

Formal Submission to inform the Second Action Plan under *Australia's National Plan to End Violence against Women and Children 2022-2023*

Prepared by the Multicultural Centre for Women's Health
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Multicultural Centre for Women's Health is a feminist organisation led by migrant and refugee women to achieve equity in women's health and wellbeing.

Introduction

This submission has been developed by the Multicultural Centre for Women's Health (MCWH), a women's health service based in Victoria, established in 1978. MCWH works both nationally and across Victoria to promote the health and wellbeing of migrant and refugee¹ women and gender diverse people. Our work advances health equity and prevents gender-based violence through multilingual health education, research and advocacy, as well as training, capacity building, and partnerships.

As the national voice for migrant and refugee women² and their health, MCWH aims to bring attention to migrants and refugees as a population that is highly diverse, yet commonly experiences preventable structural barriers to safety, health and wellbeing in Australia – matters that are often overlooked in research and national health policy. Our submission responds to four of the five priority areas outlined in Evidence to Action: informing the direction for the Second Action Plan (Consultation Paper in support of the National Plan to End Violence against Women and Children 2022-2032).

- a) Violence against women and other forms of gender-based violence
- b) Prevention and early intervention
- d) People who use violence
- e) System integration and workforce

¹ The term 'migrant and refugee' refers to people who have migrated from overseas and their children. It includes people who are part of both newly emerging and longer established communities, and who arrive in Australia on either temporary or permanent visas.

² MCWH advocates for the health, safety and wellbeing of migrant and refugee women and gender diverse people. However, within this submission we refer predominantly to women which reflects our existing evidence base and program experience. We note, however, that our advocacy to prevent gender-based violence strives to include gender diverse migrants and refugees.

For close to two decades, MCWH has been pivotal in leading and contributing to groundbreaking research on violence against women from migrant and refugee communities, utilising our expertise, infrastructure and connection with community to drive knowledge translation, community-led action and policy change. MCWH's infrastructure is tailored to deliver an effective and cohesive organisational approach to research, policy, advocacy, and program delivery. MCWH's community engagement, health education, and direct service work with migrant and refugee women inform our research and advocacy priorities and build on the evidence-base for meaningful action.

The submission is anchored by MCWH's substantial practice guidance and research work in family violence prevention. This includes:

- Partnerships with Our Watch and Safe and Equal to strengthen inclusive approaches to prevent family violence in migrant and refugee communities.
- ANROWS-funded research on migrant and refugee women's experiences of family violence, help-seeking across Australia, and community-led approaches to prevention.
- Authored publications on primary prevention (Poljski, 2011), promoting community-led responses to violence against immigrant and refugee women (Vaughan, et al., 2016), and international students' experiences of sexual violence (Tarzia et al., 2026; Tran et al. 2025).

All of our work to prevent violence against women and other forms of gender-based violence³ is grounded in our strong connections and direct service delivery with migrant and refugee communities across Victoria and Australia.

In our response to four of the five priority areas, the submission puts forward the following key recommendations:

1. Prioritise community-led approaches to working with migrant and refugee communities in prevention and early intervention, recognising that such work is not new and that there is much to be learnt from multicultural women's organisations that have been working with communities for up to three decades to improve awareness and capacity to intervene early and to prevent violence against migrant and refugee women. Prevention, early intervention and response services should be supported to collaborate across the continuum, with embedded multicultural expertise.
2. Bring together and leverage established relationships, evidence-based resources, long term expertise and the existing infrastructure and workforce of multicultural women's organisations to support a nationally consistent and coordinated approach to prevention and early intervention in migrant

³ This submission uses the language consistent in both the National Plan and Second Action Plan Consultation Paper. Unless stated as a specific form of violence i.e sexual violence, 'violence against women and other forms of gender-based violence' is shortened to 'violence.'

and refugee communities. The expertise of multicultural women's organisations across Australia should be valued and utilised to coordinate and build the capacity of institutions, including governments, to address the factors that shape and drive violence against migrant and refugee women (see below) and engage with migrant and refugee communities.

3. Support the development of a national prevention approach to address the structural factors that shape and drive migrant and refugee women's exposure to violence including gendered racism, visa dependency and migration-related power imbalances, social isolation, barriers to help-seeking, exclusion from social support, and housing and employment precarity caused by migration-related inequality.
4. Pay specific attention to the lived experiences of migrant and refugee women who are most at risk of structural violence and exploitation, including women on temporary visas, PALM workers, migrant women sex workers and LGBTIQ+ migrants and refugees. Support multicultural women's organisations to work collaboratively with peer-led specialist organisations to undertake prevention and early intervention efforts for these groups.
5. Provide long-term, sustainable investment to prevention initiatives that engage migrant and refugee men that are community-based, led by migrant and refugee women, gender-transformative and culturally and linguistically appropriate, building on the existing evidence and expertise. Address the broader economic and social structures that sustain gender, racial and migration related inequality.

Response to the Consultation Paper

1) Violence against women and other forms of gender-based violence

As stated in the Second Action Plan Consultation Paper, the impacts of violence against women and children are profound and enduring. While gender inequality is one of the key drivers of violence against women, gender inequality intersects with other forms of oppression such as racism, homophobia and ableism to create a social context in which violence against women occurs (Our Watch, 2021). Those who experience intersecting forms of discrimination and disadvantage experience additional barriers to safety and support.

a) Research

While research on the prevalence of violence against migrant and refugee women remains limited, existing evidence is clear about four key issues:

- First, that migrant and refugee women are less likely to report family violence (Satyen, et al., 2021) and are less likely to receive the family violence services they need (Vaughan, et al., 2016).
- Second, that migrant and refugee women experience more prolonged and severe forms of such violence over time due to the significant barriers they face accessing support at an early point (Vaughan, et al., 2016).
- Third, the structural factors that shape and drive migrant and refugee women's experiences of violence include gendered racism, visa dependency and migration-related power imbalances, social isolation, barriers to help-seeking, exclusion from social support, as well as housing and employment precarity caused by migration-related inequality (MCWH and Our Watch (forthcoming), 2027; Tran et al. 2025; Hach and Aryal-Lees, 2019; Segrave 2023; Segrave et al., 2021; Segrave & Vasil, 2024; Vaughan, et al., 2016).
- Fourth, the known barriers that make family violence and support systems inaccessible to many migrant and refugee women include systemic shortcomings embedded within legal and support frameworks and services, social isolation, discrimination and bias, stigma, language difficulties and other issues related to acculturation, and lack of availability of in-language information about the services available (Vaughan, et al., 2016; Sullivan, et al., 2025; Watts, et al., 2025; Labra-Odde, et al., 2026).

Notwithstanding the consistent understanding of systemic disadvantage and inequity gained from existing research, more research is needed to understand the complex intersecting barriers that migrants and refugee women and gender diverse people experience. As noted in their recent systematic review of *Barriers to Family and Domestic Violence Support for Culturally and Linguistically Diverse Women in Australia* (2025), Watts, Rock, Gately, & Smith note:

Research on Indigenous Australian populations and FDV has been growing, but studies focusing specifically on CALD populations or disaggregating findings by cultural groups remain limited, creating gaps in understanding the nuanced barriers these women face in accessing support. (Watts et al., 2025)

b) Addressing complexity and intersecting discrimination: temporary visa holders, sex workers, precarious workers and LGBTIQ+ communities

A broader understanding of violence is needed to address the specific forms of violence that migrant and refugee women experience, such as racialised abuse, violence enacted through state-based mechanisms and violence at work. Women on temporary visas, migrant women working in precarious environments, migrant women sex workers, and LGBTIQ+ migrants and refugees are more at risk of harm and violence including sexual harassment and sexual violence.

In one national survey of almost 1,400 migrant and refugee women, temporary visa holders consistently reported experiencing higher levels of family violence including migration-related controlling behaviours (Segrave et al. 2021). Further, a recent research study of 1,491 international students found that 40% of respondents had experienced one or more incidents of sexual violence during their stay in Australia. This exposure to violence was linked to higher levels of economic and housing insecurity (Tarzia et al., 2026). Research has noted that precarious migration status limits options for those who experience violence as visa precarity often leads to further legal, social and economic precarity in Australia (Vasil 2023).

Additionally, sexual violence is commonly experienced by trans women of colour in Australia and is compounded by societal racism (Ussher et al., 2020). Similarly, forcibly displaced LGBTIQ+ migrants and refugees also experience higher levels of violence than the national average, and many report being excluded from accessing social support (including Centrelink or housing support) on the basis of their visa status (Cochrane et al., 2023).

Scarlet Alliance has reported that mechanisms to address sex worker exploitation, including Australian Border Force (ABF) workplace visits for example, compromise sex workers' health and safety and result in the targeting of Asian migrant sex workers for visa checks, visa cancellations, detention and deportation (Scarlet Alliance, 2025). Women from the Pacific Islands who are in Australia as Pacific Australia Labour Mobility (PALM) workers have reported experiences of sexual harassment, transnational technology-facilitated violence and abuse, and reproductive coercion, with little recourse or support (Kanan, 2025). In this same report, PALM workers described experiences of structural reproductive coercion as their options were restricted by health insurance entitlements, government and approved employer policies and practices. Additionally, high quality sexual and reproductive health care was not available, limiting their reproductive choices (Kanan, 2025).

More generally, migrant and refugee women and gender diverse people report high rates of workplace exploitation and violence. Research shows that migrant women workers and women on temporary visas are more at risk of exploitation and illegal work practices and are less likely to report

violence due to the threat of deportation or losing employment (Berg & Farbenblum 2026; Segrave et al. 2023). In a survey of 701 migrant and refugee women and gender diverse people, 46% of respondents reported experiencing one form of sexual harassment in the last five years, most often from men who were in senior positions in the workplace or clients and customers (Segrave et al. 2023). Similarly, a survey of over 8000 participants found that 34% of temporary visa holders experienced 'severe labour conditions that were indications of forced labour' including experiences of sexual harassment (Berg & Farbenblum 2026).

Australia's visa system causes significant complexities for sex workers and women on temporary visas leading to lower levels of access to health and violence response services and weaponisation of the system by employers and partners for migration-related threats and abuse. Similarly, for migrant and refugee women who come to Australia on a partner visa, the threat of visa cancellation from their partners, is a settlement pressure that actively discourages them from reporting. Put simply, insecure migration status places many migrant and refugee women at higher risk of violence (Vasil, 2023).

c) Emerging issues: technology facilitated abuse, reproductive coercion, forced marriage and dowry abuse

Migrant and refugee women also experience reproductive coercion and technology facilitated abuse (TFA) in unique ways that are compounded by other systems and forms of marginalisation. With regard to reproductive coercion, emerging evidence indicates that people from migrant and refugee communities are more likely to have their reproductive autonomy and decision making restricted by lack of culturally appropriate supports such as access to interpreters or in-language information, and visa conditions which limit access to Medicare and sexual and reproductive healthcare rights (MCWH, 2023a). Similarly, migrant and refugee women's experiences of technology facilitated abuse are often compounded by migration related factors. As migrants and refugee women often rely on digital technologies to remain connected to vital support networks overseas, TFA may be more isolating or severe, especially for migrant and refugee women who face barriers to local connection and support networks (Vasil and Segrave, 2024). Technology is often also used to perpetrate abuse across jurisdictional boundaries, often by multiple perpetrators, complicating access to justice and support for migrant and refugee women (Bergman et al. 2024).

Recently, concerns around forms of violence such as dowry abuse and forced marriage have increased. These forms of violence are not well understood, with public discourse surrounding these forms of violence sometimes equating the cultures of migrant and refugee communities with violence, calling primarily for criminal justice responses and neglecting prevention approaches. These discourses and approaches risk alienating and isolating migrant and refugee communities whose engagement is key to effective violence prevention. Nevertheless, the capacity exists to develop specialised programs to prevent these forms of violence using community-led, feminist and intersectional approaches. Such an approach is laid out in MCWH's forthcoming position papers on both Forced Marriage and Dowry Abuse (MCWH, 2026a; MCWH, 2026b). Further to this, InTouch Multicultural Centre Against Family Violence has already provided public guidance to family violence specialists on how to respond to dowry abuse (InTouch, 2019). Similarly, the Australian Muslim Women's Centre for Human Rights has also offered practice guidance for those working with Muslim communities on supporting those at risk of early marriage and addressing the drivers of forced

marriage without engaging in criminal justice approaches that may make those at risk more fearful of seeking help (AMWCHR, 2019; AMWCHR, 2020).

d) Promising practice: What helps migrant and refugee women access support earlier?

Several existing programs have demonstrated significant effectiveness in supporting migrant and refugee women to access support at an earlier point, some of which are listed below. Important principles shared by such programs include:

1. The necessity of implementing culturally appropriate, trauma and violence informed approaches that address both immediate needs and longer-term recovery outcomes, as recommended in the joint submission led by InTouch Multicultural Centre Against Family Violence and supported by MCWH (InTouch et al., 2026).
2. Access and equity should be central to any service or system response. This means recognising and addressing the multiple, intersecting forms of oppression and discrimination, including racism and sexism, that shape Australian systems and policies and that can directly impact migrant and refugee women. For example, aspects of the migration system can compromise migrant and refugee women's safety, particularly for women on temporary visas who are not eligible for universal services and supports such as housing, healthcare and income assistance. These limitations, along with restricted work rights, undermine women's ability to leave violent situations and access safety.
3. The settlement and multicultural sector play an important role in preventing violence and supporting migrant and refugee women to respond to violence. However, research indicates that despite this central and important role, settlement and multicultural services are not structurally equipped to provide a consistent or effective early intervention response (Vaughan, et. al., 2020). More support and national consistency are needed to ensure that an evidence-based approach, which learns from existing good practice, is embedded across Australian multicultural community organisations.

More support is required from multicultural women's specialist organisations to:

- provide ongoing, comprehensive training to all workers, volunteers and front-of-house staff to equip them to identify family violence risks and respond to them in culturally sensitive ways that prioritise women's safety
 - embed robust protocols for identification, assessment and management of domestic and family violence risk, including referral frameworks
 - strengthen management and peer support structures to reduce stress and staff turnover (Vaughan, et al., 2020).
4. Research by Kirwan, et. al. conducted in partnership with the University of Melbourne, MCWH and Whittlesea Community Connections aimed to understand what 'success' looks like for a coordinated response to family violence for migrant and refugee women. It found that programs which are led or guided by specialist multicultural women's organisations are

more likely to achieve active community involvement and can support settlement and multicultural sectors to deliver effective, evidence-based interventions grounded in feminist, intersectional approaches. This study identified the following enablers of safety and success:

- strengthened information sharing mechanisms;
 - an intersectional approach to service delivery;
 - cross-sector capacity building and collaboration;
 - community-based interventions and partnerships;
 - advocacy by migrant and refugee women with lived experience;
 - and the social and economic empowerment of migrant women (Kirwan, et al., 2025).
5. To strengthen response programs, community-led prevention measures need to be prioritised alongside response and early intervention. Programs led by specialist multicultural women's organisations that build awareness about violence (including tailored, in-language, community based, outreach programs) are vital because they can facilitate earlier access to the system. Specific attention needs to be paid to those groups most at risk of structural violence and exploitation, including women on temporary visas and migrant women workers including migrant women sex workers and PALM workers.

Examples of effective early intervention programs designed by and for migrant and refugee women are shared in the next section under 'promising practice'.

2) Prevention and early intervention

As per the Second Action Plan Consultation Paper, preventing violence is achievable if sustained efforts are made to change the systems and structures that drive violence. While gender inequality drives gendered violence against all populations (Our Watch, 2021), migrant and refugee women face additional structural factors that shape and exacerbate their experiences of violence (MCWH and Our Watch, 2027 (forthcoming)). As described above these include structural factors such as racism, migration related inequality, and visa-related power imbalances. These factors often limit access to safety, support, housing and economic security for migrant and refugee women, increasing the risk of violence. These factors do not operate in siloes but intersect with each other and compound the impacts of gender inequality. With this in mind, prevention of violence against migrant and refugee communities must include sustained efforts to address these additional factors.

a) Elements of effective prevention and early intervention in multicultural communities

Existing practice evidence and research suggests that successful primary prevention and early intervention with migrant and refugee communities include the following:

1. Tailored programs that address the intersecting structural drivers of violence take better account of the lived experience of people from migrant and refugee communities. This includes more complex and holistic understandings of how violence against migrant and refugee women can:
 - a. Involve the use of the migration and visa system to leverage threats;
 - b. Involve multiple perpetrators including those outside the nuclear family or outside Australia;
 - c. Intersect with other forms of discrimination and disadvantage including racism and migration-related disadvantage.
2. Projects designed to transform the gendered and racialised attitudes that drive violence against migrant and refugee women are more likely to be successful if they are community-based, led by migrant and refugee women from the community, and tailored to respond to linguistic and cultural needs (Vaughan, et al., 2016).
3. Programming should be accessible to migrant and refugee women and recognise the systemic and structural barriers they face accessing support services, healthcare services, housing and employment. Projects and programs should avoid replicating these barriers and be accessible to migrants regardless of visa status, language, caring responsibility, or income (MCWH and OurWatch, 2027 (forthcoming)).
4. Migrant and refugee women and gender diverse people should have equal

access to prevention *and* early intervention programs that work for them. Programs across the continuum should be supported to collaborate, ensuring there is no 'wrong door' for victim-survivors, recognising that many migrant and refugee women may have already faced barriers to accessing support services in the past and may have been excluded from existing prevention efforts.

b) National consistency, coordination and collaboration

Currently, approaches to preventing violence against migrant and refugee women across Australia have been piecemeal and ad hoc. There is no coordination or communication mechanism to connect projects with each other across or within jurisdictions, or to support strategic approaches to link and identify priority communities, adopt consistent frameworks, evaluate programs and projects, utilise consistent messaging or share vital in-language resources. As such, there is a very high likelihood of significant duplication across projects

In early 2026, MCWH conducted a non-systematic desktop review of violence prevention programs targeted to multicultural communities that have been funded over the last 10 years. The key finding of this review was that over the last 10 years funding for prevention activities in multicultural communities has been severely inadequate, ad hoc, inconsistent and uncoordinated. The review identified 98 projects which have been scattered across the country and largely delivered in isolation from each other, with missed opportunities to build on past achievements, share knowledge, learnings and resources and to avoid duplication. Of the 98 funded programs only 17% remain active in 2026. Most projects that could be identified by duration were active for just 1 year. There is a lack of high-level evaluation data for these projects which makes it impossible to ascertain the impact of the 84 past projects or the 12 current projects.

Similarly, the projects have not been delivered across all states and territories and do not necessarily reflect demographic need. NSW had the largest number of projects (25) followed by Queensland (22) and Victoria (19). Only two projects were identified in both South Australia and Western Australia despite growing migrant populations. Additionally, funding has been inconsistently applied over the 10 years, without an apparent strategy or rationale. For example, in the years 2018-2020 and 2024, approximately 30 projects were funded per year, while in the three years between 2021-23, there were only 9-10 projects funded per year across Australia. Projects do not appear to be developed or delivered strategically, or, in the later years, in a way that builds on the achievements of previous activity.

It remains unclear whether many of these projects were undertaken in community languages, or whether they were led by those from migrant and refugee communities themselves. At the same time, among mainstream prevention and early intervention services, outreach to and trust building with migrant and refugee communities is often overlooked (MCWH, 2023b).

It is likely that sporadic, short-term project funding, and inconsistent or duplicative engagement, has a negative impact on the willingness of people from migrant and refugee communities to participate in primary prevention projects, and it is unclear what impact such an approach would have on their

attitudes more generally. It is also unclear what value has been lost, or what happens to up-skilled multicultural workforces after capacity building projects wind up. Lack of evaluation data at the national level makes this more challenging.

There is considerable opportunity for the Second Action Plan to provide a more co-ordinated, long-term, holistic and systematic strategy for preventing violence against migrant and refugee women and gender diverse people. However, developing such an approach requires feminist and intersectional expertise. MCWH's *Intersectionality Matters: A guide to engaging immigrant and refugee communities to prevent violence against women (2017)* and *Challenging myths about culture and violence in migrant and refugee communities (2020)* have been widely utilised in the prevention sector to inform the development of prevention programs aimed at addressing violence against migrant and refugee communities. These two guides alone have been downloaded 5,500 times since October 2020.

Reflecting this expertise, MCWH has been engaged by Our Watch to develop a joint national guide for the prevention of violence against migrant and refugee communities to be published in early 2027. It is based on the combined expertise of Our Watch and MCWH's decades of research and practice expertise in violence prevention and early intervention by and for migrant and refugee communities. Additionally, it provides case studies of existing projects aimed at preventing violence against migrants and refugees, including LGBTQI+ migrants and refugees.

To strengthen this work, coordination across educational institutions, workplaces, councils, settlement services, healthcare and multicultural services is needed. Each of these institutions are well placed to do prevention work but require specialist expertise in working with migrant and refugee communities to ensure this work is effective, tailored, intersectional and community-led.

MCWH is uniquely placed to lead national capacity building efforts, having robust theoretical expertise, practice experience and sustained relationships with migrant organisations, women and communities fostered through over 45 years of experience working in women's health and the multicultural sector. Such support can provide institutions with workforce support and practical guidance to engage migrant and refugee communities, understand what drives and shapes experiences of violence for migrants and refugees, and take systemic and institutional action to address these drivers and factors. Additionally, facilitating collaboration across the continuum (i.e. prevention, early intervention and response) will also provide better access to safety and security for migrant and refugee women. Finally, by centring the leadership of intersectional and feminist multicultural women's organisations, prevention approaches to working with migrant and refugee men can be better explored (see section 3: People Who Use Violence).

Finally, governments play a key role in preventing violence against migrants and refugee communities. The Second National Action Plan has the opportunity to set goals for government in addressing the structural factors that impact migrant and refugee women and gender diverse people's experiences of violence including addressing visa conditions that limit the independence of migrant and refugee women and restrict their access to family violence support services, a social safety net and public healthcare (Vasil 2023).

c) Promising Practice: Towards a coordinated, intersectional and feminist approach to primary prevention and early intervention.

There is already promising work being done towards building the models and infrastructure necessary for a longer-term coordinated, community-led intersectional feminist strategy to preventing violence against migrant and refugee women. These include:

- **Connecting Communities:** Connecting communities, a project led by MCWH and Safe & Equal, builds the coordination and capacity of prevention practitioners who work with multicultural and/or faith-based communities in Victoria. The project delivers education, communities of practice and resources for evidence-based, intersectional and feminist approaches to violence prevention with multicultural and faith-based communities. Read more [here](#).
- **PACE:** PACE is an evidence-based, gender equality leadership program, tailored specifically for migrant and refugee women and gender diverse people, to build their capacity to participate in workforce, civic and community life, advocate and lead on issues that matter to them, and engage and support other migrant and refugee women. Currently delivered across Victoria, the PACE program builds community connection and empowerment, breaking down migration related social isolation and disempowerment that can make migrant and refugee women and gender diverse people more at risk of violence. It has been delivered to almost 500 participants across Victoria and over 400 participations are still engaged in an ongoing PACE network. Read more [here](#).
- **Safety and Support in my Language:** This prevention and early intervention project led by MCWH provided outreach education to migrant and refugee women in their own languages on how to identify and respond to signs of family violence. Bilingual health educators raised awareness on healthy relationships, as well as the links between family violence and gender inequality. The project increased participant understanding of family violence and knowledge and confidence to navigate family violence services. The vast majority of participants said they preferred to receive this information in their own languages. Bilingual Health Educators were trained to respond to family violence disclosures and to connect migrant and refugee women with the family violence response system. Read more [here](#).
- **Health in my Language (HiML):** This national program provides free, tailored, in-language health education sessions to migrant and refugee women across Australia through the deployment of a trained, national Bilingual Health Educator workforce. While its current focus is sexual and reproductive health, the HiML national infrastructure, which delivers in every state and territory, has been leveraged to deliver on a range of other

topics, including healthy relationships, gender equality and family violence. HiML has the capacity to reach up to 8,000 multicultural community members per year and has a proven effectiveness outlined in the most recent evaluation report, which can be read [here](#).

- **Equality@Work:** MCWH partnered with Mercy Health to deliver Australia's first workplace prevention program to address gender inequality and other intersecting forms of inequality which shape migrant and refugee women's experiences of violence. Mercy Health's workforce of aged care workers are predominantly migrant and refugee women who are often undervalued and exposed to violence due to gendered racism. Migrant women staff members were supported by MCWH to inform and lead Mercy Health's commitment to workplace equality. Read more [here](#).
- **Making the Links:** The Making the Links Project aimed to improve migrant and refugee women's access to and experiences with mainstream family and domestic violence services in regional and rural Australia. This project took a holistic approach, recognising that strengthening access was a two-way street. As such, the project provided education to migrant and refugee communities in regional areas to access domestic violence and sexual assault services while also building the capacity of these services to respond to the needs of migrant and refugee women. Read more [here](#).
- **MCWH and Our Watch National Guide to Prevention:** As described above, MCWH and Our Watch are working together to develop a national guide for the prevention of violence against migrants and refugees. It is due to be published in early 2027 and provides guidance for other organisations looking to engage in a community-led and intersectional approach to working with migrant and refugee communities to prevent violence.

3) People who use violence

Meaningful engagement with migrant and refugee men in primary prevention requires long-term, sustainable, national investment and coordination. Initiatives engaging men, including behaviour change programs, that are community-led and culturally and linguistically appropriate need to sit alongside interventions that address the broader economic and social structures that sustain gender racial, and migration-related inequality. In other words, while addressing harmful gender norms and attitudes is important, systems change should be at the core of our efforts, along with an understanding of how race, class, gender and migration shape ideas about masculinity.

a) Elements of effective engagement of migrant and refugee men to prevent violence against women

When it comes to violence against women, migrant and refugee communities often face intense scrutiny. Migrant men are often unfairly painted as more aggressive than other men, while migrant women can sometimes fear that reporting violence may lead to the entrenchment of stereotypes around their culture being 'backward'. These forms of racism and discrimination can exclude migrant and refugee men from engaging in prevention efforts and can cause a deep distrust of mainstream institutions.

For close to two decades, MCWH has explored and worked on the issue of [how to engage men from migrant and refugee communities in violence prevention](#). (See also Murdolo and Quiazon, 2016). Over this time, we have developed a solid understanding of the strategies and approaches needed for meaningful engagement, which are encapsulated below:

- **Engage men through the leadership of migrant and refugee women**

A gender transformative, intersectional feminist and community-led approach to violence prevention is essential to engaging men. This approach moves past gender binaries to embrace diverse identities, supports a broader understanding of the impacts of racism and discrimination, challenges stereotypes about culture and violence, and addresses systemic barriers to participation. It is important to engage men through the leadership of migrant and refugee women feminists who have been working towards transformative change for decades, to ensure that gender equity remains the central goal of prevention.

While engaging migrant and refugee men in prevention should be focused on improving the lives of men and addressing harmful norms that impact men, it is equally important that the work does not reinforce gender inequality or uphold patriarchal power structures that could in turn, compromise women's efforts and safety.

- **Prevention and the involvement of men need to happen on many levels, the individual, organisational, societal, and structural and needs to be framed in meaningful ways**

Migrant and refugee men occupy a position of male privilege by belonging to the social group that has more societal power and that perpetrates violence against women and girls. On the

other hand, migrant and refugee men also hold a subordinate position and share intersecting forms of discrimination with migrant women: precarious visa status, social exclusion/isolation, racism, discrimination, structural disadvantage in the labour force and in education, lack of access to citizenship rights and stigmatisation of migrant cultures or religions in the media (Murdolo and Quiazon, 2016).

Prevention work must therefore be framed in ways that are relevant and meaningful to migrant and refugee men's lives if it is to be effective. This includes creating safe, culturally and linguistically appropriate spaces where migrant and refugee men can examine and challenge ideas about masculinity and consider how these ideas affect them across different social, cultural and structural contexts. Meaningful prevention work should also engage men across a range of settings, including workplaces, where some men hold influence and decision-making power. In these roles, men can support policy and practice changes that make a material difference in women's lives. For example, employers can help reduce the migrant pay gap by ensuring that people from migrant and refugee communities are equitably recruited, promoted, encouraged, trained and paid across workplaces and industries.

- **Sustained national investment and coordination to engage migrant and refugee men is essential**

Primary prevention requires sustained, long-term investment to achieve long-term change across the population. However, historically, programs to engage migrant and refugee communities, including programs designed for men have been critically and chronically underfunded, despite the enthusiasm and expertise present in migrant and refugee communities. Communities and community-led organisations, guided by the leadership of migrant women, are best placed to deliver prevention programs that meaningfully engage migrant and refugee men, in ways that are safe and culturally and linguistically appropriate.

There are opportunities to fund services to partner with specialised multicultural organisations to deliver culturally safe sessions on respectful relationships, consent, healthy parenting and gender equality to men and families.

- **Conduct research and evaluation to guide best practice**

The limited research base on engaging migrant and refugee men in violence prevention creates significant scope for future research and evaluation. As Murdolo and Quiazon note, effective strategies should be guided by several connected bodies of evidence, including: evaluations of successful and promising practice examples of engagement with migrant men internationally; research on migrant and refugee men's masculinities; and research on attitudes to gender equality and violence against women in migrant and refugee communities.

Best-practice research and evaluation should be informed by feminist frameworks and methodologies. It should adopt a critical, complex and intersectional analysis of 'culture'; be community-led, multilingual and participatory; value and build on migrant and refugee women's leadership; centralise women's concerns and priorities; and challenge, rather than reinforce, gender and cultural stereotypes.

4) System integration and workforce

Long-term investment in a specialist multicultural sector that responds to migrant and refugee populations, in all its diversity, is essential for a coordinated and connected system. While the multicultural sector has been able to make some significant gains in prevention and gender equality, generational change requires sustained effort over time. Without targeted, long term, sustainable investment from government, these hard-won gains could be easily lost.

As noted above, national consistency, coordination and collaboration in prevention and early intervention work for and with multicultural communities would improve effective practice across the country, making better use of investment and building incrementally on existing knowledge, infrastructure and workforces. This can be done through the development of consistent guides, models, and shared resources, as well as national capacity building and knowledge sharing mechanisms.

MCWH, in partnership with Our Watch is currently developing practical resources, including a national guide to ensure that prevention work is consistent, evidence-based and truly responsive to the needs of migrant and refugee women and gender diverse people from migrant backgrounds. Our work builds on Our Watch's *Change the Story* framework, MCWH's *Intersectionality Matters* and the experience and practice wisdom across the sector. Strengthening national collaboration, shared learning, and consistency across jurisdictions would make a significant difference in creating a more coordinated and connected system.

Additionally, MCWH has led, coordinated and trained an existing national workforce of bilingual health educators across Australia as part of the Health in My Language Program. This workforce has been trained to provide healthy relationships and gender equality and currently reaches over 8000 migrant and refugee women. Leveraging this existing workforce for a coordinated national approach to violence prevention and early intervention ensures efforts build on existing infrastructure and are community led. There is also further opportunity to expand existing models of capacity building and coordination to the national level. For example, in utilising the model developed by the Victorian Connecting Communities Program led by MCWH and Safe and Equal, a national network of practitioners working to prevent violence against migrant and refugee women could be established on the basis of a proven, state-based model. More promising practice that could be leveraged for national coordination, community-led prevention and workforce development are shared in subsection 2 of this submission titled 'Prevention and Early Intervention'.

Using MCWH and Our Watch's resources as the foundation, there is an opportunity to bring together and leverage established relationships, evidence-based resources, long term expertise and the infrastructure and workforces of multicultural women's organisations to support a nationally consistent and coordinated approach to prevention in migrant and refugee communities. With deep roots in the community sector and expertise working across different settings and with different cohorts such as newly arrived people, temporary migrants, young people, and women parenting in the early years, multicultural feminist organisations like MCWH are best placed to lead this work.

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