



ACHRH

Empowering Communities
through Knowledge & Research

July 2026
Newsletter

Editorial - When Domestic Violence Leads to Suicide: An Urgent Call for Recognition and Action

By Professor Manjula Datta O'Connor

Executive Director, AustralAsian Centre for Human Rights and Health (ACHRH)



For many years, suicide has been viewed primarily through the lens of individual mental illness. While mental health conditions are undeniably important contributors, this perspective can sometimes obscure the powerful social and structural forces that drive people into despair. One such force is domestic and family violence.

Through more than three decades of psychiatric practice, I have worked with hundreds of women whose lives have been shaped by coercive control, psychological abuse, financial exploitation and social isolation. Increasingly, I have become concerned by a recurring pattern: women who experience prolonged domestic violence often present not only with depression, anxiety and post-traumatic stress disorder, but also with profound feelings of entrapment and suicidality.

This concern formed the basis of a recent submission to the Australian Senate Inquiry examining the relationship between domestic violence and suicide. The evidence is compelling. Domestic violence is not simply a relationship issue. It is a significant public health issue and, in some cases, a contributor to suicide.

Research consistently demonstrates the devastating mental health impacts of family violence. Victims are far more likely to experience depression, anxiety disorders, panic attacks and post-traumatic stress disorder. Suicidal thoughts and suicide attempts occur at significantly higher rates among those exposed to prolonged abuse. Yet domestic violence is still rarely recognised as a direct contributor when suicides are investigated, recorded or discussed in public policy.

For migrant women, the situation can be even more complex.

At ACHRH, we have spent more than a decade working with multicultural communities and supporting women affected by family violence. Again and again, we hear stories of women trapped between impossible choices. Many are dependent on their spouse for visa sponsorship. Others face intense pressure from family members overseas. Some endure ongoing dowry-related harassment, financial demands or transnational coercive control. Many are isolated from family, friends and support networks.

Leaving an abusive relationship is rarely simple. For some migrant women, leaving may mean losing financial security, facing community stigma, risking immigration uncertainty or disappointing family members who invested heavily in the marriage. The result is a state that psychologists and suicide researchers describe as "entrapment" – a feeling that there is no escape and no viable pathway forward.

Entrapment is one of the strongest psychological predictors of suicidal behaviour.

Importantly, many women who become suicidal are not responding to a single incident of violence. Rather, they are responding to years of humiliation, intimidation, threats, financial control and emotional degradation. The cumulative impact of these experiences can be overwhelming.

One emerging issue that deserves greater attention is transnational coercive control. This occurs when abuse extends across international borders. Family members overseas may participate in harassment, financial demands or reputational pressure. Technology enables perpetrators to monitor, threaten and control women regardless of geographical distance. For migrant communities, abuse is often not confined to a household; it can involve an entire network operating across countries.

Despite its growing prevalence, transnational coercive control remains poorly understood within Australian policy and service systems.

ACHRH's work on dowry abuse has highlighted many of these dynamics. Women have described relentless demands for money, threats of abandonment, pressure from in-laws and ongoing psychological abuse that continued even after migration to Australia. Such experiences are not simply cultural issues. They are forms of family violence with serious mental health consequences.

Australia has made important progress in recognising coercive control as a form of family violence. Legislative reforms and growing public awareness have helped shift the conversation beyond physical assault. However, much more remains to be done.

First, domestic violence must be explicitly recognised as a risk factor for suicide within national suicide prevention strategies.

Second, data collection systems should record whether domestic violence was a contributing factor in suicide deaths. Without accurate data, the true scale of the problem remains hidden.

Third, greater protection is needed for migrant women whose immigration status is used as a tool of control.

Fourth, police, health professionals, legal practitioners and domestic violence services require training to recognise migrant-specific vulnerabilities, including dowry abuse and transnational coercive control.

Finally, culturally responsive mental health services must be expanded. Women need services that understand their cultural context while upholding their rights, dignity and safety.

The experiences of migrant women remind us that suicide cannot always be understood as an isolated individual act. Sometimes it represents the final and tragic consequence of sustained coercion, fear and hopelessness. When this occurs, society must ask not only what happened to the victim, but also what systems failed to protect her.

At ACHRH, we remain committed to advancing research, raising awareness and advocating for policy reforms that address the intersection of domestic violence, migration and mental health. Every woman deserves the right to live free from violence and coercion. Recognising the link between domestic violence and suicide is an essential step toward preventing avoidable loss of life.

The challenge before us is clear. We must move beyond seeing suicide solely as a mental health issue and begin recognising it, where appropriate, as a preventable consequence of violence.

Lives depend on it.

ACHRH Impact & Action

AustralAsian Centre for Human Rights and Health (ACHRH)

For more than a decade, ACHRH has worked at the intersection of human rights, mental health and family violence prevention within multicultural communities.

Highlights of our impact:

- Founded in 2012, ACHRH has delivered community-led programs that promote safety, dignity and wellbeing among migrant and refugee communities.
- Continuously funded since 2013 through Victorian and Australian Government grants, receiving more than \$1.2 million in competitive funding.
- Successfully advocated for the recognition of dowry abuse as a form of family violence in Victoria and contributed evidence informing national policy reform.
- Conducted pioneering research on dowry abuse, coercive control, domestic violence and suicidality among migrant women.
- Produced innovative community education programs using film, theatre, research, workshops and public forums.
- Received the Victorian Multicultural Commission Innovation Award (2014) for the Mutual Cultural Respect Program.
- Contributed evidence to Senate Inquiries, Government consultations, parliamentary reviews and national policy development.
- Built a strong evidence base demonstrating the links between coercive control, psychological entrapment, trauma and suicide risk among migrant women.

Our Call to Action

Domestic violence-related suicide is preventable.

ACHRH calls for:

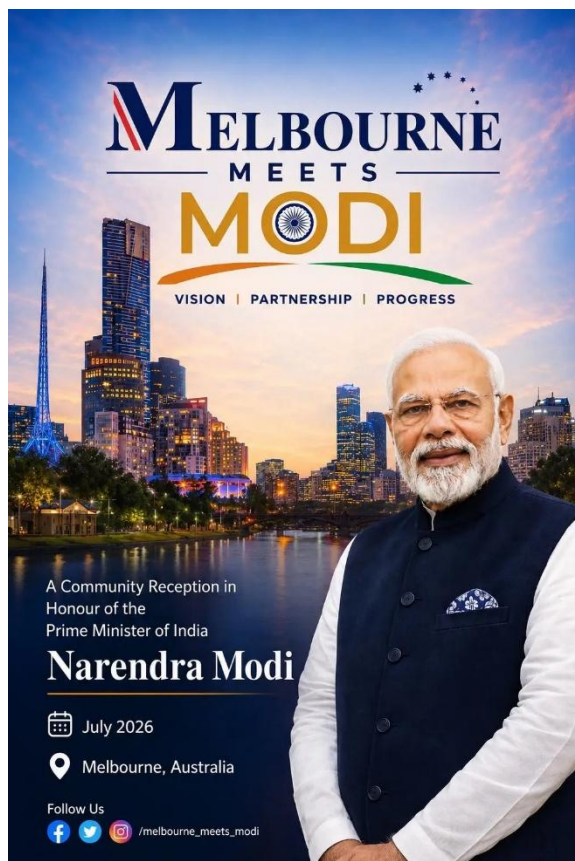
- ✓ Recognition of domestic violence and coercive control as major suicide risk factors.
- ✓ Stronger protections for migrant women experiencing visa-related abuse and transnational coercive control.
- ✓ Improved national data collection on domestic violence-related suicides.
- ✓ Greater investment in culturally responsive mental health and family violence services.
- ✓ Community-wide action to challenge gender inequality, coercive control and all forms of violence against women.

Together, we can create communities where every woman lives with dignity, equality, safety and hope.

Learn more or support our work:

www.achrh.org | info@achrh.org | Follow ACHRHR on social media

"Preventing violence is suicide prevention. Protecting women saves lives." – ACHRHR



The AustralAsian Centre for Human Rights and Health (ACHRH) is honoured to announce it will serve as an Official Welcome Partner for the Melbourne Meets Modi community reception on July 9th 2026, celebrating the visit of the Prime Minister of India, Shri Narendra Modi, to Melbourne. ACHRHR is proud to welcome dignitaries, community leaders, and members of the Indian diaspora to this special event. We look forward to contributing to an occasion that celebrates the enduring friendship between Australia and India.

ACHRH Achieves International Recognition in the *British Journal of Psychiatry*

By Professor Manjula Datta O'Connor

The AustralAsian Centre for Human Rights and Health (ACHRH) is proud to announce another significant milestone in its mission to improve the health, safety and human rights of multicultural communities.

An editorial by Professor Manjula Datta O'Connor, Executive Director and Co-founder of ACHRH, and Mannat Malhi has been published in the British Journal of Psychiatry (BJPsych) in March 2026—one of the world's most respected and influential psychiatric journals. This achievement represents international recognition of ACHRH's pioneering work at the intersection of migration, mental health, family violence and human rights.

The editorial, Dowry Abuse, Migration and Mental Health: Public Health Challenges and Legislative Responses in Australia, draws on more than a decade of ACHRH's research, clinical expertise and advocacy. It highlights the profound mental health consequences of dowry abuse, coercive control and transnational family violence experienced by some migrant women, including post-traumatic stress disorder (PTSD), depression, anxiety and suicidality.

Importantly, the publication demonstrates how community-led advocacy can influence national and international thinking. The editorial reflects ACHRH's unique model of combining research, clinical practice, community engagement and policy advocacy to address emerging forms of family violence affecting culturally and linguistically diverse communities.

Since its establishment in 2012, ACHRH has played a leading role in raising awareness of dowry abuse in Australia. Through research, education, community consultations, parliamentary submissions and collaboration with governments and community organisations, ACHRH has contributed to major policy and legislative developments, including the recognition of dowry abuse within Australian family violence frameworks and increasing awareness among health professionals of culturally specific forms of coercive control.

The British Journal of Psychiatry publication also highlights Australia's growing international leadership in recognising the complex relationship between culture, migration, gender inequality and mental health. It calls for culturally responsive clinical care, greater awareness among health professionals and continued public health action to protect vulnerable women and families.

For ACHRH, this publication is more than an academic achievement. It demonstrates how evidence generated from the lived experiences of multicultural communities can shape clinical practice, influence public policy and contribute to meaningful social change. It reinforces ACHRH's commitment to ensuring that the voices of migrant women are heard—not only within Australia, but also in the global mental health community.

This international recognition belongs to the many women who have courageously shared their experiences, to our research collaborators, community partners, government supporters and volunteers who have

worked alongside ACHRHR over the past fourteen years. Their collective efforts continue to transform lived experience into knowledge, advocacy and lasting reform.

As ACHRHR looks to the future, we remain committed to advancing research, strengthening culturally safe mental health services and promoting dignity, equality and freedom from violence for all communities. International recognition in the British Journal of Psychiatry is both a celebration of what has been achieved and an inspiration for the work that still lies ahead.

You can access the article at this link: <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/dowry-abuse-migration-and-mental-health-public-health-challenges-and-legislative-responses-in-australia/0A57D22B0B108385321861213D20C866>



**2026
THIRD NATIONAL
DOWRY ABUSE
SUMMIT**

 **23
SEPT**
10.30AM - 5.35PM

Enhance Awareness .
Build Evidence . Strengthen Action

DISCUSSIONS & AND INSIGHTS

- * LIVED EXPERIENCE EXPERTS
- * LEGISLATIVE REFORMS
- * RECENT RESEARCH
- * PANEL DISCUSSION

THE SPEAKERS

 **HON JULIAN HILL**
MEMBER OF PARLIAMENT

 **GENEVIEVE HAMILTON**
LAWYER, MEMBER AT ADMINISTRATIVE
REVIEW TRIBUNAL

 **ANNE GOLDSBROUGH**
RETIRED MAGISTRATE
MAGISTRATES' COURT OF VICTORIA

 **CLAIRE WATERMAN**
POLICE FAMILY VIOLENCE COMMAND
VICTORIA POLICE

 **PROF MANJULA O'CONNOR**
DIRECTOR, AUSTRALASIAN CENTRE OF
HUMAN RIGHTS AND HEALTH

 Woodward Conference Hall
Melbourne Law Building,
Level 10, 185 Pelham Street,
Carlton

REGISTRATION

 AustralAsian Centre
FOR HUMAN RIGHTS & HEALTH

 CEVAW
Asia Centre for Evidence in the
Elimination of Violence Against Women

 THE UNIVERSITY OF
MELBOURNE

 SSI For equality
of life

 UNSW SYDNEY
inTouch
Multicultural Centre
Against Family Violence

Read more about this exciting event in the following pages, registration is at this link:

<https://events.humanitix.com/national-dowry-abuse-summit-2026>

Understanding Mental Health Stigma in Indian Australian Communities: A PhD Journey

By Isha Bali, PhD Candidate and Lecturer in Social Work | Deakin University

Mental health is something we all have, yet for many communities, talking about it remains one of the hardest things to do. For Indian Australians, the silence around mental health is often shaped by deeply held cultural values, social expectations, and a fear of shame what is commonly known as *izzat* (honour) and *log kya kahenge* (what will people say?). My PhD research sits at the heart of this silence, seeking to understand mental health stigma (MHS) within Indian Australian communities, and ultimately, to help dismantle it.



Who Am I, and Why Does This Research Matter Me?

I am an Indian Australian social worker, a mother to a lively 19-month-old, and a PhD candidate at Deakin University. I was born in India, grew up between Auckland, New Zealand, and Melbourne, Australia and that journey of living between two worlds and becoming a parent has shaped me profoundly.

In many ways, I am both an *insider* and an *outsider* in this research. As an Indian Australian, I understand the cultural nuances, the unspoken rules, and the weight of community expectations around mental health. As a researcher and social worker, I hold a professional lens that asks: *what does the evidence say, and what needs to change?* These two roles sit alongside each other constantly sometimes comfortably, sometimes in tension, and I believe that duality makes this research richer and more grounded.

My passion for social justice drives this work. If people with lived experience are not included in shaping the systems meant to support them, those systems will continue to fall short. This PhD is my attempt to change that one study at a time.

The Research: Three Studies, One Mission

My PhD is structured across three interconnected studies, each building on the last.

Study 1 Scoping Review: What Does the Literature Tell Us? (*Pending Publishing*)

The first step was to understand what we already know. Through a systematic scoping review, I examined existing research on Indian Australians' experiences of mental health stigma in Australian literature, and nine studies were found and included.

Seven key themes emerged from literature, including *non-disclosure of mental ill-health, the influence of religion and spirituality, knowledge gaps that reinforce stigma, and socio-cultural expectations*. Using a

systems thinking approach, I mapped how these themes interact through four feedback loops illustrating that mental health stigma is not a single, isolated issue. It operates at personal, community, and system levels simultaneously, with each layer influencing the others.

Importantly, this was the first scoping review of its kind on this topic a gap that itself speaks to how underrepresented Indian Australian voices have been in the mental health literature.

Study 2 Qualitative Study: Hearing Directly from the Community (*Data Analysis Stage*)

The second study moved from literature into real life. Twenty-one Indian Australians living in Victoria participated in in-depth qualitative interviews, sharing their personal experiences of mental health stigma and how or whether they sought support.

Participants ranged in age from 23 to 64, with the majority identifying as women, and many working in education and healthcare. Their stories revealed key themes including **language barriers, the influence of religion and spirituality, gender-based and patriarchal expectations**, and the complex navigation between **professional and informal support**. The findings paint a vivid picture of how stigma shapes everyday decisions from whether to confide in a family member to whether to see a GP or a counsellor.

Study 3 Group Model Building: Letting the Community Lead (*Pending Ethics Approval*)

The third and final study takes a community-led approach. Using Group Model Building (GMB) a participatory methodology grounded in systems dynamics workshops will bring together Indian Australians with lived experience of mental health, alongside individuals of any background such as carers, clinicians, and GPs in the western Melbourne region who provide support to Indian Australians.

Western Melbourne is one of Australia's fastest-growing regions, with a population approaching one million. Indian-born residents make up nearly 7% of that population a significant and growing community whose mental health needs deserve dedicated attention.

The workshops will explore priority issues, system-level drivers, and community-identified action areas to improve the delivery of stigma-free mental health support. The goal is not just to produce academic findings, but to develop practical recommendations that can genuinely inform policy and service delivery shaped by the very people in those services are meant to reach.

Looking Ahead

This research is ultimately about amplifying voices that have too often gone unheard. Mental health stigma in Indian Australian communities is real, complex, and deeply embedded in cultural and systemic structures. But it is not unchangeable.

By listening carefully, thinking systemically, and keeping community at the center, this PhD aims to contribute something meaningful not just to the academic literature, but to the lived experiences of Indian Australians navigating mental health every day.

Get in Touch Isha Bali | PhD Candidate, Deakin University isha.bali@deakin.edu.au Isha Bali | LinkedIn

For enquiries about participation in the Group Model Building workshops (Study 3), or for general information about this research, please don't hesitate to get in touch. Ethics approval for Study 3 is currently pending.

This excerpt was written with the help of Claude genAI on 24th June 2026.

Donations to ACHRH are tax deductible!

Thank you for considering a gift to ACHRH, which will support our work to create happy and healthier communities; did you know that donations to ACHRH over \$2 can now be claimed as a tax deduction?

Since 2012, ACHRH has delivered a range of programs which tackle issues effecting migrant communities in Australia. If you would like to be a part of making tangible impacts for at risk communities, please contact Kate Grimme on 0400 032 821 or email info@achrh.org We will be pleased to provide you with more information on how you can make a financial contribution and to share details on the programs and projects we run.

Donations can also be made into our bank account:

BSB: 083004

Account: 706210026

Finding Affection Holy Trinity Anglican Church, Hampton Park Screening

By Abhishek Vivian (Viv) Prasad

ACHRH Highlights: Successful Screening of 'Finding Affection' at Holy Trinity Anglican Church, Hampton Park, 20 April 2026.

On Sunday, 19 April 2026, the AustralAsian Centre for Human Rights and Health (ACHRH), in collaboration with the Holy Trinity Anglican Church, Hampton Park, hosted a special community screening of the documentary '*Finding Affection*.' The event brought together local leaders, advocates, and community members for a morning dedicated to addressing family violence through film, music, and interactive dialogue.

The centrepiece of the event was '*Finding Affection*,' a powerful documentary exploring strength, resilience, and survival in the face of family violence. The screening provided a platform for deep reflection, drawing attention to the cultural and systemic factors surrounding domestic abuse and the vital importance of community support networks.



Distinguished Leadership and Advocacy

The event was marked by the presence of prominent civic and political figures who voiced their strong support for anti-violence initiatives. Among the distinguished guests were Councillor Stefan Koomen, Mayor of the City of Casey, and Mr Gary Maas MP, Member for Narre Warren South in the Parliament of Victoria. Both leaders shared insightful reflections during the event, championing the "Casey Say NO to Violence" message and emphasising the role of local governance and policy in protecting vulnerable individuals.

ACHRH Executive Director, Adjunct Professor Dr. Manjula O'Connor, led the day's advocacy efforts. Known for her tireless research and campaigning against dowry abuse and family violence within migrant communities, Dr O'Connor guided the audience through the core themes of the documentary and chaired an interactive panel discussion.



Expert Panel Demands Action

Following the film screening, an expert panel convened to share professional insights, strategic solutions, and lived experiences. The panel featured diverse representation across community and religious sectors:

- **Kerryn Lewis**, representing the Anglican Diocese of Melbourne,
- **Zohra Hasib** from the Hampton Park Community House, and
- **Councillor Lynette Pereira** of the City of Casey.

The panellists engaged with the audience, answering questions and discussing practical steps to support survivors, break cultural taboos, and encourage early intervention.

Community Solidarity and Fellowship

The morning's serious deliberations were balanced by cultural contributions aimed at fostering unity. Musical performances by the *Unity Ukes* lifted the spirits of attendees, reinforcing the event's theme of communal solidarity and collective healing. The event's smooth execution was heavily supported by the Holy Trinity Parish team. Under the leadership of Vicar Reverend Argho Biswas and the Parish Wardens, volunteers managed the technical logistics and hosted a fellowship lunch after the formal program concluded. This provided an opportunity for attendees, panellists, and community leaders to network and discuss future collaborative efforts.



ACHRH extends its gratitude to the co-hosts, Holy Trinity Anglican Church, Hampton Park, and especially Rev. Argho Biswas, the speakers, and all attendees, for their unwavering commitment to ending family violence. The organisation remains dedicated to carrying this momentum forward by listening to survivors, educating the public, and advocating for systemic change.



Finding Affection India Screening

ACHRH was invited by Professor Meerambika Mahapatro to deliver an interactive session at the National Institute of Health and Family Welfare (NIHFW) in New Delhi for MD, PhD, Diploma students, and faculty members. The session featured a screening of our award-winning documentary Finding Affection and our three theatre skits that are designed to encourage critical discussion on family and domestic violence in both India and Australia. The engaging dialogue with around 90 participants explored the gendered nature of violence, its impact on women's health and wellbeing, the links between family violence and suicide, and strategies for prevention, research, and protecting women entering transnational marriages. The session highlighted the importance of education, collaboration, and cross-cultural dialogue in addressing gender-based violence. We are grateful to Professor Meerambika Mahapatro and the NIHFW for the opportunity and look forward to strengthening our collaboration to advance research, awareness, and prevention initiatives.



Finding Affection UNSW

Screening

As part of the **16 Days of Activism Against Gender-Based Violence**, the AustralAsian Centre for Human Rights and Health (ACHRH) was honoured to partner with the UNSW Gendered Violence Research Network, Sydney Parramatta Council, and Settlement Services International (SSI) for a special screening of our documentary

Finding Affection in Sydney. We are deeply grateful to Prof. Jan Breckenridge, Dr Sara Singh, Mailin Suchting and the organising team for creating a platform to raise awareness about the devastating impact of gender-based violence. The event reinforced the urgent need to challenge harmful patriarchal norms, including dowry-related abuse, coercive control, and violence within families.



ACHRH at Women Deliver 2026

Melbourne Conference Centre - 29/04/2026

Taking an Australian Community-Led Model to the World

The AustralAsian Centre for Human Rights and Health (ACHRH) was honoured to present its work at the **Women Deliver 2026**

Conference, one of the world's largest international conferences dedicated to gender equality and the health and rights of women and girls.

Professor Manjula O'Connor delivered three presentations showcasing ACHRH's unique approach to preventing family violence through community leadership, research, education, policy advocacy and creative engagement.

By the Community, For the Community

ACHRH shared the story of its innovative community-led prevention model, developed over more than a decade. Since 2012, ACHRH has designed and evaluated culturally responsive programs that empower migrant communities to become active partners in preventing family violence.

Conference delegates learnt about ACHRH's award-winning initiatives, including **Mutual Cultural Respect**, **Mutual Relational Respect**, **Natak Vihar**, **United We Stand**, **Project HOPE**, **SNEH Theatre**, and the national **Demand Equality, Not Dowry** education platform. Collectively, these programs have engaged hundreds of community members, challenged harmful gender stereotypes, increased awareness of non-physical forms of abuse, and promoted respectful relationships.

Culture as Context

A second presentation explored the cultural context of dowry abuse among South Asian migrant communities and the intersection of migration, coercive control and gender inequality.

Drawing on ACHRH's clinical experience, community-based research and policy advocacy, Professor O'Connor demonstrated how dowry abuse is a form of economic and psychological coercion that can have devastating consequences for women's mental health, including anxiety, depression, post-traumatic stress disorder and suicidality.



Agenda

- Indian Culture and Heritage
- Nature and anatomy of dowry abuse
- Harms caused by dowry abuse
- Community response
- Policy response
- Legislative response

Women Deliver
2026 Conference
By the Oceanic People

The presentation also highlighted ACHRH's contribution to legislative and policy reform in Australia, including recognition of dowry abuse within Victorian family violence legislation, the Attorney-General's National Principles on Coercive Control, and the Family Law Amendment Act.

Finding Affection

Delegates also viewed excerpts from ACHRH's award-winning documentary **Finding Affection**, which captures the voices of community members participating in the SNEH Theatre Project.

The documentary demonstrates how storytelling, theatre and film can create safe spaces for communities to discuss difficult issues such as coercive control, dowry abuse, migration stress and mental health. Evaluation findings presented at the conference showed that film-based education significantly increased participants' understanding of family violence and encouraged community dialogue and help-seeking.

International Recognition

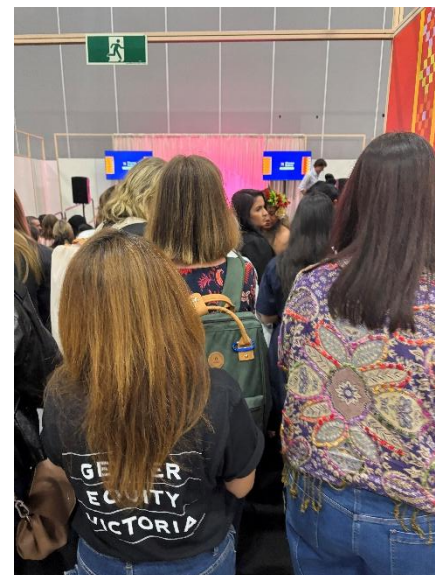
ACHRH's participation at Women Deliver 2026 reflected more than a decade of leadership in research, advocacy and community education.

The conference provided an opportunity to share an Australian model of culturally responsive primary prevention with an international audience of policymakers, researchers, clinicians, advocates and community leaders.

Our message was clear:

Lasting change happens when communities are not merely consulted, but become partners in designing, delivering and leading solutions.

ACHRH remains committed to building safer, healthier and more equitable communities through research, education, advocacy and community-led innovation





AustralAsian Centre
FOR HUMAN RIGHTS & HEALTH

**EVENTBRITE LINK:
CLICK HERE**



**FINDING
AFFECTION
SCREENING**

**SUNDAY JULY 26TH
2026**

**3PM TO 5PM
HARE KRISHNA
TEMPLE**

**197 DANKS STREET,
ALBERT PARK, VIC
3206**

National Dowry Abuse Summit

Event background

Since its inception, the **National Dowry Abuse Summit** has worked to raise public awareness of dowry abuse and advocate for improved responses to the issue across Australia. The Summit has consistently provided a platform for academics, policymakers, service providers, and women with lived experience to share evidence and perspectives, and to highlight the health, human rights and legal implications of dowry abuse.

The **first Summit in 2016** brought together diverse stakeholders to discuss the impacts of dowry abuse and identify systemic reforms to better protect and support victim-survivors. A key outcome of the Summit was a call for federal legislation against dowry abuse.

The **second Summit in 2019** followed the [Senate Inquiry into the practice of dowry and the incidence of dowry abuse in Australia](#). It urged the federal government to implement the Inquiry's recommendations, including amending the *Family Law Act 1975* (Cth) to recognise dowry abuse as a form of economic abuse. This landmark amendment passed in 2024 and [came into effect in mid-2025](#).

At the state level, a number of legislative reforms have also been introduced since the first Summit. This includes the 2019 amendments to Victoria's [Family Violence Protection Act 2008 \(Vic\)](#), which listed the use of coercion, threats, physical abuse, or emotional or psychological abuse to demand or receive dowry as an example of family violence. Similarly, in 2020, amendments were made to Western Australia's [Restraining Orders Act 1997 \(WA\)](#) to recognise the use of coercion, threats, physical, emotional, psychological or financial abuse in connection with demanding or receiving dowry as an example of family violence.

Against this backdrop, the **third National Dowry Abuse Summit will be held in September 2026**. The Summit represents significant opportunity for diverse stakeholders to gather to discuss the legislative reforms that have been achieved (with a particular focus on the most recent *Family Law Act* reforms). Specifically, it will provide a space for legal professionals; policymakers; organisations and services from the DFV, multicultural and settlement sectors; researchers and subject matters experts; and community leaders and members more broadly to reflect on the reforms, deepen their awareness of dowry abuse, and develop their understanding of the implications of the new laws.

Strategic Objectives

Strengthen awareness and engagement

- Increase visibility of the new laws, including their scope and practice implications.

- Develop awareness of the tactics and dynamics of dowry abuse, and its impacts on victim-survivors, families and communities.

Develop capacity

- Engage with practitioners across the legal, DFV, multicultural and settlement sectors to build their capacity to recognise and respond to dowry abuse.
- Work with experts to identify opportunities for strengthening dowry abuse prevention and response
- Showcase and highlight prevention approaches that are community-led and culturally responsive

Promote partnerships and collaborations

- Develop and renew formal partnerships with key stakeholders in the the legal, DFV, multicultural and settlement sectors
- Foster a national community of practice on dowry abuse dedicated to addressing dowry abuse.

Event partners:

- AustralAsian Centre for Human Rights and Health (ACHRH)
- Social Policy Group (SPG)
- inTouch Multicultural Centre Against Family Violence
- Gendered Violence Research Network (GVRN), UNSW
- ARC Centre of Excellence for the Elimination of Violence Against Women (CEVAW), University of Melbourne
- Settlement Services International's Adira Centre: The NSW Multicultural Centre for Women's and Family Safety
- Settlement Council of Australia

Volunteer Spotlight - Anupam Mishra

What's one thing you're surprisingly good at that most people wouldn't guess?

I enjoy turning complex ideas into simple, practical solutions—whether it's through technology, presentations, or problem-solving.

What's a small, everyday action that individuals can take to support the ACHRH?

Take the time to listen without judgement, learn about issues like dowry abuse and family violence, and share reliable resources with someone who may need support. Small conversations can create meaningful change.

What's a small daily ritual that brings you joy or helps you stay focused?

I like starting my day by planning my priorities and spending some time learning something new. It helps me stay focused and motivated.

What sparked your initial passion for the mission of the ACHRH?

Learning about the real-life impact of dowry abuse and family violence made me realise how important awareness, education, and advocacy are. I wanted to use my technical skills to support a cause that creates meaningful social impact.

What's your favourite word in any language? Why?

"*Kaizen*" (Japanese) — meaning continuous improvement. It reminds me that small, consistent efforts lead to meaningful long-term change, both personally and professionally.

What are you enjoying doing at the moment?

I'm enjoying working on digital strategy, learning more about social impact initiatives, and building projects that combine technology with real-world problem solving.

What is the best thing that happened to you this week?

Being invited to lead ACHRH's youth social media strategy discussion has been a highlight. It has been a rewarding opportunity to contribute ideas and collaborate with an inspiring team.



What's the latest thing you've listened to, read and watched?

I'm currently reading *Atomic Habits* by James Clear, listening to technology and innovation podcasts, and watching talks on artificial intelligence, digital strategy, and entrepreneurship.

A Thousand Footprint.

By: Shweta Mishra 'shawryaa'

I am here, for you.
It's time for us to see that
you and I have travelled years -
and, the sands do not bear our footprints
anymore...
The oceans have risen and fallen
for centuries.

The waters do not remember
our names.

You and I may value the
oceans, sands, and waters,

And, the footprints...

There are thousands you and
I,

And a thousand footprint...



BIO NOTE

Dr Shweta Mishra “shawryaa” (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.

ACHRH ACHIEVEMENTS TIMELINE

2009 – 2026

Research. Advocacy. Community. Change.



ACHRH
AustralAsian Centre for
Human Rights and Health



ACHRH BY THE NUMBERS



WHERE TO GO FOR HELP

- **POLICE IN EMERGENCY -- 000**
- **YOUR GP -- they will refer you to the right place.**
- **NATIONAL DOMESTIC AND FAMILY VIOLENCE COUNSELLING SERVICE
1800 RESPECT**
- **INTOUCH MULTICULTURAL CENTER AGAINST FAMILY VIOLENCE –
1800 755 988**
- **Safe Steps Family Violence Response Centre, phone
24 Hour statewide line 1800 015 188**
- **MEN'S 24-HOUR REFERRAL SERVICE
1800 065 973 (FREE CALL VICTORIA ONLY)**
- **WOMEN'S INFORMATION & REFERRAL AGENCY (WIRE)
03 9348 9416
inforequests@wire.org.au**

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*