer. (Afifa, mother, 32 y.o.)

Participants' accounts therefore highlight the ways in which migration trauma, settlement challenges, and visa insecurity can all play into families' needs and contexts at the time of engagement with the CP system.

AOD use, dependence, and problem gambling

A further contextual theme that arose in interviews was the impact of AOD use, dependence, and problem gambling on Muslim mothers' family life and parenting. Sometimes, this could be linked to husbands'/partners' substance use or problem gambling. Other times, it was lived experience participants and victim-survivors themselves who were managing alcohol use or dependence. Oftentimes, for victim-survivors, AOD use and dependence was tied in with their experiences of FV. FV issues could be exacerbated by AOD use and gambling issues, but AOD use could also be a response to manage the impacts of the FV that women were experiencing. Most times, participants or the PUV were not receiving any supports or interventions to help them manage their AOD use/dependence and problem gambling issues.

He [PUV] was gambling. He was using cocaine, marijuana and whatever, different kind of medicines as well... we tried to stop him going to casinos and he started gambling by telephone... he was asking for money from his mother... His mum told him, "No, you're going to do gambling again. I'm not giving you money. We don't have money." So he started to throw a table on her, and I stepped in front of him (Zahra, mother, 38 y.o.)

Yeah, I was going through postpartum depression, so I was drinking a lot and not looking after myself. So child protection [got involved]. (Rose, mother, 35 y.o.)

Because my parents and my ex all of them, disturbing me, they just talking a lot...then I have stress on my head and if I drink maybe I can sleep... if I drink, I can sleep. At least I can sleep... I'm in the car because my husband is beating me. I can go to the car and sleep in the car. (Souad, mother, 28 y.o.)

For participants who were using substances themselves, this use correlated with psychological distress stemming from FV and mental health issues. Stress and trauma led them to rely on alcohol, which in turn impacted their parenting and was also used by the PUV as a control tactic. In one participant's case, she was made to feel as if she was a 'bad person' for her use of alcohol by her husband and her own parents. She also faced threats from her husband that he could use this information about her to obtain custody of their children. This perception of herself and the possibility of child removal may have discouraged her from seeking supports for FV and alcohol use.

Notably, the contextual factor of AOD use and the way in which this issue plays into families' pathways into the CP system was also discussed in depth by a practitioner who worked with Muslim clients as an AOD case manager. This practitioner spoke about the intersections between AOD issues and CP, and that for Muslim women, accessing supports for AOD can be all the more challenging due to stigma around using substances that are viewed as prohibited within the Islamic faith.

What we see on the surface is a parent using substances. What we see underneath is that this is a mum trying to survive family violence. Trying to keep sane and trying to keep her kids safe from that as well. And she is navigating the family violence every day. So, if it means no harm happens to my kids,

and then I get forced to take substances, she will take that. So, on the surface, we see substance use, but underneath coercive control is happening there. (Practitioner 25, AOD case manager).

I'll reference one client I worked with: the reason she was using substances was because of the family violence more to manage the isolation and because the partner - the husband - was constantly putting her down. And what we found later on was that she had an acquired brain injury from the family violence. So, it was just managing the family violence in itself that caused her to drink alcohol. So, for clients it's always different, sometimes it's the mental health, then they are trying to manage the mental health. (Practitioner 25, AOD case manager)

The above accounts by an AOD practitioner working with Muslim families affirm participants' experiences and provides additional insight into the intersection between mental health, FV, and AOD use. This also tells us that women's use of AOD can be a way for them to cope with psychological distress in the context of low or inaccessibility of supports.

Isra's story

Isra is a 41 year old migrant Muslim woman from a South Asian background who has been living in Australia for almost a decade. She is a mother of three children with complex and high needs; all three children have been diagnosed with autism and in the case of her eldest child, Aariz (13), an additional diagnosis of intellectual disability.

Disability

Family violence

In addition to caring for three children with disability, Isra has been experiencing FV since the beginning of her marriage to Farid, her husband and the father of her children. Farid's use of violence manifests verbally, emotionally, and financially. Isra is made completely dependent on Farid for finances and has to get approval for and justify each and every financial decision. She is also prevented from working due to the administrative burden of caring for three children on the NDIS, which she describes as a 'full time job'. For her children, the abuse is physical as well as emotional. Farid frequently uses physical violence against Aariz as a way to 'discipline' him. This 'disciplining' has, at least on one occasion, led to a serious injury. Isra has past and ongoing mental health issues due her situation, including severe postpartum depression following the birth of her youngest child. These mental health issues have also impacted her capacity to maintain employment.

Children exposed to FV

Financial insecurity

Mental health

Isra and her family have come to the attention of CP on six separate occasions and by different avenues including mandatory reporting by healthcare and disability support workers. Isra has always attempted to work productively with CP, as she recognises that there are safety issues in her household and she would like support from CP to address these concerns. Isra would like to leave the violent situation she and her children are living in. However, without intensive supports including housing and disability carers, separation is not an option due to the financial abuse Isra is experiencing, but also due to her being dependent on her husband to care for Aariz. Aariz requires round-the-clock care to ensure that he is not harming himself and those around him. Due to his strength, the physical aspects of care (bathing, dressing, responding to agitation) must be done by Farid. This dependence in the absence of alternative support makes separation impossible unless Isra leaves without her children.

Multiple pathways into CP

Dependence on the PUV

Despite there being multiple cases over the years, Isra feels as if CP's engagement has been surface level. Isra recalls prolonged periods of having no CP workers on their case even though the case was still open. In one instance it took the Department three months to assign a CP worker. Additionally, Isra would sometimes not even be aware there was a CP case open until she had been alerted by Aariz's NDIS workers.

Surface-level engagement

Resourcing issues

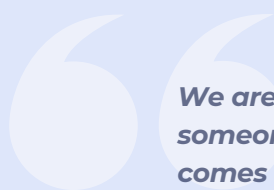
The interventions and responses have also been contradictory. On the one hand, CP has expressed concerns around the children's safety, and have suggested Isra separate. On the other hand, they have also closed cases without offering any supports or interventions, instead suggesting there are no protective concerns. Recently, CP workers have been suggesting that the solution to the issues in the home is to put Aariz in a boarding school. Isra feels that this "solution" is antithetical to her cultural beliefs and she does not wish to separate Aariz from his family and

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community. This has left Isra feeling confused and made her feel as though CP workers do not believe her accounts of her experience of FV, or her accounts of Farid using violence to manage Aariz's behaviour. This was affirmed when Isra viewed one of her case plans, which stated that Isra herself was a 'threat' due to her mental health issues and postpartum depression. Meanwhile, her husband was noted as merely having 'allegations of FV'.

Victim-survivor voices not being heard

Isra feels as if her case has been placed in the 'too hard' basket by CP. Isra believes that a lot of the issues in her case stem from its complexity and the system's inability or reluctance to provide the intensive supports she needs to leave the violent situation (housing, financial support, disability support). Instead, CP has opted to close cases.



We are struggling. We are struggling really badly and so maybe someone can come in and help. And maybe some of the pressure comes off... when they kind of come in it would always – oh you guys have a very complex household. So it's always just become the whole situation and not the family violence towards the kids

What was different about Isra's case in comparison to other participants' stories was that Isra welcomed CP's involvement in her family's life. There were valid safety concerns in the home, with Aariz and Isra being the direct targets of Farid's violence, and the other two children being exposed to the violence. Consequently, CP practitioners have had a parent who is not only engaging cooperatively, but seeking to increase that engagement. Unfortunately, this has not resulted in any material change in safety for herself and her children.

Isra's children have high needs due to their disabilities, with Aariz requiring 24/7 care. What we have seen in this research is that the typical response to protective concerns in the context of FV is either the removal of the PUV, or the removal of the children - both of which raise concerns of their own. However, in Isra's case, neither of these responses have been adopted and instead CP has closed cases. While we cannot say definitively without speaking to the workers involved in Isra's case, it is possible that Isra is correct in suggesting that the complexity of her cases has meant that it has been placed in the 'too hard' basket. More involved interventions would require CP services to facilitate intensive disability supports or locate a placement that can support Aariz's disability care. This may be viewed as challenging due to system capacity issues. Consequently, it appears as if Isra and her children have been left to manage their own safety. This has left Isra feeling distressed and disbelieved, and it ultimately means that all members of the family continue to be directly and indirectly exposed to Farid's violence.

Muslim families' experiences within the CP system

For almost all lived experience participants, engagement with the CP system was extremely distressing. Practitioners and lived experience participants' accounts provide insight into how the system invisibilises women and children's voices, with multiple participants echoing the sentiment that they were not heard or listened to by CP workers. Muslim families' engagement with the system was characterised by bias, judgement, and discrimination, which impacted experiences within the system as well as outcomes of their cases. Discussions also highlighted the detached style of engagement by most CP workers, and minimal supports for mothers and children. While it was evident that removal of the PUV was the system's preferred response to FV cases, this was not supplemented with the necessary supports or pathways for women to sustain themselves or their families in the long-term. Additionally, the system's attention and scrutiny was then placed on mothers. Participants also referred to impractical thresholds for reunification which at times interfered with each other, and the susceptibility of the CP system to systems abuse by the PUV. While the overall experience was negative for most lived experience participants, some participants emphasised good practice by a few CP workers and favourable outcomes.

Voices of women and children are not being heard

Lived experience participants expressed that they felt CP workers did not listen to their stories, experiences, or concerns. This was also reflective of participants' experiences interacting with other governmental apparatuses working in relation to the CP system such as the police and courts. Women were confused by CP workers' dismissal of their concerns, particularly those surrounding children's safety. Findings show that CP workers were especially resistant to working with and listening to mothers if they deemed them

unprotective based on preliminary assessments, or if they felt mothers were being uncooperative. For example, in cases where misidentification by police had occurred, CP took this at face value, deeming the mother unsafe and removing her children. They gave no space for these mothers to tell their story, experiences of FV, and concerns about the PUV. Misidentified mothers were not believed when disclosures of FV were made, and instead were repeatedly referred to as perpetrators during engagement. Importantly, participants' accounts also indicate that CP workers were not engaging in active listening, disrespecting their stories and accounts when women were in need of validation and supports. These situations were highly demoralising for victim-survivor mothers as they witnessed a system that was intended to safeguard them and their children instead working against them.

They didn't really listen to my side of the story. I wasn't able to have decent conversation with them...they didn't sit down and have an interview with me, like they had an interview with him [PUV]. (Mouna, mother, 33 y.o.)

[M]y second daughter discloses to me that she is in an abusive situation. She is scared to be in her dad's home... I have recorded evidence of this, so I don't know why it is not taken seriously. It's because she is a child. Well, she can still communicate; she is a very clever girl. She knows what she is scared of, and she knows what she is not scared of. (Hoorain, mother, 28 y.o.)

By God I don't know why they were not listening or did not believe me. They would question me and then they would say 'we don't believe you', and then they would question the children, and then they would say the same 'we don't believe you either' to the children. (Zainab, mother, 44 y.o.)

So they don't use to give any expressions, even if I'm talking, they don't, they used to have a plain face. They just like, they're just listening to you... I don't feel they used to come to support me, but then I don't feel anything from them because they were very straight faced. (Inaya, mother, 31 y.o.)

CP workers' dismissiveness of women's and children's accounts tell us that victim-survivors are not being recognised as experts in their own stories in CP practice, causing participants and their children additional distress. For victim-survivor mothers and mothers coping with health and disability issues, sharing their concerns to ensure the safety of their children was of utmost importance. Unfortunately, it is clear that women's concerns were not being given due consideration.

Muslim children and families are being exposed to explicit and implicit bias, prejudice, and Islamophobia within Victoria's CP system

What was clear from interviews and FGDs was that many Muslim families' experiences within Victoria's CP systems are heavily influenced by bias, instances of explicit and implicit racism, and Islamophobia. This bias and discrimination shaped all manner of engagement and response by the system, and negatively impacted relationships between families and CP services. While some lived experience participants, when asked outright, reported that they had not necessarily experienced overt racism or Islamophobia during their engagement with CP, in most cases, this response was often followed up with participants sharing instances where they did feel discriminated against and targeted by the system. It left them wondering if the outcome might have been different were they of a different cultural, ethnic, or religious background.

[M]aybe its sometimes, because of the colour I have on my body, because I'm black, that they do that. Sometimes I cannot take it like that, but sometimes I take it like that... because I'm Australian too. They cannot discriminate because of my colour, no. (Souad, mother, 28 y.o.)

According to practitioners, bias against Muslim mothers and families occurred frequently within the system, and many practitioners had been in rooms and conversations where this racism and Islamophobia was expressed outright. Practitioners touched on CP worker bias towards Muslim families impacting the outcomes of cases as individual biases gelled with broader systemic issues. For example, participants shared that CP workers were known to compile reports that perpetuate harmful racial stereotypes. These reports were then used by the system to action interventions against Muslim families. Practitioners also observed the difference in treatment between Anglo families and newly arrived families; they felt that Anglo families were being afforded more leniency by the system with interventions not escalating to removals for a number of years. However, for Muslim and migrant families in the same situation, participants believed that the CP system had a knee-jerk reaction towards instant removal. Testimonies from Muslim mothers and practitioners showed that child removals have been executed in as few as two hours, with some of these being newborn or infant children.

Child protection are also racist. I'm trying to think of some examples for you because it happens so often... So I have had white families with quite significant history of family violence where there's been 10 to 17 reports over the years that have closed at investigation stage... Versus these newly arrived people. It's the first time something happens... they're straight in to intervene and remove him [PUV] from the house, intervention orders, taking them to kids' court. (Practitioner 16, Lawyer)

[A]nd her [CP worker] response is like, "Well, he's Afghan and he's Muslim and he's controlling. Of course, I wouldn't be surprised that it's [house] under his name" ... So, that is an example of, to me, you already have a judgment. You are racist. That is racist comment, because you said, "they're Muslim." Meaning, every Muslim man is controlling... This is generalising, that they oppress women. (Practitioner 7, FV case manager)

Many of these instances of bias were suggestive of a CP system that had low cultural capacity and understanding of parenting norms within Muslim communities. This could lead families to be superfluously pulled into the system for innocuous practices, but also, could lead to escalation once families were engaged as parents were perceived to be causing harm. For example, practitioners referred to CP workers judging mothers as neglectful if they do not display overt affection. In these cases, workers tended to overlook other displays of care and affection which may align more with the family's culture. This has been interpreted by the system as mothers being disconnected from their children. Similarly, responsibility sharing with older children – something that may be considered a norm in collectivist cultures – was interpreted by CP as parentification of children.

The western lens looks at neglect in a particular way... [my Muslim clients] have their idea of how kids are raised based on culture or based on religion outside of Australia. Then coming into Australia, there is a different way of, how do you show love to your child... It's normal parents don't say 'I love you', they show you they love you... and you get maybe a newly qualified child protection practitioner, and they come in not really culturally sensitive... and they are observing, and 'the mother is distant, doesn't connect with the kids' ... But for mum, she is connected with her kids, just not in the western way of doing things. And that tends to be missed. (Practitioner 25, AOD case manager)

We see this in some families... when you've got your children that you parentify - "your daughter's parentified" because you're getting the daughter to do so many tasks and stuff. And often because they're experiencing all these issues, their children step up and try to take on a lot of the load and work and support and everything, and often... child protection intervene, they looked at it and go, "Oh, why isn't, the child allowed to live a life free from having to do X, Y and Z and worry about all these issues of the parents". (Practitioner 7, FV case manager)

While bias, discrimination, and Islamophobia was not uncommon across Muslim families' engagement with the CP system, findings also suggested that Muslim women may be hesitant to disclose these experiences due to competing stressors. As we have seen, women in this study were already facing compounding risk factors prior to CP engagement, and for most lived experience participants, engagement was an additional source of distress they had to manage with minimal or no supports. In such situations, women are unlikely to advocate for themselves on the basis of racial, religious, or gender discrimination, as safety of their children takes precedence. Nonetheless, the injustice of discriminatory and biased action still weighed heavily on participants. Further, women also feared that taking action may negatively impact their children. One participant, for example, shared that she had to temper her advocacy for her disabled son so as not to make 'too much noise' in case she upset her CP worker and caused them to remove her children (Isra, mother, 41 y.o.). Consequently, Muslim women and families are fearful of pursuing action against or sometimes even talking about their experiences of discrimination within the CP system.

[S]ometimes parents just turn a blind eye [to racism from CP] because they've got a lot going on for them and it's like, they don't want to rock the boat. It's like bad books with child protection, wouldn't want to do worse

so, yeah, just let it go... it's not what's important for them at the time, because the focus is on 'my kids, my kids, my kids'. So they are willing to take whatever is thrown at them. (Practitioner 25, AOD case manager)

The bias that families experienced was not only related to race and religion, but also the intersection with poverty and socioeconomic disadvantage. Practitioners in particular observed that it was more common for low-income families to be drawn into the CP system compared to middle- or high-income families. Further, the system was seen to be meting harsher penalties towards families from low-socioeconomic backgrounds while families with better socioeconomic standing were being treated with more leniency.

There's another thing at play in child protection that applies blind to race and that is the system is quite prejudiced against the poor and the reality is it's very rare to get middle- or high-income earners in the Children's Court. In my many years' experience at VLA, I had one middle income family come before the court, and they left without a protection order and that was quite serious physical discipline, and they got that result. And so the reality is it's punishment for the poor and a lot of minority populations are over-represented in that. (Practitioner 16, Lawyer)

In all, participants believed that the existence of bias, discrimination, racism, and Islamophobia within the system had considerable impacts, and in some cases was felt to be a key feature in decision-making around interventions including child removal. Instances of perceived bias emerged across participants' engagement with CP and shaped many elements of Muslim families' experiences within the system. However, the power and authority of the system meant that families felt forced to accept discrimination, lest they jeopardise their chances at maintaining/obtaining care of their children. This can result in few opportunities for accountability and change within the system.

I think it is really important to understand the culture of the family you are going into. I would say that is imperative. Not just important, it's imperative.... we are all products of our own culture. The way we look at values even is a product of who we are and our cultures. Something that is absolutely right in one culture maybe absolutely wrong in another culture. (Isra, mother, 41 y.o.).

CP's ways of engaging with families is not always productive, collaborative, or appropriate

Findings show that the CP system's modes of engagement with Muslim families were lacking and characterised by poor communication, lack of information sharing, and insensitive practice. At the more extreme end, participants also highlighted instances of misleading and dishonest practice, data breaches, and the system being used as a coercive mechanism. Understandably, for women in this study who had been facing multiple and compounding risk factors, intervention from governmental institutions was highly daunting, and most harboured a fear of forced child removal. Due to the way in which CP workers engaged with families, these fears were reinforced as they lost more and more autonomy and faith in the system.

Most commonly, participants spoke about CP workers failing to provide essential information or communicate to parents and young people the various system processes during initial stages of engagement. Women expressed that they felt confused and were left in the dark, with no clarity as to what was going to happen to them and their families in the system. In some instances, community practitioners were able to provide the necessary information to families or facilitate flow of information between CP services and families. However, practitioners also highlighted their own challenges with communicating with CP workers. Notably, one lived experience

participant shared that she was unaware her family had an open CP case and only found out after being told belatedly by her son's disability worker. This issue was also observed by some practitioners across cases they had dealt with, indicating that such issues may not be isolated incidents.

All the steps for me were unknown. They were not explaining what's going on. At least they can be clear, at least they can explain the rule or the family rules in Australia. Just because we were from another country, we don't know the rules. We don't know what's going on and that made us even more anxious. (Niloofar, mother, 43 y.o.)

There was a time when I didn't even know that child protection got involved. One of my kids, actually the eldest one, his NDIS support coordinator told me... Like, I did not even know that there's someone from DFFH talking to anyone about us right now. (Isra, mother, 41 y.o.)

A lot of the time they [youth] say 'I don't know if I have a child protection worker anymore'... but you would think if something so big happened that child [protection is] involved that person [CP worker] would make themselves quite well known. But I think a lot of them wouldn't recognise them in the street. (Practitioner 18, Youth case manager)

Participants' experiences indicate that the CP system's poor communication impacted Muslim families at various stages of intervention. Some experiences related to CP workers failing to provide essential language supports to mothers and young people and proceeding with meetings and interventions regardless. Other participants relayed instances where they were unable to contact their CP worker(s) to follow up on supports promised to them. This was a common theme among lived experience participants, where participants were initially given assurances of referrals and support letters by their CP workers only for them to become unreachable or in some cases never heard from again. Participants also

described not being informed of worker handover if they or their clients were assigned new workers, leading to ineffective and unproductive interventions. One practitioner attributes CP's lack of communication to the system's high attrition rates.

She said to me, she's going to do the referrals and all this kind of stuff and send me a letter with the closure letter, with all the details and everything in it. But I didn't get anything, and I've tried to call her on her phone a few times and I left voice messages, she never got back. (Nadia, mother, 31 y.o.)

When you put together a case plan, then there also has to be a follow up of some kind on that case plan. Like you make the case plan and just vanish. (Isra, mother, 41 y.o.)

I think the biggest frustration with the high turnover for child protection staff from agencies is the lack of communication around that. Because there's no out-of-office emails, there's no out-of-office mobile phone messages, there's no, 'this person's just going to cover this person for a couple of days, please contact them.' There's no communication. They just kind of ghost us. (Practitioner 20, Youth case manager)

Alongside inadequate communication, CP engagement was also consistently described by participants as mechanical. Multiple participant testimonies indicate that CP workers were perceived as going through the motions without genuine engagement or care for families. For women requiring urgent care and supports, to be met with apathetic and perfunctory treatment by workers made some participants question the validity of their experiences, while others felt the system was actively working to undermine them. For example, one participant, Inaya, felt that most workers she engaged with were indifferent and detached, even when she was disclosing experiences of abuse. This was to such a level that Inaya began questioning whether what she was experiencing was really FV.

[M]y maternal child nurse and every other person used to tell me that what you are going through is family violence, and this is a form of family violence, and this will affect the baby and all that stuff... but then the child protection hasn't said anything about it. They were just, whatever I'm saying, they were just writing it down and that's it. They used to come and they used to go but with the blank face. I wasn't even sure that they think that there is a family violence going on. (Inaya, mother, 31 y.o.)

Findings also reveal the impact on children. CP workers' detached communication meant that engagement was experienced as superficial and safety risks therefore went unacknowledged or unaddressed. Concerns surrounding children's safety could also extend to safety within the context of meetings with CP workers. One participant, Zainab, detailed the attitude of several workers who were tasked with taking her children to supervised visitations with their father. Zainab and her children's experiences indicate that these attitudes can sometimes extend further than detached or disinterested towards being cruel. Such interactions between Muslim families and CP workers raises concerns around bias and attitudes towards Muslim families, as well as safety of Muslim children whilst in the care of the CP system.

[I]t's more like a business for them more than try to provide safety for the kids.... it's like they're just working for this company, child protection. It's not their concern, the child's safety, where they were before or who was looking after them. They didn't care about any of that at all. (Mouna, mother, 33 y.o.)

The worker is looking quite irritated, quite upset, disinterested in what she's doing, rather than turning up with a smiling face with a caring attitude [and] giving the children the impression of safety and comfort so that the children are comfortable in being with her and going out to see their dad... Some of them were not kind-hearted, some of them were very robotic. Some of them had yelled at the children and were not very nice... In fact, there had been one particular person

who had yelled at my seven-year-old and made him really cry. (Zainab, mother, 44 y.o.)

Although Zainab's experience with most workers was negative, she was extremely appreciative of one CP worker who treated her and her family with kindness. Likewise, another participant, Inaya, highlighted positive experiences she had with one CP worker who interacted and engaged with her meaningfully. A key aspect of both these positive experiences was CP workers' willingness to communicate with participants in a way that was validating and humanising.

And there was another person from child protection... this person was particularly nice, she was supportive. She would speak to me and counsel me at a time when I had been suffering greatly from all that treatment... has been very helpful as well. In fact, she had been really kind-hearted...and gentle. (Zainab, mother, 44 y.o.)

He [CP worker] was really, really nice. Like only he made me feel really comfortable talking to him because otherwise I told you every other person was really blank with the faces... He shared his experiences...because he was like, oh yeah, I'm an immigrant as well, and I know what people face over there ... He brings us to a common term. (Inaya, mother, 31 y.o.)

While there were the above examples of good engagement by CP services, these were outliers. Predominantly, lived experience participants' engagement with CP was characterised by fear and mistrust. These fears were founded in prior experiences of CP interventions, community narratives and experiences of CP, and/or the system's power and ability to remove children from their families. In some cases, PUVs manipulated participants' fear of the system to dissuade them from seeking supports. In other cases, experiences of pressure and coercion was coming from within the system. For example, several practitioners reported clients' insecure visa status being used by CP workers as a

compliance tool. In these cases, CP workers have reportedly attempted to compel parents to accept interventions in the mediation stage by taking advantage of fears that any resistance will negatively impact families' visa statuses. According to practitioners, these coercive tactics are normally used when CP workers do not have sufficient evidence to achieve the same outcome in a court setting.

They [CP] can often abuse that power and abuse that fear of going to the Children's Court. Particularly if someone has a visa status where child protection proceedings might be really damaging to them. They can almost take advantage and use this kind of threat of going to the Court to get the parties to do things that probably even the Children's Court wouldn't have done. (Practitioner 14, Lawyer).

Participants linked their fear of the system with the system's inability to provide clarity regarding processes (lack of communication and information), perceived unsupportiveness, and unkind worker attitudes – demonstrating the entwined nature of these different facets of engagement. Women also shared that fear of the system and judgement from workers prevented them from being honest about the FV they had been experiencing.

Like maybe I thought like they will [take] my children from me you know because there's a lot of people say that, 'oh the government will take your kids from your care', that's why. (Hamida, mother, 22 y.o.)

It was scary dealing with child protection, to be honest. It was a scary thing to face them... Just because of the, I don't know, they're not clear, they're not explaining. And I think with my experience of even, you know, some people around me, they're not saying good things about child protection. They're not supportive, they're sometimes, they were so tough, I don't know why but yeah... Yeah, power, yeah. (Niloofer, mother, 43 y.o.)

[M]y husband [PUV] was threatening me by saying, 'If you go and ask for help, they will

take the child. They will separate your child away from everyone, so you cannot see him again'. So, I was always scared of that. What if they take my kid and what if they don't let me see him again? Then how am I going to survive? What am I going to do? (Afifa, mother, 32 y.o.)

Some women also reported that while they were fearful of the system and were initially hesitant to reach out for support, they had agreed to engagement once CP indicated they could facilitate peaceful separations through discrete measures that would not negatively impact children. Some of these participants expressed that while they engaged in good faith and with trust in CP workers, they felt like this trust was fractured due to subsequent actions by CP workers that were deceptive and ultimately resulted in breaking the little faith women had in the system.

Muslim women and children's fear and mistrust of the system were not wholly unfounded. Concerningly, CP workers were found to be divulging sensitive information regarding families to PUV or others, jeopardising Muslim women and children's safety. Such instances of egregious data breaches and severe malpractice, as outlined by participants below, have led to additional traumatisation of victim-survivors.

[After making accusations of sexual abuse of daughter] They [CP] said, 'we need to speak to him [husband] right now'. I said, 'if you're going to speak to him right now, you're going to take me with you because then I'm not going to stay here... give me the time to safely exit the house. I don't want to make things worse'... And then when they call [husband] and they said all these things. (Inaya, mother, 31 y.o.)

I get very concerned about what their actual skills and qualifications are. We had one client where the other party had started a sexual relationship with a child protection worker and got confidential information from them. (Practitioner 16, Lawyer)

There's been bad ones [data breaches] of them providing the party's address and things when they shouldn't have and putting them at risk and things. There's been some bad people. (Practitioner 17, Lawyer)

[W]e had a young person who was given a phone from child protection and then one of the family members rang up and they gave him [the family member] the number, like the phone that they [the young person] were supposed to secretly have to call police...Next thing the dad who was up on the charges was the one that [got] the phone number... So we don't really trust them. Like that really put her life in danger. (Practitioner 18, Youth case manager)

Legal practitioners noted that there are very few ways to hold CP workers accountable for misconduct, and those that are available are largely inaccessible to Muslim clients. For example, one legal practitioner described supporting a client to go to the ombudsman to pursue recourse for actions that CP workers had taken. She noted that this process was incredibly complicated and arduous, and not something the client would have been able to do without intensive supports. Ultimately, experiences of such misconduct have left victim-survivors and practitioners feeling more distrustful of the system.

In summary, these results indicate that the system's engagement with Muslim families do not facilitate collaborative engagement to ensure the safety and wellbeing of Muslim children. Further, it is also evident that the lack of communication combined with hostile CP worker interactions fostered further fear and mistrust of the system. Such treatment of vulnerable families and children are antithetical to the CP system's stated aims and goals.

Souad's story

Traumatic migration

Souad is a 28-year-old woman from an African background who has been living in Australia for seven years. Souad experienced forced displacement prior to her arrival in Australia, and migrated to the country with her then-husband, Malik. Souad and Malik are parents to three children: Jamila (aged 6), Ayman (Aged 5), and Amani (aged 3).

Family violence

After arriving in Australia, Malik started using physical and psychological violence towards Souad. This violence escalated around Souad's pregnancies with her three children, and the children were witnesses to their father's abuse. Souad suffered severe head and body injuries from the violence, as well as mental health issues which resulted in her being unable to sleep. To cope with the physical and emotional effects of the violence, and to help her sleep, Souad began using alcohol.

Children exposed to FV

Mental health

AOD issues

Pathway into CP: Via PUV

Malik used Souad's drinking as a further tool of coercion, telling her that if she ever left, he would have her children removed by the authorities. Eventually, a year after the birth of their third child, Souad did escape to a refuge with her three children. Consequently, Malik followed through on his threat and contacted CP to raise allegations that Souad was an unsafe parent due to her use of alcohol. CP then opened an investigation.

Systems abuse

Placement with the PUV

A CP worker interviewed Souad in the refuge and asked her about what was occurring in her home. She detailed the violence she had been experiencing, which was supported by police reports and her children as witnesses. The CP worker also asked her about her use of alcohol. Souad was honest and disclosed that she did drink alcohol to cope with the stress and trauma. This disclosure caused CP to apply for an emergency order to remove the children from Souad and place them in the care of their father, which was successful.

Financial insecurity

According to the parenting order and CP case plan, Souad was permitted to see her children on weekends, provided she completed and passed alcohol screenings three times per week. Souad found these tests incredibly dehumanising, as they required her to go to the bathroom while being observed by a stranger. The tests also required Souad to travel 25 minutes to a clinic, wait for up to 20 minutes, complete the test, and then travel home. The clinics were only open during working hours. This took considerable time out of Souad's working day and due to the inflexible nature of her employment, she was forced to resign from her job and was unable to obtain a new one that accommodated these disruptions. Souad was consequently living on Centrelink payments, which were insufficient to cover her weekly expenses. At the same time, Souad was being told by CP that her financial insecurity was a further barrier to her obtaining parenting rights.

Dehumanising requirements

Unrealistic case plan goals

No progress in case

Souad was complying with all the requirements on her case plan and was passing her alcohol screening tests for one and a half years. Despite her alcohol use being the trigger for removal of her children, maintaining her sobriety did not appear to result in any changes in her situation. Souad believed this to be due to the high turnover in caseworkers on her case. Over the course of her engagement, she had five different CP workers allocated to her case. Each time a new CP worker was

Resourcing issues

allocated, they wished to see firsthand that Souad was passing the alcohol screening tests before making any changes to parenting arrangement. This caused Souad to go back to square one each time a new worker was assigned.

Circular requirements

CP system a coercive mechanism

This process left Souad feeling incredibly distressed and demoralised, and she felt that despite all her efforts, there was nothing she could do to appease CP. Meanwhile, her ex-husband had care of her children, who had been open about the fact they wanted to live with their mother and that they feared their father. When Souad raised the issue of their safety due to Malik's use of FV, CP suggested that the children be removed and placed in foster care. This left Souad in an impossible situation where she ended up supporting placement with Malik in spite of his use of FV towards her, because the alternative – having the children live with strangers – was worse.

Impact of interventions: Mental health

Throughout this process, Souad attempted to contest the parenting order at every court hearing. However, due to her financial situation, she was utilising legal aid while her husband funded a private lawyer. Her experience of her legal supports was negative, and she believed they *'don't know my story'*. Due to the low level of engagement and understanding of her case, Souad's court hearings were characterised by repeated adjournments, incorrect or incomplete information being shared, and no progress being made to come to a resolution.

Inadequate legal supports

Scrutiny placed on victim-survivor

Souad feels as though all pressure and scrutiny has been on her parenting and her use of alcohol, despite the issues in their family stemming from Malik's use of violence. The requirements set out in her case plan – that she completes tri-weekly tests and achieve financial stability – are undermining of one another, in addition to being dehumanising. The additional issue of worker turnover has resulted in constant setbacks, inconsistent engagement, continued changing of goals, and having to repeatedly re-tell her story. Souad has consequently disengaged from the process and has not completed an alcohol screening test in four months, during which time she has been prevented from seeing her children. At this stage, after almost two years of engagement with CP and separation from her children, Souad has lost all hope.

I say maybe its sometimes, because of the colour I have on my body, because I'm black, that they way they do that... Because I can see a lot of white people, they drink, and they have their own kids. And if I do it by mistake, they take my kids away from me. Maybe because of the colour I have.

Entrenched racism and bias

The CP system's reaction to this case removed any possibility of accountability from Malik and prevented safety and recovery for Souad, Jamila, Ayman, and Amani. Instead, it fed into harmful narratives that violence towards children's mothers has no bearing on whether or not someone is a 'good father'. Reinforcing this narrative on a systems level undermines the protective parenting adult victim-survivors do every day when raising children in an unsafe environment. Crucially, it also undermines the children's positions as victim-survivors in their own right.

CP system failing to acknowledge and facilitate the necessary supports to address the root causes of protective concerns

Lived experience participants' contexts provide important insights into the level of supports and engagement required by families as well as the barriers and inaccessibility of these supports. It is also clear that Muslim women in this study were not intentionally unprotective mothers wanting to harm, abuse, or neglect their children. Rather, they were mothers who were in need of supports to address the root causes of CP concerns. As discussed, the majority of Muslim families in this study were introduced into the CP system due to FV concerns. Although most women did not dispute the presence of FV, they felt apprehensive about taking on the sole responsibility for themselves and their children in the aftermath of CP interventions, which manifested almost exclusively as the removal of the PUV. Mothers and young people's experiences show that families were almost entirely dependent on the PUV, whether by design (e.g., coercive and financial control, PUV as Muslim women's sole support system) or by circumstance (e.g., migration, loss of broader supports, language and access issues, et cetera). As such, while removal of the PUV was sometimes necessary to secure the safety and wellbeing of women and children, it also simultaneously resulted in the loss of some participants' entire support system. Participants and practitioners touched on issues such as financial and housing insecurity, loss of shared parenting, as well as difficulties with mobility/transportation as a consequence of immediate separation.

[I]t was a bit hard because we relied on him so much. And we just had to adapt to the way we lived ourselves. Because usually he would be the one driving us around. So, we had to learn, we had to figure out ways we could get from place to place. And it was just new stuff. Our lifestyle changed because of it. (Sharifa, young person, 18 y.o.)

Most of the time, what we found as well was there was a level of dependency on the person using violence. So, be it economically, they have no job, so, if I leave I have nowhere to go, I have no money. I might as well stay. But then, they are now being labelled as not keeping the kids safe. (Practitioner 25, AOD case manager)

Consequently, for most women, resistance against interventions were based in fears that removal of the PUV would cause them further distress and hardship. Such interventions may be appropriate and sustainable if supplemented with necessary supports. However, findings consistently indicated that supports surrounding Muslim mothers post CP intervention were severely lacking. This is exemplified through participants' experiences below. For Zahra, like most participants who were in similar situations, the system's engagement led to removal of her husband, the PUV. She elaborated there was a lack of supports provided by the system to mitigate the sudden loss of support. In the aftermath of CP interventions, Zahra found herself bearing the sole responsibility for managing a multigenerational household (consisting of her four children and her husband's parents), whilst coping with debilitating chronic health issues. This was not a sustainable intervention for Zahra and her family, especially as CP did not follow through with essential supports, leading to continued reliance on the PUV. Similarly, Isra was hesitant to fully disclose her husband's perpetration of FV towards her and her children due to fear of mandated separation without facilitation of supports to fill the gap. In some cases, when participants shared their concerns with CP workers, or pushed back against what they saw as a counterproductive or unsustainable interventions, they reported experiencing pressure and coercion from CP workers.

Then child protection, after their intervention, they have exited him from the home... he had been aiding me because I was very unwell. He took me to appointments, he's taken me to the doctor.

He was caring for the children as well. He was bringing us food because I wasn't able to physically cook and provide meals... From the day that he was out of the house, there's a lot of problems... They did not provide me with a voucher. They did not provide me with any kind of help. You did not provide me with the things that I needed. (Zahra, mother, 38 y.o.)

Currently, his dad is doing 90, 95% of the physical and whatever needs to be done for [our son], he does that. So, I mean, giving him a shower, sleeping with him, changing him, transporting him, feeding him of course. (Isra, mother, 41 y.o.)

Look, I'm just stuck. I'm not getting any help [with] [son]. No money, no grocery, no rent, nothing. Where are you supposed to go?... And meanwhile I have to chase them [CP] for everything... They took the decision [to remove ex-partner] and now there is no way I can ask my ex-partner to help me with anything. (Afifa, mother, 32 y.o.)

Several practitioners and lived experience participants' experiences also showed the lack of supports provided in contexts where interventions were extreme and often exacerbated underlying issues that triggered the response in the first instance. The removal of infant children from mothers experiencing postnatal depression is one example of a common and problematic system response that led to further deterioration of Muslim women's mental health. In these scenarios, Muslim mothers spoke about witnessing the system bolstering supports for the PUV while no efforts were made to provide support for their mental health or AOD use.

The concerning part is that do you just remove the newborn or do you kind of also put some supports in place? Because women go through postnatal depression, but we've seen where the first thing that they've done with someone who's going through postnatal depression is to just remove the baby, rather than any support. (Practitioner 7, FV case manager)

Postpartum depression is hard to deal with in a child custody situation. I had to go for work, waiting for emails, waiting for phone calls that took a while. But not to get any support from child protection, hard to get. (Rose, mother, 35 y.o.)

[T]hey [CP] need to support you, like, you know, okay, like me I have discussed. They need to support me on that. So, at least I can change myself... If I'm a bad person, I can be changed to be a good person... Okay, if I drink, they can change me to be a better person. (Souad, mother, 28 y.o.)

Participants' situations demonstrate the significant role of supports in shaping women's response to CP interventions. Muslim mothers, who initially engaged with CP in good faith and intended to work collaboratively with the system, found themselves with little to no supports to address protective concerns. Instead, CP workers relied heavily on the removal of the PUV as a panacea for all problems occurring in the home, without providing the supports necessary for women to establish independence and therefore comply with orders. In some cases, this lack of supports resulted in women having to continue their reliance on the PUV.

I think the child protection is worthless and meaningless... what did they do to help him [son] and help me? Nothing at all... They did not provide me with a voucher. They did not provide me with any kind of help. They did not provide me with the things that I needed. I told you the things I need, like financial support, mental support or whatever support. They just came and went by. (Zahra, mother, 38 y.o.)

Scrutinising mothers and the 'failure to protect' mode of engagement

Consistently throughout interviews and focus groups, participants suggested that CP

placed scrutiny on mothers' parenting, and often responsibilised them for their (ex)husband's/partner's use of violence and the impact it had on children. In some cases, this resulted in mothers being subjected to stringent case plans to build parenting capacity, despite them being the 'protective' parent. Engagement with mothers in such cases could become fractured as a result and also left mothers questioning their maternal capabilities and identities. Practitioner participants who had supported mothers in such cases described the impact that it had on their clients -

That's what one of them said – “this is the third time you've been bashed by a different person”. This is the language – you got “beat up”, “bashed and beat up” were the words. Like she had some sort of choice in it. “So we need you to do family violence counselling because then you'll learn like to choose better partners” ... This is not about their parenting choices. This is about the other person [PUV] and child protection often focus too much on mum - “what are you doing to act protectively? Why didn't you leave? Why didn't you call the police?” Like this victim blaming kind of language is absolutely shocking. (Practitioner 19, FV case manager)

[W]hat we constantly hear is if there is family violence, let's say the mother is the victim-survivor, the mother is actually blamed for not keeping the kids safe when she is a victim herself. She's just trying to survive, and keep her kids safe at the same time, and manage this whole situation. Most of the time, what we found as well was there was a level of dependency on the person using violence... But then, they are now being labelled as not keeping the kids safe. (Practitioner 25, AOD case manager)

The scrutiny placed on mothers, and in cases of FV, the frequent victim-blaming, was attributed to CP practitioners' lack of skills related to working from a FV-informed practice lens. CP workers viewed the situation as 'black and white' (Practitioner 25, AOD case manager); if there is violence in the home, then mothers are

responsible for recognising the safety risks and removing children from the unsafe environment. There was little effort to understand the barriers to leaving the unsafe environment, the additional or different safety risks that leaving may trigger (e.g., escalation, homelessness, poverty, ostracisation from cultural communities), and the ways in which mothers had managed their own and their children's safety thus far. However, it was also suggested that the reason why CP workers scrutinise the mother is because she is the only one who is engaging, or who CP seek to engage with. In the absence of the PUV, mothers are held responsible for addressing the impact the violence has had on the children. Participants suggested that mothers were therefore being penalised for working collaboratively with the system.

You attend the team meeting. Sometimes you feel like it's more about the client [mother]. There is no accountability for the pair [both parents]. He's not in the picture at all, so all services involved, their focus is the client [mother]. (Practitioner 1, FV case manager)

So we know it really can make things a lot worse for these mums and not enough energy is put into the safety and support. And then the focus on him [PUV] - what are we making him do? Why is he not being forced to do all these things? And it's just added stress and pressure that mum, who doesn't speak English, doesn't have any family, doesn't have any money, doesn't have any transport. (Practitioner 19, FV case manager)

Lived experience participants described the impacts of being scrutinised by CP workers. They described workers coming into their home environment to observe them, their parenting, and their relationships with their children. They felt as though these sessions were a 'test' that they were always in danger of failing, the result of which would be the removal of their children.

They wanted to try and get something on me and they made so much of things... I had to work on every single thing I did; how I hold my daughter, how I talk to my daughter, what I say to them... you know what I mean? Like, 'don't say this', 'don't say that', they might take that the wrong way, you know? ... I couldn't do anything right. Because you know at the time you're struggling already - emotionally, psychologically, financially - and they're talking about you. You don't know how to react to things, how to talk to your kids. You don't know. You're in that situation, and [it's] like when teacher's telling you how to do an exam, she's sitting right beside you, you know? You can't move, you don't even know what to write in your test... they scrutinised me and anything I did. (Mouna, mother, 33 y.o.)

Whatever they asked me to do, I did. But still, they were not happy. For example, a lady from child protection said, "You are not playing with children. You're not spending proper time, proper whatever normal parent does you don't do." So they made a problem. (Shabnam, mother, 37 y.o.)

This type of engagement was incredibly demoralising for mothers. Namely because it eroded their own confidence in themselves and left them questioning their position and capabilities as mothers; something which was often so intrinsic to their identities both personally but also with regards to their standing in their own cultural communities. At the same time, the level of scrutiny and judgement they received, and the implication that they were incapable of maintaining their children's safety – or even worse, that they themselves were unsafe – was antithetical to how they viewed their own experiences and the choices they had made to secure safety for their children. This was particularly evident with regards to raising children in FV situations, but also in context of traumatic migration and displacement experiences.

[W]ith most Muslim mothers I have worked with, like I said before their identity is of a mother. And then child protection and is coming in to question your parenting

capacity, it's just saying you are not a good enough mother. And for them it's like okay, that's my whole life. And they're trying to make sense of that. (Practitioner 25, AOD case manager)

There's no effort [from CP] to actually place themselves in their situation...because you'll talk to the women and they'll say 'I slept in the street for three days, I came by boat, I love my children, and I want to give them a future'... these women are horrified. A lot of them don't even want to come to Australia in the first place, but they make a horrific journey to come to Australia, they've been placed in Nauru in a tent... and me trying to protect my child in the way I know with the circumstances I have, I've been labelled as a child abuser. (Practitioner 1, FV case manager)

You've gone through family violence, you might be homeless, you're trying to recover from very serious trauma. And now the legal system is telling you that your years of parenting might be inadequate or what you thought was adequate parenting is actually not good enough and is actually detrimental to your child. (Practitioner 3, Lawyer)

While scrutiny being placed on mothers was consistently felt across interviews, it was particularly damaging in cases where victim-survivors had been misidentified as the PUV. After the trauma of their violence, and in some cases the removal of their children, women who had been misidentified were then expected to meet CP expectations and exhibit what the system deems to be 'normal' parenting in order to maintain or re-gain parenting rights. This scrutiny was reinforced by CP workers' use of language, describing victim-survivors as 'the perpetrator' throughout mediations or care team meetings. The system's constant reinforcement of the misidentification could cause mothers to internalise such language and perceptions of themselves. This is demonstrated through Mouna's quote below, where she describes herself as the 'worst person on earth' and a 'monster'. During Mouna's interview, she also continuously

referred to herself as 'the perpetrator', despite being misidentified.

I just don't know what I got myself into. You're feeling like, 'oh my god, the whole world is against me' and you know, 'I'm just the worst person on this earth'... They wanted to stick with him, because I was the perpetrator. Because I retaliated once, I'm the monster. (Mouna, mother, 33 y.o.)

They hadn't considered that mum was a [victim-survivor], all their focus was on their language. He [CP worker] kept referring to mum as the perpetrator and him [PUV] as the victim over and over... At times it was very dark for her, like suicidal, I would say at times, because fighting against this system that wouldn't believe her and wouldn't see her and wouldn't understand her and kept referring to [her] as the perpetrator. (Practitioner 19, FV case manager)

The system's response to these cases highlights its treatment of victim-survivors, lack of FV awareness in CP practice, and a disregard for mothers' trauma, safety, and the safety of the family unit as a whole. Scrutinising mothers had the effect of undermining their confidence and creating adversarial dynamics, but it also absolved the PUV of any accountability.

Muslim families' experiences with legal supports and legal system

What was clear throughout interviews and FGDs was that Muslim families who are engaged with the CP system require clear, consistent, and culturally appropriate legal supports throughout engagement. Unfortunately, such legal supports were rarely provided to families. Instead, both lived experience participants as well as practitioners described legal supports as being characterised by limited or insufficient information sharing, surface-level engagement, and a lack of

appropriate supports, including interpreters. Families often required legal support and advocacy from an early intervention stage in order to prevent cases progressing to court and child removal. However, families were often unaware of how or where to access legal supports or only became aware of the need for legal advocacy once their case had already escalated and a court hearing had been set. Some did not receive any representation until the day of the hearing and the allocation of a duty lawyer to their case. This meant that families were often disadvantaged from the outset, and there were few opportunities for cases to be diverted from the court system.

Due to the insufficient legal supports, families often left meetings with lawyers, or even court hearings, with little understanding of what had taken place. Legal processes and outcomes were not always explained in a way that was understood by clients – either due to no or inappropriate interpreter supports, or due to information being given in technical legal language. The limited number of support hours provided to clients, and the short duration of meetings, meant that families felt as if their legal representatives did not know their cases. This could consequently impact legal practitioners' ability to advocate and argue for Muslim clients effectively prior to hearings, but also in the court setting.

In the courtroom they just say, 'the mother has been addicted to alcohol' and that... there's no lawyer who talk about the violence. I don't have the lawyer. The day I go to the court, I have that lawyer [duty lawyer] for just one hour, that's it. He don't know anything about me. (Souad, mother, 28 y.o.)

We have a children's lawyer involved now and I haven't seen her, she hasn't interviewed the kids or anything. I just saw her on the previous court. She appeared, she got the information from child protection, and she's just going off the notes and whatever. Because we also saw a report writer and she just got the information from the report writer, the child protection. (Nadia, mother, 31 y.o.)

When you've got the English Language in which everyone is communicating in, the interpretation things were not very clear. I didn't know what the purpose of this, the whole hearing was. And the outcome too. (Zainab, mother, 44 y.o.)

[The cases with Muslim families I have dealt with] have been extreme. Like they've all ended up with children being removed from parental care. It's always the same issue. It's always that the parent isn't understanding the court system, isn't understanding of the process and probably doesn't have the support they should have had early on. (Practitioner 3, Lawyer)

Participants felt that the lack of engagement prior to hearings severely impacted their lawyers' understanding of their cases. However, what was also preventing lawyers from advocating effectively for their clients in court settings was CP workers' failure to share court reports and documents with parents prior to court hearings. Legally, CP workers are required to provide these documents to parents and their legal representatives at least three business days prior to the court date. However, practitioners consistently stated that this was not occurring. This meant that lawyers had little time to go through documents with parents, identify any errors or inaccuracies, and plan their response. Muslim families were at a further disadvantage in this regard, as they often required language supports, increasing the time required to understand what CP was alleging in what were often quite lengthy reports.

Sometimes they would get the reports the day before court, and a child protection court report is a lengthy document, and we don't expect clients to go through it and understand it by themselves. So, by the time they get the report, probably it's after hours, and we can't engage with them... And if there were issues, we would raise that, but then last minute, there's no time and space to do that. That is if the report is shared. Sometimes the report is not even shared with the client. (Practitioner 25, AOD case manager)

[P]eople without the court report explained to them, they're so disadvantaged. Because if the next court hearing is, say, a submissions contest, would they have the opportunity to actually put their case before the magistrate and seek the orders change on an interim basis, if they don't know all the allegations being made against them? So they can't properly respond. (Practitioner 3, Lawyer)

Having access to court reports prior to hearings was crucial for families and their lawyers in order to see the evidence that was to be presented against them. This was particularly important in situations where, as mentioned, there might have been errors, but also in cases where the inaccuracies could be related to misunderstandings or misinterpretations of cultural practices. Several practitioner participants spoke about assertions being made in reports which were based on CP workers' own biases toward cultural or religious norms or traditions both related and unrelated to parenting.

Another time was [Ramadan]. So mum hadn't eaten, obviously, or drank... The child protection [worker] put in their case notes that mum was not looking after herself by not eating and drinking... This is in a report that goes to the court. So if the court's reading that, they read that mum is not taking care of herself by eating or drinking, no mention of what's happening for her, culturally... That was just, again, frustrating because that goes to a courtroom and there's judgements being made and decisions being made about these children based on this information. (Practitioner 19, FV case manager)

[CP will make] an assertion without any evidence. It's an assertion based on cultural practices, without any evidence. They think they can articulate the cultural practice in a way that's going to assist their case. And I must admit, it does. It does sometimes sway magistrates. (Practitioner 9, Lawyer)

Families' lack of legal supports from the outset, combined with CP workers' failures to share

reports, had considerable negative impacts on families' equitable engagement in the court process. It also had considerable impacts on serious decisions surrounding the placement of children. Participants reported that inaccurate claims being made by CP at the beginning of the court process were being repeated at every hearing due to the lack of opportunity for parents to contest them. In some cases, these claims were based on the aforementioned misinterpretations of parents' actions, as well as a lack of FV-centred practice. Several participants spoke about court orders being made on the basis of inaccuracies presented to the court, and oftentimes, once a decision surrounding placement of children was made, it was challenging if not impossible to reverse such a decision. In many cases, this resulted in children being removed from the care of the adult victim-survivor and placed with the PUV. The slow pace of the court system meant that by the time mothers were able to contest custody arrangements and dispute claims, significant time had already elapsed. Participants perceived that there was often a preference to maintain the status quo – i.e., continuing placement with the PUV – even when the initial decision was based around mis- or dis- information presented to the court. Consequently, this resulted in protracted separations, unsafe placements, and the undermining of children and young people's positions as victim-survivors.

From a legal perspective, once this little mistake has been made at the beginning, where a child protection worker has recommended that the child, at least for the interim, lives with the father or the father's family, it's really hard to rewind from that... they want to keep the status quo.
(Practitioner 4, Lawyer)

It was just that we've made the decision, the kids are with the dad, how do we move forward?... They didn't want to know about the history... It wasn't about reviewing the decision. They didn't once think, 'have we put these kids in the right placement here?'... If they admit that they, a week, a month, three

months later, we may have put these children in the wrong carer, into court and we've intervened, they're probably petrified that there would be some litigation... But you need to do the right thing by the victim-survivor - the mother and the children (Practitioner 18, Youth case manager).

Oftentimes, FV practitioners, case managers, and other social workers were 'filling gaps' left by the legal system and supports. Practitioners reported that their clients frequently relied upon them to explain legal processes, provide language supports, go through legal documents, and in some cases even accompany clients to court for advocacy and moral support. Case managers had developed relationships of trust and continued engagement with their clients, which equipped them with the knowledge and nuanced understanding of their cases to advocate for them to legal representatives when clients lacked confidence in doing so themselves. It was often case managers who held important insight into clients' cases and contexts. However, this insight was rarely drawn upon within a court or legal setting. Practitioners felt that this was a missed opportunity.

Fortunately, there were some cases where participants felt that their legal representation had been positive. Legal practitioners interviewed also described ways of working with clients which indicated their commitment to the level advocacy and support required to achieve the best outcome in cases. What was different in these cases was the intensity of the support being provided, engagement that was humanising, and lawyers who took the time to get to know the family they were working with and their individual needs and experiences.

She [lawyer] advocated for me very very well... She visited me at home and told me, "I want to see things for myself, how things are for you at home" ... So, she put in all the effort.
(Zainab, mother, 44 y.o.)

It was a big fight, and if we didn't fight back, she would have probably never got those children back if she was alone trying to fight that battle... My concern with that is, how many more women are experiencing this?... How many other women and children are being misidentified, are not being taken seriously, are being judged for whether it's their religion or their language or their culture? That's a scary thought. (Practitioner 19, Lawyer).

While the above examples exemplify good practice, overall, these were outliers. Participants' experiences within the court and legal systems suggest that Muslim families are not being provided with the appropriate legal supports to prevent cases from escalating to court, allow equitable participation in the legal system, and promote access to justice. The issues experienced are also tied to CP practitioners' failure to comply with legislated requirements around the sharing of information, and court systems evading their legal obligations to ensure all parties to proceedings are able to provide the court with proper instructions. These issues have resulted in considerable negative impacts in Muslim families' CP cases, and in some instances have resulted in the placement of children in unsafe situations.

An under-resourced system

Consistently across interviews and FGDs the issue of the CP workforce being overworked, understaffed, and the system as a whole facing resourcing issues was discussed explicitly, or was implicit in lived experience participants' engagement with the system. Lived experience participants shared instances of having never met their CP case worker, or of having multiple workers assigned over the course of their engagement. As previously discussed, families felt that communication from the Department surrounding their cases was insufficient, and they were often left in the dark surrounding decisions and progress. One participant highlighted that these resourcing issues

resulted in case plans being developed but not followed-up on, meaning that tracking of progress – or setbacks – was not logged by CP. Another lived experience participant shared that she had disclosed new safety issues to the CP worker assigned to her case, but that this information did not result in any changes to case plans or risk assessments. One of the biggest concerns with the issues surrounding resourcing and staffing within the CP system was the delays that it had on cases, and the lack of consistency it resulted in. The constant turnover of workers meant that when case plans were on track, new workers did not recognise the progress that had been made thus far or brought in new rules and requirements. In some cases, this delayed or prevented reunification with children, even when considerable progress had been made.

The issue, there came five workers. So the other person is going to come with different rules. I have five of them... different workers. The person I have before, [I told them] 'yes, I don't drink anymore'. If the second person came, she's going to restart new rules. (Souad, mother, 28 y.o.)

Different workers all the time. There were some main ones but there were always different ones (Mouna, mother, 33 y.o.)

My first caseworker, she left, and then the other one came. The other one doesn't know about anything. (Nasima, young person, 18 y.o.)

Practitioners who worked directly with CP had considerable insight into the resourcing issues within the CP system, having seen the high level of turnover in staff, cases remaining unassigned for long periods of time, and in some instances, CP workers never engaging directly with clients. Practitioners also expressed concerns about the level of training CP workers were receiving, which could impact the safety and quality of their practice. There were also concerns surrounding the support and oversight that workers were

receiving in the system, which could discourage skilled practitioners from staying in roles long-term. Interestingly, one of the lived experience participants had also previously worked as a CP case manager. She shared firsthand experience of the intensive nature of the work, the high caseloads, and the stress the role placed on practitioners, leading to burnout and exit.

Child protection are understaffed, under-resourced, underpaid. I think probably overworked... I genuinely am concerned about the child protection people that are being employed at the moment and what they're doing because I feel like they're [Department] just so desperate, I don't think they're getting the correct training. I don't think they're getting the correct support. I don't think they're resourced properly. I don't know if they're getting the right supervision. What's scary is they are the frontline. (Practitioner 19, FV case manager)

[T]he department has a really high turnover rate. The work is unbearable. It's hard work and it's extreme. It's just so much work. It's constantly working, working, working. As soon as you educate a worker, they're out. (Practitioner 9, Lawyer).

You do sometimes come across really amazing child protection workers and I think the reason, unfortunately, they don't stay is because there's not enough support when they start... and then it becomes too much and they're like, "No, this job isn't for me. I'm out." Whereas if they were supported, they could potentially have a really long career of making really positive changes in young people's lives. (Practitioner 20, Youth case manager)

It [working as a CP caseworker] was stressful, overworking... that's why I quit. It was just a lot of work, because I will do a breach maybe at 3'o clock in the morning and I was expected to be back at work at 9'o clock in the morning the following day. In a complicated CAP care plan and court case report. Sometimes it was just too much to achieve... Long, long hours. Long hard hours. (Rose, mother, 35 y.o.)

Several practitioners who worked with young people in OOHC spoke about how the high turnover of staff and the unmanageable caseloads could lead to significant delays in terms of the supports provided to young people. It could also lead to a reluctance to take on cases or quickly closing cases, especially for young people who were nearing the point of 'ageing out' of the system. Ultimately, this could leave young people without the supports they were entitled to, such as Better Future packages. Or, could mean that young people were not supported at all, despite the presence of safety concerns. In some cases, rather than providing supports, CP workers suggested that young people should move into a rental property with friends; a suggestion inappropriate for many young Muslims.

They're eligible for a Better Futures referral from 16. We've been asking the Department to do that since then, and as of yesterday, it is still not done. And we can't do anything about that. So potentially it means that's not going to get done, and they're going to close it at 18. They're [Muslim young person] legally entitled to that leaving care support package and it's going to be missed. (Practitioner 20, Youth case manager)

We find often with clients they get told that they're too old anyway. Do you know what I mean? Like they didn't take them on properly, they say, oh, they're already 16, so it's kind of like the age is getting lower. It used to be like, you're nearly 18 we can't really help you. Now it's like you are nearly 17, you're getting a bit old, you could go out and you could move out with some friends or something, you don't have to be there. (Practitioner 18, Youth case manager)

Ultimately, the issues related to resourcing often resulted in CP workers operating from a risk and crisis perspective, rather than working meaningfully and intensively with families to address the root causes of protective concerns. Participants felt that this was the reason why the system often defaulted to child removal in

the face of risk, rather than building parenting capacity to achieve safety in the long-term.

There needs to be more advocacy around that early access... Because they're overworked and under so much pressure, they always have to operate from a risk averse perspective because if there's a risk around the child, they want to go heavy-handed now... It's less work than trying to manage the underlying reason around why the parent is behaving the way they're behaving. (Practitioner 1, FV case manager)

Overall, the under-resourced nature of the system consistently impacted engagement with families, children, and the outcomes in cases. It rendered thresholds for reunification impossible to meet in some instances, and could result in parents becoming disengaged from the system. This could severely impede the development of trust, positive engagement, and continued monitoring of risk.

Impacts of CP interventions on Muslim parents, children, and young people

Throughout interviews and focus groups, participants discussed the impacts that CP interventions had on their own or their clients' families in both the immediate- and long-term. Sometimes, the interventions could cause issues of their own. Other times, the interventions exacerbated pre-existing concerns or challenges that families, parents, children, and young people were facing.

What was clear from both the perspectives of mothers, young people, and practitioners, was that CP interventions severely impacted mental health. As mentioned previously, many of the parents involved in this research had pre-existing mental health issues or illnesses, which were sometimes related to or caused by other contextual factors surrounding their CP

engagement, such as FV. However, the nature of the CP interventions, and the way in which CP workers engaged with families could exacerbate these pre-existing conditions, or cause mental health issues in the first instance for those who had not reported experiencing concerns prior to engagement. This is not surprising, considering some parents had gone through the trauma of having children forcibly removed.

It was hard for me. Only crying and feeling lonely... the elder ones never came back to me. Only I had two little ones back. (Shabnam, mother, 37 y.o.)

Every time I think about child protection, mentally I start to suffer, and emotionally as well...I've already been hospitalised about four times already. (Zainab, mother, 44 y.o.)

It has affected me a lot [CP engagement] ... I went to the doctors I speak to a psychologist and taking medication at the moment. Just so I can take care of my mental health, take care of my daughters even though the time [with them] is very little. (Hoorain, mother, 28 y.o.)

I was just so depressed and I just, I couldn't eat... I couldn't eat properly and just everything, the trauma and everything (Mouna, mother, 33 y.o.)

My kids, they're doing okay. They're going to school, they're coming back. I try to make myself happy even if I'm not happy, even if I'm falling apart for them because they're still little and they don't understand. They deserve to be happy and to give my everything for them. (Nadia, mother, 31 y.o.)

As can be seen from the quotes above, it is difficult to overstate the mental health impacts of CP interventions, especially when children have been removed. As covered, in many cases, removal took place in the context of misidentification and/or children being placed with the PUV. This loss of their children and the complete lack of power that adult

victim-survivors had when faced with the slow pace of the court system left them with prolonged periods of separation during which these mental health issues became entrenched. In some cases, this could then also impact case outcomes, as the mental health issues caused by the interventions and child removal were then used by the PUV, or by CP, as a reason for maintaining the status quo. The constant feelings of being disempowered within the system rendered a lot of parents hopeless. Parents described the constant worry they felt for their children who had been placed with the PUV, which led to extreme levels of stress and anxiety. Suicidal ideation and even attempts were mentioned in several interviews, highlighting the severity of what mothers were going through and the risk that it was placing on their own lives.

I don't say this lightly: if she didn't have me, she would have suicided. I could see her mental health was so significantly impacted by what was done at that time - not only the family violence, but certainly that removal of children from her. She didn't know how to live without them. They were her sole purpose for living. (Practitioner 19, Lawyer).

I was in really bad shape, mentally... And at that time, when they closed the case... this period I am talking about, you know, I raised up my hand myself and said that I am feeling like suicidal, like I need help. (Isra, mother, 41 y.o.).

I am constantly worried, and I am constantly thinking about what could be happening... I am always thinking if they have eaten properly, if they are sleeping properly - my first daughter is not sleeping well... And my daughter says she does not feel safe, she is scared... when I heard my daughter say that for the first time, I couldn't sleep properly for the whole week... I don't know how to fasten the process. It has almost been two years of being in this waiting game. (Hoorain, mother, 28 y.o.)

These mental health impacts were not only felt by parents, but by children and young

people too. Practitioners and young people spoke about either their own or their clients' experience of depression and anxiety as a result of their family situation and the consequent interventions. Mothers also spoke about how the interventions impacted their children's happiness and mental health, both in cases where they had been removed and placed with the PUV, but also in cases where mothers had retained care of their children.

[My son] is so mentally destroyed, he doesn't listen. There is impact on him. And the child protection lady, she said that separation is sometimes good for kids (Afifa, mother, 32 y.o.)

I'm shocked that there's not more deaths. But the sad part to that is if children aren't dying, they're being deeply, deeply impacted and traumatised by being removed when they shouldn't, or being placed with someone they shouldn't. (Practitioner 19, FV case manager)

My son, he gets very anxious. I have to force him to go to school... I have been waiting 3 months [for a psychologist], just because I have no Medicare. I have to wait for the hospital to give me an appointment... Both of them, they have PTSD (Niloofar, mother, 43 y.o.)

Since they [CP] removed their father from the home, their [children] mental health and emotional health has deteriorated. They are not happy as they had been when their father was part of the household. (Zainab, mother, 44 y.o.)

CP interventions, and especially separation, not only resulted in significant trauma and mental health issues for children and mothers, it also affected familial relationships. Participants spoke about these relationships and how interventions had impacted the parent-child bond. In some cases, prolonged periods of separation occurring at a young age meant children became unfamiliar with their mothers. In other cases, the mother-child bond could be deliberately undermined when

children were living with the PUV as an ongoing tactic of abuse and control. Sometimes, it was also due to the stress and trauma that children had experienced in the home, which resulted in them wanting to break off their relationships with their parents. Some children also developed bonds with their foster carers in lieu of their parents. While this was a positive thing to occur while children were in care, it also raised additional challenges if reunification was planned.

They lose contact, I mean, bonding with the mother, which is hard to see in many situations... The children become so bonded with the carer, they no longer want to engage with the mother. (Practitioner 1, FV case manager)

This fracturing of the parent-child bond was difficult to repair in some cases, even when parents did maintain or re-gain care of their children. In one notable case, a mother who had been misidentified was separated from her infant daughter whom she was exclusively breastfeeding. During the interview, this mother continually referred to the impact of being prevented from breastfeeding her daughter. It was something that affected her a great deal mentally, but also, she felt, impacted her daughter's bond and connection with her, even after they were reunited. In another case, a participant reported that her son blamed her for involving authorities including CP in their lives, as it resulted in the removal of his father from their home situation. While these feelings may be the result of children having limited understanding of the safety concerns in the home, this participant believed that it had severely impacted her son's ability to trust and connect with her.

I remember when I was breastfeeding, even my milk dried out and I wanted it to stay because I wanted to feed my daughter once a week [during visitation] ... It was horrible... I find that even now, my daughter is not that attached to me anymore compared to my son. I don't know. A mother is breastfeeding

her child, and she suddenly stops, there's a gap, you know what I mean? That [breastfeeding] bonds the child towards the mother, that's what I believe... Even though I love her so much and everything, I still feel that there's that gap because she didn't breastfeed until I wanted to feed her, till she was two, I wanted to like [with] my son. (Mouna, mother, 33 y.o.)

[N]ow I am in self-regret, and I don't think anyone can take me out of that self-regret... He [son] saw everything. [My son] doesn't talk much but [he] observes everything. When kids don't talk it doesn't mean that they're not observing, they are not listening... he observes, and he understands, and now he puts the blame on me... he thinks that mama is a bad person, she doesn't want to bring papa in the home. (Afifa, mother, 32 y.o.)

The impacts of the interventions were not only psychological and relationship-based, they were also material. Where mothers had been compelled or encouraged to separate from their partners, even when there were genuine safety concerns that rendered separation at some point a necessity, this could result in mothers and children being placed in new but not necessarily safer situations. For example, separation often left mothers and children facing housing insecurity, homelessness, financial insecurity, and poverty. Participants were also concerned about the impacts on their visa security and long-term stability in Australia. While these issues stemmed from the PUV's use of violence, the ways in which CP workers compelled separation – namely on a fast timeline with few supports provided – prevented mothers from separating in a way that supported their short- and long-term stability and independence. This subsequently left mothers on a trajectory of entrenched financial insecurities that had flow-on effects on housing, food security, medical care, and overall wellbeing in the household.

For children and young people, CP involvement in their families' lives had engagement, health, and developmental

impacts on a number of levels. While it is difficult to disentangle some of these impacts from the issues that triggered CP engagement in the first instance – especially FV – participants were clear that the traumatic nature of CP interventions negatively affected children and young people’s wellbeing. These participants spoke of issues arising post CP engagement, which were a result of things such as placement with the PUV, removal from parents and placement in unsafe OOHC environments, or fears of removal and separation. These wellbeing issues manifested in things such as children becoming disengaged from school, friends, family, and communities; disconnection from culture, language, and faith; and engagement in risky or unsafe behaviours, including AOD use. Notably, one practitioner, who worked as a FV case manager alongside a maternal and child health nurse, spoke about the consequences that traumatic interventions can have in terms of children’s development and health. Referencing one case of a Muslim mother and child she had worked with, she described how pre-intervention, the child had been meeting developmental milestones. Post intervention, which involved forced removal and placement of the child with the PUV, the child displayed physical and cognitive evidence of trauma which manifested in delayed development.

Now, she was tracking at every visit with her nurse [before she was removed], within the normal and healthy range, in terms of her brain development. The trauma of what happened to her being removed, her mum being removed from the home, and not only her primary caregiver, her sole source of food [breastfeeding]. But there was some trauma to that child’s brain, without a doubt.... It seems like black and white to me, because we could see that this child was reaching all those developmental milestones, and then she went backwards significantly. (Practitioner 19, FV case manager)

And these ones [Muslim clients], their placement is not okay to start with... child protection assessed this place as safe and suitable and it’s not... Drug use, sexual

exploitation, overcrowding. We’ve got four people in a two-bedroom house. Criminal activity... Once you’ve had trauma and all of these multiple placements and people letting you down and coming into your life and out of your life, you’re taking a normal safe and secure brain development of an 18 [year old] and every time one of those incidents has happened, you’re lowering it again and again and again. (Practitioner 20, Youth case manager)

Overall, the overwhelming response in interviews and focus groups when discussing impacts of CP interventions and engagement with Muslim families were negative. While in several cases, families did recognise that there were safety issues in their home and sought out support from CP or engaged with them willingly, this did not necessarily equate with positive outcomes. Meaning, the negative impacts of the interventions were not always associated with engagement being adversarial. Participants described the mental health impacts of CP engagement for both mothers and children, which were severe and oftentimes debilitating, especially when children had been removed. Paired with the material impacts, CP interventions were often exacerbating rather than mitigating risk in families, potentially resulting in lifelong impacts on individual and familial wellbeing.

Children are very clever. They have their own instincts, they know whether they are safe or not... every time I pick her [daughter] up, she will get emotional. She will cling on to me, hold on to me, take all of that love out in the little time that we get. I know I can see it in her eyes that she probably does not get that in her dad’s home... all I want is my children’s safety. (Hoorain, mother, 28 y.o.)

She’s always been such a good mum, so I knew that that could happen [children returned], but it was a journey to get there. In a dream world, I’d love to see her be compensated... I would love to see herself and those children get recognition for the damage and the distraught and the distress - at the time and longer term - the way that they intervened. (Practitioner 19, Lawyer).

Conceptualising safety in the context of CP engagement and practice with Muslim families

The interventions that families experienced had many implications in terms of their short-term and long-term safety. As has already been detailed above, CP involvement did not necessarily result in children being placed in more stable or safe situations. In cases where mothers were compelled by CP to separate from the PUV, for instance, this could result in children's exposure to financial insecurity and poverty, housing insecurity, homelessness, and potential escalation of violence. In other cases, CP involvement resulted in children being placed in the custody of the PUV, where before they were under the care of the victim-survivor. Further, participants reported that Muslim children in OOHHC faced exposure to unsafe living environments, AOD, and lack of supports to transition to independent living.

However, the consistent thread throughout the findings, and which often shaped the nature of engagement, was the way in which CP systems conceptualise safety. Namely, that safety was often one-dimensional – confined to the short-term physical safety of children – and viewed as individual rather than collective. This understanding of safety ultimately left many families and children feeling no safer as a result of the interventions they had experienced.

The conceptualisation of safety in this way was viewed as particularly impactful for Muslim children and their families due to their cultural and religious contexts. Oftentimes, when safety was viewed through the lens of children's physical safety, this resulted in actions such as removal of the child from the family environment. The consequence of this, however, was that Muslim children's cultural safety was not maintained or factored into decision making surrounding interventions. Consequently, actions that undermined cultural safety and connectivity were taken, such as placing children in OOHHC situations

where they lost the language and connection to faith they shared with their parents –

So, they lost the language. Before they went to care, they speak in Arabic and Dari. They lost it completely. They used to identify as Muslim, but because they've been removed for 3 years... their cultural background and identification, they lost that... And that was one of the things that was very distressful to the mother... the youngest one was 1 or something when he left. So by the time she started engaging with him, he doesn't even know her as a mother. (Practitioner 1, FV case manager).

Then there's a risk that these children will remain out of parental care forever and will lose that connection to their culture and to their biological family... So in that case... [t]he children ended up being out of parental care for more than two years and they were removed at the age of one and three years old. The older two were removed at 12 and around eight or nine, and they all stopped being able to speak their mother's language... and so they lost that ability to connect with their mother.... so they not only lose the connection to their religion and their cultural background, but then the language... it's really hard to then maintain that connection once those things are lost. (Practitioner 3, Lawyer)

In another example of CP workers being unaware of or disinterested in cultural safety, one participant, Isra, spoke about her inability to leave the FV situation she was in due to her physical reliance on her husband to care for her disabled teenage child. This child was unable to bathe, dress, or feed himself. The solution posited by CP workers was to put her child in a boarding school. This suggestion was rejected by Isra, as, she stated in her culture, 'we are not going to give up our kids, but this is a cultural difference I see.... We don't give up our kids, we don't give up our old parents even. They will live with family till they're gone.' (Isra, mother, 41 y.o.). Consequently, CP workers said that there was nothing else they could do for her and her

family. Isra had recognised that there were safety concerns in her home and was consequently seeking support from CP to care for her children independently, though was met with a response she felt was unsympathetic to her cultural position.

Similarly, several practitioners who worked with Muslim young people who had been removed from their families and were transitioning to independent living spoke about the culturally inappropriate suggestions that CP workers made around young people's living arrangements.

They say, "oh, you can go live in a share house with a bunch of men even though you're 15 years old" ... we get a lot of inappropriate housing situations, and I think it's particularly hard for the young Muslim women we're working with.... It's not appropriate for them to be living in a household with all these older men, and then if they say, "No, we don't want that." Then they're being told that they're difficult and they're not just accepting, they mustn't really be that needy (Practitioner 15, Youth case manager)

The above situations highlight the challenges that many families, young people, and practitioners face when dealing with CP interventions. In some cases, even when there are protective concerns present and families or young people are willing to work with CP, the response received is often ignorant to their cultural contexts, and inflexible to working with families to maintain cultural safety for children and young people. The standard responses and options that the system has may be viewed as inappropriate when applied to Muslim families, who are then seen to be difficult or resistant to addressing concerns.

One case that demonstrates the importance of cultural safety and the positive impact that maintaining cultural connections can have even in the context of child removal is that of Nasima. In her interview, Nasima shared her positive experience of being placed with a family who did not share her cultural,

linguistic, or religious background, but who were committed to ensuring she did not lose connection to these facets of her identity. Nasima even shared that prior to her placement with her foster family, she was not literate in her first language, Dari. Upon learning this, her foster parents encouraged her to go to language school to learn how to read and write in Dari. She describes her strengthened, rather than weakened, connection to her culture and faith as a result of learning more in her foster home and teaching her foster parents about her religion.

We are very very close and we're always doing very fun things ...they give me that feeling that I have family... It's the same as if they were Muslim, because they did everything for me, they organised it, 'this time is your prayer time', 'it's time for you to eat', 'this is the time for you to do this'... they give me halal food... And they will ask for everything, 'is this halal or haram?' (Nasima, young person, 18 y.o.)

Although Nasima had a very positive experience of OOHC placement, this placement was cut short before she turned 18 years old. As a young Muslim woman still in high school, Nasima had few options in terms of accommodation. At the time of interview, Nasima had gone back to living with her family where she was facing emotional and psychological abuse and continued exposure to her father, the PUV.

A few months ago they closed my case, because they said, 'you're 17 now', and that's why... [T]he case closed, and I went back to living with my mum (Nasima, young person, 18 y.o.)

Nasima's story shows that where sufficient efforts are made to nurture connection to religion and culture, placements can be positive for children and young people when the home environment is no longer safe, so long as their voices are heard and their needs are met. Unfortunately, the fact that she was

forced to return to the unsafe home environment highlights the shortcomings of CP interventions in achieving long-term safety, and the system's lack of supports for young people who have or are reaching the age of 18.

Another element of the one-dimensional conceptualisation of safety that was highlighted within our research was the child-centred rather than family-centred nature of how CP operates, which means that children and young people's safety is often viewed in isolation to their family. This often came back to the way in which CP work is structured, with the child being viewed as the client, and the parent's/family's needs being secondary rather than inextricably linked with the child's. This refrain appeared to be entrenched in the way in which CP workers operated. As several practitioners noted, when attempting to work with CP and families' care teams, there was often resistance from CP workers towards implementing supports for parents as they were not considered to be the focus of safety -

[F]or them, the child is their client, not the woman. Not in the best interest of her. It's the best interest of the child. And she, she has to act protectively. So that's where the information is missing. That chunk of human information missing. (Practitioner 1, FV case manager)

When we attend care team meetings, what we find is most of the time the parents are not even a part of it. Here you are talking about the wellbeing of the children but then the parent is not there. And what we hear constantly from child protection is, "the child is my client" and not the parent. So, the advocacy would be if you have parenting concerns, and you've got a whole care team focussing on the wellbeing of the children, then wouldn't it make sense for the parent to be more informed about all that in that space? (Practitioner 25, AOD case manager)

A lot of the times, say you have a family - father, mother, child - you've got child protection, which often says, "we work for the child. We're there to protect the child."

But you can't work with a child in isolation to families. You need to keep the child safe by working with the family. (Practitioner 7, FV case manager)

For families from Muslim backgrounds, viewing children's safety in isolation to their families, their culture, and their religious identities was seen to limit the effectiveness of interventions, and even result in further harm in both the short- and long-term. Overall, a conceptualisation of safety that does not account for cultural safety, and which views children's safety in isolation to their families ultimately undermines the possibility of long-term wellbeing. It removes cultural and familial connections that are integral to supporting parent-child relationships and the potential for reunification.

But often migrant kids... sure, if they're very in an unsafe situation, they'd be removed. But who are you, if without understanding the complexities, often the children do not thrive without their family, do not thrive without their parents, because they've been brought up in that culture to thrive amongst uncles, aunts, cousins, and family. (Practitioner 7, FV case manager)

Placing them in a white foster home, that causes trauma. So the child protection seem to have this very narrow focus of best interests and risk assessment and they don't ever factor into their risk assessments removal, or, what's the risk of our intervention? What harm could we be causing? (Practitioner 16, Lawyer)

Mouna's story

Disability

Mouna is a 33-year-old Muslim woman from a Lebanese background who grew up in Victoria's Muslim community. Mouna lives with chronic health issues and an acquired brain injury (ABI) resulting from FV perpetrated by a previous partner. She has two children with her ex-husband, Hadi: Musa, who was aged 5 at the time of the interventions, and Rima, who was aged 1.

Family violence

Prior to CP engagement, Mouna had been experiencing long-term and ongoing FV for over ten years by Hadi, her then-husband. Around the time of the interventions, Hadi's violence escalated to the point where Mouna feared for her life and safety. During one incident at their home, Mouna was punched and choked by Hadi. She was able to escape to the kitchen to arm herself with a knife. Acting in self-preservation and in response to Hadi's continuing violence, Mouna retaliated with the knife. Following this, Mouna called the police and administered first aid. Both Hadi and Mouna were taken to the hospital to be treated for their injuries. Mouna had sustained a fractured jaw and eye socket during the incident.

Children exposed to FV

Pathway into CP: Police

As a result of this incident, Mouna was reported to CP by police. Although Mouna's police statement details the context surrounding her retaliation, both police and CP misidentified her as the perpetrator. Mouna was then made to leave the family home, and Hadi was given care of their two children. As the 'perpetrator', Mouna was ineligible for many FV supports and was consequently unable to find accommodation. At times, she was homeless and living in her car. CP workers did not provide her with supports or referrals to services, only informing her of the steps she needed to take to reunite with her children.

Misidentification

Placement with the PUV

Homelessness

Victim-survivor voices not being heard

Post CP intervention and mandated separation/removal, Mouna was not able to see her children for several months. At the time, Rima was still being breastfed. Mouna attempted to voice her concerns surrounding the disruption to breastfeeding, and the impact that separation would have on the bonds with her young children. CP did not share these concerns, and no efforts were made to facilitate breastfeeding. This caused Mouna considerable distress and severely impacted her mental health. Mouna harbours considerable grief over not being allowed to continue breastfeeding her daughter until she turned two years of age, as Mouna had done with her son.

Parent-child bond

Following months of advocacy by her FV case manager, Mouna was allowed visitation with Musa and Rima once or twice a week for a few hours. While visitation allowed Mouna to see her children, this simultaneously placed the CP system's scrutiny on her. She described feeling as though CP workers were watching and waiting for her to fail – akin to taking an exam with the examiner breathing down her neck. Mouna recalls them making comments over every minute interaction she had with her children; from the way she held them to the way she spoke with her kids. This was to such an extent that she felt scared to do anything in their presence due to the criticism she was receiving from them. CP workers also had a tendency to magnify and problematise benign parenting practices. For example, Mouna remembers she once told Musa '...don't do that' and that CP workers framed this as harsh. She was also told 'you don't

Scrutiny placed on victim-survivor

know how to react to things, how to talk to your kids, you don't know.' While the system scrutiny was consistently placed on Mouna, Hadi was meanwhile viewed as the protective parent, and was therefore not held accountable for his use of violence.

Lack of PUV
accountability
PUV

Speaking to the impacts of CP involvement on her family, most significantly, Mouna finds that her bond with Rima has not been the same due to extended separation and abrupt disruption to breastfeeding. She expressed that Rima does not have the same attachment to her that Musa has. Further, visits to the maternal and child health nurse shows that Rima, who was tracking well with her developmental milestones prior to CP interventions, has developmental delays post-intervention. Musa's behaviour also showed regression post-intervention, manifesting through bedwetting, behavioural issues, and self-regulation issues.

Impact of
interventions:
development

Despite having lived through two severely abusive relationships, Mouna describes involvement with CP as the '*hardest time of [her] life*'. Her mental health was severely impacted and she became suicidal. From the initial stages of engagement to the very end, Mouna felt she had to fight a system biased against her to secure the safety of her children. Fortunately, Mouna was able to obtain the support of a FV case manager who assisted her with contesting the interventions. Through this process, Mouna was ultimately reunited with her children and became their primary carer again after two years of separation. However, the charges and conviction for using force against her ex-husband remain, and she consequently has a permanent criminal record.

Impact of
interventions:
Mental health

I feel like they scrutinised me and anything I did... They didn't see the true story. They didn't, you know, try to talk with me and understand the situation I'm in... my whole focus was just looking after my children and giving them the best, you know? Raising them up the best possible way I can. They didn't see that, they just saw that he's [PUV] the victim... I was, like, just a violent crazy woman.

Mouna's case demonstrates the impact of failing to practice in a FV-informed manner. Mouna is a woman experiencing a considerable level of disadvantage as a racialised victim-survivor with a disability. While Mouna was initially misidentified by police, CP practitioners failed to rectify this error and instead reinforced it; making life-altering decisions surrounding the care of young children on this basis. Not only did this result in children being placed in an unsafe environment with the PUV, it also resulted in an infant being removed from her primary source of food and comfort. Ultimately, Mouna was only able to reverse the misidentification by CP through intensive support from a FV case manager. Even though this process resulted in her being reunited with her children, the damage and injustice had been done. Mouna's experience within the system highlights the potentially irreparable and lifelong impacts of CP interventions. There therefore needs to be ongoing opportunities for decisions to be reviewed, and a willingness on the part of CP to acknowledge and make corrections when errors have been made.



Discussion

This research sought to investigate Muslim communities' experiences, outcomes, and systemic challenges related to CP interventions in Victoria. This study and its focus on the experiences of Muslim families is the first of its kind in Australia, filling a critical evidence gap for how CP systems uphold- or do not uphold – the safety of Muslim children. From the evidence presented, there is a clear need for considerable reform within Victoria's CP system in order to ensure that the system is functioning in a way that supports and protects Muslim children in addition, instead of in isolation, to their families. Our findings support the view that Muslim families face considerable systemic discrimination and bias when engaging with Victorian CP systems, which impacts the type of interventions imposed, the modes of engagement with CP workers and concurrent supports, outcomes for their cases, and overall wellbeing and safety. These issues are underpinned by considerable compounding and intersecting challenges that are rarely accommodated for post-engagement. Ultimately, this study highlights the substantial work that needs to be done in order to address practice, policy, and systems issues that disadvantage and discriminate against Muslim families, leading to worse outcomes and a failure to achieve the CP system's stated goal of child safety. Below we return to the research questions to discuss and summarise the findings, and put forward policy, practice, and research

recommendations to address the issues identified.

What factors are impacting Victorian Muslim communities' engagement with CP?

Muslim women's and families' engagement with Victoria's CP system occur in the context of multiple compounding risk factors as well as barriers to supports. For lived experience participants in this research, identified compounding factors included FV, disability and chronic health issues, misidentification, migration experience/trauma, visa insecurity, AOD issues, and financial insecurity. Interviews with lived experience participants and practitioners supporting Muslim families through the system showed that their engagement with CP was rarely limited to one-dimensional child maltreatment concerns unaffected by the broader context of their situation. While some of the aforementioned contextual factors were more prominent than others, they were all significant in terms of the impact they had had on women and their families, and in some cases their role in triggering CP engagement.

These findings are largely consistent with other research related to interactions with CP systems in Australia. While there is no research on Muslim families' experiences specifically,

experiences of migrant and refugee families, or CALD families, have likewise shown that many who come into contact with the system are facing intersecting socioeconomic disadvantage, settlement challenges, FV, financial stress, and mental health issues (Ramsay, 2016, 2017; Sawrikar, 2019; Tsantefski et al., 2018).

While many of these contextual factors were present, the most notable contextual factor driving and shaping participants' engagement with the CP system was FV. This is somewhat expected due to the fact that some participants were recruited from FV organisations. However, it is also a reflection of the reality of the CP system. While national data is limited, evidence shows that concerns surrounding FV present in a significant number of reports to CP services (Luu et al., 2024; Sawrikar, 2019), suggesting that FV is likely both a trigger as well as an exacerbator of child welfare concerns. This was in fact the case in our research, with FV issues being the most prominent contextual factor but also the issue that had the greatest impact in determining the types of interventions received, mothers' support needs, and the potential for adverse outcomes and unsafe placements. Of significant concern were the cases in which adult victim-survivors had been misidentified as the PUV, which is not uncommon for migrant and refugee victim-survivors of FV in Victoria (Ulbrick & Jago, 2018). For misidentified victim-survivors, they entered the CP system at a considerable disadvantage, having to prove themselves as 'safe' while managing the ongoing impacts of the abuse they had endured.

How are CP interventions experienced by Victorian Muslim parents and children?

For almost all lived experience participants, engagement and experiences with the CP system was extremely stressful and traumatic. Of considerable note with regards to the way

in which the Victorian CP system is experienced by Muslim families is the ingrained bias within the system. Findings demonstrated experiences of both implicit and explicit racism and Islamophobia, which occurred at both an interpersonal and systems level. On an interpersonal level, families were exposed to racism and Islamophobia by CP workers, police, and magistrates. Bias, prejudice, and racially-based assumptions directed towards Muslim families on the part of CP workers were particularly concerning as these biases could impact assessments and consequent recommendations to courts. While CP workers have standardised risk assessment tools, the element of professional judgement leaves room for practitioner bias to influence interpretation of actions. As was clear from our research, this can mean that parents are being judged – and perceived to be failing – against western parenting norms. It can also mean that benign cultural practices which are more common in Muslim communities may be interpreted as harmful. There was a strong belief that this was indeed occurring, and participants shared experiences of different forms of culturally-positioned judgements being made by those in positions of power within the system. Unfortunately, there were often little avenues for recourse, with some practitioner participants describing the near impossibility of rectifying assertions made on the basis of prejudice.

From lived experience and practitioner participants' accounts it is evident that CP workers would benefit from cultural sensitivity trainings to delineate between instances of child maltreatment where there is actual risk of harm to children and instances where cultural differences may be misinterpreted as maltreatment. Or, in other instances, where parenting practices may be raising safety concerns, but where these practices are due to differences in parenting norms, rather than an intent on the parent's part to cause harm towards their children. This is not to overlook cases where there may be genuine protective concerns. Rather, to highlight that in some

cases a combination of increased worker cultural sensitivity and community education may have diverted Muslim families from becoming entrenched in the CP system.

Practitioners and lived experience participants' accounts provide insight into how the system invisibilises women and children's voices, with multiple participants expressing that they were not heard or listened to by CP workers. Participants felt dismissed, misled, and not taken seriously when sharing information around safety risks. This suggests that CP workers are not completing risk assessments when new information is received, in contravention to practice requirements set out by the Department (DFFH, 2021b). CP workers were particularly resistant to listening to mothers if they believed that they were unprotective or uncooperative, even when these assessments were based on limited or inaccurate information. CP workers' dismissiveness of women's and children's experiences and stories tell us that victim-survivors are not being recognised as experts in their own stories, causing participants and their children additional distress.

Findings also highlighted considerable concerns in terms of the way in which CP workers are engaging with families. Namely, that engagement is often unproductive, that there is little collaboration, and is at times inappropriate. Workers were described as detached, uncommunicative, and unsupportive. Participants also referred to goals within case plans which at times interfered with each other, setting impractical or impossible thresholds for reunification. Participants often felt left in the dark as to the progress and outcomes of their cases, and for those who had compounding risk factors, this could be extremely stressful. The communication issues were exacerbated by the lack of language supports provided, with CP workers doing little to ensure that parents understood what was required of them and the protective concerns the Department had.

Furthermore, relationships of trust could be broken or prevented from being established in the first instance due to unsafe practices around sharing of information with the PUV, which in some cases constituted egregious data breaches that violated victim-survivors' privacy rights. However, there were a small number of participants who did report that their CP workers engaged with them in a positive way. What was different about these cases was the humanising nature of engagement; these workers drew on shared experiences and worked with empathy, which developed the trust necessary to working collaboratively.

Discussions also highlighted the minimal supports for mothers and children. This is a considerable issue, as it shows that the system is not working with families to address the root causes of protective concerns. In many cases for the participants in this research, these issues came down to things such as FV, but also associated financial constraints that prevented adult victim-survivors from leaving the violent situation. It was evident that while removal of the PUV was the system's preferred response to FV cases, this was not supplemented with the necessary supports or pathways for women to sustain themselves or their families in the long-term. Instead, CP workers laid out plans – or requirements – that mothers separate from the PUV or risk children being removed. Yet there was little recognition of the issues that had prevented them from doing so thus far. The 'threat' of child removal was therefore not only coercive, but also ignorant of the many ways in which mothers had maintained safety of their children day-to-day in spite of the violence they were experiencing.

Additionally, throughout interviews and focus groups, participants suggested that CP practitioners placed scrutiny on mothers' parenting, and often responsibilised them for the PUV's use of violence. In other cases, CP workers misidentified victim-survivors as unsafe parents, and consequently supported

placement of children with the PUV. This type of engagement was incredibly demoralising for mothers. Namely because it further eroded their own confidence in themselves and left them questioning their position and capabilities as mothers. As a result of this scrutiny, participants suggested that migrant Muslim mothers and their families are more likely to receive harsher interventions that often escalate to the child removal stage when compared to Anglo families. Furthermore, responsibilising mothers for the safety of their children could be seen as a further extension of the violence and control that women and children have already experienced, this time enacted by a system intended to support their safety.

The above issues surrounding FV highlight that the system itself and many of its workers are failing both adult and child victim-survivors. Placing children with the PUV undermines children's positions as victim-survivors in their own right and exposes them to further safety and wellbeing risks. The scrutiny placed on mothers demonstrates a lack of FV awareness in CP practice, as it absolves the PUV of any accountability, and in cases of misidentification, indicates that CP workers are unable to detect systems abuse and identify the true safety risk. It is also suggestive of a system that infantilises racialised women, presupposing that they are incapable of caring for their children in light of the violence and trauma they have experienced.

Our findings demonstrate that Victorian CP systems are replicating the 'failure to protect' discourse (Buchanan & Moulding, 2021; Nixon et al., 2017) that many CP systems and workers fall into (Jeffries et al., 2015; Tarpey-Brown et al., 2024). While issues in the family are caused by the behaviour of the PUV, CP may take the view that it is the victim-survivor's responsibility to remove children from the unsafe home environment through separation. When mothers are unable or unwilling to do so – for a multitude of reasons – CP services have historically viewed them as 'non-protective'

(Humphreys & Absler, 2011; Zannettino & McLaren, 2014). The onus of ending the violence and providing safety for children is therefore placed on mothers rather than the PUV, as has been shown in this study.

In Victoria, CP workers are directed within policy and practice materials to embed the state's FV Multi-Agency Risk Assessment and Management (MARAM) Framework and ensure that their strategies respond to FV risk, promote safety for adult and child victim-survivors, and hold the PUV accountable for their violence (DFFH, 2021a). The CP SAFER Risk Assessment Framework also highlights that safety can be better achieved when the parent affected by FV is supported (DFFH, 2021a).

Despite this guidance appearing within CP policy documents, our findings highlight the conflicts that occur in practice when attempting to integrate systems that operate through different – and sometimes conflicting – lenses. As highlighted in the introduction to this research, the primary concern of CP systems is child safety, whereas FV systems work to achieve family safety, often focussing on the safety and capacity of adult victim-survivors to achieve this goal (Sawrikar, 2019). These different perspectives can present conflicting tactics that are not always culturally sensitive (Kaur, 2012), such as has been demonstrated in this research through CP workers being insensitive to the contextual, cultural, and material factors that inhibit safe separation. The pressure to separate in spite of these factors, and with little-to-no practical support to do so, is antithetical to best practice in FV situations, where victim-survivors are partners in, rather than subjects of, safety planning and decision-making (FSV, 2018). These findings point to the considerable work that needs to be done to ensure that Victoria's CP systems are incorporating FV best practice and working collaboratively with FV systems and services across the state to support both adult and child victim-survivors.

What supports, if any, are Muslim women and children accessing to manage and respond to these interventions?

What was evident within our findings was that the serious nature of many participants' interventions, which often included threats or experiences of child removal, required immediate access to intensive, culturally sensitive legal supports. Unfortunately, such legal supports were rarely provided to families. Instead, both lived experience participants as well as practitioners described legal supports as being characterised by limited or insufficient information sharing, surface-level engagement, and a lack of appropriate supports including those related to language. Families often only became linked with legal assistance once their case had already escalated and a court hearing had been set, and some did not receive any representation until the day of the hearing. This meant that there were few opportunities for advocacy at an early intervention stage, and consequently for cases to be diverted from the court system.

Compounding the issue of insufficient legal supports was the Department's failure to share CP reports with families with sufficient time for parents to go through reports, identify any errors, and plan their responses accordingly. This is an even more glaring failure on the part of the Department when it impacts parents who speak languages other than English, and who therefore require language supports to go through what is often a lengthy, jargonistic document. This finding is in contravention to the CYFA, which sets out that protection application reports and recommendations reports must be shared with parents, children, and legal representatives no less than three working days prior to the court hearing (CYFA, 2005). Evidently, CP workers are not meeting their legal requirements, though there appears to be little accountability for this failure and how it disproportionately impacts Muslim families.

Oftentimes, case managers and other social workers were 'filling gaps' left by the legal system and supports. Non-legal practitioner participants reported that their clients frequently relied upon them to explain legal processes, provide language supports, go through legal documents, and in some cases even accompany clients to court for advocacy and moral support. Case managers had longstanding relationships with families, which equipped them with the knowledge and nuanced understanding of their cases to advocate for them to legal representatives when clients lacked confidence in doing so themselves. It was often case managers who had developed relationships of trust with families. They were therefore integral to pushing for progress in cases and supporting families to navigate the system and interventions.

While the causal factors driving the lack of culturally appropriate and intensive supports for Muslim families are diverse, one potential contributor is the high proportion of VLA-funded CP cases (90%) which are outsourced to private lawyers (VLA, 2017). Due to the low profitability of CP work, these lawyers often hold high caseloads. This can impact the amount of time practitioners are able to allocate to individual cases. For Muslim families, who likely have more complex needs and require more intensive supports to overcome the high levels of structural and interpersonal discrimination they face within the system, they are left at a significant disadvantage. This impacts their access to justice and their overall right to have their voices heard within the system.

Overall, Muslim families required a high degree of support – particularly legal support – to navigate their CP interventions, though the system was falling short in meeting these needs.

What are the short- and long-term impacts of these interventions?

Findings highlighted the many short- and long-term impacts of the CP interventions on Muslim families' wellbeing. Sometimes, the interventions could cause issues of their own. Other times, the interventions exacerbated pre-existing concerns or challenges that families, parents, children, and young people were facing.

What was most apparent from the perspectives of mothers, young people, and practitioners was that CP interventions severely impacted mental health. Participants described interventions as traumatic and debilitating to their mental wellbeing. In some cases, the interventions and the mental health issues they caused could be so severe that they placed lives at risk of suicide. The mental health issues were most apparent where children had been removed, and especially in instances where they were placed with the PUV. This could lead to extreme levels of stress and anxiety due to the constant worry for children's safety, the protracted separation, and the feelings of disempowerment in the face of a rigid, slow, and discriminatory system. These mental health impacts were not only felt by parents, but by children and young people too.

Notably, findings showed that CP interventions were also impacting relationships in families and in particular for this research, the mother-child bond. In cases of separation, children could become unfamiliar with their mothers, especially where they had been removed at a young age. This had considerable impacts on reunification potential and experiences, and participants spoke of their own or their clients' identities as mothers being fractured as a result of forced separation. This finding, again, highlights the separation between policy and practice on the ground that is occurring in Victoria's CP system. According to the SAFER Risk Assessment Framework, the parent-child bond is a significant protective factor that 'should be strengthened by child protection

wherever possible' (DFFH, 2021a p.12). This practice direction is evidently being overlooked by many practitioners. As the SAFER risk assessment correctly identifies, the parent-child bond, particularly in relation to the bonds between adult victim-survivors of CP and children, can offer important protection and long-term safety and recovery. It is imperative that practice reflects this fact and works to maintain, develop, and foster Muslim mothers' relationships with their children, whenever safe to do so.

A considerable impact of many of the interventions participants reported were related to children and young people's wellbeing. Young people being removed from mothers or parents and placed with the PUV or in another unsafe OOH environments had severe consequences. These consequences resulted in issues such as children becoming disengaged from school, friends, family, and communities; disconnection from culture, language, and faith; and engagement in risky or unsafe behaviours, including AOD use. Importantly, participants also spoke about the developmental impacts of traumatic experiences in the system, and the potential for these developmental impacts to have ramifications for years to come. These findings are supported by existing evidence which shows that separation from parents and the home environment can have considerable negative impacts on children and young people, even when there are genuine concerns that pre-date forced child removal. These negative effects can include neurological change as a result of the trauma of separation, academic delays, psychosomatic symptoms, mental health issues, substance use, and behaviour problems (Crittenden & Spieker, 2023). These issues can continue in the long-term and even lead to intergenerational cycles of family separation (Crittenden & Spieker, 2023). Based on our findings, it does appear that these effects were present, but further, that Muslim children have the added risk of long-term disconnection with their cultural and faith community.

Cultural connection for children from culturally diverse backgrounds is shown to be a protective factor for a broad range of wellbeing outcomes (Ezekwem-Obi et al., 2025). Because of this fact, connection to culture is outlined as a fundamental human right for every child, as articulated in the United Nations Convention on the Rights of the Child (United Nations, 1989). Consequently, the system's failure to reinforce this protective factor when working with Muslim children and young people not only impacts wellbeing outcomes, it also violates their human rights.

Lastly, CP interventions impacted families in terms of their material security. When separation was compelled without requisite supports offered to achieve stability, this subsequently left mothers – and by extension their children – on a trajectory of entrenched disadvantage that impacted overall wellbeing in the household.

Are Victoria's child protection services effectively facilitating Muslim children's short- and long-term safety and wellbeing?

Findings showed that interventions experienced by Muslim families within Victoria's CP system are not necessarily resulting in increased safety and wellbeing. In cases where mothers were compelled by CP to separate from the PUV, for instance, this could result in children's exposure to financial insecurity and poverty, housing insecurity, homelessness, and potential escalation of violence. In other cases, CP involvement resulted in children being placed in the custody of the PUV, prolonging exposure to further violence or risk of violence, and undermining their positions as victim-survivors. Further, participants reported that Muslim children in OOHC faced unsafe living environments, exposure to drugs and alcohol, disengagement from school, and lack of supports to transition to independent living.

Many of the above issues and outcomes from CP involvement can be attributed to the way in which the CP system conceptualises safety. Within the current system, safety is one-dimensional – confined to the short-term physical safety of children – and viewed as individual rather than collective. This understanding of safety ultimately left out many critical aspects of children and young people's cultural and psychological safety, which are integral to supporting their long-term wellbeing and life trajectories.

The lack of cultural capacity when working with Muslim families, the tension between the systemic responses and non-western ways of parenting, and the compounding contextual factors that Muslim families face throughout engagement highlight that the CP system is ill-equipped to support the safety of Muslim families. Rather, Muslim families are subjected to further safety risks within a system intended to achieve the opposite.

Several of the issues identified in our research can be attributed to the inadequate resourcing within the CP system, with several participants describing workers as over-worked and under pressure. This, in turn, impacts the modes of engagement, the intensity of supports provided, and the over-reliance on one-dimensional responses that only focus on immediate, physical risk. It also limits investment in and effectiveness of initiatives to address cultural capacity, such as training of workers, because, as one practitioner participant put it, *'[a]s soon as you educate a worker, they're out'*. This under-resourced system is further evidenced by high attrition rates across the Department - 20% of CP practitioners leave in any given year - and a high percentage (15.6%) of unallocated child protection cases (Public Accounts and Estimates Committee [PAEC], 2025).

Resourcing issues cannot be put down to inadequate funding for the CP portfolio, with CP and family services making up the largest portion of DFFH spending (DFFH, 2024). What

it does suggest is that something is going wrong in the way in which DFFH attracts and retains workers, sets caseloads, and promotes overall good practice and supervision.

These issues, combined with insufficient, rigid, and westernised policy guidelines and structures, and individual practitioner bias and low cultural capacity, results in a CP system that is not equipped to respond to cases involving Muslim families. Within this system, Muslim children are less likely to be made safer in the long-term and may instead be exposed to interventions that worsen their overall wellbeing.

What systemic, policy, and practice changes are required in Victoria to improve safety and wellbeing outcomes for Muslim children and their families?

Our findings reflect the need for significant changes at the practice, policy, and systems level in order to improve wellbeing outcomes for Muslim children and families. Consequently, we have developed the below recommendations to address key issues identified within the research.

These recommendations align with departmental objectives from the Department of Families, Fairness and Housing (DFFH), and the Department of Justice and Community Safety (DJCS). Relevant to this research is Objective 1 within the DFFH departmental objectives: ***Children, young people and families are safe, strong and supported.*** The success of this objective is measured through the several indicators, the following of which are relevant to this research:

- Reduce abuse and neglect of children and young people
- Increase safe, respectful family relationships
- Improve development and wellbeing for children and young people

- Increase stability of care services placements
- Increase safety for victim survivors of FV
- Reduce FV (DFFH, 2024).

In addition, DJCS identifies the following objective as integral to its successful operation:

A fair and accessible justice system that supports confidence in the Victorian community.

The achievement of this objective is measured, in part, through the legal advice and assistance provided to Victorians (DJCS, 2024). The below recommendations are based around the above objectives and indicators.

While CP systems fall under the remit of DFFH, they are strongly tied to and linked with legal services and court experience, as has been shown in our research. The recommendations we have formulated are therefore targeted at objectives across both DFFH and DJCS. However, some recommendations will relate to changes that can be made within individual services, other government-funded bodies, and by individual practitioners, forming guidance to create change at various levels of policy and practice.

It is important to highlight that many of the issues identified within this research are reflective of a broken system which is largely failing at achieving its goal of child safety and wellbeing. We acknowledge that this system is built upon punitive, rigid, and western frameworks and understandings of parenting, and that these are issues that are embedded. Fixing this system is not something that can be done by making small changes at the edges, but rather requires a complete systems overhaul. That being said, such change won't occur overnight, and in the meantime, as our findings have shown, Muslim children and their families remain unsafe and unsupported. Our recommendations are therefore a starting point that we view as actionable by the stakeholders identified, while we work in the long-term towards a more holistic, inclusive, and fair system as a whole.

Recommendations to improve policy and practice

Stakeholder/s responsible for actioning recommendations:

	Department of Families, Fairness and Housing (DFFH)		Department of Justice and Community Safety (DJCS)		Community Legal Centres (CLCs)
	Court Services Victoria (CSV)		Magistrates' Court of Victoria (MCV)		Victoria Legal Aid (VLA)
	Victoria Law Foundation (VLF)		Victoria Legal Services Board and Commissioner (VLSB+C)		Family violence organisations

1 Address systemic bias against Muslim families engaged in the CP system through:

- Development of new assessment frameworks that better incorporate and recognise diverse parenting practices and skills.
- Recruitment and retention strategies to increase the number of bi-cultural workers in both the frontline as well as policy space.
- Intensive cultural capacity training on working with Muslim communities.
- Inclusion of secondary consultation with organisations that specialise in working with Muslim communities as a standard practice with CP cases involving Muslim families.
- Development of practice guidance for working with Muslim families and communities.

2 Address resourcing issues within DFFH which negatively impact CP workers' capacity to engage meaningfully with Muslim families through:

- Conducting a review into DFFH funding allocations to identify where funds are most economically placed, and reallocating funds accordingly to reduce burden in under-resourced areas of the portfolio.
- Introducing measures to attract new staff and improve staff wellbeing and retention, including through expanding upon recommendations and goals set within the independent assurance report to Parliament on Maintaining the Mental Health of Child Protection Practitioners (VAGO, 2022).
- Reducing caseloads of CP Practitioners and increasing the number of Practitioners to accommodate these lower caseloads.

3 Improve the provision of effective and inclusive legal supports for Muslim families experiencing CP interventions through:

- a) Increased resourcing to expand CLC services to encompass specialist supports for Muslim families experiencing CP matters.
- b) Resourcing to establish CLCs within existing FV services, such as AMWCHR, that specialise in supporting Muslim women and families.
- c) Developing collaborative early intervention programs involving the Department, specialist CLCs, VLA, and targeted family violence organisations to strengthen legal and early intervention supports for Muslim victim-survivors at risk of or who have CP involvement.



4 Reduce the protracted nature of CP court proceedings, improve FV-informed court practices, and decrease biased decision-making by:

- a) Improving court listing practices through better triaging to minimise the time before CP cases can be heard and evidence tested.
- b) Seeking FV risk assessments in the early stages of court proceedings, and evidence from Specialist Family Violence Case Managers at all stages of proceedings.
- c) Developing practice directions for magistrates to weigh evidence provided by the Department and evidence provided by parents and children in an equal manner.
- d) Re-introducing Conciliation Conferences in the Family Division to increase opportunities to scrutinise and challenge assertions and decisions made by CP before they are presented to the court.



5 Address policy and practice issues that prevent Muslim clients from actively engaging in legal proceedings by:

- a) Ensuring that all child protection practitioners are compliant with the Children, Youth and Families Act 2005 (CYFA) through sharing reports with parents, children, and legal representatives no less than three working days prior to the court hearing.
- b) Limiting the number of cases that private child protection lawyers hold to ensure that all clients are being provided with sufficient support hours to achieve the best outcomes in their cases.

- c) Making changes to VLA fee structures to increase funding for time allocated to preparation before contest, in line with DFFH fees.
- d) Introducing a mechanism for reporting cases where lawyers have been allocated but not engaged with clients to increase accountability and to allow clients to access alternate legal support where needs have not been met.



6 Ensure that CP practitioners are upholding their responsibility to practice in a FV-centred manner, and that such practice is culturally responsive to FV experienced by Muslim women through:

- a) Embedding cultural capacity training on working with Muslim families in the context of FV within existing training schedules. Track and report on the completion of this training.
- b) Increasing the number of specialist FV child protection practitioners within the Department
- c) Developing and delivering training on identifying perpetrator collusion in the context of child protection, misidentification, and engaging with parents who have used violence.



7 Ensure that CP practitioners are working collaboratively with Muslim families to identify, understand, and adequately respond to the root causes of protective concerns through:

- a) Working with families to identify the context surrounding their engagement, the root causes of any protective concerns, and the supports and resources needed to address these concerns. Where workers are unable to provide supports directly, they must facilitate this access through warm referrals. These referrals must be followed-up to ensure that families are supported to engage and access the services they require.
- b) Developing case plans **with** not **for** families, with cultural safety forming a key component of the plan. Implement goals and timelines that are realistic and supported by linkages to holistic services.
- c) Utilising the expertise of targeted services such as AMWCHR through secondary consultation, resources, and professional development opportunities to better support practice response when working with Muslim families.



8 Address policy and practice issues that negatively impact Muslim young people's access to supports that facilitate their safety and independence, including through:

- a) Ensuring that all children have access to supports and care they are entitled to as per the Department's policies and procedures, including leaving care packages.
- b) Addressing practice norms that overlook supports for and engagement of children aged 16-18 to realign CP practice with the Child Wellbeing and Safety Act (2005).



9 Increase provision of community-led prevention and early intervention programs for Muslim families to reduce engagement with Victoria's CP systems.

Programs should focus on building capacity and addressing underlying factors which place families at risk of intervention. This includes programs which integrate capacity building within existing services such as settlement services and FV prevention programs. Such programs should adopt a whole of family approach and be developed and delivered by organisations who are experienced in the subject matter, led by members of Victoria's Muslim communities, and are equipped to engage a wide range of cultural and linguistic groups.



10 Improve the collection and publication of further data and research on Muslim communities' experiences of CP interventions to identify and address issues of inequity.

Funding should be provided to conduct projects across the following priority areas:

- a) A larger research project focussing on Muslim parents', children's, and young people's experiences of CP interventions in Victoria. This project should have a large enough sample to capture the wide range of experiences and demographic groups whose contexts and characteristics may impact engagement within the system (e.g., migration/displacement experiences, children or parents with disability, various age cohorts, various ethnic backgrounds).
- b) A dedicated research project to investigate and document Muslim communities' experiences of Victoria's free legal services and supports, especially in the context of CP and/or family violence matters.



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