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Consultation Insights Report: Conversations for Prevention, Coffs Harbour NSW

May 2026

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1 Introduction

1.1 Background

This report presents the key findings of Phase 1 of the *Conversations for Prevention* (CfP) project, undertaken by Settlement Services International (SSI) through the NSW Multicultural Centre for Women's and Family Safety (also known as the Adira Centre) with support from the NSW Government under the NSW Strategy for the Prevention of Domestic, Family and Sexual Violence 2024-2028.

SSI is a national not-for-profit organisation whose purpose is to help create a more inclusive society in which everyone can meaningfully contribute to social, cultural, civic and economic life. Established in 2024 with support from the NSW Government, the Adira Centre at SSI works across NSW to enhance culturally responsive domestic, family and sexual violence (DFSV) prevention and response in migrant and refugee communities.

CfP seeks to better understand the experiences of people from refugee backgrounds living in regional NSW, and the specific challenges they face that contribute to violence against women and create barriers to help-seeking for victim-survivors. Through a process of community-led consultation and co-design, the project's ultimate aim is to generate evidence-based and culturally responsive DFSV primary prevention approaches with and for regional refugee communities.

The first phase of CfP consultations took place in Coffs Harbour NSW from November 2025 to February 2026 with Burmese- and Zomi-speaking communities.[1] An additional consultation was held with local service providers who work with members of these communities. Phase 2 will involve and consult with members of the NSW Yazidi community later in 2026, building on the key learnings and insights from the first iteration, as will be presented in this report.

[1] 'People with refugee-like experiences' refers to people who, while not holding the formal refugee status, may share similar experiences of discrimination or displacement, e.g. family members of refugees who face significant impacts, including intergenerational trauma.

1.2 Purpose

In distilling and identifying the key learnings and insights that emerged from the first phase of CfP consultations in Coffs Harbour, the purpose of this report is threefold:

First and foremost, it's intended that this report will be of ultimate benefit to refugee communities themselves in the sense that the evidence presented will enable more culturally responsive DFSV primary prevention approaches when working with these communities. Crucially, this includes determining how established primary prevention frameworks (e.g. *Change the Story*) can be adapted or translated in a way that makes sense for refugee communities.

Secondly, this report is intended to be of use to key community sector stakeholders (i.e. service providers in both the DFSV and settlement service sectors) as well as policy makers and government by helping enhance culturally responsive primary prevention approaches when working with communities with refugee (or refugee-like[1]) experiences in regional settlement contexts.

Lastly, this report will also serve as a valuable resource for SSI's work going forward, including to help shape and guide our future primary prevention initiatives with migrant and refugee communities.

2 Consultation process

This section provides additional background on the consultation participants, how the consultations were run, and the methods we used to gather and analyse the information.

2.1 Who we consulted

Table 1 below summarises the CfP consultations held with Myanmar communities in Coffs Harbour:

Table 1: Consultation summary

Session ID	Session Type	Date	Cohort	Participants			Languages spoken
				Total	Women	Men	
1	Initial consultation	10/11/25	Women	**12**	12		Burmese and Zomi
2	Initial consultation	11/11/25	Men	**8**		8	Burmese and Zomi
3	Initial consultation	24/11/25	Women	**11**	11		Burmese and Zomi
4	Co-design forum	16/02/26	Women	**15**	15		Burmese and Zomi
5	Co-design forum	18/02/26	Men	**7**		7	Burmese and Zomi
6	Co-design forum	18/02/26	Service Providers	**15**	-	-	English

As outlined above, the CfP project entailed three initial consultations with the Burmese- and Zomi-speaking Myanmar communities in Coffs Harbour (Sessions 1-3). These were followed by three co-design forums focussing on violence-prevention strategies: one with Myanmar women (Session 4); one with Myanmar men (Session 5); and one with Coffs Harbour service providers.

Engagement with community members, leaders and service providers extended well beyond the six formal consultations outlined in Table 1. These included initial relationship-building, community engagement, and further follow-up sessions to test and refine the primary prevention resources under development. For example, faith and community leaders were consulted, discussions were held with local services, and in January 2026, the project team were invited to share lunch with a faith leader, community leaders and community members. This gathering provided an opportunity to introduce the project and the community facilitators to the community, and to seek leaders' and the congregation's support and understanding of the consultation process. Please note, however, that while the project has undertaken significant, ongoing consultation and engagement with communities, the insights presented in this report are drawn solely from the consultation data from Sessions 1-6 outlined above.

2 Consultation process

2.2 Methodology

All community consultations (Session 1-5) were held in-language by bi-lingual community facilitators, in both Burmese and Zomi. Participants were recruited through the facilitators' existing connections to Myanmar community groups and local service providers.

While the initial consultations gathered important contextual data on community norms, perspectives and challenges, the co-design sessions had two primary aims:

1. To reflect key themes and learnings from Sessions 1-3 back to the community, to check and validate whether these had been interpreted correctly, and explore how to communicate these ideas in culturally relevant and responsive ways.
2. To better understand appropriate and effective language, concepts, formats and imagery to include in a conversation guide to support community members in challenging shame and stigma around DFSV and promoting primary prevention.

These aims were achieved in the co-design sessions through the following means:

- Sharing information in-language about what was heard in the initial consultations;
- Seeking participants' ideas for next steps and opportunities for action;
- Requesting feedback on the relevance, appropriateness and resonance of language and messaging through open group conversation; and
- Using tailored role-play scenarios to initiate conversations about fostering healthy, gender-equitable relationships. For the women's co-design session, the role-play focussed on sharing household responsibilities; in the men's session, it focussed on managing stress and conflict between couples around managing family finances; while in the service provider session, it focussed on reducing stigma about accessing services among Myanmar community members.

3 Community norms and perspectives

This section outlines what we heard from community regarding their cultural norms and range of perspectives in three key areas: gender roles, relationships, and attitudes towards DFSV.

3.1 Gender roles and expectations

Consultations revealed rigid and deeply entrenched gender roles in the Coffs Harbour Myanmar communities consulted. These roles are upheld through tradition and reinforced by the more conservative elements within the community, making it difficult for certain individuals to challenge the status quo or seek help.

Women as carers and homemakers

Women are positioned primarily as carers and homemakers. Traditionally-speaking, a strict division of labour sees men working outside the home while women manage domestic duties, including raising the children and serving their husbands. This socialisation starts early, with girls taught their value lies in service. An example from participants was that young girls are sometimes instructed to wash their brother's clothes.

Women expressed that they are generally not permitted to complain, but rather expected to fulfill their roles dutifully and in silence. These norms are reinforced by community in various ways; for example, women who work outside the home risk being labelled "bad mothers", while those who leave their marriages (even due to abuse) are stigmatised as "home-wreckers" who have failed or betrayed their traditionally-defined familial obligations.

Underpinning all of this is an inherited (though not inevitable) norm of female subordination. Women described being viewed as the property of the husband and his family after marriage, and also being excluded from inheriting wealth and property of their own. Some had been taught that their feelings and opinions are unimportant, and told (even by their own parents) that they must endure hardship and obey their husbands to maintain family harmony above all else.

3 Community norms and perspectives

Men as providers, problem-fixers, and decision-makers

While women generally face expectations of submission, men remain evidently constrained by rigid expectations of strength, authority, and providing for their family. Men have historically been cast as the sole breadwinners, and traditionally control the family finances too. Both male and female participants described that, prior to resettling in Australia, it was only the husbands that had bank accounts, leaving their wives entirely dependent on the money given to them.

This "provider" role is a double-edged sword: While it grants men power and authority, it also traps them in a narrow definition of masculinity. Unemployment or inability to work brings intense stigma, with men feeling shamed for not being "strong" or "manly" enough. Furthermore, men described that a father wearing a baby sling may be labelled a "loser" or ridiculed as being "under his wife's thumb". This discourages men from caregiving, even when they wish to help.

Traditionally, men are also viewed as "problem-fixers" who must handle issues stoically and independently. Consequently, many expressed feeling deep shame about discussing their problems, particularly financial struggles, fearing vulnerability is a sign of weakness. This severely impacts help-seeking, with many men avoiding seeking help from services for relationship or family difficulties due to fear of being seen as "too womanly" or "weak like a girl".

Finally, consultations revealed that men are traditionally cast as the primary decision-makers in both the domestic and community spheres, with women's input and participation often deemed "unnecessary". Husbands generally make all major decisions, and wives are rarely permitted to disagree. This power dynamic influences education, with boys often seen as more worthy of formal education, while girls' schooling tends to be deprioritised. An important caveat here is that, though often denied equitable participation in decision-making, women are never without power and agency. In fact, women never cease exercising their agency amidst myriad constraints, often wielding great influence on decision-making in 'subterranean' or 'behind-the-scenes' ways. These remain all-too-unseen and underappreciated. One example given in the consultations was that men frequently listen to and heed the counsel of their mothers.

3.2 Notions of healthy and unhealthy relationships

Consultations revealed distinct community perspectives on what constitutes healthy versus unhealthy relationships. While traditional gender roles remain strong, participants articulated values around mutual respect and shared responsibility in a partnership.

Healthy relationships

Participants described a healthy relationship as one grounded in a sense of unity and togetherness; one where couples engage in shared activities like going shopping together. Crucially, trust, transparency, and mutual support are seen as foundational.

A healthy partnership is also seen to involve both partners listening to one another, developing mutual understanding, and working collaboratively to address challenges. There was a recognition from both male and female participants that women are generally more equipped to listen and express their feelings when sitting down together to address such challenges. Encouragingly, however, several male participants did express a willingness to improve their emotional capacity in this area.

Female participants additionally expressed that a healthy relationship should ideally involve equal contributions from the husband and wife to family and domestic responsibilities, challenging the rigid division of labour described elsewhere.

Unhealthy relationships

In contrast, unhealthy relationships were associated with poor communication or even 'stonewalling'; that is, an outright refusal to communicate. Avoiding working on issues together or denying that any problems exist in the first place were among the examples named by participants.

Both verbal and physical abuse were also cited as clear indicators of an unhealthy partnership. Participants spoke about things like objects being thrown in anger and partners shouting and yelling at one another in public, both of which generate significant shame and distress.

3 Community norms and perspectives

3.3 Shame and stigma around DFSV

Consultations revealed immense cultural shame and stigma surrounding DFSV. Combined with the deeply rooted gender norms and relationship dynamics described earlier, this creates a challenging environment where violence is often hidden and help-seeking is discouraged.

Culture of silence

A pervasive culture of silence means that even when family or community members are aware of DFSV, they often turn a blind eye and refrain from intervening. Relationship issues tend to be viewed as strictly private matters for the couple or family alone to deal with. Involving oneself in another's relationship is heavily frowned upon by many. Even where one might feel empathy, the default response is often to let them work it out themselves. Participants described that airing family problems in public is generally not seen as an acceptable topic of conversation. The end result is that individuals and couples miss out on vital support for building healthier partnerships.

Men's fear of judgement

This silence is reinforced by the masculine ideals discussed in Section 3.1. Men described feeling afraid to speak about their problems because admitting they cannot "fix" issues independently is seen as shameful and "unmanly". Male participants observed that while women often support one another, men rarely discuss their struggles with peers, viewing it as a sign of weakness or as nobody's business but their own. Even men who wish to model more emotionally attuned masculinities are often hampered by the fear of community backlash and judgment. This prevents them from seeking professional support, trapping them in the lone, stoic "problem-fixer" role discussed earlier.

Privacy and family "unity"

Consultation data suggested that the default cultural approach to addressing relationship and family issues is to try and resolve them behind closed doors. Both community members and service providers who participated in the consultations confirmed that Myanmar community members largely avoid accessing external services, preferring to sort matters out internally and privately. Even in cases of violence, the issue tends to be treated as a private family concern rather than a community safety issue. This reluctance to seek outside support appears driven, in part, by a cultural imperative to preserve family "unity" above all else. Some participants expressed fears that if services or Australian authorities become involved, they will offer culturally inappropriate advice that could ultimately break the family apart. This fear often outweighs the immediate need for safety, perpetuating cycles of violence.

4 Community challenges

Building on Section 3, this section zooms in on the most prominent challenges faced by Myanmar communities in Coffs Harbour, particularly around adapting to life in Australia and the barriers that stop people from seeking help when they or their loved ones are experiencing or at risk of violence.

4.1 Resettlement and cultural adaptation challenges

Migration to Australia has disrupted traditional gender roles and family structures within Coffs Harbour Myanmar communities, creating significant challenges. Consultation data revealed that the renegotiation of gender roles around family finances is by far the community's biggest challenge upon resettlement, and also the primary source of conflict between wives and husbands.

Financial challenges for women

For Myanmar women, resettlement often brings a liberating sense of financial independence. Unlike in Myanmar, where husbands were generally the sole breadwinners, exclusively held bank accounts and controlled the family finances, women discover that they have greater rights and freedoms in Australia to be able to earn their own incomes, and also that institutions like Centrelink require them to have their own separate bank accounts. However, this newfound autonomy is frequently perceived as a threat by their husbands, who often react with insecurity, suspicion, and mistrust. Some husbands accuse their wives of "using Australian powers" to undermine their authority. This shift creates deep tension between couples, with men expressing feeling like they are losing their wives as well as their own traditionally defined role within the family.

4 Community challenges

Financial challenges for men

Following on from the above, men evidently face a profound crisis of identity regarding their traditional provider role. Their wives' newfound financial independence in Australia leaves many Myanmar men feeling lost, disempowered and inadequate. Several participants expressed that if a wife earns more, the husband feels "useless". Additionally, the lack of shared bank accounts (in contrast to the largely cash-based transparency in Myanmar), creates a sense of separation and isolation: men feel they no longer know how their wives are spending money or where the family stands financially. This fuels a fear of abandonment, with men worrying that their wives no longer need them and could easily leave with the support of Australian services. As one participant expressed,

> "I'm going to lose my wife because she doesn't have to rely on me anymore".

Other resettlement challenges

Beyond finances, the loss of extended family support networks exacerbates these tensions. Several participants described that, in Myanmar, parents and siblings often provided crucial support in the event of relationship conflicts. In Australia, however, women find themselves isolated from these traditional safety nets. Meanwhile, men tend to struggle with the steep learning curve of adapting to expectations of more egalitarian partnerships. Many expressed feeling threatened by women's greater rights and freedoms in Australia (financial and otherwise), and fear that their wives will use the police or courts against them – a sentiment rooted in past mistrust of authority in Myanmar, coupled with a perception that Australian systems tend to favour women.

4.2 Barriers to help-seeking

Building on the culture of silence and stigma around DFSV from Section 3.3, the consultations revealed that even when individuals wish to seek support, significant barriers remain.[2]

One of the most significant obstacles that came through in the data was a general lack of "service literacy" – that being, a limited awareness of what services exist in Australia and how to navigate the community services sector. For instance, during discussions on the financial conflicts arising from resettlement (as discussed in Section 4.1), most participants were unaware of the existence of financial counselling. When facilitators explained the availability of such services, it sparked widespread interest, highlighting how much potential support is being missed.

Similarly, there was a marked lack of familiarity and understanding regarding mental health supports. Service providers noted that local organisations tend to receive very few referrals from Myanmar communities.

The lack of service literacy extends to community leaders too, with participants sharing that leaders frequently have little idea about which services to refer people to when confided in about personal difficulties, including experiences of abuse.

Crucially, service provider participants identified a deeper misconception: the belief that services are only for serious crises. There is little awareness of primary prevention or early intervention. As one participant noted, the community tends to seek help only "after it goes wrong", such as after a family separation. Many feel that seeking help for minor challenges is a waste of services' time. This mindset, combined with fears of stigmatisation and community backlash (as discussed in Section 3.3), represents yet another significant obstacle to help-seeking.

[2] By way of context, some of these barriers are more of a structural nature (having to do with the Australian community services context), while others stem from internal family and community dynamics around the challenges of acculturation upon resettlement. Acculturation affects individuals differently and can sometimes lead to family tension or conflict. However, this does not mean it causes or justifies DFSV. Many families experience conflict during this process without it becoming violence. As such, it is important not to assume all conflict is DFSV, but equally important not to dismiss it as normal acculturation-related tension and overlook possible signs of harm.

4 Community challenges

Barriers for women

For Myanmar women, help-seeking is hampered by a complex web of factors stemming from both their country of origin and the Australian service sector context. Building firstly on the hegemonic cultural norms discussed in Section 3, women face the risk of severe community judgment if abuse becomes known. Rather than holding men who use violence to account, the default reaction from community is often to blame the victim. For example, if a woman seeks support for DFSV or chooses to leave an abusive relationship, she can be shamed for "breaking up the family" and risks being ostracised. This is in keeping with the oppressive notion of family "unity" (as discussed in Section 3.3), which prioritises keeping the family together at all costs, on terms generally set by men.

Women also face resistance from their husbands, both when seeking support for themselves, as well as when suggesting that they access support as a couple. Husbands often deny that any problems exist and refuse to accept the need for help. They may also distrust services, fearing they will give "wrong" advice that turns their wives against them. This is compounded by a lack of safe, community-based forums where women can air and navigate difficult issues without judgment. Furthermore, many existing services are not sufficiently inclusive or culturally responsive, failing to grasp specific cultural nuances and experiences of migration and resettlement.

Another critical barrier to help-seeking and service access is many women's difficulty with English, noting that they generally have lower levels of proficiency than their husbands. This is due to inequitable access to education in both Myanmar and Australia. In the Australian context, participants mentioned they did not attend English classes because of parenting demands and were not in a position to put their children into childcare (whether due to cultural or financial reasons, or both). This creates a risk-laden dependency, with women relying on their husbands to communicate in English on their behalf when dealing with service providers, government agencies, and the like. Clearly, this dependency becomes especially risky in cases where a woman's husband uses violence and she is in need of DFSV support.

Barriers for men

Consultations revealed that men face three unique sets of barriers to seeking help. The first set of barriers are rooted in traditional notions of masculinity, particularly the rigid expectation that men must be the sole providers and stoic "problem-fixers" of their families (as discussed in Section 3.1). Seeking external support is often viewed as an admission of failure – a sign that a man cannot fulfill his duty to his family. The fear of being labelled "weak" or "unmanly" by the community discourages many from seeking help. Often their wives' suggestions that they reach out to a service goes unregarded and he will generally only engage if urged to do so by his brother or another male relative. Men reported significant social isolation and this dynamic only reinforces that, with many feeling that they alone must solve their family's problems if they are to maintain their status as men (if they admit to those problems in the first place).

The second set of barriers relates to a pervasive distrust in the service sector and in government institutions. This stems in part from the widespread lack of service literacy highlighted earlier. For example, when male participants were asked about what they would do if they witnessed violence in the community, many admitted they would have no idea about what to do other than to call the police. Given their historical mistrust of authorities (stemming from experiences in Myanmar), many men fear that opening up about their marital issues and engaging with services may land them in trouble with the law and result in their families being broken apart. This is compounded by a perception that Australia is a "woman's country" where services and authorities favour women and men are perpetually cast as the wrongdoers.

Finally, there is a notable gap in the availability of services supporting men, particularly those experiencing social isolation. Unlike the relatively robust support networks available to women (such as mothers' groups and other women's programs run by community services organisations), there are far fewer services catering to men. This was noted by male participants, and later confirmed in a subsequent consultation with service providers. As such, men are left with little to compensate for the loss of their traditional support networks in Myanmar and with too few opportunities to discuss and process their struggles in a healthy, supportive environment. As one male participant said:

> **"We see a lot of development for women – they all know what to do and where to go. Nothing like that for men. The only groups for men are the ones that have already done violence".**

5 Opportunities for future action

Having discussed community perspectives around gender, relationships and DFSV in Section 3, and the unique challenges faced by the community in Section 4, this section finally turns to solutions and practical considerations for enhancing DFSV primary prevention with Myanmar communities in Coffs Harbour and beyond. The opportunities for action outlined below (based on what we heard in the consultations, as well as what we inferred through our analysis) fall largely into three categories: education and training, community-based supports, and essential considerations for trust-building and cultural responsiveness.

5.1 Education and training

Participants in both the women's and men's sessions expressed a desire for more education and training opportunities, identifying this as a critical vehicle for primary prevention. The range of topics suggested (whether presented through formal workshops or otherwise), fell largely into the following four areas:

Gender equity

Men and women converged on this topic, albeit from different angles. From the men's side, there was a willingness and openness to learn more about what gender equity means and looks like in practice. They much preferred the positive framing of "equal rights for all", rather than an adversarial "men versus women" approach (noting that men tended to perceive the notion of "women's rights" in this adversarial way).

Women, meanwhile, emphasised the need for education on equal partnerships where husbands and wives each contribute equitably in the domestic sphere. In practice, this means co-navigating shared responsibilities in a way that everyone in the family feels supported, valued and appreciated. Women also suggested content on gender-equitable parenting, empowering men to step up in caregiving, as well as reshaping the early socialisation of children away from rigid gender roles (for instance, by encouraging girls to play sport and boys to do domestic chores).

Healthy masculinities

Closely linked to the above is the noted need for education on healthy masculinities. Women highlighted the importance of supporting men to feel more comfortable in care-giving roles in particular – for example, to be able to wear baby slings confidently, lovingly and without fear of ridicule. It was envisaged that men who build capacity in this area can then help de-stigmatise, normalise and role-model perfectly healthy (albeit non-traditional) behaviours to other men and boys.

It was stressed that this work must also extend to community and faith leaders, equipping them to support men and boys to cultivate healthier relationships and more expansive notions of masculinity.

Couples education on healthy partnerships and communication

Both male and female participants expressed a readiness to learn how to communicate better and support one another. Women noted that men often lack basic caring skills because they have always relied on their mothers and wives for these tasks. When presented with this, male participants agreed and were positive about it, while also showing an openness to building their capacity in this area. A couples education initiative along these lines would naturally complement the gender equity and healthy masculinities trainings, providing a practical space for couples to apply these concepts together.

Service literacy

Finally, addressing the lack of service literacy is essential. Both men and women identified a need for clearer education on what services exist and how to access them. Men said they would like to build greater confidence in guiding others to the right support (a desire rooted, perhaps, in their traditional role as “problem-fixers”). Meanwhile, service provider participants suggested a focus on mental health and financial counselling services in particular (given the knowledge gaps discussed earlier). Complementary to the education, participants recommended that a local services guide be developed. Among many other benefits, enhanced service literacy would help the community move from a crisis-response mindset to one of early intervention and primary prevention.

5 Opportunities for future action

5.2 Community-based supports

Beyond education, participants recommended a range of community-based supports to foster connection, trust, and practical assistance. These were as follows:

Men's groups

A primary recommendation was to establish dedicated men's groups. The need for such spaces is underscored by the social isolation that men reported, as well as by the finding that men are more likely to accept help-seeking suggestions from other men than from their wives. Both male and female participants acknowledged that men have never been taught to talk about their feelings effectively, often operating under a tacit "work, don't cry" ideology. Women suggested that dedicated men's groups could be places for men to connect, open up emotionally, and learn to process challenges in healthy ways. While women want their husbands to be more emotionally sensitive, service providers noted that men need safe spaces to ask questions and learn about services.

Discussion forums

In contrast to both workshop and support group formats, participants expressed a desire for more community-wide forums for discussion. These should involve trusted leaders and could serve as spaces where topics of concern could be aired and processed collectively. This would help to build trust and understanding among community members, while also countering the culture of silence noted earlier.

Financial counselling for couples

Given the profound financial challenges that couples face upon resettlement (as discussed in Section 4.1), there is a very clear need for culturally responsive financial counselling services for Myanmar communities. While awareness of such services was initially low, consultation participants expressed keen interest once informed. These services could help couples develop collaborative approaches to financial challenges and reframe women's financial independence, not as a threat to the family unit, but as a complementary strength that supports the household's overall security.

Other supports

Finally, participants briefly highlighted three additional needs:

- more trauma-informed spaces and services;
- initiatives to cultivate community leadership and engagement; and
- peer mentorship programs (to model healthy social norms and further reduce the stigma surrounding help-seeking).

5.3 Essential considerations for trust-building and culturally responsive practice

This section combines insights and suggestions from the consultation data regarding both practice design and community messaging. With respect to the latter, special attention is given to strategies for engaging men in DFSV prevention. Crucially, these messaging efforts can only succeed if they are underpinned by a foundation of trust and safety within the services themselves.

Service practice

The consultations highlighted several key opportunities for practice design to build genuine trust with Myanmar communities.

Firstly, confidentiality is paramount. Participants expressed a crucial need for explicit assurances regarding privacy when first engaging with programs and services. There is a pervasive fear that information shared might get out and be treated as "gossip" within the community or else be reported to authorities like the police, potentially leading to family separation. Programs and services must clearly state that they are not connected to the police or immigration authorities in a way that threatens family unity, albeit while being transparent about mandatory reporting obligations where they exist.

Secondly, program and service providers must invest and skill up in the areas of cultural responsiveness. This includes dedicated training, as well as the consistent engagement of interpreters to ensure equity of access.

Finally, a trauma-informed approach is essential. Program and service providers need to recognise and validate the specific traumas of forced migration and loss that many community members carry, ensuring that interactions are sensitive to these experiences rather than treating them as standard cases.

5 Opportunities for future action

Messaging and framing

The following considerations outline how services can communicate and engage with Myanmar community members from refugee backgrounds in ways that ensure and continue building a solid foundation of trust and safety.

Firstly, messaging must be culturally relevant and responsive. This means finding ways to discuss culturally taboo topics like DFSV through alternative language and framing, or by embedding prevention messaging within other topic areas. The lens used to articulate issues should reflect the lived reality and meanings communities attach to their experiences, rather than imposing external frameworks. Visual materials should also ensure representation.

Secondly, a settlement lens should be applied. Trust and safety can be established by validating their experiences of loss, disorientation and overwhelm upon resettlement. From there, help-seeking can be de-stigmatised and normalised by explaining that there is a need for support because families are navigating a whole new country and cultural context. The scale of change is massive, and it is entirely okay to need help adjusting. Relationship tensions can also be de-stigmatised by communicating that conflict is a normal part of periods of change and transition, and not something to be ashamed of. What matters is that those challenges are addressed and resolved in healthy ways.

Thirdly, a strengths-based lens should guide all communication. This means avoiding deficit language that fixates on gaps and shortcomings, and instead centring the messaging on "healthy relationships", "making your relationship better", proactive personal development, and so on. It is important too to maintain a strengths-based perspective on communities themselves to avoid giving the impression that their cultures are being singled out as problematic. It can be emphasised that the challenges they face are shared by other communities, and that DFSV is prevalent across the wider Australian community, including among wealthy, white families.

Consideration should also be given to the modes through which messages are delivered. Participants suggested that storytelling approaches can be useful to communicate primary prevention messages in a more relatable and culturally responsive way. Another suggestion was that smartphone-friendly content be developed, especially short-form videos and animations, since they are easy to digest and share.

Engaging men

While the preceding section offered general considerations around messaging and framing, the following points provide specific communication pointers for engaging men in DFSV prevention. These strategies aim to bypass defensiveness and tap into men's desire for dignity and connection.

Firstly, communications should affirm men's dignity. Gender equity should be framed as "respect" and "dignity" for both partners, rather than "women's rights", which can feel adversarial to men and make them feel like perpetual wrongdoers. Men want to feel powerful and respected, not diminished. Crucial here is finding culturally responsive ways to communicate that women's empowerment does not mean disempowerment for men.

Secondly, a strengths-based lens should be applied to help-seeking. As discussed in Section 3, men often fear being stigmatised as "weak" or "unmanly" if they admit to struggling. Therefore, seeking support should be reframed not as a sign of failure or inability to cope, but rather, as a proactive strength and a demonstration of responsibility. Just as a "problem-fixer" takes charge in a crisis, seeking help can be positioned as a sage move to protect the family and restore harmony. Crucially, this shifts the narrative around help-seeking from shame to empowerment.

Building on an earlier point, a third consideration is to use storytelling to better engage with men. Since men often struggle to discuss feelings directly, it was noted that relatable stories (e.g. "A friend's family found happiness by…") provide a safer entry point for these conversations. This allows men to see and better grasp the benefits of change without feeling personally attacked. Stories can also be used to frame advice as coming from respected older relatives, including men (e.g. "Something my dad told me once was that…") and to normalise gender-equitable behaviour in precisely the same way (e.g. "My dad often helped out with the cooking while I was growing up…"). Importantly, this helps demonstrate that change is possible within their own cultural context.

Similarly, visual materials can also aid relatability for men, provided they can see themselves reflected and represented in the content. Seeing men who look like them engaged in healthy, gender-equitable partnerships can help them imagine a different future for themselves and their families.

Finally, practical hooks can be used to draw men in, make the content feel less scary, and lower barriers to engagement. For instance, it was suggested in the consultations that primary prevention messaging can be embedded in alternative topics of discussion that men already care about, such as financial planning and home loans.

6 Conclusion

This report has illuminated the complex landscape facing Myanmar communities in Coffs Harbour, where deeply rooted traditional gender norms, the stresses of resettlement, and a pervasive culture of silence converge to hide DFSV from public view and deter help-seeking. The consultations revealed that while traditional roles often constrain both men and women, there is a genuine desire within the community for healthier relationships, mutual respect, and greater support.

The path forward lies in building on the community's own strengths and readiness for change. By prioritising culturally responsive service practice, investing in trust-building, and tailoring messaging to affirm dignity and normalise help-seeking, we can create an environment where safe and healthy relationships thrive.

The recommendations outlined – from dedicated men's groups and financial counselling to storytelling and peer mentoring – offer a roadmap for turning insight into action. Ultimately, it is the communities that must be empowered to lead this change, supported by a community services sector that truly listens and adapts. This is the very ethos of the CfP project as it co-develops resources reflecting these community insights and progresses to working with other communities with refugee experiences in NSW while informing SSI's overall approach to community-led primary prevention with multicultural communities.

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