Navigating Challenges and Enhancing Support: Addressing Gendered Violence Among Female International Students in Australian Universities

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Abstract

This analysis examines the challenges and opportunities in supporting female international students facing gendered violence in Australian universities. It highlights barriers such as unfamiliar healthcare and legal systems, lack of access to local health insurance, and cultural differences between collectivistic and individualistic contexts. It explores the importance of cultural humility, self-reflection, and tailored interventions while advocating for intersectional and culturally responsive psychological interventions. Further recommendations include the integration of gendered violence response teams in university counselling services, encouraging mental health clinicians to pursue professional development on legal processes, and more empirical research to address gaps in the literature on gendered violence support for international students.

Keywords

Gendered violence; Gender-based violence; International students; Female students; Cultural responsiveness; Intersectionality.

Introduction

Gender-based violence (GBV) is a human rights issue that refers to violence based on gender. It disproportionately affects women and is based on views that position women as inferior to men (True, 2010). GBV includes forms of abuse such as intimate partner violence, sexual harassment, and sexual assault, with severe psychological, physical, social, and economic consequences (Moulding et al., 2021). Research links GBV with increased rates of depression, anxiety, post-traumatic stress disorder, and other mental health issues (Islam & Akter, 2024; Valdespino-Hayden et al., 2022). Despite increased research on GBV within university settings, most studies have focused on domestic populations, with female international students receiving little attention. In Australia, research on GBV among international students remains largely absent (Tarzia et al., 2025). The limited research available, however, suggests a concerning prevalence of GBV among female international students in tertiary institutions in Australia, highlighting the need for urgent action (Tarzia et al., 2025). This paper explores the complex structural factors that heighten international students' vulnerability to GBV, such as temporary immigration status, legal and institutional barriers, difficulties accessing healthcare, and cultural challenges. It proposes that university mental health clinicians endeavour to learn about and understand international students' views on mental health and GBV, and that they adopt culturally sensitive and responsive, intersectional approaches to improve support. This proposal is even more imperative, given requirements for providers under the *National Higher Education Code to Prevent and Respond to Gender-based Violence* (Department of Education, 2025; the National Code). Education required under the National Code on responding to disclosures must be structured to meet the distinct needs of groups disproportionately affected by gender-based violence. This includes individuals from culturally and linguistically diverse backgrounds. By using these frameworks, mental health clinicians can better understand the unique experiences international students encounter and be able to respond to their needs accordingly. Moreover, this paper emphasises the need for future research

to address gaps in the literature and offers recommendations to enhance university-based support services.

Background

Globally, one in three women experience gendered violence (Nagashima-Hayashi et al., 2022). In Australia, GBV remains a concern, with 27% of women reporting intimate partner violence, though the prevalence of GBV is likely higher due to underreporting (Australian Bureau of Statistics, 2023), especially among marginalised populations like international students (Australian Human Rights Commission [AHRC], 2017). In universities, GBV continues to affect students at alarming rates. A national survey by the Australian Human Rights Commission (2017) found that 26% of students reported being sexually harassed at university in 2016 alone, while 6.9% reported sexual assault between 2015–2016. Research on GBV in universities has dramatically increased over the past 40 years (Zark & Toumbourou, 2024), with 65 published papers from 1980–2000, to 4,860 in 2002–2021 (Kennedy et al., 2024). However, most scholarship focuses on domestic populations, overlooking international students (Fethi et al., 2023; Forbes-Mewett & McCulloch, 2015; Tran et al., 2025; Webermann & Murphy, 2022). For example, Linder et al. (2020) found that of 540 studies on sexual violence in universities, only 15 addressed race or culture, with most focusing on culturally diverse local students rather than international students. This oversight is concerning given international students make up a sizeable portion of the student population in Australia, numbering 717,587 (Department of Education, 2024). Research shows mixed results regarding GBV prevalence among international versus local students. Scholl et al. (2019) and Wellum et al. (2023) found no significant differences, though these studies had limitations such as being underpowered or involving international students from culturally similar regions which may reduce vulnerabilities. Some studies suggest international students have lower rates of GBV due to factors like lower alcohol consumption and being less likely to be first-year students (Daigle et al., 2018; Webermann & Murphy, 2022). However, although significant, the differences in these studies were minimal and they did not assess participants' understandings of GBV, which could vary by culture and therefore contribute to underreporting (Kalra & Bhugra, 2013).

Conversely, other research suggests that female international students in Western countries may face increased risks of GBV (AHRC, 2017; Fethi et al., 2023; Hutcheson, 2020). International students, in general, are often more vulnerable due to factors such as language and communication issues, cultural differences, and insecure immigration status (Daigle et al., 2018). A systematic review by Maharaj et al. (2024) found that overall, they also experience poorer mental health than local students, further exacerbating their vulnerability. This finding is relevant as "those who have the least power in a society are the most vulnerable to rape" (Holzman, 1994, p. 83), with perpetrators more likely to target women they perceive as powerless (Fethi et al., 2023; Park, 2018).

Legal and healthcare barriers

One issue international students in Australia face is unfamiliarity with legal and healthcare systems. Differences in laws regarding GBV between countries can contribute to confusion. For instance, India lacks specific laws against revenge porn and marital rape is not criminalised (Deosthali et al., 2022; Lageson et al., 2019). This contributes to a different legal landscape compared to Western countries like Australia where sexual assault laws are more robust and more consistently enforced (Chon, 2014). These differences can lead to underreporting among international students, who may be unsure of legal recourse and protections (Park, 2018). Fear of deportation or visa issues further deters international students from seeking help (Todorova et al., 2022), reducing their sense of agency and negatively impacting their mental health (Nickerson et al., 2019). These concerns are exacerbated by misunderstandings about how the Australian legal system functions, with some

students mistakenly believing that reporting GBV could lead to repercussions for themselves rather than protection and potentially justice (Forbes-Mewett & McCulloch, 2015). Studies have shown that female international students are more likely to be discriminated against than male international students (Poljski et al., 2014; Poyrazli & Lopez, 2007), and that migrant communities in general often view law enforcement with scepticism (Menjívar et al., 2018). Some students assume bribery is common, reflecting misconceptions rooted in experiences from their home countries, creating additional barriers to help seeking (Fitzgerald et al., 2017; Poljski et al., 2014). Overall, these legal uncertainties and cultural misconceptions are likely to collectively create a climate of fear and mistrust that could impede international students' willingness and ability to seek justice or support.

Healthcare access is another critical issue. Unlike permanent residents, international students are not eligible for Medicare, Australia's universal health insurance scheme (Khatri & Assefa, 2022). While Australia has reciprocal agreements with various countries, none are with the top 20 countries from which international students come (Department of Education, 2024; Services Australia, 2022). Instead, they must purchase Overseas Student Health Cover (OSHC), which provides variable coverage (Khatri & Assefa, 2022). Many students are unclear about what is covered under their OSHC, especially for psychological support (Parker et al., 2020). Privacy concerns and fears that family members might access records related to sexual or psychological health further discourage students from using services (Douglass et al., 2020). Moreover, many students are unaware of free healthcare provisions for injuries sustained due to crime victimisation, including GBV (Funnell & Hush, 2018). In summary, gaps in health coverage, uncertainty about entitlements, and privacy concerns collectively restrict international students' access to essential medical and psychological care.

Cultural and psychological barriers

Alongside legal and healthcare issues, international students may encounter cultural and psychological challenges seeking support for GBV. Many international students experience culture shock, social isolation, and changes to gender roles and expectations, all of which can exacerbate the psychological impacts of GBV (Moores & Popadiuk, 2011). Cultural differences in attitudes toward mental health and gender norms further complicate the process of disclosing and addressing GBV. For instance, in some cultures, there may be strong taboos around discussing issues related to sexuality, mental health, or sexual violence, making it difficult for students to seek help (Islam & Akter, 2024). Research by Parker et al. (2020) found that international students from Malaysia and China were often uncomfortable with terms such as "counselling", "sexuality", and "sexual assault", which were associated with mental illness or sexual promiscuity. These perceptions reflect broader cultural views, where mental illness may be equated with being "crazy" (Yu et al., 2022) and align with Zheng's (2023) findings that Chinese international students may see mental health as a Western phenomenon. Furthermore, the collectivist cultural backgrounds of many international students can add additional layers of complexity. Collectivist cultures emphasise harmony, prioritising the group over individual autonomy (Douglass et al., 2020). As a result, victim-survivors may feel heightened pressure to remain silent to avoid bringing shame or dishonour to their families (Tidwell & Hanassab, 2007). Although victim blaming occurs in all cultures (Meyer, 2016), the fear of ostracism or judgment can be especially strong in these cultural contexts, contributing to further psychological harm from negative social reactions (Engelbrecht & Jobson, 2016). According to Islam and Akter (2024), this secondary trauma is often compounded by the victim-survivor's internalised cultural expectations, which can result in higher rates of depression and anxiety among survivors from collectivist backgrounds. This research suggests support must be unjudgmental and address both the trauma of the violence and the potential for collective shame (Yamawaki, 2008). Holzman (1994) states that GBV can only be understood through the lens of the

victim-survivor's experiences, culture, and religious beliefs. For example, Western individuals often prioritise seeking justice when reporting to the police, while Japanese individuals may focus more on how they are perceived (Yamawaki, 2008). Supportive reactions are therefore critical to recovery and mental health clinicians can help buffer internalised victim-blaming attitudes (Meyer & Taylor, 1986).

Proposed interventions and recommendations

Intersectionality

Effectively supporting international students who have experienced GBV requires adopting an intersectional approach. Crenshaw (1989) created the term *intersectionality* to highlight how focusing solely on categories like race or gender can overlook individuals with multiple marginalised identities (Oyewuwo & Walton, 2023). This framework examines how various aspects of identity such as race, gender, class, and migrant status intersect to create distinct experiences of oppression, privilege, and marginalisation (Maule, 2020).

In the Australian context, intersectionality has been increasingly integrated into the GBV policy landscape to acknowledge and respond to the diverse experiences of populations whose lives are shaped by broader structures of social disadvantage and inequality (Murray & Powell, 2009). Notably, the *National Plan to End Violence Against Women and Children 2022–2032* (Department of Social Services, 2022), Australia's key national framework for preventing and responding to GBV, incorporates intersectionality as one of its six cross-cutting principles. This underscores the importance of recognising intersecting structural and systemic forms of discrimination and their effects on women's experiences of violence. Limited literature has explored migrant and refugee women's experiences of GBV through an intersectional lens in the Australian context. For example, Vasil (2023) examined the vulnerabilities of migrant women with insecure migration status and demonstrated how intersecting structural inequalities, such as visa restrictions and social isolation, shape gendered power dynamics and influence the severity and nature of family violence. However, few studies have extended this framework to international students, leaving a significant gap in understanding.

Applying an intersectional lens to international students is therefore critical. This group is often treated as a homogenous population and assumed to be privileged due to access to higher education and financial resources (Park, 2018). Research has shown that unconscious biases can create differential experiences for women of colour who have experienced GBV (Ortega & Armendariz, 2016). For example, in the United States, Black women are more likely to be unfairly perceived as aggressors, leading to problematic victim blaming (Kennedy et al., 2024). An intersectional lens challenges these biases and recognises the diversity and complexity of international students' experiences, ensuring that the structural and systemic barriers students face are acknowledged and their experiences of GBV are not rendered invisible in broader discussions of migrant women's experiences. This lens also examines how international students navigate the duality of privilege and constraint. While they benefit from opportunities afforded by studying overseas, they simultaneously face a loss of agency tied to intersecting factors such as ethnicity, migrant status, gender, and student identity. More specifically, these constraints are shaped by factors such as visa or financial dependence, cultural expectations, reduced access to support systems, and social marginalisation. These intersections can profoundly shape their life experiences, expectations, and beliefs (Worthen & Wallace, 2017). Understanding how various identities combine to produce unique experiences is crucial for developing appropriate interventions (Bowleg, 2012). An intersectional framework helps mental health clinicians empathise with international students and better understand the structural violence they may face. Structural violence refers to how social structures limit access to resources, self-determination, and representation based on identity

attributes (Hourani et al., 2022). By acknowledging these dynamics, mental health clinicians can provide tailored support that addresses the complexities of the students' lived realities.

Despite its widespread use, intersectionality is not without its challenges. Several critiques highlight the need for a clear methodological framework, which can result in fragmented or inconsistent applications (Nash, 2008; Shin et al., 2017). While Davis (2008) acknowledges these concerns, she argues that intersectionality's adaptability is key to its expansion beyond Black feminist theory into broader identity analyses. However, some researchers contend that intersectionality has been misappropriated, with an overemphasis on recognising multiple identities rather than utilising it to analyse systemic oppression (Grzanka & Miles, 2016; Grzanka et al., 2017). Moreover, Oyewuwo and Walton (2023) warn that, in certain contexts, intersectionality may obscure the unique experiences of marginalised groups, leading to a homogenisation of their struggles. These critiques highlight the importance of utilising intersectionality as a critical lens for understanding oppression, rather than merely as a theoretical concept. To mitigate these risks, mental health clinicians must deliberately and meaningfully engage with intersectionality, avoiding superficial or tokenistic applications. This approach requires learning about, and critical reflection on, the complexities of identity and power and how these dynamics shape the lived experiences of international students. By moving beyond simplistic interpretations, mental health clinicians can use intersectionality to develop more nuanced and culturally attuned interventions for GBV, fostering more effective and inclusive support.

Culturally responsive practices

In addition to intersectionality, culturally responsive practice is important in supporting international students who have experienced GBV. Cultural responsiveness is an ongoing process that involves an openness to, and respect for, international students' diverse ideologies and beliefs, which may differ significantly from the clinician's background (Holzman, 1994). Zhang and Dixon (2003) note that being a skilled counsellor in one context does not necessarily equate to effectiveness when working cross-culturally. Similarly, Hook and Watkins (2015) argue that simply increasing contact with other cultures does not "undo the parochialism and ethnocentrism" of Western psychology (p. 661). Therefore, mental health clinicians must actively educate themselves on how cultural contexts shape students' attitudes towards mental health and GBV (Ranjbar et al., 2020), while recognising that diversity exists in all cultures.

Noting the above, a purely culturally responsive lens has its limitations. Focusing solely on culture or ethnicity can overlook factors such as socioeconomic status or personal history (Alvarez et al., 2022; Westhues et al., 2010). This oversimplification risks applying a one-size-fits-all approach that neglects the complexities of individual experiences, undermining the effectiveness of mental health interventions and rapport creation (Smith et al., 2024). Noting this, cultural responsiveness must be balanced with attention to other intersecting factors to avoid oversimplified interventions.

To practice cultural responsiveness effectively, mental health clinicians must offer services that align with the cultural needs of students. For example, offering support in students' preferred languages where possible and using culturally relevant metaphors and idioms during therapy (Alvarez et al., 2022). Collardeau et al. (2021) found that immigrants may prefer to consult with Western counsellors who are perceived as more neutral and less likely to impose cultural judgements, although the research was qualitative, and therefore not generalisable. In contrast, Li et al. (2016) found that people were hesitant to seek help from counsellors outside their culture. However, the study lacked adequate procedural information and experimental manipulation, limiting the ability to draw causational conclusions.

Additionally, mental health clinicians must practice cultural humility, an approach that promotes cultural curiosity and their role as co-learners alongside the students they treat (Ranjbar et al.,

2020). Mental health clinicians must examine how their cultural norms shape their expectations and worldviews (Oyserman, 2017). Living within one's own culture can lead to the erroneous assumption that it represents universal reality, so it is essential for mental health clinicians to step outside their cultural frameworks to gain new perspectives (Holzman, 1994).

Mental health clinicians must also engage in ongoing self-reflection to combat unintentional biases in their practices and approaches, including their views of how they believe a victim should appear and behave. Research shows that a "worthy victim" is typically a female who is vulnerable, passive, and weak and who is abused by someone unknown to her (Meyer, 2016). Although there is no single normal response to trauma caused by GBV (Engelbrecht & Jobson, 2016), women from culturally diverse backgrounds might respond differently to Western psychologists' expectations. As such, mental health clinicians need to be wary of pathologising these diverse responses. Additionally, while noting the various interlocking systems of oppression that international students might face, mental health clinicians should also be wary of applying a deficits lens and note that just as identity features are multidimensional, so are adaptation and resilience (Harms, 2021).

Improving university counselling services

Universities are uniquely positioned to drive societal change through their roles as institutions of learning, community building, and research (Zark & Toumbourou, 2024). In line with this capacity for leadership, the establishment of dedicated GBV response teams on campuses represents a concrete mechanism for translating this responsibility into practice (Australian Human Rights Centre, 2017). From a structural perspective, Carlson et al. (2018) suggest universities could enhance their support systems by basing them on community sexual assault service models. These multidisciplinary, in-house teams could facilitate access to practical supports, provide trauma-informed psychological assessment and intervention, and assist victim-survivors in navigating formal legal processes (Fitzgerald et al., 2017). This integrated model approach also aligns with the Standard 4 obligations set out by the Department of Education's National Code (2025) as it is person-centred, safe, and trauma-informed and is in alignment with best practice standards. High-quality, specialised psychological care is crucial but not sufficient alone. University mental health clinicians, who are often the first point of contact for international students seeking help (Mennicke et al., 2022; Todorova et al., 2022), can provide essential information and correct misunderstandings about GBV supports. By engaging in targeted professional development, mental health clinicians can equip themselves with the knowledge necessary to provide accurate, basic legal and law enforcement process information to international students affected by GBV, thereby empowering them to make informed decisions (Gagnon et al., 2018). These efforts align with mental health clinicians' ethical commitment to competence, as outlined in the Australian Psychological Society's (2007) *Code of Ethics*, which states mental health clinicians are required to "bring and maintain appropriate skills and learning to their area of professional practice" (p. 18). Such approaches are particularly relevant in larger, metropolitan Australian universities where international students can comprise a sizeable minority (Zhao et al., 2023).

Future directions

While progress has been made in understanding GBV within university settings, much of the research is United States-centric and primarily focused on local student populations, excluding international students. Future studies must address this gap by investigating the unique challenges female international students face when seeking support for GBV in Australia.

Another area for further exploration is the influence of cultural norms and values on how international students experience GBV. For instance, examining how collectivist versus individualist cultural orientations influence students' willingness to disclose GBV, their coping

strategies, and their access to support services could provide valuable insights. Additionally, appreciating that international students are not a homogenous group, it is essential to explore what subgroups of international students may be more vulnerable to GBV. Universities could also pilot specialised gendered violence response teams and assess their effectiveness in engaging international students. This will assist universities to fulfill some of the key obligations set out by the Department of Education (2025), including adhering to the specific needs of a cohort, especially those disproportionately impacted, and providing a person-centred, safe, and trauma-informed response model.

Furthermore, while studies have emphasised the importance of intersectionality and cultural responsiveness in psychological care, there is room for empirical work on how to effectively implement these approaches within university contexts. Given that much of the current scholarship on international students and GBV is qualitative, future studies could use experimental designs to develop and evaluate creative, evidence-based interventions, such as culturally and linguistically appropriate workshops or peer support groups. Finally, future research could use a strengths-based lens to explore what factors foster post-traumatic growth for international students who experience GBV.

In conclusion, international students in Australia face multiple issues when seeking support for GBV, including unfamiliarity with health provisions and laws, cultural differences, and language barriers. Mental health clinicians in university counselling settings are uniquely positioned to provide support to these students, but they must engage in culturally responsive, intersectional approaches to do so effectively. Although international students are an important group within Australian universities, there is a lack of research on best practice psychological support in the context of gendered violence. By incorporating self-reflection, culturally and linguistically tailored interventions, professional development, and dedicated gendered violence support services, universities can play a role in addressing GBV and fostering healing and recovery for international student victim-survivors. Only by acknowledging the complex interplay of cultural, legal, and psychological factors can universities truly create a safe and supportive environment for all students, regardless of their background.

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