

AustralAsian Centre for Human Rights and Health Inc



ACHRRH

Empowering Communities
through Knowledge & Research

16 days of
activism
November 2020
Newsletter

COVID 19, Mental Health , Domestic Violence.

16 days of activism against domestic violence have begun. In these abnormal times both mental health issues have emerged and increase in domestic violence have added to concern.

A mental health survey reported in Medical Journal of Australia (by Fisher et al) held during the first two months of COVID 19 isolation (March 2020 to April 2020) , a very high level of depression and anxiety was seen in nearly half of the 13 829 participants. Of that group ,22% were born overseas. Clinically significant symptoms of depression were reported by 1 in 4 people , and clinically significant symptoms of anxiety by 1 in 5 people, while 14.6% of respondents reported thoughts of being better off dead or had feelings of self-harm on at least some days. The usual prevalence of mental health problems in normal times is 1 in 5 people in Australia. Those affected more were people who had lost jobs, were worried about contracting COVID-19, or for whom the restrictions had a highly adverse impact on daily life. Women and young people aged 18–29 years; people living alone, and people whose main occupation is to provide unpaid care for children or other dependent family members were affected more.

Only 28.3% of respondents reported great optimism about the future. But with easing of restrictions and enormous support from the State and the Federal Governments, with empathic recognition by the Leaders that people have suffered has helped somewhat. How much mental health damage will be left behind remains to be seen.

Domestic violence rates similarly increased in COVID Period. Online Australia Institute of Criminology surveyed 15,000 Australian women about their experience of domestic violence during the initial stages of the COVID-19 pandemic. 4.6 percent of women reported physical or sexual violence from a current or former cohabiting partner in the past 3 months, 5.8% of women experienced coercive control and 11.6 % reported experiencing at least one form of emotionally abusive, harassing or controlling behaviour. Police call out rates in Victoria in the



Manjula
O'Connor

months of March, April, May, June 2020 were the highest ever recorded averaging at 7500 calls per month. There was a drop in April and May, rising to June slightly, suggesting that perhaps women were not able to contact help.

Prevention of domestic violence and enhancing mental health awareness are key goals of ACHRH.

Prevention of Dowry Abuse is a going project being conducted by ACHRH since 2013. It is now a national project. Please see below the advertisement for joining action research focus groups. Read more about the projects in this newsletter.

Another issue of concern is emerging suicide rates in Australia. ACHRH is involved in "Crossroads" a suicide prevention project aimed for the culturally and linguistically diverse groups in the Whittlesea region of Greater Melbourne.

As part of 16 days of activism I will be speaking at a number of events. See below and do join the webinars

National dowry abuse prevention program

As part of 16 days of activism **ACHRH, in partnership with Harmony Alliance**, is running focus groups with South Asian community members and domestic violence sector, the service providers to explore your cultural and professional knowledge around dowry abuse. That would help shape training manual for communities and service providers.

We would love you to participate and give us 2 hours of your valuable time

Dates:

Saturday Nov 28 - 3pm to 5pm - Focus Group for Women

Sunday Nov 29 – 3pm to 5pm - Focus Group for Men

Sunday Dec 6 – 3pm to 5pm - Focus Group for Service Providers

Email Amanda Lee - amanda.lee@migrationcouncil.org.au

ACHRH Supports 16 days of activism

Join us for webinar hosted by Wellsprings on Dowry Abuse

Keynote speaker Dr Manjula O'Connor

Date: Thursday 3 December 2020, 10 am to 12 pm

To register go to the following link at Event Brite

<https://bit.ly/2SDjAnm>

Registration is free but numbers are limited

→ Join us in an online session

Gender equality & preventing family violence: Exploring the links

Ideal for health workers, community groups, local leaders and community members wanting to better understand the root causes of family violence and how we can all play a part in preventing family violence.

11am-12.30pm Tuesday 1 December

KEYNOTE SPEAKER: JESS HILL

Two-time Walkley award winning journalist and author of See What You Made Me Do: Power, Control and Domestic Abuse

PANEL DISCUSSION

Kit McMahon
CEO Wise

Dr Manjula O'Connor
Founder/Director Australasian Centre
for Human Rights & Health

Dr Shane Tas
Our Watch Author *Men in Focus: Unpacking
Masculinities and Engaging Men in the
Prevention of Violence Against Women*



Register for the free webinar → kingston.vic.gov.au/webinar



#respectis #callitout #16dayscampaign

Part of the International 16 days of Activism Against Gender Based Violence campaign 2020



THURSDAY 3 DECEMBER 10AM TO 12PM

LOVE IS NOT ABUSIVE

AN ON LINE SEMINAR ON DOWRY ABUSE
WITH KEYNOTE SPEAKER DR MANJULA O'CONNOR



To register go to the following link at Event Brite

<https://bit.ly/2SDjAnm>
registration is free but numbers are limited

Proudly funded by Casey City Council

Join us during 16 Days of activism

Dr Manjula O'Connor represents ACHRH at the Kingston City Council hosted webinar: "Gender Equality and prevention of family violence".

Date: Tuesday 1 December 2020. Time 11 am to 12 30 pm

Please register at [Eventbrite](https://www.eventbrite.com). Admission is free.

Mutual Relational Respect (MRR).

Primary Prevention of family domestic violence

By: Dr Manjula O'Connor

The MRR project builds on Change the Story by Our Watch. The fundamental premise is that prevention of domestic violence is possible and change in attitudes can be learnt. Understanding the drivers of violence against women and the principles of primary prevention work, including primary prevention work within culturally diverse communities, are fundamental to the context of the MRR project.

Culture is not fixed; it changes in response to changing social circumstances. Cultural norms and practices in the countries Australian migrants come from are influenced by many factors. These may include those associated with colonisation by European powers; globalisation; and extended periods of war and civil conflict. The attitudes of people settling in Australia – as is the case for the Australian-born – are best understood as a product of historical and contemporary influences, rather than being an inherent part of a particular group's 'culture'. This helps not only to understand how particular attitudes are formed, but also suggests a strong possibility of change as mentioned by vichealth (2005).

MRR is a community led project, by the community, for the community. A Steering Committee, comprising 15 key community partners from the Indian, Bangladeshi, Sri Lankan, Afghani and Australian community and representatives of international students from Monash and Swinburne Universities, was established to guide and oversee the project.

A group of six community facilitators who each have strong connections to their communities and community groups help run the workshops. They are – Marshie, Shruti, Sonia and Vijaya, Gauri and Ruchi.

The team has been trained and co-lead by Dr Keith Thomas and Dr Manjula O'Connor.

MRR is interactive workshop and uses scenarios that identify manifestations of gender-based inequality at different stages of the life cycle, child-rearing practices and benefits of positive parenting. The scenarios are underpinned by Our Watch's Change the Story looking at expressions of gender inequality that consistently predict higher rates of violence against women, condoning of violence against women by society and the media

16 MRR training workshops have been delivered between July 2018 and November 2020, and 308 people have taken part. South Asian community groups included Indian, Bangladeshi, Sri Lankan, Nepalese and Afghani groups, and also some participants from Malaysia, Sudan and Ethiopia took part. In addition, 70 students of Victoria University have enjoyed MRR workshops. We have collaborated with Brotherhood of St Lawrence, Victoria University, Kinston City Council, Sri Lankan Seniors, Indian Senior Citizens group, Sri Lankan Social club and Telegu Ladies Club.

Outcomes were measured by pre and post workshops survey based on National Community Attitude Surveys, and show that MRR increased the understanding that non-physical forms of violence are a form of domestic violence; and knowledge of the prevalence of violence against women increased, and knowledge of resources increased. MRR produced a significant change in attitudes in the direction of enhanced gender equality. The majority of the participants found it a positive experience; a couple of comments indicated that MRR was seen as excluding domestic violence against men. The

answer is that MRR seeks to redress power imbalance between genders and bring awareness around how abuse of power and control is expressed in intimate relationships, and why does abuse occur. Positive comments received around exploring gender inequality were as follows:

"A very good initiative to create awareness and remove injustice against women".

"Very open forum for communication and voice our thoughts and concerns."

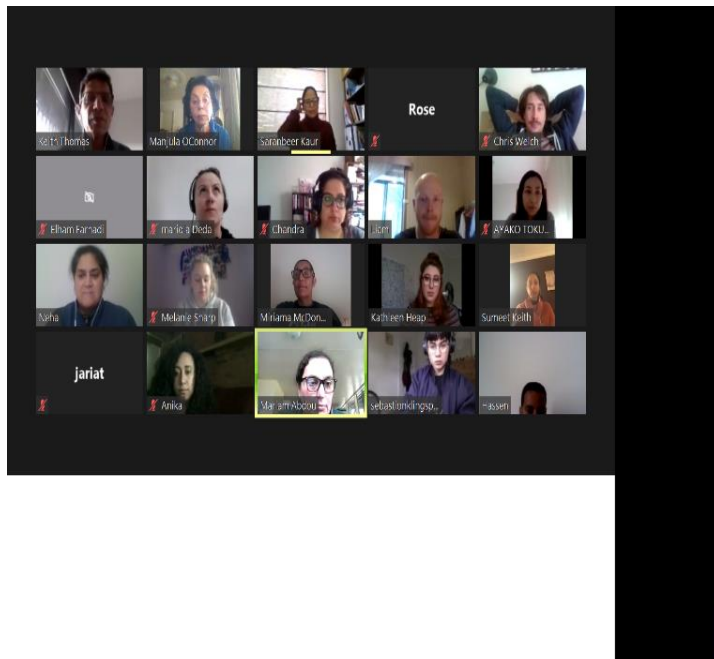
"Appreciate all the volunteers and the bigger picture of sending this strong message to the society".

COVID and MRR – In completely remarkable times of social isolation and distancing, number of episodes of domestic violence increased. MRR workshops did not stop.

We took to Zoom and held 5 training and 5 Zoom sessions for facilitators and delivered 5 workshops for 120 community members from the Indian and Afghani community, for students at Victoria University.

Positive feedback continued and confirmed that MRR is a versatile tool for training and education of communities. Almost all the participants strongly recommended MRR workshops for migrants. Comments like "very helpful", "discussion of scenarios is the best way to understand the problem" were received.

This make us feel confident that **Mutual Relational Respect** is effective educational tool and something that every migrant from all culturally diverse community can benefit from.



MRR with Victoria University students with Zoom during COVID 19 isolation

Update: National Dowry Abuse Prevention Project

By: Gauri Kapoor

Dowry abuse is included in the 4th National Action Plan as a complex form of violence. The Australian Government's Department of Social Services (DSS) is doing everything to stop it, even in countries' where dowry is being given or taken.

In response to recommendations made by ACHRH and by its partner organisations, DSS has developed a dowry abuse fact sheet as part of its Family Safety Pack. You can find a copy below.

DSS is also funding the three year 'National Dowry Abuse Prevention' education and awareness project being conducted by ACHRH and by Harmony Alliance.

In recent months, ACHRH and Harmony Alliance have overseen a significant promotional campaign.

The purpose of the advertising blitz was not just to invite people to join dowry abuse focus groups and to complete our National Dowry Survey. It was also to raise widespread community awareness around the fact such a project is even happening and to highlight its significance as the only such initiative being undertaken in a Western country.

Australia's first ever National Survey on Dowry Abuse was offered in six different languages – English, Punjabi, Hindi, Telegu, Sinhala and Tamil.

150 responses were obtained.

Key statistics to emerge:

32 per cent of respondents indicated they had experienced incidents of dowry abuse or interacted with a victim of dowry abuse.

Over 90 per cent of respondents agreed dowry demands may be linked to abusive behaviours.

The top three drivers of dowry abuse were identified to be gender inequality, greed and men's control of financial decisions.

To encourage interest, the survey was advertised through ethnic newspapers, on social media platforms, through professional networks and in volunteer groups.

To further help explore community perceptions of dowry abuse, a series of focus groups have been organised - three focus groups for women, a focus group for men and a focus group for service providers.

Discussions are being facilitated by Dr Manjula O'Connor. Sessions will help to draw out themes identified in the literature review and in the issues paper prepared by ACHRH and by Harmony Alliance.

Researchers' are now moving into a collecting and analysing data phase using a social-ecological framework of theory and assessment.

Researchers' main objectives can be summed up as follows:

1. Understand existing mechanisms
2. Understand existing capacity

3. Determine the role of stakeholders
4. Identify needs to be addressed

In another significant development, dowry abuse was recently recognised in Western Australia under the **Family Violence Legislation Reform Act 2020**.

Dowry abuse has been defined as “coercing, threatening, or causing physical abuse, emotional or psychological abuse or financial abuse, in connection with demanding or receiving dowry, whether before or after any marriage”.

It can be seen on page 41 by clicking the following link.

[Family Violence Legislation Reform Act 2020 - \[00-00-00\].pdf](#)

Department of Social Services of the Australian Government has issued e-link to the following information on **DOWRY ABUSE** to all those who receive partner visa overseas to come to Australia to live after marriage. Thanks to strong advocacy by ACHRH and its National partners.



Dowry Abuse

Dowry-related violence or harassment is a form of domestic and family violence.

Dowry traditions can differ across countries and cultures.

'Dowry' is a practice referring to money, property or gifts that are typically transferred by a woman's family to her husband upon marriage. The use of dowry in itself is not a form of abuse.

Any act of coercion, violence or harassment associated with the giving or receiving of dowry at any time before, during or after marriage is a form of abuse. Dowry-related abuse commonly involves claims that dowry was not paid and coercive demands for further money or gifts from a woman and her extended family.

Domestic and family violence are crimes against the law in Australia. A person who commits these crimes can go to jail, whether they are a man or a woman.

If you or someone you know is in danger call the police on **000**.
Police in Australia are safe and can be trusted.
For free, confidential counselling and information call 1800RESPECT on **1800 737 732**.
If you need a free interpreter call **131 450**.

The Australian Government does not tolerate dowry-related violence or harassment under any circumstances.

The Australian Government takes the issue of family violence, including dowry-related violence and harassment, very seriously. All Australians have the right to live without violence, fear or coercion, regardless of their religious and cultural practices and beliefs.

Dowry-related violence and harassment includes behaviour or threats that aim to control a partner or their family by causing fear or threatening their safety.

If you are on a visa you can still get help.

A partner, family members or other people in the community cannot threaten your visa status.

If you hold a temporary Partner visa (subclass 309 or 820) or a Prospective Marriage visa (subclass 300) and experience dowry related family violence, there are family violence provisions in Australia's migration laws to allow you to continue with your permanent Partner visa (subclass 100 or 801) application.

Dowry cannot be used to force someone into marriage.

If a dowry was used as a means to force a person into marriage without their full and free consent, this may be a forced marriage.

In Australia, everyone has the freedom to choose if, who, and when they marry. It is against Australian law to force, threaten or trick anyone into getting married. It is also against the law to encourage or help organise a forced marriage, and to be party to a forced marriage if you are not the victim. This applies to legal, cultural and religious marriages.

Interactive Mental Health Webinar

Gauri Kapoor

2020 has brought on an equal share of disruptions, challenges and opportunities at ACHRH.

Because of the pandemic, ACHRH has had the opportunity to expand more significantly into online work and to expand for the first time into Victoria's mental health care space. Whilst at times it was challenging to work remotely, the benefits far outweighed any disadvantages.

Following on from ACHRH's workshops with Victoria University students and with Indian and Afghan community groups at the Brotherhood of St Laurence, ACHRH saw a strong need to extend greater focus to the somewhat taboo subject of mental health in South Asian communities. A recurrent theme that emerged and especially with male participants were the financial pressures of everyday life. More broadly, it was apparent there are many different types of stressors faced by migrants who have high expectations of what life in Australia should be like for them. Many spoke about pressure to constantly look successful. Some clearly felt burdened by trying to achieve what is arguably at times an unattainable level of 'perceived' success.

The leadership team at ACHRH and at SACLG shared a view this covid crisis will bring about a worldwide change in transforming approaches to mental health. Both organisations agreed it is the right time to partner together in order to work on preventive care

initiatives. An urgent need was identified to address the unique mental health needs of South Asian migrants who face numerous challenges as they try to build a new life in Australia. Most people in this country will demonstrate resilience and will get through this crisis even stronger than before. It is however clear migrants face greater risk factors for mental illness as they are exposed to numerous stressors when settling in their new environment. Compared to the rest of the population, they require greater mental health support and motivation as they navigate this very uncertain period.

Learnings and findings from these MRR workshops informed the development of ACHRH's first ever mental health webinar which it co-hosted with the South Asian Community Link Group (SACLG) on November 6 2020. Webinar participants consisted of an equal mix of community members and professionals working in social services. People were encouraged to share and absorb diverse points of view during the webinar through the use of brainstorming techniques and open-ended questions that were designed to take into account different types of thinkers and learners. Content was aimed at generating a particular thought process in participants that would challenge them to critically analyse the way they see and engage with the world around them. So much information on mental health

is available these days. It can however be conflicting, and it can be difficult for the average person to discern what is what. In her presentation, psychiatrist Dr Manjula O'Connor summarised key pieces of information and provided much needed clarity on important points people need to know.

ACHRH and SACLG are committed to gathering empirical data. It is challenging to quantify perceptions about mental illnesses. But measurement of attitudes, beliefs and behaviours towards mental illness is a vital need. Other countries, most notably – Canada, have begun to collect substantial levels of data that specifically examines the mental health of diverse groups during the Covid pandemic, how their cultural background is influencing outcomes and how social integration is a factor. Australia is currently lagging behind in this regard.

The webinar was a culmination of several thoughts and concepts. No assumptions were made about what people think and experience. Mental health case studies in a MRR format were incorporated in the session. MRR is in part informed by the social science theory of social integration. Globally the link between social integration and mental health care has been strongly established. It made sense to incorporate MRR which is a model of social integration aimed at supporting migrant settlement. Its case studies and questions are designed to

facilitate enhanced social connections. Mental health promoted in the context of social integration is a powerful concept. We know the risk of mental illness and suicide decreases as peoples' levels of social integration increase. The association between social integration and mental health has been made in several studies and has been acknowledged in social inclusion strategies of various governments.

Working on Zoom has been a positive experience. It has in fact enabled a better approach in facilitating interactions between people. ACHRH facilitators noticed that being on zoom reduced the sense of formality that often exists when meeting face-to-face in a venue. Participants seemed far more relaxed. A few were even observed actively participating in discussions while lying leisurely on sofas and in their beds. They opened up in a way that may not have been possible had they been in the same physical room.

ACHRH looks forward to partnering with SACLG and with IndianCare to deliver a series of mental health webinars in 2021 as part of wider efforts to build a model mental health program for South Asian migrants. A project proposal is to be drafted soon. The overall aim of our initiatives will be to work towards improved outcomes in increasing the sustainability of long-term change in behaviour when it comes to individuals' and communities' improving their mental health care.

Here I am – thriving, not just surviving

By: Daizy Maan

A second-generation migrant child's experiences

"I accidentally had too much to drink and my friends thought it was a good idea to take me home! What's wrong with goreh [white friends], I'd rather be left in a park and walk home the next day than go home drunk and face my mother" – Preeti



"My father says I can't marry you because you're not Jatt [caste], he's also got a heart condition and I can't be the reason he has another heart attack." – Jaspreet

"We didn't send you to private school to not become a doctor, get out of our house now" - Navneet

"I'd rather you be dead than have a daughter like you who has sex before marriage" – Jasvir

After being almost killed by her brother (who is training to be a doctor) her parents said "If you don't tell the police, we'll get you an apartment and you can move out because you know he gets angry and we can't stop him"

"My brother would punch me and leave me bruised, mum once tried to kick him out but he wouldn't leave – he's bigger than us now. She couldn't bring herself to call the police because it's her son." – Gita

The above are all things I have heard directly [names have been changed] from young Australian born Panjabi and Indian women. No pain and suffering is comparable but the way domestic violence happens in some migrant communities is different and that is why there's a need for culturally aware spaced and support.

When my therapist told me I should move out at 19, I don't think she had any idea what was coming. That I would practically be disowned and no one in my family would call me for over a year and I would move from house to house, from a friend's couch to a dark shady shared accommodation situation to living with two grown men (who fortunately turned out to be the friendliest housemates I ever had).

My siblings are technically first-generation migrants as they were born in India but I was born here making me a second generation migrant. My parents are relatively well educated with university degrees but upholding "family honour" has been of utmost importance. I wasn't allowed to wear shorts, cutting my hair was the biggest deal and there was always an air of suspicion if I talked to a boy.

It wasn't until I joined Brown Girls Rising on Facebook, a community founded by another young Australian Panjabi girl from Sydney which has now grown to 5000 global members, that I realised there were so many other women just like me. That growing up I felt so isolated because we rarely shared or talked about our experiences because of the shame and family honour associated with our stories, and many women for the first time in their life open up in that group. Jas Kaur started the group after her family disowned her for her preference in partner, rather than silently going through the trauma she decided to share and created a powerful community around her. Much of Australia's domestic violence campaigns and communication lacks any real representation.

Coming to terms with my own traumatic childhood led me to launch Australia's first dedicated wellness space for South Asian women in October 2020. The stories I shared in several large Facebook groups & on LinkedIn have been read by .1.5-2 million people resulting in over 1000 messages via Facebook / LinkedIn / Instagram – mostly of women who have been through something similar and finally felt heard. We have had 10 residents who have stayed with us here and being witness to their healing is a beautiful experience. We hold a space free of judgement where they can simply exist without carrying shame, guilt and judgment. Unfortunately education alone is not enough, the need for communities and representative role models is essential – women who come out and say "this happened to me too, but I'm not defined by it and here I am – thriving, not just surviving".



Take a Break, Miniatures

By: Shweta Mishra "shawryaa"

Just when breath was underway,
just when sun was shining in all magnificence
and kept me warm;
just when happiness flew like a butterfly
and sat with a smile on my shoulders;
just when I could see light even with eyes tight shut,

just when painless tears fell from the eyes
and rolled down the cheeks;
just when I began to see snow-capped peaks
through airy blue clouds;
just when I began to sing the song of life
and dance to the tune of heavens...

You struck me with a thunderbolt!
Your resentment choked me.
Your anger singled me out.
Fired, killed and scorched me black...
And what did you say,
by the way?

You said I didn't greet you one morning!
I cracked my brains like hell,
to search for that one morning.
"When did I do it?" I asked myself.
This time you and I both in the same endeavor,
This time we were accomplices in my murder.

But then I backed out from the conspiracy...
No more partners in crime... I speculated.
May be when that butterfly took away my heart;
May be when the warmth of life wrapped around;
May be when tears rolled down;
and I stole away my moment of existence...

Was it that minute when I offended you?
So sorry I am, O mighty God!
I missed to wish your tiny one down
and would want to confess that
when I lived with the real one up
don't know how many I angered on this earth.

BIO NOTE

SHWETA MISHRA

Dr Shweta Mishra (M.A. Ph.D.) is an Assistant Professor in English and presently teaches at MBP Government Post-Graduate College, Lucknow (Uttar Pradesh) India. A gold medalist in M.A. English, Lucknow University, she has authored several research papers that have been published in various reputed journals. Creative writing is what she passionately loves to do.



WHERE TO GO FOR HELP

- **POLICE IN EMERGENCY -- 000**
- **YOUR GP -- they are helpful, easy to reach, they will refer you to the right place.**
- **NATIONAL SEXUAL ASSAULT, DOMESTIC AND FAMILY VIOLENCE COUNSELLING SERVICE -- 1800 RESPECT**
- **INTOUCH MULTICULTURAL CENTER AGAINST FAMILY VIOLENCE – 1800 755 988**
- **WOMENS DOMESTIC VIOLENCE CRISIS SERVICE (WDVCS) 24 Hour state wide line 1800 015 188**
- **MEN'S 24 HOUR REFERRAL SERVICE 1800 065 973 (FREE CALL VICTORIA ONLY)**
- **VICTORIA IMMIGRANT AND REFUGEE WOMEN'S COALITION 03 9654 1243**
virwc@virwc.org.au, www.virwc.org.au
- **WOMEN'S INFORMATION & REFERRAL AGENCY (WIRE) 03 9348 9416**
inforequests@wire.org.au
- **DR MANJULA O'CONNOR, FOUNDING DIRECTOR ACHRH 03 9654 5271**
manjula@achrh.org

WHY GET HELP?

- ❖ Domestic Violence damages our culture
- ❖ Domestic violence breaks our homes
- ❖ Domestic Violence causes:
 - Anxiety,
 - Depression,
 - Suicide,
 - Homicide in women, men and children

WHAT CAN YOU DO?

- ❖ Support those who may be victims
- ❖ Encourage victims to seek help and become survivors
- ❖ Encourage perpetrators to seek help
- ❖ DO NOT BE SILENT ON DOMESTIC VIOLENCE

*Say No to Family Domestic
Violence*