

# The Royal Commission into Family Violence: Trends in the Reporting of Intimate Partner Violence and Help-Seeking Behavior

Journal of Interpersonal Violence

1–26

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DOI: 10.1177/0886260519897341

journals.sagepub.com/home/jiv



Lata Satyen,<sup>1</sup>  John W. Toumbourou,<sup>1</sup>  
Jess Heerde,<sup>2,3</sup> Meu Supol,<sup>1</sup>  
and Archana Ranganathan<sup>1</sup>

## Abstract

There is a dearth of research investigating whether public inquiries such as Royal Commissions trigger community behavior change or awareness about targeted health and social issues within the general community. This study examined trends in the reporting of intimate partner violence (IPV) and help-seeking behavior before and during the Victorian Royal Commission into Family Violence. Six hundred seventy-seven women across Australia, including 172 migrant and 505 nonmigrant women, completed surveys on their experience of IPV and help-seeking behavior over a 4-year period. Prevalence estimates were weighted to the Australian Census data to reflect the Australian population breakdown for age and migrant status. Results showed levels of IPV reported by participants significantly increased during the Victorian Royal Commission into Family Violence in 2015. Similarly, the perceived need to seek help for abuse significantly increased from the start of the Royal Commission; this was, however, evident for nonmigrant, but

<sup>1</sup>Deakin University, Burwood, Victoria, Australia

<sup>2</sup>The University of Melbourne, Victoria, Australia

<sup>3</sup>Murdoch Children's Research Institute, Melbourne, Victoria, Australia

## Corresponding Author:

Lata Satyen, School of Psychology, Deakin University, Burwood Campus, 221 Burwood Hwy, Burwood, Victoria 3125, Australia.

Email: [lata@deakin.edu.au](mailto:lata@deakin.edu.au)

not migrant women. The findings are discussed considering the influence of the Royal Commission into Family Violence, its public profile, and the pervasiveness of the information about family violence during this time that could have led to an increasing trend in knowledge about family violence and the perception of requiring assistance in the general community. It is recommended that future Royal Commissions prepare for predictable changes in community behavior and institutions organize their resources to address the potential increased disclosure of the problems addressed.

### **Keywords**

Royal Commission, domestic or family violence, intimate partner violence, help-seeking behavior, migrant

Intimate partner violence (IPV) is an international public health issue. Currently, IPV is one of the most significant human rights violations against women (Ellsberg et al., 2008; Garcia-Moreno et al., 2006). Worldwide reported rates of IPV remain high despite increasing efforts by government bodies, health care organizations, legislative councils, criminal justice systems, and feminists and feminism movements to reduce its prevalence. Internationally, government bodies are working to develop and implement newer and more effective approaches for preventing and intervening against this form of violence. While prevention efforts are ongoing and take time to demonstrate effects, intervention approaches aiming to decrease the prevalence of IPV, including IPV among migrant women, are understudied and lack effective policy development. The World Health Organization (WHO, 2013), in their report of global and regional estimates of violence against women, estimated that 35% of women internationally experience IPV. There is cross-national variation in the proportion of women facing specific barriers in reporting and seeking help for their experience of IPV (WHO, 2013). In the Australian context, the 2016 Victorian Royal Commission into Family Violence highlighted that the incidence of family violence in culturally and linguistically diverse communities required increased prevention and intervention efforts (State of Victoria, 2016). The terms *intimate partner violence* and *family violence* are used in this article to describe the findings specifically to intimate partners or to encompass abuse from various members of the family, respectively.

### **International and Australian Prevalence of IPV**

The WHO (2013) multi-country study investigated the prevalence of IPV across 10 countries; the results of this study suggested between 15% and 71%

of women experienced some form of physical or sexual violence (Garcia-Moreno et al., 2006) with up to 38% of all murders of women committed by intimate partners. Some differences were evident in the prevalence of IPV across countries, with higher prevalence observed in the African, Eastern Mediterranean, and South-East Asian regions (37%); lower rates of IPV were observed in higher income regions (23%), such as Australia (WHO, 2013).

Population prevalence estimates for IPV in Australia show that one in five Australian women report physical assault and one in four women experience emotional abuse from a former or current male partner over the course of their lifetime (Cox, 2016). It is likely that these statistics are underestimates of IPV prevalence due to underreporting associated with misunderstandings of what constitutes IPV, and shame, stigma, and fear of repercussion regarding IPV disclosure (Ellsberg et al., 2001). Most seriously, IPV incidents contribute significantly to rates of women's mortality in Australia, with this form of violence accounting for 654 deaths or 23% of all homicides in Australia between 2002 and 2012 (Australian Institute of Criminology [AIC], 2015). Most recently, Australian data show 39% of homicide incidents reported from 2010 to 2012 were classified as domestic homicides. Of these incidents, 58% were classified as intimate partner homicide (AIC, 2015).

Given the high rates of migration in Australia, it is important to understand how patterns of IPV may vary depending on country of birth. Police records from the State of Victoria between 2013 and 2016 show that, aside from Australian-born individuals, the highest rates of reported family violence incidents are from individuals born in New Zealand, England, India, Sudan, and Vietnam (Crime Statistics Agency, 2016). This suggests that migrants from these countries may be at a greater risk of experiencing IPV. The records also show an increase in the number of IPV incidents with each passing year: with an increase for those born in New Zealand from 570 incidents in 2013/2014, to 649 in 2014/2015, to 709 in 2015/2016; for Indian-born individuals, the figures increased from 366 to 423 to 495 across the respective years; for England the figures were 244, 302, and 325 respectively; and for Sudan the increase was from 241 to 276 to 309. For those born in Vietnam there was an increase from 213 in 2013/2014 to 288 in 2014/2015 but a decline to 258 in 2015/2016 (Crime Statistics Agency, 2016). Altogether, these statistics indicate that the issue of IPV is not only prevalent among migrants in Australia but has also become more prevalent over the years.

## **The Influence of Royal Commissions Into Violence and Family Violence on Reporting Rates**

In Australia, the United Kingdom, and Canada, Royal Commissions are independent bodies appointed by government under legislation, which have the

capacity to compel and cross-examine witnesses and protect people who give evidence (Wright et al., 2017). Royal Commissions provide witnesses with a unique opportunity to report their lived experiences without fear of repercussion, and they hold the potential to create widespread change and reform through the recommendations made.

A Royal Commission into Family Violence was announced by the Victorian government in December 2014 in the wake of a series of family violence-related deaths (State of Victoria, 2016). The Commission was conducted in Victoria, Australia, over the period of 2015–2016. A priority of the Royal Commission was to examine the family violence system in Victoria in an attempt to determine strategies to prevent the incidence of family violence, better support victim survivors, and hold the perpetrators of family violence to account for their actions. The establishment of the Commission was a recognition of the seriousness of family violence and its pervasive consequences for individuals and families, as well as an acknowledgment that existing prevention and policy responses had been insufficient to reduce the severity and prevalence of IPV. The Royal Commission was informed by community consultations, written submissions, public hearings, data collection, literature reviews, commissioned research and discussions with family violence experts.

To promote their work to the public, the Royal Commission engaged in publicity using both electronic and written press mediums. Both state-owned and private media organizations provided extensive coverage to the Commission's proceedings. For example, the *Guardian* published 52 articles in 2015–2016 covering the Commission's proceedings and increasing awareness on family violence ("Royal Commission into Family Violence (Victoria)," n.d.). The Commission's Twitter handle @rcfamviolence and its website regularly updated the public about the nature of its work throughout 2015–2016. The Commission sought input from individuals and organizations who had personally experienced family violence or worked with individuals who had experienced it; this led to nearly 1,000 written submissions.

The call for the submissions and further contributions was made through a government press release, disseminated by media organizations and those involved in family violence work. Consequently, the Commission held 44 community group sessions with a diverse range of people including service providers, older victims, ethnic minority groups, male victims, perpetrators, Aboriginal representatives, children and youth services, different faith groups, and gay, lesbian, bisexual, intersex and transgender communities. In all, 850 people attended these sessions (Royal Commission into Family Violence, 2017; State of Victoria, 2016). The proceedings of the Commission were also live streamed to the public throughout its 25 days of public hearing (Royal Commission into Family Violence, 2017; State of Victoria, 2016).

Upon completion of its consultations, the Royal Commission released a report, comprising 227 recommendations in March 2016 (State of Victoria, 2016). Apart from a range of shortcomings, the Royal Commission found that individuals within culturally and linguistically diverse communities were particularly vulnerable to family violence, and made specific recommendations aimed at building and ensuring accessible, inclusive, and nondiscriminatory service delivery to these groups (State of Victoria, 2016). It was acknowledged that people from migrant backgrounds are disproportionately affected by IPV and that the experience of IPV is different for them, such as in the specific barriers they face in seeking and obtaining help (State of Victoria, 2016).

The Victorian Royal Commission was the first in the world to investigate family violence. Previous Royal Commissions have triggered large social changes. For example, the Australian Royal Commission Into Institutional Responses to Child Sexual Abuse (2013–2017) brought about major changes, including but not limited to (a) the introduction of a national redress scheme for survivors of child sexual abuse in institutional contexts; (b) provision of an opportunity for survivors to share their experiences (1 in 10 disclosed for the first time to the Royal Commission); (c) improvement in police investigation of child sexual abuse offenses, and legislation changes to Working With Children Check; (d) legislative reform in relation to limitation periods in litigation; and (e) improvements to organizational liability and reporting requirements (Royal Commission Into Institutional Responses to Child Sexual Abuse, 2017; Wright et al., 2017). In Canada, the Royal Commission on the Status of Women (1970) resulted in law reform to improve gender equality for Canadian women (Morris, 2017).

Although Royal Commissions are acknowledged as playing a role in increasing public awareness and education, there has been limited research attention. At present, the authors of this study have been able to locate only two published reports (Crime Statistics Agency, 2018a, 2018b) discussing the influence of the Victorian Royal Commission into Family Violence on awareness and education. Specifically, these reports examined differences in rates of reporting IPV among migrant and nonmigrant women. In a report by the Victims Assistance Program, findings showed increases in reported numbers of family violence cases from the year prior (2014/2015) to and following the Royal Commission (2016/2017) for women across several countries of birth (e.g., Lebanon, Sri Lanka, and Greece; Crime Statistics Agency, 2018a [Table 5, Community Operations and Victim Support Agency Data Tables]). Over the period, 2014–2017, applications for Family Violence Intervention Orders (where an interpreter was required) also increased (Crime Statistics Agency, 2018b [Table 7a, Victorian Legal Aid Data Tables]). It remains unclear, however, whether the increased rates of

reported family violence following the Commission is indicative of the increased *experience* or the increased *reporting* of family violence.

## IPV in Migrant and Nonmigrant Women

Irrespective of the migrant status of women, it is clear that family violence is pervasive and profoundly affects the health and well-being of all victims. Several studies show that women exposed to IPV experience physical injuries, reproductive problems, psychological distress, suicidality, substance use, and in extreme cases, death (Ellsberg et al., 2008; WHO, 2013). It is suggested women from migrant backgrounds may be more vulnerable to experiencing IPV compared with nonmigrant women (Prosman et al., 2011; Vives-Cases et al., 2010). Previous studies have shown that the prevalence of IPV varies across communities and specific vulnerabilities may increase the risk of IPV for subgroups of women such as migrant women and those who have low incomes (Garcia-Moreno et al., 2006; Hyman et al., 2006; Raj & Silverman, 2002). For instance, a cross-sectional study conducted in multicultural Rotterdam, Netherlands, examined IPV prevalence among women attending general practice (medical clinics; Prosman et al., 2011). Across the sample of 214 women, results showed migrant women experienced significantly higher rates of IPV compared with nonmigrant women. In another larger cross-sectional study of 10,048 women attending primary health care in Spain, migrant women were shown to have had a higher likelihood of experiencing IPV compared with nonmigrant women (Vives-Cases et al., 2010). A more recent Australian study showed migrant women experienced high levels of physical, psychological, and financial abuse, with more than 50% of the sample of 130 women experiencing at least one type of abuse (Satyen et al., 2018). Indeed, these findings suggest that migrant women may be more vulnerable to experiencing IPV. Whether differences exist in rates of IPV between migrant and nonmigrant women in Australia remains to be seen and requires investigation.

Despite Australia's large overseas-born population (around 28.50%; Australian Bureau of Statistics [ABS], 2018), research regarding IPV among immigrant and refugee women is sparse (Vaughan et al., 2016). In their comprehensive review, Australia's National Research Organization for Women's Safety (ANROWS) found that a lack of investigation into immigrant and refugee women's experiences of IPV has resulted in an inability to establish whether IPV prevalence differs to that of other women in Australia (Vaughan et al., 2016). For migrant women, a set of factors inherent to migration (e.g., limited English language skills, restricted and uncertain legal status, and social isolation) and culture (e.g., dealing with problems within the family

and social acceptance of husbands hitting wives) may increase the complexities of their IPV experience (Menjívar & Salcido, 2002). Migrant women are generally less likely than other groups of women to report IPV, perhaps due to a limited understanding of what constitutes IPV (Harris et al., 2015) and language and cultural barriers that prohibit disclosure (Cox, 2016). Furthermore, these women may face additional barriers to seeking help due to social isolation and limited support networks in Australia or lack of knowledge of Australian law (Ghafournia, 2011). They may also face structural barriers such as racism through the negative attitudes or behavior displayed by health care workers, which may affect the health care relationship and prevent them from seeking further help (O'Mahony & Donnelly, 2010). Other systemic-level barriers such as the lack of culturally relevant services may further compound the difficulties migrant women encounter (Raj & Silverman, 2002). It is therefore essential that health and other professional service providers ensure that their programs and services are linguistically and culturally relevant to encourage women from all cultures to access their services (Satyen et al., 2018). Indeed, as Crenshaw (1991) asserts, resource organizations, counselors, and support workers should recognize the intersectionality between gender, race, and women's minority status and extend support proportional to their needs (Crenshaw, 1991).

## **Help-Seeking Behavior for IPV**

Australian research into migrant women's help-seeking behavior for IPV indicates that in spite of requiring assistance, a range of partner-related, society-related, and practical concerns prevent them from seeking assistance (Satyen et al., 2018). Help-seeking behavior for IPV reflects the methods in which women who have experienced IPV access support from formal sources such as hospitals, general practitioners, mental health clinics, and law enforcement agencies, as well as informal sources including family members and friends (Hyman et al., 2009). Liang et al. (2005) proposed a three-stage theory of help-seeking behavior, including problem recognition and appraisal, the decision to seek help, and the selection of a help provider. These stages are largely influenced by individual, sociocultural, and interpersonal factors. The individual factors are relevant to all victims; however, the sociocultural factors are largely pertinent to migrant women. In Stage 1, interpersonal factors such as the varying nature of the abuse in a relationship and the cognitive distortions and dissonances caused by the abuser and the extended family and friends of the victim can lead to a victim cognitively reconstructing the aggressive behavior of their partner. The sociocultural influences relevant to a migrant victim's perception of the abuse is their social, religious, and cultural context.

In Stage 2, Liang et al. (2005) assert that two important individual factors determine a victim's assessment to seek support: (a) recognition of a problem as undesirable and (b) perceiving the problem to continue without assistance from others. The interpersonal and sociocultural influences such as gender, class, and cultural factors determine whether or not the victim will seek help.

In Stage 3, Liang et al. (2005) emphasize the role of appraisal of a woman's abusive situation to determine if she seeks support from a trusted friend, a therapist, or a religious leader, or uses a legal intervention. They also elaborate on the influence of a woman's coping and relational styles and her cost-benefit analysis of the situation to seek assistance (see Lazarus & Folkman, 1984, for a review on coping styles). Apart from these aspects, the sociocultural influences and increased injuries lead to differences in choosing a support medium. For example, women from some ethnic minority groups (such as African American and Hispanic women) seek assistance from more formal sources, possibly due to greater hospitalization rates (Ackerman & Love, 2014; Rodríguez et al., 2001) while other (such as South Asian women) reach out to informal sources to a greater extent (Yoshioka et al., 2003). It is essential though for systems to be responsive to the needs of women from minority ethnic groups when they do seek help. Consequently, Crenshaw (1991) reiterates that people living at the intersection of multiple marginalizations or forms of oppressions may require greater assistance as a considerable proportion of resources may be required to handle problems other than the violence itself.

Community norms will also prescribe help-seeking behavior. For example, patriarchal beliefs and cultural norms will also determine whether women approach an "outsider" for help or whether they consider this to be a private matter to be resolved within the family (Hilbert & Krishnan, 2000). Furthermore, the following factors may also influence whether or not women seek assistance for IPV: visa restrictions (for migrant women; Anitha, 2011); low social status (Dasgupta & Warriar, 1996); changes to family dynamics and fear of social isolation and ostracization from the community (for women from minority ethnic communities; Braaf & Meyering, 2011; Dasgupta, 1998; Kulwicki et al., 2010; Ting & Panchanadeshwaran, 2009; Vidales, 2010); language problems, lack of employment, and financial dependence (McCart et al., 2010; Vidales, 2010); and a lack of knowledge about their civil rights and how to navigate existing social, judicial, and government systems (Kulwicki et al., 2010; McCart et al., 2010; Ting & Panchanadeshwaran, 2009; Vidales, 2010). Thus, a range of personal, structural, cultural, and legal factors may influence women's help-seeking behavior.

## The Current Study

Research is needed to examine whether the Victorian Royal Commission into Family Violence has resulted in changes to IPV disclosure and help-seeking behavior among migrant and nonmigrant Australian women. To date, there has been no study in Australia that has examined trends in IPV and help-seeking behavior across migrant and nonmigrant women. The current study presents an examination of the trends in IPV and help-seeking behavior in a representative sample of migrant and nonmigrant women in a heterosexual relationship prior to and during the Victorian Royal Commission into Family Violence. Specifically, we hypothesized that the formal inquiry into IPV through the Royal Commission into Family Violence would be associated with a temporal trend for increased (a) disclosure of IPV and (b) help-seeking behavior among migrant and nonmigrant women in Australia.

## Method

### *Research Design and Sample*

The current study adopted a quantitative, cross-sectional temporal-trend research design to examine trends in rates of IPV from July 2012 to December 2015 among migrant and nonmigrant women residing in Australia. To be eligible to participate in the study, women were required to be (a) over 18 years of age, (b) a migrant from any country or a nonmigrant born in Australia, (c) in a current or past relationship, and (d) proficient enough in the English language to understand and complete the study questionnaire.

Six hundred seventy-seven women between 19 years and 65 years of age participated in the study ( $M = 35.70$  years,  $SD = 12.20$ ). The sample comprised 172 migrant (25%) and 505 nonmigrant (Australian-born) (75%) women, which is representative of the Australian population in 2015, wherein more than 3.3-million women (28% of the female population in Australia) were born overseas (ABS, 2016a). Table 1 presents the sample characteristics for study participants.

### *Data Collection and Procedure*

Ethics approval was obtained from the Deakin University Human Research Ethics Committee. Advertising described it as a study about IPV among migrant and nonmigrant women in Australia. Participants were recruited from migrant resource centers, health services, and community support centers as well as via social media sites such as Facebook and Twitter. Refugee shelters were not approached for recruitment purposes to prevent distress to

**Table 1.** Study Sample Characteristics (*N* = 677).

Characteristics	<i>n</i>	%
Year of participation		
2012	33	5.04
2013	162	25.16
2014	265	37.00
2015	217	32.80
Migrant status		
Nonmigrant (Australian-born)	505	69.95
Migrant	172	30.05
Age group (years)		
18–24	148	17.26
25–34	214	18.89
35–54	257	32.81
55 or more	58	31.05
Marital status		
Single	109	13.04
In a non-cohabiting relationship	101	12.27
In a de facto relationship	117	14.44
Married	224	36.44
Divorced or separated	92	18.19
Widowed	7	2.93
Other marital status	25	2.69
Housing		
Owned home	290	54.01
Rented home	302	38.06
Temporary accommodation	26	3.20
Other	47	4.73
Country of birth		
Africa	18	2.47
Asia	80	13.16
Europe	46	8.90
North America/South America	16	3.94
Oceania—Australia & New Zealand	517	71.54
Employment		
Full-time	230	29.89
Part-time	189	30.55
Casual	97	12.25
Unemployed	148	26.36
Other	9	0.10

*(continued)*

**Table 1. (continued)**

Characteristics	<i>n</i>	%
Income		
AUD25,000 or less	123	18.94
AUD25,001–AUD50,000	136	23.39
AUD50,001 or more	357	50.26
Unaware	52	7.40

women seeking safety; to avoid the implicit coercion of their participation through the manager of the refuge shelter, possibly leading to unethical practices; and because our primary aim was not to examine issues associated with women in refuge shelters. Participants represented all the Australian states and territories, including Victoria, New South Wales, Queensland, the Northern Territory, South Australia, Tasmania, the Australian Capital Territory, and Western Australia with close to 100 organizations assisting with the promotion of our study. Most organizations promoted the study either on their notice board via a printed flyer supplied to them or through their social media site. If the organization agreed to distribute hard copies of the surveys, we sent them envelopes with (a) the surveys; (b) a plain language statement describing details of the study, eligibility criteria, the risks and benefits of participation, and procedures for participating or withdrawing from the study; and (c) a reply-paid envelope, which were usually kept in the reception area of participating organizations for interested participants to collect. Organizations that chose to only promote the study online were sent a brief description of the study along with the weblink to the survey. The social media sites used for online promotion included the organization's webpage, Facebook, and Twitter. In the first year of the study (2012), migrant women were predominantly recruited as our focus was on recruitment methods for engaging migrant women. From 2013 onward, a concerted effort was made to recruit both migrant and nonmigrant women to participate in the study.

Prospective participants were assured of the confidentiality of their responses and the anonymous nature of the study. No record was made of where the participant collected the survey pack or any electronic information if they completed the survey online. Participants were specifically advised to complete the survey in a safe location at either the organization where they collected the material, a public library, or home only if they felt safe. This process was important given the potential vulnerability of participants. Participants were further advised to maintain caution if using the Internet at

home to complete the survey in case their partner saw their activity. All participants were informed of the risk of experiencing distress when completing the survey, due to the personal nature of the questions asked. Details of a helpline were provided to all participants for when support was required to manage their distress or discuss the violence they had experienced or were experiencing.

Approximately 60% of participants completed the survey online. All other participants completed the survey via the hard copy. The survey took approximately 20 min to complete.

## **Measures**

**Demographics.** Participants reported their age, country of birth, citizenship status, year of arrival in Australia, visa category through which they entered Australia the first time (e.g., skilled migrant, refugee, business, temporary skills shortage, or humanitarian), and postcode of their current residence. Participants also detailed the cultural group with which they identified, the language they spoke at home, their marital status, their living situation, the highest level of education, employment status, and annual income.

**IPV.** Three forms of IPV were measured using selected subscales from the Types of Abuse Scale (TAS; Liptak & Leutenber, 2009). Three subscales consisting of 10 items with a true-or-false response option measured physical/psychological, verbal/emotional, and financial abuse. The Physical/Psychological Abuse subscale included items such as “throws object at me” and “exhibits extreme jealousy” and has high reliability ( $\alpha = .87$ ; Liptak & Leutenber, 2009). The Verbal/Emotional Abuse subscale asked participants if they agreed or disagreed to statements such as “ridicules me” and “makes fun of my values and beliefs” and has a high reliability score of  $\alpha = .91$ . The Financial Abuse subscale includes questions such as “does not help to support me or my family financially” and “controls my income and/or assets” and also is highly reliable ( $\alpha = .86$ ; Liptak & Leutenber, 2009). The TAS is also reported to be inter-culturally relevant and sensitive and successful in obtaining high prevalence rates, consistent with rates reported by interview of self-reported aggressive behaviors, suggesting adequate concurrent validity (Liptak & Leutenber, 2009). The scale was identified to have high overall internal consistency ( $\alpha = .95$ ). A score out of 10 was obtained on each subscale based on the number of “Yes” responses. Furthermore, a composite score was derived by adding the sum of all three subscales, which yielded a score based on a response of “Yes” to any of the 30 items.

*Help-seeking behavior.* The Help-Seeking Behavior Scale (HSBS) was adapted from the Community Interaction Checklist (Wahler & Afton, 1980; Wahler et al., 1979). It has high reliability, with a combined Cronbach's alpha .81 in the original study and 0.79 in the replication study (Wahler & Afton, 1980). The scale measured four aspects of help seeking; for the current study, responses to needing and asking for help were analyzed.

Women were asked to select any of the six services (i.e., telephone domestic violence counselor, temporary shelter, legal aid, police, lawyer, and a psychologist) that they needed or sought assistance from. Total responses were scored for "needed help" or "asked for help" as 0 (no services listed) and 1 (one or more services) listed; thus, the range varied from 0 to 6 for "needed help" and "asked for help."

## Analyses

All analyses were conducted using Stata IC software for Windows (StataCorp, 2017), version 15.1. The percentage of missing data across all analyzed variables ranged from 0% to 1.77% ( $M = .31\%$ ). Eleven cases with more than 50% missing were deleted, and in the remaining cases missing variables were imputed based on the variable mean (Graham et al., 2012). Differences in means and frequencies of types of IPV and help-seeking behavior by year and migrant status were examined using independent-sample  $t$  tests and chi-square analyses. Trend differences in IPV and help-seeking behavior were examined using logistic regression analyses comparing other years to 2015. Prevalence estimates of IPV for migrant and nonmigrant women were derived using the design-based estimation of proportions. Prevalence estimates were weighted to the Australian Census data (ABS, 2016b) to reflect the Australian population breakdown for age and migrant status. Once the data were weighted, rates of IPV in the current study were similar to official rates of IPV for migrant and nonmigrant women (Cox, 2016).

## Results

### *Differences in Levels of IPV*

Comparisons in frequencies examining differences in IPV across the study time-points (years) are presented in Table 2. Results of the multivariate logistic regression (Table 3) showed a nonlinear trend across time, where levels of IPV reported by participants significantly increased during the Victorian Royal Commission into Family Violence. The logistic regression associated

**Table 2.** Percentage of Women Who Reported Experiencing Abuse per Year.

Type of Abuse	Year of Reporting ( <i>N</i> = 677)			
	2012 (%)	2013 (%)	2014 (%)	2015 (%)
Physical/psychological abuse	61.91	60.23*	48.89**	69.88
Verbal/emotional abuse	64.56	63.68	49.26**	71.36
Financial abuse	70.43	53.51	37.98*	51.00
Composite abuse	79.04	69.58*	61.00**	78.02

Note. Composite abuse indicates that at least one type of abuse was experienced. Statistically significant trend differences compared to 2015 indicated with asterisks attached to the significantly higher value.

\* $p < .05$ . \*\* $p < .01$  (based on logistic regression reported in Table 3).

**Table 3.** Multivariate Logistic Regression Predicting Type of Abuse (*N* = 677).

Predictors	Type of Abuse			
	Physical/ Psychological	Verbal/Emotional	Financial	Composite
	OR	OR	OR	OR
Year (referent: 2015)				
2014	0.38**	0.35**	0.58*	0.40**
2013	0.51*	0.57	0.95	0.49*
2012	1.00	0.79	2.72	1.07
Age (referent: 18–24)				
25–34	2.97**	2.06*	2.76*	2.78**
35–54	6.15**	6.21**	6.36**	5.07**
55+	4.05**	4.10**	6.06**	4.09**
Migrant	0.95	1.55	1.49	1.52
Married	0.17**	0.14**	0.20**	0.17**
Home owner	0.77	0.49*	0.71	0.66
Employment (referent: Full-time)				
Part/casual	1.46	1.55	1.03	1.44
Unemployed/other	1.26	1.23	1.70	1.63
Income (referent: AUD50,001 or more)				
AUD25,001–AUD50,000	1.44	1.00	0.92	1.02
<AUD25,000/unaware	2.20*	1.10	1.20	1.07
Regression	$F(13, 664) = 7.34$	$F(13, 664) = 6.72$	$F(13, 664) = 5.81$	$F(13, 664) = 5.72$

Note. Composite abuse indicates that at least one type of abuse was experienced. OR = odds ratio. Significance: \* $p < .05$ ; \*\* $p < .01$ .

higher risks for all forms of IPV with older aged ( $p < .034$ ) and non-married groups ( $p < .001$ ). Home ownership reduced the risk ( $p = .02$ ) for emotional abuse, while household income below AUD25,000 (relative to an income of >AUD50,000) increased the risk of physical abuse ( $p = .01$ ).

**Table 4.** Percentage of Women Who Reported Experiencing Abuse per Migrant Status.

Type of Abuse	Migrant Status (N = 677)		F	p
	Migrant Sample (%; n = 172)	Nonmigrant Sample (%; n = 505)		
Physical/psychological abuse	56.10	60.65	0.55	.4568
Verbal/emotional abuse	62.82	60.09	0.21	.6506
Financial abuse	52.81	45.64	1.35	.2454
Composite abuse	72.77	68.31	0.62	.4296

Note. Composite abuse indicates that at least one type of abuse was experienced. F = design-based F statistic.

The results that showed higher levels of physical/psychological and verbal/emotional abuse were reported in 2015 (the period of the Royal Commission) compared with 2012 to 2014. The multivariate adjusted results that showed significantly higher levels of all forms of abuse were reported in the year of the Royal Commission (2015) compared to 2014, while physical/psychological and composite abuse were also significantly lower in 2013, and financial abuse showed a nonsignificant trend to be higher in 2012.

### *IPV Between Migrant and Nonmigrant Women*

Comparison of the frequency of IPV between migrant and nonmigrant women is presented in Table 4. Results showed no statistically significant differences in the frequency of IPV (physical/psychological, verbal/emotional, or financial abuse) between migrant and nonmigrant women. Results showed that, compared with migrant women, the frequency of experiencing at least one type of abuse (composite abuse) was greater in nonmigrant women. This difference was not statistically significant (refer Table 4). Multivariate logistic regression models (Table 3) revealed migrant and nonmigrant women were at similar risk for different forms of abuse. In a series of sensitivity analyses, predictors appear similar for migrant and nonmigrant women, with the exception that migrant women in full-time employment were at lower risk of emotional and financial abuse while for nonmigrant women, there was no protective effect (interaction  $p < .05$ ).

### *Differences in Levels of Help-Seeking Behavior*

Table 5 presents the comparisons in frequencies for help-seeking behavior (recognition of help being needed and having asked for help) across the study

**Table 5.** Percentage of Women Who Reported Needing and Asking for Help per Year.

Help-Seeking	Year of Reporting ( <i>N</i> = 677)			
	2012 (%)	2013 (%)	2014 (%)	2015 (%)
Needed help (overall)	61.62	66.49	53.19**	70.57
Asked for help (overall)	38.00	50.13	43.87*	58.64

Note. *F* = design-based *F* statistic. Statistically significant trend differences compared to 2015 indicated with asterisks attached to the significantly higher value.

\* $p < .05$ ; \*\* $p < .01$  (based on logistic regression reported in Table 6).

time-points. Results show that the perceived *need* to seek help for abuse and *ask* for help by participants significantly increased from the start of the Victorian Royal Commission into Family Violence. Across the sample, results showed a higher perceived *need* to seek help and *ask* for help in 2015 compared with 2012 through 2014. Results of multivariate logistic regression analyses (Table 6) showed needing and asking for help were significantly lower in 2014 compared to 2015. *Needing* help was higher for those who were non-married ( $p = .001$ ) and have lower incomes ( $p = .029$ ) while *asking* for help was higher for older and non-married groups ( $p < .01$ ) and lower for home owners ( $p = .027$ ).

### Levels of Help-Seeking Behavior for Types of IPV Between Migrant and Nonmigrant Women

Table 7 presents the comparisons in frequencies for help-seeking behavior by type of IPV only for those women who reported needing or asking for help. The tests of significance are compared between migrant and nonmigrant women. Results showed no statistically significant differences in help-seeking behavior (*needing help*) by type of IPV (physical/psychological, verbal/emotional, or financial abuse) between migrant and nonmigrant women. Despite no differences in needing help, migrant women were less likely to report *asking* for help for verbal/emotional abuse, financial abuse, or total abuse. Overall, results showed that for most types of abuse, nonmigrant women reported higher rates of perceiving a need and asking for help; however, few statistically significant differences were evident. There were no significant differences in demographic associations between migrant and nonmigrant women needing and asking for help.

**Table 6.** Multivariate Logistic Regression Predicting Help Needed and Asked (N = 677).

Predictors	Needed Help (Overall)	Asked for Help (Overall)
	OR	OR
Year (referent: 2015)		
2014	0.48**	0.59*
2013	0.82	0.65
2012	0.74	0.62
Age (referent: 18–24)		
25–34	1.36	2.29*
35–54	1.56	6.65**
55+	1.82	6.50**
Migrant	0.95	0.75
Married	0.43**	0.27**
Home owner	1.03	0.53*
Employment (referent: Full-time)		
Part/casual	0.99	1.02
Unemployed/other	0.66	1.23
Income (referent: AUD50,001 or more)		
AUD25,001–AUD50,000	1.93*	1.37
<AUD25,000/unaware	1.37	1.55
Regression	F(13, 664) = 2.78	F(13, 664) = 4.54

Note. OR = odds ratio.  
 Significance: \*p < .05; \*\*p < .01.

## Discussion

This article presents a novel analysis examining trends in migrant and nonmigrant women’s self-reported IPV prior to and during the Royal Commission into Family Violence in Australia. The analyses identified an increasing trend in women reporting abuse and perceiving a need for help in the year that the Royal Commission commenced. It is concerning that, overall, close to 70% of our sample experienced some type of abuse. This finding is similar to the WHO multicountry study that found between 15% and 71% of women reported experiencing some form of physical or sexual violence (Garcia-Moreno et al., 2006). It is also similar to Australian research that shows one in four or five women experience either physical or emotional abuse from a male partner (Cox, 2016).

**Table 7.** Percentage of Women Who Reported Needing and Asking for Help per Type of Abuse and Migrant Status.

	Migrant Status ( <i>n</i> = 467)		Difference $\chi^2$	<i>p</i>
	Non-Migrant Sample (%; <i>n</i> = 340)	Migrant Sample (%; <i>n</i> = 127)		
Help-Seeking				
Needed help				
Physical/psychological abuse	73.48	76.90	0.28	.5941
Verbal/emotional abuse	71.21	76.07	0.52	.4693
Financial abuse	77.83	70.29	0.93	.3354
Composite abuse	70.67	68.44	0.11	.7385
Asked for help				
Physical/psychological abuse	70.53	58.86	2.46	.1178
Verbal/emotional abuse	72.48*	56.77	4.76	.0297
Financial abuse	77.38*	61.41	4.08	.0442
Composite abuse	67.20*	50.97	5.30	.0218

Note. For each type of abuse, only those women who reported needing or asking for help were included; those who did not perceive a need for help or asked for help were not included in this analysis. Composite abuse indicates that at least one type of abuse was experienced. *F* = design-based *F* statistic. Statistically significant differences indicated with asterisks attached to the significantly higher value.

\**p* < .05.

There are clear temporal trends in each type of abuse examined in this study, with women reporting abuse more extensively in the year of the Royal Commission into Family Violence compared to the preceding years. This is reflective of physical/psychological, verbal/emotional, and financial abuse. This suggests that the Royal Commission may have led to a greater awareness of family violence among members of the general community, and resulted in increased reporting of the abuse they experienced. Indeed, concurrent reports from the Crime Statistics Agency (2018a, 2018b) in the state of Victoria, Australia, indicate an increase in the number of family violence cases and the number of applications for a family violence intervention order prior to and following the Royal Commission.

Financial abuse was the only form of abuse that was observably higher in 2012 compared to 2015. These findings suggest that financial abuse may be influenced by different factors relative to other forms of IPV. Our logistic regression analyses reveal a number of demographic factors that significantly influence different forms of IPV (Table 3). Our findings may also arise as a sampling artifact. There were mainly migrant women in our 2012 sample.

Although Table 4 did not find significant differences, migrant women did report higher levels of financial abuse. Table 7 noted migrant women experiencing financial abuse were significantly less likely than nonmigrant women to seek help.

The findings from the present study show nonsignificant differences in levels of physical/psychological, financial, and verbal/emotional abuse and composite abuse across migrant and nonmigrant women over the 4-year period examined in the study. This is similar to prior population-based studies that show, on average, between 15% and 71% of the overall population, inclusive of a mix of cultural communities, experience abuse by an intimate partner (Garcia-Moreno et al., 2006). This suggests that more stringent prevention efforts are required to constrain this crime.

In relation to help-seeking behavior, the present findings demonstrate a clear association with the Royal Commission into Family Violence on women's *overall* recognition that they *require help* or have *asked for help* for family violence. Specifically, more women identified that they needed or asked for assistance in 2015, the year of the Royal Commission, with significant differences compared to the preceding year. This perhaps underscores the influence of the Royal Commission into Family Violence, its public profile, and the pervasiveness of the information about family violence during this time. This could have led to an increasing trend about the knowledge about family violence and the perception of requiring or asking for assistance if they were experiencing abuse. Previous Royal Commissions have also been associated with large social responses. For example, the Australian Royal Commission Into Institutional Responses to Child Sexual Abuse (2013–2017) led to many survivors (one in 10) disclosing their abuse for the first time.

When the present findings were compared for each migrant status group, there were no significant differences in perceptions of needing help; however, migrant women were less likely to ask for assistance. This finding suggests that while the Royal Commission had some influence on perceptions of needing and asking for help about family violence in the general population, significantly fewer migrant women that reported family violence asked for help. These findings suggest that family violence information may not have made a substantial difference to migrant women because the information was not disseminated in languages other than English or through channels (such as in local language newspapers) that would have been more effective.

The findings show that while there were no significant differences in migrant women needing help, significantly fewer migrant than nonmigrant women reporting asking for help. This could perhaps be a result of the services not yet being available for migrant women to procure assistance or that they were not prepared to seek help in spite of recognizing that they needed

help. In Liang et al.'s (2005) Stage 2 of the theory of help-seeking behavior, it is suggested that women will only seek help if they perceive that the problem will continue *without* the assistance of others. Thus, the migrant women in our study might assume that they are able to tolerate the abuse without seeking outside help. Furthermore, other interpersonal and sociocultural influences such as gender norms, class, and cultural factors will also determine whether or not the victim will seek help (Liang et al., 2005). Migrant women may also face additional barriers including poor knowledge about how to navigate existing social, judicial, and government systems (Vidales, 2010) or visa restrictions (Anitha, 2011) that may prevent them from seeking assistance.

Finally, when examining associations between the nature of the abuse experienced and help-seeking behavior, our findings showed no difference between migrant and nonmigrant women in their recognition of the need for help or the preparedness to seek help. For each type of abuse, that is, physical/psychological, verbal/emotional, and financial abuse, migrant and nonmigrant women who had experienced abuse of some kind showed similar degrees of the perception of *needing* help. Indeed, over 50% in each group of women expressed the need for help. However, migrant compared with nonmigrant women showed significantly lower levels of *asking* for help across most types of abuse. When examining the trends within each group, it is seen that a considerable proportion of women had sought assistance. However, their *overall* help-seeking behavior could be influenced by the seriousness of their injuries. Previous studies have shown that women are more likely to seek assistance due to requiring hospitalization or police assistance (Rodríguez et al., 2001). Although the reason for them seeking assistance was not examined in this study, taken together with the previous findings that elucidated women's overall reluctance to seek help, the findings show that more efforts are required to encourage women to ask for help when experiencing any type of abuse at any level.

There are particular strengths and limitations of this study. The strengths are that repeated cross-sectional national surveys were conducted and these enabled an annual trend analysis. We have estimated the sample against the population using weightings, and this minimizes any demographic bias in our nonrandom sampling technique used. While the findings provide us with an overview of the possibilities of increased awareness, reporting, and help-seeking behavior during a Royal Commission, the study design cannot confidently assert any causal effect of the Royal Commission as factors such as media attention to IPV may have contributed to awareness. However, it is plausible that public awareness associated with the Royal Commission would have influenced self-report trends.

An implication of the present findings is that, for future Royal Commissions, preparation should be made for predictable changes in community behavior. Institutions should prepare for increased disclosure of the problems addressed within a Royal Commission. Special efforts should also be made to ensure that migrant and other ethnic minority communities receive accurate communication about the purpose of the Royal Commission and opportunities to participate in the Commission's community consultations. This could further elevate the effectiveness of a Royal Commission by not only investigating the matter of interest but also educating the public. In conclusion, the findings reveal higher rates of women self-reporting IPV and the need for help during the year of the Royal Commission. This is the first study to examine reporting rates and help-seeking behavior across migrant and nonmigrant women in Australia before and during a Royal Commission. The findings suggest that, while rates of IPV appear similar for migrant women over the years, self-reporting and help-seeking trends for migrant women may be affected by different factors to those that influence nonmigrant women. Future research should continue to examine the impact of Royal Commissions and other public inquiries on increased reporting and service-seeking.

### **Acknowledgments**

We acknowledge all the participants and organizations who took part in this study and provided us with valuable information. We are also thankful to all the researchers who assisted with the data collection.

### **Declaration of Conflicting Interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### **Funding**

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The author(s) received financial support from Deakin University for the stationery associated with the research, but not for the publication of this article.

### **ORCID iD**

Lata Satyen  <https://orcid.org/0000-0001-5385-4251>

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## Author Biographies

**Lata Satyen** is a senior lecturer in psychology at Deakin University and a registered psychologist. She conducts research in the area of migrant well-being and family violence. In her role as a pro bono psychologist, she works with the entire gamut of agencies involved in victim and child protection (<https://www.deakin.edu.au/about-deakin/people/lata-satyen>).

**John W. Toumbourou** is based at Deakin University. He is the Chair in health psychology within the School of Psychology and the Leader in translation sciences within the Centre for Social and Early Emotional Development (SEED: [www.deakin.edu.au/seed](http://www.deakin.edu.au/seed)). He is a prominent researcher and social advocate in child and adolescent mental health promotion and the prevention of alcohol and drug problems ([www.deakin.edu.au/about-deakin/people/john-toumbourou](http://www.deakin.edu.au/about-deakin/people/john-toumbourou)).

**Jess Heerde** is a research fellow at the University of Melbourne and an honorary research fellow at the Murdoch Children's Research Institute. She conducts research in the area of modifiable factors for young people's health and behavior, with a specialized focus on young people experiencing homelessness. She is an advocate, mentor, and ally for young people experiencing homelessness (<http://findanexpert.unimelb.edu.au/display/person799235#tab-overview>).

**Meu Supol**, BPsych (Hons), is a PhD candidate in the School of Psychology at Deakin University. Her research focuses on family conflict and violence in culturally and linguistically diverse communities and its effects on adolescent academic achievement and family resilience.

**Archna Ranganathan**, BPsych (Hons), is a PhD candidate in the School of Psychology at Deakin University. She is conducting her research in the area of intimate partner violence (IPV) among adolescents and is interested in exploring risk and protective factors of IPV among youth. She has a developing profile in the area of IPV in youth and multi-cultural communities.