Interventions for migrant and refugee men who use domestic, family and sexual violence: Experiences and perspectives of migrant and refugee men and women, service providers and other stakeholders

ANROWS

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

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RESEARCH REPORT
ISSUE 01 | AUGUST 2026

ANROWS acknowledgement

This material was produced with funding from the Australian Government Department of Social Services to deliver a National Priority Research Fund program designed 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. We must first develop a deeper understanding of the ways in which colonial oppression and violence are reproduced through modern structures and institutions. ANROWS strives to understand and play our part in addressing these injustices, including seeking to ensure that 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

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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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.

ANROWS research contributes to the six National Outcomes of the National Plan to End Violence against Women and Children 2022–2032. This research addresses National Outcome 4 – People who choose to use violence are accountable for their actions and stop their violent, coercive and abusive behaviours.

Suggested citation:

Block, K., Tarpey-Brown, G., Sutherland, G., & Vaughan, C. (2026). *Interventions for migrant and refugee men who use domestic, family and sexual violence: Experiences and perspectives of migrant and refugee men and women, service providers and other stakeholders* (Research report, 01/2026). ANROWS. https://doi.org/10.71940/P8BR-NB78

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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 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 lived experiences and contributions to knowledge of the migrant and refugee men and women who took part in this research. Members of service organisations provided invaluable support for this project, both by sharing their accumulated wisdom and expertise through interviews, and assisting with recruitment of migrant and refugee men and women. We would like to acknowledge and thank them for their contributions, along with our colleagues Eliza Crosbie, Meg Lee and Ainun Dwiyanti, who assisted with data collection. We received invaluable advice and recommendations throughout from our stakeholder advisory group, whose members we would also like to thank.

Contents

Acronyms

ANROWS	Australia's National Research Organisation for Women's Safety
AOD	alcohol and other drugs
CALD	culturally and linguistically diverse
CBT	cognitive behavioural therapy
DFSV	domestic, family and sexual violence
IVO	intervention order
MBCP	men's behaviour change program
TVIP	trauma and violence-informed practice

Definitions and concepts

Term	Definition / concept
Anti-racism	Anti-racism is "an active practice of identifying and eliminating racism through addressing attitudes, behaviours, structures and systems" (Trenerry et al., 2024, p. 75). Anti-racism is more than being "not racist". It involves conscious decisions that seek to challenge injustice and promote racial equity. It can be helpful to think of anti-racism as a skillset that we can all develop and use to promote a better, more equitable society (Australian Human Rights Commission, n.d.).
Child protection order	A child protection order is an order made by the Children's Court. The objective of the order is to protect the child or children involved, and it may or may not include provisions for their permanent care. The term includes provisional, interim and final orders. These could include, for example, a permanent care order, family reunification order, temporary custody order, protective supervision order, protection order (special guardianship), or emergency care and protection order.
Coercive control	Coercive control is a concept that underpins almost all domestic and family violence and manifests as a pattern of behaviours and tactics that can be highly individualised. Coercive control is not associated with a particular type of abuse and can be physical, emotional, cultural, economic, financial and social in nature. Coercive control encompasses the "various means to hurt, humiliate, intimidate, exploit, isolate, and dominate … victims over time", which includes non-physical and/or physical tactics (Stark, 2007, p. 5; see also Stark & Hester, 2019).
Cognitive behavioural therapy for domestic, family and sexual violence	Cognitive behavioural therapy (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).

Term	Definition / concept
Cultural safety	Cultural safety is essential for addressing health inequalities and providing equitable services to racialised individuals and groups. To achieve cultural safety, services and practitioners need to be engaged in working towards critical consciousness. This involves being prepared to critique "taken for granted" power structures and to challenge assumptions embedded in their own cultures and cultural systems (Curtis et al., 2019).
Cultural humility	Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique and to developing mutually beneficial partnerships with communities. It involves a respectful and inquisitive approach whereby practitioners seek knowledge from their clients regarding their cultural and structural influences rather than assuming understanding or expertise about a culture outside of their own. Cultural humility means having an interpersonal stance that is other-oriented, characterised by respect and openness to new cultural information. It is a continual process of self-reflection and self-critique that overtly addresses power inequities. It is also an ongoing way of being in the world and being in relationships with others and self (Hook et al., 2013).
Culturally and racially minoritised	The term "culturally and racially minoritised" (CARM or CRM) 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 culturally and linguistically diverse (CALD) as it emphasises the considerable impact of discrimination and racism in people's lives (Mapedzahama et al., 2023).
Domestic, family and sexual violence	Domestic, family and sexual violence (DFSV) 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, referring "not only to violence between intimate partners but also to violence perpetrated by parents (and guardians) against children, between other family members and in family-like settings" (Commonwealth of Australia, 2022, p. 37). 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).

Term	Definition / concept
Domestic, family and sexual violence (continued)	"Sexual violence" refers to sexual activity that happens where consent is not freely given or obtained, is withdrawn, or the person is unable to consent due to their age or other factors. It occurs any time a person is forced, coerced or manipulated into any sexual activity. (Commonwealth of Australia, 2022, p. 37) Sexual violence 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).
Domestic, family and sexual violence service system	The DFSV service system encompasses a range of interrelated social, health, family violence, housing and legal services that support individuals and families affected by DFSV. The term "service system" refers to a collection of separate services that provide support across different domains in response to the same overarching issue. Victim-survivors of DFSV commonly access support from different services for housing, healthcare, financial assistance and legal advice. The term "DFSV service system" is used to demonstrate that these services ideally function as a connected set of complementary supports.
Duluth model	The Duluth model is a well-established model drawn on in tertiary prevention and response systems targeting men who use DFSV (Pence & Paymar, 1993). 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; and intimidation and isolation of women (Bohall et al., 2016).
Intersectionality	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 (Collins, 2019; Combahee River Collective, 1977; Crenshaw, 1991). Intersectionality "moves beyond single or typically favoured categories of analysis" – for example 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).

Term	Definition / concept
Interventions for men who use domestic, family and sexual violence	Interventions for men who use DFSV encompass the different types of programs designed to support men to reduce their use of DFSV. In Australia, most interventions are men's behaviour change programs (MBCPs). Interventions also include multi-pronged 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.
Intervention order	An intervention order (IVO) is a court order from a magistrate that is used to protect a person, their family and their property from someone using, or threatening to use, violence. Names for IVOs vary across Australian states and territories. In Victoria, New South Wales and Queensland, where this research was conducted, they are referred to as intervention orders (Victoria), apprehended violence orders (NSW), and protection orders (Queensland). Each of these three states has a specific type of IVO for family violence. In Victoria, this is called a family violence intervention order, in New South Wales it is an apprehended domestic violence order, and in Queensland it is a domestic violence order. The terms of an IVO vary depending on the type of behaviour. In family violence–related orders, the person using violence is referred to as the "respondent" while the person/people experiencing violence is/are the "affected family member/s".
Mainstream services	Mainstream services are services designed for use by the general population. Conceptually, the "mainstream" is socially constructed and fluid, meaning what is understood as mainstream changes across political, social and cultural environments. Brown and colleagues (2023, p. 166) note that "the mainstream is defined by what it is not, rather than what it is". In this report, we have used "mainstream services" to refer to organisations and services that **do not provide specialised support** for people from migrant and refugee backgrounds.

Term	Definition / concept
Men's behaviour change programs	MBCPs are group-based interventions designed for men who have used violence. Programs typically run for 20 weeks and are designed to maintain the safety of women and children, hold men accountable for using violence, and challenge harmful attitudes and behaviours (No to Violence, 2018). MBCPs are delivered in community and prison-based settings and are not designed for men who present as high risk.
Migrant	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 be forced due to war, persecution, discrimination, environmental issues, and other factors impacting an individual's safety and human rights. Migrants may be temporary residents in destination countries, such as labour migrants and international students, or they may migrate permanently and obtain citizenship in another country (International Organisation for Migration, n.d.).
Refugee, forced migrant and asylum seeker	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 defined in Article 1 of the Convention Relating to the Status of Refugees (1951) as an individual who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable or, owing to such fear, is unwilling to return to it. People with refugee status and people seeking asylum are categories of migrants. It is important to note that many migrants who do not have legal 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 or have been stateless, people seeking asylum, and victim-survivors of trafficking (Buckley-Zistel & Krause, 2017).

Term	Definition / concept
Trauma-informed care	Trauma-informed care is a type of care provided in health and social services that recognises, assesses and responds to the effects of traumatic stress in individuals, families and communities (Forkey et al., 2021). Six key principles for delivering trauma-informed care have been developed: safety (physical and psychological); trustworthiness and transparency; peer support; collaboration and mutuality between clients and practitioners; empowerment, voice and choice; and responsiveness to cultural, historical and gender issues (Substance Abuse and Mental Health Services Administration, 2014). The operationalisation of these principles into practice may be referred to as trauma-responsive practice, wherein practitioners use specific strategies to minimise the effects of trauma and the risks of exposure to trauma triggers (Mersky et al., 2021). In this report, we use "trauma-informed care" as an umbrella term inclusive of responsive practices.
Trauma and violence-informed practice	Trauma and violence-informed practice is built on principles of trauma-informed care but differs from it in explicitly recognising structural components related to trauma. These may include systemic discrimination, harmful institutional practices and structural barriers experienced by men who use DFSV. Scott and Jenney (2023, p. 1095) highlight that trauma and violence-informed practice, when working with men who use DFSV, "expands service providers' recognition and awareness of the associations between men's trauma history, the intersecting structural realities that influence individuals' experiences of trauma, and the specific nature of risk that men may pose to those close to them". This is particularly relevant for men from migrant and refugee backgrounds given the likelihood of having experienced systemic discrimination, displacement and/or war-related trauma.
Woman at Risk visa	A Woman at Risk visa (subclass 204) is a type of refugee and humanitarian visa granted by the Department of Home Affairs. The visa is designed for women who have been forcibly displaced from their country of origin; are at risk of gender-based persecution, abuse, harassment or victimisation; and are living without a male relative or partner. Most women granted Woman at Risk visas are identified by the UN Refugee Agency (Immigration Advice and Rights Centre, 2019).

Executive summary

Background

Domestic, family and sexual violence (DFSV) is a significant issue in Australia, affecting individuals from all backgrounds. While there is substantial research on the DFSV experiences of migrant and refugee women, there is limited understanding of interventions for migrant and refugee men who use DFSV. This report addresses this gap by exploring the experiences and perspectives of migrant and refugee men and women, as well as service providers and other stakeholders, regarding response interventions such as men's behaviour change programs (MBCPs).

Aim and objectives

The overall aim of the project was to build evidence on the experiences, challenges and value of participation in MBCPs and other interventions for culturally and racially minoritised migrant and refugee men (subsequently referred to as "migrant and refugee men"). It had the following four objectives:

- Explore experiences and perceptions of barriers and challenges to migrant and refugee men's participation in MBCPs, existing strengths of MBCPs, and what would indicate "success" in relation to migrant and refugee men's participation in an MBCP.
- Examine experiences and perceptions of changes (or the lack of change) in men's behaviour and women's safety attributed to migrant and refugee men's participation in MBCPs, and examine risks and unanticipated outcomes associated with MBCPs for migrant and refugee men and their partners.
- Develop recommendations for policy and practice, including future program design and the evaluation of MBCPs.
- Develop recommendations for future research with migrant and refugee men who use violence and their families.

Methods

A multi-phased qualitative research project was conducted, informed by participatory principles and intersectionality. Following establishment of a national Stakeholder Advisory Group, the research included an integrative literature review as well as in-depth interviews with migrant and refugee men and women from non-English speaking countries, service providers and other stakeholders. We conducted in-depth interviews with 47 participants comprising three participant cohorts: service providers and other stakeholders (n = 31); men from migrant and refugee backgrounds who had participated in MBCPs (or similar interventions; n = 8); and women from migrant and refugee backgrounds with lived experience of DFSV (n = 8). Initially, we sought to interview women from migrant and refugee backgrounds whose partners or former partners had participated in an intervention program. However, the eligibility criteria for women were expanded during the project due to recruitment challenges. Men and women from migrant and refugee backgrounds who took part in interviews were from non-English speaking countries and had diverse migration experiences and journeys prior to arriving in Australia.

Interviews were conducted in Victoria, New South Wales and Queensland. They explored barriers and challenges affecting migrant and refugee men's participation in MBCPs; delivery of specialised interventions for migrant and refugee participants; existing strengths and factors enabling men's participation; and how services supported women's and children's safety while engaging with men. They also examined experiences of programs attended and perceptions of changes (or the lack of change) attributed to participation in MBCPs. Data was analysed using reflexive thematic analysis.

Findings

The findings provide critical and novel insights of particular relevance to the Australian context in addition to supporting and extending existing

literature. We present findings by key themes followed by discussion of implications for policy, practice and research directions. As data was only collected in Victoria, New South Wales and Queensland, some findings may not be generalisable nationally, and examples of good practice and issues occurring in other states may be missing from this report.

Barriers to migrant and refugee men's participation and engagement in men's behaviour change programs

Multiple and compounding barriers limited migrant and refugee men's participation and engagement in MBCPs. All participant groups reported that there were insufficient opportunities for migrant and refugee men to participate in programs. While there is limited demographic data available on the migration status of men participating in MBCPs, stakeholders reported that migrant and refugee men attended mainstream MBCPs at a lower rate than non-migrant men. The barriers identified include the following.

- Systemic and structural barriers: a lack of resources and inconsistent funding meant there was extremely limited availability of culturally appropriate, in-language programs. Service providers and other stakeholders told us that migrant and refugee men who were court-referred to mainstream MBCPs were at times deemed ineligible due to issues such as limited English proficiency. This could lead to men being non-compliant with the referral or counselling order for reasons outside of their control. The lack of suitable programs left many migrant and refugee men with few options for formal support. Other legal processes were often unclear for migrants and refugees, leading to breaches of legal orders due to misunderstandings about intervention orders (IVOs) and court mandates.
- Language and cultural barriers: lack of English proficiency was a significant barrier to participation for migrant and refugee men, which often resulted in their ineligibility for mainstream programs. Mainstream services were also perceived by stakeholders as lacking cultural safety and responsiveness and being insufficiently trauma-informed for this cohort.
- Social and community barriers: all participant groups reported that stigma and shame were prevalent at individual, family and community levels, deterring help-seeking and engagement with services. Shame and stigma could have inhibited engagement with DFSV services and services providing support for co-occurring issues such as mental health and alcohol and other drug (AOD) use. Distrust of authorities and services, linked to pre- and post-migration experiences of oppression and discrimination, further limited engagement.

Facilitators for participation and engagement

- Cultural adaptation and in-language delivery: programs that were culturally adapted and delivered were generally considered by stakeholders to be more effective in engaging migrant and refugee men. Service providers and other stakeholders also perceived that delivery by facilitators with their own migration experiences enhanced understanding and supported ongoing engagement.
- Addressing co-occurring risk factors: service providers and other stakeholders advocated providing trauma-informed, one-on-one case management as an adjunct to group work to address co-occurring risk factors such as mental health issues, substance misuse, and settlement stressors. This approach supported both engagement and the potential for positive outcomes.

Program outcomes

- Accountability: the aim of MBCPs to ensure men accepted full accountability for their actions was largely unmet among the small sample of male migrant and refugee participants. Many

men continued to resist alternative attitudes around gender and insisted that their partners were partly responsible for any violence. Some stakeholders emphasised the high risk of collusion between MBCP service providers and men who used violence, with those interviewed holding widely different attitudes towards this issue. Some strongly advocated therapeutic and trauma-informed approaches that addressed co-occurring risk factors for use of violence, while others voiced concerns that such approaches undermined the need to ensure men accepted accountability. These findings suggest that MBCP providers and counsellors may themselves need training and support in how to provide effective, trauma-informed support to migrant and refugee men while avoiding collusion.

- Behavioural changes: despite most migrant and refugee men who participated in this research denying or minimising their use of violence, they reported improvements in communication skills and emotional regulation. They valued learning how to control their responses to anger and improve interactions with their families.
- Family reconciliation: high rates of family reunification following program participation were reported by stakeholders, with some indicating that reconciliation rates were as high as 70 per cent. While this was seen as a success indicator, it also posed risks for women's safety, as men may use program attendance to coerce partners into reconciliation.

Implications for women's and children's safety

- Risks associated with reconciliation: the high rate of post-program family reconciliation reported by stakeholder participants following men's participation in MBCPs creates potential risks for women. Factors such as social stigma, isolation, community norms and financial dependence increase pressure on women to stay or reconcile with partners who are using or have used violence.
- Resource constraints: service providers and other stakeholders reported that resourcing pressures on the response sector, including long wait times and inconsistent family safety contact systems, compromise women's and children's safety. There is a need for more consistent delivery of family safety contact; extended supports for men, beyond program completion, to integrate learnings; and peer support programs for women victim-survivors to enhance connection to community as well as engagement with formal services.

Conclusion

Overall, there is a need for more tailored interventions that address the unique challenges faced by migrant and refugee men who use violence and their families, accompanied by more rigorous evaluation of processes and outcomes. There is a clear need for service providers to work more collaboratively and therapeutically with migrant and refugee men while avoiding collusion and balancing the needs and safety of victim-survivors. This may be done by developing and implementing evidence-based, culturally appropriate interventions that respond to co-occurring risk factors for migrant and refugee men.

Implications and recommendations for policy and practice

The following recommendations are derived from the study findings and have been refined through discussion with the Stakeholder Advisory Group. Further guidance about these recommendations is provided in Part 4: Discussion.

1. Fund multicultural and ethno-specific organisations to deliver or co-deliver in-language MBCPs.
2. Provide flexible funding to multicultural, migrant and refugee support organisations for tailored interventions for migrant and refugee men at prevention and early intervention levels.

3. Support engagement of faith-based communities and faith-community leaders in behaviour change work.
4. Expand one-on-one case management models for migrant and refugee men to complement participation in MBCPs.
5. Enhance and ensure migrant and refugee women's engagement with family safety contact workers.
6. Provide training for mainstream MBCP facilitators in anti-racism, cultural safety and cultural humility.
7. Develop post-completion support for migrant and refugee men and families.
8. Draw on learnings and practice used in Aboriginal and Torres Strait Islander MBCPs.
9. Collect data that enables identification of migrant and refugee participants in current programs.
10. Incorporate rigorous evaluation into all interventions that are delivered.

Directions for future research

Alongside existing research into the experiences of victim-survivors, and recommendations for rigorous evaluation of existing interventions, more research with migrant and refugee men who use violence is needed to address several identified evidence gaps. Suggested directions include the following.

- Participatory principles that build on the lived expertise of migrant and refugee community members who have both survived and used violence should be incorporated into research into DFSV. Research should be community-led or designed in collaboration with migrant-led organisations to address recruitment barriers and enhance engagement, relevance and rapid implementation of findings.
- Research is needed to develop increased understanding of the link between trauma and violence and how interventions can effectively prevent and respond to DFSV used by men who have experienced significant trauma.
- The need for evidence concerning early intervention needs for migrant and refugee men and families is acute. Building on research into what is needed, early intervention initiatives should be trialled and evaluated for their impact.
- Given evidence that migrant women are more likely to remain in relationships with men who use violence, specific research should be conducted to build understanding of how interventions can support the safety of migrant and refugee women and children in these circumstances.
- Research is also needed to understand the role of shame in DFSV; the various understandings and language used to describe feelings of shame among different cultures; and how shame impacts engagement with, and effectiveness of, interventions.
- Research into migrant and refugee perspectives on healing and family-centred approaches to response interventions and transformative justice initiatives to address DFSV is recommended.

PART 1:

Introduction

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, as well as their experiences of help-seeking for DFSV. While over a third of the Australian population are from migrant and refugee backgrounds and were born overseas (Australian Bureau of Statistics [ABS], 2024), there has been little research into the experiences of interventions for culturally and racially minoritised migrant and refugee men (subsequently referred to as "migrant and refugee men") who use DFSV.

The overall aim of this project is therefore to understand the experiences, challenges and value of participation in MBCPs for migrant and refugee men and their families in order to inform future development and evaluation of interventions. An integrative literature review exploring findings from international academic and grey literature was conducted as the first component of this study to identify practice principles, programs and models relevant to interventions for migrant and refugee men in Australia. As the review has been published as a separate report, *Interventions for migrant and refugee men who use domestic, family and sexual violence: An integrative review of evidence* (Block et al., 2025), we provide a brief overview below of the review findings, with an emphasis on the rationale for this research, and refer the reader to the full review for a more complete coverage of the literature.

Background and rationale

DFSV 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 children, and the majority of people who use DFSV are men (ABS, 2023a). This project is concerned with men from migrant and refugee backgrounds who use violence where the victim-survivor is typically their ex- or current female partner, also from a migrant or refugee background. However, we recognise that migrants and refugees are also often in relationships with non-migrants and that migrant and refugee women may experience family violence where the person using violence is not (or not solely) their intimate partner. We also note that migrant women may experience DFSV from multiple family members, some of whom may remain overseas but continue to use violence across international borders (Salter, 2014; Tarpey-Brown et al., 2024).

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 30 per cent of the Australian population was born overseas (ABS, 2024), of whom 3 million are permanent migrants who arrived since 2000, and 1.6 million temporary residents (in Australia for one year or more). Approximately 3 million permanent and temporary migrants speak a language other than English at home (ABS, 2023b, 2023c). People from culturally and racially minoritised migrant and refugee backgrounds thus constitute a significant proportion of the Australian population and must therefore be considered when designing, implementing and evaluating DFSV interventions. While people from refugee backgrounds represent only about 10 per cent of migrants in Australia (ABS, 2021), they may have additional vulnerabilities associated with high exposure to trauma and pre-migration violence. A higher proportion of refugee migrants are also likely to have experienced prolonged displacement and deprivation (including in immigration detention); separation from family; and disrupted education, with associated low literacy even in their first languages and lower English language proficiency. Migrants from refugee backgrounds also have higher rates of mental and physical health

problems associated with all of these factors (Block et al., 2013; Stuart & Nowosad, 2020; Ziersch & Due, 2023).

Although there is a lack of accurate DFSV prevalence data for this 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 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; migration-related violence; and transnational violence across international borders (Block et al., 2022; Hourani et al., 2021; Segrave, 2018; Sullivan et al., 2023; Vasil, 2023; Vaughan et al., 2016).

Despite meagre perpetrator data, particularly with respect to migration status, given the available statistics concerning victim-survivors it can reasonably be assumed that a significant number of men who use DFSV are also from migrant and refugee backgrounds. Evidence does exist indicating people who have moved to Australia from a country where English is not the main language spoken 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., 2023). This suggests a need for specific interventions, but there is little evidence available to inform appropriate interventions for this diverse population group.

Men's behaviour change programs (MBCPs) are intended to reduce men's violent attitudes and behaviours, making them accountable for their actions and thus enhancing safety for women and children. The need for more evaluation of these programs has been frequently stressed (Nicholas et al., 2020). However, a recent review of 13 studies reported evidence of positive changes for participants. 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 regarding gender inequality (O'Connor et al., 2021, 2022). While there has been even less evaluation of MBCP 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; O'Connor et al., 2021).

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 has also, to date, been minimal. The international evidence that does exist focuses on risk and protective factors for migrant and refugee men's use of DFSV. Existing research emphasises the need for intersectionally informed and culturally responsive approaches. Small studies with Latino immigrant men in the United States, South Asian immigrant and refugee men in Canada, and Turkish men in England found in-language delivery and cultural adaptation supported engagement in DFSV interventions. However, structural barriers and issues of trust persisted (Parra-Cardona et al., 2013; Turhan & Bernard, 2022; Wong & Bouchard, 2021). There are few programs that cater specifically for cultural diversity, meaning that migrant and refugee men who engage in perpetrator interventions such as MBCPs will commonly end up in "mainstream" programs with scant evidence that these are effective for men from diverse cultural and linguistic backgrounds (Fisher et al., 2020).

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. 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 and settlement challenges, and pre-migration experiences of violence and dislocation (Fisher et al., 2020; Rees & Pease, 2007). Guidance for working with non-refugee culturally and racially minoritised 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 calls 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).

Research with victim-survivors from migrant and refugee backgrounds as well as with service providers has repeatedly found women from culturally and racially minoritised migrant 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 (Raj & Silverman, 2002; Vaughan et al., 2016). In addition to previously noted factors that delay help-seeking, our 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 help-seeking (Block et al., 2022). If migrant and refugee women are staying longer in relationships with men who use violence, the need to develop evidence-based perpetrator programs for migrant and refugee men becomes even more salient. This project therefore responds to an urgent need for evidence concerning the impact of participation in MBCPs on culturally and racially minoritised migrant and refugee men.

Aims and objectives

The overall aim of the project was to build evidence on the experiences, challenges and value of participation in MBCPs and other interventions for migrant and refugee men. To achieve this aim, we set out to meet the following four objectives:

- Explore experiences and perceptions of the barriers and challenges to migrant and refugee men's participation in MBCPs, and the delivery of MBCPs to migrant and refugee participants; the strengths of existing MBCPs, including factors that enable migrant and refugee men's participation; and what would indicate "success" in relation to migrant and refugee men's participation in an MBCP.
- Examine experiences and perceptions of changes (or the lack of change) in men's behaviour and women's safety attributed to migrant and refugee men's participation in MBCPs, and examine risks and unanticipated outcomes associated with MBCPs for migrant and refugee men and their partners.
- Develop recommendations for policy and practice, including future program design and the evaluation of MBCPs.
- Develop recommendations for future research with migrant and refugee men who use violence and their families, including recommendations to ensure data collection enables identification of migrant and refugee participants in current programs.

PART 2:

Methods

This project aimed to generate much-needed evidence on the experiences, challenges and barriers to participation in MBCPs and other interventions for migrant and refugee men and families. Given the dearth of evidence in relation to these programs, the project was exploratory in nature, and we designed a multi-phased qualitative research project informed by participatory principles (Cornwall & Jewkes, 1995; Wallerstein & Duran, 2006) and intersectionality (Collins, 2019; Combahee River Collective, 1977; Crenshaw, 1991). A goal of the research is that the knowledge generated will be used to inform future development and evaluation of intervention programs for migrant and refugee men who use violence.

Conceptual framework: Participatory research and intersectional feminism

It is critical to incorporate participatory principles when conducting research with migrant and refugee populations. Such principles have been shown to play a role in disrupting unequal power relations between researchers and migrant and refugee participants to improve health and social equity (Vazquez Corona et al., 2024). These principles support the development of power-sharing processes with participants and recognise lived experience as expertise. Participatory research encourages researchers to be reflexive, iterative and adaptive (Cornwall & Jewkes, 1995) – factors that contribute to building trust with migrant and refugee families who have experienced racial marginalisation and social exclusion. Moreover, participatory principles are particularly relevant for research with migrant and refugee families who have been affected by DFSV, given violence involves harmful dynamics of power and control.

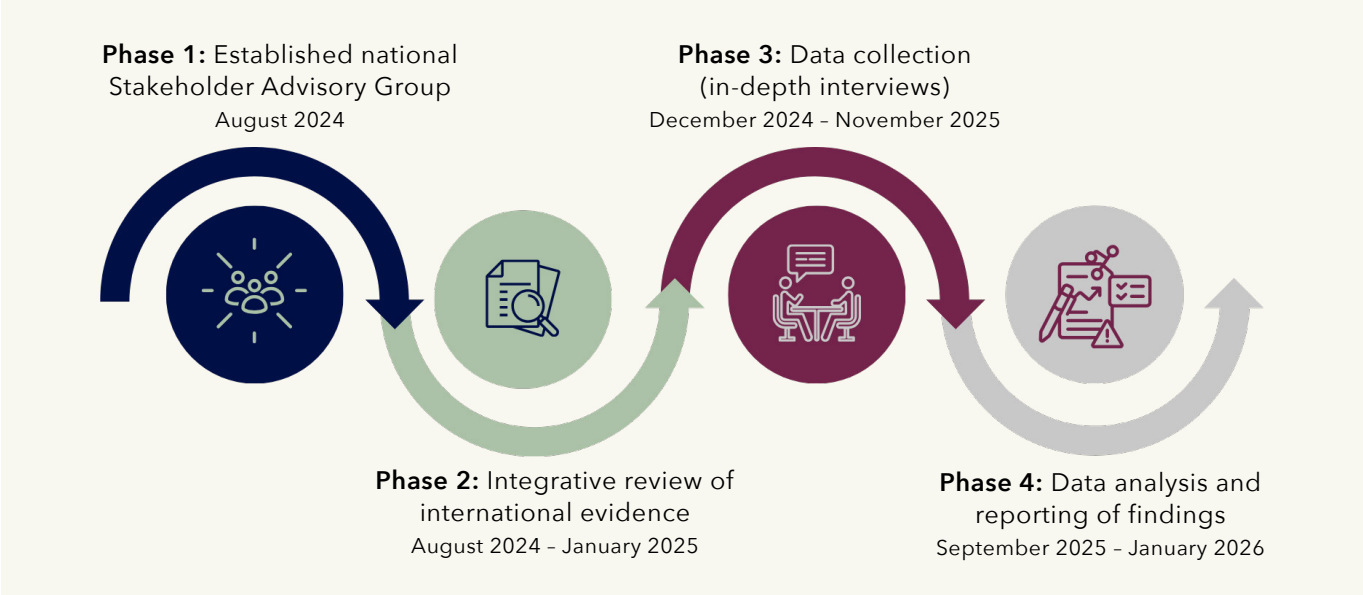
Intersectionality is a concept used by researchers and practitioners to examine how different forms of structural oppression – based on race, gender, sexuality, class, ability, ethnicity and migration status – interact to shape experiences of violence, discrimination and inequity. The concept was first developed by the Combahee River Collective (1977), a group of Black feminist activists who built an integrated framework of analysis to examine how interlocking systems of oppression defined the everyday lives of Black women. Crenshaw (1991) built on this work and coined the term "intersectionality" to highlight how racism and sexism interact in dynamics of violence against women of colour. More recently, intersectionality has been used in public health research to demonstrate the limitations of existing service system responses for migrant and refugee populations (Kapilashrami & Hankivsky, 2018). Kapilashrami and Hankivksy (2018) argue services that focus on addressing cultural and linguistic barriers often overlook multilevel factors that shape access to, and engagement for migrant and refugee families with, formal health and social services. Factors that produce systemic barriers for migrant and refugee men, women and families include racism, fear of deportation, temporary or restrictive visa status, and other types of marginalisation. By embedding intersectionality into research on interventions for migrant and refugee men who use DFSV, we aim to recognise interlocking experiences of systemic discrimination that impact men's engagement both with intervention programs and with the service system more broadly.

We have used this conceptual framework, based on participatory principles and intersectionality, to identify, analyse and enhance understanding of the nuances in men's experiences of structural violence, systemic discrimination and service system interaction following the use of DFSV. In doing so, we have explored barriers, challenges and experiences of migrant and refugee men who (voluntarily and involuntarily) interacted with health, social and justice systems due to their use of DFSV.

Research design and methods

The research design consisted of four phases (Figure 1). Before outlining each phase, we discuss the ethical implications of this research. We also note that when developing the research proposal for this project, researchers at the University of Melbourne established partnerships with organisations and practitioners delivering MBCPs in Arabic, Vietnamese and Dari. It was expected that the in-language programs would form a central component of the research. However, due to several systems-level factors, including funding processes and limited availability of multilingual facilitators, two of these in-language programs were no longer running by the time the research began. This had considerable implications for data collection, which are discussed below.

Figure 1: Research design and timeline



Ethical considerations

This research project received approval from the University of Melbourne's Human Research Ethics Committee (project ID 30542) and included extensive safety and distress protocols specifically designed for migrant and refugee victim-survivors and researchers, including those with lived experience of migration and/or DFSV. The distress protocol for researchers had to be used twice, once following an interview with a service provider and once during data analysis, due to the level of emotional distress the researcher conducting analysis expressed to members of the team. In terms of distress and safety issues for participants, an interview that had been scheduled with a victim-survivor was cancelled due to safety concerns and another woman disclosed ongoing coercive control and visa-related abuse during an interview. These occurrences indicate that while research with men who use violence is an integral part of ending violence against women and children, ensuring appropriate safety and distress protocols are in place for participants and researchers is vital.

To maintain participant confidentiality when presenting research findings, we have referred to migrant and refugee men and women by their chosen pseudonyms. In instances where the participant did not choose a pseudonym, we have selected one on their behalf. Service providers and other stakeholders are referred to by their role, the type of organisation (e.g. mainstream service) and the state that they work in.

Phase 1: Establishing a national Stakeholder Advisory Group

The Stakeholder Advisory Group was established to provide broad stakeholder representation and up-to-date information and guidance to ensure project alignment with sector priorities, issues and good practice processes. It comprised representatives from the institute of non-violence, the Orange Door, Uniting Vic.Tas, inTouch, Relationships Australia, the Australian Government Department of Social Services, Refugee Legal, the Victorian Foundation for Survivors of Torture, and Arabic Welfare, as well as subject matter experts. The group worked collaboratively throughout the project, meeting quarterly to share sector-wide concerns and insights. It also provided recommendations and support for recruitment and offered practical solutions when the research team faced recruitment hurdles. We shared draft recommendations generated from primary data with the advisory group to further develop and refine the policy and practice recommendations presented in this report.

Phase 2: An integrative review of evidence on interventions for migrant and refugee men who use domestic, family and sexual violence

We completed an integrative review that has been published as a separate report, *Interventions for migrant and refugee men who use domestic, family and sexual violence: An integrative review of evidence* (Block et al., 2025). The review findings aligned with the experiences of the advisory group: migrant and refugee men experienced considerable barriers to accessing and engaging in mainstream interventions for men who use DFSV. Barriers identified in the review include a lack of cultural safety in current responses for men who use DFSV, insufficient interpreter access, neglect of settlement-related stressors, racism, discrimination and employment insecurity (Abdelnour, 2020; Emezue et al., 2021). Shortages of trained bilingual facilitators made language and cultural-related barriers difficult to address (Fitz-Gibbon et al., 2023). These barriers placed migrant and refugee families at heightened risk of violence as men were not being referred into formal support services. The review highlighted the need to explore community-based responses to DFSV that built on cultural safety, in-language program delivery, and trauma and violence–informed practice (TVIP; Scott & Jenney, 2023).

Phase 3: In-depth interviews

We conducted in-depth interviews with 47 participants from three participant cohorts: service providers and other stakeholders; men from migrant and refugee backgrounds who had participated in MBCPs (or similar interventions); and women from migrant and refugee backgrounds with lived experience of DFSV. For safety reasons, dyadic interviews were not conducted, meaning that men and women who took part in the research were not in relationships with each other. The interviews explored barriers and challenges affecting migrant and refugee men's participation in MBCPs; delivery of specialised interventions for migrant and refugee participants; existing strengths and factors enabling men's participation; and how services supported women's and children's safety while engaging with men. They also examined experiences of programs attended and perceptions of changes (or the lack of change) attributed to participation in MBCPs. Recruitment for data collection initially focused on Victoria (where the research team is based) to better enable in-person interviews

with migrant and refugee men (though two men requested to be interviewed online). The research team faced ongoing recruitment challenges in Victoria and expanded recruitment to New South Wales, although challenges persisted. Service providers and other stakeholders interviewed were also predominantly Victoria-based, with smaller numbers included from New South Wales and Queensland, as well as those representing national organisations.

Recruitment challenges

We initially planned to conduct interviews with 10 to 15 service providers and other stakeholders involved in ethno-specific MBCPs and/or mainstream MBCPs that include migrant and refugee men; 15 to 20 migrant and refugee men who have previously used violence and participated in ethno-specific and/or mainstream MBCPs; and 15 to 20 migrant and refugee women who have had partners participate in ethno-specific and/or mainstream MBCPs. We recognised from the outset that recruitment of both men and women would be challenging, with many perhaps reluctant to speak about their experiences, given the nature of our investigation. Boxall and colleagues (2023) noted that men who have perpetrated DFSV are often reluctant to self-identify as perpetrators, which hinders the number of men volunteering to participate in perpetrator-focused research. However, several factors made this even more challenging than anticipated. As noted above, the fact that several ethno-specific MBCPs had ceased to operate by the time the project began considerably disrupted our recruitment efforts. Moreover, as the project progressed, it became clear that very few migrant and refugee men were participating at all, either in mainstream MBCPs or in the remaining culturally adapted MBCPs. Concordantly, it was also difficult to recruit women whose partners had participated in programs. Following many months of sustained recruitment efforts, we managed to interview eight men and eight women for the project. We also adjusted our research design to increase the number of interviews with service providers and other stakeholders, which were providing rich data relevant to our research objectives. We made this decision in line with recommendations by Boxall and colleagues (2023), who explained that service providers and other stakeholders can be an excellent source of knowledge due to their ability to identify population-level patterns of behaviours, outliers and engagement.

In-depth interviews with service providers and other stakeholders

We completed 29 interviews with 31 service providers and other stakeholders working in Victoria, New South Wales and Queensland (see Table 1). Most interviews were conducted one on one, though three stakeholders from the same organisation requested a group interview. The interviews were conducted over a 10-month period from December 2024 to October 2025, ranging in length from 34 minutes to 75 minutes. Participants were recruited using a purposive sampling strategy. Alongside MBCP managers and facilitators we interviewed professionals working across relevant health, social, family and justice service systems, including CEOs and other executives, policy managers, forensic psychologists, court-based counsellors, relationships counsellors, psychologists, DFSV prevention educators, migration lawyers, and fathers' group facilitators. Participants were drawn from 25 different organisations, government departments and peak bodies. The diversity of disciplinary expertise reflected in the participant sample demonstrates the intersectionality of issues affecting migrant and refugee families who require support from multiple services, or from specialist multicultural services that facilitate referrals to DFSV services.

Table 1: Stakeholder characteristics

Stakeholders (N = 31)	No.
Location	
National	2
New South Wales	9
Queensland	1
Victoria	19
Total	**31**
Organisation and service type	
Family and community services	11
Family violence service (victim-survivor–focused)	3
Government health service	4
Legal service	1
Men's behaviour change service	2
Men's behaviour change service (court-based)	1
Multicultural and settlement services	6
Private practice	3
Total	**31**
Role	
Chief executive officer (CEO)	3
Father's program facilitator	1
Manager	8
MBCP facilitator	11
Men's family violence counsellor	1
Men's support officer	1
Policy advisor	1
Relationships counsellor	1
Solicitor	1
Violence prevention educator	3
Total	**31**

All interviews with stakeholders were conducted in English and were recorded, transcribed and uploaded to NVivo (version 14) for analysis.

In-depth interviews with migrant and refugee men who attended domestic, family and sexual violence interventions

Between May and November 2025, we interviewed eight migrant and refugee men. Interviews ranged from 30 to 80 minutes in length. All men self-identified as being from culturally and racially minoritised backgrounds. There were no exclusion criteria related to visa status, though we had initially aimed to recruit men who had been in Australia for fewer than 10 years. Six men had attended interventions for DFSV, and two were members of a migrant community group that delivered education sessions on healthy family relationships after migration. Among the men who had attended an MBCP, few acknowledged that they had used DFSV against current or former partners. As the research questions focused on men's experiences of programs, this did not exclude them from participating in an interview.

We recruited men through five programs based in Victoria and one pilot program in New South Wales. The programs were a mix of in-language (Tamil, Arabic and Farsi), migrant-specific but delivered in English, and mainstream programs delivered in English with no specific cultural lens. We conducted interviews at locations nominated by the participant or online. Participants were from Iran (n = 1), Sri Lanka (n = 1), Czech Republic (n = 1), Syria (n = 1), India (n = 1), Iraq (n = 1) and Egypt (n = 1). They spoke Farsi (n = 1), Tamil (n = 2), Czech (n = 1), Hindi (n = 1) and Arabic (n = 3; see Table 2). One man was a second-generation migrant who was born in Australia to Indian parents. He spent most of his childhood and adolescence in India, migrating back to Australia to attend university.

Men shared a range of different migration experiences. Four men identified as being from refugee backgrounds. One of these men did not have permanent residency in Australia despite having arrived in 2012. He had been held for 6 years in an immigration detention centre on Nauru and was in community detention at the time of the interview.[1] Most men who had attended an MBCP were still in relationships with their partners (n = 6).

Two were separated from their wives, and one of those men had an active intervention order (IVO) in place restricting contact.

Table 2: Migrant and refugee men demographics

Migrant and refugee men (N = 8)	No.
Location	
New South Wales	1
Victoria	7
Total	**8**
Country of birth	
Australia	1
Czech Republic	1
Egypt	1
India	1
Iran	1
Iraq	1
Sri Lanka	1
Syria	1
Total	**8**
Languages spoken	
Arabic	3
Czech	1
Farsi	1
Hindi	1
Tamil	2
Total	**8**
Program type attended	
Father's program (migrant-specific)	1
MBCP (mainstream)	2
MBCP (migrant-specific)	3
Men's group (migrant-specific)	2
Total	**8**

[1] Community detention is an alternative type of immigration detention where, instead of being held in an immigration prison, a person is permitted to live in the community while their visa status is resolved. People who are in community detention must meet specific requirements which include sleeping at an approved residence every night and reporting to authorities on a regular basis, and they are not permitted to work (Australian Human Rights Commission, 2013).

Migrant and refugee men (N = 8)	No.
Visa type	
Citizen	3
Community detention (residence determination)	1
Humanitarian entrant (subclass 200)	2
Permanent resident	1
Skilled visa	1
Total	**8**
Relationship status	
Separated	2
With partner/spouse	6
Total	**8**

Four interviews were conducted with interpreters with National Accreditation Authority for Translators and Interpreters (NAATI) accreditation and two members of the research team. Another four men requested the interview be conducted in English. One man did not provide consent for his interview to be recorded, and so detailed notes were taken instead. All other interviews were recorded, transcribed and checked for clarity before being uploaded to NVivo for analysis.

In-depth interviews with migrant and refugee partners of men who attended interventions for domestic, family and sexual violence

We interviewed eight women between July and November 2025. Interviews ranged in length from 16 minutes to 56 minutes. Similar to the men, women were eligible to participate if they self-identified as being from culturally and racially minoritised backgrounds. There were no exclusion criteria related to visa status, and we aimed to interview women who had lived in Australia for fewer than 10 years. Only two women met initial eligibility criteria (having a partner or former partner participate in a DFSV intervention). The other six women were victim-survivors of DFSV who had had some level of engagement with formal DFSV support services; however, their partners had either not attended a program, or they could not confirm whether their partner had attended as they were not in contact with them. We did not interview women in relationships with male participants due to safety concerns. In research with dyadic couples, there is a risk of men's violence escalating if women are found to be sharing certain information, and men may use the interview process to find out new information about their partners. The decision to not interview dyadic couples added a layer of complexity to recruiting women from migrant and refugee backgrounds. The services through which we recruited men had engaged with few women through family safety contact processes. Instead, we recruited women through migrant organisations that ran women's groups and provided case management for migrant and refugee victim-survivors of DFSV.

Women were from Iran (n = 1), Iraq (n = 3), Canada (n = 1), Lebanon (n = 2) and Sudan (n = 1). They spoke Arabic (n = 6), Farsi (n = 1) and Urdu (n = 1). Women arrived in Australia either on a partner visa (n = 4) or on a refugee visa (n = 4; see Table 3). Two women, both from Iraq, shared that they had come to Australia on a Woman at Risk visa, indicating they had experienced, or were at increased risk of experiencing, gender-based violence and/or persecution prior to migration.

Table 3: Migrant and refugee women demographics

Migrant and refugee women (N = 8)	No.
Location	
Victoria	8
Total	**8**
Country of birth	
Canada	3
Iran	1
Iraq	1
Lebanon	2
Sudan	1
Total	**8**
Languages spoken	
Arabic	6
Farsi	1
Urdu	1
Total	**8**
Visa type	
Citizen	1
Partner visa	4
Permanent resident	1
Woman at Risk (subclass 204)	2
Total	**8**
Relationship status	
Divorced	2
Separated	3
With partner/spouse	3
TOTAL	**8**

We conducted interviews in English (n = 3), Farsi (n = 1) and Arabic (n = 4). A bilingual member of the research team conducted two interviews in Arabic that they translated and transcribed into English. Three interviews were conducted with NAATI-accredited interpreters and transcribed verbatim into English. One participant did not provide consent for her interview to be recorded, so the research team took detailed notes instead. Transcripts were checked for clarity and uploaded to NVivo for analysis.

Phase 4: Data analysis

We used reflexive thematic analysis (Braun & Clarke, 2022) to generate key themes from the data. Due to the diversity of perspectives from each cohort, we analysed datasets separately, initially using novel codes for each cohort. Through a second phase of analysis, we combined the codes generated from analysis of the men's and women's interviews to enable comparative reporting on each theme. During the data collection and analysis process, we discussed and reflected on issues, concerns and preliminary patterns identified in the data. Despite extensive experience conducting research with migrant and refugee populations, this was the first time members of the team had focused on migrant and refugee men's use of DFSV. As an all-women research team with members who had lived experience of DFSV, we were cognisant of how these perspectives and experiences could influence the data analysis process. In response, we integrated reflective meetings into the analysis process.

PART 3:

Findings

Here we present the findings from our reflexive thematic analysis, beginning with the themes generated from interviews with migrant and refugee men and women. Findings from these two cohorts are presented together as both groups focused on similar themes. These included the relationship between migration experiences and intersecting factors contributing to DSFV; men acknowledging their use of violence and motivations for engaging in interventions; experiences, benefits and reported outcomes of MBCPs; participation barriers, criticisms and challenges; and suggestions regarding how violence interventions could be improved. Where there were differences in women's and men's perspectives, these have been identified in the analysis.

This section is followed by findings from the interviews with service providers and other stakeholders, which provide an overview of current policy settings and service system responses to migrant and refugee men who use DFSV. Themes include diversity in program design, format and delivery; barriers and facilitators for migrant and refugee men accessing and engaging in MBCPs; systemic issues that limit good practice; risks to and prioritisation of women's and children's safety; indicators of success; and stakeholder perspectives on factors contributing to migrant and refugee men's use of DFSV.

Interviews with migrant and refugee men and women

In this section, we present the findings from interviews with men who had participated in interventions and women who were victim-survivors of DFSV. While interview questions focused primarily on intervention programs for men who had used violence, the migrant and refugee men and women we interviewed also spoke at length about contextual factors and understandings of violence. From their perspectives, these were clearly relevant to whether men participated in MBCPs or not, as well as to program experiences and any benefits, so discussion of these is also included. Pre-migration and migration stressors were seen as contributing to a range of intersecting factors that included mental health, substance misuse, unemployment, financial stress and associated changes to family dynamics. Both women and men saw these factors as contributing to violence and as critical to address in any interventions.

Explanations of the relationship between migration and intersecting factors understood as contributing to violence

Mental health

Both men and women raised poor mental health as a key factor contributing to men's use of violence. In some cases, poor mental health was attributed to pre-migration, conflict-related trauma; in other cases, it was attributed to migration-related experiences such as immigration detention. Several men said they had been suicidal due to the trauma they had experienced.

One woman interviewee told us that once her husband started taking psychiatric medications, he became a better person towards his wife and his children. She explained the course of his mental ill-health as follows:

> But when the man has a mental illness, that's where the problem lies … My husband had a mental illness … Trauma is a big issue. You are in your house, if you go outside Daesh [the Islamic State] – you know Daesh, yes? Imagine having to leave everything behind and having to go to another place that you don't know. You don't

> even know if you'll be alive today or tomorrow … From these kinds of experiences, of course there's trauma! Women and children are affected; men are also affected. Men are responsible for everything, but how are they going to be able to provide for their family? I mean, of course, of course it's not just men, we have all suffered because of this … I feel that these men need psychological support. If they have psychological support, and if they accept the psychological treatment, their lives will definitely be better. (Farah – W)

Another woman spoke at length, however, about her perceptions that "Arab men" were less likely than other Australians to go to a doctor or therapist for mental health problems because this would be considered "shameful". Along with several other comments by those interviewed, this perspective indicated the importance of addressing stigma surrounding mental ill-health as well as providing mental health services.

Despite this view, many of those who agreed to be interviewed appeared ready to discuss mental health and to value both psychiatric and psychological support and counselling. One man we interviewed spoke about seeking psychological help after receiving an IVO. His lawyer told him about an opportunity to attend an MBCP, which he ended up doing in the meantime because of the "massive waiting list" to see a psychologist. Mental health was discussed both as a risk factor for violence and as shaping men's experiences of and capacity to participate in MBCPs.

> My wife and I were in Nauru for six years, we have seen things no one should see. Both of us were seeing psychiatrists, we were on medication [pauses] I have been outside my country for 11, almost 12 years and still no visa. My mother is nearly 80, she is frail, I miss her I want to see her. In that [MBCP] session I broke down in tears, everyone got upset as well. You get so upset, that you think of nothing but suicide. (Mahmoud – M)

Alcohol and other drugs

Substance use, and its implied associations with poor mental health, were also frequently discussed as contributing to men's use of violence. One man interviewed attributed his addiction to alcohol and painkillers to his abusive childhood and said that their use was associated with his "emotional abuse" of his wife and "clashes" with his son. Another said that he no longer needed to use the "anger control" methods he had been taught in the MBCP since he had given up drinking.

Most of the women we interviewed saw substance misuse as being directly related to violence and to expressions of masculinity. Several also discussed added complexities of using alcohol and seeking help for its misuse for those who were Muslim.

> But I do know there's a lot of Muslim men that do have those problems … it's very under the table. And just because it's – religiously, it's not allowed. Culturally, it's not allowed. It's like a very taboo subject. So, I think that if there were resources openly available to them, they might be more inclined to get help, just because I feel like right now that it's like a big no-no, and if they're doing it that they might be ashamed to reach out for help … Gambling and alcoholism –

> even though it's not allowed in Islam, it's still like a big thing, and migrant men or men that practice Islam, they have a problem and it's affecting their marriages. (Sabrina – W)

Employment and financial stressors and their impacts on family dynamics

Several of the men we interviewed spoke at length about the impact of unemployment on their family relationships. It was clear that their identities were strongly tied to having meaningful work and being the breadwinners for their families. One interviewee said that losing his profession meant he had "lost this part of me". Another spoke about the link between this loss, poor mental health and his behaviour.

> I'm not able to find a job here and this makes me sometimes stressed and it makes me – it affects my mental health – as a result, sometimes I'm not able to deal with my family in a good way because I have stress myself. So, it's like a vicious circle … because in our culture, if a man doesn't have a job, he's like maybe valueless. It's our culture. It can reflect on everything in the family. (Hamza – M)

Both women and men who were interviewed discussed lack of employment as affecting gender roles and dynamics following migration and this creating stressors for their relationships. One woman attributed this to women's (rather than men's) lack of employment and migration-related loss of social networks creating disempowerment. She saw this disempowerment as an outcome of men's coercive control over their partners, where they deliberately restricted women's social networks while enacting financial control.

> I know lots of my friends, they didn't work. Especially the ones who are newly arrived … They are always home … The men are always at work. So, when he saw these circumstances for his wife, he starts being more control[ling] or starts acting like coercive control as well by the financial control … Here in Australia, the men change because the women are always here. The language barrier, she can't speak with other people. She doesn't have relatives … the men find that she is a victim. He starts acting like she's a victim. (Lama – W)

Men were much more likely to talk about their own lack of employment. Several recounted deterioration in relationships post-migration associated with what they described as an accompanying loss of respect from their family members. One talked about "not being seen" by his wife. Another said that his "views [were] not being respected or listened" to. For a third, the fact that his family were no longer financially dependent on him was a threat to his status and worth within the family.

> I also felt like because here [my family] are financially independent, they have their own payments from Centrelink, honestly, I start to feel that I'm not that important in their life, because back in Iraq, they used to rely on me financially … Maybe I'm wrong, but I felt that they are not caring about me, or they are not taking into consideration – they are not taking my opinion into consideration. (Hamza – M)

Women and men also discussed the impact of financial hardship on help-seeking for violence. Women said they had friends who stayed in relationships with men because of women's inability to access housing. A man who had received an IVO excluding him from the family home had nowhere else to live. Another who wanted to seek help for his mental health issues following an IVO was unable to afford to see a psychologist.

> I wasn't able to afford a psychologist because there were waiting lines, waiting lists, and they were expensive. It was a cost thing, and also, they weren't willing to take participants, like clients with domestic violence–related … We do need affordable psychology and counselling and mental health support that possibly can be free, which I think people will access it more if it's provided by the government. (Rahel – M)

Migration status

Several women spoke about their migration status underpinning violence and the importance of migrant women knowing their rights in Australia to enable them to seek help. One described her arranged marriage as follows:

> He thinks that he has control of everything, food, everything … He thinks that he brought me from [country name] and he has to control me. So especially in cases where the family of the wife is not very rich, or middle class, or lower class financially, this is not only my experience, it's [the] experience of me, my sister, my cousin. When the husband brings the wife here, he thinks that he did her a big favour, that he brought her to Australia … He started kicking me out of the house. That's when I went to Orange Door. (Cara – W)

One woman who left a violent relationship with her daughter was effectively homeless and initially ineligible for any benefits due to her visa type.

> I don't have Centrelink; I don't have any money. I don't have anything. I can't rent anywhere. This is the situation. But I'm working on my visa and I don't know, some other things. (Doha – W)

Men acknowledging use of violence and motivations for entering into a program

When interviewing men, we asked them about their motivations for attending a program. One said that he had been mandated by a court to attend. Another insisted his attendance was not mandated but that the court had "recommended" it in association with an IVO, so he had decided to attend. Although acknowledging use of violence is a core aspect of MBCPs, most of the men we interviewed either denied or minimised their own use of violence when asked about their entry into a program. One man who did tell us that he had used violence described "disconnecting" and "drinking a bit more" as "apparently" amounting to emotional abuse. Of the few who acknowledged using physical violence, one described it as "a bit of an incident":

> I had a bit of an incident where I … caused a bit of physical violence against my partner [pauses] that I really regret. So, it has been a really difficult year for my partner and myself and for my son, because it has caused separation with my partner and myself and my son. And we had to go through court and had to go through with the legal side of things for two months. (Rahel – M)

Another described what he had done as a "smack on the bum" for his son:

> So, when this IVO got taken out, my wife also said that I harmed one of the boys. He called me a dickhead. He got a smack on the bum. And I got done for assault for that. I was just – yeah. And I think the police then automatically notify. (Adam – M)

Through participating in an MBCP, he had come to recognise some of his other behaviour as emotional abuse, although he was clearly reluctant to consider this a type of violence.

> I guess, the emotional abuse as well, and I think that's what I am guilty of. So, there's – yeah, the emotional abuse, which – they call it domestic violence – the term doesn't sit well with me, 'cause when you hear the term "domestic violence", you imagine people beating one another up, not having an argument or walking out the door or disconnecting … Some of [the other men in the group] have, yes. Some of them – yeah, all sorts of abuse … To begin with, I said to myself, "I'm nothing like these people. I don't know what I'm doing here. I'm not like that. The worst I do is disconnect or smack my son on the bum 'cause he called me a dickhead." I felt like this is not for me. I'm not like these people. (Adam – M)

Another participant denied using violence, despite having "pushed" his wife in anger. He said that he ended up attending an MBCP after he himself had called the police because he was worried about his wife and kids when they subsequently left the family home.

> We don't have any family violence or family problems among ourselves. So, it doesn't apply much to me … [Interviewer: And so, why do you think you were at the program?] … There was an incident that my sister got married and my wife refused to come for the wedding. So, I got a bit angry and I pushed her. Then after that incident, I got out of the place and I called the police, and the police took me, and I was taken to court. And the court ordered me to do this thing … my wife and kids, they left home and they went somewhere. So, I was a bit worried about that and that's why I called the police. (Vivaan – M)

A couple of the men who were interviewed said they were motivated to participate in a program to save their marriages and show their wives and/or the courts that they were committed to change. One of them insisted, however, on his innocence, reiterating a deflection of responsibility for using violence.

> In what happened between me and my wife I was innocent and she was innocent. It was other people's meddling that caused the whole mess. (Mahmoud – M)

He went on to say that he decided to undertake the MBCP because his wife asked him to, and he wanted to "save his family".

> When I got the IVO … I think the police passed on my details. She told me about the program to help and I said yes. Some people say no but I said yes … I loved my family and I wanted to save my family that's why I said yes … I wanted her to see that I am prepared to change, to seek help first for me, then for her. (Mahmoud – M)

A second male interviewee explained that although he originally attended a program to show his wife and the court that he was doing what they wanted, he then realised he could actually learn from the program and had voluntarily enrolled for a second time.

> I'm doing it again. Yeah. I think I'll get more out of it this time around … I am looking at the situation from a different perspective. I think I wasn't doing it for the right reasons before then, and – yeah, I think I can use the tools for other parts of my life as well, not just personal, family … I am trying to apply it to other areas of my life. So, my relationship with the kids and my relationship with just peers in particular, whereas before it was like – oh, what can I do to move back home? If I sign this off, that will all be nice and done. And I didn't wanna do it. I just did it just for the wrong reasons. But I think it was good to do it because that made me wanna do it again, if that makes sense. (Adam – M)

Women were generally more forthright in describing their partners' behaviours as violence. One woman we spoke to (Sara) was extremely positive about the changes she saw in her husband following his participation in an MBCP (described further under "Experiences, benefits and reported outcomes of MBCPs"). Sara's husband too had wanted to repeat the program a second time but did not end up doing so as the facilitator had left. Women who had separated from their partners generally had little to say about whether they had attended programs or not and if so, what impact they may have had. Several women described their partners as failing to admit to their behaviour and being resistant to change. Two women told us that their husbands were too stubborn to ever change. One said that he would "never go" to a program and would not understand nor believe the information received if he did. Another participant told us that an IVO had left her husband with nowhere to live as they did not have any friends or family and that only an associated offer of accommodation induced him to enrol in an MBCP.

> What I firmly believe, why he did it was because they were offering two weeks' accommodation if he did the program. So, I think that's why he did it, and also, just to show the courts that – "Look, I did it." (Sabrina – W)

From her perspective, this lack of genuine motivation underpinned a lack of positive outcomes.

> I haven't seen any change in him … he's never admitted that he's done anything wrong. He's still denying that – he says that he didn't touch me – he's not admitting to it. We both know what he did, and then he's still trying to say – "Oh, 50 per cent is my fault, 50 per cent is your fault." So, for him, I think that – I just think that no matter how many programs he takes, I don't think he's the type of person that will change … So, I'm not blaming the programs. I'm not saying that they're not good or anything, but I just think my husband as an individual, he's not the type of person that would be learning from them. (Sabrina – W)

Her partner's insistence that men and women should each be considered responsible for violence within a relationship was, as discussed later, also observed and reported by service providers and other stakeholders. It was also echoed by some of the men we interviewed.

> I felt we do need to listen to both sides of the story of why the violence was caused … I feel there is a bit of an assumption based on the statistics and also the initial story before the facts have been laid out. (Rahel – M)

Another male participant told us that his wife was responsible for the violence for which he was blamed. He said she had "hyper-responded" to a suggestion they go to relationship counselling by breaking a plate-glass window. Once the police became involved, 59 allegations were made against him, all of which he claimed were dispelled, other than one about a text message he sent his wife that was misconstrued because it sounded violent once it was translated. Despite all this, he had agreed to attend an intervention because he wanted to "be the best dad for my child, for my daughter" (Shankar – M).

Experiences, benefits and reported outcomes of MBCPs

Notwithstanding men's reluctance to acknowledge using violence, most of those we interviewed were very positive about the programs they had attended and reported learning information that was useful to them. Only one of the male participants described what he had learned explicitly in terms of gender, although another spoke about coming to appreciate many positive aspects of "Australia[n] culture" through participation in the program, including "the law" and "the rules". Some also reported having a better understanding of different types of violence, including coercive control and emotional abuse. Participants most commonly reported that they valued learning how to control their own responses to emotions, learning improved communication skills, and being in a group setting. Each of these is discussed in further detail below.

As noted above, though few of the women had much to say about partners attending MBCPs, one we interviewed was very happy about the outcomes following her husband's completion of a program in 2018. She told us her husband thought the facilitator was "fantastic". Her enthusiastic response to our question about impact did raise some concerns about ongoing control, however. The quote below is reported in the third person through an interpreter:

> The program changed her husband "98 per cent". Before the program he would shame her into wearing hijab and not wearing pants. After attending the program, one day in front of their family friends he demanded she remove her hijab and that if she did not, he would leave her. This made her confused as it was the reverse of what

> he had previously believed. She puts this shift down to a combination of the program and of being in Australia for an extended period and becoming more used to Australian culture … In Iran her husband was "narrow-minded" and she said, "He didn't let me do anything." She is genuinely shocked by how much he has changed since and because of the program. She was "suffering so much" when she arrived in Australia, but her life became unbelievably easier once he started going to the program. Men need these programs … (Sara – W)

Learning how to control responses to emotions

The most commonly reported benefit of attending an MBCP concerned men learning how to control their emotions, including anger. Similar reports were shared by several interviewees who explained that learning how to regulate their responses had a positive effect on their relationships with their wives and children. The participant who was undertaking an MBCP for a second time said that he had started to notice the changes in himself that he wanted.

> I wanna understand how other people's behaviour impacts on me and makes me respond … be able to not allow other people's behaviour to set me off in the wrong way. I don't wanna say, "I did this because you did that." I wanna be able to avoid even getting to that stage. And not just by words, but actually just being able to walk away from conflict maybe. (Adam – M)

One man told us that he now had fewer arguments, his relationship with his family had improved a lot, and the "atmosphere in the house is much calmer". Another explained that he had come to understand that it was "normal" to get angry but that how he controlled his "neurotic behaviour" was the key. A third provided a similar explanation of the benefits.

> I am – changed myself after going through the program. Many changes have taken place … Now I don't become very emotional. I know how to control my anger … We were taught many body actions, and also, if any quarrel or any emotional conflicts happen in the home, we were advised that we should go out, cool down and come back. (Vivaan – M)

Another participant also spoke about the usefulness of physical techniques he had been taught.

> The grounding exercises that we do every time, it kind of helped with me with just grounding myself. When I'm stressed, when I have some thoughts and things that I need to work through, I kind of calm myself. And so doing breathing exercises and stretches that I normally wouldn't do, so I'm trying to incorporate it into my daily life. (Rahel – M)

Improved communication skills

Several male interviewees also credited the course with teaching them better ways to communicate with their wives and children.

> After finishing this program, I have become more able to share with my wife, to listen to her, to discuss with her … There are some things that we can change, some rules, some things … One of the most surprising or interesting things I have learned … is that you should treat your teenager in a different way from what I used to. Because in our culture, when someone is a teenager, we have – we used to put more restrictions on them because they can do crazy things, the teenagers. But here … my son, is a friend now – I don't put restrictions on him. He always tells me what's going on in his life … So, the information they were giving us was very relevant to our life, to the family life … this is the most important thing. (Hamza – M)

Reported benefits of the group setting

Many of the men we interviewed spoke about the in-person group setting as a positive aspect of the program. One who had attended a program that was predominantly online said he preferred the face-to-face sessions, where it was "like a family" with "lots of dialogue". Several were positive about the opportunity to learn about different cultures.

One interviewee explained how the group program helped him to understand and acknowledge his own behaviour as wrong.

> Look, just being able to experience first-hand how other men are feeling and what they're going through and just being able to see the wrong first-hand. So, when you do it yourself, you sort of don't acknowledge – you don't realise that, but when you hear it from someone else – I think it brings it home a bit more … And that is interactive … that's what I find most enjoyable out of that or most useful – interaction and the participation of everybody … I think it brings it home a bit more. Yes. Makes [you] empathise – it makes you see the wrong that you've done. (Adam – M)

Another participant elaborated further on the dynamics that he valued within the group and what he learned from that.

> I think it's respect more than anything. It's the respect that the facilitators give us, and the respect that the participants also, they reflect that … being respectful to each other, being accountable, learning to be accountable, being vulnerable, having a safe space, being heard, and to voice your opinions, and to be listened [to]. That's what I think partners want in a relationship, both male and female. And to be fostering that environment. And also, for the facilitators to be fair, and to be practicing fairness also. When we were seeing some things that were unacceptable, to be called out on them, to say, "Hey, that's not appropriate," or to say, "Hey, I don't think that's the way to approach that." So, to have that camaraderie and support, and to have that safe space, I think that that is definitely one of the things to make the men's behaviour change program a successful program. (Rahel – M)

Others also reported appreciating the group dynamics, emphasising the empathy they developed for each other. One spoke about the impact on him of group participants being "vulnerable and being open and being honest" and coming to terms with the consequences of domestic violence: "fathers not being able to see their children … and not having a good relationship with their partners". Although this interviewee had described these men's behaviour as unacceptable, another's account appeared to reflect the potential for collusion between men in a group setting (as raised by service providers and other stakeholders and discussed further below). His interview made it clear that he still saw himself as the victim in his relationship with his wife. Moreover, he seemed to appreciate the group setting largely as an opportunity for the men to sympathise with each other for being forcibly separated from families and having to cope with the "stress" of going through court.

> I think to be able to hear from a different variety of people, 'cause my initial way I saw was this is suddenly happening to me … why is this happening to me and why am I having such heightened trauma over this whole phase of life? But attending that program is when I discovered there is a lot of people going through a similar … This is the consequences of an IVO. And the court structure is all unaffordable and expensive, a stressful process. So, I'm not the only one – that gave me some level of a positive outlook to the point where it dampened my depression to a point … It was like a therapy session actually, not just talking to someone who just listens. It's actually – we all shared our points, and we just bring everything to the table, and bring the pros and cons, and responses were highly useful. (Shankar – M)

Participation barriers, criticisms and challenges

Logistics and eligibility

When asked about barriers to participation in MBCPs, several men mentioned the inconvenient timing of the programs offered. A couple of men mentioned being too tired to focus through a 2.5-hour session after a full day at work, while another did not like having to attend on Saturday evening when he wanted to relax with friends. Conversely, one person was positive about attending a session that ran after his TAFE class in the afternoon. Several had attended sessions where an interpreter catered to their language needs but only one mentioned finding it challenging to be understood.

One of the women we interviewed was disappointed that no alternatives were offered to her partner after he was deemed ineligible for an MBCP.

> Technically, they're not allowed to tell me, but they just very subtly said that usually when someone's not eligible, it's just because they're displaying characteristics that they're not recognising family violence … He was minimising his actions, shifting blame and victimising. So, he wasn't recognising that he's done anything wrong … I think that was just a bit disappointing that if he's not eligible for the group session, then they just kick him out and they close the case … He just said that he wanted to work on his behaviour, such as better managing his anger. So, they just said that it's probably best that you go to a psychologist or a counsellor to get help. So, they didn't give him any particular resources. (Sabrina – W)

Participants' criticisms of MBCPs

It was clear from the interviews with men that most of them wanted to participate in MBCPs to reconcile with their partners. Several of the men we interviewed spoke about wanting programs that included their partners as well and about wanting support to "move forward" in their relationships. Related to this, several also complained that, although they understood why this was the case, the MBCPs they attended were "one-sided" in that men "took all the blame".

> The evidence shows that the majority of women are the people that are in the receiving end of it, which I agree 100 per cent. And I'm not trying to discount that in any way. But I feel the course was definitely based on the men's reaction to the action of women … like it kind of sounds not so great, but I felt it was one-sided at times. (Rahel – M)

Another interviewee voiced a similar sentiment, saying that he wanted an "acknowledgement that we too might have been hurt".

> I don't always enjoy the sessions 'cause it's coming from an angle I don't particularly like … I'm the perpetrator. My wife's the victim. So, I've got this label, which I feel like I will never shake, and it doesn't matter what I say … You're the perpetrator, you're the bad person … It's not a program where I feel you have a voice. I still struggle with that at times. It's sort of like – I feel like it's really narrow. And I suppose that's the whole purpose of it, but I do struggle with it sometimes, 'cause I didn't just wake up one day and feel the way I did, disconnected, and it just happened over time. And we both – my wife and I are both accountable for what's happened. I might be 99.9 per cent, but there's that one little bit. (Adam – M)

He saw this "angle" as having consequences for his relationship going forward. Claiming that he was fully committed to his relationship, he implied that his wife's expectation that he was the only one who needed to change made him feel that she wasn't similarly committed.

Suggestions from migrant and refugee men and women

All participants were asked if they had any suggestions regarding how MBCPs could be improved. Both men and women advocated the importance of providing information about family violence (including that it comprised not only physical abuse) and the Australian legal system on arrival in Australia. Several women felt that knowing the law and how to seek help would better empower women, while also deterring men from breaking it.

> Maybe increase awareness and talk more about family violence and the shape and the kind of family violence. For me, I wasn't to know like emotional abuse, financial abuse. I just thought maybe just physical abuse, that's family violence … We have to increase awareness for both women and men. (Naaz – W)

In addition to just providing information, both male and female participants said there should be programs similar to MBCPs available for all men and for boys.

> How do you make it available to men that – before it goes and spirals out of hand? Do you get them younger? Do you … make it part of the school curriculum for the boys? I don't know. But I think if there was something like this 20 years ago, I might have been in a different place today. (Adam – M)

> Make these programs more available – they need to be delivered in every suburb so that all men have the opportunity to attend … Men need programs they can attend so that they are taught about gender equality. Some men think women are not allowed to do things because they're women. (Sara – W)

Other suggestions focused on the need to adapt programs specifically for migrant and refugee communities. One woman participant blamed misinterpretations of Islam for men's poor treatment of women. She wanted to see faith-based programs and leadership that addressed these misconceptions which, she argued, would have greater sway with Muslim migrants. Her recommendations included having MBCPs run by the Board of Imams. Given her husband had failed to honour his pre-marriage verbal commitments to her, she also argued it was important that faith-based education included gender equality provisions and rights for women in Islamic marriage contracts.

> For example, the Islamic marriage, it's called *nikah*. So, we have a contract, basically. And on that contract, what I learned afterwards is that you can actually put in conditions … So, for example, before I got married, my husband, he told me that if I want to continue to work, I can work. And then that time, I was in Canada, so he told me that we would move to Canada. And that was the condition that I married him on … But I had no idea that I could actually put that onto our *nikah* contract. And if I did that, I think that it would actually have more value … because the *nikah* is considered very sacred. (Sabrina – W)

One male participant felt that the content of the MBCP he attended included too many assumptions about gender roles within households. In his view, the notion of the "male breadwinner" and the female "homemaker" was a cultural stereotype that did not match his experience, nor that of others within his community.

> And in regards with people with different cultural backgrounds … there were certain topics that I think it was more like the scenarios that were given were typical for typical Australian couples or dynamics, where let's say the male is the breadwinner and the female is the stay-at-home mum, and where the responsibilities aren't shared responsibilities … And the thing is, it didn't quite make sense to me and this other participant … as I do shift work and my partner also does shift work, we both work in disability support, and so we have shared responsibilities. We both change nappies, we both do shopping, we both do cooking, we both do cleaning. There's nothing that one person does that the other person doesn't. (Rahel – M)

Service provider and other stakeholder interviews

Diversity in program design, format and modes of delivery

Service providers and other stakeholders discussed a range of different models, theories and modes of program delivery. They provided examples of eight different program types: mainstream MBCPs; in-language programs with tailored content (only two of the eight programs discussed in interviews were still running in 2025); a pilot program designed for migrant and refugee men delivered in English, using a one-on-one case management model and a whole-of-family approach; a mainstream pilot program for men with co-occurring mental health and substance misuse issues; a group program for migrant and refugee fathers; a brief mainstream intervention service established during COVID-19; a program to enhance the capacity of migrant and refugee community members to respond to DFSV; and early intervention programs for migrant and refugee men that promoted referrals into mainstream MBCPs.

Despite the wide variety of program types, most services delivered a 20-week, in-person MBCP. Some service providers and other stakeholders facilitated programs online and emphasised the importance of this flexible delivery for men living and working outside of metropolitan areas. On the other hand, online groups were seen by some to create additional risks for women and children, with one program manager noting that online delivery may not be appropriate for men at elevated risk of using DFSV due to difficulties related to de-escalation.

> We're more risk-averse with online groups because we don't know where the women are, we don't know where the men are that are partaking in the groups, we don't have a full picture around the men's attitude or frustrations when they're partaking online … When we have groups that are face to face, the staff members are trained to be able to de-escalate. (Family violence program manager, mainstream service, Victoria)

Mainstream programs were reported to run "rolling groups" where men could join at any time throughout the program rather than there being a set start and end date. This model was used to minimise the time men spent on waitlists. Some program managers referred men on waitlists to a national phone service for men that provided short-term counselling to promote behaviour change. This service functioned as a telehealth type of intervention for men who used violence. This could be used as an interim response while men were waitlisted for MBCPs, and was not designed as a replacement for attending an MBCP.

We interviewed service providers and other stakeholders from two organisations that were still delivering in-language programs, one in Victoria and one in Queensland. The Queensland program is funded as a pilot and is delivered in person by a settlement organisation. The organisation uses a place-based approach and in 2024 went through an extensive consultation process with organisations who support migrant communities, and community and faith leaders from a specific cultural group, to develop the program. The program in Victoria is designed and delivered by a specialist DFSV organisation with facilitators running sessions in Dari, Hindi, Tamil and English. During COVID-19, programs were shifted to online delivery. At the time of the interviews in 2025, sessions were still mostly delivered online, with one in-person session at the start and the end of the program. This program ran over a 16-week period.

Service providers and other stakeholders spoke highly of healing programs run by Aboriginal community-controlled organisations for Aboriginal men. A Victorian-based organisation was seen as the benchmark for culturally responsive practice

in a First Nations context, and was reported to be well regarded and accepted by Aboriginal men and families.

Therapeutic versus feminist models and theories underpinning program content

The most prominent model discussed by stakeholder participants was the Duluth model. The Duluth model was used to inform core program principles that focused on challenging men's minimisation of violence and denial, and the power and control wheel. Service providers and other stakeholders stated that programs were informed by feminist theory and an understanding of patriarchy as a system of power and violence that underpinned men's use of violence against women and children. A DFSV prevention specialist shared that a key purpose of MBCPs was to explain to men how patriarchy functioned as a system of power and violence.

Service providers and other stakeholders had varying views on the appropriateness of specific program models and theories. Some who worked closely with migrant and refugee victim-survivors of DFSV felt that the Duluth model was not culturally responsive and was not effective in engaging migrant and refugee men in behaviour change. They argued that for MBCPs to effectively engage migrant and refugee men there needed to be wider use of models that recognised the role of trauma in men's use of DFSV.

> I'm starting to understand the impact of trauma a lot more. I was listening to Gabor Maté, who is a trauma specialist and I really think what he's saying makes a lot of sense, about the impact of trauma and how, especially for men, it ends up that they behave like that. But there is this framework that it's all about gender equality and patriarchy and all these things. And that's fine. That does happen. But I think with violence, not everyone living in a patriarchal society is actually violent. So, why? What's making some men use violence under the same regime of patriarchy, under the same system? (CEO, multicultural organisation, Victoria)

A counsellor and program facilitator who had worked with men from minoritised communities for over 15 years disagreed with this perspective. The facilitator argued that a shift away from feminist theory in behaviour change programs was in part caused by an increase in the number of psychologists working in the sector who used person-centred approaches. This shifted the overall purpose of MBCPs which, for this facilitator, was to maintain the safety of women and children. This facilitator believed using a trauma framework would provide space for men to build a narrative that justified their use of violence rather than take accountability for their actions.

> I think that when we start to see feminism as somehow interfering in the process of holding men accountable and we start to bring in person-centred approaches where we centre him and his experience and what he has to say about the abuse … Therapists who are now doing this work are used to working in a person-centred way … They're talking to their client who's in front of them rather than the client who's at home looking after the children desperately hoping he's going to do some good work on his abuse. So, I think there's been a bit of a shift in understanding who our primary client is. (MBCP facilitator, mainstream service, Victoria)

Additional debate concerned whether MBCPs were a form of therapeutic practice or not. Some service providers and other stakeholders felt behaviour change work had to involve therapeutic components and theories, while others explicitly stated MBCPs were not therapy. Several explained that they delivered program models underpinned by cognitive behavioural therapy (CBT). Other therapeutic models mentioned by service providers and other stakeholders included dialectical behaviour therapy, adult learning theory, somatic therapy, joint counselling, shame-sensitive approaches and group therapy models. Overall, service providers and other stakeholders noted that while therapeutic frameworks were used in MBCPs, behaviour change work was not to be used as a replacement for individual counselling, and that most men who used DFSV needed to engage in individual therapy as well.

Intersectional barriers for migrant and refugee men accessing and engaging in MBCPs

Service providers and other stakeholders perceived that migrant and refugee men experienced a range of intersectional barriers that limited their access to MBCPs as well as their engagement and ongoing attendance in programs. In fact, throughout interviews, it became clear that very few migrant and refugee men were attending groups at all, either in mainstream MBCPs or in the remaining culturally adapted MBCPs. Barriers occurred at the individual, family, community and structural levels and were often experienced simultaneously, and compounded. Individual-level barriers such as living in a rural or regional town with no local MBCP were exacerbated by high levels of family and community stigma around DFSV, and structural factors like complex legal processes related to IVOs that were unclear for migrant families.

Language and interpreter-related barriers

English language proficiency and issues with using interpreters in group settings were the most frequently reported barriers. Men with lower English proficiency were commonly assessed as ineligible for mainstream MBCPs, regardless of whether they had been referred by a counselling order or if completing an MBCP was connected to having an IVO lifted. For men assessed as ineligible, interviewees said there was generally no alternative group.

> Courts might mandate men who can't go into a mainstream group because of language or whatever, and they'll mandate them to do it. It'll be on their counselling order, but they don't go anywhere. There is no group for them to go to. So, nothing happens with those men. (CEO, family violence organisation, national)

Service providers and other stakeholders explained interpreters were rarely, if ever, used in group settings. This was noted as a marked shift for some practitioners who had been in the sector for over a decade and said that in the past, interpreters would be used in groups despite the "clunkiness" it brought to the conversation. The costs associated with using an interpreter after hours was raised as an issue, as was the issue of confidentiality for migrant and refugee men from small language communities who could have a personal connection with the interpreter.

The importance of language in behaviour change work was emphasised by service providers and other stakeholders who believed that the nuance of the reflective questions facilitators asked was critical. With limited English, much of this nuance was missed and there was concern that migrant and refugee men may not understand more complex content related to gender dynamics and power and control. Non-use of interpreters extended beyond MBCP settings. Some of those interviewed raised that police were still using family members as interpreters during DFSV

callouts, which could lead to misidentification of the primary aggressor, damaging migrant communities' trust in police services.

Significant distrust in the service system and state-based supports

Migrant and refugee men were reported to distrust DFSV services as well as police, child protection and the justice system. Men who had visa-related issues, financial concerns, language barriers and mental ill-health were perceived as feeling further oppressed by their experiences of being held on remand. Many service providers and other stakeholders associated this distrust with migrant and refugee families having faced state-based discrimination in their countries of origin prior to their arrival in Australia. An MBCP manager highlighted that most migrant and refugee men who were referred into the in-language program their organisation was delivering came from countries with high levels of distrust in authorities.

> Most people [migrant and refugee men] came from countries where you don't trust the government or the police. So, there was this real, "I don't really like the government holding all this information about me. What are they going to do? How am I going to be manipulated with this information?" (Manager and MBCP facilitator, mainstream service, New South Wales)

Some participants argued migrant and refugee families also experienced systemic discrimination from the Australian state, which further contributed to feelings of distrust and fear. Fears concerned being sent back to home countries, visa-related consequences, and having children being removed by a child protection order.

Distrust was discussed as being pervasive for migrant and refugee victim-survivors as well, which made it difficult for practitioners to assess the extent of violence being used, and to develop effective safety plans and longer-term responses. Migrant and refugee men were reported to use this prevailing sense of fear and distrust as a tactic to control and isolate their partners. Men knew their partners were fearful of government services due to their pre-migration experiences, and they would use that fear to reinforce a sense that services in Australia could not be trusted to provide safety and support.

Migrants' distrust of services and organisations was also discussed. A counsellor and program facilitator who worked closely with queer migrant men who were victim-survivors of DFSV provided an example of how such distrust restricted service engagement for a client who was a queer Pakistani man and victim-survivor of DFSV. The client had been difficult to engage, however he eventually shared that he had struggled to trust the counsellor and be open about the level and type of DFSV he was experiencing. This was because the counsellor sounded like they were calling from a "white service" asking questions that placed the Pakistani man's partner visa at risk. The counsellor was taken aback but also gained insight into the extent of distrust some migrants held towards Australian services.

> I think I'm really respectful. I think I'm really good at my practice. And this man was basically saying to me, "There was nothing in what you were telling me that made me feel confident that I could open up more freely to you." And I was just like, "Oh, my god, oh, thank you for telling me that." (MBCP facilitator, mainstream service, Victoria)

Experiences of racism and the racialisation of migrant and refugee men

Migrant and refugee men faced interpersonal and structural forms of racism during their engagement with MBCP services. Service providers and other stakeholders believed that during assessments, migrant and refugee men were treated more punitively by some assessors who believed that violence was an accepted part of migrant cultures.

> In a country that is not their country of origin and maybe one that is very unfamiliar to them … I think a black and brown man's use of violence is always going to be responded to more urgently and seen as more dangerous than a white man's [use of violence]. And they know this. (MBCP facilitator, mainstream service, Victoria)

Others spoke about racism being endemic across the sector and the need for MBCP facilitators to take part in anti-racism training to develop their understanding of how racism functions in, and is reproduced by, services.

Employment-related barriers

Migrant and refugee men were perceived to prioritise work over attending MBCPs and other interventions. For newly arrived refugee men who had limited English proficiency, employment was often found through family and community networks in casual construction roles where they were paid cash in hand and could not access personal leave. A program manager explained that when MBCP facilitators would contact men who had missed sessions, men would say that they were not available to attend the program because they had to work.

> They just were like, "I can't come. I can't do what you're asking me to do. I can't sit with the caseworker. I need to work. And if I don't work, I won't, what do I do? And then if I don't work, they will just get somebody else in." So, that was the biggest barrier that we had … They weren't available. (Manager and MBCP facilitator, mainstream service, New South Wales)

Service providers and other stakeholders said that if services were serious about engaging men in programs, services must offer more flexible outreach support outside of standard business hours.

Homelessness and financial hardship

Those who worked specifically with migrant and refugee men reported that housing was a substantial barrier to engagement in MBCPs. For men on temporary visas with no access to social services, support from housing organisations was not available. While housing was recognised as a problem for all men, service providers and other stakeholders emphasised that due to other, intersecting forms of social exclusion and discrimination, migrant and refugee men had reduced or no access to housing support. This created conditions where a man would start and end a 20-week MBCP and remain homeless for the duration of the program.

> Many of our men sleep in cars because they can't get any government support. They don't have access to any housing – forget safe housing – any housing. And a lot of support services only do emergency. So, they might give you accommodation for a week. But that's very unusual even to get for a week.

> Most men get maybe a night or two. We have a lot of men living in cars or couch-surfing. (MBCP facilitator, multicultural service, Victoria)

Maslow's hierarchy of needs was discussed, with service providers and other stakeholders asking how well men could be expected to engage in program content when they did not have safe and consistent housing. Other practitioners shared they had seen men use their homelessness as a coercive tactic to regain access to the family home and reunite with their partners.

Visa-related barriers

There was inconsistent understanding among service providers and other stakeholders working across the sector regarding whether visa status affected a man's eligibility for MBCPs. Some service providers and other stakeholders believed that men needed to hold a certain type of visa to enrol in a program, while others stated that the only pre-requisite for assessment was that men acknowledged they had used DFSV. Visa-related barriers nonetheless remained, linked to men's fears that attending an MBCP would affect their ability to obtain Australian citizenship or maintain their current visa type. Service providers and other stakeholders shared that some men had enrolled in programs after applying for citizenship and finding out there was an outstanding order from a magistrate requiring them to attend an MBCP. For the citizenship application to be processed, men had to complete outstanding legal requests or mandates.

The fear of visa cancellation was valid for men with criminal charges related to DFSV. A migration lawyer explained that due to character test legislation in the *Migration Act 1958* (Cth), refugee men who had a criminal history of DFSV could fail the character test and the Department of Home Affairs could refuse their protection visa application.

> It's not just … at the higher level of the mandatory cancellation, it might be lower-level family violence, which [is] still under the character test in the Migration Act. They can still consider refusing a visa as well, like a refugee visa, because someone's perpetrated family violence and they fail the character test. (Solicitor, legal service, Victoria)

If migrant and refugee men were not Australian citizens and were sentenced to a term of 12 months' imprisonment or longer, their visa would be automatically cancelled. These men would no longer hold a visa granting them the right to legally reside in Australia and would have to reapply from prison (either state prison or an immigration detention facility) or be granted a Bridging Visa R. As with homelessness, service providers and other stakeholders perceived that it was unlikely that men dealing with such concerns would be ready and able to engage effectively in MBCPs.

Inconsistent funding for in-language MBCPs

Service providers and other stakeholders spoke at length about inconsistent funding for in-language MBCPs affecting program delivery and resulting in confusion across the sector about the availability of specialised programs for migrant and refugee men. They also reported that mainstream services did not receive additional funding to design and deliver in-language programs. Between 2023 and 2025 in Victoria, MBCPs for South Asian men, Arabic-speaking men and Vietnamese-speaking men were discontinued due to funding constraints.

> We did a South Asian group, and we also did an Arabic group as well, and our organisation was the only organisation within the LGA [local government area] that was offering those groups. However, due to a lack of resourcing … we weren't able to continue. (Family violence program manager, mainstream service, Victoria)

Program managers and organisational leaders discussed how the current funding model, where services received funding per program participant, did not support the delivery of smaller, in-language MBCPs. Lower demand for places in culturally specific programs meant that, typically, in-language MBCPs would go ahead with roughly half the client spaces filled (e.g. seven men attending a group that was resourced to take fourteen referrals). This meant running the group at a loss. Over time, this was a contributing factor to closing some of the programs down or pausing them until new funding periods began.

> [A] man dropped [out], it became four men. You can't have a whole 20-week [program] and invest resources on four men. So, even if you want to run a program in Arabic, if you don't have decent numbers, as an organisation, you can't afford to have it. (MBCP facilitator, mainstream service, Victoria)

Inconsistent delivery was also associated with services not being able to retain skilled and qualified staff. In an Arabic-language program, a former facilitator spoke about a program being paused mid-cycle for over 12 months. The men in the program were not referred on to a mainstream program to complete the course, and the facilitator felt an ethical responsibility to deliver the rest of the MBCP or refer. Keeping the men on hold and waiting indefinitely for the program to re-start was neither safe nor appropriate and it was also unclear who would be holding risk if something did go wrong. Such concerns were echoed by multiple program managers when discussing barriers to consistent delivery.

With the discontinuation of these programs, many migrant and refugee men without strong English language proficiency had nowhere to go, as they would likely be deemed ineligible for mainstream programs. This created a level of frustration and supported the widely held perception among those interviewed that programs for migrant and refugee men were virtually non-existent in Victoria and New South Wales. When asked what services or support pathways were available for migrant and refugee men who wanted support to stop using DFSV, a manager at a migrant women's organisation replied, "Nothing!" The one culturally specific program that service providers and other stakeholders praised had been delivered consistently for over 6 years. Originally designed as an early intervention program, it was re-purposed as a response program that accepted referrals from courts, police and community organisations in response to sector and community needs.

Limited cultural safety and cultural responsivity in mainstream MBCPs

Stakeholder participants discussed the complexity of delivering behaviour change content in a culturally safe and responsive way through mainstream MBCPs. An example of culturally inappropriate practice that was raised by multiple service providers and other stakeholders was facilitators asking men to share their partners' names with the group. A Muslim facilitator said that they had seen Muslim men being made to leave a group as they had been deemed resistant or non-compliant by white facilitators, because they refused to share their wives' names during the session. The white facilitator had understood this as the men refusing to comply with program

requirements. However, the Muslim facilitator explained that in many migrant communities there are standard cultural naming conventions that mean a husband would not share his wife's first name in a public or group setting.

Service providers and other stakeholders reported that when migrant and refugee men tried to express a cultural perspective, they would at times be seen as expressing judgement over white women's actions. This created friction between men in the group and led to disengagement by migrant and refugee men. It also placed pressure on facilitators to maintain group safety and hold space for all perspectives.

> He [the migrant man] came across like he was challenging the morality between culturally and linguistically diverse women and mainstream white women. That didn't go well because I have the other men of the group go on that man so hard that he completely shut down in his participation. (MBCP facilitator, mainstream service, Victoria)

Issues with trauma-informed practice in MBCPs

As already noted, some service providers and other stakeholders perceived trauma to be a key contributing factor in men's use of DFSV. These stakeholders argued that trauma and mental health needed to receive the same amount of attention as gender inequality in prevention and response efforts.

Limited trauma-informed practices in services working with men who have used DFSV was identified as a barrier to migrant and refugee men engaging in MBCPs. This was raised as an issue from the point of initial referral through to the limited support available for men following program completion. At initial referral, migrant and refugee men were reportedly at increased risk of disengaging due to a lack of consideration in assessments for war-related and other forms of trauma. At the group session stage, a stakeholder reflected on how trauma-responsive practice was not common. They raised that men's feelings of safety while in an MBCP session were not acknowledged.

> [Men] might genuinely just not even feel safe in that room. And we don't acknowledge that and if we don't acknowledge that, then it's not trauma-responsive or shame-sensitive. (CEO, family violence organisation, Victoria)

It was also seen as common for migrant and refugee families to have to repeat their disclosures. This was because women would seek support for DFSV from multicultural organisations and, due to the system structure in Victoria, families would have to be referred to a mainstream service where they would be made to repeat their disclosure.

Most examples that were provided by service providers and other stakeholders concerning men with significant trauma histories involved war-related events, including kidnapping, witnessing executions, murder of family members, and forced conscription into militias during childhood. Service providers and other stakeholders argued that it was important to listen to men when they shared traumatic experiences during group sessions. To disregard or not recognise these disclosures of violence and trauma could have an adverse effect on maintaining engagement and rapport. Another interviewee, however, felt that trauma-informed approaches with migrant and refugee men could be used to excuse or minimise their use of DFSV. Instead, this stakeholder made a distinction between this and using TVIP (Scott & Jenney, 2023), which they advocated since it recognises discrimination and traumatic events while maintaining accountability for the individual's choice to use violence.

> TVIP practice [sic] is so critical because it recognises the ongoing precarious experiences of many highly marginalised men who use violence … Trauma and violence–informed care looks at structural violence, taking that into account … It takes away from the individual psychology of trauma-informed practice … We know that a user of violence has a sense of victim status, how they give themselves a green light to use violence … So when he's experiencing structural violence, that victim status just builds and builds and builds and builds. So, I think TVIP, as opposed to trauma-informed practice, has a lot of potential working with migrant and refugee men. (Policy advisor, national)

The role of shame and stigma

Community stigma surrounding DFSV and being known as a man who has used violence created fear and acted as a barrier to engaging with services, including MBCPs. Group settings were seen as amplifying stigma and shame for some migrant and refugee men, because of the expectation that they openly discuss their use of violence and other intimate information in front of other men. Fear of placing shame on the family unit was seen by service providers and other stakeholders as a barrier to ongoing engagement in programs and was also reported to be used by men in patterns of abuse where they would verbally abuse partners if they thought they had told anyone about the violence. While not unique to migrant and refugee men, service providers and other stakeholders understood that the migration process magnified this fear. For men who had left everything behind in their country of origin, losing their family – and by extension their connection to their diasporic community – because of DFSV meant having no familial or community networks left in Australia. For men from refugee backgrounds specifically, traumatic experiences during war were associated with higher levels of shame.

> There's a particular shame element for migrant and refugee men who have usually been through that trauma … We've had men who were brought into wars as boys and all this sort of stuff. And their sense of shame alert is really high. When that shame can come in, they can be either very withdrawn or very attacking either to themselves or to others. (MBCP facilitator, mainstream service, Victoria)

There was also a sense that MBCPs needed to be more sensitive to shame and stigma. Participants reflected that, at times, programs reproduced or reflected community stigma, which led to an increase in men's feelings of shame and by extension led to disengagement. They emphasised that practitioners needed to be aware of strategies or group activities that had the potential to exacerbate feelings of shame.

> Don't just go there, point the finger and say, "You're this, you're a bad person." Shaming is not a good thing. You know, they feel shame enough about their whole life. They feel like they are the worst person, a bad person deep down. So, shaming men is just not helpful. Get them on board, make sure they're participating and then they'll take ownership. (Men's family violence counsellor, mainstream service, Victoria)

Some service providers and other stakeholders also believed it was due to shame and stigma that we found it so difficult to recruit and interview men for this research project.

Geographical barriers

Migrant and refugee men living in rural and regional areas were generally unable to access MBCPs despite demonstrating a desire to be enrolled. Some recently arrived refugee men who had been settled in regional areas of New South Wales were advised they could be referred to a program in a town 1.5 hours away. With no transport available, this was not a feasible option, and the men were unable to access any DFSV interventions.

There was discussion by service providers and other stakeholders in Victoria about a successful place-based intervention being delivered in a regional town. The program provided one-on-one support for migrant and refugee men as well as a men's group, and produced in-language resources about preventing DFSV in refugee communities. It was unclear whether this program could be scaled up to be delivered in metropolitan areas. Other service providers and stakeholders spoke about the limitations of certain funding streams which meant programs could only be delivered in one local government area. Some metropolitan areas were known across the sector to have higher wait times than others, but this information was generally unavailable to organisations referring men into MBCPs. These organisations did so, therefore, without being able to compare wait times across potential services.

Unclear legal processes related to IVOs

Service providers and other stakeholders shared doubts over how well migrant and refugee men and families understood legal processes, particularly IVOs. It was unclear whether police and court services were communicating with families using interpreters, and some believed that IVOs issued to migrant and refugee men were not explained to them clearly. This meant that they were at risk of breaching orders without realising. Several service providers and other stakeholders expressed frustration with the IVO process, noting that IVOs that were not clearly explained to families undermined, rather than protected, women's and children's safety. Some shared that they were working with men who would continually breach conditions of IVOs that prevented them from entering the family home. A DFSV counsellor explained that one of his clients would argue the IVO was unsustainable as he needed to go home to support his wife.

> The guy that I've been seeing he's been telling [me] his IVO stopped him from seeing his wife, but his wife tells him that "I can't survive if you're not talking and you're not sorting things out." So, he's just constantly [pauses] he's seeing them regularly, goes over to the house, obviously he's going through an anger management program and everything. But he says it's not sustainable. (Relationship counsellor, private practice, Victoria)

Facilitating factors for migrant and refugee men's engagement in MBCPs

Despite the substantial barriers, service providers and other stakeholders presented a range of facilitating factors that they perceived as promoting access and engagement for migrant and refugee men. These five factors are outlined below.

Responses led by migrant-community organisations

Migrant and refugee men were perceived to engage more actively in community-led programs. Though examples were limited, service

providers and other stakeholders believed that if migrant and refugee men and their families were more involved in the development of MBCPs, engagement and effectiveness would follow. They provided examples of small pilot programs being run in Queensland and New South Wales by multicultural and faith-based community organisations. While these organisations did not specialise in DFSV, they had started to run interventions for men who used DFSV that were more family-centred than mainstream MBCPs. Programs reported to have high levels of engagement had strong links to specific migrant communities, with facilitators making themselves available to family and group members in a way that was not seen as common practice in mainstream MBCPs. A Vietnamese language MBCP previously delivered in western Melbourne was used as an example to demonstrate how a program could be community-led while still meeting minimum standards and following key principles.

> It was very different. I mean, obviously, the language was different. He [the bilingual program facilitator] might have used some of the same resources. But the structure around the support was different. He had his work mobile, and he accepted calls from his participants, and he was really involved with the community. That's something that is not done. I mean, rarely would we be giving out our, even our work mobile numbers, unless that was what we had to do, to men. And we certainly wouldn't be taking calls after hours or whatever … But it was his community. And so, they were his people … (MBCP facilitator, mainstream service, Victoria)

Several stakeholder participants reported that programs using community outreach as well as education for families were more likely to engage men long-term. They argued that the silos of prevention, early intervention and response were not useful when trying to build community engagement with migrant and refugee men and families. Rather, programs that had an integrated approach to the prevention continuum that encompassed components of primary and early intervention as well as response were reported as being more suitable. In one community-based program, a facilitator said they had altered the starting point of the program because it assumed a certain level and type of knowledge that was not applicable for men attending the culturally specific MBCP. Service providers and other stakeholders also emphasised that effective community engagement takes time, and that funding models needed to be more responsive to this.

> And, of course, that [community-based work] might happen over a 5- or 10- or 15-year cycle, it doesn't happen within a brief 3- or 4-year period because you develop this stuff slowly, but I think that's really exciting and harder to do. (Policy advisor, national)

Bicultural facilitators and multilingual service delivery

Bicultural facilitators were seen by service providers and other stakeholders as a strong asset across in-language and mainstream programs and were an essential component of all in-language programs. Some facilitators were multilingual and described how they would switch between three languages in one session, depending on the linguistic identities of the men in the room. There were also instances where facilitators would conduct concurrent interpreting for groups. For example, one facilitator would deliver content in Hindi, and another facilitator would interpret that content into Tamil for other South Asian men

in the group. In another example, a program for migrant and refugee men from diverse backgrounds was delivered primarily in English, but also concurrently in Arabic for a subset of participants who spoke that language. Facilitators discussed how concurrent interpreting of sessions like this was initially challenging, due to trying to pace the content and not get too far ahead of the other language group. However, with practice and reflection the process became more streamlined. This type of concurrent, multilingual delivery was felt to be more appropriate for MBCPs than using interpreters, as facilitators could directly query, and at times challenge, men on the attitudes and perspectives they shared.

> When you've got the facilitator speaking multiple languages, it's actually really good because you're not then waiting for someone else to understand what's being said and then challenge that. Because we are having the interaction in Tamil, so if they say something, I'm able to challenge that or go further, which an interpreter cannot do, because the interpreter has to feed that back to the facilitator, then the facilitator would take that. (MBCP facilitator, mainstream service, Victoria)

In mainstream programs, cultural diversity among facilitators was a key feature in creating safety for migrant and refugee men. Service providers and other stakeholders discussed how, even if they were not from the same cultural background as a migrant or refugee man in the group, there was still a deeper level of understanding of men's experiences of migration. This included how migration, whether forced or voluntary, could affect gender dynamics, identity development, mental health and financial security once in Australia. This recognition meant that bicultural facilitators provided space for men to reflect on migratory and settlement stressors. Bicultural facilitators perceived that mainstream facilitators did not typically provide space for such discussions during group conversations. One bicultural facilitator outlined how being a migrant meant they were more cognisant of migration-related violence and multi-perpetrator violence. They were able to monitor for these specific types of DFSV that may have been missed by a facilitator who was not from a migrant background.

> There was one instance where this guy had set up a camera in his house and he had given the user ID and password to his dad who is sitting in India. And his dad was controlling the camera while he was at work … They pretty much tell everything to their parents and they get their advice … It would be very hard for [non-migrant practitioners] to comprehend these kinds of things. (MBCP facilitator, mainstream service, Victoria)

While there were multiple examples provided of outstanding levels of engagement due to bicultural facilitation, service providers and other stakeholders noted that for in-language programs, clinical supervision proved difficult. This was in part a human resourcing issue, as services struggled to find bicultural staff with clinical supervision experience in men's behaviour change. Some mainstream services filmed sessions for supervision purposes, which allowed clinical supervisors to observe facilitators and provide critical feedback. However, when programs were delivered in-language, this system for supervision was not possible, as most clinical supervisors only spoke English. This meant that bicultural facilitators did not receive the same level of support for their practice, despite the fact they were often under increased pressure because they were well-known in their cultural communities. Being a community

member while working in men's behaviour change was at times challenging and opened facilitators up to the risk of backlash from their community. This was especially the case for women facilitators who came from the same community as men in the group.

In light of this, some services saw a facilitator's position as a community member as a barrier rather than an aid to engagement. Some service providers and other stakeholders told us that services need to be aware that some migrant and refugee men would prefer to be in a program with white men, as they felt people from their own community would be "compromised". Adding to this complexity, preventing bicultural workers from supporting a member of their community who presented to a DFSV service could lead to further pressure for bicultural workers, as they would likely still engage with the man – but instead of it being at the office, during formal work hours, the man could present outside a bicultural worker's house after hours.

> One of the practitioners, working in there, he was African and he had someone from his community come to the [DFSV service] and he was like, "I'll respond," and they [management staff] were like, "No, no, that's a conflict," and he's like, "Yeah, but I know how they feel safe. They feel comfortable. They're from my community," and he was shut down … And he said to me after, "He will now come to my house," because the guy didn't engage, and he said, "Tonight, he'll come to my house. So either way, I'm going to be engaging with him." (MBCP facilitator, mainstream service, Victoria)

Additionally, there was a need for services that ran in-language programs or had bicultural staff to recognise that staff, alongside clients, would be affected by international events in their home countries. An example of this was the fall of Kabul in 2021 to the Taliban, which created high levels of distress for members of the Afghan diaspora in Australia, impacting the development and delivery of an in-language MBCP in New South Wales. Service providers and other stakeholders argued that additional supports for bicultural workers were critical.

One-on-one case management

One-on-one case management for migrant and refugee men was seen as a strategy to address intersectional barriers that affected access and engagement. Case management was integrated into each of the in-language programs discussed by service providers and other stakeholders. Program facilitators explained they would use allocated case management time to advocate for men to gain access to emergency relief, driver education, alcohol and other drug (AOD) programs, housing and mental health services. This improved men's engagement in group sessions. Mainstream services were reported to sometimes deliver an entire MBCP through individual sessions with a man if he was from a migrant background and they had the resources to do so. They would also provide case management support during these individual sessions. A pilot program in New South Wales delivered a one-on-one program model for migrant and refugee men as this provided opportunities for tailoring program content and using interpreters.

> We developed a one-on-one partly because of that. A group is not out of the question, but it's just not in this first 2-year trial phase. Just time limitations mean that getting a group together is a lot more difficult and a lot more difficult to sell to communities who have concerns about it not being in language. Whereas if we've got one-on-one, we can make use of translators, interpreters. We can tailor the program

more effectively in the one-on-one space. (MBCP manager, multicultural program, New South Wales)

Case management was also used as a stop-gap mechanism to maintain engagement with men when bicultural staff were unavailable or on leave. Consistent case management was seen by service providers and other stakeholders as a key facilitator in keeping men engaged and reducing rates of non-attendance. However, some service providers and other stakeholders raised concerns with program models that solely provided one-on-one sessions, suggesting there was an increased risk of collusion between the practitioner and the man if the man uses trauma or cultural narratives to justify his use of DFSV without this being challenged. They felt that individual sessions were best used as an additional feature of group work to support men with intersecting barriers affecting their engagement.

I do think that largely every man should be in a group. That element of public scrutiny I think is really important, that they're sharing their abuse out loud where other people are hearing it and witnessing it and also having more questions asked about it. The very confronting experience of having to elaborate on not only violence but what impact that's had on her and the children. It's really important that men have direct experience of that in front of people who are witnessing it. And I think that the men's case management … There's a lot of collusion that happens in those spaces. (MBCP facilitator, mainstream service, Victoria)

Recognition of intersecting experiences of discrimination

Service providers and other stakeholders said that services had to be aware of the multiple ways trauma and oppression could affect how men interacted with the DFSV response system. In using intersectional understandings of oppression and discrimination, interviewees felt they were able to build rapport with clients, which increased the likelihood of long-term engagement in the program. Some reported that they would allow men the space to share their experiences of oppression in the first few group sessions to build trust. Practitioners who did this reflected that although this strategy may not be aligned with good practice principles for MBCPs, it allowed them to identify co-occurring stressors that migrant and refugee men had not previously shared. It also acted as an entry point for practitioners to start challenging men on certain harmful beliefs and attitudes. Several interviewees believed there needed to be more work done to understand the relationship between different forms of oppression such as racism, health-related issues like substance misuse, and men's use of DFSV. Others highlighted that understandings of the migrant journey and settlement stressors, and how these affected family dynamics and created unique risks for women and children, needed to be better integrated into mainstream MBCPs.

Service providers and stakeholders who were from migrant backgrounds themselves brought up their own experiences of racism. Such experiences meant that service providers and other stakeholders from migrant backgrounds had nuanced insight into how men engaging in group may be navigating the complexity of living through multiple forms of systemic discrimination as a migrant or refugee in Australia.

> Living in Australia, I would like to say … that we are living in a fair, equitable society for migrants and refugees, but the reality of it, we're not. You still have the systemic discrimination, you still have racism, you still have Islamophobia, you still have all these other barriers that migrant and refugee women have to face. So, our journey of hardship as a refugee doesn't stop because you come to Australia and it's a safe country. There's a different type of heartache we have to go through to be able to get the same rights you may have, the same recognition you may have, the same opportunity to education, the same recognition or access to the workforce. (MBCP facilitator, mainstream service, Victoria)

Fatherhood

Service providers and other stakeholders discussed how being a father promoted engagement in MBCPs and acted as a motivational factor for migrant and refugee men to stop using DFSV. Being a father was closely linked to men's role in the family as a "protector" or "provider". Interviewees reported that when men were separated from their children by an IVO or by child protection services, they felt their identities had been affected and the loss of their children at times coincided with a loss in status or exclusion from their community. The interviewees repeatedly emphasised that for migrant and refugee men with children, the role of father or the desire to retain custody of children was a driving force in attending a program.

> That was the motivator, because they had children in care. A couple of them, of course, had warnings that they'll go to jail next time and the police have to be called next time. So, we had that as well, but they mainly wanted to do the right thing by the children … At least three of the five [men] wanted to have access again to their children in some way. (Manager, settlement organisation, New South Wales)

Several service providers and other stakeholders worked in programs for men who used DFSV that focused primarily on being a father. These programs were delivered by family and settlement services and did not act as a replacement for an MBCP but could be attended in addition. Discussions about how children were victim-survivors of DFSV in their own right were used by facilitators to tap into men's sense of empathy. Men were seen to be able to more readily discuss the impacts of their violence on children than on their partners. Men reportedly presented as distressed and highly emotional in group sessions when facilitators would focus on the impacts of DFSV on children. Interviewees noted that they would have to hold men accountable for their use of violence and at the same time ensure they acknowledged the distress some men would share due to being separated from their children for extended periods of time.

In contrast to this, service providers and other stakeholders explained that men were known to weaponise custody of their children in patterns of coercive control against partners. Interviewees reflected on the tension they had to hold between monitoring for manipulation and the use of coercive control when visiting children and acknowledging men's emotional distress linked to reduced custody or restricted visitation rights.

Systemic issues that limited good practice

Systemic issues raised by service providers and other stakeholders related to the lack of consistency and continuity within the men's

behaviour change sector. Programs had diverse referral pathways and extensive wait times, and used a range of different program models and approaches that at times were perceived as punitive. These issues limited good practice and service continuity.

Insufficient resourcing of MBCPs and minimal service continuity

Service providers and other stakeholders reported that programs were not sufficiently resourced. According to those who had worked in both frontline roles and policy roles in government, underfunding of MBCPs meant that frontline work was underpaid and facilitator expertise was undervalued. Facilitators were burnt out and frustrated by systemic constraints that prevented them from being able to work innovatively with men and troubleshoot concerns around the way some clients resisted key concepts or created challenging group dynamics. Services that had previously designed and implemented tailored MBCPs for migrant and refugee communities reported they received no additional funding to do that work, meaning the additional time and lower rates of enrolment made the programs financially unsustainable. Participants noted that the men's behaviour change sector needed a sustained increase in funding to meet government and community expectations.

Changes to funding models across the sector were cause for concern. Brief intervention programs that were meant to be used to support men prior to enrolment in an MBCP had reportedly replaced the standard 20-week MBCP in some areas as they were cheaper to run. Examples of innovative practice and programming being developed in the sector were typically funded by philanthropic organisations, rather than state and federal governments. Some service providers and other stakeholders argued that behaviour change work with refugee men should be funded by Commonwealth rather than state governments, as part of settlement support the federal government provides to families who arrive in Australia on humanitarian visas.

Insufficient financial resourcing had substantial impacts on program availability. While there was variability in wait times, in some cases men were waiting over 6 months before being assessed for a program. This led to frustration for men who were involved in justice proceedings, when they needed to attend a program for their case to move forward. Some men were reported to call up services and harass facilitators as they felt they had been waiting too long to be enrolled. A program manager described being abused over the phone regularly by men on program waitlists, while being unable to increase the number of programs needed to meet demand because of limited funding.

> I probably get abused once a week because they ring up and they go, "Oh my god, I've got court!" And we'll say, "Look, we'll give you a note to say that you're on the waitlist and have been for 3 months and probably won't be seen for another 6." … And often they'll be like, "Well, why can't you see me?" And I'm like, "Well, our staff like to get paid. And you're halfway up the list. And if you're frustrated at the lack of funding and what have you, and I really get your frustration, if I was in your shoes, I think I would be frustrated as well. But you can write a letter to your member of parliament, and you can let them know your experience to increase the funding because we could triple our workforce … But unfortunately, we're stuck, too." (Manager and MBCP facilitator, mainstream service, New South Wales)

Consistency across programs in relation to staff expertise, training and availability was a particularly problematic issue for service providers and other stakeholders. Multiple participants stated that the men's behaviour change workforce needed more investment, especially to support practitioners from migrant and refugee backgrounds to enter and remain in the sector. Other concerns focused on insufficiently trained and qualified staff leading to inexperienced and new practitioners being employed in senior roles. Resourcing challenges meant that, despite a lot of promising practice in the sector, there was also serious concern about practices that reduced women's and children's safety. Family safety contact work was also limited by resource constraints (this and other issues related to family safety contact are discussed below in "Prioritising migrant and refugee women's and children's safety").

For in-language programs, finding bicultural staff with the required qualifications and experience was an ongoing challenge. It had led to delays in program delivery, increasing the amount of time migrant and refugee men were waiting to access a program.

Migrant and refugee men's ineligibility for mainstream MBCPs

There was discussion of multiple referral pathways into programs for migrant and refugee men, with most referrals linked to court attendance. Some service providers and other stakeholders said the majority, if not all, of their clients were court-ordered to attend an MBCP, while others reported that some referrals also came through child protection and family services. For migrant and refugee–specific programs, most referrals came through the court system. When asked about migrant and refugee men self-referring, a program manager said that in the 2 years they had managed the program they had not come across a single man who had self-referred. Three pilot programs designed for migrant and refugee men reported they had tried to leverage their relationships with community leaders to support referrals into the program for men who may not have been engaged in the justice system. This proved to be a challenge and led to small enrolment numbers. One pilot program was unable to run a single group due to low numbers of referrals, while another had started to deliver a program to one man despite the program being designed for group delivery. The third pilot program was integrated into a mainstream service that would refer men from the mainstream program into the multicultural program.

The prominent view from service providers and other stakeholders was that migrant and refugee men were largely absent from mainstream groups, though it was not clear whether they were being referred into programs and then deemed ineligible following assessment. Some service providers and other stakeholders highlighted an apparent discrepancy between the number of migrant and refugee men presenting to court for DFSV-related offences and the number of men who would end up in MBCPs.

> Anyone who sits in a family violence court on a family violence sitting day, to watch the diversity that stands before a magistrate and the referrals that are often sent into community behaviour change programs […] So, I mean if they're saying they [migrant and refugee men] are not getting through, I mean, how come? (MBCP facilitator, mainstream service, Victoria)

The discrepancy between men attending court and the limited visibility of migrant and refugee men in programs led to discussions about what happens to men when they are assessed as ineligible for an MBCP. However, no single clear answer to this question emerged. Ineligibility was commonly linked to English proficiency, though service providers and other stakeholders also shared examples of migrant and refugee men being

assessed as ineligible because they were resisting accountability for the behaviour or denying they had used DFSV.

Some raised concerns over the court referral process placing increased pressure on an already under-resourced sector. Particularly in regional areas with no in-language options, there was little value in completing intake and assessment for men who could not speak English. It shifted time and resources to a process that would not lead to group attendance while also raising men's expectations that they would be able to attend a program. A program manager expressed that these systemic issues resulted in gross inequity for migrant and refugee men that had severe consequences for women's and children's safety.

> Well, it's not called equality. So, you can't just – some people have to go to jail, but for other people, it's okay to offer them a program. It's just wrong. (Manager, settlement organisation, New South Wales)

The issue of equity was acute for migrant and refugee men incarcerated in immigration detention centres who had visas cancelled due to DFSV-related offences. These men were unable to access standard MBCPs as programs were not available in immigration detention centres. For this small cohort of men, a nationwide brief intervention program that provided five to six sessions over the phone was the only program they could access.

> It's a telephone counselling service for particularly vulnerable people who aren't able to access the men's behaviour change programs in the community. So far anyway, they seem to be happy to provide that brief intervention service to people in immigration detention, which I think is a really good thing. (Solicitor, legal service, Victoria)

Under-recognition of migrant organisations' expertise in DFSV prevention and response

Migrant organisations that provided comprehensive settlement support for families did not typically receive funding for DFSV response work. Many service providers and other stakeholders who worked in migrant organisations reported that, despite this, staff were providing support to both migrant victim-survivors and men using DFSV. Some organisations were funded by state governments to provide DFSV prevention in the form of education sessions, or received time-limited funding to collaborate with mainstream MBCP services to design and deliver tailored programs for men. However, in these circumstances the mainstream service remained the implementing partner and the work done by the migrant organisation was centred on building referral pathways into the program. Those interviewed reported that migrant organisations were well-positioned to provide MBCPs and other interventions for men who used DFSV. These organisations had strong levels of trust with migrant and refugee communities and were thought of as being the most cost-effective method for reaching men who were ineligible for mainstream programs. They were already seen to be responding to disclosures of DFSV and trying to manage the safety of women and children in situations where families did not want to engage with mainstream DFSV and other family services.

Some service providers and other stakeholders believed that migrant organisations held concerns about the capacity of mainstream MBCPs to provide culturally responsive and trauma-informed care for migrant and refugee men. Settlement workers supporting families affected by DFSV

then had to navigate difficult terrain, knowing their clients did not trust mainstream services, or could be ineligible for a mainstream MBCP, but that they needed specialist DFSV support.

> Settlement services and migrant and refugee [organisations] … feel like the ham in the sandwich, they feel like they have to advocate for their clients, but feel that that, "Well, maybe we'll find another way for them rather than it being in men's behaviour change." (Senior violence prevention educator, mainstream service, New South Wales)

The perception of MBCPs as a punitive response to DFSV

Service providers and other stakeholders expressed that due to cultural bias, facilitators could be more punitive in response to migrant and refugee men's attitudes in group programs. This dovetailed with the general perception that MBCPs could be delivered in a punitive way. Migrant and refugee men viewing MBCPs as a form of punishment could create additional risk for migrant and refugee women. Service providers and other stakeholders felt that court-mandated attendance for an MBCP and child protection services restricting contact with family members could, at times, have adverse effects for a family's safety overall.

> The system, I understand, like child protection, and police, and the courts, it's there for a reason – I've seen that, but it is very punitive, too. So, when it's the punitive approach in things, how does that create safety for people? (MBCP facilitator, mainstream service, Victoria)

Some interviewees stated that perceiving men enrolled in MBCPs as "bad people" and using MBCPs as part of a punitive response hampered behaviour change efforts and made it difficult to engage men in program content. Rather, they advocated for facilitators to build relationships with migrant and refugee men where they would feel safe and secure, while simultaneously being held accountable for their choice to use DFSV.

A need to strengthen collaboration across the service system

Service providers and other stakeholders stressed the need to strengthen collaboration across the DFSV service system to better respond to migrant and refugee families. There were notable gaps in the way DFSV services worked alongside settlement, child protection and justice systems. Those running in-language MBCPs reflected that relationships with police and the justice system needed to be improved. Referrals from police would come in without required information, which made it difficult for MBCP intake workers to know the level of risk for families linked to the man being referred. Service providers and other stakeholders believed that if police provided more information at the point of referral, the interventions provided to migrant and refugee men could be improved. They reflected that they had to use a lot of guesswork to identify men with intersecting concerns related to mental ill-health and substance misuse, as this type of information was often missing from police and court referrals. Warm referrals for men engaged in MBCPs to other social services were also limited due to the level of siloing across the service system. Silos created barriers for mainstream services to work in partnership with migrant organisations, and to integrate the expertise and knowledge of migrant and settlement organisations into mainstream MBCP delivery.

> The other barrier would be that we still work a lot in silos. Our sector and the community services, child family youth, is very disconnected from migrant and refugee services. They operate in their own sphere, and there isn't a great deal of collaboration and partnerships. (MBCP facilitator, mainstream service, Victoria)

There was very limited collaboration between correctional facilities and immigration detention centres. For migrant and refugee men transferred between prisons and immigration detention centres, there appeared to be no knowledge-sharing regarding whether men still needed specific rehabilitation support. The support needs for this cohort of migrant and refugee men were unrecognised by the service system, and individual migration lawyers were left responsible for managing access to services including psychologists and AOD services. Other service providers and stakeholders raised the need for greater leveraging when men became engaged at certain touch points in the system. For example, a participant proposed that when a migrant man was issued an IVO, police should provide in-language information about mental health and housing services and MBCPs.

Risks associated with men's behaviour change programs for migrant and refugee families

Service providers and other stakeholders discussed the unique risks migrant and refugee families experienced when they were connected to a man attending an MBCP. These risks included how men would respond to program content; social isolation; limited support from formal services; perceptions that migrant and refugee women were safer when still living with their partner who was using violence; and men adapting the types of DFSV they were using based on content they had learnt in group sessions.

Migrant and refugee men excusing the use of violence and resisting program content

There was substantial reference to migrant and refugee men not only resisting program content but resisting the concept of men's behaviour change entirely. Service providers and other stakeholders reported that many migrant and refugee men did not understand the purpose of attending an MBCP, nor did they understand that the behaviour they were using against their family was considered DFSV. There was apprehension from service providers and other stakeholders who worked with migrant and refugee families that men were not ready to engage with mainstream MBCPs and that, even if mandated to attend, they would not be absorbing any of the material: "They are not ready and they don't listen … They don't understand. They won't engage. They won't explain" (CEO, multicultural organisation, Victoria).

Men who did attend groups were reported to, at times, use group sessions to build narratives that excused their use of violence and simultaneously presented them as victims of violence. These narratives would often centre around traumatic pre-migration experiences and war-related violence. Service providers and other stakeholders who provided examples of these narratives went on to share that by using a gendered lens, they were able to challenge men effectively on these justifications. They explained that to minimise the risks of men using victim narratives, they challenged men in group settings to reflect on why women who had lived through the same situations were not using DFSV against their family, too. For instance, an experienced practitioner shared how a man had used the violence he experienced in Sudan as an excuse for the violent behaviour he used against his wife in Australia. The facilitator challenged the man by asking if his wife had also lived in South Sudan during the war, and faced similar experiences of conflict, why was she not using DFSV against him and her family?

Some migrant and refugee men were reported to use culture and religion to excuse DFSV, and at times to argue that certain violent behaviours were culturally permitted.

> We do run into that barrier quite often of, "But that's my culture, that's just the way it happens." Whether that's right, wrong, whether that's minimising, denying, justifying and blaming, which we see a lot come through our work regardless of people's background, religion, culture, ethnicity, migrant and refugee status. (Senior violence prevention educator, mainstream service, New South Wales)

To challenge these beliefs, facilitators who were not from the same cultural backgrounds as the men would highlight the role of the Australian justice system in overriding cultural and religious beliefs. Facilitators who were from the same cultural or religious background reported that they would use their shared belief systems to explain to men that religion or culture does not condone violence of any kind.

Limited social and financial support for migrant and refugee families

When asked about the risks associated with MBCPs for migrant and refugee families, service providers and other stakeholders spoke about risks for women and children from the moment they engaged in the DFSV system, rather than in direct connection to MBCPs. Due to limited options for social and financial support, migrant and refugee women faced multiple risks prior to their partner being referred to an MBCP. Social isolation was understood by some service providers and other stakeholders to act as a strong barrier to migrant and refugee women seeking any form of formal support from DFSV or other services. One participant who worked in MBCPs with refugee men shared that refugee women were seen to, at times, be safer if they stayed with their partner using violence than if they were to leave the relationship. This was due to fear of the broader community, being socially isolated, and having limited financial independence or access to sustainable financial supports.

> Sometimes we feel women within migrant and refugee communities are safer with the perpetrator, or a person using family violence than to be separated, because their danger will escalate more … If you're so vulnerable, so dependent on the perpetrator, being isolated, can you cook? Can you eat? Can you buy food? Can you drive? (MBCP facilitator, mainstream service, Victoria)

This was mirrored by other participants who noted that for some women the cost of leaving their partner was too high.

Some service providers and other stakeholders understood mainstream DFSV services to create additional risks for migrant and refugee families by focusing on separating them from partners. They advocated for DFSV services to introduce approaches that built on kinship support rather than telling migrant and refugee women to cut ties with their partners. In cutting ties with their partners, women were understood to also be removing themselves from their community and support networks. Other interviewees highlighted that migrant and refugee families of men who enrol in MBCPs may be reluctant to separate or end the relationship due to visa status. Such reluctance was reportedly exacerbated by men and community members sharing misinformation about deportation processes that increased perceived risk for migrant and refugee women if they were to separate from partners.

Collusion between facilitators, men and community members

Participants reported there was risk of collusion between migrant and refugee men and facilitators in both group and individual settings. Migrant and refugee men were more likely to engage in one-on-one delivery due to the range of barriers already discussed. Collusion was seen as more common in individual settings, with men's use of violence more likely to be justified or excused. In individual settings, facilitators did not have a colleague, or a "second set of eyes", to observe interactions with men and critically assess arguments or framings of behaviour by men that needed to be challenged. Service providers and other stakeholders also noted that the risk of collusion with migrant and refugee men in group settings was exaggerated during culturally specific MBCPs. Some explained that in such groups, men were reported to use shared cultural understandings to justify or excuse their use of DFSV.

> I remember sometimes I'd jump in to facilitate a culturally specific group that was for South Asian men who use violence, and it could become quite problematic just running the session in one cultural group. That was my observation because the level of collusion around their culture and using that as an excuse could be quite toxic. (MBCP facilitator, mainstream service, Victoria)

Collusion between men using DFSV and community leaders was a concern for similar reasons, with service providers and other stakeholders reporting instances of community leaders using culture as an explanation to minimise men's use of DFSV. They emphasised, however, that this was not a migrant and refugee–specific concern, but happened across a wide range of communities due to power relations. Interviewees used the police force as an example, stating that it was well known that police who used DFSV were often protected by their community. The same example was extended to religious communities, where priests were known to be protected despite using DFSV.

Conversely, other service providers and stakeholders spoke about how, sector-wide, there seemed to be a pronounced fear of collusion that led facilitators to restrict themselves from showing empathy and compassion during MBCP sessions. There was concern that demonstrating empathy could be seen as relieving men of accountability. These participants challenged this perspective, especially in the context of behaviour change efforts with migrant and refugee men where empathy was presented as a key component in behaviour change work.

> How can you expect a man to be able to empathise with his family, what they're going through in their trauma from his behaviour, if you don't show him empathy for what he's been through? (MBCP facilitator, mainstream service, Victoria)

The use of interpreters in behaviour change settings was also raised as a risk when discussing collusion, particularly where interpreters did not have DFSV training. Service providers and other stakeholders mentioned interpreters who had been known to alter the tone of the facilitator and remove the level of assertiveness when speaking to men. One participant shared an example where they were working with an interpreter and picked up on a notable shift in their client's body language. The client spoke very limited English but was eventually able to communicate to the stakeholder that the interpreter was not performing their job adequately.

Increased risk of violence associated with attendance at MBCPs

A small group of service providers and other stakeholders shared concerns that men used their attendance at MBCPs to demonstrate to partners that they had changed, when in fact they were incorporating their enrolment in a program into an established patten of coercive control. A participant from a migrant women's organisation reported that one of their clients was almost murdered by her husband after letting him back into the family home, because she believed he would no longer be violent.

> She [the client] was in a near miss that could have taken her life, where if it wasn't for one of the kids at home, she would have died. He was stabbing her and she ended up in hospital, and she kept saying, "Oh, I thought he was, I thought he changed, I thought he changed," you know? That sort of thing all the time, the poor women, they just hope so much for them to change. (CEO, multicultural organisation, Victoria)

There was also discussion of men being re-referred to MBCPs on new counselling orders, demonstrating they had not changed. In some cases, their use of DFSV may have escalated. One participant reported using a safety planning mechanism from the brief intervention service during the first few MBCP sessions. From their perspective, it was during a man's initial engagement in group that there was potential for renewed or increased violence against women and children. This was echoed by another participant who noted that there was a risk of men's use of DFSV increasing when they began attending an MBCP. To minimise risks like this, the stakeholder reported they would try to communicate session plans with women victim-survivors in advance.

Prioritising migrant and refugee women's and children's safety

Migrant and refugee women's and children's safety was mainly managed through family safety contact workers who worked alongside MBCP facilitators, most often for the same service. Service providers and other stakeholders told us there was no standard form of family safety contact for women. Some services sent text messages to women, though others would use phone calls as the main mode of contact. Those who had worked as facilitators shared how, when men presented as aggressive or angry during a group session, they would make attempts to contact the partner or former partner to advise them they may be at increased risk of experiencing DFSV. Across the sector, a partner or former partner's contact details would be obtained by the service from the man enrolled in the program. If there was an IVO in place, or a woman had changed her number for safety reasons, the man would often not have the woman's updated contact details, meaning a family contact worker was not able to check in with that woman for the duration of the MBCP.

> If we were worried about how he's going home that night, we'd call … So, there is some serious risk management going on through that process. It's hard when sometimes, for a range of reasons, the men don't give us, we have to get those details from them, and if there's an IVO, they're not meant to contact. So, even if they're breaching and they might know how to get in touch with her, they're like, "Well, there's an IVO. I don't have a phone number. I can't give it to you." Sometimes we struggle and we can't push that because we can't enforce for a man to breach an IVO. (CEO, family violence organisation, national)

Moreover, a program manager explained that if a victim-survivor did not answer an initial call from a family safety contact worker, they would lose the opportunity for risk assessment and support as the worker would close the case.

For in-language programs, the family safety contact work would also be delivered in language. A program manager who ran an in-language program confirmed that the family safety contact work acted as another opportunity for migrant and refugee women to access settlement and social support as well as information about their legal rights in Australia. The trust developed between family safety contact workers and victim-survivors was a noted strength of that particular MBCP. A manager working in a settlement organisation discussed how maintaining women's safety would mean that case managers felt they were unable to refer men through soft referral channels to an MBCP. They explained that women would commonly disclose DFSV to their settlement case manager. The case manager would be working with the family unit as a whole and would want to refer the man to an in-language MBCP. However, because they had only received a disclosure from the woman, they could not raise the issue of DFSV directly with the man, since this would alert him that his wife had disclosed his abuse. To maintain the safety of migrant and refugee women, settlement case managers were thus restricted in how they could refer men to MBCPs or early intervention services.

Service providers and other stakeholders stated that MBCPs and family safety contact work were not designed to meet the needs of all cohorts. The in-language pilot program delivered in Queensland aimed to engage men who were ready to take accountability for their use of violence, and to build evidence about service gaps and unmet needs for men with risk profiles that may sit outside the scope of community-based MBCPs. An MBCP was not considered the appropriate program for a man to be attending if he had a history of using DFSV with a risk level of lethality. An in-language program that received a large number of referrals for men with diverse levels of risk shared that they did not have the staff to maintain or hold such a high level of risk, and that referring agencies would at times pressure them to action the referral as they also did not have the capacity to manage men at high risk. This led to additional pressure for the in-language program to move through their waitlist quickly.

> We don't want to pick up the risk and often, all the people who want to refer to us want to close their books by the time they refer. And they are on our backs for a referral acceptance which we cannot give until we assess the risk. (MBCP manager, multicultural service, Victoria)

Women's and children's safety was seen to have suffered due to ongoing pressure on the system and extended waitlists for men to access groups. A program facilitator noted that due to funding constraints, the purpose of their MBCP had shifted from being about maintaining women's and children's safety, to being about moving men through groups to meet funding requirements.

Two service providers and other stakeholders discussed peer support programs for women victim-survivors, as distinct from family safety contact work and advocacy mechanisms. Both were delivered by mainstream services. One program was not running at the time of the interview due to limited funding, while the other had a waitlist of over 100 women. The participant from the organisation that delivered that program noted it would take them over a year to move 100 women through the group, and that other types of support for women victim-survivors were extremely limited. Some interviewees explained that MBCPs acted as the last touch point in the service system for migrant and refugee women. They may have engaged with the police as a first point of contact, then a specialist migrant DFSV service. By the

time the man was attending group, all the family safety contact worker might be providing was confirmation that the man was attending group sessions. Some argued, however, that even if a service was unable to contact the partner or former partner through family safety contact, at least a man engaged in an MBCP was visible to the service system.

Indirect outcomes for migrant and refugee families following engagement in men's behaviour change programs

Participants discussed several indirect or unexpected outcomes for migrant and refugee men attending MBCPs. One such outcome was that migrant and refugee men would attend a program twice, with one stakeholder reporting they knew of a man who had re-enrolled in an MBCP four times. This phenomenon was noted to occur in mainstream programs as well. Participants who had worked with migrant and refugee men repeating programs stated that men would re-refer for a variety of different reasons. Some men reported that they had been "sleepwalking" through most of the group sessions, and it was only toward the end of the 20 sessions that they started to realise the content being shared was useful. They would then re-refer themselves and repeat the whole course. Some men who re-enrolled did so because they had disengaged from a previous program and, when presenting to the court, a judge required them to complete an MBCP in its entirety. Other men were re-referred through the court system due to re-offending, or due to a referral from child protection services.

> They just didn't get it the first one, and I think that time in between [programs] they do the second one, they sort of go "Okay, yeah," there are some seeds sown and they may not have been ready then, but they've thought about it, reflecting and thought, and they're probably forced to do another one and then they do that. (Men's family violence counsellor, mainstream service, Victoria)

For some, migrant and refugee men requesting therapy or a referral to a mental health service was a positive indirect outcome of MBCPs. Therapy was seen as an important way for men to reflect on violent behaviour and how they perceived their behaviour as being linked to experiences of trauma. Service providers and other stakeholders reported that therapy provided complementary support for men engaged in an MBCP as it allowed them to explore their own perceptions and motivations on an individual level. This meant that during group sessions, facilitators were more able to focus on key concepts like power, control and gender inequality.

> And so, he signed up for therapy. Actually, men signing up for therapy I think is also a significant thing because they're going to address their trauma. How long will it take? I don't know but that's actually a great outcome of an MBCP if they start therapy afterwards. (CEO, family violence organisation, national)

Migrant and refugee men disclosing substance misuse and addiction issues was another indirect outcome from attending an MBCP. Building on therapeutic outcomes, service providers and other stakeholders provided examples of migrant and refugee men implementing CBT frameworks that they had learnt during MBCP sessions in other areas of their lives to reduce risk-taking behaviours and substance misuse. A stakeholder reported that from their perspective, there was a difference in the way Caucasian men disclosed substance

misuse compared to men from migrant and refugee backgrounds. Caucasian men were said to disclose substance issues more readily during assessment or at the beginning of a program, while for migrant and refugee men disclosure of substance misuse would be made towards the end of the 20-week program, once men had developed a rapport with facilitators.

Some participants saw the empowerment of migrant and refugee women as an indirect outcome of MBCPs. Through engagement with family safety contact workers, women reportedly gained knowledge and information about their legal rights in Australia and how to enact them by calling the police. This new knowledge and confidence to contact the police when experiencing DFSV was particularly relevant for women who had reunited with partners.

Service providers and other stakeholders reported that rates of family reunification after migrant and refugee men had completed an in-language behaviour change intervention were as high as 70 per cent. This led service providers and other stakeholders to see reconciliation as a main program outcome, meaning facilitators focused on maintaining men's engagement and delivering practical information across the program considering men were likely to be re-entering the family home.

The final indirect outcome discussed was how migrant and refugee men developed friendships and social connections with other men in the MBCPs. Especially for men who were divorced, there was a concern about social isolation and limited connection to community once the group had finished.

> They [men] end up saying they actually like the group and they felt part of it, and they're going to miss the program and somehow found a sense of community. I really don't know what to call that. But they do form connections among the men as well that continue, but I think that that simply points to the isolation. (MBCP manager, multicultural service, Victoria)

Indicators of success following participation in MBCPs

There was diversity in stakeholder perspectives on what success meant for migrant and refugee men after completing an MBCP. There was no standard measurement of success used by programs to evaluate program outcomes. Most services reported using an exit interview or survey, however service providers and other stakeholders said that there was still work to be done to understand and measure long-term outcomes of MBCPs for migrant and refugee families.

Increased safety of women and children through reduction in men's use of DFSV

Service providers and other stakeholders discussed that, ultimately, program success meant that women's and children's safety increased due to a reduction in DFSV. A program's capacity to end the use of DFSV was seen by some as unrealistic, while others still held this as the primary outcome of MBCPs. The cessation of physical violence was put forward as another measure of success, while some service providers and other stakeholders perceived a 20-week MBCP to be the starting point in a man's long journey towards changing violent behaviours. Participants emphasised that, despite multiple understandings of what success could look like, the core outcome of MBCPs was an increase in the safety of women and children.

For migrant and refugee–specific programs, service providers and other stakeholders felt that long-term success would include having influenced the broader community, including faith leaders, to have more open conversations about women's and children's safety. These conversations would

involve unpacking the use of culture to justify or excuse DFSV and building community knowledge of Australian laws. Other service providers and stakeholders noted that reduced recidivism was used as a measure of success, noting the limitations of this type of evaluation because services did not have access to justice department data. They would only be advised about recidivism if a man was re-referred to the same MBCP. It was critical that different services and funding bodies had a clear understanding that alternative interventions would have different outcomes, and that expectations following program completion should differ depending on the type of intervention. For example, the outcomes for migrant and refugee men who engaged in interventions like telephone counselling or behaviour change through one-on-one sessions would differ from those who attended a 16-week in-language MBCP.

Demonstrated motivation to change and increased self-awareness

While a reduction in DFSV was a primary focus for many service providers and other stakeholders, for that to occur, men attending groups had to demonstrate motivation to change. Service providers and other stakeholders asserted that even though men were unlikely to have self-referred into the program, they had to be able to accept responsibility for using DFSV. Those who worked with refugee men noted that often, especially in the early stages of settlement in Australia, focusing on behaviour change was not a key priority due to other pressures related to employment and economic security. Others highlighted that successful engagement in MBCPs enhanced men's self-awareness by building capability to reflect on their behaviours and the impact of these on other people. This then contributed to developing motivation to alter those behaviours and build safer relationships with partners and family members.

> We start seeing success when we actually go, maybe after the eighth session, when you actually start seeing the man contributing into the session and you would challenge someone and the person will not just jump down your throat, because they are comfortable to be challenged and to be asked to reflect about their own behaviour and, "I can see from that point of view. I can see it from the woman's perspective. I can see my impact and I can see how that was not right." This is what it [success] looks like, to get to that point. (MBCP facilitator, mainstream service, Victoria)

Family reconciliation

Service providers and other stakeholders highlighted that from the perspective of migrant and refugee men, success was closely connected to family reconciliation. Migrant and refugee men were reported to be in ongoing negotiations with partners while enrolled in MBCPs, using their attendance in group to demonstrate that they had changed. Having high expectations that completing group would result in returning to the family home placed additional pressure on program facilitators and could also lead to adverse reactions from men if their partners refused to reconcile. Family reunification was often encouraged by extended family members. Examples were provided where women had been pressured by their families to reunite with men. Reunification was reported to make it difficult for family safety contact workers to maintain engagement with women when men had returned home and were perceived to have changed.

Some participants noted that current DFSV responses, including MBCPs, had a restrictive focus on supporting women who had left their partners. Exit data from an in-language program

reported that 70 to 80 per cent of migrant and refugee families reconciled during an MBCP or post-completion. Service providers and other stakeholders said that where services were designed for women who had left a relationship, women who decided to reconcile with partners following DFSV were largely unsupported by formal support services.

> When we're only providing services for people who are separated, you're kind of missing a large proportion of people, and I think we're doing a disservice if we're not able to provide support and safety to families that haven't separated … and being like, "Okay, come to us once you've made that choice," which is quite bizarre, because if they are willing to stay and there's [a] kind of intervention that can be done that's helpful within the family or within the relationship then I think we should be trying to provide a service there. (Team leader, mainstream family violence service, Victoria)

Service providers and other stakeholders also argued that if the likelihood of reconciliation was high, MBCP content needed to be tailored to that reality, with programs delivering practical learnings to men and ensuring women engaged through family safety contact knew their legal rights in Australia and had a detailed safety plan in place.

Perspectives on contributing factors to migrant and refugee men's use of domestic, family and sexual violence

The most frequently reported contributing factors to migrant and refugee men's use of DFSV were changing gender dynamics throughout the migration process and gender inequality. However, service providers and other stakeholders emphasised the need to examine other contributing factors such as substance misuse, gambling, trauma and mental ill-health – all factors that could be exacerbated by migration to Australia.

Gender inequality and changing gender dynamics during migration

Gender inequality was perceived to be the most prominent contributing factor to migrant and refugee men's use of DFSV. Service providers and other stakeholders reported that gender inequality needed to remain front and centre in MBCPs, and provided examples of how they had challenged men in group settings when men had used individual experiences of trauma to justify their use of DFSV. Men repeatedly resisted content related to gender inequality and patriarchal violence. High levels of resistance to acknowledging gender inequality were linked by some participants to perceptions held by migrant and refugee men that the Australian legal system privileged the rights of women. Service providers and other stakeholders noted that some men used discussions about gender equality in Australia to establish their position as victims, querying facilitators about why men were being targeted by programs and services, when women should also be mandated to attend behaviour change programs.

> Looking behind that resistance is a tit-for-tat kind of mentality. That if there is a men's behaviour change program, why isn't there a woman's behaviour change program? It is like a victim mindset – that "poor me". (MBCP facilitator, mainstream service, Victoria)

This type of mentality was also reported by a stakeholder working with recently arrived migrant and refugee fathers. During group sessions, men

would repeatedly complain about how their wives were employed sooner than they were, and that they were struggling to find long-term employment. The only work readily available for newly arrived men was reportedly through ride-share companies. Service providers and other stakeholders suggested that such a shift in relationship dynamics, whereby women became the sole earner for the family, was a contributing factor for DFSV.

A multicultural organisation that had led focus groups with migrant and refugee men about understanding the impact of migration on family relationships reported that women tended to adapt more readily to life in Australia. They suggested that men needed more support to adjust to changing gender dynamics and broader acculturation and settlement stressors that men experienced as resulting in a loss of social status. Service providers and other stakeholders were exasperated by the limited amount of research into how and why migrant and refugee men used DFSV during and after migration. Alongside existing research into the experiences of victim-survivors, service providers and other stakeholders argued for more comprehensive evidence on the use of DFSV in migrant and refugee communities.

> It's all been for years and years and years and years about the victims, but nothing has been done on men, and it is a bit of a mystery in a way. It's still grappling with all these different theories. Is it trauma? Is it this, is it that? Is it gender equality? Is it patriarchy? So, I don't know. (CEO, multicultural organisation, Victoria)

Substance misuse

Substance use by migrant and refugee men was understood to be a stigmatised topic of conversation. As already noted, service providers and other stakeholders believed that migrant and refugee men were less likely to disclose substance misuse to group facilitators than non-migrant men. Service providers and other stakeholders spoke at length about how substance misuse was a co-occurring factor for migrant and refugee men who used DFSV, but one that remained hard to identify. A program manager noted that for MBCPs to adequately support men with substance misuse issues, men needed to be screened at an earlier point of contact with the service system, for example by police or during engagement with court services. An organisation delivering an in-language MBCP reported approximately a quarter of all men who moved through their service needed an additional referral to an AOD service. Some men were on child protection orders that mandated them to attend AOD counselling. However, a secondary barrier for men was the limited number of AOD services with expertise in working with migrant and refugee men.

> Drug addiction is a massive issue … definitely huge AOD issues. And there is, again, I think very few services out there that specifically cater to the needs of migrant and refugee men. There are very few programs that exist in language. The practice of group work is a very western concept … We needed to normalise the principle of group work, because migrant and refugee men do not sit around in groups of 10 and say, "Hi, my name is John and I'm an addict." It's just not a thing that they do. So, that, I think, is a massive adaptation that we had to do to create safety in that space. It's not something that comes naturally. (MBCP facilitator, multicultural service, Victoria)

Participants who had received disclosures of substance misuse and addiction from migrant

and refugee men provided examples of how men had used their substance use issues to excuse DFSV. For those working with these men, substance misuse was commonly seen as masking other mental health concerns. For refugee men who had been incarcerated, substance misuse was reportedly associated with experiences of racist abuse and violence during childhood. One participant suggested that these experiences of marginalisation were caused by structural factors, and were the direct result of Australian public policy that had let down a whole generation of young men from refugee backgrounds and contributed to criminal offending that often included DFSV.

Trauma and mental health conditions

Some service providers and other stakeholders raised concerns that within the MBCP sector there was an aversion to examining the connection between mental ill-health and the use of DFSV. The aversion was linked to men with mental health conditions potentially using their ill-health as a justification for DFSV. This was challenged by participants, who argued that it was important to distinguish violent behaviours from the person enacting those behaviours. By making distinctions between behaviour and the person, facilitators were readily able to assess men for mental health conditions and encourage a referral to individual counselling or therapy. Some services provided brokerage for men to see psychologists. For migrant and refugee men with limited access to public healthcare, brokerage from MBCPs was essential in granting access to psychological services. Accessing mental health services was seen by many service providers and other stakeholders as an essential component of behaviour change. Some expressed doubt about the possibility of sustainable behaviour change if men did not engage in individual counselling or therapy to address trauma or other concerns.

Post-traumatic stress disorder, particularly for men from refugee backgrounds, was perceived to be a common contributing factor to the use of DFSV. Aggressive behaviours were connected to experiences of war, forced migration, and incarceration in immigration detention centres. Service providers and other stakeholders highlighted that men who had been detained or recently arrived as refugees were more ready to engage in conversations about mental health. For men with traumatic experiences that had occurred during childhood, it was more difficult to broach the topic of mental health.

There were calls for more integration between MBCPs and mental health services, with some interviewees sharing that they had tried to establish accessible referral networks from MBCPs to individual counselling and psychology services. Alongside reflections on the relationship between mental health, men's use of DFSV and migration, some challenged connecting trauma and violence without maintaining a gendered lens. They argued that gender must always be considered when examining how certain events or experiences contributed to men using DFSV, while women who lived through similar experiences of war, conflict and incarceration did not use violence against partners.

> I don't know if it's about trauma. Do you know what I mean? How come she's not lashing out the way he is? She's been through just as much trauma. (MBCP facilitator, mainstream service, Victoria)

Gambling

Alongside substance misuse, service providers and other stakeholders frequently raised gambling as a contributing factor to migrant and refugee men's use of DFSV. Similarly to substance misuse, gambling was a highly stigmatised issue. For some service providers and other stakeholders, the link between gambling and DFSV was clear and needed to be more visible in work with migrant

and refugee men. A program specifically for migrant and refugee families affected by gambling addiction found a pronounced link between gambling and DFSV.

> The connection between gambling and family violence … What they tend to do, because they strongly believe that they will make it [the money] up. So, they start using the money for rent, or for food, or even go further down and steal from their savings for their children. And, of course, the partner or family members aren't equipped to understand why it's happening, so they end up fighting and, of course, fighting, calling the police, and the journey has started. It's a very strong link between the two. (CEO, multicultural organisation, Victoria)

Gambling issues for recently arrived families were particularly pronounced, due to financial stress and social isolation. Gambling was also incorporated into patterns of economic abuse and was perceived to be used by many men as a coping mechanism for settlement and other migratory stressors.

PART 4:

Discussion

In this project, we generated primary qualitative data with migrant and refugee men who had participated in MBCPs or similar programs, migrant and refugee women who were victim-survivors of DFSV, and MBCP service providers and other stakeholders. In the following discussion, we first summarise key integrated findings from the different participant groups, contextualising our analysis in relation to our integrative review of international evidence (Block et al., 2025) and other literature concerned with migrant and refugee experiences of DFSV.

The findings from the empirical study not only support and extend existing literature but also add critical and novel insights of particular relevance to the Australian context. These are highlighted below. We then discuss the strengths and limitations of the study and implications for policy, practice and future research directions.

Barriers and facilitators for migrant and refugee men's participation and engagement in men's behaviour change programs

There were multiple, compounding barriers to migrant and refugee men's participation and engagement in MBCPs. Barriers were often systemic, relating to structural forms of discrimination migrant and refugee men experienced when engaging with service systems. All participant groups agreed there were insufficient opportunities for migrant and refugee men to participate in programs. A lack of resources in the sector overall was exacerbated by a lack of culturally appropriate and/or in-language MBCPs or other tailored interventions for migrant and refugee men who had used violence (Fitz-Gibbon et al., 2024). In addition to being unable to cater for participants speaking languages other than English, mainstream services were often described as providing limited cultural safety and responsiveness and being insufficiently trauma-informed for this cohort (see also Day et al., 2019).

While there were limited demographic data available to determine the participation rates of migrant and refugee men in mainstream MBCPs, service providers and other stakeholders told us that these men were significantly under-represented and that this compromised women's safety. Lack of English language proficiency meant many migrant and refugee men were assessed as ineligible to attend mainstream programs, making specialised in-language programs essential. The overall lack of resourcing was compounded by short-term and inconsistent funding leading to discontinuation of in-language MBCPs that had previously been established. Models where funding was provided on a per-participant basis also undermined capacity to provide specialised programs for migrants and refugees, which often had lower numbers and were inevitably more resource-intensive. Bicultural facilitators for delivery of in-language programs were greatly preferred to interpreters. However, finding appropriately qualified and experienced bicultural staff was an additional challenge. Moreover, resource constraints – which meant availability of in-language programs was inconsistent – exacerbated challenges in staff retention.

This lack of adapted programs left migrant and refugee men with nowhere to go, raising difficulties for them in complying with court orders to engage in a program. Moreover, legal processes were described as often unclear for migrants and refugees. A resultant lack of understanding of both IVOs and the fact that attendance at an MBCP had been court-mandated created additional problems and led to breaches of legal orders.

Even when programs were available, a range of intersecting barriers limited engagement and participation. Fear of stigma and shame associated with DFSV operated at the individual, family and community levels. Migrants and refugees risked ostracism from community and social networks,

and this limited help-seeking and engagement with services for both victim-survivors and men who used violence. Distrust of authorities and services was another important and related factor. Distrust was reportedly related to pre- and post-migration experiences of oppression, and structural discrimination and violence, for both men and women, which were compounded for those with precarious migration status and at real or perceived risk of deportation.

Factors that facilitated migrant and refugee men's engagement with MBCPs were generally the obverse of the challenges outlined above. Consistent with findings from research in other countries, cultural adaptation and in-language delivery supported participation and engagement (Parra-Cardona et al., 2013; Turhan & Bernard, 2022; Wong & Bouchard, 2021). In mainstream programs, having a multicultural workforce was seen to encourage ongoing engagement by migrants. Facilitators having their own migration experience, even if they were from a different cultural background, enabled them to have a deeper level of understanding of migration-related issues relevant to migrant and refugee participants. Complexities remained, however, for bicultural facilitators who at times experienced backlash when working with men from their own communities.

Intersecting factors contributing to men's use of violence

Findings emphasise the importance of MBCPs integrating intersectional frameworks to recognise and respond to co-occurring social, health, economic and migration-related concerns. Corroborating what has been reported widely in the literature, co-occurring migration-related risk factors were seen by all participating groups as contributing to migrant and refugee men's use of violence (Ayubi & Satyen, 2023; Goessmann et al., 2019; Maturi, 2023; Rees et al., 2018; Turhan, 2020). Similar risk factors also reduce opportunities for migrant and refugee women to seek help (see for example Block et al., 2022; Hourani et al., 2021; Vaughan et al., 2016). Changing gender dynamics associated with migration intersected with trauma linked to pre- and post-migration experiences of interpersonal and structural violence, discrimination, mental ill-health, substance misuse, unemployment, financial stress and gambling. As previously argued by Emezue (2023), our analysis indicated that having interventions attend to these factors supported engagement in programs and the potential for positive outcomes. Financial hardship, unemployment and the risk of homelessness were particularly emphasised by both men and women participants. Men discussed how these diminished their status and sense of worth within the family, aggravating poor mental health and relationships. Experiences, and/or fear, of poverty and homelessness deterred help-seeking for DFSV; women stayed in violent relationships; and men were unable to engage effectively in interventions.

Providing trauma-informed (Fisher et al., 2020; Scott & Jenney, 2023) and one-on-one case management as an adjunct for group work was advocated by many service providers and other stakeholders as appropriate for addressing co-occurring risk factors. Migrant and refugee men and women whom we interviewed also discussed the need for specific mental health and AOD treatment or other supports for men. Many of our interviewees felt that mainstream organisations were poorly equipped, however, to respond to the complex circumstances and needs of migrants and refugees. Resourcing settlement, faith-based, ethno-specific and multicultural organisations to implement interventions such as MBCPs was proposed as a more effective and cost-effective solution (see also Abdelnour, 2020; Vaughan et al., 2019). In many cases, staff at such organisations were already providing DFSV support in the context of settlement work. They had developed relationships of trust with migrant and refugee families and communities and were highly skilled in working cross-culturally and in multiple languages on DFSV-related issues.

Stakeholder interviewees working in multicultural and settlement organisations emphasised the need for engagement with migrant and refugee families to integrate DFSV work across the prevention spectrum. Some were already funded to undertake prevention activities. Many were essentially also implementing early intervention strategies by addressing wide-ranging support needs for the factors discussed above that were seen as increasing the risk of violence. However, they had to refer families to mainstream services when response interventions were required, where mistrust was high, cultural safety and capacity often low, and referred men might be deemed ineligible due to low English proficiency.

An early intervention strategy advocated by both men and women we interviewed was addressing a lack of knowledge about DFSV and the law in Australia among newly arrived migrants. Many felt that understanding the range of behaviours considered violence in Australian law and the options for help-seeking would both empower women and deter men from using violence. Both men and women also argued for a need to provide information, similar to that covered in MBCPs, prior to violence occurring (or at least prior to involvement in the justice system). This could include prevention and early intervention work that incorporated education about family relationships, parenting and gender roles in Australia, the law, and management of aggression; and also addressed mental health, substance use and gambling issues (see also Goessmann et al., 2019; Rees et al., 2018).

Implications regarding different men's behaviour change program models

The most appropriate theoretical model on which to base MBCPs for migrant and refugee men is a contentious issue, on which stakeholder interviewees had varying opinions. Many felt the Duluth model lacked cultural responsiveness and failed to acknowledge the role of trauma in migrant and refugee men's use of DFSV. Despite this, the Duluth model was most commonly invoked by service providers and other stakeholders as underpinning core program principles emphasising men's accountability and use of power and control to enact violence (Bohall et al., 2016; Pence & Paymar, 1993). Noting the limitations of the Duluth approach for migrant and refugee men, service providers and other stakeholders advocated the use of more therapeutic models instead, including CBT (Cotti et al., 2020). This view was countered by those concerned that such approaches allowed men to build a narrative that justified their use of violence and could foster collusion between facilitators or therapists and men who used violence. However, it was difficult to attain a clear-cut picture regarding the actual content of interventions being delivered across the range of programs discussed.

When men we interviewed discussed the programs they had attended, it appeared that most had experienced interventions using elements of both, or multiple, approaches. Nonetheless, almost all of the migrant and refugee men who participated in our study continued to deny or minimise any use of violence, despite having completed an MBCP. Several remained resistant to alternative attitudes around gender and continued to insist that their female partners were at least partly responsible for any violence that had taken place. This suggests that any aim of MBCPs to ensure men accepted accountability for violence was largely unsuccessful among this small sample. It is perhaps unrealistic to expect that gendered beliefs developed over a lifetime could be fundamentally transformed through a 20-week program, or that explanations based on men's control and power would resonate strongly with migrants and refugees who had experienced considerable oppression and discrimination in their lives. On the other hand, these men highly valued what they had learned about communication skills and how to regulate emotions such as anger, suggesting elements aligned with CBT may have had an impact (see Echauri et al., 2013).

A feature that was more commonly agreed upon by both service providers and other stakeholders and migrant and refugee men was the value of the group setting for intervention. However, reasons for this diverged somewhat. Service providers and other stakeholders appeared to emphasise the importance of the group for accountability, as men had to speak about and acknowledge their violent behaviour in front of others. One of the migrant and refugee men we interviewed did say that the group process helped him to understand that his own behaviour had been wrong; others, however, emphasised the social connection and empathy participants developed with each other.

Program outcomes

As noted above, most of the migrant and refugee male participants did not accept full accountability for their actions and generally either denied or minimised their use of violence when interviewed by us. Several of the women interviewees also told us that their partners refused to admit wrongdoing and were resistant to change. Some service providers and other stakeholders echoed these views and felt that migrant and refugee men did not understand their behaviour as DFSV or the purpose of attending an MBCP. Despite this, the men we interviewed were generally very positive about the programs they had attended. They claimed an improved understanding of violence as well as having learned to communicate better with their families and to control how they responded to emotions. A participant who had attended a program twice provided a similar explanation to one of the service providers and other stakeholders: it was only towards the end of the first 20-week program that he had realised the content was useful to him. These findings suggest that some kind of preparatory work with migrant and refugee men may be useful, to increase "readiness" prior to them engaging in MBCPs.

There was agreement across all participant groups that migrant and refugee men were motivated to engage in MBCPs by the prospect of family reconciliation. With service providers and other stakeholders reporting that rates of family reunification after participation in a program were as high as 70 per cent, this suggests a clear need to take this motivator into account during program design and delivery. While this high rate of reconciliation was in some ways an indicator of success, it also created potential risks for women. Some service providers and other stakeholders noted that DFSV response services were primarily designed for women and men who had separated, and that women who had reunited with a partner could be left unsupported. Service providers and other stakeholders reported that migrant and refugee women could be pressured to reconcile by extended family and that family safety contact workers found it more difficult to maintain engagement with women once men had returned to the family home. Men were reported to claim that their attendance at an MBCP was "proof" they had changed (whether that was the case or not), and to use this to coerce their partners into allowing them to return home. Other factors that increased pressure on migrant and refugee women to stay, or reconcile, with a partner who had used violence included social stigma, social isolation, risk of homelessness, and financial dependence.

A number of other risks to women's and children's safety were linked to resourcing pressures on the response sector. In addition to a lack of suitable programs and long wait times for men to be assessed, family safety contact systems appeared to be inconsistent and under-resourced (see also Chung, Anderson, et al., 2020). None of the women we interviewed reported engagement with these systems. There were clear barriers for services attempting to contact women, including the need to obtain her phone number from her partner, and the need for her to respond to an initial text or telephone call. The high demand for peer support programs for victim-survivors was also unmet. In addition, MBCPs were not considered to be appropriate interventions for men considered to pose a high level of risk, but it was unclear whether or how migrant and refugee men in this category were referred to other services.

Despite all these challenges and shortcomings, there were many reports of positive outcomes across our study. Men reported a range of changes to their behaviour, including greater self-awareness, self-control and empathy; decreases in aggressive behaviour; and improved communication and parenting skills. These align with documented changes attributed to MBCPs reported in the literature (Kelly & Westmarland, 2015; Lila et al., 2018; O'Connor et al., 2022). Both men and women endorsed the need for and value of MBCPs in general and wanted greater access to them as well as to a range of DFSV early interventions.

Strengths and limitations of the study

This study addresses a pressing need for more evidence to inform interventions for migrant and refugee men who use violence and to support women's and children's safety and wellbeing in that context. It has produced novel insights that supplement the existing evidence base by collecting primary data from migrant and refugee men who had participated in MBCPs, migrant and refugee women victim-survivors of DFSV, and Australian service providers and other stakeholders. The major limitation of this study resulted from the challenge we had in recruiting migrant and refugee men and women. This meant that the numbers of each cohort were smaller than planned and we had to broaden our inclusion criteria. The small number of men and women participants cannot be assumed to be representative of those eligible and this limits the generalisability of findings. The need to broaden our inclusion criteria beyond the language capabilities of available research team members meant that most of the interviews conducted with men and women who were not fluent in English were undertaken using interpreters rather than bilingual research staff. It should also be noted that the research team were all women and so men were not given the option to be interviewed by men. These factors may have limited trust as well as depth of communication between participant and researcher. Nonetheless, interviews with service providers and other stakeholders provided valuable and extensive data, and the interviews with migrant and refugee men and women largely corroborated the views of service providers and other stakeholders on program barriers and enablers while also providing additional and extended insights. The fact that we were able to triangulate the findings across participant groups, through a comprehensive literature review and with the Stakeholder Advisory Group, adds trustworthiness to the findings.

The project was also limited in its geographic scope. Most interviews were conducted in Victoria and New South Wales, with only one interview conducted in Queensland. Given that all data was collected from the east coast of Australia, not all findings and recommendations drawn from the data may be applicable nationally, nor to other state and territory contexts.

Implications and recommendations for policy and practice

The following recommendations are derived from the study findings and have been refined through discussion with the Stakeholder Advisory Group.

1. Fund multicultural and ethno-specific organisations to deliver/co-deliver in-language MBCPs.

   Multicultural, ethno-specific and settlement organisations are well placed to deliver, or co-deliver, MBCPs, with many already undertaking prevention work and supporting early intervention. Multicultural organisations should be funded to deliver concurrent family safety contact with partners or former partners of migrant and refugee men participating in group. It is imperative, however, that strong links with mainstream DFSV services are built and supported to ensure that referral options are available for those considered particularly high risk. Publicly available information indicates that most funding for

MBCPs is provided by state and territory governments. Given that men from refugee backgrounds often arrive in Australia through the Humanitarian Settlement Program, there is scope to explore whether the Department of Home Affairs is positioned to provide specific funding for tailored response and prevention interventions for refugee men.

The potential implications of funding multicultural and ethno-specific organisations are outlined below, though further research is required to better understand such implications:

- Organisations would be financially resourced to develop tailored intervention models for migrant and refugee men. This would address identified shortcomings associated with using MBCPs based primarily on the Duluth model with some cohorts of men.
- Barriers related to language and lack of cultural safety associated with mainstream organisations, as well as mistrust of these organisations, would be minimised, and engagement with migrant and refugee men promoted.
- Response efforts and prevention and early intervention programming that is already being delivered by some multicultural, ethno-specific and settlement organisations would be better integrated. Such integration would provide culturally safe support to men and boys who may be at increased risk of using violence as well as improved engagement with, and retention in the response system of, those who have used violence.

2. Provide flexible funding to multicultural, migrant and refugee support organisations for tailored interventions for migrant and refugee men at prevention and early intervention levels.

   Ensuring that all migrants receive information about DFSV and the Australian law was an action strongly endorsed by study participants. Flexible government funding should be provided to enable multicultural and ethno-specific organisations to tailor interventions to match specific community understandings of violence and needs, and to bridge the prevention spectrum. Activities and interventions for migrant and refugee fathers to support positive parenting practices are also recommended. An example of an existing program is Parenting in a New Culture for Fathers, which is currently delivered by a settlement service in a local government area in northern metropolitan Melbourne. The program is yet to be externally evaluated, though internal evaluation procedures indicate high levels of engagement. There are few examples of ongoing prevention programs; however, the Australian Muslim Women's Centre for Human Rights (2024) developed a framework for engaging Muslim men in DFSV prevention efforts.

3. Support engagement of faith-based communities and faith-community leaders in behaviour change work.

   Promoting faith-led responses may be particularly effective for work with men who perceive interventions as antithetical to their own cultural and religious beliefs. For men who use culture or religion to justify violence, faith-based organisations are well placed to dispel these narratives. Specific government funding for DFSV prevention and response provided to faith-based organisations would support faith communities to develop materials as well as train faith leaders to safely respond to disclosures of use and/or experiences of DFSV. Existing resources from countries of origin that may include cultural and/or faith-based perspectives and align with good practice principles could be drawn on as an aid. This work should be guided by Australian-based evidence (see Davis et al., 2021; Truong et al., 2020; Vaughan et al., 2020) and include evaluation of current training programs, such

as the Australian Government–funded National Family, Domestic and Sexual Violence Training for Culturally and Linguistically Diverse Communities and Faith Leaders.

4. Expand one-on-one case management models for migrant and refugee men to complement participation in MBCPs.

   This research strongly supports the value of one-on-one case management addressing co-occurring risk factors and enabling referral for specific therapeutic, housing and other social services as required. This proposed expansion would support men to address intersecting social and health issues and reduce barriers to engagement in programs and with behaviour change content. To address concerns regarding collusion, services need to ensure appropriate training and supervision for staff, both to minimise this risk and to maximise positive outcomes.

5. Enhance and ensure migrant and refugee women's engagement with family safety contact workers.

   Existing family safety contact needs more consistent delivery across services with extended efforts to contact women if needed. For mainstream services, it is recommended that staff undergo additional training in cultural humility and culturally responsive practice to enhance trust-building with migrant and refugee women victim-survivors. Findings also indicate that changes to the existing practice of obtaining a woman's contact details through the man who used violence against her may enhance engagement and safety. Migrant and refugee women face multiple barriers to help-seeking and may be at particularly high risk of multi-perpetrator coercion. Moreover, given the high percentage of cases where migrant and refugee men who have used violence either remain in relationships with their partners or return to the family home following participation in a program, it is imperative that women's and children's safety is prioritised. This means that additional safeguards specifically for migrant families who reconcile, or do not separate, need to be designed and evaluated. Addressing social isolation by ensuring families are linked to services, local community organisations and ideally also to peer support groups is strongly recommended.

6. Provide training for mainstream MBCP facilitators in anti-racism, cultural safety and cultural humility.

   MBCP facilitators should receive specific training in anti-racism, cultural safety and cultural humility. This research found migrant and refugee men participating in mainstream MBCPs, as well as practitioners from migrant backgrounds, experienced multiple forms of racism. For migrant and refugee men engaged in MBCPs, experiencing discrimination and lack of cultural safety leads to disengagement from programs and reduces the potential for positive outcomes.

7. Develop post-completion support for migrant and refugee men and families.

   Rare examples of post-completion support were discussed by service providers and other stakeholders in Victoria. The main example was a program that offered ongoing group sessions for men to stay on track with behaviour and other lifestyle change efforts. Post-completion support programs are recommended given the high support needs of many migrant and refugee families as well as ongoing risks. These programs provide men with social and community connections and support them to integrate behaviour change strategies learned during MBCPs into their everyday lives. Programs may be developed using existing models, though there is also scope to tailor post-completion programs for specific migrant and refugee communities.

8. Draw on learnings and practice used in Aboriginal and Torres Strait Islander MBCPs.

While it is vital that the two populations are not conflated, experiences of displacement, discrimination and trauma are common for both. Learnings from programs developed for and with Aboriginal and Torres Strait Islander men indicate how program content that is holistic, sensitive to the impact of shame, and family- and healing-centred is most effective in engaging with men who have used DFSV. Programs that use cultural practices as strengths and that are underpinned by principles of social justice (see Gallant et al., 2017) may be appropriately adapted and tested with migrant and refugee populations.

9. Collect data that enables identification of migrant and refugee participants in current programs.

   There appeared to be no demographic information collected by services about the precise numbers of migrant and refugee men attending MBCPs, as well as who is eligible and ineligible. This research provided qualitative data indicating migrant and refugee men were being referred into MBCPs then deemed ineligible during assessment. However, there is no demographic data available to corroborate this finding. To amend this, quantitative demographic data relating to participants' migration background and country of birth should be collected at the point of assessment. Standard data collection procedures should be implemented across all programs to enable identification of migrant and refugee participants and tracking of outcomes.

10. Incorporate rigorous evaluation into all interventions that are delivered.

    There appeared to be little consistency regarding theoretical frameworks and specific elements of MBCPs, and little data collected to improve understanding of their impacts. Governments must include additional funding for MBCPs and other interventions addressing DFSV to incorporate rigorous program evaluation into program delivery. This will support building a much stronger evidence base concerning what works, for whom, and in what circumstances. Governments should also fund external evaluation of programs, and all evaluations must include measures for the effectiveness of programs for supporting women's and children's safety. This recommendation endorses findings from previous studies. O'Connor and colleagues (2021) found that evaluations and impact studies of MBCPs did not consistently monitor program integrity and failed to assess how positive behavioural changes contributed to improved safety for women and children. This lack of robust evaluative data limits the ability to prescribe details of good practice in MBCPs (Day et al., 2019).

Directions for future research

Service providers and other stakeholders interviewed for this study lamented the limited amount of research into how and why migrant and refugee men use DSFV during and after migration. Alongside existing research into the experiences of victim-survivors and recommendations for rigorous evaluation of existing interventions, more research with migrant and refugee men who use violence is needed to address several identified evidence gaps.

- Participatory principles that build on the lived expertise of migrant and refugee community members should be incorporated into research into DFSV. Research should be community-led or designed in collaboration with migrant-led organisations to address recruitment barriers and enhance engagement, relevance and rapid implementation of findings.
- Research is needed to develop increased understanding of the link between trauma and violence and how interventions can effectively prevent and respond to DFSV used by men who have experienced significant trauma. Such research can be used to identify or develop

more appropriate behaviour change models that address both trauma and violence while holding men accountable.

- There is an acute need for evidence concerning early intervention needs for migrant and refugee men and families. Building on research into what is needed, early intervention initiatives should be trialled and evaluated for their impact.
- Given evidence that migrant and refugee women are more likely to remain in relationships with men who use violence, specific research should be conducted to build understanding of how interventions can support the safety of migrant and refugee women and children in these circumstances.
- Research is also needed to understand the role of shame in DFSV, as well as differing understandings of shame among different cultures and its impact on engagement with, and effectiveness of, interventions. Based on findings from this research, shame-sensitive practice models should be developed for migrant and refugee men who use DFSV.
- Research into migrant and refugee perspectives on family- and healing-centred approaches to response interventions and transformative justice initiatives to address DFSV is recommended.

PART 5:

Conclusion

This report brings together evidence from our integrative literature review (Block et al., 2025) and qualitative study to explore experiences and perspectives regarding interventions for migrant and refugee men who have used DFSV. We collected primary empirical data from a wide range of service providers and other stakeholders and a smaller number of migrant and refugee men and women. Both the literature review and empirical study indicate a need for intersectional, culturally informed and holistic DFSV response interventions for migrant and refugee men who use violence that recognise and respond to the impacts of migration, displacement and marginalisation as well as differing gender norms. There is a clear need to work more collaboratively and therapeutically with migrant and refugee men, but this work must be balanced with prioritising the needs of victim-survivors, and practitioners must avoid collusion.

Multiple, compounding barriers currently limit opportunities for migrant and refugee men to participate in MBCPs where they are consequently under-represented. Resourcing constraints need to be addressed, with flexible funding provided to ensure interventions are trauma-informed, in language where needed, and structured to address factors that increase risk of violence including mental ill-health, substance misuse and settlement challenges. Supplementing group programs with one-on-one case management to address co-occurring risk factors is strongly endorsed by this study. Resourcing settlement, faith-based, ethno-specific and multicultural organisations to deliver MBCPs is recommended to address cultural safety and sensitivity concerns, in-language needs, and barriers associated with mistrust of mainstream services among some migrant and refugee families. Concomitant training to develop a multicultural workforce and anti-racism, cultural safety and cultural humility training for mainstream services is also required.

Our study confirms findings from previous research that migrant and refugee women are likely to remain in relationships with partners who have used DFSV (see Block et al., 2022; Ghafournia, 2011; Vaughan et al., 2016). Rates of family reunification following men's participation in response interventions such as MBCPs are also reportedly high. Moreover, migrant and refugee men's hopes that this will be the outcome are reported by service providers and other stakeholders to be a major motivating factor for the men to engage in such programs. This has major implications for women's and children's safety and must be considered when designing and delivering interventions for this cohort. Migrant and refugee families should be engaged across the prevention spectrum, beginning with provision of information about DFSV and the law in Australia and options for help-seeking. Prevention and early intervention for DFSV should be tailored to address the range of risk factors commonly experienced in migrant and refugee families. Finally, family safety contact systems should be strengthened and supports should be maintained following men's participation in a response intervention.

Our research suggests that the aims of MBCPs concerning the need for participants to accept full accountability for their actions were largely unmet for our small sample. On the other hand, participants reported benefits associated with improved communication skills, learning how to regulate their responses to anger, and being linked to mental health and AOD supports. This, among other findings, points to the need for more rigorous evaluation of interventions that are delivered that includes careful documentation of program elements, including types of models, and linked outcomes.

Author contributions

Karen Block and Gemma Tarpey-Brown performed the data collection and analysis and drafted the research report. All authors participated in regular meetings to design and guide the research approach, provided critical review, and approved the final research report.

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APPENDIX A:

Interview guide for service providers and other stakeholders

1. Can you tell me about your experience and professional background related to facilitating/developing/designing/researching men's behaviour change programs/men's use of domestic and family violence?
    - Current and previous roles, organisation types and purposes, length of time in the sector
2. What are the referral pathways for migrant and refugee men to attend an MBCP?
    - What support is provided in the interim period when waiting for a referral to be processed/allocated?
    - Are men ever referred to the same program twice due to repeat family violence–related offences?
3. What do you understand as being the barriers that are unique for migrant and refugee men when accessing and participating in MBCPs?
4. What are other challenges that migrant and refugee men experience when accessing and participating in MBCPs?
5. What are some unanticipated outcomes you know of that are connected to migrant and refugee men participating in MBCPs?
6. How are trauma-informed and culturally safe practices integrated into MBCPs for migrant and refugee families?
7. What are the risks for migrant and refugee women and their families when their partners are participating in MBCPs?
    - Do these risks change over time and/or throughout the course of the behaviour change program?
    - What is the process if their partner stops attending a program?
8. How is the safety of migrant and refugee women and children maintained during and after the MBCP?
9. What factors to you think define success following migrant and refugee men's participation in a full cycle of an MBCP?
10. What other types of programs and activities do you think are useful when working with migrant and refugee men to prevent family violence?
    - These might be other programs at the early intervention or primary prevention level, or could include AOD support, gambling support etc.
11. Do you have anything else you would like to add?

APPENDIX B:

Interview guide – Men's behaviour change program participant

Demographic questions

1. Preferred language
2. Age
3. Country of birth
4. Religion
5. Do you have children?
    - Were they born here or overseas?
    - Ages and who they live with
6. How did you come to Australia?
    - E.g. humanitarian visa, skilled migrant, spousal visa, person seeking asylum
    - How long have you lived here?
    - Were you on a temporary visa when you started attending the MBCP?

Program-related questions

1. Can you tell me when you started attending the MBCP?
    - Have you completed the program/halfway through/dropped out/stopped going/ awaiting referral to be processed?
        - If dropped out/stopped going, why?
    - What type of MBCP program was it, e.g. migrant/refugee/culturally specific or universal (for all cultural backgrounds)?
2. Why did you start attending the MBCP?
    - Were you referred to the program or did you find it yourself?
    - If referred, who referred you and did they explain what the program was for?
    - Do you feel like you had a choice to attend?
    - Are you still in a relationship with your partner?
3. What was your experience of the program like?
    - What did you find difficult or challenging about the MBCP?
4. What types of things helped or made it harder for you to attend?
5. How much additional support did you receive outside of the program sessions?
    - Do you receive support from other services?
6. What are some of the things that happened during the program that you found surprising or interesting?
    - What did your partner think about you attending the program?
7. How do you think the program has helped you?
    - Have you noticed a change in the way you behave towards your family?
8. What do you think makes participating in an MBCP feel like it has been successful? What would you change about the way MBCPs are delivered to make them more inclusive for migrant and refugee men?
9. What do you think are other types of programs and activities that could help you to have healthy and respectful relationships with your partner and other family members?
    - These might be other programs including AOD support, gambling support etc.
10. Is there anything else you would like to say?

APPENDIX C:

Interview guide – Women

Demographic questions

1. Preferred language
2. Age
3. Country of birth
4. Do you have children?
    - Were they born here or overseas?
    - Ages and who they live with
5. What is your relationship status? Married/separated/single?
    - If separated, when did you separate?
6. How did you come to Australia?
    - E.g. humanitarian visa, skilled migrant, spousal visa, person seeking asylum
    - How long have you lived here?
    - Who did you come with? (Prompt re: whether migrated with partner)

Program-related questions

1. Can you tell me about the type of support you have received from services (e.g. social, settlement, family, health and/or family violence services)?
    - What helped or made it harder for you to receive help from services? (Prompt re: eligibility associated with visa status etc.)
2. Can you tell me why your partner/former partner started attending the program?
    - Were they referred to the program, did you support them to enrol or did they find it themself?
    - If referred, do you know who referred them?
    - Did anyone explain the purpose of the program to you, or how the program is meant to benefit?
    - Do you know if your partner was ordered by the court to attend?
3. Can you tell me about when your partner/former partner started attending the program?
    - Do you know if they've completed the program/halfway through/dropped out/stopped going/awaiting referral to be processed?
    - What type of program was it e.g. migrant/refugee/culturally specific or universal (for all cultural backgrounds)? Father's program, settlement support program, men's health program, men's behaviour change program?
4. Did anyone from the program contact you while your partner was enrolled?
    - If yes, what were these conversations like?
    - Did they provide you with any support?
    - Did they give you any information about the program and how it was supposed to be supporting your partner?
5. How do you think your partner engaged in the program?
    - Did they attend every session?
    - Did they stop attending at any point?
6. How do you think the program has helped you and your family?
    - Are you still in a relationship with the partner who attended the program (mostly only relevant in the MBCP context)?
    - (If still with your partner) Have you noticed any changes in your partner's behaviour?
    - (If no longer with partner) Was any information shared with you about your former partner completing the program?
7. What types of things do you think makes a program for men to build healthy families successful?
8. What would you change about the way men's programs are delivered to make them more inclusive for migrant and refugee families?

9. What do you think are other types of programs and activities that could help men from your community have healthy and respectful relationships with their partners?
    - These might be other programs including AOD support, gambling support etc.
10. Is there anything else you would like to say?

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