Professor Susan Rees

Supporting women from refugee background who are impacted by Intimate Partner Violence

STARTTS Clinical Master Class, 18 October 2023

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Acknowledgement of Country
We acknowledge the Aboriginal people as the Traditional Owners of this land and we pay our respects to Elders past and present.
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Working with women from refugee background who are impacted by intimate partner violence

Prevalence of IPV

Manifestations of IPV

Universal and specific risk factors

Protective factors, and the highest risk women

Types of aggression and violence

Screening

Assessment

Interventions

Counselling Modalities

1 in 4 women experience violence by an intimate partner (23%)

One woman every week is murdered by her partner or ex partner.

Australian women are most likely to experience physical and sexual violence in their home, at the hands of a male current or ex-partner.

Almost 10 women a day are hospitalised for assault injuries perpetrated by a spouse or domestic partner.

Morbidity and Mortality in Australia

IPV impacts women's mental health, physical health, problems during pregnancy and birth, alcohol use, suicide.

More to the disease burden than any other risk factor in women aged 18-44 **(AIHW/ANROWS, 2016)**.

Our study **(Rees et al. *Jama* 2011)** showed that gender-based violence was strongly associated with a range of common mental disorders.

More severe disorders and comorbidity with other mental disorders, increased rates of physical illness and reported higher rates of past suicide attempts.

ORIGINAL CONTRIBUTION

ssociation

Lifetime Prevalence of Gender-Based Violence in Women and the Relationship With Mental Disorders and Psychosocial Function

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Context Intimate partner physical violence, rape, sexual assault, and stalking are pervasive and co-occurring forms of gender-based violence (GBV). An association between these forms of abuse and lifetime mental disorder and psychosocial disability among women needs to be examined.

Objectives To assess the association of GBV and mental disorder, its severity and comorbidity, and psychosocial functioning among women.

Design, Setting, and Participants A cross-sectional study based on the Australian National Mental Health and Well-being Survey in 2007, of 4451 women (65% response rate) aged 16 to 85 years.

Main Outcome Measures The Composite International Diagnostic Interview version 3.0 of the World Health Organization's World Mental Health Survey Initiative was used to assess lifetime prevalence of any mental disorder, anxiety, mood disorder, substance use disorder, and posttraumatic stress disorder (PTSD). Also included were indices of lifetime trauma exposure, including GBV, sociodemographic characteristics, economic status, family history of mental disorder, social supports, general mental and physical functioning, quality of life, and overall disability.

Results A total of 1218 women (27.4%) reported experiencing at least 1 type of GBV. For women exposed to 3 or 4 types of GBV (n=139), the rates of mental disorders were 77.3% (odds ratio [OR], 10.06; 95% confidence interval [CI], 5.85-17.30) for anxiety disorders, 52.5% (OR, 3.59; 95% CI, 2.31-5.60) for mood disorder, 47.1% (OR, 5.61; 95% CI, 3.46-9.10) for substance use disorder, 56.2% (OR, 15.90; 95% CI, 8.32-30.20) for PTSD, 89.4% (OR, 11.00; 95% CI, 5.46-22.17) for any mental disorder, and 34.7% (OR, 14.80; 95% CI, 6.89-31.60) for suicide attempts. Gender-based violence was associated with more severe current mental disorder (OR, 4.60; 95% CI, 2.93-7.22), higher rates of 3 or more lifetime disorders (OR, 7.79; 95% CI, 6.10-9.95), physical disability (OR, 4.00; 95% CI, 1.82-8.82), mental disability (OR, 7.14; 95% CI, 2.87-17.75), impaired quality of life (OR, 2.96; 95% CI, 1.60-5.47), an increase in disability days (OR, 3.14; 95% CI, 2.43-4.05), and overall disability (OR, 2.73; 95% CI, 1.99-3.75).

Conclusion Among a nationally representative sample of Australian women, GBV was significantly associated with mental health disorder, dysfunction, and disability.

JAMA. 2011;306(5):513-521 www.jama.com

VIOLENCE AGAINST WOMEN IS A major public health concern,[1] contributing to high levels of morbidity and mortality worldwide.[2] Our study examines the mental health associations of 4 types of violence that are commonly perpetrated against women, namely physical forms of intimate partner violence (IPV), rape, other forms of sexual assault, and stalking, and were specifically included in the Australian National Mental Health and Well-being Survey. These 4 types of violence are referred to collectively herein as gender-based violence (GBV).[3]

In the United States, 17% of women report rape or attempted rape[1] and more than one-fifth of women report IPV, stalking, or both.[4-6] There is mounting evidence that each of these forms of GBV is associated with mental disorder among women,[3,7] although methodological shortcomings of existing studies constrain the inferences that can be drawn.[3] Limitations of the majority of studies include a failure to use random and nationally representative samples[8]; the tendency to focus on 1 abuse rather than a range of interrelated abuses, an important consideration because women who experience 1 form of GBV are at greater risk of incurring other types[9,10]; and the use of symptom checklists rather than struc-

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Intersectionality

Intersectionality and the prevention of violence against women and their children: Informing a future framework to ensure inclusivity and relevance to all Australians

Susan Rees

Summary

Intersectionality is a construct which, at its core, focuses on multiple forms of injustice, power imbalance and social marginalisation as a way of understanding oppression. This paper applies the construct of intersectionality to examine factors and processes that may inform initiatives to prevent men's violence against women and their children in Australia. In the Australian context, factors that contribute to inequalities include gender, being of mainly non-English speaking background, ability, socio-economic status, and place. The intersectional approach underscores the simultaneous interaction between these multiple forces, rather than focusing on single inequalities on their own within each of these broad domains of oppression. A key issue that is emphasized by this conceptual framework is that, while gender inequality is at the core of the problem, the experience of men's violence against women may be mitigated or intensified by the aforementioned contextual and individual factors of place, ability, socio-economic status and age. Within this framework, a key issue is the heightened risk of violence against women from mainly non-English speaking backgrounds in marginalised communities, with women from refugee backgrounds being at particular risk due to the interaction of multiple forms of structural disadvantage specific to that group. The implications of this approach for policy and practice are explored, including an emphasis on power and privilege as core to both the source of and remedy for the problem; implicit is the recognition of the need for a diversity of women's voices to be heard when seeking solutions to preventing men's violence against women.

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Kimberlé Crenshaw's TED talk

Kimberlé Crenshaw

The urgency of intersectionality

Posted Nov 2016

Forms of relationship violence and aggression

Beel,N.(2023).DomesticViolence. In N.Beel, C.Chinchen, T.Machin & C.duPlessis (Eds.),Common Client Issues in Counselling: An Australian Perspective. University of Southern Queensland. https://usq.pressbooks.pub/counselling/chapter/domestic-violence/

Physical violence: assault, hitting, pushing, choking, burning, hurting pets, or using weapons

Sexual violence: non-consensual sexual contact including unwanted sex acts and rape

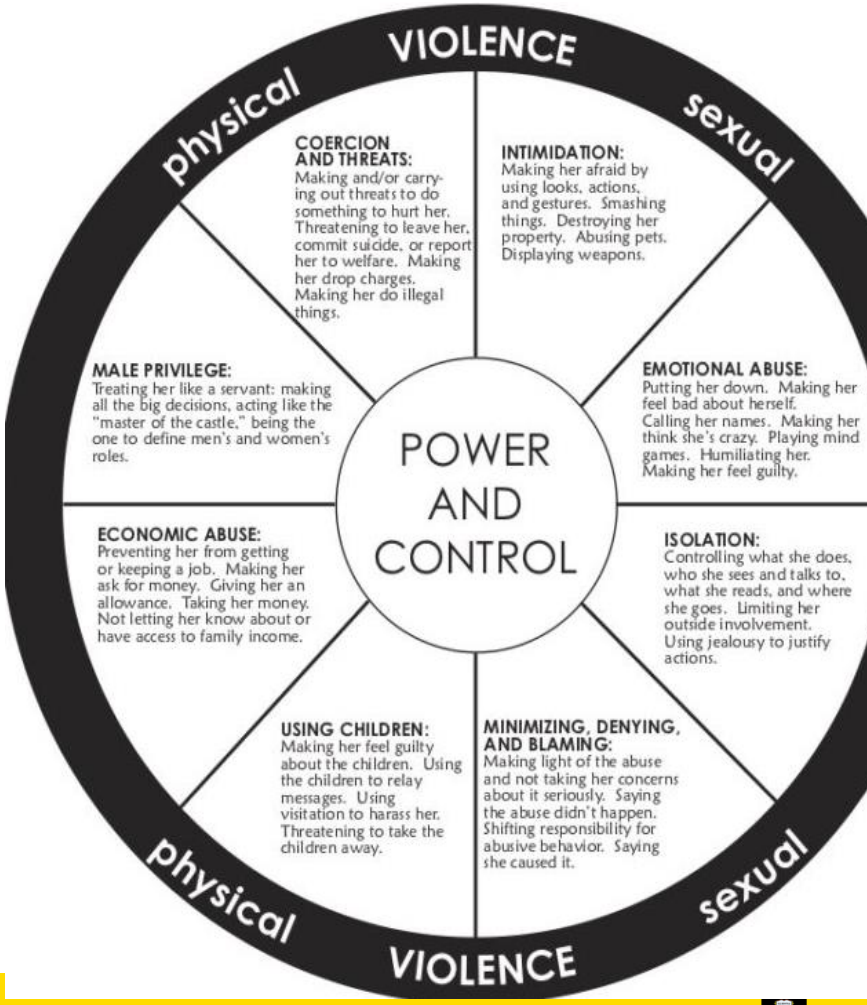
Financial abuse: withholding access to finances, controlling all financial decisions, providing insufficient funds for essentials

Psychological and emotional abuse: intimidation, controlling behaviour, making threats, belittling, yelling, verbally abusing loved ones or pets, gaslighting, emotional blackmail, blaming, stalking, threatening suicide

Social abuse: isolating from family, friends, and other social supports, humiliating

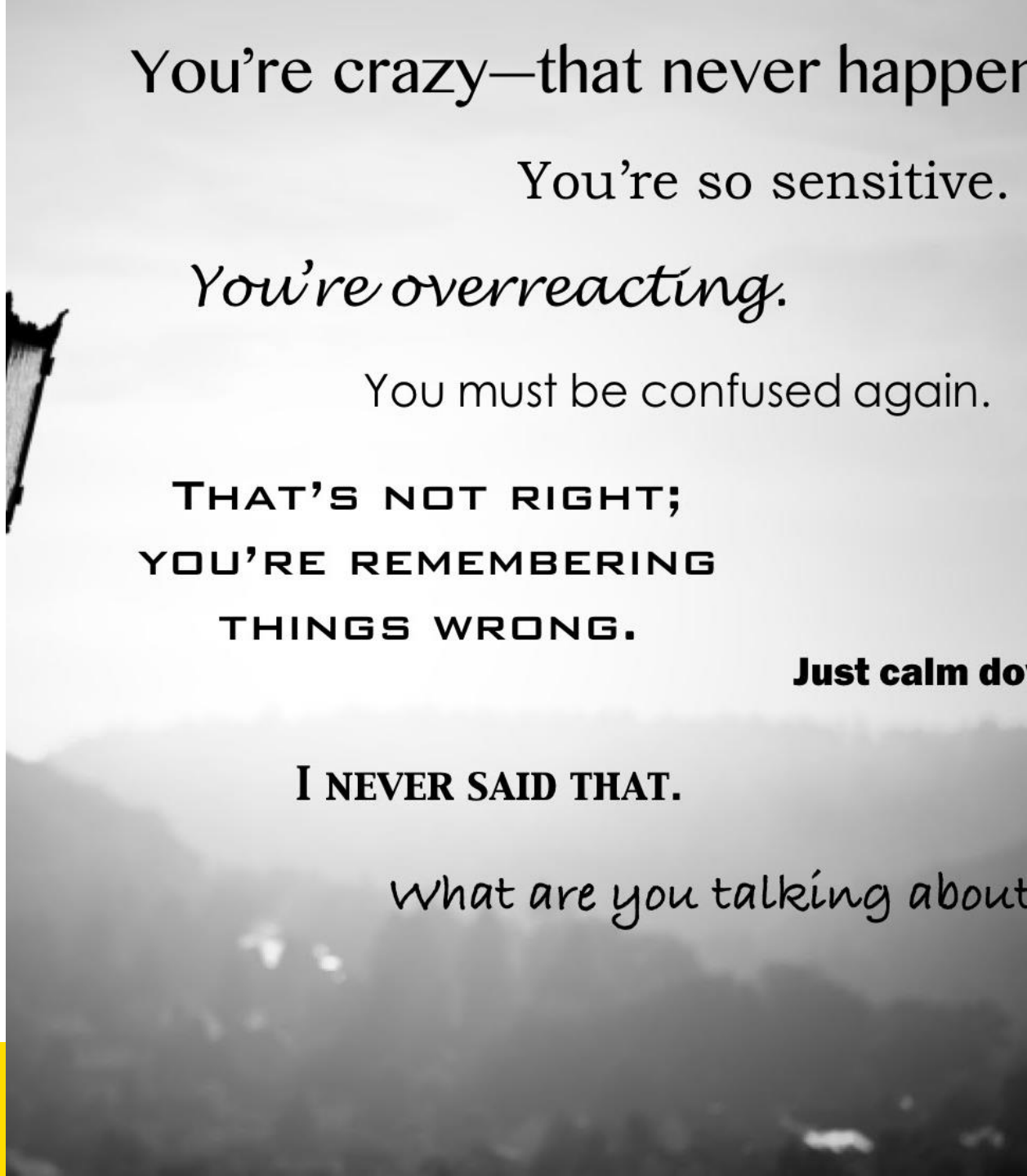
Cyber abuse: online stalking, revenge porn

Spiritual abuse: denial of religious freedom, use of religious beliefs or practices to control behaviour or movement.



How to Recognise Coercive Control Intimate Terrorism

- Isolation
- Deprivation
- Monitoring
- Taking control
- Limiting access to support services
- Repeated put downs
- Humiliation
- Controlling finances
- Threats and Intimidation
- Jealousy
- Gaslighting



Risk Factors Across Countries

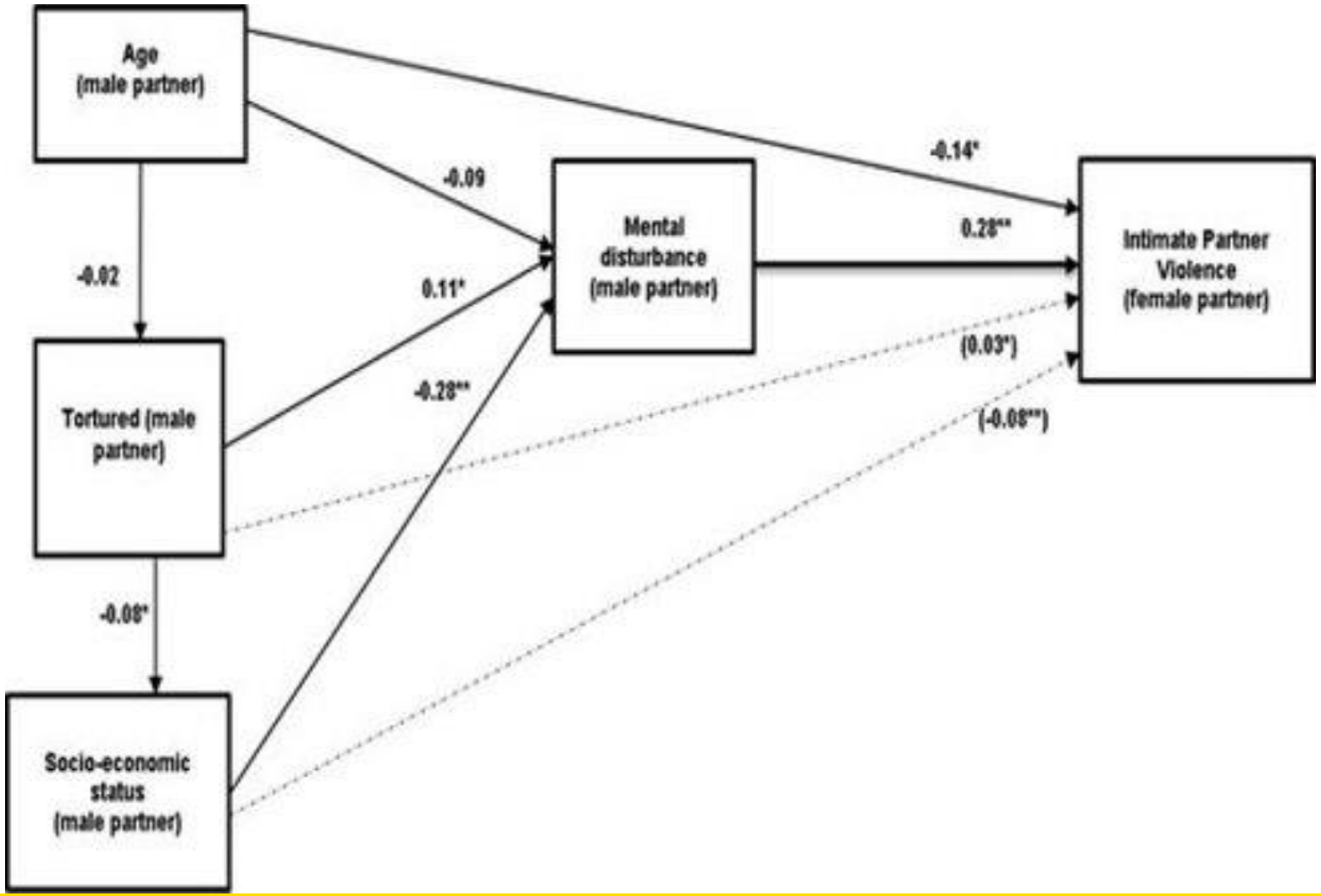
(WHO 2013; Jewkes et al 2017; Yakubovich et al 2018)

- Low socio-economic status/poverty.
- Attitudes supporting abuse of the female partner and supporting gender inequality.
- Women working while her partner doesn't
- Witnessing parental violence and experiencing child abuse (perpetrator).
- Not choosing your own spouse (forced marriage).
- Alcohol abuse (perpetrator).
- Male behaviours commonly associated with "traditional" masculinity.
- Young age.

IPV is a Distinctive Trauma

- IPV is unique because it is RARELY A SINGLE EVENT TRAUMA.
- IPV occurs within a relationship that is intended to be characterised by trust, safety and security.
- Attention has been given to COMPLEX PTSD in cases where there is sustained interpersonal trauma **(Herman, 1992, 2012; Chu 1998; Courtois, 1999, 2010).**
- CPTSD highly relevant for women from refugee background exposed to IPV.
- Perfect storm for CPTSD.

Exposure to Torture and IPV Perpetration



Refugee Women and IPV

Women from conflict-affected backgrounds experience IPV at a higher rate and have more MH problems.

WATCH cohort study found high rates of intimate partner violence. For Australian born women **consistent** with **the National average and MUCH HIGHER for refugee** background women residing in Australia.

Baseline over 1335 revealed 43.4% of women from refugee background reported physical or psychological IPV, compared to 25.9% of Australia-born women.

Similar rates at each follow up

- Rees SJ, Fisher JR, Steel Z et al., **Prevalence and Risk Factors of Major Depressive Disorder Among Women at Public Antenatal Clinics From Refugee, Conflict-Affected, and Australian-Born Backgrounds**. JAMA Network Open. 2019

- Major Depressive Disorder MDD was 14.5%, compared with 19.7% for women who arrived from conflict-affected backgrounds, and 32.5% for women who self-identified as refugees.

- 63% OF WOMEN FROM conflict-affected backgrounds AND 20% OF women born in the host nation who reported psychological IPV had depressive disorder, AND THE RATES WERE MUCH HIGHER IF THERE WAS PHYSICAL IPV.

Research

BMJ Global Health

Associations between bride price obligations and women's anger, symptoms of mental distress, poverty, spouse and family conflict and preoccupations with injustice in conflict-affected Timor-Leste

Susan Rees,[1] Mohammed Mohsin,[1] Alvin Kuowei Tay,[1] Rosamund Thorpe,[2] Samantha Murray,[1] Elisa Savio,[1,3] Mira Fonseca,[1,3] Wietse Tol,[4] Derrick Silove[1]

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ABSTRACT

Objectives: Bride price is a widespread custom in many parts of the world, including in most countries in sub-Saharan Africa and parts of Asia. We hypothesised that problems relating to the obligatory ongoing remittances made by the husband and his family to the bride's family may be a source of mental disturbance (in the form of explosive anger and severe mental distress) among women. In addition, we postulated that problems arising with bride price would be associated with conflict with the spouse and family, poverty and women's preoccupations with injustice.

Design: A mixed-methods study comprising a total community household survey and semistructured qualitative interviews.

Setting: Two villages, one urban, the other rural, in Timor-Leste.

Participants: 1193 married women participated in the household survey and a structured subsample of 77 women participated in qualitative interviews.

Results: Problems with bride price showed a consistent dose–effect relationship with sudden

Key questions

What is already known about this topic?

- There is an ongoing debate about the risk that bride price poses to the general and mental health of women in developing countries.
- In Timor-Leste, bride price (incorporated into the traditional practice of barlake) includes an obligation that the husband and his family have to provide money or material goods to the wife's family, including for life events such as future weddings and funerals.
- This form of bride price commonly involves a long-term obligation which requires payment over extended periods of time.

What are the new findings?

- Problems with bride price were strongly associated with sudden episodes of explosive anger, experiencing excessive anger and severe psychological distress among women.
- Women with the most severe problems with

Rees *et al. Globalization and Health* (2017) 13:66
DOI 10.1186/s12992-017-0291-z

Globalization and Health

RESEARCH Open Access

Associations between bride price stress and intimate partner violence amongst pregnant women in Timor-Leste

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Abstract

Background: Reducing violence against women is a global public health priority, particularly in low-income and conflict-affected societies. However, more needs to be known about the causes of intimate partner violence (IPV) in these settings, including the stress of bride price obligations.

Methods: The representative study of women attending ante-natal clinics in Dili, Timor-Leste was conducted between June, 2013 and September, 2014 with 1672 pregnant women, a response rate of 96%. We applied contextually developed measures for the stress of bride price and poverty, and the World Health Organisation measure for intimate partner violence.

Results: Compared to those with no problems with bride price, women with moderate or serious problems with that custom reported higher rates of IPV (18.0% vs. 43.6%). Adjusting for socio-demographic factors, multivariate analysis revealed that ongoing poverty (OR = 1.75, 95% CI: 1.20–2.56) was significantly associated with IPV.

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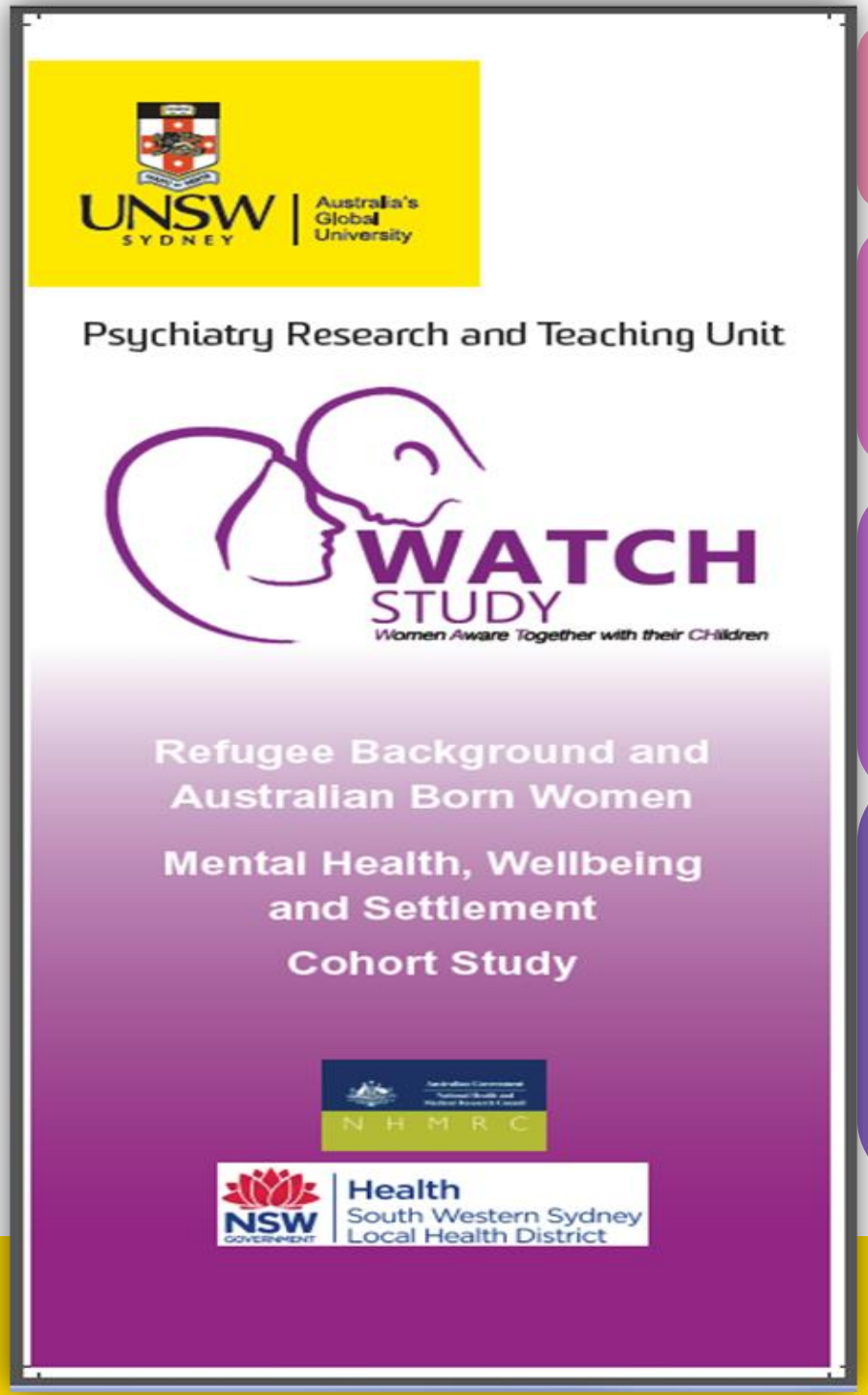

Conflict-affected countries of origin included: Iraq (38.0%), Lebanon (18.2%), Sri Lanka (10.9%) and Sudan (9.6%).

Refugee women report higher rates of IPV than host-nation born (20.5%, 5.4%, $p<0.001$) women.

Refugee women report higher exposure to general TEs compared to host-nation born (15.8%; 3.2% respectively)

We are currently interviewing at T6 and therefore we have the only large systematically recruited study of refugee background and host country born women with the potential to examine the impacts of COVID-19 on women, IPV, mental disorders and functioning. We are also collecting data on child development in those two cohorts.

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Latent Classes

Best Fitting models for 3 classes for both Australian Born and conflict- affected migrants

The protective factors for refugee background women associated with the Changing IPV or Combined IPV groups (compared to Limited IPV):

- Older Age
- Fewer Children
- Better Partner Relationship
- Less Partner Trauma Events

For the Combined IPV group protective factors were:

- Being in a Couple
- **Fewer living difficulties**

Interventions

Screening and/or work therapeutically

Integrated multi-service approach to holding perpetrators accountable and aiding victims/survivors.

Dedicated DV services, police, courts, legal services, refuges, child protection agencies, schools, trauma and counselling services, disability services, welfare services, and health services, all working together towards support safety, welfare, and autonomy for victims-survivors and behaviour change for perpetrators. Beel,N.(2023).

Screening

Beel, N. (2023). Domestic Violence. In N. Beel, C. Chinchen, T. Machin & C. du Plessis (Eds.), Common Client Issues in Counselling: An Australian Perspective. University of Southern Queensland. p124

Present with other issues

They may not readily disclose IPV, not recognize it, not understand it is related to presenting problems

Shame, embarrassed and fears being blamed

Disclosure could lead to escalation of violence

General view is that low self-esteem, depression, anxiety, and/or trauma = need for screening (Seeley & Plunkett, 2002)

Also look out for fear, a history of IPV in previous relationships, aggression and/or control in the partner, substance abuse, excessive anxiety about the children

Direct questions about abuse, rather than indirect questions about relationship quality, are perceived as more helpful by clients (Bagshaw et al., 2000)

Several screening tools and recommendations available **Domestic Violence Safety Assessment Tool (see NSW government website).**

How to respond

Beel, N. (2023). Domestic Violence. In N. Beel, C. Chinchen, T. Machin & C. du Plessis (Eds.), Common Client Issues in Counselling: An Australian Perspective. University of Southern Queensland

Validate the disclosure.

Reaffirm that abusive behaviour is unacceptable.

Listen to concerns about the partner's motivations.

Time and privacy to seek further information.

Assess whether there is imminent risk of serious harm to the client.

Dedicated service or helpline.

Children's welfare is at risk, contact the relevant statutory child protection service.

Counsellors who speak the same language and understand cultural and trauma factors.

Share new knowledge about IPV (not in written form if the partner can access it).

How To Respond

Beel, N. (2023). Domestic Violence. In N. Beel, C. Chinchen, T. Machin & C. du Plessis (Eds.), Common Client Issues in Counselling: An Australian Perspective. University of Southern Queensland. p124

Safety plan (Sammut Scerri et al., 2018).

Secretly storing money, key documents, identifying key support people, securing a place to stay. Safety planning guides can be found online (for example, see DVConnect, 2022).

Referral for the perpetrator.

Police, civil and criminal justice systems.

Apprehended Domestic Violence Order and Exclusion Order

Principles for Intervening - Autonomy

Beel, N. (2023). Domestic Violence. In N. Beel, C. Chinchen, T. Machin & C. du Plessis (Eds.), Common Client Issues in Counselling: An Australian Perspective. University of Southern Queensland. p125

Prioritise the woman's autonomy.

Always respect her ambivalence about whether to stay or leave a relationship.

Facilitate and support her to process the situation, her concerns, and goals.

Clarify and evaluate options on how to reach even those small goals.

Prioritise reducing risk and enhancing psychological and physical safety.

Responsibility for violent behaviour solely rests with the person using violence.

IPV is common, she is not alone.

Principles and issues for Intervening - Empowerment

Beel,N.(2023).Domestic Violence. In N.Beel, C.Chinchen, T.Machin & C.duPlessis(Eds.),Common Client Issues in Counselling: An Australian Perspective. University of Southern Queensland. p125

Empower her – abuse of power and gender inequality

Self-confidence, self-esteem, self-blame

Being assertive, gaining emotional strength

Trauma-related symptoms from the abuse

Parenting and post-separation parenting concerns

Support if she leaves the relationship or has to go to court.

Address grief and loss

Relaxation and stress management

Assess for mental disorders that may require further treatment, including PTSD and depression, anxiety disorders.

Couple Counselling

Counselling Theories

Beel, N. (2023).

Feminist therapy emphasises raising consciousness around personal and relational power. It has at its core an underlying goal of empowerment and uses therapy processes to help support greater awareness of structural issues (Brown, 2010).

Strength-based counselling aims to avoid pathologising clients, and to help them recognise their resourcefulness, strengths, resilience and existing solutions that can be further developed (Lipchick & Kubicki, 1996; Milner & Singleton, 2008).

Motivational interviewing helps enhance motivation to change through processes including the costs and benefits of not changing and reducing resistance and ambivalence towards positive behavioural change (Miller & Rollnick, 2013).

CBT and psychoeducation

“Faulty thinking” → Self blame

CBT in cases of IPV is best seen as psychoeducation in relation to identifying the abusive dynamics, trauma, and the impact of beliefs and cognitions on behaviours and emotions.

Practical skills in emotional regulation, problem-solving, stress management and communication skills (Condino et al., 2016; Potter-Efron, 2015).

Group work can be particularly effective with women who can benefit from not feeling alone, as well as to explore issues safely and supportively in a group.

Self-care and advocacy

Working in the IPV field is stressful and demanding.

Self-care is important

Ensure you take time to care for your own mental wellbeing

Do what works for you.

Have access to a trauma informed supervisor

IPV is not an organic disease but a preventable form of violence that is gendered and stems from inequalities and societal expectations of women in relationships.

It is an exploitation of power in a relationship.

Stay up to date with the evidence and the political actions that are happening to address the root causes.

Be an advocate for women.