

Interventions for migrant and refugee men who use domestic, family and sexual violence: An integrative review of evidence

This is a summary of the research report *Interventions for migrant and refugee men who use domestic, family and sexual violence: An integrative review of evidence* (2025).

BACKGROUND

For migrant and refugee families in Australia, domestic, family and sexual violence (DFSV) is perpetrated within the context of complex social factors. This can include precarious or irregular visa status, conflict-induced trauma, limited access to social services, isolation, risk of immigration detention, and language and communication barriers. Families may also encounter, and need to adjust to, different gender norms in a new country.

Recent research has increased understanding of migrant and refugee women's experiences of DFSV. However, policymakers, service providers and practitioners currently have little evidence available to guide them in developing and delivering effective interventions to prevent or respond to DFSV use by migrant and refugee men.

OVERVIEW

This "In Brief" presents summarised findings from a review of international evidence on interventions for migrant and refugee men who have used DFSV. The review forms part of a larger study that aims to provide guidance on national policies for working with migrant and refugee men who use DFSV.

The review found that there is a critical need to develop community-led programs for migrant and refugee men who use DFSV that consider their specific migration-related experiences. To improve safety for women and children, interventions for migrant and refugee men who have used DFSV must incorporate intersectional practice approaches. Such practices should consider cultural differences and the diverse contexts of marginalisation and oppression in which migrant and refugee families may be experiencing DFSV. To enable this, **governments will need to increase the flexibility of funding for interventions, provide funding in ways that specifically encourage partnerships between service organisations, and sufficiently resource evaluations.**

What do we know about the effectiveness of interventions for men who use DFSV?

There is little consensus on the effectiveness of models and approaches used in interventions with men who use DFSV

- There is considerable debate concerning the effectiveness of different, and often contradictory, intervention models for men who use DFSV.
- Overall, there is insufficiently robust evidence to support use of any one model over another.

Recent evidence suggests that tailored approaches are most effective

- Recent reviews suggest that interventions will be most effective when they:
 - use a combination of different models
 - are adapted to suit the needs of different groups of men
 - are embedded within the broader DFSV service system.

Current funding models constrain the ability to tailor and adapt

- Existing funding approaches often use competitive processes and typically only provide short-term funding, constraining capacity to adapt program content to meet the needs of individual group members.
- Existing funding approaches provide no incentives to broker meaningful connections with other services in the DFSV service system that could provide specialised supports to different cohorts.

What do we know about interventions for migrant and refugee men who use DFSV?

There is a critical need to develop community-led programs for men who use DFSV that consider their specific migration-related experiences

- Models and approaches used in interventions with men who use DFSV in Australia are generally based on western knowledge systems, experiences and understandings of gender relations and violence.
- When adapting programs and models for migrant and refugee men, practitioners should consider specific migration-related experiences as well as cultural understandings of gender relations and violence.

Tailoring is crucial because migrant and refugee men's use of DFSV has been associated with a range of unique social, economic, political and health factors

- Use of intimate partner violence (IPV) is associated with socio-economic circumstances, including education level, employment status, income and food security.
- Migration-related stressors also are associated with higher levels of mental health problems including post-traumatic stress disorder, anxiety, depression, and alcohol and drug misuse, all of which are implicated in the use of DFSV.
- In refugee populations, a man's legal status, exposure to political violence and residency in temporary accommodation while waiting for asylum claims to be processed are all factors associated with the perpetration of IPV.
- For migrant and refugee men, experiencing racial discrimination contributes to the risk of using DFSV.

Existing evidence on the impact and outcomes of interventions does not capture adequate information specific to migrant and refugee men and their families

- Existing evidence on interventions tailored to migrant and refugee men who have used DFSV does not tend to focus on measuring outcomes, but rather is highly descriptive – that is, describing what was done, rather than showing the difference it made.
- There is minimal research documenting intervention outcomes such as adherence, completion, or change in violence-supporting attitudes, or including follow-up data on post-intervention perpetration.
- Diversity in migration status and ethnicity is not commonly reflected in studies on universal men's behaviour change programs (MBCPs). This means that we often do not know if migrant and refugee men were part of the study, or anything about their experiences if they were.
- Importantly, this also means that the safety of migrant and refugee women has been largely excluded from – or at best, not specifically included in – research examining and documenting interventions for men who use DFSV.

Emerging evidence shows that cultural adaptation and in-language delivery can support migrant and refugee men's engagement in interventions

- While evidence is limited, small studies that do exist show that cultural adaptation and in-language delivery support men's engagement in interventions.
- However, even with adaptation, barriers to engagement persist. These include:
 - structural barriers like costs, transport and the need to take time off from often already insecure employment
 - lack of trust in mainstream services and institutions.

What could support more effective interventions with migrant and refugee men who use DFSV?

Expanding key evaluation outcome measures will improve the evidence base and support quality practice

- Key evaluation outcome measures must be expanded to reflect the multiple objectives of MBCPs beyond reduction in men's use of violence following program completion. These include measures relating to:
 - ongoing risk assessment and risk management
 - multi-agency information-sharing
 - supporting women's wellbeing through partner contact and family violence counselling
 - enabling women's agency and decision-making
 - monitoring men's behaviours
 - establishing formal accountability processes.

Approaches to working with First Nations men who have used DFSV may provide valuable insights to inform programs for migrant and refugee men

- While it is important not to conflate these populations, there are parallels in experiences of structural racism, displacement, intergenerational trauma, and distrust of formal government services, as well as cultural practices related to collectivism.
- Healing programs for Aboriginal men have been developed with grounding in trauma-aware, strengths-based and community-led approaches that are framed as anti-colonial and rooted in Aboriginal concepts of health and connectedness.
- Many of these components reflect principles developed to guide programs for refugee men. These principles stress the need to acknowledge the significant trauma and discrimination experienced by many of those using violence.

Recommendations for policy

Federal, state and local governments

- **Ensure MBCPs are funded in ways that link them to broader DFSV services and primary prevention programs** to enable cross-referral and support delivery in a way that is responsive to place-based community contexts.
 - **Fund collaborations between mainstream DFSV services and multicultural and settlement services** to better meet the needs of migrant and refugee families, improve cultural safety, and enhance access to DFSV services, including MBCPs.
- **Provide additional and more flexible financing to service organisations** to design innovative, sustainable and flexible programs that respond to the needs of migrant communities.
- **Provide funding to trial innovative approaches**, potentially modelled on approaches for working with First Nations men, that support a shift towards holistic, culturally grounded, community-led and trauma-informed interventions to support men's behaviour change.

Recommendations for practice

This project will identify examples of quality practice for delivery of interventions for migrant and refugee men who have used DFSV. The literature review has already identified the need for intersectional practice approaches, as well as other high-level elements of quality practice. Service providers and practitioners should:

- **Deliver programs in-language** as a minimum requirement for inclusion of migrant and refugee men.
 - Additional workforce capacity and diversity must be developed to deliver such programs.
- **Embed consideration of how specific migration-related experiences affect men's risk of perpetrating DFSV and their capacity to engage in interventions**, including pre- and post-migration racial discrimination, political violence, and trauma.
- **Incorporate trauma- and violence-informed care principles** into programs that promote safety, trust, transparency, empowerment and peer support. These approaches can be used to explicitly acknowledge experiences of displacement and trauma while centring efforts to maintain women's safety.
- **Actively attend to the relationship between the use of IPV and migrant men's mental health status** including post-traumatic stress symptoms, anxiety, depression, attachment style, anger, stress, and alcohol and drug misuse.
 - Where indicated, providers should connect with and refer men to specialised mental health and/or alcohol and other drug services.

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Research report 1	<i>Interventions for migrant and refugee men who use domestic, family and sexual violence: An integrative review of evidence</i>	Block, K., Tarpey-Brown, G., Khan, N., Hoang, P., Sutherland, G., & Vaughan, C. (2025). Interventions for migrant and refugee men who use domestic, family and sexual violence: An integrative review of evidence (Research report, 01/2025). ANROWS. https://doi.org/10.71940/1h2k-x058	November, 2025

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