

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

ANROWS

AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

ASSOCIATE PROFESSOR KAREN BLOCK

GEMMA TARPEY-BROWN

DR NURUZZAMAN KHAN

PHUONG HOANG

ASSOCIATE PROFESSOR GEORGINA SUTHERLAND

PROFESSOR CATHY VAUGHAN

RESEARCH REPORT
ISSUE 01 | NOVEMBER 2025

ANROWS acknowledgement

This material was produced with funding from the Australian Government's Department of Social Services to deliver a National Priority Research Fund program to build the evidence base required to support the *National Plan to End Violence against Women and Children 2022-2032* and its subsequent Action Plans. Australia's National Research Organisation for Women's Safety (ANROWS) gratefully acknowledges the financial and other support it has received from the government, without which this work would not have been possible. The findings and views reported in this paper are those of the authors and cannot be attributed to the Australian Government.

Acknowledgement of Country

ANROWS acknowledges the Traditional Custodians of the lands across Australia on which we live and work. We pay our respects to Aboriginal and Torres Strait Islander Elders past and present, and we value Aboriginal and Torres Strait Islander histories, cultures and knowledge.

ANROWS recognises that domestic, family and sexual violence is not a part of First Nations cultures. There is a complex range of interrelated factors associated with the incidence and severity of domestic, family and sexual violence in Aboriginal and Torres Strait Islander communities across Australia. To begin to understand this manifestation of domestic, family and sexual violence, a deep understanding of the ways in which colonial oppression and violence are reproduced through modern structures and institutions must be realised. ANROWS strives to address these injustices, and our research practices are guided by the [Warawarni-gu Guma Statement](#).

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Published by

Australia's National Research Organisation for Women's Safety Limited (ANROWS)
PO Box Q389, Queen Victoria Building, NSW 1230 | www.anrows.org.au
ABN 67 162 349 171



A catalogue record for this
book is available from the
National Library of Australia

ISBN: 978-1-925925-69-2 (paperback)

ISBN: 978-1-925925-68-5 (PDF)

Please note that there is the potential for minor revisions of this report.
Please check the online version at www.anrows.org.au for any amendment.

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Prepared by

ASSOCIATE PROFESSOR KAREN BLOCK

Melbourne School of Population and Global Health, University of Melbourne

GEMMA TARPEY-BROWN

Melbourne School of Population and Global Health, University of Melbourne

DR NURUZZAMAN KHAN

Melbourne School of Population and Global Health, University of Melbourne

PHUONG HOANG

Melbourne School of Population and Global Health, University of Melbourne

ASSOCIATE PROFESSOR GEORGINA SUTHERLAND

Melbourne School of Population and Global Health, University of Melbourne

PROFESSOR CATHY VAUGHAN

Melbourne School of Population and Global Health, University of Melbourne

This report addresses work covered in the ANROWS research project NPRF 24.01 “The experiences of migrant and refugee families of men’s behaviour change programs”. Please consult the ANROWS website for more information on this project

ANROWS research contributes to the six National Outcomes of the National Plan to Reduce Violence against Women and their Children 2010-2022. This research addresses National Outcome 6 – Perpetrators Stop their Violence and are Held to Account.

Suggested citation:

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>

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ORGANISATION FOR WOMEN'S SAFETY

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**Australia's National Research Organisation
for Women's Safety Limited (ANROWS)**

PO Box Q389

Queen Victoria Building NSW 1230

Australia

University of Melbourne

Parkville VIC 3010

About ANROWS

Australia's National Research Organisation for Women's Safety (ANROWS) was established by the Commonwealth, state and territory governments under Australia's first *National Plan to Reduce Violence against Women and their Children (2010-2022)*. As an ongoing partner to the National Plan, ANROWS continues to build, strengthen and translate the evidence base that informs the current *National Plan to End Violence against Women and Children (2022-2032)*.

With more than 150 research projects led, commissioned or contributed to, ANROWS delivers targeted evidence to inform practice, policy, and systems reform. We engage closely with victim-survivors, communities, service providers, governments and researchers to ensure our work reflects lived experience and supports collective action.

ANROWS is a not-for-profit company jointly funded by the Commonwealth and all state and territory governments. We are a registered harm prevention charity and deductible gift recipient, governed by the Australian Charities and Not-for-profits Commission (ACNC).

Acknowledgement of lived and living experiences of violence

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800RESPECT (1800 737 732), Lifeline (13 11 14), Men's Referral Service (1300 766 491), MensLine Australia (1300 78 99 78) and, for Aboriginal and Torres Strait Islander people, 13YARN (13 92 76).

Author acknowledgement

This work was undertaken on the unceded lands of the Wurundjeri people of the Kulin nation, and we would like to pay our respect to their Elders past and present. We would like to acknowledge the experiences and contributions to knowledge of all those who took part in the research cited in this review. In undertaking this review, we received invaluable advice and recommendations from our project reference group, whose members we would also like to thank.

This report addresses work covered in the ANROWS research project "[The experiences of migrant and refugee families of men's behaviour change programs](#)". Please consult the ANROWS website for more information on this project.

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Acronyms

ACT	acceptance and commitment therapy
BIP	batterer intervention program
CALD	culturally and linguistically diverse
CARM	culturally and racially marginalised
CBT	cognitive behavioural therapy
DFV	domestic and family violence
DFSV	domestic, family and sexual violence
DVPP	domestic violence perpetrator program
IPV	intimate partner violence
MBCP	men's behaviour change program
TVIC	trauma- and violence-informed care

Definitions and concepts

Term	Definition / concept
Culturally and linguistically diverse (CALD)	<p>“Culturally and linguistically diverse” (CALD) is a term commonly used to refer to people who are born in countries other than Australia where English is not the official language. It is also used to refer to people who do not speak English at home. It is not typically used to refer to Aboriginal and Torres Strait Islander peoples (Pham et al., 2021). The term has drawn strong criticism as it positions whiteness as the norm and fails to recognise racialised power dynamics (Maturi & Munro, 2023).</p>
Culturally and racially marginalised (CARM)	<p>“Culturally and racially marginalised” (CARM) refers to people and communities who may experience disadvantage, exclusion or marginalisation on the basis of racialised and/or cultural characteristics. For example, a Muslim woman from Iraq may face discrimination due to her ethnicity as well as her religion and/or cultural background. The term is presented as an alternative to “CALD” as it emphasises the considerable impact of discrimination and racism in people’s lives (Mapedzahama et al., 2023).</p>
Domestic, family and sexual violence (DFSVM)	<p>“Domestic, family and sexual violence” (DFSVM) is a term used to encompass different forms of interpersonal violence. Domestic violence refers to violence that occurs within current or former intimate partner relationships and may be used interchangeably with “intimate partner violence” (Coumarelos et al., 2023). Family violence is a broader term that includes violence used against intimate partners, children, siblings, elders and other family members (Australian Institute of Health and Welfare, 2019). Family violence also refers to violence that occurs within extended families and family-like relationships.</p> <p>“Domestic and family violence” (DFV) includes the use or threatened use of physical, sexual, emotional, psychological and financial abuse. It also includes patterns of behaviours used to coercively control family members and/or intimate partners (State of Victoria, 2016).</p> <p>Sexual violence is a broad term encompassing sexual activity that occurs without consent when a person is forced, coerced or manipulated into unwanted sexual activity. It can occur within intimate partner and family relationships, and it can also be used against strangers. Types of sexual violence include sexual assault, sexual abuse, rape, touching and sexual exploitation (Coumarelos et al., 2023).</p>

Term	Definition / concept
Intersectionality	<p>"Intersectionality" was conceptualised by Black feminists in the United States as a tool to conduct integrative analyses of how sexual, racial, heterosexual and class-based systems of oppression are interlinked and in turn shape the material conditions of women's lives (Combahee River Collective, 1977; Crenshaw, 1991). Intersectionality "moves beyond single or typically favoured categories of analysis (e.g. sex, gender, race, disability, migration status, sexuality and class) to consider simultaneous interactions between different aspects of social identity ... as well as the impact of systems and processes of oppression and domination" (Hankivsky et al., 2009, p. 3).</p>
Interventions for men who use DFSV	<p>"Interventions for men who use DFSV" encompasses the different types of programs designed to support men to reduce their use of DFSV. In English-speaking countries, programs targeting men using DFSV are referred to by a range of different names including "batterer intervention programs (United States), domestic violence perpetrator programs (United Kingdom) and men's behaviour change programs (Australia and New Zealand)". To promote consistent reporting of research in this review, we refer to programs using the same title they are given in source articles.</p> <p>Interventions also include multipronged programs that may not explicitly state they aim to reduce men's use of violence, but have this aim built into program outcomes alongside other factors. Examples include fathering programs in the context of domestic violence (Chung, Humphreys, et al., 2020), group therapy programs held in alcohol treatment settings (Tarzia et al., 2020), and programs that support men to develop and maintain respectful relationships. These interventions are conducted in response to men's use of DFSV, meaning interventions are designed for men who have used violence.</p>
Machismo and caballerismo	<p>Commonly attributed to Latino male culture, "machismo" is characterised by values of strength, aggressiveness and power, while "caballerismo" is associated with family values and chivalry (Rivera et al., 2021).</p>

Term	Definition / concept
Migrant	<p>The term “migrant” is an umbrella term used to refer to a person who moves away from their place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. Migration may be a choice, or it may occur under conditions of force resulting from war, discrimination, environmental issues and other factors impacting an individual’s safety and human rights. Migrants may be temporary residents such as labour migrants and international students, or they may migrate permanently and obtain citizenship in another country (International Organisation for Migration, n.d.).</p>
Refugee, forced migrant and asylum seeker	<p>The term “refugee” refers to an individual who has been forced to leave their country of origin. The internationally recognised legal definition of a refugee is an individual who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, or membership of a particular social group or political opinion, is outside the country of their nationality and is unable to avail themselves of the protection of that country; or who, being outside the country of their former habitual residence as a result of such events, is unable to return to it (UN General Assembly, 1951).</p> <p>People with refugee status and people seeking asylum are categories of migrants. It is important to note that many migrants who do not have refugee status may have had refugee-like experiences, and/or may have been compelled to migrate, meaning they are forced migrants. In recognising that migrants may have refugee-like experiences but not have official refugee status, we use a broader definition of refugee in this report that includes individuals who are/have been stateless, people seeking asylum and victim-survivors of trafficking (Buckley-Zistel & Krause, 2017).</p>

Abstract

Research focusing on migrant and refugee women's and children's experiences of domestic, family and sexual violence (DFSV) indicates a complex array of factors that affect their risk of, and vulnerability to, violence and their experiences of help-seeking for DFSV. People from migrant and refugee backgrounds constitute a significant proportion of the Australian population and must therefore be considered when designing, implementing and evaluating DFSV interventions. There is little available evidence, however, of experiences of interventions for migrant and refugee men who use DFSV, or to guide adaptations that respond to particular needs. The aim of this review is to present a critical analysis of the current state of knowledge on interventions for migrant and refugee men who have used domestic, family and sexual violence. Using an integrative search strategy, findings from international academic and grey literature have been included to identify best practice principles, programs and models relevant to implementation in Australia. While more research is needed, existing evidence indicates the need for holistic, culturally grounded, community-led and trauma-informed alternatives to current models. To achieve lasting behavioural change and improve outcomes for migrant and refugee women and children, future interventions must be rigorously evaluated, co-designed with communities, and grounded in justice-oriented, culturally affirming frameworks.

PART 1:

Introduction

For migrant and refugee families in Australia, the perpetration of domestic, family and sexual violence (DHSV) occurs against a backdrop of complex social factors relating to precarious or irregular visa status, conflict-induced trauma, shifting gender dynamics, limited access to social services, isolation, risk of immigration detention, and language and communication barriers (Vaughan et al., 2016).

Despite the increased focus on migrant and refugee women's and children's experiences of DHSV, there is a paucity of evidence on the risk factors related to the use of DHSV by migrant and refugee men. There is even less evidence to inform the development and implementation of effective interventions to prevent or respond to the use of DHSV by this population. For the purpose of informing further research and program development, this review aims to present a critical analysis of the current state of knowledge on interventions for migrant and refugee men who have used DHSV. Using an integrative search strategy, findings from international academic and grey literature have been included to identify best practice principles, programs and models relevant to implementation in Australia.

Men's behaviour change programs (MBCPs) are the most common form of intervention for men who use DHSV; however, there is considerable variability in how these programs are structured, as well as the theoretical models used to underpin and promote behaviour change. The findings in this review highlight the inherent challenges of translating highly westernised theories and programs based on western knowledge systems, experiences and understandings of gender relations and violence into other languages and cultural contexts. Overall, the current state of knowledge suggests there is a critical need to develop community-led programs for men who use DHSV that consider culture, faith, language and the unique social factors that shape settlement processes for migrant and refugee families.

Domestic, family and sexual violence (DHSV) among migrant and refugee populations in Australia

DHSV is a significant problem for people of all backgrounds in Australia. While men and gender non-binary people also experience violence, the majority of victim-survivors are women and their children, and the majority of people who use DHSV are men (Australian Bureau of Statistics [ABS], 2023a). In many cases, where a man from a migrant or refugee background is using DHSV, the primary target of violence will be a current or former partner who is also from a migrant or refugee background. Given little research has focused on migrant and refugee men who use violence, much that is known about their circumstances has been extrapolated from studies into migrant women's experiences (e.g. Block et al., 2021). It should be noted, however, that migrants and refugees in Australia are also often in relationships with non-migrants. Moreover, multi-perpetrator domestic and family violence (DFV) may be more common in migrant and refugee families. In these cases, those using DFV can include one or more relatives or family members, in addition to (or rather than) a victim-survivor's intimate partner (Murray et al., 2019; Robinson et al., 2025; Salter, 2014; Tarpey-Brown et al., 2024).

Although Australia is often described as a successfully multicultural nation, many migrants and refugees experience marginalisation and discrimination on the basis of racialised or culturally minoritised characteristics (Elias et al., 2021; Mapedzahama et al., 2023; Uptin, 2021). Approximately 8.6 million (30%) of the Australian population was born overseas (ABS, 2023d). Of this group, 3 million are permanent migrants who arrived since the year 2000 and 1.6 million are temporary residents (in Australia for 1 year or more). Approximately 3 million people living in Australia speak a language other than English at home (ABS, 2023b, 2023c). People from culturally and racially marginalised migrant and refugee backgrounds thus constitute a significant proportion of the Australian population and must therefore be considered when designing, implementing and evaluating DHSV interventions.

While people from refugee backgrounds represent only about 10 per cent of migrants in Australia, they may have additional vulnerabilities associated with high exposure to trauma and pre-migration violence. A higher proportion of those with refugee backgrounds are also likely to have experienced prolonged displacement and deprivation (including in refugee camps and immigration detention), separation from family, and disrupted education with associated low literacy even in first languages and lower English language proficiency (Block, Riggs, et al., 2013; Nickerson et al., 2021). Migrants from refugee backgrounds also have higher rates of mental and physical health problems associated with all of these factors (Block, Warr, et al., 2013; Stuart & Nowosad, 2020; Ziersch & Due, 2023).

While there is a lack of accurate DFSV prevalence data for this population group, 33 per cent of respondents in a recent (non-probability) national survey of 1,400 migrant and refugee women reported having experienced DFSV, suggesting rates are comparable with the broader Australian population (Segrave et al., 2021). A study with 1,335 pregnant women recruited in antenatal clinics in Sydney and Melbourne found the prevalence of intimate partner violence (IPV) reported by women with refugee backgrounds was significantly higher than for Australian-born women in both the antenatal (44.4% compared to 25.8%) and postnatal (43.9% compared to 27.1%) periods (Rees et al., 2022). A growing body of research has identified a range of compounding structural and interpersonal factors that limit help-seeking and exacerbate the impacts of DFSV for migrants and refugees. These include language barriers; lack of familiarity with, and trust in, legal and service systems, including interpreters; systemic racism; and migration-related and transnational violence (Block et al., 2021; Hourani et al., 2021; Segrave, 2018; Sullivan et al., 2023; Tarpey-Brown et al., 2024; Vasil, 2023; Vaughan et al., 2016).

Migrant and refugee men are exposed to distinct risk factors for using DFSV associated with pre- and post-migration experiences. We know that during migration, especially forced migration, women's risk of experiencing DFSV is heightened (Freedman, 2016; Tan & Kuschminder, 2022).

Whether men's use of violence during migration correspondingly increases has not yet been systematically examined in the literature. Although perpetrator data is meagre, evidence does exist indicating people who have moved to Australia from a non-mainly English-speaking country are less likely than the rest of the Australian population to have a strong understanding of violence against women, to reject violence against women, or to reject gender inequality (Coumarelos et al., 2024). In addition, pre- and post-migration socio-economic and acculturation stressors may increase the risk of using as well as experiencing DFSV (Cao et al., 2023). This suggests a need for specific prevention as well as response interventions (Elliott et al., 2025). There is a lack of evidence, however, to inform appropriate interventions for this diverse population group.

Interventions for men who use violence

MBCPs are intended to reduce violent attitudes and behaviours, making men accountable for their actions and thus enhancing safety for women and children. While the need for more evaluation of these programs has been frequently stressed (Helps et al., 2025; Nicholas et al., 2020), a recent review of 13 studies reported evidence for positive changes for participants (O'Connor et al., 2022). These included reported improvements in communication, parenting, self-awareness, interpersonal relationships, aggression and abusive behaviours, although there was no effect found for changes to attitudes and understandings about gender inequality. While there has been even less evaluation of MBCPs' outcomes for victim-survivors, one study found perpetrator participation led to marked decreases in physical and sexual violence, with smaller but significant decreases in verbal abuse (Kelly & Westmarland, 2015).

While there is a pressing need for more evaluation of the effectiveness of MBCPs in general, evidence for their impact on migrant and refugee men and families is almost non-existent. A review of an in-language, in-culture intervention program, developed in Victoria, Australia, by inTouch Multicultural Centre Against Family Violence, provides a rare exception in an Australian setting

(Fitz-Gibbon et al., 2023). The inTouch Motivation for Change program (discussed further below) was intended to be an early intervention delivered to men from culturally and racially marginalised backgrounds based on community and internal referrals prior to participants going on to complete an MBCP. However, at the time of its review, it largely functioned as a substitute MBCP, receiving referrals predominantly from courts, police and child protection.

Given few programs cater specifically for cultural diversity, migrant and refugee men who do engage in perpetrator interventions, such as MBCPs, will generally end up in “mainstream” programs with scant evidence that these are effective for men from diverse cultural and linguistic backgrounds (Fisher et al., 2020). Several Australian jurisdictions, including Victoria (Family Safety Victoria, 2018), New South Wales (Department of Justice, 2017), Western Australia (Department for Child Protection and Family Support, 2015) and the Australian Capital Territory (Community Services Directorate, 2021), have produced minimum standards for MBCPs. These minimum standards all include principles stipulating that responses should be tailored, accessible and inclusive to address diverse circumstances and backgrounds. Recommendations relevant to migrant and refugee men include the need for facilitators to have training in cultural competence (Community Services Directorate, 2021; Department for Child Protection and Family Support, 2015; Department of Justice, 2017), the need for providers to establish referral pathways, and the need to link to translating and interpreting services where needed (Community Services Directorate, 2021; Family Safety Victoria, 2018).

Structure of the review

In the following sections of this report, we provide an outline of the methods used to undertake the review. We then provide an overview of recent literature concerning interventions for men who use DFSV. This includes evidence on intervention types, key models or theories used in program design and delivery, program issues and challenges, and managing the

safety of victim-survivors. We have drawn on evidence from universal programs to understand current and historical practices for working with perpetrators of DFSV, as well as to provide insight into current debates regarding the efficacy of MBCPs. Following this overview, we discuss specific risk factors for the perpetration of DFSV by migrant and refugee men and provide an overview of existing literature on culturally adapted programs and practice, exploring the limitations of implementing universal models in programs for culturally and racially marginalised migrant and refugee men and families. (Appendix B provides contextual and summary details of literature included in the review.) Lastly, we will discuss the potential for novel approaches that are designed by migrant and refugee communities to work with men who use DFSV. We will do so by drawing on promising examples of transformative justice initiatives, as well as community-led and place-based models developed by Aboriginal Community-Controlled Organisations.

PART 2:

Methods

We used an integrative method to guide this review due to the shortage of evidence related to interventions specifically designed for migrant and refugee men who use DFSV. Integrative review methodology is more flexible than the prescribed process of a scoping review, which excludes articles that do not meet strict inclusion and exclusion criteria (see Tricco et al., 2018). An integrative review recognises limitations related to inconsistent terminology and is suitable when conducting comprehensive interdisciplinary literature reviews (Cronin & George, 2023; Whittemore & Knafl, 2005). The goal of this integrative review was to explore the current state of knowledge concerning interventions for refugee and migrant men who use DFSV. It also aimed to identify features or principles of effective or promising practice to inform further research and intervention development.

Search strategy

In line with integrative review methodology, we did not have strict inclusion and exclusion criteria nor a rigid search strategy, as would be the case for a systematic or scoping review. Instead, in September 2024 and again in December 2024 we scanned multiple scientific databases (MEDLINE, PsycINFO, CINAHL, Scopus) for relevant peer-reviewed literature, and scanned reference lists of relevant articles to source additional papers (see Appendix A for details of the search terms). We conducted a grey literature search for publicly available reports and read individual articles from systematic and scoping reviews to find any additional data that may not have been included in the published reviews. Our grey literature search was conducted using key search terms in Google and by scanning websites of leading Australian organisations in this sector such as No to Violence, ANROWS and the Australian Institute of Family Studies. We also sourced grey literature with support from stakeholders in the men's behaviour change sector who encouraged us to contact international organisations such as the European Network for the Work with Perpetrators of Domestic Violence for access to practice or research reports produced in-house. The findings presented in this report are the culmination of these searches.

PART 3:

Findings and discussion

Universal interventions designed to promote behaviour change with men who use domestic, family and sexual violence

A recently published evidence brief (Helps et al., 2025) argues persuasively that MBCPs must be both better funded to enable timely and tailored intervention and also embedded within a broader DFSV service ecosystem. Interventions for men who use DFSV are a contentious component of DFSV response systems, in part due to unrealistic expectations when they are used as a standalone response (Helps et al., 2025). There is also, however, a lack of consistent evidence for impact and tools to measure program outcomes and long-term reduction in perpetration. In Bell and Coates' (2022) review of effectiveness evidence, they provided an overview of findings from 41 international reviews of interventions for perpetrators of DFV and IPV. Findings highlighted the inconsistency in international evidence, whereby most of the reviews concluded there is insufficient evidence on the efficacy of behaviour change interventions. Bell and Coates (2022) emphasised that the methodological quality of the research included in the reviews was poor, which led them to further question the overall reliability of the existing evidence base. Moreover, questions have been raised around the causal link between a change in men's attitudes and understandings of gender and gendered violence – a frequent aim of such programs – and a reduction in their use of gendered violence (O'Connor et al., 2021).

A lack of rigorous intervention studies means that current empirical evidence is insufficiently robust to indicate that one type of intervention related to the perpetration of DFSV works more effectively to prevent or change violent behaviours than any other (Day et al., 2019). Flood (2019) has highlighted the unprecedented attention recently being paid to men's roles in building gender equality and that this turn to men may extend to gender-based violence prevention efforts. Yet, when examining the literature on interventions targeting men in the tertiary prevention of DFSV, it becomes apparent that more evidence is needed to guide practice.

Program models, key principles and uncertain evidence

There is considerable debate concerning the effectiveness of different, and often contradictory, intervention models and theories (Gray et al., 2016; Mungai & Crichton, 2023). The Duluth model is a well-established model drawn on in tertiary prevention and response systems targeting men who use DFSV. Since its inception over 3 decades ago by a small group of activists working in violence prevention in the United States (see Pence & Paymar, 1993), the model has seen a global proliferation in its application and is a cornerstone of intervention programs across the global north.

The model's most prominent tool is the power and control wheel which is used during group sessions to illustrate how men use their gender to enact control; physical, emotional and economic violence; intimidation; and isolation against women (Bohall et al., 2016). In a longitudinal study of heterosexual men charged with DFSV offences in the United States, Herman et al. (2014) found that participation in a behaviour change program informed by the Duluth model led to a statistically significant difference in pre- and post-intervention indicators related to men's use of control over their partners. Yet in the same study, results suggested that completion of the program was not associated with a decrease in recidivism and one third of program participants reoffended. These findings support the widely cited meta-analysis from Babcock et al. (2004) which was one of the first pieces of evidence to identify the limitations of intervention programs underpinned by the Duluth model. In the meta-analysis of 22 studies, participation in a behaviour change program was found to have minimal effect on reducing re-perpetration of violence. These findings were further supported by a subsequent review of intervention studies from Stover et al. (2009) that included programs which not only engaged with perpetrators but also with victim-survivors, children and couples. Their review found that behaviour change interventions such as group-based programs which drew on the Duluth model had minimal impact on reducing recidivism rates and minimal benefit beyond arresting the person using violence. Despite these evidence syntheses

suggesting limited impact, the model remains a central component of intervention programs across domestic violence service systems in the global north (Kelly & Westmarland, 2015; Nicholas et al., 2020).

Historically, cognitive behavioural therapy (CBT) has been the other prominent approach used in interventions with men who have used DFSV. CBT may be delivered as a standalone program or as a companion mechanism in programs underpinned by the Duluth model (Ager, 2020). While the Duluth model posits that violence against women occurs in the context of patriarchal power, control and domination, CBT understands men's violence against women as a learned behaviour motivated by maladaptive thinking patterns, especially in relation to the dysregulation of anger (Babcock et al., 2016). A recent systematic review of cognitive behavioural group therapy for men who had used DFSV found that existing evidence suggested this type of group work may be effective in reducing physical violence against women (Nesset et al., 2019). However, studies included in the review had small sample sizes and did not include women partners as participants, meaning that men self-reported a reduction in their own use of physical violence. Considering likely bias, the review found insufficient evidence to confirm that the use of CBT in group settings had a positive effect on men's violence-supportive attitudes and use of harmful behaviours.

Cotti et al. (2020) conducted a 3-year observational study examining the rates of recidivism among men in the United States who had attended an intervention program informed by the Duluth model, compared to men who completed a group CBT program. A statistically significant difference was found in recidivism rates, whereby men who had attended the Duluth model program were more likely to reuse intimate partner violence following program completion than men who had participated in the CBT program. However, studies that use recidivism rates as an outcome measure for the effectiveness of behaviour change interventions must be approached with caution given the limitations of recidivism data (Bell & Coates, 2022). Additionally, CBT does not explore the role of gender in the perpetration

of violence which has led Blatch et al. (2016) to argue for integrated programming which draws on key principles from the Duluth model, such as gendered forms of power and control, as well as CBT frameworks.

There is also growing exploration of other psychotherapeutic approaches to men's behaviour change. One technique that has increasing evidence to support its use, either as a precursor to an MBCP or an adjunct, is motivational interviewing, which aims to strengthen an individual's motivation and commitment to change (Soleymani et al., 2018). A systematic review found that incorporation of motivational interviewing techniques with other perpetrator intervention programs increased attendance, engagement, and behavioural and attitudinal outcomes (Pinto e Silva et al., 2023). Additional psychotherapeutic interventions for men who use violence include acceptance and commitment therapy (ACT) and narrative therapy (Hine et al., 2023). Emerging literature from the United States presents ACT as an alternative to both the Duluth model and CBT approaches. ACT uses mindfulness techniques and aims to build psychological flexibility and support men to understand relationships between emotions and behaviours (Reardon et al., 2020). Preliminary evidence has demonstrated that ACT-based group programming for men who have been charged with DFSV-related offences is feasible and effective (Zarling et al., 2019) and may lead to greater reduction in rates of recidivism when compared to other interventions (Lawrence et al., 2021; Mitchell & Wupperman, 2023). While ACT is not commonly incorporated into behaviour change interventions in Australia at this time, there has been promising research into invitational narrative therapy for men who have used DFSV (Wendt et al., 2019). In a qualitative study based in South Australia, Wendt et al. (2019) found that this form of treatment supported men to meaningfully engage with practitioners by establishing respectful collaboration. It supported men to express their "ethical preferences" about how they would like to live their lives, encouraging them to take ownership of their violent behaviour, and to understand how it aligned (or did not align) with their desired way of life.

In practice, in Australia, MBCPs are most commonly hybrid models drawing on a combination of the approaches described above. Moreover, as noted by Helps et al. (2025) in their evidence brief on the role of MBCPs in addressing DFSV in Australia, modes of referral, duration of engagement, facilitator experience, and degree of contact with victims and survivors all vary widely.

The need to consider diversity, expand key outcome measures and prioritise the safety of women and children

Vlais et al. (2017) argue program “success” must not be confined to the reduction in men’s use of violence following program completion. Such an understanding is constraining and does not recognise behaviour change interventions have multiple objectives that, when combined, can establish and maintain the safety of women and children. These objectives include conducting 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 and establishing formal accountability processes. By focusing on recidivism as the primary measure of program success, men’s use of violence is understood in terms of that which is legislated as criminal. This means that other tactics and forms of DFSV, especially those related to coercive control, are not recognised, captured or monitored (Aaron & Beaulaurier, 2017; Nicholas et al., 2020; Vlais & Green, 2018). It also means that women’s and children’s safety is often not explicitly articulated as a key program objective.

In response to the need for more evidence to guide policy and practice aimed at reducing men’s violence and address critical limitations in evidence for the impact of interventions on women’s safety, Kelly and Westmarland (2015) developed Project Mirabal. A landmark longitudinal study based in the United Kingdom, Project Mirabal explored whether, in community contexts, domestic violence perpetrator programs (DVPPs) worked to reduce men’s use of violence. The project developed six nuanced effectiveness

measures that aimed to document how DVPPs operated within local contexts. These included domains measuring change in respectful communication; women’s and children’s safety and freedom from violence; women’s “space for action”; parenting arrangements; awareness of self and others; and childhood health and safety (Kelly & Westmarland, 2015). These outcomes have been integrated into the United Kingdom’s national accreditation framework for work with perpetrators of DFSV (Respect, 2022). The study emphasised that to be effective, programs must be attuned to the needs of the communities in which they operate – a highly salient point when considering how programs respond to the needs of migrant and refugee men. However, despite geographical diversity of the DVPPs through which participants were recruited, diversity in migration status and ethnicity was not reflected in the study. This is confirmed by the overwhelming whiteness of the participant sample, whereby 93 per cent of (former and current) women partners self-identified as white (Kelly & Westmarland, 2015). It is crucial to note this limitation and recognise 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.

While its participant sample was not representative of migrant and refugee experiences, findings from Project Mirabal did demonstrate that perpetrator programs produce a modicum of behaviour change in men. However, the authors emphasise that participation did not lead to a cessation in men’s use of violence against women and children (Kelly & Westmarland, 2015). Further supporting findings from Project Mirabal, a rapid review of men’s behaviour change programs identified that while men demonstrated positive behaviour change, this did not extend to evidence of an end in men’s use of intimate partner violence (O’Connor et al., 2021). Following engagement with group interventions, positive documented changes included the men’s improved communication and parenting skills, less aggressive behaviour towards intimate partners and children, increased self-awareness of harmful behaviours, and enhanced ability to use empathy in interpersonal relationships (Blatch et al., 2016;

Herman et al., 2014; Kelly & Westmarland, 2015; Lila et al., 2018; Love et al., 2015; O'Connor et al., 2021). Some of these studies presented men's self-reported changes in behaviour (Herman et al., 2014; Kelly & Westmarland, 2015; Love et al., 2015) while others drew findings from secondary sources such as recidivism data (Blatch et al., 2016; Lila et al., 2018).

Limitations on the effectiveness of MBCPs associated with insufficient resources and funding were raised by service providers in an Australian report exploring how to effectively maintain men's engagement in behaviour change programs (Fitz-Gibbon et al., 2024). Participants highlighted that resource allocation and funding levels constrained program delivery and practitioners' capacity to adapt program content to meet the needs of individual group members. The use of heavily prescribed content that was not responsive to community contexts was identified as a barrier to men attending sessions (Day et al., 2019). This supports Kelly and Westmarland's (2015) argument that DVPPs must be embedded in local DFSV prevention systems and delivered in a way that is responsive to place-based community contexts.

O'Connor et al. (2021) explored the limitations of existing evaluative approaches used to examine the effects of program participation, finding that most evaluative studies failed to assess how positive behavioural changes contributed to improved safety for women and children. Evaluations and impact studies of MBCPs did not consistently monitor program integrity, and it was unclear whether programs were guided by logic models. Similar concerns were also outlined by Day et al. (2019). Their qualitative study in Australia examined the perceptions of MBCP practitioners and women partners of the quality of MBCPs, and how safety and accountability planning were included in program delivery in both community and correctional contexts. Day et al. (2019) argued the lack of robust evaluative data limits the ability to prescribe details of best practice in men's behaviour change programs. Participant outcome measures collected following program completion also varied, partly due to systemic funding and resourcing issues. Longitudinal data on patterns of behaviour change were also rare, given follow-up

with participants once the program had finished only occurred when a client reoffended and was subsequently re-referred (Day et al., 2019).

In Australia, Nicholas et al. (2020) have developed a comprehensive evaluation guide for MBCPs, highlighting the importance of capturing data on multiple change mechanisms used by programs to achieve desired outcomes. Developed through close consultation with DFSV practice and policy specialists, the guide directs evaluators to go beyond capturing data related to change in men's violence-supporting attitudes and consider other key program objectives when evaluating the program's success. These objectives relate to the level and type of provision of partner and family safety contact, identifying perpetrator-driven risk, and the integration of multi-agency collaboration to maintain the safety of women and children. Measuring these factors alongside monitoring men's attitudinal and behavioural changes, is intended to produce a more comprehensive understanding of program functioning and success. Others have argued, nonetheless, that there remains an absence of consistent and rigorous tools to measure outcomes related to behaviour change and cessation in men's use of violence (Mungai & Crichton, 2023).

Framing women's and children's safety as a primary outcome of men's participation in an intervention program is especially relevant for migrant and refugee families, given that research has shown many migrant and refugee women try to maintain relationships with partners who have used DFSV (Maturi, 2023; Vaughan et al., 2016). MBCPs stipulate that safety should be monitored through partner contact systems, whereby a worker communicates with a man's current or most recent partner while he is engaged in the program. However, Australian research examining fathering programs in the context of DFV, which included MBCPs, DFV-specific fathering programs, and Aboriginal men's healing programs, found no consistent approach used to maintain partner contact. Nor was this practice prioritised given it is time-intensive and program resources are often limited (Chung, Anderson, et al., 2020).

Despite the centrality of partner contact systems, they have also been criticised for a lack of cultural

responsiveness. Day et al. (2019) reported that migrant women may find standard forms of partner contact, which often takes place over the phone, invasive or abrupt, and that the purpose of the contact may not be clearly expressed by the safety worker. One woman who identified as being from a “minority culture” noted that discussing private, family-related issues with a stranger over the phone was not a comfortable or safe experience (Day et al., 2019, p. 69). This woman’s experience reinforces the need for intersectional practice approaches that consider the diverse contexts of marginalisation and oppression in which migrant and refugee families may be experiencing DFSV. Practices experienced as discriminatory have been known to create intense feelings of distrust in mainstream domestic violence services (Maturi & Munro, 2023).

Responding to risk factors related to the use of domestic, family and sexual violence by migrant and refugee men

Migrant and refugee men’s use of DFSV against women and children has been associated with a range of social, economic, political and health factors. In a systematic review exploring evidence on the perpetration of IPV by migrant men, Ayubi and Satyen (2023) found IPV at the individual level was associated with men’s socio-economic status including education level, employment status, income and food security. Studies included in the review focused on non-refugee migrant men from a broad range of migration contexts, though there was limited discussion of how different migration trajectories may have affected men’s use of IPV. The review found a relationship between the use of IPV and migrant men’s mental health status (e.g. post-traumatic stress symptoms, anxiety, depression, attachment style, anger, stress, and alcohol and drug misuse). Community-level factors associated with IPV were identified as men’s experiences of political violence, deportation, migration-related arrest and racial discrimination. The review also demonstrated that different cultures variably affect how people express and enact gender norms. Interventions must take this heterogeneity into account and move away

from programming that positions migrant men and families as a homogenous group. Ayubi and Satyen (2023) noted that future research was needed to further explore factors associated with IPV and to inform the design of culturally responsive interventions for migrant men who use IPV.

The range of stressors noted above for all migrants are particularly pertinent, and often heightened, in the context of IPV among forced migrants, given the high levels of political violence, trauma and conflict to which forced migrants are exposed (Ayubi & Satyen, 2023). Women who have survived conflict-related violence experience increased vulnerability to IPV in post-conflict settings (see Murphy et al., 2024; Saile et al., 2013). However, there is limited understanding of the long-term impacts conflict-related violence has on the prevalence of perpetration of IPV (Kelly et al., 2018). Evidence examining this relationship is focused on populations who remain in the same geographical area post-conflict, rather than on those who migrate (Jewkes et al., 2017; Kelly et al., 2018; Rees et al., 2018). For example, Rees et al. (2018) carried out a large cohort study examining the risk of perpetration of IPV among men exposed to torture during war-related conflict in Timor-Leste. Study findings supported the research hypothesis that men who survive torture in conflict settings are at increased risk of perpetrating IPV. Men who were torture survivors were also more likely to have comorbid mental health conditions such as post-traumatic stress disorder, depression, anxiety and substance misuse issues. Low socio-economic status, which was also associated with being a survivor of torture, contributed to men’s risk of perpetration. Despite the absence of international migration among participants in Rees et al.’s (2018) study, the findings are integral to understanding how migrant and refugee men’s exposure to war-related conflict, violence and torture pre-migration may affect their intimate partner relationships and contribute to the risk of perpetrating DFSV.

To specifically examine the dynamic relationship between conflict, forced migration and IPV, El-Moslemany et al. (2022) synthesised global evidence related to risk factors associated with

IPV perpetration and victimisation in refugee and asylum-seeking populations. The review identified that education level was the most common factor associated with IPV. The lower the level of education, the higher the risk of IPV perpetration and victimisation. Additionally, the review found legal status, age, exposure to political violence, and residing in temporary accommodation while waiting for asylum claims to be processed were associated with the perpetration of IPV. Further evidence on the relationship between exposure to war-related violence and the use of IPV was found in a dual informant survey conducted with displaced couples in northern Iraq. Using moderated regression analysis, Gossman et al. (2019) found that the IPV women experienced was related to their husbands' exposure to war-related conflict, level of depression and post-traumatic stress disorder, and attitudes towards gender equality. El-Moslemany et al. (2022) also found that violence-supportive attitudes and attitudes not supportive of gender equality were a factor in both perpetration and victimisation. In some studies included in their review, women were also reported to hold violence-accepting attitudes, especially in relation to physical violence.

Another key social factor contributing to the risk of migrant and refugee men's use of DFSV is racial discrimination. Maldonado et al. (2020) examined risk factors for violence perpetration among racial minority communities in the United States. The study analysed data from the National Epidemiological Survey on Alcohol and Related Conditions to explore whether experiences of racial discrimination increased the risk of perpetrating IPV, mediated by poor mental health (anxiety, depression, post-traumatic stress, and alcohol and drug dependency). For Latino migrant men, racial discrimination was found to increase anxiety, depression, symptoms of post-traumatic stress, and alcohol and drug dependency, and to mediate IPV perpetration (Maldonado et al., 2020). There is an established body of theoretical (largely US-focused) research exploring the relationship between racism and DFSV (see hooks, 2003; Powell, 2008). However, there is a lack of empirical research supporting these theories of DFSV perpetration. In response, Sutton et al. (2020) conducted a longitudinal study of potential

moderators and mediators related to African American men's use of physical violence against intimate partners in the United States. Findings from the analysis identified that anger and hostile attribution bias mediated the association between racism and the use of physical violence against women partners. These mediating factors have implications for behaviour change interventions, in that programs may benefit from embedding counselling and peer-support groups for racially marginalised migrant men to process experiences of racial discrimination and build self-awareness strategies around how racism impacts their mental health and intimate relationships (Sutton et al., 2020).

Maturi (2023) conducted semi-structured interviews with refugee settlement and DFSV frontline workers based in Queensland, Australia. Her research aimed to understand how strategies to address gendered violence could be restructured to more effectively engage refugee men in collective, community-based approaches. Findings identified that education, socio-economic status, mental ill health, exposure to political violence, torture, racial and class-based discrimination, legal status, and refugee determination processes may all contribute to the risk of refugee men perpetrating DFSV. This has considerable implications for the development of interventions for migrant and refugee men who have used violence (Turhan, 2020). It is important that institutions and services recognise the impacts people's lived experiences of intersectional discrimination, trauma and violence have on exacerbating the risk of a person perpetrating DFSV and their capacity to engage in the interventions that are offered (Emezue, 2023). Scott and Jenney (2022) argue trauma- and violence-informed care (TVIC) may be used to explicitly acknowledge these experiences while centring efforts to maintain women's safety. TVIC acts as a framework for services to recognise associations between men's personal history of trauma, structural factors that influence an individual's experiences of discrimination, and the level and nature of risk men pose to women and children who are close to them (Scott & Jenney, 2022). Alongside TVIC, there is a need for specialised mental health services working with migrant

and refugee men to incorporate components of gender equality approaches and the management of aggression into service provision (Goessmann et al., 2019). Migrant and refugee families with men who have experienced torture may also benefit from participating in early intervention and DFSV prevention programs (Rees et al., 2018). It has also been argued that behaviour change programs should consider adapting programming to further enhance social networks and peer support to assist in maintaining nonviolent behaviours following program completion (Voith et al., 2021).

Abdelnour (2020) conducted a qualitative consultation with 83 service stakeholders in Victoria, Australia, to explore gaps in family violence services for culturally and linguistically diverse men. The report revealed systemic barriers within mainstream MBCPs, such as a lack of cultural safety, insufficient access to interpreters, and neglect of settlement-related stress. Settlement and multicultural services were often the first point of contact yet frequently excluded from formal intervention pathways (see also Vaughan et al., 2019). Migrant and refugee men were often seen as “resistant to change” in mainstream programs – a perception rooted more in systemic neglect than actual unwillingness (Abdelnour, 2020). The report also highlighted issues unique to regional areas, including worker safety, limited cultural training among service providers, and homelessness among perpetrators. The findings reported in this section underscore the urgent need for the development of culturally responsive, trauma-informed interventions that reflect the realities of migrant and refugee men’s lives.

Interventions for migrant and refugee men who have used DFSV

While the evidence for the impact of interventions tailored to the circumstances of migrant and refugee men who have used DFSV is minimal, studies that do exist affirm the need for intersectionally informed, culturally responsive approaches. Small studies with Latino immigrant men in the United States; South Asian immigrant, refugee and visible minority men in Canada; and Turkish men in England who participated in culturally informed perpetrator interventions

found cultural adaptation and in-language delivery supported engagement, although structural barriers and issues of trust remained (Parra-Cardona et al., 2013; Turhan & Bernard, 2022; Wong & Bouchard, 2021).

As noted in the Introduction, Fitz-Gibbon et al. (2023) reviewed the Motivation for Change program in Australia. This 15-week early intervention was delivered by inTouch Multicultural Centre Against Family Violence and designed to be delivered to men who used violence from a range of language and cultural backgrounds. At the time of the review, the program had been tailored for South Asian and Afghan migrant men and was delivered in Hindi and Dari. Its culturally responsive “inLanguage, inCulture” approach was praised for overcoming linguistic barriers. However, the evaluation relied heavily on practitioner perspectives, with minimal engagement from participants or their families, meaning the evidence for its impact on violence perpetration is limited. Challenges also emerged when adapting and translating components of commonly used models such as the Duluth framework across cultures, particularly among South Asian men who held different understandings of violence. In addition, the program’s shorter length (15 weeks versus the Victorian MBCP standard of 20 weeks) was seen as inadequate. Staff shortages, especially of bilingual facilitators, further limited delivery. Despite these barriers, the program filled a critical service gap in Australia and underscored the need for culturally safe and multilingual programs developed in partnership with communities (Fitz-Gibbon et al., 2023).

Emezue et al. (2021) conducted an integrative review of culturally differentiated batterer intervention programs (BIPs) for immigrant male batterers, drawing on eight studies with 4,358 participants. The review, which drew heavily on programs with Hispanic populations, highlighted higher completion rates and short-term behavioural improvements in programs tailored to participants’ language and culture. Incorporating cultural values such as machismo, caballerismo and familial respect led to attitudinal shifts, while bilingual facilitators and culturally relevant group discussions supported participant engagement.

However, the evidence for sustained behavioural change was inconclusive. The review also identified multiple pre- and post-migration risk factors – ranging from traditional gender norms and political trauma to racism, discrimination, and employment instability – that heightened IPV risk among immigrant men who used violence. The review concluded that culturally adapted interventions are essential for addressing the layered socio-ecological challenges migrant men face but emphasised the need for further research into long-term outcomes. It noted that the limited available literature was dominated by descriptive approaches with little research that documented intervention outcomes such as adherence, completion, or change in violence-supporting attitudes, or included follow-up data on post-intervention perpetration.

Cited in the review by Emezue and colleagues (2021) as the only study of the eight that measured the effectiveness of the intervention on violence perpetration was a CBT-based individual intervention program comprising 20 1-hour individual sessions in Spain targeting male perpetrators of gender-based violence. The evaluation conducted by Echauri and colleagues (2013) aimed to measure the effectiveness of the psychological treatment program. The evaluation compared outcomes between 150 immigrant men (primarily from South America, Africa, Europe and Asia) and 150 Spanish citizens to examine program effectiveness. Most participants were men whose participation was court-mandated and associated with a suspended sentence and this appeared to motivate sustained engagement. Sessions focused on motivations for therapy, empathy and skills training, anger management and the modification of cognitive distortions related to the offence. The final five sessions focused on relapse prevention by identifying high-risk situations for violent behaviour and teaching coping strategies as an alternative to violence. Assessments were made at the end of treatment and at 12-month follow-up. Results showed a 34.6 per cent “success” rate, with “success” defined by the study authors as disappearance of physical and psychological abuse episodes and decrease in psychopathological symptoms related to empathy, distorted thinking, resistance to change

and coping strategies. A further 51.3 per cent of participants demonstrated “improvement”, defined by the authors as disappearance of abuse episodes but without any clear change in associated psychopathological symptoms. There were no statistically significant differences in success or improvement rates between immigrant and non-immigrant groups and these outcomes remained stable at 12-month follow-up. While the program reduced physical and psychological violence in 85.9 per cent of cases, 14.1 per cent of participants reoffended (Echauri et al., 2013). Despite failing to fully prevent future violence, this study contributes a valuable comparative perspective and supports the adaptability of CBT-informed individual interventions for migrant men. It is important to emphasise, however, that this intervention comprised individual rather than group sessions.

Alternative models

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. In the *Central Australian Minimum Standards for Men’s Behaviour Change Programs* (Brown & Corbo, 2020), authors acknowledge the high proportion of Aboriginal and Torres Strait Islander families who live in and are part of the Central Australian community. As such, the guidelines make specific reference to the fact that men in Central Australia face a range of structural and intersecting factors that may contribute to how they use violence. These factors include physical and mental ill health, over-policing, intergenerational trauma, homelessness, inadequate housing, substance misuse, unemployment, and socio-economic and historic disadvantage linked to ongoing processes of colonisation. To address these factors, Brown and Corbo include examples of unacceptable practice aligned with each of the six key principles in the standards. For Principle 6, which states that all programs are culturally safe and accessible,

examples of unacceptable practice include treating men as a homogenous group, not adapting group materials to suit cultural and/or linguistic contexts, and instances where culture is used as an excuse to justify, excuse or minimise men's violence. These factors closely align with findings from studies included in this review that highlight structural, social and cultural issues affecting migrant and refugee men who use violence.

Further insights can be found in Carlson and colleagues (2024), who explored Aboriginal and Torres Strait Islander healing programs through Indigenous-centred methodologies, including yarning circles and a national symposium. Aligning with some of the recommendations of scholars critiquing interventions for refugee men as failing to acknowledge the significant trauma and discrimination experienced by those using violence (e.g. Maturi, 2023), the study rejected binary framings of "perpetrator" and "victim-survivor". It advocated instead for healing responses that centre the experiences of those affected by family violence while providing non-carceral, rehabilitative support to those who have used violence. Healing programs were viewed not as standalone services but as part of broader community wellbeing and resistance to the intergenerational impacts of colonisation (Carlson et al., 2024). These programs were grounded in trauma-aware, strengths-based and community-led approaches, framed as anti-colonial and rooted in Aboriginal concepts of health and connectedness. Nine key themes emerged, including trust, sustainability, collaboration, and the need for holistic, culturally safe practices. The insistence that "mob must design programs for mob" underscores the importance of culturally specific, community-led interventions.

The Maranguka Justice Reinvestment Project in Bourke, New South Wales – described as the first Aboriginal-led, place-based justice reinvestment model in Australia – was evaluated by KPMG (2018). Rather than relying on punitive responses, the project redirects funding toward prevention and community development to address root causes of crime, including family violence. Guided by the Bourke Tribal Council, the initiative employs an Aboriginal life-course framework (Bourke

Tribal Council et al., 2025). Between 2016 and 2017, the project reported a 23 per cent drop in police-recorded domestic violence incidents and a 19 per cent decrease in reoffending among adults. While the results were promising, the report acknowledged limitations in data accuracy due to under-identification by Aboriginal people in police encounters (KPMG, 2018). This issue is also relevant for migrant and refugee men, whose background may be undisclosed, or unrecorded, during interactions with legal or service systems. The model's emphasis on community leadership, prevention, and empowerment offers valuable insights into the potential for culturally grounded alternative models for addressing men's use of violence (Lockwood et al., 2023). This framework is relevant to migrant and refugee men, many of whom have experienced colonial violence, trauma and marginalisation.

Insights from Indigenous healing approaches offer clear parallels for migrant and refugee populations. Community distrust of mainstream services – shaped by systemic discrimination and historical trauma – may mirror the experiences of many culturally and racially marginalised groups. The emphasis on non-carceral responses also raises important questions about how court-mandated MBCPs are perceived: whether as opportunities for rehabilitation or punitive tools of the justice system. These models suggest that shifting from punitive to holistic, culturally grounded, community-led and trauma-informed alternatives may be more effective in supporting behavioural change among migrant and refugee men.

PART 4:

Conclusion

This review has explored evidence for interventions for migrant and refugee men who use violence. It has also drawn on research focused on DFSV experiences of migrant and refugee women who are most frequently the victims of such violence (while noting our earlier proviso, that migrant and refugee women and men can also be in relationships with non-migrants).

Research with victim-survivors from migrant and refugee backgrounds as well as with service providers has repeatedly found women from migrant and refugee communities may be more reluctant than other women to leave abusive relationships. Precarious migration status, social isolation, cultural and religious norms, family pressure, community stigmatisation, fear of losing access to children, and lack of opportunities for financial independence may all contribute to this reluctance (Block et al., 2021; Raj & Silverman, 2002). In addition to multiple factors that delay help-seeking, research has identified that family violence services in Australia are perceived as being able to provide very little help if women are not willing to leave their partner, which also acts as a significant deterrent to engaging with services (Block et al., 2021). If migrant and refugee women are staying longer in relationships with men who use violence, then the need to implement effective evidence-based perpetrator programs for migrant and refugee men becomes even more salient.

Many of the studies included in this review point to the need for culturally informed, holistic, community-led and intersectional approaches that view men who use violence not merely as perpetrators but as individuals shaped by migration, displacement and marginalisation. While pockets of innovation and promise are evident, the field is constrained by short program durations, inadequate follow-up, and limited attention to participants' lived experiences. Evidence for the effectiveness of culturally adapted approaches is almost non-existent, with the only study providing reasonably strong evidence for reduction in use of violence by immigrant men coming from a project that provided individualised CBT sessions (Echauri et al., 2013). Even in that case, data that could

verify the cessation of violence was not collected from partners.

In lieu of evidence specifically related to culturally appropriate programs for people who use DFSV, researchers have developed best practice principles for behaviour change interventions with men from refugee backgrounds (Fisher et al., 2020). While overarching priorities include giving precedence to women's and children's safety and holding men who use violence responsible for their behaviour, several additional principles have been identified. These include that interventions should be trauma-informed and take into account language needs, mental and physical health issues, post-migration structural disadvantages, settlement challenges, and pre-migration experiences of violence and dislocation (Fisher et al., 2020; Rees & Pease, 2007). Guidance for working with non-refugee migrant men is lacking. The best practice principles identified for working with refugee men largely align with some wider critiques of MBCPs, which call for approaches that might encourage help-seeking and that are more therapeutic and less explicitly punitive and stigmatising. Such approaches must balance the inherent tension in working more collaboratively and therapeutically with men while simultaneously emphasising perpetrator accountability and prioritising the needs of victim-survivors. Scholars have nonetheless argued that such approaches are likely to be more effective and result in greater safety for women and children in the longer term (Kuskoff et al., 2022; Maturi, 2023; Moss, 2016).

Aligning with the best practice principles noted above, interventions should take into account language needs, health, settlement challenges and pre-migration experiences (Fisher et al., 2020; Rees & Pease, 2007). The findings from this review underscore the urgent need for the development of culturally responsive, trauma-informed alternatives that reflect the realities of migrant and refugee men's lives. Interventions must incorporate intersectional practice approaches that consider the diverse contexts of marginalisation and oppression in which migrant and refugee families may be experiencing DFSV. Implications of embedding such intersectional approaches are summarised here:

- Institutions and services must consider how experiences of pre- and post-migration racial discrimination, political violence and trauma affect men's risk of perpetrating DFSV and their capacity to engage in interventions that are offered (Ayubi & Satyen, 2023; Emezue, 2023).
- Interventions should also be mindful of 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 (Ayubi & Satyen, 2023).
- At the same time, interventions must take into account cultural factors that variably affect how people express and enact gender norms and avoid programming that positions migrant men and families as a homogenous group (Ayubi & Satyen, 2023).
- Individual, community-level and structural mediating factors have implications for behaviour change interventions. TVIC can be used to explicitly acknowledge these experiences while centring efforts to maintain women's safety (Scott & Jenney, 2022). Migrant and refugee families with men who have experienced trauma and torture may also benefit from participating in early intervention and DFSV prevention programs (Rees et al., 2018).
- Programs are likely to benefit from connecting with specialised mental health services (Goessmann et al., 2019). Embedding counselling and peer-support groups may support men to process experiences of discrimination and trauma and build self-awareness strategies around how these experiences affect their mental health and intimate relationships (Sutton et al., 2020).
- Adapting behaviour change programming to further enhance social networks and peer support may assist in maintaining nonviolent behaviours following program completion (Voith et al., 2021).
- Reviews of MBCPs have emphasised they must be embedded in local DFSV prevention systems and delivered in a way that is responsive to place-based community contexts (Helps et

al., 2025). For migrant and refugee families, multicultural and settlement services are likely to be a vital part of this prevention ecosystem (Vaughan et al., 2020).

More research is needed with migrant and refugee families to inform the design of culturally responsive intervention models for migrant men who use DFSV. Existing evidence indicates that shifting from punitive to holistic, culturally grounded, community-led and trauma-informed alternatives is likely to be more effective in supporting behavioural change. Recent Australian research also highlights, however, that existing funding approaches constrain program delivery and capacity to adapt program content to meet the needs of individual group members (Fitz-Gibbon et al., 2024).

Models for appropriate approaches may be found in some of the innovative programs being developed within Australia's Indigenous communities (Carlson et al., 2024; Lockwood et al., 2023). To achieve lasting behavioural change and improve outcomes for migrant and refugee women and children, future interventions must be rigorously evaluated, co-designed with communities, and grounded in justice-oriented, culturally affirming frameworks.

Author contributions

Karen Block and Gemma Tarpey-Brown wrote the report with contributions from Nuruzzaman Khan.

Gemma Tarpey-Brown undertook the literature search, with design input from Karen Block, Cathy Vaughan and Georgina Sutherland. Gemma Tarpey-Brown, Nuruzzaman Khan and Phuong Hoang extracted data and summarised findings from the retrieved literature.

All authors reviewed the final report.

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APPENDIX A:

Overview of integrative review methods

1. Completed a comprehensive search across MEDLINE, PsycInfo, CINAHL, Scopus and Google Scholar for peer-reviewed articles (articles must have been published in the last 15 years (excluded if published before 2009)).
2. The reference lists of relevant articles were scanned and any additional articles found were included.
3. Articles included in systematic, scoping and integrative reviews were read and included if relevant.
4. ANROWS' website was searched.
5. A grey literature search was conducted.
6. The stakeholder reference group was consulted for information on practice related reports. This yielded multiple reports and evaluations of programs run across Europe with different migrant and refugee cohorts.

Search strategy used to scan databases

(behavi* change OR intervention* OR program* OR plan OR strateg* OR screening* OR framework* OR polic* OR campaign* OR treat* OR advoca*) AND (men OR men's OR male OR males OR perpetrator* OR batterer*) AND (diversity OR cultural* OR culture OR ethnic* OR linguistic* OR migra* OR refuge* OR displaced OR humanitarian) AND ("family violence" OR "domestic violence" OR "intimate partner violence" OR "IPV" OR "spous* abuse" OR "partner abuse")

APPENDIX B:

**Descriptive characteristics and
key findings of included studies
conducted with migrant and
refugee men**

Author	Aim	Country of study	Methodology	Methods	Participant sample	Key findings
Abdelnour, H. (2020)	To understand how CALD perpetrators of family violence are supported and to identify ways of improving cultural inclusion within specialist family violence services	Australia	Qualitative	Consultations	Stakeholders from non-profits, government, community and academia (n = 83)	Evidence of concerning practices across the family violence sector. CALD families experiencing family violence were confronted by the limited capacity of mainstream services to understand how the use and experience of family violence is intertwined with settlement processes. Trauma was identified as a result of family violence intervention. Perpetrators from CALD backgrounds were seen as “invisible” with limited to no in-language resources available to support practitioners.
Ayubi, M. & Satyen, L. (2024)	To identify factors in international evidence that are associated with the perpetration of intimate partner violence (IPV) among migrant men	International	Mixed methods	Systematic review	Most studies included in the review focused on migrant men. Only 1 study included refugee men. In total across 18 studies n = 4,389	18 studies included in the review. Implications of review findings are that intervention programs should be “culturally sensitive” and promote gender equity. Policies should fund “culturally appropriate” programs that aim to prevent and reduce IPV perpetration among migrant men. Authors argue future research is needed to explore factors associated with IPV within specific cultures to determine culture-specific factors.
Echauri, J. A., Fernández-Montalvo, J., Martínez, M., & Azkarate, J. M. (2013)	To evaluate the effectiveness of the treatment of immigrant perpetrators in an intervention for men who have used IPV	Spain	Quantitative	Self-administered psychopathological assessment questionnaire at pre-treatment, post-treatment, and 12-month follow-up	150 Spanish citizens and 150 immigrant men from South America (76.6%), Africa (11.3%), Europe (16.6%), and Asia (1.3%)	There was no statistically significant differences in the success and improvement rates observed between the immigrant and citizen groups. Post-treatment success rate was 34.6% both in the immigrant group and the citizen group while the improvement rate was 51.3% in both groups. The combined rate of success and improvement was 87.3% among immigrants and 86.6% among citizens. In addition, the associated psychopathologic symptoms exhibited significant improvement.

Author	Aim	Country of study	Methodology	Methods	Participant sample	Key findings
El-Moslemany, R., Mellon, L., Tully, L., & McConkey, S. J. (2022)	To identify risk factors associated with IPV perpetration and victimisation in refugee and asylum-seeking populations	International	Quantitative	Systematic review	Participants must have crossed an international border, or lived in a setting that has significant refugee populations	At the individual level, attitudes towards violence were a factor associated with male perpetration of IPV. At the community level, political violence and conflict were associated with IPV (also at the individual and household level). Residents in asylum reception accommodation were more likely to perpetrate physical violence.
Emezue, C. (2023)	To explore and review social, criminal and civil policies and procedures for engaging with migrant and refugee men who perpetrate violence against women, particularly domestic violence	Europe, Middle East and North Africa	Mixed methods	Literature review	Migrant and refugee men	Domestic violence perpetrated by immigrant and refugee men requires culturally competent, intersectional, and responsive rehabilitation approaches. While programs exist to rehabilitate male perpetrators, they often fall short due to cultural insensitivity, high attrition rates, and complex socio-legal challenges immigrants face. These challenges include navigating patriarchal norms, xenophobia, and lack of legal rights, further exacerbated by factors such as the COVID-19 pandemic and climate change. To improve interventions, holistic, family-centered approaches and culturally tailored programs are needed.

Author	Aim	Country of study	Methodology	Methods	Participant sample	Key findings
Emezue, C. N., Williams, O. J., & Bloom, T. L. (2021)	To identify key intervention characteristics relevant to batterer intervention program (BIP) success	International	Mixed methods	Integrative review	A total of 4,358 participants were included in the integrated review	Immigrant male batterers showed higher completion rates in culturally specific programs, particularly when the programs were culturally tailored. Pre-migration factors, such as exposure to political violence (e.g. witnessing murder, rape, torture, or the death/injury of multiple people, and being kidnapped or detained), increased the likelihood of domestic violence perpetration. Post-migration factors including sociodemographic, sociocultural, systemic and socioeconomic changes due to immigration were also found to exacerbate risks of perpetration.
Fitz-Gibbon, K., Helps, N., & Tan, S. H. (2023)	To document program elements, practitioner perspectives and the delivery model used in the Motivation for Change program	Australia	Mixed methods	Surveys, small group interviews and case note analysis	Male program participants at intake (n = 22) and exit (n = 36), affected family members (n = 2) and program practitioners (n = 8)	Review findings are organised around seven themes related to the program: the importance of language and culture in program delivery; program structure and components; case management and risk assessment; family safety and engagement with affected families; participant engagement and disengagement; behavior change as a process; and opportunities and challenges. Findings underscored the need for comprehensive planning to address cultural, linguistic and resource challenges.

Author	Aim	Country of study	Methodology	Methods	Participant sample	Key findings
Goessmann, K., Ibrahim, H., Saupe, L. B., Ismail, A. A., & Neuner, F. (2019)	To investigate the relationship between war-related psychopathology, attitudes towards women, and male-perpetrated partner violence	Iraq	Quantitative	Dual informant surveys	46 married heterosexual couples living in Sulaymaniyah, Northern Iraq. Over 45% of participants had lost a family member in conflict.	The number of war-related traumatic events that men had experienced was significantly correlated with depression ($r = 0.39$, $p < .01$) and PTSD ($r = 0.29$, $p < .05$). Men's war-related mental health issues had significant impacts on the perpetration of IPV. Findings highlight the importance of including gender attitudes and aggression management in trauma treatment for men in post-conflict settings.
Jewkes, R., Jama-Shai, N., & Sikweyiya, Y. (2017)	To further understand the impact of war-related conflict on mental health and men's perpetration of violence against women in Papua New Guinea	Papua New Guinea	Quantitative	Household surveys	Men and women who had been exposed to war-related conflict in Bougainville	The perceived impacts of war-related conflict on the population were associated with depressive symptoms in men and women, and substance use in men. The perceived enduring impact from the conflict was also associated with perpetration of rape within the past 12 months and physical and/or sexual IPV.
Maldonado, A. I., Cunradi, C. B., & Nápoles, A. M. (2020)	To examine risk factors for IPV perpetration for racial/ethnic minorities and to test if racial discrimination is associated with perpetration of IPV	United States	Quantitative	Multigroup structural equation modelling	Immigrant ($n = 1,187$) and US-born ($n = 1,077$) Latino men	Discrimination was found to be associated with mental ill health and to contribute to the perpetration of IPV amongst Latino men. Mental health risk factors were found to vary based on immigration status.

Author	Aim	Country of study	Methodology	Methods	Participant sample	Key findings
Maturi, J. (2023)	To explore how strategies to address violence against women can be restructured to engage refugee men in collective, community-based approaches and understand the limitations of contemporary individualistic, western-centric strategies in this context	Australia	Qualitative	Semi-structured interviews	Frontline workers from domestic violence and refugee settlement organisations (n = 31)	Refugee men were found to participate in domestic violence programs because they were court-mandated, which they perceived as a form of punishment, leading to feeling isolated from their families. This suggests that men should be considered within a broader societal context and in relation to the lives of women. The paper critiques current interventions for emphasising women's empowerment and holding men legally accountable, arguing that these approaches fail to address collective social structures valued in many refugee communities.
Parra-Cardona, J. R., Escobar-Chew, A. R., Holtrop, K., Carpenter, G., Guzmán, R., Hernández, D., Zamudio, E., & González Ramírez, D. (2013)	What is the satisfaction of Latino immigrant men after participating in a culturally informed intervention program for Latino men who use IPV?	United States	Qualitative	In-depth interviews	Latino men (n = 21) who had participated in Raíces Nuevas, an intervention that had been culturally adapted for men who batter	Participants perceived the intervention to be effective because it was culturally adapted to meet the specific needs of Latino men. Men appreciated the use of culturally relevant content, such as discussing Latino family values and addressing issues of machismo. Participants highlighted the importance of discussing cultural norms and values, which facilitated their engagement in the process of change.

Author	Aim	Country of study	Methodology	Methods	Participant sample	Key findings
Rees, S., Mohsin, M., Tay, A. K., Steel, Z., Tam, N., Da Costa, Z., Soares, C., Tol, W., Eapen, V., Dadds, M., & Silove, D. (2018)	To understand if torture plays a role in generating risk of using gendered violence in refugee and post-conflict contexts	Timor-Leste	Quantitative	Cohort survey study	Women (n = 1,672) and conjugal male partners (n = 889) living in Dili and regional Timor-Leste who accessed public antenatal clinics in Dili	Findings indicated a path for younger age, torture exposure, and lower socio-economic status for men. These factors, in addition to mental disturbance, were shown to contribute to the risk of IPV. Low socio-economic status, young age, exposure to torture, and mental disturbance were all associated with the use of IPV.
Sutton, T. E., Gordon Simons, L., Martin, B. T., Klopach, E. T., Gibbons, F. X., Beach, S. R. H., & Simons, R. L. (2020)	To explore the association between racial discrimination and the use of IPV, and examine potential mediators and moderators of this association	United States	Quantitative	Longitudinal cohort study	Male African American youth (n = 411) and their families	The association between youth perpetration of IPV and adolescent experiences of racial discrimination was found to be mediated by anger and hostile attribution bias. Authoritative parenting practices and corporeal punishment acted as moderators. The study also contributed evidence to racial discrimination being understood as a form of interpersonal violence against African American men.
Turhan, Z. (2020)	To provide an overview of intervention approaches for male perpetrators of domestic violence and assess program effectiveness among historically marginalised ethnic men	International	Mixed methods	Literature review	Men who use violence who were from marginalised ethnic groups, including Black, Hispanic, Asian, African and Turkish communities	Culturally sensitive models were found to be more effective for marginalised ethnic groups as they take into account racial, cultural and social backgrounds, making the intervention process more relatable and effective for behaviour change. Findings emphasise the need to integrate culturally sensitive strategies with existing therapeutic models to improve engagement and outcomes for men from marginalised ethnic backgrounds who used violence.

Author	Aim	Country of study	Methodology	Methods	Participant sample	Key findings
Turhan, Z. & Bernard, C. (2022)	To investigate how Turkish men's cultural backgrounds, migration status, experiences of racialisation, and interactions with intervention facilitators influence engagement in interventions for domestic violence	United Kingdom	Qualitative	Semi-structured interviews	Turkish men participating in domestic violence interventions (n = 9) and professionals working with Turkish men using violence (n = 11)	Participants were more responsive when programs were led by culturally competent professionals who understood Turkish cultural, religious and social contexts. Findings highlighted the need for tailored programs that considered the specific needs and complex backgrounds of immigrant men.
Voith, L. A., Lee, H., Russell, K. N., & Korsch-Williams, A. E. (2021)	To understand how relational health may mitigate the effects of trauma among racially and socioeconomically marginalised men who perpetrate IPV	United States	Mixed methods	Exploratory sequential design and taxonomy development model (qualitative interviews and quantitative survey)	Black men, Indigenous men and men of colour from low-income backgrounds	Mental health issues were found to exacerbate challenging social circumstances for some men. This was supported by significant bivariate and multivariate associations. This research lays groundwork for future work in this space and highlights the need for batterer intervention programs to be adapted to enhance men's social networks to support non-violent behaviours following program completion.
Wong, J. S., & Bouchard, J. (2021)	To explore the impact of behaviour change programs among immigrants, refugees and visible minority clients	Canada	Mixed methods	Psychological and physical abuse subscale surveys and open-ended questions	Men from immigrant, refugee and minority backgrounds (n = 14). Most identified as South Asian (n = 11).	Participation in the program led to marginally significant decreases in psychologically abusive behaviours but showed no change in physical abuse or improvement in skills related to anger reduction. Future programs for immigrant and refugee men need to address social stressors such as immigration and resettlement. Programs should be culturally sensitive, incorporating participants' cultural strengths, values and native languages.

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Australia's National Research Organisation
for Women's Safety Limited (ANROWS)

PO Box Q389, Queen Victoria Building NSW 1230
www.anrows.org.au
ABN 67 162 349 171