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over-represented among those who experienced controlling behaviours when compared with the sample of all women in the survey (35% vs. 17%). To meet the definition, participants had to experience three or more emotionally abusive, harassing or controlling behaviours from a list of 13 possible behaviours, demonstrating a pattern [26]. The list included stalking on-line or in person, constant insults to cause shame/ humiliation, and damaging property. The findings by Boxall and Morgan for women of non-English speaking backgrounds are consistent with research that finds women from refugee and immigrant backgrounds in countries of settlement are at increased risk of IPV generally [28, 29]. In a UK study of recently developed scales for measuring coercive control, non-citizen women (refugees and asylum seekers) were found to have experienced slightly more control and surveillance than women who were citizens, although these differences were not statistically significant [30].

The literature contends that the risk of controlling behaviour is higher for refugee women due to language barriers, financial dependency, visa insecurity, limited social networks, and unfamiliarity with laws and services within the country of settlement [27, 31–33]. Uncertainty about residency and citizenship for women and children, particularly for women on partner visas, renders them vulnerable to threats. A qualitative review of case notes of 100 women on temporary visas attending a multicultural IPV service found that 55% of women experienced threats from their partner of deportation, and 60% threats to withdraw visa sponsorship [34]. Financial dependency and lack of access to material resources are significant for refugee and migrant women [35]. Some writers propose that in respect of multicultural populations, cultural norms may reinforce patriarchy in the family, manifesting as controlling male behaviour, including control of primary decision-making and finances, guarding against perceived undesirable Western values, and managing family engagement with external services and agencies [36, 37].

Research aim

Within this context the Safety and Health After Arrival (SAHAR) study was undertaken as a three-year study.

The overarching study aim was to improve the identification of, and response to, IPV experienced by refugee women settling in Australia. Government funded settlement support programs in Australia include the Humanitarian Settlement Program (HSP), which provides case-management support for refugees during the first 18 months in Australia, and the Settlement Engagement and Transition Support Program (SETS), which offers individual and group support from 18 months to five years after arrival [38, 39]. The study was initially undertaken

with four SETS sites and subsequently at one HSP service site.

The aspect of the project reported here aims to identify controlling behaviours experienced by refugee women accessing settlement services and to evaluate the feasibility of screening for controlling behaviour in this service setting. The project trialled a culturally tailored intervention to identify refugee women's experience of controlling behaviour, alongside other forms of IPV, with the specific research question: *how feasible is it to ask about control when screening for IPV with refugee women accessing settlement services?*

Method

The SAHAR study designed and piloted a culturally tailored IPV screening and response intervention for refugee women accessing five refugee settlement services in NSW, Australia, four in the greater Sydney area and one regional NSW site (Author's own, 2024). The mixed methods evaluation included: anonymised screening and response data; a three month follow up survey of participants' experience of the intervention; in-depth interviews with a small number of refugee women reporting IPV experience; focus groups with settlement staff (Supplementary file 1) and interviews with service managers (Supplementary file 2). This paper reports on the experience of designing and applying measures of control within the broader study.

The recently validated four item ACTS screening tool [40] was selected and piloted at the study sites over a four-month period. All women visiting the services, who could be seen on their own by a caseworker trained in the intervention, were read a brief preamble and then asked how often in the last 12 months a partner or former partner has made them 'Afraid', 'Controlled', 'Threatened' or 'Slapped/ physically hurt' them with the five-point rating ranging from 'never' (0) to 'very frequently' (4). With a maximum score of 16, a score of 1 or more is indicative of abuse as validated against the Composite Abuse Scale [40]. The ACTS tool was translated into the five most commonly identified community languages most spoken at the sites (Arabic, Farsi, Urdu, Chinese and Vietnamese) and conducted by bicultural caseworkers. Anonymised screening data was collected onsite. The question on control was "How often does your partner/husband control your day-to-day activities? (for example, who you see/ where you go?)". A copy of the ACTS screening tool used is provided (Supplementary file 3).

Bicultural caseworkers who attended a two-day training, at the five study sites conducted screening using the standardised four questions as part of their interaction with a woman over a four-month period with women visiting the service, and/or while undertaking a prescribed six-month case review, when women could be seen on

their own in a safe space. According to the study protocol, women whose score on the ACTS tool met the

Nevertheless, those consulted supported the use of a tool that included a question about controlling behaviour due to this being understood as a significant issue for refugee women. Some argued that to effectively identify controlling behaviour, “benign” and “harmful” forms of control needed to be differentiated. Some caseworkers said that when working with clients they sometimes used language about “healthy and unhealthy relationships” to make the distinction between caring and malign behaviour. As consultations proceeded, participants argued that some forms of control were understood by refugee women as potentially or actually harmful, and this could

me. I'm happy with it. He's managing the money. He's managing my bills. And he's taking me everywhere. (5-C5)

However, some caseworkers said it was not always possible for them to identify when controlling behaviour could

