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Help-Seeking After Intimate Partner or Sexual Violence: Exploring the Experiences of International Student Women in Australia

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Abstract

Research suggests that many international students experience intimate partner violence (IPV) or sexual violence (SV) whilst attending tertiary institutions. Yet, little is known about how they engage in help-seeking and what types of support they need following IPV/SV. In this paper, we present findings from a qualitative analysis of 30 in-depth interviews with international student women who experienced SV/IPV while studying in Australia. The findings highlight how isolation and structural factors can create significant barriers to help-seeking for international student women. Yet, the findings also highlight the agency and resourcefulness of international student women in overcoming challenges. The provision of culturally and linguistically appropriate and tailored support for international students is crucial in order to help reduce the harms of SV/IPV.

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Introduction

Sexual violence (SV) and intimate partner violence (IPV) are both recognized as globally prevalent social and public health problems with serious, long-term impacts on the well-being of victims/survivors. SV is defined as nonconsensual sexual acts carried out against someone by a known perpetrator or a stranger. It includes sex obtained through coercion or threats, sex while a person is incapacitated by alcohol or substances, and sexual harassment such as unwanted kissing or touching (WHO, 2013). IPV is defined as physical, psychological, financial, or sexual abuse perpetrated by one intimate partner or ex-partner against another and is typically characterized by a pattern of fear and control. Both SV and IPV disproportionately affect women (WHO, 2013), particularly younger women (Stockl et al., 2014).

Tertiary students have been identified as a population at increased risk of SV and IPV (Fedina et al., 2018; Rosenberg et al., 2019). Systematic reviews of the evidence (primarily from the US and Canadian contexts) suggest that at least 20% of female undergraduates have experienced sexual assault (Rosenberg et al., 2019), although it is acknowledged that the true prevalence may be significantly higher given that most SV goes unreported. Large-scale survey studies also confirm high rates of IPV against women in college and university settings (Levesque et al., 2016; Sabina & Straus, 2008). In the Australian context, a more limited evidence base suggests that rates of both SV and IPV are similarly high (Heywood et al., 2022; Sancu et al., 2022; Zark et al., 2022). There are numerous potential explanations for these elevated rates of SV and IPV, including an unsupervised social environment, high levels of alcohol consumption, and negative peer pressure (Bonar et al., 2022; Duval et al., 2020; Moylan & Javorka, 2020), in addition to broader cultural issues of gender inequality, toxic masculinity, and rape-supportive attitudes (Moylan et al., 2019).

Despite the prevalence of SV and IPV, rates of formal reporting, disclosure, and help-seeking after SV/IPV remain extremely low (Heywood et al., 2022; Richards et al., 2017; Zark et al., 2022). Numerous barriers to help-seeking have been reported in the literature. These include concerns about negative judgment, fear of not being believed, lack of awareness about abusive behaviors, or concern that the issue is not “serious enough” (Ameral et al., 2020; DeLoveh & Cattaneo, 2017; Zark et al., 2022). This is highly problematic given that studies consistently report that SV and IPV have long-lasting impacts on the health, well-being, and academic outcomes of tertiary students (Assari & Lankarani, 2018; Banyard et al., 2020; Molstad et al., 2021; Tarzia et al., 2023).

To date, the vast majority of the literature on SV and IPV—including research on help-seeking, barriers, and facilitators to access—has focused on the experiences of white, heterosexual, domestic students (Fedina et al., 2018), neglecting the voices of

diverse groups and minoritized populations. A key group of students whose experiences have been neglected are international students. Studies suggest that they are also vulnerable to SV and/or IPV (Bonistall Postel, 2020; Sanci et al., 2022; Zark et al., 2022), yet little research has foregrounded their needs, particularly with regard to help-seeking. This is a critical oversight given that international students may face additional challenges that impact their vulnerability to SV or IPV (Bonistall Postel, 2020; Forbes-Mewett & McCulloch, 2016; Segrave, 2017) and impede access to support. The aim of the present study was to explore the ways that international student women seek help and support after experiencing SV/IPV in Australia. Our findings are based on qualitative analysis of the accounts of 30 international student women from 16 countries who experienced SV and/or IPV while studying in Australia. Although we acknowledge that male students and those who identify as gender diverse or nonbinary also experience both SV and IPV, these experiences are likely to be contextually different. Our focus for this study was therefore on international students who identified as women.

Barriers to Help-seeking for International Students

Studies focusing on the help-seeking experiences of international student women who experience SV or IPV are lacking. The extant literature on this topic primarily relies on the opinions and perceptions of service providers (Forbes-Mewett & McCulloch, 2016) or international students who have not experienced SV/IPV (Todorova et al., 2022). This small body of work has identified potential structural and systemic barriers to timely help-seeking, such as a lack of culturally appropriate services and resources within tertiary institutions, and insecure migration status (Forbes-Mewett & Nyland, 2008; Todorova et al., 2022). Other studies have focused on international student experiences of help-seeking from a quantitative perspective (Zark et al., 2022). Zark and colleagues, for instance, in a survey of Australian university students, found that students from a migrant background were more likely than their domestic counterparts to be concerned about losing respect from other members of their culture, religious or moral beliefs, concerns about immigration, and lack of access to culturally appropriate services (Zark et al., 2022).

More broadly, research suggests that loneliness, homesickness, and isolation are common experiences of many international students when they relocate to a new country (Fritz et al., 2008; Hechanova-Alampay et al., 2002; Rajapaksa & Dundes, 2002). Additional stressors include financial struggles, and difficulties obtaining housing and employment (Calder et al., 2016; Vakkai et al., 2020). Whilst it is unclear how these stressors might impact help-seeking for SV or IPV, research on the help-seeking experiences of international tertiary students in other sensitive contexts such as mental health and sexual/reproductive health (Becker et al., 2018; de Moissac et al., 2020; Dong et al., 2020; Gan & Forbes-Mewett, 2019; Liu, 2021; Poljski et al., 2014), has found that temporary visa status, insurance policy constraints, and financial pressures can prevent many international students from accessing support services.

Similarly, studies with broader populations of migrant women (including some international students) suggest a range of unique challenges influencing their decisions to not seek help for IPV or family violence. Social isolation, the decrease of informal support from existing community networks after migration, and the lack of familiarity with social, healthcare, and justice systems in the host country can greatly impact help-seeking attitudes (Guruge & Humphreys, 2009; Maher & Segrave, 2018; Satyen et al., 2018; Vasil, 2023; Vaughan et al., 2016; Wachter et al., 2021).

Culture and Religion as Barriers to Help-seeking for IPV

Cultural beliefs and norms can also play a role in shaping women's help-seeking practices (Ahmad et al., 2009; Liang et al., 2005; Satyen et al., 2018, 2019). Indeed, in a broad systematic literature review of factors affecting culturally sensitive care, Pokharel et al. (2023) found that not wanting to offend their culture was a key barrier to culturally and linguistically diverse women's help-seeking for IPV. These barriers are also relevant for many international students.

There is a small but important body of qualitative literature identifying specific cultural barriers to help-seeking. For example, Sabri et al. (2022) draw attention in their United States study to the influence of traditional attitudes to gender roles, and the subsequent lack of divorce or employment options for some migrant women. Studies focusing on specific communities highlight similar barriers. In Sears' (2021) study relating to African college women in the United States, cultural barriers included collectivist beliefs that meant women considered not only their own well-being but also the impact of disclosure on family and community. Furthermore, within their communities, "unsuccessful" relationships were described as reflecting negatively on the couple and their family. In some instances, spiritual or religious coping mechanisms were used as an alternative to help-seeking. Patriarchal values remained strongly intact in some cultures, bringing fear that reporting would end a relationship they wish to protect as well as a fear of being single (Sears, 2021). Added pressure was brought by family expectations around appropriate roles for women.

International Students in Australia

Australia is a popular study destination for international students, with over 600,000 individuals studying in Australia as of 2022 (Australian Government, 2022a). These students mainly enroll in higher education (university) and Vocational Education and Training (VET). Vocational courses focus on practical skills and industry training and are delivered via Technical and Further Education (TAFE) institutions (public VET) and private Registered Training Organizations (private VET) which cover different fields such as hospitality, tourism, construction, engineering, secretarial skills, visual arts, computer programming, and community work. Many international students also enroll in English Language Intensive Courses for Overseas Students (ELICOS) and Foundation Studies. VET, ELICOS, and Foundation Studies are pathways to further tertiary studies.

For all international students, a condition attached to their visa is to have Overseas Student Health Cover (OSHC). This private insurance assists them in meeting the costs of medical and hospital care they may need while in Australia as they are not eligible for free or subsidized medical treatment offered under Medicare which is Australia's universal healthcare system (Klapdor, 2020). Although the OSHC insurance arrangements cover basic medical treatments, the gaps between the OSHC coverage and upfront fees and the OSHC coverage restriction on pregnancy-related costs within the first 12 months of arriving in Australia have been seen as significant barriers to accessing healthcare services among international students (Poljski et al., 2014).

It is also worth considering the restrictions placed on international students in terms of how many hours they are permitted to spend in paid employment whilst on a student visa. As of July 2023, with some very limited exceptions, student visa holders may not exceed 48 paid employment hours in a fortnight. This places obvious limitations on the earning capacity of international students while studying in Australia.

Methodology

This qualitative study is underpinned by an intersectional feminist framework (Armstrong et al., 2018; Davis, 2008), whereby violence against international student women is understood to occur within a nexus of co-occurring oppressions (gender, ethnicity, migration status, financial insecurity). In line with the work of Forbes-Mewett and McCulloch (2016), we note that there is a tendency for international students to be viewed as a homogeneous group, rather than individuals with varying identities and experiences. Intersectionality, on the other hand, gives space and recognition to international students' diversity (Forbes-Mewett & McCulloch, 2016). Misra et al. (2020) posits that intersectional research studies focus on oppression, relationality, complexity, context, comparison, and deconstruction, although not all of these need to be considered for research to qualify as intersectional. For this study, a focus on oppression, complexity, and context guided our analysis as we sought to interpret the participants' experiences not only from a gendered perspective but also in light of their status as migrants and students. Although we recognize that other factors may also influence international students' help-seeking experiences, these were the primary categories of interest (Christensen & Jensen, 2012; Misra et al., 2020).

Study Context

This study is part of a larger project exploring woman international tertiary students' experiences of SV and IPV in Australia. Participants for this qualitative phase were women who were currently or previously enrolled in a university or VET course in the states of Victoria or Queensland. These two states were chosen because they are among the top three for international student numbers (Australian Government, 2022b) and also because our community partners were located in these states. Eligible international student women were aged 18 years or over with sufficient

English comprehension for the purpose of the interview. Experiences of SV/IPV needed to have occurred whilst the student was enrolled in an Australian tertiary institution.

Recruitment

Recruitment was conducted in two ways. First, students were recruited via a national online survey of international student women's health, well-being, consent, and relationships that form part of the broader project. All students who completed the survey were invited to express interest in participating further in an in-depth interview if they had experienced SV or IPV. This was determined by the student themselves, not by their answers to the survey, which were anonymous. Interested students were contacted to confirm eligibility and availability. Second, recruitment was supplemented via two partnering migrant women's health organizations' social media channels. Flyers and invitations to join the study were also disseminated on-site at universities in Victoria and Queensland. Two additional participants were recruited via snowball sampling, in which participants nominated other students from their networks.

Acknowledging that potential participants may not name their experience as "violence," all advertisements referred to "unwanted sexual experiences" and "unhealthy relationships" rather than "sexual violence" and "intimate partner violence." In the recruitment materials, we were similarly cognisant of language and opted to use sensitive language such as "Have you ever had an unwanted sexual experience or felt afraid in a relationship while studying in Australia?", to encourage students to take part in the study. All of these methods enabled a combination of participants who had and had not accessed support services.

Data Collection

Semi-structured interviews were undertaken with participants, ranging in duration between thirty minutes to two hours. All interviews were audio recorded with the participant's permission. All interviews were conducted in English; given that international students must pass an English test in order to obtain a student visa, all participants had sufficient proficiency to take part in an interview and provide informed consent.

The interviews were guided by an interview schedule and drew on open-ended questions that encouraged participants to share their experiences in flexible ways (Liamputtong, 2013). The participants were asked questions about their experiences of seeking support in relation to SV/IPV. For example, "Can you tell me about a time when you sought help and support for an unhealthy relationship or an unwanted sexual experience? How was your experience of accessing support?" Or, if they had not accessed any services or supports, "Can you tell me more about the reason why you chose not to seek help and support?" Details about the experience of IPV/SV were not asked for, although participants were able to share this information if they wished.

Due to the sensitive nature of the topic, before every interview, the researcher contacted the participants via email, phone, and text to discuss the project and to establish rapport with them (Dempsey et al., 2016; Liamputtong, 2007). Online meetings were then scheduled to carry out interviews due to the COVID-19 pandemic. Although face-to-face interviews are traditionally used for sensitive issues such as experiences of violence, it is increasingly recognized that online interviews also offer numerous benefits (Gray et al., 2020) such as increased comfort in discussing personal topics. In this study, online meetings also allowed for more flexibility and students were able to arrange a time that suited them, between their study and work commitments. For the participants who had children, online meetings allowed them to meet the researcher at a time and location that was convenient for them, including evenings.

Data Analysis and Researcher Reflexivity

Braun and Clarke's reflexive thematic analysis method was employed to explore help-seeking experiences of international student women (Braun & Clarke, 2019). Reflexive thematic analysis is a traditional inductive method for identifying and analyzing patterns (themes) within qualitative datasets (Braun & Clarke, 2006). Braun and Clarke's approach recognises that themes do not passively exist within the data but rather, are actively created by the researcher at the intersection of data, analytic process, and subjectivity (Braun & Clarke, 2019). As mentioned earlier, our analysis was also informed by intersectionality, which meant that issues of power and how it is distributed, the challenges relating to the context of being a foreign student in Australia, and the complexity and diversity of international student identities, were foregrounded (Misra et al., 2020).

The analysis process involved the first author reading and re-reading the data and collating codes based on patterns of similarities and connections, viewed through the lens of intersectionality. These codes were then reflected, refined, and generated onto a thematic "map" and grouped into four major themes. These were discussed at length among the team and adjusted as necessary to ensure that they represented the data as faithfully as possible.

The team was composed of researchers with diverse cultural backgrounds and levels of expertise in research. Three of the authors were university academics (one in sociology, one in violence and health, and one in international education) while two of the authors held research roles in a multicultural women's service. The lead author was a former international student.

Ethical Considerations

Ethical approval to conduct the study was granted by The University of Melbourne's Human Research Ethics Committee. We followed best-practice trauma-informed interview principles when undertaking this research (Campbell et al., 2019). This included being aware of potential power differentials between the researchers and participants and trying to minimize these. We also sought to maximize the control that participants

had over the interview process. It was made clear to all participants that if they felt distressed for any reason during the interviews, they could stop at any time. The female researcher conducting the interviews was familiar with safety protocols and had experience in carrying out interviews with domestic violence victims/survivors and people with histories of trauma. All participants were provided with information about specialist domestic violence, sexual assault, and mental health services.

To ensure participants' safety, the language used in all written study materials referred to a "women's health study" rather than referencing violence. Throughout this article, all participant names have been changed to culturally consistent pseudonyms to protect their privacy.

Findings and Discussion

Thirty international student women took part in this study, representing 16 different countries. The majority were current international students attending university; nine were former international students still living in Australia. Seven of the women reported experiences of SV, and 23 had experienced IPV. Detailed participant demographics are shown in Table 1.

Four main themes were developed through our analysis of the data. These are described and discussed below: (1) Help-seeking and social isolation: "I don't have anyone. I don't know anyone"; (2) Help-seeking and systemic issues: "I don't feel Australia cares about me"; (3) Finding ways to manage: "I have to be proactive and a voice for myself"; and (4) Trust and cultural familiarity: "It's good to have a person speaking in your language."

Help-seeking and Social Isolation: "I Don't Have Anyone. I Don't Know Anyone"

Social isolation and loneliness have been described as a common experience for many international students when they move to live and study in a new and foreign environment (Rajapaksa & Dundes, 2002; Sawir et al., 2008; Wawera & McCamley, 2020). Many of the participants in our study shared that they had experienced a loss or weakening of social connections and networks with their communities back "home" due to geographical distance and COVID-19. Strict quarantine, prolonged lockdowns, and border closures disrupted travel plans which made it harder for them to visit home. They also discussed their difficulties in building social networks and developing new friendships in Australia as international students. One participant shared her experiences of social isolation and loneliness:

When you come to a new country, you need to put [nominate] your emergency contact. For me, I don't have anyone. I don't know anyone. So, that's kind of hard. ... So, I can see that loneliness is very common among the female students ... every now and then I see some posts like: Is anyone living [in] the city? Want to go for dinner together? I would say it's really sad because you cannot find any close friends to do things. You're only

Table 1. Participant Demographics ($n = 30$).

Age	
18–29	16
30–41	14
SV/IPV experience	
SV	7
IPV	23
Country of origin	
Vietnam	6
Italy	3
India	3
Malaysia	2
American	2
Brazil	2
China	2
Thailand	2
Ireland, Mauritius, Taiwan, Singapore, Ecuador, Guatemala, Columbia	1
Length of time living in Australia	
6 months- 4 years	17
5 years -10 years	13
IS/former international students	
Current IS	21
Former IS	9
Types of tertiary institutions enrolled in	
University	23
VET	4
TAFE	2
Other	1
Current employment status	
Unemployed, seeking work	5
Part-time/casual employment	15
Full-time employment	7
Unemployed, not seeking work	2
Working unpaid (including home duties)	1

limited within your apartment. It's very difficult for you to make any new friends.¹ (Yue, Chinese)

This sense of loneliness and isolation had implications for how the participants dealt with their experiences of SV/IPV. Almost all the participants mentioned having felt lonely and isolated in the aftermath of SV/IPV. One participant shared the difficulties she faced after her experiences of IPV which included having to manage the symptoms and diagnosis of a sexually transmitted infection (STI). The distress and pain she felt while going through this experience alone are captured below:

I remember that after getting out of the doctor's appointment I was feeling really, really scared. The whole experience of getting the vaginal swab and stuff actually really scares

you, especially if you don't have any person to call up and sort of tell – talk about the situation with someone. ... It's probably the lowest and the loneliest moment of my life, and I was in tears. I was just walking alone on the road, and I was just crying. (Sini, Indian)

As Bonistall Postel (2020) and Forbes-Mewett and McCulloch (2016) note, relocation to a new country and social isolation are significant challenges that put many international students at risk of SV/IPV and influence their attitudes towards help-seeking. For many students in this study, loneliness and social isolation forced them to address the issues related to SV/IPV on their own and with minimal support.

Another participant who disclosed that she had experienced sexual and physical abuse in a relationship, an unwanted pregnancy, and an abortion also shared how she was forced to manage the situation by herself. Her feelings of isolation and loneliness had a profound impact on her mental health, as highlighted below:

I felt a lot of time that I was left alone on my own and I didn't have anyone to talk to. I struggled a lot. I was suicidal. ... Because I have nobody here. I could have been murdered by now and my family probably wouldn't be able to reach me ... it's painful to think that I could have brought that much pain to my family. (Giana, Italian)

Participants expressed that when they experienced hardships, they tended to hide the problems from their families back home. Almost all of the participants did not tell their parents about their SV/IPV experiences. When asked about why she did not disclose her experience of SV/IPV to her parents, one participant said,

Because I was so worried for my mum and my family because I'm the only child ... I was so scared, and I felt like I didn't know how to protect myself. Yeah, it [her relationship] was very toxic. I did think of suicide too. But I am the only child ... My mum would feel very hurtful about having a daughter, sending [her] to study overseas and facing such a [bad] thing and I could not tell it to anyone, and I had to deal with everything alone. (Mai, Vietnamese)

The above example highlights the complex reasons why many participants preferred to keep information from their families. In this case, Mai did not want to make her mother worry about her safety while studying in Australia and carried the weight of her experience alone. This could partly be due to Mai's awareness of the sacrifices her family had made in order for her to obtain an overseas education (Bodycott, 2009). Her choices may also have been shaped by cultural beliefs and norms in her family of origin (Akinsulure-Smith et al., 2013; Liang et al., 2005; Sears, 2021). Mai was raised in Vietnam, where Confucian teachings create high expectations for girls to be "good women" and "good children" (Pham, 2013; Tran, 2018). These cultural norms shape feminine identity in which from childhood, girls are expected to endure any hardships that may arise in their lives with resilience, and without any complaint (Hoang, 2016). Previous studies (Bui, 2003; Bui & Morash, 1999) have

suggested that these values may contribute to Vietnamese women's reluctance to disclose experiences of violence.

Compounding participants' experiences of social isolation and loneliness was the lack of familiarity and knowledge of existing healthcare and service systems in Australia. Studies exploring migrant women's experiences after IPV in Australia have highlighted that lack of knowledge and access to services can exacerbate women's isolation (Cavallaro, 2010; Ghafournia, 2011). Similarly, many participants in our study stated that they did not know where to go and what services were available, both generally, and specifically for SV/IPV, as expressed by the following participant:

... It's hard as an international student, because growing up in an area, you know what's around you, but, being thrown into a new area, you have to learn everything around you. It's much harder to find places to help. (Monica, American)

While Monica was from an English-speaking background, it was still difficult for her to navigate the healthcare system to seek assistance for her health after experiencing SV. For international students from non-English speaking backgrounds, the added barrier of language and communication can add to students' sense of isolation, particularly with local services. A Chinese participant, for instance, described:

I'm here alone, by myself, I honestly don't know who I can talk [about] this [IPV] to. It's very difficult ... I don't know who to seek help from. I can only search online, what can I do? ... I don't know where to ask. I don't know what the resources are, which platform can be used to seek help. So, that's something being missing. [when] I do have issues, there's no one telling me, okay, you can talk to this, you can talk to your doctor. (Yue, Chinese)

Help-seeking and Systemic Issues: "I Don't Feel Australia Cares About Me"

Help-seeking attitudes of victims/survivors of gendered violence are shaped by multiple contextual factors at individual, relationship, community, and system levels (Liang et al., 2005; Moylan & Javorka, 2020; Our Watch, 2021). In particular, help-seeking attitudes can be shaped by the availability and accessibility of support services. Studies with broader populations of migrant women suggest that a lack of appropriate resources for support may result in them postponing help-seeking (Liang et al., 2005; Satyen et al., 2018). Findings from a quantitative study on IPV among migrant women in Australia showed that although the participants reported needing assistance from IPV services, only half of them had sought support due to the lack of appropriate services (Satyen et al., 2018). Similarly, almost all the participants in our study expressed how inaccessible the various systems were to them. Participants noted the complexity of the health and legal systems and discussed the long and tiring process of seeking support. As one participant shared:

It was very challenging to find a mental health nurse actually, because I had to go through a lot of processes. First I went to GP just for my mental depression and then he referred me to see a psychiatrist, but it's very expensive, so I hesitated to push it further and then I

asked my [Master's Degree] supervisor where I can get a more affordable support, [and] she referred me to [large metropolitan health service]. Then from there I had to make a few phone calls with them, then also went through a lot of assessments. Then after assessment they assigned me to a mental health nurse. And luckily, she arranged me to meet the psychiatrist ... It took me two months and a half [for the whole process]. (Hanh, Vietnamese)

Another participant expressed her disillusionment with the legal system after previously being in two unhealthy relationships, and seeking help:

I learnt pretty quickly that when you go to a legal system everything goes like that: you need to have a record. You need to have this. You need to have that. It's just too much process and I can't bother to go through because I'm an international student. My tuition fee is sky high. I need to work like two or three jobs to compensate my tuition fees so I don't have time to waste in waiting for the police to call me or waiting for them to do something and then at the end they will tell me that they cannot do anything. So I guess – yeah, what I learned is just to run away as soon as possible. (Yi, Taiwanese)

As Vakkai et al. (2020) note, international students are often confused and frustrated about the lack of accessibility when negotiating and seeking support from the health-care and service systems in the host countries. In broader studies with migrant and refugee women, workforce shortages, long waiting times, high costs, and lack of culturally and linguistically responsive services were similarly reported as significant barriers to accessing support and services related to domestic violence, sexual and reproductive health, and mental health (Poljski et al., 2014; Shafiei et al., 2018; Shannon, 2021; Vaughan et al., 2016).

As mentioned earlier, in Australia, the eligibility for healthcare and other social services depends on visa status. International students in Australia are required to purchase private insurance (OSHC) for the entire duration of their study in Australia. Although the OSHC insurance arrangements cover basic medical treatments, the out-of-pocket cost of services or the gaps between the OSHC coverage and upfront fees may result in international students delaying seeking support or experiencing significant challenges when seeking support (Poljski et al., 2014). In this study, costly services and international student visa status were overwhelmingly cited as barriers to access by almost all the participants. The following interview excerpt describes Emma's experience when she went to see her GP after experiencing sexual assault:

I have overseas health insurance I pay \$150 a month for, but still, you have to pay \$200 [for mental healthcare]. I've just seen so many of my friends just be like, "I can't afford it, I'm not going to go." So, they're just suffering because it's too expensive or because the waiting list is up to a year. (Emma, American)

While all Australians are able to access a wide range of health services for free or subsidized medical treatment offered under Medicare (Klapdor, 2020), most overseas students are not eligible. This disadvantage was commonly discussed by participants as a serious barrier to accessing mental health services. Hanh, who had experienced IPV,

went through a lengthy process to find a mental health nurse and a psychologist. She discussed the prohibitive costs of health services for international students:

It's extremely expensive, like one appointment is \$500. It is just the initial appointment and if I don't have any Medicare and then I just have a student health insurance, so how I can afford it? [Insurance] just covers for some accidental injuries. ... It's very challenging for [international] students like us. (Hạnh, Vietnamese)

For students who want to access legal services, the costs can also be exorbitant. One participant who had experienced IPV explained:

I asked the lawyer I met at the Vietnamese women community service about the consultation fee if I come to his office and what will be the possible cost if I conduct any legal action. He said he's not sure about my case, but it was starting at \$2,000 ... I was an international student; I didn't think I can afford it at that time. If I ask for money from my family, what should I tell them? What's the money for? For what? (Mai, Vietnamese)

There were additional issues and concerns for participants who had unintended pregnancies due to SV/IPV. OSHC does not cover pregnancy-related costs within the first 12 months of students being in Australia, unless there is an emergency (Poljski et al., 2014). Therefore, international student women who have an unplanned pregnancy within their first 12 months in Australia are forced to pay out-of-pocket costs for their antenatal healthcare if they want to have the baby. According to a recent study that investigated the sexual and reproductive health of women on temporary visas (including international student women) in Tasmania, the average cost of a payment plan for pregnancy and birth care can be up to AUD \$3,232 (Shannon, 2021). In addition, if they choose to terminate, the median cost of a first-trimester abortion ranges from \$560 to \$470 AUD, and the costs for surgical procedures at 13–19 weeks and beyond 19 weeks are between \$1,500 and \$7,700 AUD (Shankar et al., 2017).

Of the 30 participants that we spoke to, five participants revealed that they had unintended pregnancies and one of them decided to have an abortion. One participant recalled:

I did not have much money, and I had to spend a lot of money on bills, pretty much on doctor [hospital/medical] bills because I had to go to the emergency room, and I was pregnant. The bill that I received was \$2,000 ... economically it was very hurtful. (Giana, Italian)

The following participant came to Australia to study a VET course. She disclosed that she had experienced sexual, emotional, and financial abuse by her partner who was also her boss at her workplace. She had an unintended pregnancy, gave birth, and was raising the child on her own. At the time of the interview, she was in a situation of extreme financial stress. She talked about her long and complicated journey of seeking support which involved accessing Centrelink,² legal services, domestic

violence services, and health professionals. She explained that during this process, she felt uncared for and isolated from support services in Australia:

I don't feel Australia cares about me or has any concern about me ... All the services are not eligible for me. I'm struggling to pay my simple accounts, my simple bills ... [I need] type of support to make my life work. I don't know [crying]. (Raissa, Brazilian)

As Segrave (2017), Shannon (2021), and Vasil (2023) explain, the temporary visa system creates extreme vulnerability and sustains power inequality, leading to poor health outcomes for migrant and refugee women. These inequitable policies mean that migrant women and international student women may not be able to access much-needed support via health or legal systems. Our study builds upon the findings of previous research (Poljski et al., 2014; Shannon, 2021; Vasil, 2023) and suggests that immigration visa status and international students' insurance policies create challenges and hardships not just for those seeking sexual and reproductive healthcare but also for international student women experiencing SV/IPV.

In terms of formal support services at tertiary education institutions themselves, while some students expressed positive experiences, such as being able to access free counseling services, almost all the participants revealed that they received very little support for their experiences of SV/IPV. This view was expressed regardless of whether participants attended universities, private TAFEs, private VET, or ELICOS colleges. For instance, participants stated that:

In the English class course, [support] is very limited. They have [only] the receptionist and that's all ... There is no wellbeing department where you can go and have some counseling and even to speak out ... that is something is missing in the educational centres. (Nayelhi, Ecuadorian)

My university had zero support [for SV/IPV]. The only support that they offered was a counselor, a student counselor. They have zero support. ... It's absolutely zero advocacy, absolutely zero understanding. It's just disgusting to be fair, because my university is pretty much 80 per cent [made] by international students. It's very disappointing. (Giana, Italian)

The above examples illustrate that there is a clear need for institutions to either establish services that are tailored to supporting international students who have experienced SV/IPV, or to actively promote existing services among this cohort. Almost all participants voiced their disappointment and frustration toward their institutions for their lack of support for international students during such vulnerable times. Other participants mentioned that student services focus mainly on study support and other matters related to education, rather than issues about safety and violence. One student noted:

The psychologists there at the school, they're more likely to deal with the relationship with supervisors and the stressful things in terms of doing research rather than focusing

on family [violence] issues. ... The [student] association is just more likely to focus on helping the financial issues and also with the studying problems rather than the mental health problems ... (Lan, Vietnamese)

Previous studies have pointed out that although general support services for international students are available within institutions, there is a disconnect between the ways in which services are delivered and the needs of students (Forbes-Mewett & Nyland, 2008; Roberts et al., 2015). Existing research demonstrates that there is a need to strengthen support services, so that they are tailored to international students.

As well as their expressions of disappointment and frustration toward the lack of available support from formal services, several participants felt a sense of injustice about having to navigate their various situations alone. Participants explained that while their families had invested a huge amount of money for them to study in Australia, when faced with serious challenges that required a significant amount of support, they did not receive appropriate care:

When I came here as a university student, I spent so much money on tuition fees and contribute to tax in Australia and when I encounter this tough situation, I just feel like I'm being left kind of alone. ... [But] it's not like I'm putting myself in this situation. I'm being put in this situation without my choice. I don't have any choice. (Pailin, Thai)

Finding Ways to Manage: “I Have to be Proactive and a Voice for Myself”

Although participants experienced social isolation, structural, and systemic barriers to accessing formal support from their institutions after experiencing SV/IPV, they demonstrated an ability to find different ways of working through problems, as well as finding ways to care for their health and protect themselves. Many participants explained the long and complicated processes they had to endure, and their strategies for persisting, despite many hurdles. For example, Pailin, a former student and also a new mother who experienced IPV shared:

My graduate visa has already expired since March this year and when I was pregnant, I was high risk pregnant, so I was on a restricted bed rest for a while. For so many months, I couldn't walk, couldn't sit, had to be on the bed. ... It's really hard because now, going through a court proceeding, even though I desperately want to go home, he [her partner] is using legal system as a way to control me and keeping the child here. I have to be proactive and a voice for myself and referring myself to services and reach out and seek help ... (Pailin, Thai)

At the time of the interview, Pailin had been dealing with the legal and court system for almost one year to hold her former partner accountable for his actions, and to protect herself and her child. She also had sought financial and accommodation support from a women's immigrant support service and was living safely in a shelter.

Another participant explained that she had to stay in an abusive relationship for a long time because her ex-partner threatened to cancel her spousal visa if she sought help for IPV. The participant described how she made plans to leave the relationship. As a first step, she managed to learn about how to access and use the legal system to her advantage. She explained:

I learnt to use the legal and law system here to protect myself. [I learnt that from] a man, he is a lawyer, and he was a [regular] customer at the coffee shop where I worked. He gave me advice about the basic law of immigration. (Nhung, Vietnamese)

She then researched information about immigration policy and applied for a student visa to stay legally in Australia without needing sponsorship from her ex-partner. She called the police to report the violence and sought help from a women's support service to obtain temporary and safe accommodation. At the time of the interview, the crisis was over, and she was in a healthy relationship with her current partner and working full-time as a social worker.

The examples described above were just two of several interviewees who disclosed that the perpetrators, often their partners or bosses in the workplace, had threatened to cancel their visas if they tried to report the violence or leave the relationship. Some participants in this study arrived in Australia on a student visa. However, after having relationships with men who were Australian citizens, they were sponsored to have permanent residency (PR) by a bridging visa. For those who have children, a PR visa is required in order to receive government benefits. Despite being threatened that their bridging visas would be canceled by the perpetrators, several participants managed to seek out different resources and support and find ways to escape from the violence. While some studies demonstrate that the fear of deportation is linked to having little understanding of Australia's legal system and immigration law (Cavallaro, 2010; Vaughan et al., 2016), our findings suggest that international student women had increased confidence and assertiveness when it comes to seeking support for SV/IPV if they could access appropriate legal knowledge, including immigration law, and were more informed about their rights.

In addition to the above findings, our study suggests that help-seeking and support networks can extend beyond Australia, with several participants making the decision to access formal and informal support outside of the country. Some participants traveled back to their home countries to see health professionals, while others made online appointments with health professionals who practice in their home countries. The following participant, who after experiencing IPV was forced to parent her child alone, under financial difficulties, explained why she chose to access a psychologist outside of Australia:

I started to pay for a psychologist in Brazil because it's cheaper for me to pay in dollars. The psychologist that I found, she started to help me on call [two times per month]. (Raissa, Brazilian)

Similarly, Paola shared her experience of seeking help from health professionals in her country of origin, enabling her to access support that was culturally and linguistically responsive:

[I went back to Italy] and seek help in Italy just because here I'm a bit lost in a matter of who I can talk to. Especially for these things like I'd rather speak in Italian because I can express my feeling in a better way than speaking in English. ... Then when I moved here I kind of was looking for someone to help me further, so I went to this Italian therapist. She helped me a lot actually. (Paola, Italian)

As Tran and Vu (2018) and Todorova et al. (2022) suggest, international students do not often passively accept inequalities that they experience. This is evidenced by the above examples that show that when faced with structural barriers to access, including cost and lack of culturally appropriate services, the participants were able to exercise agency and resourcefulness to look for alternative resources to support them.

Trust and Cultural Familiarity: “It’s Good to Have a Person Speaking in Your Language”

For students in general and international students in particular, seeking help for their health and safety from informal support sources such as friends is their preference (Cho et al., 2020; Gan & Forbes-Mewett, 2019; Laidlaw et al., 2016; Liu, 2021; Sears, 2021). In particular, friends play a significant role in shaping young women’s self-perceptions and identifying the complexities of ending IPV (McKenzie et al., 2021). Similarly, many participants in our study explained that having friends (both local and overseas) they could talk to about their experiences, was essential, and often the first place they would seek support after experiencing SV/IPV. They noted that they went to their friends for support because they were good listeners, nonjudgmental, and provided them with good advice and support. As the following participant said this support was more beneficial than professional services:

At the time not many people can do it [help her], just your friends who knows your situation the most, and can give you suggestions in terms of the solution. For me peer support is more important than other professional services. (Lan, Vietnamese)

Other participants explained the importance of their friends in helping them to gain understanding and awareness on how to connect and link to further formal support for SV/IPV:

So my friend was [experiencing] domestic violence too. When I was living with her, she told me, “No, this is domestic violence, you need to contact this number.” [She explained] this organisation helps the immigration women. (Mariana, Colombian)

In addition to connecting the students with professional services or listening to their problems, friends could also provide support that was practical. For example, some

participants who had unintended pregnancies sought help from friends with housing, financial, and childcare support. The following excerpts were from two new mothers, who shared how their friends were able to support them during difficult times:

That day I decided to leave the house [her partner's house]. ... Then I spent one week with my friend and then I came to the refuge. ... She's from Brazil and she had apartment with an empty room, and she offered me to stay there. She is like my sister. I was living with her from the first day I arrived in Australia. She helped me a lot. (Rebeca, Brazilian)

I am now working [15 h/per week] in the morning as a cleaner. [Facilitator: at the time you work who takes care of your baby?] My friend. Yeah, my friend gave me a house because I didn't have place to live when I have my baby, so you imagine, I was pregnant and ... Just my friends. They are helping me with a lot with money, with clothes. My two friends gave me cot [for the child] and other things. (Mariana, Colombian)

In our study, the friends who were able to offer support to our participants who had experienced SV/IPV were from the same cultural background. This demonstrates that trust, familiarity, and meaningful connection are important factors for international students when seeking help for SV/IPV:

At the time I was surrounded with friends from my country. ... They were the people I talk to the most at the time. We came from the same country, had a similar background, we were good friends, and we were in lockdown ... Yeah, it was safe to share, and it was – it was relatable. (Ivana, Guatemala)

Yeah, at first, I did not really want to tell anybody because I felt embarrassed by it. Then I told some of my closest friend about it ... They also come from Thailand; one is living in Melbourne with me. The other is in Canada, but we went to school together. Because we grew up together, so I trust them. (Dara, Thai)

The above examples provide insights into why international student women may feel more comfortable seeking help from their friends after experiencing SV/IPV. Participants in our study pointed to issues around trust and safety, frequently making statements such as “it was safe” and “I trusted her” when they talked about why they opted to approach their friends for support.

Similarly, almost all participants expressed the benefits of being connected to social workers and health professionals who are from a similar cultural background, whether that was in Australia or outside of Australia. For many participants, the comfort of being able to communicate in their first language was one of the most important factors in terms of feeling supported:

Yes, she [her social worker] speaks Spanish as well. It's very [easy] – with the same language because you can explain more details of what happened, because in English sometimes I feel, oh how do you say this word. It's good to have a person speaking in your language. (Alessia, Peruvian)

The comfort related to being able to communicate freely and openly in their mother tongue was mentioned frequently by participants as being essential to speaking about their experiences, particularly when it pertains to sensitive and emotional issues:

Some experience could be very emotional and, in that emotion, you cannot use English very well, so in that context you just can speak your mother language [laughs]... (Mei, Chinese)

Other participants shared the challenges of engaging with health professionals from different cultural backgrounds and suggested that if they could speak to someone from a similar cultural background, it would make a positive difference to their help-seeking experience:

Sometimes when you talk with someone with a similar background as yourself, it's not going to be that challenging, you know. Because there's always like cultural difference between Asian and White people and then sometimes when you try to explain something that's normal in our culture, [they feel] that is a very different or that's a problem. (Sarah, Malaysian)

Our study suggests that having access to support from people who are from similar cultural and linguistic backgrounds are important factors for international student women who have experienced SV/IPV. Formal support services could consider their policies and workforce, to ensure that staff are adequately representing the communities that they serve.

Summary of Key Findings

A summary of our key findings is presented in Table 2.

Taken together, it seems clear that the service landscape is currently insufficiently addressing the needs of international student women who experience SV and/or IPV. Participants in this study reported feeling isolated, uninformed, and abandoned in their host country, and, whilst they were able to draw on their own resources in order to access help, they expressed a desire for culturally safe services and trusted supports in Australia. These findings reinforce the need for the tertiary sector to consider cultural safety in designing and delivering services for international students. Cultural safety (also called “cultural competence”) is an emerging concept that has gained prominence in the context of family and domestic violence and health. Pokharel et al. (2023), for example, findings from 44 studies on culturally competent responses to family violence in the primary care setting, identifying 11 core components of culturally competent family violence practice across all levels of an organization. For instance, culturally competent practitioners are aware of their own privilege and potential biases; are willing to understand a client's cultural background, beliefs, and values and past trauma; are committed to antiracism; and can efficiently work with interpreters and utilize culturally appropriate screening and referral processes (Pokharel et al.,

Table 2. Summary of Key Themes.

Theme	Description
Help-seeking and social isolation: "I don't have anyone; I don't know anyone"	Loneliness, social isolation, and a lack of familiarity with existing healthcare and legal systems and services in Australia forced the international student women in this study to try and manage the challenges associated with SV/IPV on their own, with limited support.
Help-seeking and systemic issues: "I don't feel Australia cares about me"	The unavailability, inaccessibility, and unaffordability of support services in the broader community and in higher education institutions left many of the international students in this study feeling neglected and abandoned by the host country.
Finding ways to manage: "I have to be proactive and a voice for myself"	The resilience and resourcefulness of international student women were highlighted in this theme as they navigated alternative strategies for help-seeking after SV/IPV in the face of systemic challenges.
Trust and cultural familiarity: "It's good to have a person speaking in your language"	Assistance from people who shared similar cultural and linguistic backgrounds was described as a crucial aspect of support for woman international students who were exposed to SV/IPV whilst in Australia.

2023). At the organizational level, policies, training, the physical environment, and the workforce can all support cultural competence (Pokharel et al., 2023). Many of these components could be adapted and adopted within the Australian tertiary setting, vastly strengthening the quality of responses to international students who experience violence. Additionally, we suggest that the components at the practitioner and organizational/institutional level would need to be supported by robust government policies, adequate financial support for students, and enhanced intersectoral collaboration.

Strengths and Limitations

We acknowledge that our study has several limitations. The first is that all interviews were undertaken in English, due to the impracticality of undertaking and translating interviews into and out of multiple different languages. Studies have suggested that language barriers between researchers and participants can present methodological challenges for cross-cultural qualitative studies (Santos Jr et al., 2015; Squires, 2008, 2009). Although using translators or interpreters in qualitative data collection has been seen as one way to overcome the challenges, there is still potential for inaccuracy in translation (Squires, 2009).

In this study, all participants had passed an English test in order to qualify for a student visa; this means that no students were excluded on the basis of a lack of

English competency. The interviewer is herself a former international student, and her first language is other than English. This interview context helped the interviewer to build a good rapport with participants and they were comfortable to share their experience in English during the interviews.

We also acknowledge that “international students” are a remarkably heterogeneous cohort with diverse cultural backgrounds. We were not able to explore the nuance of each student’s cultural background in our analysis; rather, our focus was on the intersections between culture (as one possible factor impacting help-seeking), migration status, gender, housing insecurity, and other issues experienced by international students in Australia.

Our study also has key strengths. We offer vast experience from a diverse interdisciplinary research team, including two members with lived experience as international students. Our sample size was ample for this qualitative study. The interviews were all undertaken with a former international student who was able to quickly establish trusting relationships with the interviewees. Our data is a testament to this.

Conclusion and Recommendations

This article explores the help-seeking experiences of international student women after SV/IPV. It draws on interviews conducted with 30 victims/survivors who were current or former international students from 16 countries. To our knowledge, this is the first study of its kind, and therefore it makes a critical contribution to the literature on SV/IPV in the tertiary education setting, and to broader conversations about the safety and well-being of international students.

In Australia, the *National Plan to End Violence Against Women and Children* (Commonwealth of Australia, 2022) has emphasized the need for victims/survivor voices to inform decisions about policy and practice. Similarly, higher education institutions have increasingly recognized the importance of listening to those with lived experience in order to strengthen support and service provision. Yet, to date, international student voices have largely gone unheard. This paper provides a first glimpse into how the needs of international students may differ from their domestic counterparts, and where some of the gaps lie in service provision.

Recommendations

Our findings have important implications for tertiary education institutions and other services providing support for victims/survivors of SV or IPV, as well as for research and policy.

Tertiary institutions. Despite efforts by support services in tertiary education institutions to improve assistance for international students, our findings suggest that those who experience SV/IPV still encounter difficulties in finding appropriate support relevant to their specific needs. Many international students remain unaware of what supports are available, and the quality of support offered by some institutions is mixed. This is

highly problematic given the ineligibility of international students for Medicare-subsidized services, and the prohibitive costs of private mental health support. For some international students, their institution may be the only place they are able to feasibly seek help after experiencing SV/IPV. We suggest that:

1. There is a critical need for clear guidance for international students about the availability of support services and how to seek help after experiencing SV/IPV. It is also important that students know that seeking help is appropriate and acceptable. This information needs to be clearly communicated to international students early on during orientation periods and reinforced throughout their studies.
2. Tertiary institutions need to provide support that is not only trauma-informed (Hegarty et al., 2017, 2022), but culturally safe (Pokharel et al., 2023). IPV/SV are highly sensitive issues for any victim/survivor but may be particularly so for international students. Employing diverse staff and having resources in different languages may help to build trust and enhance access to support. Continuity of care is also important for trust-building.

Community services. Services addressing SV/IPV, mental health, and other co-occurring issues in the community also need to be culturally safe. In addition, services for international students—particularly legal support and healthcare—need to be affordable and accessible. Finally, it is vital to have more effective coordination between tertiary institutions, stakeholders, and services in the community to better support international student women.

Policy. Strong policy action to support international student women is urgently needed. As a starting point, based on the findings of this study, we suggest:

1. Clear, national policy direction outlining the expectations for tertiary institution support for international students. Currently, support provided varies from institution to institution. Consistent, culturally safe service provision could be mandated at the policy level.
2. Review of the eligibility criteria for government family violence support payments so that those on student visas can access services that they need.
3. Review of the OSHC and Medicare service eligibility criteria. Many international students cannot afford the “gap fee” between the cost of services and the limits of their OSHC. Many participants in this study accessed services and support from their home country because it was cheaper and easier than getting support here in Australia. This should not be the case.

Research. More research foregrounding the experiences of international students is urgently needed. Although there has been increased attention to the lived experiences of women from migrant and refugee backgrounds, the unique context and needs of international students have not been sufficiently addressed.

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Notes

1. There is some 'incorrect' syntax/grammar in the participant's quotations across this finding section as for many of the participants, English was not their first language. We have reported quotations verbatim as expressed by participants.
2. Centrelink is a part of Services Australia – an Australian Government department – which delivers social security payments and services to Australians.

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